

**AN INVESTIGATION INTO THE TRENDS AND PATTERNS OF REQUESTS FOR  
PROPOSALS FOR EMPLOYEE ASSISTANCE PROGRAMMES (EAPs) FROM  
ICAS SOUTHERN AFRICA**

**by**

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## DECLARATION

I, Lindelwa Ntombikayise Nxumalo, declare that the research report, entitled, “An Investigation into the Trends and Patterns of Requests for Proposals for Employee Assistance Programmes from ICAS Southern Africa” is my own work and that the report has not been previously submitted by me for a degree at any University. All sources I have used for this study have been indicated and acknowledged by means of complete references.

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**L.N. Nxumalo**

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**Date**

## DEDICATION

Dedicated to my beloved parents, whose unwavering love, support and prayers have kept me going through many difficult periods in this study. Their encouragement has spurred me to greater heights than would have been possible without them.

Special thanks and mention also goes to my brothers for their support and encouragement along the way.

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- Finally, I would like to express my gratitude to my family and friends whose encouragement and prayers kept me going even when I felt discouraged

## ABSTRACT

This study aimed to investigate the trends and patterns in requests for proposals for Employee Assistance Programme (EAP) services from ICAS Southern Africa. The sample was forty Requests for Proposals (RFPs) from the public and private sectors. The sample of forty was drawn from the ICAS Southern Africa archive of RFPs for 2012 to 2016, using probability sampling. RFPs were selected from each stratum using stratified random sampling to ensure representation from both public and private sectors.

The quantitative research approach was followed, using document analysis design. The researcher utilised the content analysis technique to extract the information from the RFPs, namely EAP, health and wellness, and work-life services requested by corporate clients and the information was quantified into a coding sheet.

The findings reflect changes in requests for EAP services by corporate clients in South Africa over the past five years. Rarely, was there a request for a “classic” EAP and almost all requests also included services from the Health and Wellness, Work-life and other related fields. This trend towards integrating the three fields is similar to the global trend in the EAP field. The service delivery models requested also showed changes with electronic services emerging strongly which presents an opportunity for the three fields to further integrate and provide holistic services. The findings indicate that corporate clients are driving the evolution of the EAP industry in South Africa. To remain relevant and competitive, EAP service providers and the EAP industry must be willing to adapt whilst still offering expertise and technical guidance to ensure that the evolution occurs in a meaningful, systematic and sustainable way.

## **KEY CONCEPTS**

Corporate client

Employee Assistance Programme (EAP)

External EAP model

Health and wellness programmes

In-house EAP model

Integration

Request for proposal

Service provider

Troubled employee

Work-life programmes

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## CHAPTER ONE

### GENERAL INTRODUCTION

#### 1.1 INTRODUCTION

Employers have come to realise more and more that the success of their organisation is rooted in how effective their employees are (Ceridian, 2003:64; Gornick & Blair, 2005:2). Employers have, particularly over the past 20 years, instituted a number of workplace programmes which fall under one of three general programme categories: employee assistance; work-life; and health and wellness to address both work-related and personal issues that might adversely affect employees' well-being and productivity (Gornick & Blair, 2005: 2).

Employee Assistance Programmes (EAP) are a workplace-based initiative that offer a range of core functions and services to employees to address the personal and work-related problems that employees face that may be adversely impacting their well-being and productivity (The Standards Committee of EAPA-SA, 2010:1). The field of EAP is dynamic and has gone through several changes over the years.

#### 1.2 PROBLEM FORMULATION

There is currently much global interest and discussion about the evolution and adaptation of EAPs, with a particular interest on the extent of integration with other related fields, specifically work-life and health and wellness programmes (Roman, 2005:396, Thompson & Swihart, 2005:105,107). Much like its global counterparts, the EAP field in South Africa is undergoing several changes but there is currently a lack of empirical data tracking the changes in the trends and patterns of EAP services and service delivery. This gap in empirical data is attested to by Mr Andrew Davies, the Managing Director of ICAS Southern Africa for over 17 years, who identified the need to conduct research on this important matter. ICAS is one of the leading service providers of employee well-being services in Southern Africa.

ICAS Southern Africa was launched in South Africa in 1998 and forms part of Independent Counselling and Advisory Services (ICAS) International, the global leader in behavioural risk management services. ICAS Southern Africa was launched in 1998 and is South Africa's leading specialist in the provision of quality and innovative employee well-being programmes and behavioural risk management, thus contributing to employee and organisational health in all sectors of the economy. ICAS Southern Africa prides itself on its innovation in design, quality standards and its focus on achieving results for their clients. ICAS Southern Africa offers services and expertise in the following disciplines executive coaching; personal development; psychology; change management; leadership development; performance management; psychometrics; training and conflict resolution (ICAS Website, 2016).

ICAS Southern Africa has a national reach with offices in Gauteng, Kwa-Zulu Natal, Eastern Cape and the Western Cape through which they provide employee assistance and well-being programmes (ICAS Website, 2016). ICAS Southern Africa has experienced multidisciplinary staff and employs approximately 235 permanent staff members and over 880 practitioners as part of their affiliate network. ICAS Southern Africa boasts membership with EAPA-SA and has contributed to the evolution of the EAP industry in the South African culture (ICAS Website, 2016). In addition, ICAS is a member of the Human Resource Council of South Africa (HRCOSA) and The International Society for Traumatic Stress Studies (ISTSS).

The researcher concurs with Roman's (2005:399) assertion that there is an abundance of data on EAPs currently housed in organisations, or with individuals. However, these data are not shared or analysed in an empirical and objective way to shed some much-needed light on the evolution of EAPs in South Africa and the extent of the integration with work-life and health and wellness programmes, and lead to evidence-based practice (Roman, 2005:399). The researcher hoped that this study could be a means to access the available data and to analyse it scientifically to produce results and findings that will provide information to the EAP field in South Africa about how the trends and patterns in EAP services and service delivery have changed over the years under review. This information would be enable EAP stakeholders to plan and implement services that indicate the evolution and are relevant and thus allow EAP to remain relevant.

The evolution of EAPs and in particular, the integration of EAPs with related fields is of major interest and offers a number of opportunities for significant research (Roman, 2005:396). This study sought to address the information gap as there is a lack of literature on how EAP services and products have evolved over the past years within the South African context (James, Braam Rust & Kingma, 2011:155). Due to the lack of South African empirical research, there is currently some confusion and uncertainty about the similarities and differences between the three fields - EAP, Wellness and work-life - and the extent of overlap and integration.

This confusion may result from the fields developing in parallel and at different rates in South Africa, each with distinct knowledge, skills and service delivery models. Convergence of the three fields began in the 1990s, albeit in an ad hoc manner, in response to the emerging needs. This confusion currently results in the duplication of services and difficulties assessing quality in each of the mentioned fields. The researcher thus had an interest in the study of the evolution of the EAP field in South Africa, and the integration of the three fields (Straits & Singleton, 2011:44) and is excited at the prospect of contributing to the EAP field in South Africa with scientific findings that will go some way in bridging the information gap.

The scope of the study was limited and the aim was not to provide all the answers or all the reasons for the state of the EAP field in South Africa, but rather to describe the trends and patterns of EAP services based on the requests put forth by corporate clients. The researcher hopes that the results will contribute positively to evidence-based programming in the South African EAP context.

## **1.3 GOAL AND OBJECTIVES**

### **1.3.1 The goal**

The goal of the study was to determine the trends and patterns in the requests for proposals for EAP and related services from ICAS Southern Africa over the past five years in South Africa.

### **1.3.2 The objectives**

The objectives of the study were:

- To conceptualise the services of EAP, health and wellness and work-life programmes.
- To describe the nature of EAP core technologies requested by client organisations from ICAS Southern Africa over the past five years.
- To describe the nature of services from health and wellness and work-life fields requested by corporate clients from ICAS Southern Africa over the past five years.
- To describe whether differences exist, and if so, to describe the extent of the differences in public sector and private sector trends in terms of the requested EAP, health and wellness and work-life services from ICAS Southern Africa.
- To analyse the trends and patterns with regards to the integration of services in the fields of EAP, health and wellness and work-life programmes

### **1.4 RESEARCH QUESTION**

The research question the study sought to answer was “What are the current trends and patterns in requests for proposals for EAP and related services?”

### **1.5 THEORETICAL FRAMEWORK**

The researcher made use of Bronfenbrenner’s Ecological Systems theory to identify and organise connections among the EAP core functions, health and wellness and work-life services. The ecological theory was formulated in the late 1970s and early 1980s by Urie Bronfenbrenner (Stevanovic, 2011:7). The ecological theory promotes a psychosocial understanding of an individual and his development across the lifespan (Hook, 2002:312). The theory further postulates that there are different environments which are systematically linked and impact on each other and the individuals who participate in the systems (Stevanovic, 2011:7-8). The value of this theory in this research was the recognition of the connection among individuals, groups, their



immediate environment and their larger environment, and how all the components of the system must function well in order for life to thrive (Gornick & Blair, 2005:6).

The ecological theory further suggests that an ecological environment is a series of concentric layers, each surrounding a smaller sphere (Hook, 2002:316). The microsystem is the immediate environment that impacts the individual (Hook, 2002:316; Stevanovic, 2011:8). In this system, there are environment-bound demands, norms and resources (Stevanovic, 2011:8). The microsystem in the context of this research is the work environment and the personal or family life environment. According to the ecological system, individuals develop new behaviours and values in response to both work and personal life environmental influences (Stevanovic, 2011:8).

An individual participates in both the work and family environments, and is a link between these environments or systems. This interrelationship between the domains or systems is the mesosystem (Stevanovic, 2011:8). The mesosystem is a system of microsystems, and the linkages between them (Hook, 2002:317).

The EAP, health and wellness and work-life services are generally an effort to mitigate the effects of problems in both the work and personal life environments. Changes in the microsystem will thus influence changes in the services requested and offered in the three fields of EAP, health and wellness and work-life.

A major contribution of Bronfenbrenner's ecological theory is the systemic forms of influence, where an event in one system is linked to an ecological chain and affects the other systems (Hook, 2002:314). The theory also highlights the dynamic nature of these systems or spheres (Hook, 2002:314). This theory is especially relevant in this study because any changes in the work or family domain will be the result of changes in one of the systems or spheres. These changes would thus influence changes in the services requested or needed by the clients in either of three fields of EAP, work-life and health and wellness. The employers, through the service providers, would thus need to respond effectively to these changes. The researcher focused, for the purpose of this study, on the microsystem and the mesosystem.

There is a weakening separation between work and home domains due to globalisation, pervasive use of technology and more flexible work arrangements

(Sparks et al. as cited in Page & Vella-Brodrick, 2012:464). The influence of work upon family life and family upon work-life is bidirectional, and it is generally accepted as having both a positive influence (inter-role enhancement) and a negative influence (inter-role conflict) upon outcomes of health and performance (Brough & O'Driscoll as cited in Brough et al., 2009: 73). This spill over, where events in one area spill over and affect events in another, is generally thought of as being negative (for example, excessive work demands such as high workload negatively affecting family life), but spill over can also be positive in that work can enhance family life through the provision of financial resources, and other related resources and benefits such as services from the three fields of EAP, work-life and health and wellness (Brough et al., 2009:73).

There are two directions of interference, namely work-to-family interference (WFI) and family-to-work interference (FWI) (Brough et al., 2009:73). Interventions across the three fields of EAP, health and wellness and work-life can have a positive effect in both these directions of interference and will thus mitigate problems both in the spheres of work and family.

## **1.6 RESEARCH APPROACH**

The research approach utilised in the study was quantitative as the study sought to objectively describe the trends in EAPs in South Africa over the past five years (Fouché & Delpont, 2011:63). All aspects of the study were predetermined, structured and systematic. The researcher was neutral and objective during the procurement and analysis of the Request for Proposals (RFPs) so as to draw unbiased conclusions, using statistical procedures (Fouché & Delpont, 2011:63). The quantitative approach was appropriate as it has its roots in positivism and the study was initially concerned with being able to generalise the findings (Fouché & Delpont, 2011:64).

The study was descriptive in nature and sought to provide specific details on the evolution of requests for EAPs in South Africa (Kreuger & Neuman as cited in Fouché & de Vos, 2011:96).

## **1.7 TYPE OF RESEARCH**

The study was pure applied research as the findings from the study provide empirical data that goes some way in bridging the current knowledge gap regarding the trends and patterns in EAP services and service delivery systems. The findings, to some manner extent, inform EAP planning on how best to respond to the emerging trends and patterns (Hoyle, Harris & Judd, 2002:332; Straits & Singleton, 2011:390).

## **1.8 RESEARCH DESIGN AND METHODOLOGY**

The study made use of a content analysis research design or blueprint for the study as follows:

The researcher undertook the initial steps in the plan and formulated the initial research question that the study sought to answer. The researcher found possible sources of material in the form of Request for Proposals (RFPs) housed with ICAS Southern Africa, and with consent from ICAS Southern Africa received RFPs for analysis (Strydom & Delpont, 2011b:381).

Successfully conducting the research required the researcher to critically read and interrogate the RFPs. The researcher coded the data on the coding sheet according to the EAP core technologies and services and those of the related fields of health and wellness and work-life (Strydom & Delpont, 2011:381). The researcher analysed the data in two major ways, by: firstly examining regularity and variability in the requests; and secondly forming tentative findings. Furthermore, the researcher checked the credibility, validity and reliability of the findings in three main ways: firstly through test/retest of the coding sheet; secondly by comparing the findings to previous work; and thirdly by sharing the data with the research supervisor and discussing the findings with him (Strydom & Delpont, 2011:382). Finally, the researcher wrote this report on the findings.

## 1.9 DATA COLLECTION

The data collection technique utilised was a document study of existing or available data in the form of RFPs. Document analysis is a data collection method used in both qualitative and quantitative studies (Kumar, 2011:163). Document analysis was suitable for this study as it allowed the researcher to study the trends of EAP services and service delivery from 2012 to 2016 (Neuman, 2011:362). The document study involved analysing the requests contained in the RFPs submitted by corporate clients to ICAS Southern Africa for the provision of EAP and related services (Strydom & Delpont, 2011b:376). As the analysis was quantitative in nature, the researcher used objective and systematic counting and recording procedures to produce a numerical description of the content in the RFPs (Neuman, 2011:361).

The RFPs were published in various media, such as newspapers, the Government Gazette and online and some were submitted directly to ICAS Southern South Africa. These RFPs, therefore, were not collected or archived by the researcher and were not collected and archived for research purposes but rather for record-keeping (Hoyle et al, 2002:385; Kumar, 2011:163; Straits & Singleton, 2011:11, 328; White & McBurney, 2010:201). The RFPs were in electronic form and sent to the researcher via email. The RFPs contained the information the researcher wished to study and were available spanning the five-year period under study, thus re-collection of RFPs by the researcher was unnecessary (White & McBurney, 2010:201).

The content of the RFPs was coded and classified onto a recording sheet according to the conceptual frameworks, which in this case were the specific EAP core technologies and services from the health and wellness, and work-life programmes requested in the RFPs (Babbie, 2010:333; Straits & Singleton, 2011:353). The coding enabled the researcher to conduct an analysis and relate the contents according to the services requested (Straits & Singleton, 2011:359). The study was unobtrusive as it studied RFPs, without affecting or altering the documents (Babbie, 2010:327; Sarantakos, 2013:314).

The focus of analysis was on the description, identification of trends, frequencies and relationships (Sarantakos, 2013:304). The research was non-reactive in nature as the RFPs were not archived with the knowledge that they would be subjected to analysis (Sarantakos, 2013:314). Utilising manifest coding, the researcher coded the visible,

surface content such as the phrases “EAP”, “health and wellness”, and “work-life”(Babbie & Mouton, 2005:388; Sarantakos, 2013:315). There were challenges, however, related to validity as it was possible for the researcher to miss underlying meaning by relying merely on phrases or terms characteristic any of the three fields (Babbie & Mouton, 2005:388). It is for this reason that the researcher also utilised latent content analysis. Latent content analysis enabled the researcher to code the underlying meanings inherent in the text and analyse in more detail compared to visible, surface text of manifest coding (Sarantakos, 2013:315). As a result, there was possible cost of reliability and specificity of the coding units (Babbie & Mouton, 2005:388). By using both manifest and latent coding the researcher hoped to address any of the limitations (Babbie & Mouton, 2005:389). The content analysis revolved around identifying and categorising as well as interpreting the main content of the RFPs (Sarantakos, 2013:315).

### **1.9.1 Advantages of document analysis**

According to the researcher, document analysis of the available RFPs, was the best opportunity to scientifically study the evolution of EAPs in South Africa over the past five years (Straits & Singleton, 2011:336). Document study was also advantageous in that it was less expensive than other more commonly used data collection methods (Babbie, 2010:340; Straits & Singleton, 2011:338). Document study further enabled the researcher to conduct the study in a non-obtrusive manner and did not affect or change the documents under study in any way (Babbie, 2010:340, Straits & Singleton, 2011:336). The content analysis of available data allowed the study to be replicable (Babbie & Mouton, 2005:392; Straits & Singleton, 2011:338).

### **1.9.2 Disadvantages of document analysis**

The nature of the research necessitated the collection and study of RFPs in the document archive of ICAS Southern Africa. Thus, by using data that was not originally collected by the researcher presented challenges in terms of the format and quality of the data and also presented some limitations on the reliability of the data, as is often the case with this methodology (White & McBurney, 2010:201; Kumar, 2011:163). The format of RFPs differed from corporate client to corporate client, and differed in length, in detail and specificity of the requests. The researcher only considered the pages

with information relevant to the study within the document as some of the RFPs were lengthy with very detailed tendering procedures.

There were some unforeseen challenges in receiving the stipulated number of RFPs requested from the service provider ICAS Southern Africa (Straits & Singleton, 2011:338). The researcher had anticipated this and in determining the feasibility of the study already had a preliminary meeting with the ICAS management to ensure access to the RFPs. The researcher also received a permission letter from ICAS Southern Africa. However, in the course of the study the number of RFPs received for analysis ended up being forty, instead of the requested fifty, and the RFPs were not equally stratified according to public sector and private sector as requested. This resulted in the public sector RFPs being proportionally higher than the private sector.

The study only made use of one source of data, namely RFPs (Schurink, Fouché & de Vos, 2011:420). The researcher did not find it necessary for another source of data, as she considered the RFPs the best source of objective, quantitative information on the trends of EAP services and service delivery over the past five years. However, the researcher sees the benefit of also including in-depth interviews with key role players in the EAP field which might have added more data, especially in light of the total sample size.

## **1.10 DATA ANALYSIS**

As mentioned above, the sample of RFPs spanning over five years was obtained from ICAS Southern Africa. Careways was initially part of the study but unfortunately due to a merger and acquisition was no longer able to be part of the study – despite an initial commitment towards participation. The initial sample was proposed to be one hundred but in light of the changes, the new proposed sample size was reduced to fifty, stratified with twenty-five public sector and twenty-five private sector RFPs. In reality however, the sample size was forty with twenty-nine RFPs from the public sector and eleven from the private sector. Having received the forty RFPs from ICAS Southern Africa, the researcher conducted content analysis where the content of the RFPs was coded and classified according to EAP core technologies, standards and

the services from health and wellness and work-life requested in the RFPs (Babbie, 2010:333; Straits & Singleton, 2011:353).

The coding sheet was in the format of a checklist, which was developed by the researcher, with key input from her supervisor. The text in the RFPs was converted into objective, precise data and listed on the coding sheet the researcher developed (Hoyle et al., 2002:372; Krippendorff, 2004:18; Neuman, 2011:362). The success of this endeavour rested on the researcher's ability to codify the data in a systematic, consistent manner and a clear formulation of rules for assigning units to categories and this yielded replicable, precise results about the text of the RFPs (Krippendorff, 2004:127; Straits & Singleton, 2011:13, 355).

The researcher coded both manifest and latent content to improve the reliability of the analysis (Babbie, 2010:334; Neuman, 2011:365; White & McBurney, 2010:207). Manifest content was the visible, surface content and the researcher looked out for phrases such "EAP", "health and wellness" and "work-life" and the core technologies such as "training and development"; "marketing"; "case management"; "consultation to work organisation"; "networking" and "monitoring and evaluation" (Babbie, 2010:334; Neuman, 2011:364). Manifest coding was highly reliable as it indicated whether the phrase (and thus the request for the service) was present or not (White & McBurney, 2010:207; Neuman, 2011:364; Straits & Singleton, 2011:355).

However, exclusive use of manifest coding did not capture connotations or related phrases or services (White & McBurney, 2010:207; Neuman, 2011:364). It is for this reason that the researcher included latent coding. Coding the latent content as well allowed the researcher to code the underlying meaning in the documents, where the specific services requested were not labelled but the researcher was able to identify requests that fit into health and wellness, work-life and other related fields as per insights gleaned from the review of literature (Babbie, 2010:334). Latent coding or semantic analysis although less reliable than manifest, enabled the researcher to consider context (Neuman, 2011:365).

The specific requested EAP core technologies and related services were operationalised in a coding sheet. The coding system used measured the extent health and wellness, and work-life services were requested, in addition to traditional or classic EAP services, and how often they were requested was also measured



(Neuman, 2011:364). The researcher adhered strictly to the recording sheet, followed the coding system, and recorded the frequency of the specific services requested by the corporate clients (Neuman, 2011:365). The researcher assigned categorical data to the variables in the study (Fouché & Bartley, 2011:249).

The researcher kept all data and research details in a safe place (White & McBurney, 2010:209). The data collected was electronic and was dated and organised in folders on the computer. The data was received via email and this served as back-up of the data in the researcher's email inbox (White & McBurney, 2010:209). The researcher will also keep the record sheets as long as anyone is likely to reanalyse the data (White & McBurney, 2010:210).

The EAP and related services were operationalised in a coding system, where there was a set of instructions on how to observe and record the services (Neuman, 2011:363; White & McBurney, 2010:208). This will make replication possible and improve reliability. The researcher further ensured that the research process was well documented, as per the positivism paradigm, and this enhanced the reliability and replicability of the study (Schurink, Fouché & de Vos, 2011:420). Accessing RFPs from one major EAP service provider, instead of two, might have compromised the reliability of the study.

The researcher was concerned with the validity of the coding sheet, that is whether the coding sheet actually measured the services requested under the EAP field and the related fields of wellness and work-life fields and whether those services requested were measured accurately (Delpont & Roestenburg, 2011:172-173). The pilot study revealed shortcomings and changes were appropriately made.

Face validity of the coding sheet was important, and included the superficial appearance of the coding sheet, and the flow, arrangement and relevance of the items on the coding sheet (Delpont & Roestenburg, 2011:173). Therefore, in a bid to ensure content validity of the coding sheet, the researcher ensured that that the appearance of the coding was clearly structured so that the different sections were visibly categorised and that the flow of the sheet allowed ease of coding and conceptualising the services requested (Delpont & Roestenburg, 2011:173; Straits & Singleton, 2011:100). The content validity of the coding sheet was further ensured by the



research supervisor during the development stage (Delpont & Roestenburg, 2011: 173).

## **1.11 PILOT STUDY**

The researcher conducted a small-scale study with ten RFPs (six from the public sector and four from the private sector) to pilot test and potentially modify the study design and procedures, including sampling, the instrument and analysis (White & McBurney, 2010:209). This crucial step in the planning phase improved the precision, credibility and success of the study (White & McBurney, 2010:209).

The researcher ensured that this smaller scale study was executed in the same manner as planned, so as to identify any weaknesses and problems in the study design and methods (Strydom, 2011:241). Although it was important to test all aspects of the study, it was especially important to test the process of procuring the RFPs, coding sheet, the coding process and the analysis (Strydom, 2011:241). The researcher was thus in a position to pick up several problems with the content and order of the information on the coding sheet, in particular the issues most commonly addressed by the EAP, health and wellness and work-life programmes and made the necessary changes to improve the effectiveness of the main study. Another key change made following the pilot study was omitting the fifth core technology “networking” or “stakeholder management” from the coding sheet as none of the RFPs in the pilot study had requested it. The pilot study also helped to estimate the duration of the study (Strydom, 2011:241).

## **1.12 DESCRIPTION OF THE POPULATION, SAMPLE AND SAMPLING METHOD**

### **1.12.1 Population**

The population for the study was “Request for Proposals” (RFPs) (Straits & Singleton, 2011:45). RFPs are documents published by the corporate client that solicits proposals by potential service providers to detail how they can provide the requested services. The RFPs were expected to yield key information on the evolution of

requests for EAP services in South Africa, as they detail in a specific manner all the services clients wish to procure from the EAP service provider.

The population was all RFPs in the ICAS Southern Africa document archive from January 2012 until May 2016. This service provider is the largest and most well established EAP and Employee Wellness Programme service provider in South Africa with corporate clients nationally and in all sectors of the economy. ICAS Southern Africa has client organisations nationally and in all sectors of the economy and supports more than 500 000 employees in over 300 companies (ICAS Southern Africa website, 2013).

### **1.12.2 Sample**

The number of RFPs in the population necessitated that the researcher take a smaller portion in order to make the planning and logistics of analysis more feasible and manageable (Krippendorff, 2004:111; Straits & Singleton, 2011:109; Strydom, 2011:224). This smaller portion of the RFPs representative of the RFPs to be studied is called a sample (Strydom, 2011:223). Furthermore, due to constraints of time and money, the researcher decided to only study fifty RFPs from both the public and private sector (Sarantakos as cited in Strydom, 2011:224).

### **1.12.3 Sampling method**

The researcher utilised probability sampling for an optimal chance of drawing a sample of RFPs that was representative (Strydom, 2011:226). Probability sampling was suitable for this study as it is considered to be more scientific, removes the possibility of researcher bias, and allows the accuracy of the sample to be calculated (Straits & Singleton, 2011:114).

Stratified random sampling was suitable for the heterogeneous RFPs because it increased the chances of inclusion of the subgroups of RFPs submitted by private and public sectors (Strydom, 2011:230). The RFPs from 2012 to 2016 were divided into strata according to public and private sector, and each strata was mutually exclusive and homogenous. This was to ensure, as far as possible, that both private and public sector acquired sufficient representation in the sample as one of the objectives of the study was to describe the differences, if any, between the two sectors (Straits & Singleton, 2011:122).

The complete sample for the study, therefore, was proposed as 50 RFPs, comprising ten RFPs per year over the five-year period between January 2012 and May 2016. There was a shortfall of 10 and in the end the sample was 40 RFPs, with the public sector comprising 29 of the total number. The relevant documents were first categorised with assistance from ICAS staff and then stratified sampling was done, dependent on the final total numbers in each stratum. The researcher received on average 8 RFPs within each year randomly, issued within the five years (Strydom, 2011:230).

### **1.13 ETHICAL CONSIDERATIONS**

As the study made use of unobtrusive measures and used non-human subjects (documents) the researcher avoided many of the ethical issues (Babbie, 2011:359; Neuman, 2011:380). This, however, did not absolve the researcher from conducting research in accordance with ethical principles. The researcher was still obliged to collect, analyse and report on data honestly, including any shortcomings of the study in the report (Babbie, 2010:356; Straits & Singleton, 2011:491; Strydom, 2011:126).

The researcher ensured that she obtained access to the documents in a legal and ethical manner, by getting written permission (Appendix B) to be sent RFPs from the archive of documents from ICAS Southern Africa before the commencement of data collection. Some of the RFPs are often published in public forums and media, such as newspapers and the Government Gazette, the researcher therefore did not seek the informed consent of the corporate clients, but it was important that the researcher still ensured that she protected the privacy of the corporate client by keeping the RFPs in a password protected folder on the laptop (Neuman, 2011:380; Straits & Singleton, 2011:500-501). The researcher did not include the names of any of the corporate clients in the research report.

The researcher is neither employed nor contracted by ICAS Southern Africa and as such was objective and neutral and there was no conflict of interest. The coding sheets were kept safe and stored in a lockable cabinet during the research process. The data will be stored at the University of Pretoria for 15 years, after the research (Appendix D).

#### **1.14 LIMITATIONS OF THE STUDY**

The main limitation of study was that the sample size was smaller than had been initially anticipated. This was as a result of Careways no longer being part of the study due to an organisational merger which thus rendered them unable to participate, despite an initial commitment towards participation. Furthermore, with only ICAS Southern Africa participating in the study the researcher did not personally select the RFPs for inclusion. Rather she relied on the assistance from ICAS staff members in this important task as per the agreement. The researcher provided the proposal of the study for background information, and further guidance on the criteria for RFP selection (year, public sector and private sector) and the number per year, per sector. The number of RFPs was ultimately outside of the control of the researcher as the ICAS staff member was understandably busy with other duties. Unfortunately, the researcher came to the realisation about the sample size and proportion of public and private sector late and due to time constraints and pressing work commitments was unable to travel to ICAS Southern Africa to personally procure the relevant RFPs. The total sample size was forty, and there was disproportionate representation of private sector RFPs in comparison to public sector and as a result, the findings may have been compromised.

## **CHAPTER TWO**

### **LITERATURE REVIEW ON THE INTEGRATION OF THE THREE FIELDS OF EAP, HEALTH AND WELLNESS, AND WORK-LIFE**

#### **2.1 INTRODUCTION**

The workplace has long been identified as a useful arena to educate and positively influence the population about health and wellness issues. There are three main fields of programmes in the workplace that seek to enhance the well-being and performance of the employees and the organisation. Amongst these three fields, there are general areas of overlap and many employers have identified the benefit of integrating all three in a bid to provide programmes that holistically address the needs of the employees and the organisation. This literature review will first look at the history and development of each field; the current situation of all three fields; and lastly the various viewpoints on integration and international research on integration.

#### **2.2 EMPLOYEE ASSISTANCE PROGRAMMES**

Employee Assistance Programmes (EAP) are a workplace initiative of the employer to provide assistance to employees and their families on issues relating to their mental and physical health, with a key focus on improving and sustaining the employees' well-being, functioning and productivity (EAPA, 2010:1). Health and wellness programmes may be defined as workplace-based health promotion and disease management programmes that promote healthy lifestyles or encourage compliance with appropriate clinical treatment (Gornick & Blair, 2005:2). In keeping with the trend of looking after employees' well-being in the workplace, many work organisations have (aspects of) a work-life programme. Work-life programmes are programmes that address the important issue of work and personal/family life balance through a range of services such as child care, flexitime and telecommuting. Resulting services seek to alleviate conflict between work and family demands (Cherniak & Punnett, 2010:2).

### **2.2.1 An international overview of the development of EAPs**

EAPs originated in the United States of America in the 1940s as Occupational Alcoholism Programmes (OAPs), which were essentially workplace-based programmes to support and rehabilitate employees who were struggling with alcoholism (Dickman & Challenger, 2003:28; Herlihy & Attridge, 2005:70; Jacobson & Attridge, 2010:12). Employers perceived that it would be more beneficial to provide a workplace alcohol intervention than incur the costs of dismissing these employees and subsequently recruiting and training new employees. Furthermore, successful intervention would mean that the employee's job performance would improve and thereby benefit the employer (Dickman & Challenger, 2003:28)

The success of the OAPs led employers to consider that OAPs could be expanded to respond to other psychosocial problems of the workforce such as emotional problems, marriage and family problems, financial and legal problems (Dickman & Challenger, 2003:28). The late 1980s saw the emergence of this support and assistance was extended to employees' family members as well (Ceridian, 2003:69; Herlihy & Attridge, 2005:70). The growth and evolution of the EAP field over the years led to an expansion of services and a change in the methods of delivery (Ceridian, 2003:69).

The initial EAPs were internal models, where the EAP core functions were provided by an EAP professional employed by the company (James, Braam Rust & Kingma, 2011:155). The external model trend emerged in the late 1970s and gained momentum in the 1990s (Ceridian, 2003:69; Herlihy & Attridge, 2005:70; Sharar, 2009:12). In the external model of EAP service provision, EAP services are outsourced to an external EAP service provider and an affiliate network through a contractual agreement (James et al., 2011:155). This evolution created a competitive marketplace where service providers were driven to diversify services in a manner that would set them apart and be profitable (Sharar, 2009:12).

The evolution of EAPs has been of interest to role players in the field (Burke, 2004:3). The EAP field has gone through significant changes in the past 20 years in terms of services requested, the manner in which services are provided and who provides the services (Sharar, 2009:12). Both internal and external providers are expanding the scope of their EAP services (Burke, 2004:4). There has been greater emphasis on

health and wellness and “life management” services such as legal, financial and concierge-type services (Sharar, 2009:12). EAPs face the challenge of evolving to meet the changing workforce’s needs and remaining relevant whilst not losing the essence of what they are, and the unique contribution they bring (Sharar, 2009:12). Change in employee assistance programming can be viewed in a positive light and the introduction of innovations can be a great opportunity to cement its place in the marketplace (Burke, 2005:3).

A critical issue facing the EAP field is the procurement of EAP services and selection of EAP services (Masi & Sharar, 2006:10). The availability of integrated services from a single vendor or contract has the advantage of administrative ease and more coordinated service delivery (Masi & Sharar, 2006:10). Competitive markets will work best when purchasers of the EAP service are well informed and engaged (Masi & Sharar, 2006:10). A majority of EAP services are purchased from external EAP service providers through a formal tendering and bidding process and proposals (Buon & Taylor, 2008:14).

The tendering process typically ensures a good price in a competitive market (Buon & Taylor, 2008:15). Price, although very important, however is not the sole determinant in the purchasing of EAP products and services. Other factors taken into consideration are the relationship of the client organisation with the EAP provider, the name and reputation of the EAP provider, and the quality of the EAP service provision (Buon & Taylor, 2008: 437). Notably, there has been a shift from small, local vendors to large, consolidated vendors (Sharar, 2009:13). The consolidation of larger companies through mergers and acquisitions has been noted globally and is perhaps an indication of the EAP industry maturing (Sharar, 2009:13).

There have been several questions and concerns about the relevance and viability of the EAP, yet the EAP field has remained standing, determined to leverage its competitive advantage of understanding the impact of human issues on productivity, the expertise in identifying needs and solutions that improve individual and organisational productivity and well-being (Burke, 2004:4). Furthermore, it is suggested that there is a transition from a clinical orientation to a productivity orientation and that this shift will help the EAP field become more compatible with the needs of corporate clients or purchasers of the service (Burke, 2004:5).



## 2.2.2 The historical development and current state of EAPs in South Africa

In South Africa assistance had been provided to employees in the workplace for a period prior to the early 1980s, albeit in an unstructured, ad hoc manner (Terblanche, 1992:17). The early 1980s in South Africa saw the development of structured assistance to troubled employees in the form of the Employee Assistance Programme (Terblanche, 1992:17). Unlike its American counterpart, the early focus of the EAP in South Africa was not on occupational alcoholism, but rather the welfare of employees, specifically miners. The Chamber of Mines of South Africa was a pioneer in providing EAP services, and opened the first two counselling centres (Terblanche, 1992:18). The EAP field continued to develop, and the private sector was seen as taking the lead in the implementation of EAPs. The development of EAPs continued and a key milestone was reached when the National EAP Committee, a working group of EAP practitioners, was incorporated into the Institute for Personnel Management of Southern Africa in 1985 (Terblanche, 1992:19).

The EAP field continued to develop and the South African Branch of EAPA was established in 1996 (Standards Committee of EAPA-SA, 2010:19). EAPA, an American-based professional organisation for EAP practitioners, is the largest international, professional organisation for EAPs and provides technical guidance to EAP practitioners (Jacobson & Attridge, 2010:3). EAPA-SA has been instrumental, over the years in the formulation of EAP standards and core technologies adapted to the South African context.

The six EAP core technologies are as follows:

- *Training and development* which makes provision for the training and development of supervisors and other role -players in implementing the EAP policy accordingly and training on ways to enhance the work environment and manage employees with poor performance;
- *Marketing* involves the promotion of EAP services to all stakeholders and beneficiaries to increase familiarity and comfort with the services;
- *Case management* makes provision for confidential and timely access to clinical services in response to personal and work-related issues that are affecting job performance;



- *Consultation with the work organisation* is concerned with proactively consulting with client organisations to address emerging personal and organisational issues;
- *Stakeholder management (formerly referred to as networking)* involves establishing and maintaining relationships with internal and external role-players and service providers;
- *Monitoring and evaluation* focus on the value and success of EAP services with regards to the client organisation and employee job performance (Standards Committee of EAPA-SA, 2015:1-2).

EAP Standards provide a benchmark and contribute to higher levels of quality and better outcomes of interventions (Sharar & Hertenstein, 2005b:57). Standards also help to guard against mislabelling of the term EAP and its critical functions (Sharar & Hertenstein, 2005b:57). The Standards Committee of EAPA-SA revised the Standards document to better align them with local and international best practice (Standards Committee of EAPA-SA, 2010:1). The eight standards currently encompass: programme design, implementation, management and administration, clinical services, non-clinical service, preventive services, networking and monitoring and evaluation (Standards Committee of EAPA-SA, 2010:1).

## **2.3 WORK-LIFE PROGRAMMES**

### **2.3.1 History and development of Work-life programmes**

Work-life initiatives are any programme that seeks to alleviate individual conflict between work and family, and address aspects of work affecting quality of life (Cherniak & Purnett, 2010: 2). Both work and personal life are important domains for personal development and general existence, and work and family issues have long been the focus of public and academic interest (Stevanovic, 2011:4). Work-life programmes were initiated in the US as employer-sponsored child care resources and referral services in the 1960s. These developments were largely necessitated by women entering the workforce in the 1960s and 1970s, and these women having to juggle the multiple demands from both the workplace and the family and being

effective in both these domains (Bird, 2006:2; Herlihy & Attridge, 2005:71; Stevanovic, 2011:4).

Throughout this period and into the mid-1980s, the U.S. government had a major role in the work-life field, as evidenced by the Presidential Conference on families, the Pregnancy Discrimination Act, and the Quality of Employment Survey (Bird, 2006:2). In addition, pioneering organisations such as Merck, Deloitte & Touche, and IBM also implemented changes in their internal workplace policies, procedures, and benefits. Some of the changes included maternity leave, flexitime, home-based work, and child care referral. The majority of the changes implemented focused on women's needs and consequently during the 1980s, men also began voicing work-life concerns. By the end of the 1980s work-life balance was seen as more than just a women's issue, but rather a vital issue affecting men, families and organisations (Bird, 2006:2).

The primary non-work demand that affects work-family balance has been identified as the presence of an employee's dependants. Dependants tend to increase levels of conflict between the work and family domains and this is especially relevant for women rather than for men (Noor as cited in Brough, O'Driscoll, Kalliath, Cooper & Poelmans, 2009:76). The total hours worked each week (both at work and family level) for individuals in family groups (with three or more dependants) came to an average gender difference of about two and a half hours per day (Brough et al., 2009: 76).

This may account for why child care issues are often cited as impacting on productivity for many workers, primarily women (Richard & Schemm, 2009: 253). As more families than ever are dual career homes, concern for the care of dependent children often invades and affects the workplace, making it impossible for the employer to ignore (Richard & Schemm, 2009: 253).

Another emerging concern in the work-life field is elder care. Up to 80 percent of elder care is provided by family members, many of whom are in employment (Administration on Aging as cited in Richard & Schemm, 2009: 253). On average an elderly person requires 18 years of special care and attention. Women have traditionally functioned as caregivers for aging parents, yet unlike previous generations, today's women have more roles and demands (Richard & Schemm, 2009:253). These women are described as being in the "sandwich generation" caring for both children and parents (Singleton as cited in Richard & Schemm, 2009:253).

A well implemented work-life strategy greatly reduces both the real and perceived work and life pressures that hamper well-being and productivity, resulting in a positive return on investment (Bird, 2006:1). This growing awareness of the central importance of the issue resulted in major growth in attempted work-life solutions during the 1980s and subsequent decades until the present (Bird, 2006:2). Bird further notes that the demand for work-life interventions by employees and managers was expanding at an unprecedented rate (Bird, 2006:1).

The work-life field has evolved over the years to support and assist all employees to balance the demands of work and personal life effectively (Herlihy & Attridge, 2005:71). Family-friendly organisational policies have expanded to include: flexible working arrangements; parental leave; telecommuting; workplace child care provision and job sharing (Brough et al., 2009: 85). Flexible working hours (flexitime) is the most commonly utilised organisational policy for managing work-family balance (Brough et al., 2009; 83).

Family-friendly strategies go a long way in reducing levels of work-family conflict; stress; absenteeism and turnover; and in improving employees' health (Brough et al., 2009: 85). Furthermore, work-life initiatives may also contribute in attracting and retaining employees with dependants, and enhancing the health and well-being of employees (Brough et al., 2009:83). Other external benefits may also include contributing to a shared society-level responsibility for child raising, elder care and other dependant responsibilities (O'Driscoll et al. as cited in Brough et al., 2009: 83).

### **2.3.2 The historical development and current state of Work-life Programmes in South Africa**

Empowering and assisting employees to balance their work and family life is viewed as both a social and business imperative since work-life imbalance experienced by employees negatively impacts employees and society. Initiatives to assist employees achieve this often elusive balance has become more and more commonplace, both in South Africa and globally (Mageni & Slabbert as cited in Downes and Koekemoer, 2011:2).

The work-life field, perhaps more than the two related fields of EAP and Health and Wellness, is more challenging to define and it is often times an implicit part of HR and benefits policies and not really a stand-alone programme. This makes it challenging to track its history and development in South Africa. Much as in the USA and Europe, the advent of work-life initiatives in South Africa was brought about by females entering the workforce. The percentage of women participating in the paid labour market in South Africa in 1995 was around 49% and this figure increased to around 64% in 2001 (Casale as cited in Segal, 2013:9). The female workforce typically has the dual role of being caretakers and homemakers on the family front, whilst still expected to perform their roles as productive employees at work.

South African legislation makes some provision for employees to thrive in both the work and home domains in the form of the Employment Equity Act (Act 55 of 1998). This Act states that “employers should endeavour to provide an accessible, supportive and flexible environment for employees with family responsibilities” (Segal, 2013:25). This includes considering flexible working hours and granting sufficient family responsibility leave for both parents” (Segal, 2013: 21). Furthermore, the Department of Social Development released a Green Paper in 2011 on families entitled ‘Promoting Family Life and Strengthening Families in South Africa’ where it states that employers are responsible for developing programmes that “create a healthy balance between work, and the family” (Segal, 2013:25).

## **2.4 WELLNESS PROGRAMMES**

### **2.4.1 History and development of Health and Wellness Programmes**

Workplace wellness programmes began in the 1970s as work-site based physical fitness centres (Herlihy & Attridge, 2005:71; Mulvihill, 2003:13). These fitness centres gained popularity, particularly in the Fortune 500 companies, but over the years, the focus shifted to health screenings which are a preventive screening for risk factors enabling the early detection of chronic conditions (Mulvihill, 2003:13). Currently, there is a focus on health management services, including fitness centres, health screening, health risk appraisal, educational activities, behaviour change programs and high-risk interventions (Herlihy & Attridge, 2005:71; Mulvihill, 2003:13).

The workplace health and wellness programmes are well placed to provide programmes that deal with a range of diseases and issues relating to healthy lifestyles. Health and wellness programmes in the workplace can be categorised in one of three levels: *Level I – Awareness*: these programmes are broad-based programmes designed to increase employees' awareness in a range of topics such as fitness, nutrition and stress management (Derr & Lindsay, 1999:310). Chief among those programmes gaining momentum being prevention as there is strong advocacy that concerted efforts on prevention can achieve huge gains (Alwan & MacLean, 2009:6). *Level II - Lifestyle change*: these programmes use a combination of health education and behaviour modification over several sessions to produce behaviour change in areas such as smoking cessation, regular exercise, stress management and weight loss (Derr & Lindsay, 1999:310). *Level III – Environmental support*: these programmes advocate for and create a supportive work environment that encourages an overall healthy lifestyle (Derr & Lindsay, 1999:311).

There is an increasing use of health risk appraisals (HRA) survey instruments to measure risk and thus come up with targeted interventions. The more employees determined to be at risk, the greater absenteeism and compromised productivity (Sharar, 2009:43). Health and wellness programmes have over the past twenty years provided comprehensive preventive services to address more than just employees' physical health and also address the psychological and social needs (Bergmark et al. as cited in Sharar, 2009:44).

#### **2.4.2 The historical development and current state of Health and Wellness Programmes in South Africa**

Employee health and wellness is an ill-defined concept, not only within South Africa but also around the world (Sieberhagen, Pienaar & Els, 2011:3). Perhaps this is a contributing factor as to why there is an apparent lack of research regarding practices implemented by South African organisations as part of their employee health and wellness programmes (Sieberhagen et al., 2008: 3).

A pioneering study on employee health and wellness practices in South Africa was carried out by Sieberhagen, Pienaar and Els in 2011. Some of the findings of the study were that the emergence of Employee Wellness Programmes in South Africa is a relatively new development and there is no data available on the number of South

African organisations that have introduced workplace wellness programmes (Sieberhagen et al., 2008:6). The main reason for the implementation of employee health and wellness programmes in South Africa is the high incidences of sick leave, and the second group of reasons is related mostly to high rates of absenteeism, and social responsibility (Sieberhagen et al., 2011:6).

Four major role players have been identified that influence employee health and wellness in South Africa. These are 1) *the Government*, which has the mandate to make laws that create a conducive context for workplace wellness; 2) *the Employer*, by means of the actual implementation of employee health and wellness or assistance programmes; 3) *the Employee*, who has personal responsibility: he/she has to adopt behaviours and lifestyle to keep him/herself well; and 4) *the Environment* which is the context in which both the employer and employee function, which may either be conducive or not to employee health and wellness (Sieberhagen et al., 2011:7).

## **2.5 INTEGRATION OF EAP, WORK-LIFE AND HEALTH AND WELLNESS PROGRAMMES**

After considering the discussions of the three fields, one can suggest that indeed there are areas of convergence and overlap in these three fields. “These programmes take different approaches to achieving similar objectives in lowering costs related to individual absenteeism, reduced productivity, healthcare cost and unsafe work practices or behaviours among different target populations in the work site” (Derr & Lindsay, 1999:305). It is perhaps not surprising that there is a move towards integration of these fields. Integration involves bringing together in a synergistic way, the specialised knowledge and trained expertise of professionals in different but related fields to better serve organisations and their employees (Thompson & Swihart, 2005:104).

Integration of the three fields is in line with the whole-person view of the human being, which supports the provision of services which address all aspects of an individual's well-being rather than to offer vertical programmes and services (Gornick & Blair, 2005:7; Sharar, 2009:12; Thompson & Swihart, 2005:109). Furthermore, the

workplace is an environment that is no longer content with services and solutions that exist in silo and the duplication of services (Sharar, 2009:14).

The three fields started separately, each with distinct knowledge, skills and service delivery models and continued to evolve and develop in parallel and began to converge throughout the 1990s (Gornick & Blair, 2005:7; Herlihy & Attridge, 2005:69). In both the EAP and wellness fields there has been a shift from the reactive, curative approach to a more proactive, preventive approach (Mulvihill, 2003:13). This focus on preventive programming has contributed to the partnership and collaboration between the fields (Gornick & Blair, 2005:11).

Service integration is also driven by changes and developments in both the larger social context and the workplace specifically (Gornick, 2005:24; Sharar & Hertenstein, 2005a:101). Several services now added to programmes broadly labelled as EAP include dependent care resources and referrals; legal consultation and assistance; credit counselling, debt management, financial and retirement planning; wellness screenings and corporate health education; organisational development, training, and excellence coaching; critical incident intervention and planning; web-based, online counselling and education (Sharar & Hertenstein, 2005:98).

Integration should not be viewed as the mere streamlining of a service delivery system (Gornick & Blair, 2005:8). Integration of the three fields is more complex than that, and perhaps it is this complexity that has led to the ambiguity and uncertainty that seem to cloud discussions on integration (Thompson & Swihart, 2005:106).

### **2.5.1 Main debates about integration**

EAP integration with related fields providing programming in the workplace is a critical issue in the field of EAP (Roman, 2005:396, Thompson & Swihart, 2005:105,107). As the discussion thus far has shown, integration is a multifaceted and dynamic concept (Roman, 2005:396). All three programmes have similar goals and can be placed under the umbrella term 'Health and Productivity Management' (HPM) and their integration has the potential to offer additional benefits and is thus worth looking at closer (Attridge, 2005:31).

There have been both proponents and opponents for integration, within the EAP field. The proponents cite that integrating these related fields will increase the effectiveness



of all three and respond most effectively to the holistic needs of the employee (Gornick & Blair, 2005:22). This is the case because all three share a common interest in promoting individual well-being as well as organisational effectiveness (Gornick & Blair, 2005:22).

Integration also provides greater opportunity for preventive services and the identification of a broader range of risk factors and to intervene accordingly (Thompson & Swihart, 2005:115; Kelly, Holbrook & Bragen, 2005:192). Integration also has the potential to result in lower overhead and administration costs (Derr & Lindsay, 1999:305; Thompson & Swihart, 2005:115; Kelly et al., 2005:192). Another potential benefit of integration of the three fields is that the single access point for clients to attend to all issues affecting their job performance might help reduce social stigma that unfortunately is sometimes still attached to accessing EAP services (Sharar & Hertenstein, 2005:101). A single point of contact is therefore likely to increase programme participation (Sharar, 2009:45). Furthermore, integration has the potential to yield significant return on investment (Attridge, 2005:32; Kelly et al., 2005:193). Integration also has the potential to enhance employee satisfaction as the services may be easier to use and the sense that the interventions offer practical, personalised interventions (Kelly et al., 2005:194; Sharar, 2009:45).

The opponents, however, postulate that the field of EAP is at risk of losing its identity as a distinctive field (Roman, 2005:405), citing the ambiguity that exists currently about what constitutes EAP services as evidence and the diffusion of core EAP technologies (Sharar & Hertenstein, 2005a:97,99). Roman (2005:405) suggests that there is a distinctive difference between the EAP in its classic form, and work-life and health and wellness programmes. EAPs are governed by standards and core technologies that tend to be more uniform across the board, when compared with work-life and health and wellness programmes, which tend to be varied and flexible (Roman, 2005:405). Integration of the three fields also poses a challenge in terms of the skills and qualifications of personnel who will in some ways be expected to provide services across these fields (Thompson & Swihart, 2005:115).

Opponents of integration assert that the ever-evolving array of EAP models and integrated related products has made the development of standards more challenging (Sharar & Hertenstein, 2006:57). Blair (2002) concurs that EAPs have become



increasingly ill-defined and the resultant confusion causes consumers and employers to view EAPs as lacking in consistently applied standards of quality (as cited in Sharar & Hertenstein, 2006:59).

Ceridian was at the forefront of the concept of integrating EAP and work-life services (Kelly et al, 2005). This pioneering move shifted industry perceptions about EAP's role in supporting employees manage a range of work, life and family issues (Kelly et al., 2005:186). Kelly et al. (2005:186) boldly declared that the internet revolutionised HR benefit programmes (Kelly et al., 2005:186). Benefits of on-line services for employees include saving time and avoiding face-to-face consultation if they feel their issues are not serious enough for telephonic or face-to-face consultation or if their issues are perceived to be embarrassing (Masi & Back-Tamburo as cited in Kelly et al., 2005:187).

### **2.5.2 International research on integration**

- A national quantitative American survey of 950 EAP and Work-life professionals was carried out. The two main findings of the study were that a majority of the respondents identified themselves as having a dual professional identity, and secondly that there was a significant overlap in the two areas (Herlihy & Attridge, 2005:83).
- An international survey of 213 respondents from EAP, Work-life and Wellness service providers was conducted, with a large majority of respondents from the United States. The two key findings were that a third of the service providers had a business model with integrated services from EAP, work-life and wellness. Furthermore, the service providers reported a 50% increase in the demand for integrated services in comparison to the previous 5 years (Herlihy & Attridge, 2005:84).
- An international survey of 79 EAP, work-life and wellness service providers was conducted in 2003. The results were that a majority of the integrated service providers offered services in these fields: EAP, financial, legal, health and wellness, risk management, elder care, programme development and evaluation (Herlihy & Attridge, 2005:85). Another key finding was that a majority of service providers predicted that there would be integration of

services within 5 years, and that 66% of those integrated programs would be provided by a single vendor (Herlihy & Attridge, 2005:85).

- A study conducted in the US and Canada looking at 30 key informants perceptions on EAP challenges and critical issues in the field. Central themes explored included how EAPs have become a springboard for the integration with related fields especially work-life programmes. As can be expected, a majority of the experts in the field expressed support for the concept of integration and recognised the opportunities to inch closer to providing services that more closely match clients' needs. A concern, however, was raised that the additional array of services on offer by service providers has made EAPs even more difficult to define and understand (Sharar & Hertenstein, 2005:98).
- Another study was conducted with 120 managers in Europe and the United Kingdom with EAP purchasing responsibility or authority (Buon & Taylor, 2008: 427). HR managers in Europe and UK companies indicated that the following services should be offered: telephone counselling for employees; face-to-face counselling for employees; telephone counselling for employees' families; alcohol and drug support and/or counselling; critical incident and trauma counselling; stress management; work-life balance services (Buon & Taylor, 2008: 427). Interestingly, the respondents felt that EAPs should not offer the following services: Human Resource Management consultation and information; concierge services; management training; performance management (Buon & Taylor, 2008: 431). In Europe it seems that there is a discrepancy of sorts between what the providers are providing and what the clients require (Buon & Taylor, 2008: 435).

The research discussed above was conducted in North America and in Europe, and it gives an international perspective of the integration taking place. The South African context is different, and there is currently a lack of similar data in South Africa. A central focus of this research seeks to provide empirical information on the field of EAP in South Africa, and how it has evolved in the past five years.

There appear to be two views about which entity should lead the evolution in EAP service offering – the corporate clients or the service providers. On the one hand,

there is a feeling that the corporate client should determine what the needs of its employees are and request a service tailored to meet those needs (Sharar, 2009:12; Burke, 2004:6). This view suggests that corporate clients are well placed to know what best suits their needs. On the other hand, there is a feeling that decision-makers' weak understanding of what constitutes an EAP could present the potential problem of the client organisations derailing the field, and thus the service providers should take the lead (Pompe, 2011:11; Roman, 2005:45). To further support their argument, proponents of service providers taking the lead postulate that some client organisations still view the services offered by EAP and related fields as "benefits" and do not understand the added value these services bring to improved performance (Gornick & Blair, 2005:23).

Low utilisation rates by employees are not cost-effective for the employer and do not improve individual or organisational well-being and performance (Lawrence, Boxer & Tarakeshwar, 2002:10). Factors that could contribute to low utilisation rates include the possible discrepancy between the traditional EAP model and the less traditional needs of employees (Lawrence et al., 2002:12). EAP service providers find themselves in a position where they are offering a range of add-on services as a way to revive a declining EAP product. It is apparent that it is very important to make sure these services are aligned with the clients' needs but it appears that EAP providers (in Europe at least) are not heeding this advice (Buon & Taylor, 2008:443). So with this understanding, the EAP vendors who offer products that are not deemed necessary or desired by clients do so at possible risk (Buon & Taylor, 2008: 436).

The researcher is in agreement with the former argument of corporate clients taking the lead and will investigate trends and patterns of the EAP field in South Africa from the corporate client's viewpoint. The perspective of the corporate client will be adopted with the justification that the client organisation's active involvement in the development of the EAP product will ensure that their needs are being met and the product is relevant and responding to an identified need (Pompe, 2011:15). It is assumed that, at the very least, the corporate client understands the root causes of the problems involving the health, well-being and productivity of the employees.

The researcher is in agreement with Pompe (2011:21) that the corporate clients' requirements will drive and influence the growth and development of the EAP field

over time. EAP service providers will thus have the responsibility to develop and provide customised employee assistance services yet still maintain the integrity and quality of the EAP (Pompe, 2011:24). The challenge thus remains that the EAP field continues to explore ways in which to accommodate the requirements and needs of corporate clients and evolve accordingly (Pompe, 2011:24).

## CHAPTER THREE

# EMPIRICAL STUDY ON THE TRENDS AND PATTERNS OF REQUESTS FOR PROPOSALS FOR EAP AND RELATED SERVICES FROM ICAS SOUTHERN AFRICA OVER A FIVE-YEAR PERIOD

### 3.1 INTRODUCTION

This is a study on the trends and patterns of the requests for EAP services by corporate clients in South Africa from one of the largest EAP service providers, ICAS Southern Africa. The researcher saw the relevance and need for the study to have empirical evidence on the changes in the EAP field in the South African context. Globally, there has been significant research on the increasing integration of EAP, health and wellness and work-life fields. According to the international studies, the lines between the three fields are becoming increasingly blurred and it was not easy to find a “classic” or pure EAP. The researcher was interested to find out how the South African context would compare in this regard.

The study, therefore, was an attempt to determine the extent of the changes in the request for EAP services from corporate clients from 2012 to 2016. The researcher was interested to find out the extent of the changes, if any, in the EAP field from the corporate client or purchaser’s view. The results would provide some insight to the South African EAP role players and stakeholders on the extent of the changes and thus enable forecasting and planning in light of the observations.

The study used document analysis to collect data from RFPs in the ICAS Southern Africa archives chosen with the assistance from ICAS staff. The RFPs were representative of both public and private sectors.

## **3.2 PRESENTATION OF EMPIRICAL DATA**

This chapter focuses on presenting and analysing the data collected from the RFPs. In general, tabular summary of the findings will first be presented and then narrative discussion will follow.

### **3.2.1 Description of the sample**

There were forty RFPs in total (n=40). Twenty-nine of the RFPs (73%) were from the public sector and 11 RFPs (27%) from the private sector. There was a range of industries represented in the sample including provincial government departments, local municipalities, training authorities, telecommunications, information technology, nutrition and banking.

The RFPs were sent to the researcher via email as per specifications contained in the researcher's request to the liaison person identified by ICAS Southern Africa. There were however some challenges related to the proportion of public sector to private sector. The researcher had envisaged and requested an equal representation of each stratum (10 RFPs) but the reality was that she received more RFPs from the public sector than the private sector. This presents some limitations in the ability to compare the requests in a meaningful way. The researcher is of the belief that it was still useful to analyse trends when the researcher takes both the results of the public and private sector collectively.

The RFPs differed in terms of the length, their contents and the specificity and details. Some of the corporate clients have an internal EAP or Employee Wellness Programme (EWP) coordinator(s) or liaison and these coordinators were able to align their requests with EAP core technologies and were very thorough and detailed. Some requests were made through the procurement department and were thus treated as procurement for any other service. These requests were rather vague in nature and thus the onus was on the researcher to delineate EAP services. The "purchaser's" somewhat limited understanding of EAP in some cases was probably indicative of the overlap inherent in the three fields.

### 3.2.2 Description of the coding sheet

The first section of the coding sheet (Appendix C) captured the coding process details in terms of the RFP number the researcher assigned to each RFP, company identification details and the date the RFP was coded. There was also an area to indicate the sector to which the corporate client belonged.

The EAP field in South Africa is in the fortunate position of being guided by a vibrant and visible Association - EAPA-SA. There are six distinct core technologies that make up a “classic” EAP in the South African context. These core technologies are:

1. Training and development
2. Marketing
3. Case management
  - Assessment
  - Short-term intervention (counselling)
  - Referral
  - Monitoring
4. Consultation to the work organisation
5. Networking (Stakeholder Management)
6. Monitoring and evaluation

The coding sheet therefore included the core technologies and also included a section for the issues commonly addressed by an EAP, and also the different service delivery modalities used to deliver the EAP services.

Since there are no “core technologies” per se for health and wellness programmes the coding sheet simply included the common issues addressed by these programmes; and the same was applied to the work-life programmes.

The coding sheet also included a general section that captured the beneficiaries of the services requested and looked at the contracting process for additional insights into ways in which the request for services might have changed over the past five years.

The findings of the study are presented in the order that the sections appeared in the coding sheet.

### 3.3 SECTION 1 – CLASSIFICATION OF RFPs

**Table 3.1 Classification of the sample**

Year	Public Sector	Private Sector	Sample size
2012	5	3	8
2013	6	3	9
2014	7	2	9
2015	6	2	8
2016	5	1	6
<b>TOTAL</b>			<b>40</b>

#### Discussion of Table 3.1

There were forty RFPs in total (n=40). Twenty-nine of the RFPs (73%) were from the public sector and 11 RFPs (27%) from the private sector.

### 3.4. SECTION 2: EAP CORE TECHNOLOGIES

This section analyses the findings in the EAP core technologies as reflected in the EAPA-SA Standards Document with the exclusion of networking (stakeholder management) as it was not specified or requested in any of the RFPs analysed as part of the pilot study.

#### 3.4.1 Training and Development

**Table 3.2 Requests for training and development activities**

Sector	2012	2013	2014	2015	2016
<b>Public sector</b>	n=5	n=6	n=7	n=6	n=5
	4 (80%)	6 (100%)	5 (71%)	5 (83%)	4 (80%)
<b>Private sector</b>	n=3	n=3	n=2	n=2	n=1



	1 (33%)	2 (67%)	2 (100%)	2 (100%)	1 (100%)
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### Discussion of Table 3.2

Training and development activities and/or material were requested consistently from 2012 and 2016 by both the public and private sector. EAP training involves imparting EAP-specific knowledge and skills to supervisors, labour management, senior management and other stakeholders to ensure the effectiveness of the EAP within the organisation. Training is an intervention to address present and/or anticipated knowledge or attitude or skills shortcomings (Erasmus, Loedolff, Mda & Nel, 2008:2). There were requests for custom-made training interventions as informed by the quarterly utilisation and trend reports.

There was also a pattern for requests for supervisory or managerial training in both the public and private sector. Supervisory training empowers supervisors to effectively utilise the EAP to enhance and improve the performance of employees having work-related or personal problems that are affecting work performance (Simelane, 2007: 30). The involvement of supervisors in this manner is pivotal in the effective implementation of an EAP. Specific requests were made for supervisors and managers to receive training and resource material on the importance of good interpersonal relationships in the workplace and their role to ensure a healthy functioning team as well as how to manage problematic employee relationships.

Furthermore, training and development services requested were workshops and seminars for employees and managers on a range of issues that address personal and work-related issues (including, but not limited to financial management, stress management, preparation for retirement, bereavement and trauma). The issues to be covered in the trainings cut across individual well-being and job performance, and went into organisational performance and well-being.

There were also requests for quarterly workshops for internal EAP personnel on applicable topics and themes identified in the quarterly reports to improve their capacity and to strengthen the partnership between the service provider and the internal EAP practitioners.

### 3.4.2 Marketing

**Table 3.3 Requests for marketing activities**

Sector	2012	2013	2014	2015	2016
Public sector	n=5	n=6	n=7	n=6	n=5
	5 (100%)	6 (100%)	6 (86%)	4 (67%)	4 (80%)
Private sector	n=3	n=3	n=2	n=2	n=1
	1 (33%)	2 (67%)	1 (50%)	1 (50%)	1 (100%)

**Table 3.4 Requests to develop marketing material**

Sector	2012	2013	2014	2015	2016
Public sector	n=5	n=6	n=7	n=6	n=5
	3 (60%)	3 (50%)	4 (57%)	*N/A	4 (80%)
Private sector	n=3	n=3	n=2	n=2	n=1
	*N/A	2 (33%)	1 (50%)	*N/A	*N/A

\*N/A = Not available as it was not specified in the requests analysed

**Table 3.5 Requests that specified the format of marketing material**

Sector	2012	2013	2014	2015	2016
Public sector	n=5	n=6	n=7	n=6	n=5
	2 (40%)	2 (33%)	*N/A	*N/A	4 (80%)

<b>Private sector</b>	n=3	n=3	n=2	n=2	n=1
	*N/A	1 (33%)	*N/A	*N/A	*N/A

\*N/A = Not available as it was not specified in the requests analysed

### Discussion of Tables 3.3, 3.4 and 3.5

Marketing is a crucial function for an effective EAP as it helps to clarify the nature of the EAP services available, and is necessary to increase the accessibility and uptake of services (Standards Committee of EAPA-SA, 2015:22). Marketing was requested by a majority of corporate clients in both the public and private sectors from 2012 to 2016. There was specification of promotional activities, with a keen focus on manager and employee orientation sessions; and on-site campaigns and activations. Some requests specified the need for tailor-made marketing or promotional activities. This was important to align the activities with the organisational culture of the corporate client, and to increase comfort with the EAP.

There was also specification on the format of the promotional material. Promotional material is crucial as it increases the visibility of the EAP, the services offered and information on how to access the services. Commonly requested promotional materials were posters, pamphlets, z-cards, wallet cards. Requests for electronic material emerged quite strongly, particularly with requests for a functioning website or intranet, being the popular electronic specifications. In keeping up with technological advances, there were a couple of corporate clients from the private sector that requested the development of an application (app) to be accessible to employees and their families on their mobile devices.

### 3.4.3 Case Management

**Table 3.6 Requests for short-term intervention (counselling)**

<b>Sector</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Public sector</b>	n=5	n=6	n=7	n=6	n=5

	3 (60%)	6 (100%)	5 (71%)	3 (50%)	2 (40%)
<b>Private sector</b>	n=3	n=3	n=2	n=2	n=1
	2 (67%)	2 (67%)	2 (100%)	2 (100%)	1 (100%)

**Table 3.7 Requests for referral**

<b>Sector</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Public sector</b>	n=5	n=6	n=7	n=6	n=5
	3 (60%)	4 (67%)	4 (57%)	5 (83%)	2 (40%)
<b>Private sector</b>	n=3	n=3	n=2	n=2	n=1
	1 (33%)	*N/A	1 (50%)	1 (50%)	*N/A

\*N/A = Not available as it was not specified in the requests analysed

### **Discussion of Table 3.6 and 3.7**

#### *Assessment*

Overall, assessment was rarely requested or specified in the sample RFPs. This was the finding, despite the fact that assessment is an important element of case management and enables the EAP professional to identify and analyse the client's presenting problem and develop an appropriate treatment plan (Standards Committee of EAPA-SA: 2015:17). The low number of requests for assessment are surprising given that case assessment can be useful for not only exploring the presenting issue, but for uncovering issues yet apparent to the client (Ambrosino, Heffernan, & Shuttleworth, 2008:124). The researcher is of the opinion that the low number of specified requests for assessments could be attributed to assessment being considered part of the short-term counselling process and thus not needing to be flagged as a separate request.

### *Short-term counselling*

Short-term counselling was requested the most of all the services included under case management by both the public and private sector over the five year period. This is perhaps to be expected as it is the “essence” of case management. An essential function of an employee assistance programme is to provide timely professional assistance or intervention for employees whose personal problems might otherwise lead to a decline in job performance, absenteeism, accidents, conflicts in the work setting, or even job termination (Hosie, West & Mackey, 1993:355).

There was also typically a stipulation of the number of sessions for each client per issue per year but there was no apparent trend or pattern in this regard. Many stipulations kept in line with the short-term model of the EAP, and requested sessions ranging from four to eight sessions. This is in line with the short-term model, which is a characteristic feature of the EAP. The EAP has the task of responding to personal and work-related problems in a cost-effective and timely manner so as to reap the maximum benefits from EAP case management services for both the employer and employee (Taute, 2004:15). The short-term approach’s popularity was not surprising as it is appropriate to use in the workplace context, by time-limited interventions to troubled employees who may ordinarily have limited access to curative services. Short-term counselling has, over the years, proven to be an effective intervention across a range of problem presentations (Iverson, 2002:1).

Further explanation for the popularity of the short-term model is that it useful for a wide variety of clients, with a range of presenting problems, including but not limited to work-related stress, relationship problems, bereavement and early stages of substance use (Taute, 2004:19; Bannink, 2007:3). Despite its popularity, it is important to note that not all problems are well suited to this model. The issues outside the scope of the short-term model include problems requiring long-term psychotherapy such as psychiatric conditions, alcohol and substance abuse problems in the later stages and personality disorders.

### *Referrals*

Another service that was requested under case management is referrals, although without a clear pattern or trend in the five year period. Referral is one of the EAPA-

SA standards that follows after a thorough assessment process and/or short-term counselling by the EAP professional. Referral aims to refer and link the client with an appropriate resource or the next level of care (Standards Committee of EAPA-SA, 2015:17). After an initial contact with the client where the EAP practitioner conducts a thorough assessment, the EAP practitioner may either address the presenting problem (short-term) or may decide to refer the case to the relevant service provider if there is a need to do so (long-term intervention).

The request for referrals was mostly highlighted in instances where telephonic counselling was offered but face-to-face counselling was not offered; and also in instances where the services or intervention required fall outside the scope of an EAP or short-term model. To be effective, the EAP needs to leverage relationships with other stakeholders and service providers for the benefit of the clients. It is therefore crucial that the EAP practitioners or service providers establish and maintain a network with other service providers for effective service delivery.

#### *Stakeholder management*

Of note is that stakeholder management or networking was not included in the requests.

#### **3.4.3.1 Common Issues to be addressed by the EAP**

The primary role of the EAP is to identify and resolve workplace, mental health, physical health, marital, family, personal addictions or alcohol, or emotional issues that affect a worker's job performance (Collins as cited by Sharar, 2009: 40).

**Table 3.8 Requests for issues to be addressed by the EAP**

<b>Year</b>	<b>Public sector</b>	<b>Private sector</b>
<b>2012</b>	<b>Total RFPs (n= 5)</b>	<b>Total RFPs (n= 3)</b>
	<b>Most requested: 5 (100%)</b> Personal financial management Trauma	<b>Most requested: 2 (67%)</b> Personal financial management Trauma
	<b>Second most requested: 4 (80%)</b>	<b>Second most requested: 1 (33%)</b>

	Legal Issues Alcohol and substance abuse	Legal issues Alcohol and substance abuse Stress management Bereavement
	<b>Third most requested: 3 (60%)</b> Stress management Bereavement Preparation for retirement	
<b>2013</b>	<b>Total RFPs (n= 6)</b>	<b>Total RFPs (n=3)</b>
	<b>Most requested: 5 (83%)</b> Trauma Personal financial management Alcohol and substance abuse	<b>Most requested: 3 (100%)</b> Trauma
	<b>Second most requested: 4 (67%)</b> Stress management	<b>Second most requested: 2 (67%)</b> Stress management Personal financial management Alcohol and substance abuse Relationship issues Legal issues
	<b>Third most requested: 3 (50%)</b> Relationship issues	<b>Third most requested: 1 (33%)</b> Preparation for retirement
<b>2014</b>	<b>Total RFPs (n= 7)</b>	<b>Total RFPs (n= 2)</b>
	<b>Most requested: 6 (86%)</b> Personal financial management Trauma	<b>Most requested: 2 (100%)</b> Personal financial management Trauma Legal issues
	<b>Second most requested: 5 (71%)</b> Legal issues	<b>Second most requested: 1 (50%)</b> Alcohol and substance abuse Stress management Relationship issues Crisis intervention
	<b>Third most requested: 3 (43%)</b> Alcohol and substance abuse	

	Stress management	
2015	<b>Total RFPs (n= 6)</b>	<b>Total RFPs (n= 2)</b>
	<b>Most requested: 5 (83%)</b> Personal financial management Legal issues	<b>Most requested: 2 (100%)</b> Personal financial management Legal issues Stress management Trauma Work related problems
	<b>Second most requested: 4 (67%)</b> Relationship issues	<b>Second most requested: 1 (50%)</b> Preparation for retirement Rehabilitation
	<b>Third most requested: 3 (50%)</b> Trauma Alcohol and substance abuse	
2016	<b>Total RFPs (n= 5)</b>	<b>Total RFPs (n= 1)</b>
	<b>Most requested: 5 (100%)</b> Personal financial management Relationship issues Trauma	<b>Most requested: 1 (100%)</b> Personal financial management Relationship issues Trauma Alcohol and substance abuse Stress management Performance management Interpersonal conflict management
	<b>Second most requested: 4 (80%)</b> Legal issues	
	<b>Third most requested: 3 (60%)</b> Stress management Depression Suicide	



## Discussion of Table 3.8

### *Personal financial management*

Sharar (2009:40) postulates that most EAPs now offer services around legal and financial issues. This was evident even in the South African context as of all the services requested, personal financial management services were requested the most by both the public and private sector across all five years under study. This presents an area of overlap with the work-life field, as will be apparent in the discussion on the findings of the work-life field.

Kim and Garman (2003:2) assert that “Financial stress is referred to by researchers as economic stress, economic hardship, economic strain and economic pressure”. Financial stress is likely to feature prominently on any list of stressors affecting employees (Kim & Garman, 2003:1). Financial stress is high on the agenda as it is an issue that spills over from the work domain into the family domain and vice versa. Financial stress becomes a workplace issue as the effects reduce employee productivity and results in increased rates of absenteeism and presenteeism; results in a deterioration of interpersonal relationships with colleagues and supervisors and also in increased health concerns (Kim & Garman, 2003:2 – 3).

In a bid to respond to the high levels of financial stress, the services requested under personal financial management ranged from awareness sessions or seminars on financial health and budgeting; advice from financial advisors; debt counselling and management; education on relevant Legislation such as “The National Credit Act No. 34 of 2005”) and the implications thereof; the availability of company low interest loans to employees and the criteria or procedure to access such services; and financial planning as part of preparation for retirement.

### *Legal issues*

This was another highly requested service by both sectors fairly consistently from 2012 to 2016, highlighting it as a key issue in the South African context. This was in line with Sharar’s (2009:40) assertion that legal services are routinely offered as part of the EAP. These services along with personal financial management were requested under life management services that emerged very strongly under the work-life services. The services range from telephonic advice to consultation with an expert on

court procedures, divorce, custody and child and spousal maintenance, contractual disputes, consumer rights, debt and blacklisting issues.

### *Trauma and Critical Incident services*

There was a pattern of requests for trauma services with trauma or critical incident stress debriefing in particular emerging quite strongly in the five-year period under study and in both sectors. Critical Incident Management is included in the EAP services under Clinical Services (Standards Committee of EAPA-SA, 2015:15). Standard 14 in the EAPA-SA Standards Document is concerned with EAP providers responding to critical incidents in a timely manner by providing trauma services (defusing, debriefing). These services have been proven to mitigate the effects of trauma at both individual and organisational levels (Standards Committee of EAPA-SA, 2015:15).

The fairly consistent requests for trauma management service are aligned with the observation made by Everly et al. (in Sharar, 2009: 40) that more EAPs typically provide services for critical incidents. Trauma counselling and defusing were specific services requested under trauma services. The proportion of trauma requests is perhaps to be expected taking into account the South African context with its high rate of crime and road traffic accidents.

Critical incident services include trauma management planning; immediate on-site incident containment, management and support; debriefing and counselling and recovery support. Crisis intervention is broader than just the provision of trauma interventions and services, but also includes proactively establishing organisational policies and procedures relating to the management of critical incidents.

Common issues to be addressed as specified in the requests for trauma services include response to: Motor vehicle accidents; hijackings; robbery; homicide; workplace violence; assault; and workplace accidents. Unfortunately, employees face critical incidents in both the work and family domains. In fact, in South Africa four out five workers have experienced hostile behaviour at the workplace (Safety Council, as cited in Maiden & Terblanche, 2006: 1). Even in the instances when the act of violence occurs in the family domain, the effects of trauma may be felt in the work domain as

well. The workplace has the responsibility to put measures in place to ensure the physical and psychological safety of employees.

### *Stress management*

Stress management activities and interventions were requested by both sectors from 2012 to 2016. Stress involves the interaction between the individual and the individual's environment both in the work domain and in the family domain (Van Daalen & Odendaal, 2008:420). Stress has several consequences for the employee and the work environment, and the symptoms can manifest as physiological, psychological and behavioural symptoms (Kim & Garman, 2003:2; Mickel & Dallimore, 2012:65; Van Daalen & Odendaal, 2008: 420).

Requests for stress management interventions bridged EAP and Health and Wellness Programmes. Stress overlaps with mental and emotional dimensions of an individual (which is the traditional focus or entry point of EAPs), and the physical dimension (traditional entry point of Health and Wellness Programmes). Some of the physiological symptoms of stress could include headaches, changes in sleep patterns, changes in eating patterns, high blood pressure, shoulder tension and pain, back ache. Psychological symptoms could include irritability, poor concentration, poor memory, and may leave the individual vulnerable to anxiety and depression. Behavioural symptoms could include reduced productivity, presenteeism, absenteeism, staff turnover, and increased alcohol and substance use.

Potential stressors can be environmental (economic uncertainty, political uncertainty and technological uncertainty); organisational (task demands, role demands, interpersonal demands, organisational structure, organisational leadership and organisation's life stage) and individual (family problems, economic problems and personality) in nature (Mickel & Dallimore, 2012:65; Van Daalen & Odendaal, 2008:420-421). If an EAP is to be effective it must, in collaboration with the related fields of health and wellness and work-life, address these factors. Interestingly, the majority of the requests by the corporate clients addressed potential stressors, and or/or their consequences.

### *Alcohol and substance abuse*

The requests for services and interventions to deal with alcohol and substance abuse issues were prevalent in both the public and private sectors. This was of interest to the researcher as addressing alcohol abuse issues among the workforce was the origin of EAPs (known then as Occupational Alcoholism Programmes) in the United States of America in the 1940s (Dickman & Challenger, 2003:28; Herlihy & Attridge, 2005:70; Jacobson & Attridge, 2010:12). Seven decades later, and in a South African context, employers still see the importance of providing workplace-based programmes to support and rehabilitate employees who are struggling with alcoholism.

It is apparent that the employers still recognise the benefits of providing a workplace alcohol intervention rather than incur the costs of poor well-being and productivity of the affected employees and the possible disciplinary process (Dickman & Challenger, 2003:28). However, most of the RFPs did not specify or were vague about how to address these issues with only a couple of RFPs (notably from the private sector) specifying rehabilitation services.

### *Relationship issues*

Services to address relationship issues were also among the highly requested from ICAS Southern Africa. Relationship issues in their many forms, personal relationships, marital problems, domestic violence, parent-child problems, can be debilitating to an employee and can result in a range of behavioural, physical and productivity issues.

Domestic violence was also specified in several RFPs. Although the issue occurs within the family domain, it is necessary and appropriate for the employer to take an interest and request interventions and services to address the issue. Problems, such as domestic violence, with a social stigma are typically less likely to receive attention. Both employers and employees may be reluctant to acknowledge that the problem exists and affects the workforce. Domestic violence has medical and mental health consequences and affects job performance and productivity (Futures Without Violence, 2012). Thus, it is apparent that domestic violence is an issue that affects both the personal and working lives of their employees (Futures Without Violence, 2012).

*Other issues that were requested included:*

Bereavement support (loss of family members or colleagues, miscarriage, terminal illness support); organisational issues (organisational change, performance management, work load); mental health issues (depression, anxiety, suicide); addictive behaviours (gambling); preparation for retirement programme (financial planning, psychosocial preparation, referral and linkage with community resources) personal development (communication skills, decision-making, self-esteem); and behavioural risk assessment.

### 3.4.3.2 Service delivery channels or modalities for the EAP services

**Table 3.9 Requests for EAP service delivery modalities**

Year	Public sector	Private sector
2012	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=3)</b>
	<b>Most requested: 5 (100%)</b> Telephonic counselling Face to face counselling	<b>Most requested: 2 (67%)</b> Online
	<b>Second most requested: 3 (60%)</b> Online	<b>Second most requested: 1 (33%)</b> Telephone hotline Telephonic counselling Face-to-face counselling Newsletter
	<b>Third most requested: 2 (40%)</b> SMS	
2013	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=3)</b>
	<b>Most requested: 5 (83%)</b> Telephone hotline Face-to-face counselling	<b>Most requested: 3 (100%)</b> Telephone hotline
	<b>Second most requested: 4 (67%)</b> Telephonic counselling	<b>Second most requested: 2 (67%)</b> Face-to-face counselling Online Debriefing

	<b>Third most requested: 3 (50%)</b> Debriefing Online	
2014	<b>Total RFPs (n=7)</b>	<b>Total RFPs (n=2)</b>
	<b>Most requested: 6 (86%)</b> Debriefing	<b>Most requested: 1 (50%)</b> Debriefing Telephone hotline Telephonic counselling Face-to-face counselling Online SMS
	<b>Second most requested: 4 (57%)</b> Telephone hotline Face-to-face counselling	
2015	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=2)</b>
	<b>Most requested: 5 (83%)</b> Telephone hotline Debriefing	<b>Most requested: 1 (50%)</b> Telephone hotline Debriefing Telephonic counselling Face-to-face counselling Online
	<b>Second most requested: 4 (67%)</b> Face-to-face counselling	
	<b>Third most requested: 3 (50%)</b> Telephonic counselling	
2016	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=1)</b>
	<b>Total RFPs</b>	
	<b>Most requested: 5 (100%)</b> Face-to-face counselling	*N/A
	<b>Second most requested: 4 (80%)</b> Online Debriefing Telephonic counselling	

	<b>Third most requested: 3 (60%)</b> Telephone hotline	
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\*N/A = Not available as it was not specified in the requests analysed

### Discussion of Table 3.9

In order for an EAP to remain effective and relevant to corporate client needs, there is a need for EAP service providers to incorporate innovations into the service delivery modalities. The modalities must respond and adapt to the changing workforce and their need to ensure increased access to the EAP and related services.

#### *Face-to-face counselling*

This traditional service delivery modality emerged as the most popularly requested service modality by the corporate clients. The main specification accompanying the request was that the face-to-face counselling services be multilingual to accommodate the multilingual and multicultural nature of the workforce of South Africa. Some RFPs went on to elaborate compatibility between client and professional in terms of gender and culture (Client-Counsellor Compatibility Service).

Another specification was for the face-to-face counselling services be provided by suitably qualified professionals who are registered with the appropriate councils and professional bodies. Furthermore, another specification was that the services be available in close proximity to the beneficiaries of the service, regardless of where they may be based nationally. Interestingly, there were a couple of requests made for services in other parts of Africa where their staff members may be located. This may be attributed to the fact that ICAS Southern Africa has affiliates in other parts of Africa outside South Africa, and cements ICAS Southern Africa's status as a leader in the industry.

Another specification contained in the request for face-to-face counselling was the number of sessions to which a beneficiary of the service would be eligible. The number of sessions differed from corporate client to corporate client and ranged from four sessions to eight sessions per issue per year. The provision for short-term counselling is in line with the solution-focused brief therapy model characteristic of a classic EAP, as discussed previously in the chapter (Standards Committee of EAPA-SA, 2015:18). The short-term model is cost-effective and is suitable for the workplace

context. In some instances, there was a stipulation that access to face-to-face counselling would be on the basis of a referral from telephonic counselling, so it would be considered a second-line or secondary intervention.

### *Telephone Hotline*

Telephone hotline requests were the second most popular by both the public sector and private sector. Telephone hotline requests were distinguished from telephonic counselling requests. Hotline requests were considered to be the first-line or first contact service available to beneficiaries. Most corporate clients requested that they be assigned a toll-free number that will be of exclusive use of the employees and eligible family members. Most requests stipulated that the service be available to 24/7 365 days in the year. The hotline's popularity could be due to the fact that it allows access, irrespective of the location and time. The hotline provides the important function of screening and assessing the presenting issues and referring appropriately. The telephone hotline serves as an information service for beneficiaries that cover a range of issues. The hotline is cost-effective for both the service provider and corporate client. Most corporate clients requested a monitoring service and reports on the number of calls and number of dropped calls.

### *Telephonic counselling*

Telephonic counselling was widely requested by the corporate clients and it stands to reason, as it provides greater access and reach than face-to-face counselling. Telephonic counselling by qualified and registered personnel is a more cost-effective service delivery modality than face-to-face counselling and has proven successful in managing a number of issues. The nature and severity of some issues or cases, however, necessitate referral for face-to-face counselling and other interventions, and most corporate clients made provision for this. Conversely, some corporate clients only made provision for telephonic counselling and no provision for face-to-face counselling as part of the EAP services offered.

### *Electronic/Online service modalities*

Requests for Electronic or e-Care services also emerged quite strongly from corporate clients. In a bid to maintain the relevance of EAP services, corporate clients and service providers cannot afford to not keep up with technological advances and the



needs of their clients. E-Care services provide support, resources and behaviour changing interventions for the well and productive employee, but also for the unwell and less productive employee. Some of the services requested by corporate clients included setting up and running a website with information and updates on issues encompassing the full spectrum of health and wellness topics. Some corporate clients further requested that the website be interactive in nature, to stimulate interest and optimise impact. The interactive content could include self-administered questionnaires and resources customised to their beneficiaries' profiles.

There were other requests for ICAS Southern Africa to publish an electronic newsletter highlighting the health and wellness activities and initiatives of the corporate client. In a further bid to increase access to services, there were also requests for personalised emails, email counselling, and a Short Message Service (SMS) service (including call back service). In summary, the requests for online services were therefore for both push (email) and pull (internet) communication strategies.

#### *Other service delivery modalities*

The researcher also noted an emerging trend of the request for coaching as an intervention to address needs of individual staff members (particularly management) and the organisation at large. There were requests for individual coaching, and group coaching. This marks a shift from the classic EAP interventions or service delivery modalities and affirms the need for service delivery to evolve and adapt to better respond to the changing needs of the corporate clients.

### **3.4.4 Consultation to the work organisation**

**Table 3.10 Requests for organisational consultation services**

<b>Sector</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Public sector</b>	n=5	n=6	n=7	n=6	n=5
	3 (60%)	5 (83%)	6 (86%)	4 (67%)	5 (100%)
<b>Private sector</b>	n=3	n=3	n=2	n=2	n=1

	2 (67%)	1 (33%)	*N/A	1 (50%)	*N/A
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\*N/A = Not available as it was not specified in the requests analysed

### Discussion of Table 3.10

Organisational consultation is another key technology of a classic EAP that is uniquely positioned to address organisational performance and well-being (Standards Committee of EAPA-SA, 2015:21). Consultation to the work organisation, although a non-clinical service, is a great resource for the organisation to proactively address potential problems or to react in a meaningful, relevant manner. A pattern of requests for managerial consultancy emerged strongly from the corporate clients. Some of the specific services requested included telephonic consultancy services, managerial training and coaching. This is in line with the assertion by Sharar (2009:40) that a common feature in most EAPs is support for supervisors with managerial and team concerns.

Managerial consultancy services seek to support managers in their existing relationship with employees and people management issues. Individual coaching for managers was requested with specification of number of sessions – much like the short-term counselling model of a traditional or classic EAP. The coaching process is tailored to suit the needs and concerns of the individual manager. There was also a request for group coaching or coaching circles, which are facilitated group coaching sessions aimed at strengthening team cohesion and to share experiences, knowledge and skills.

Organisational consultation utilises trend reports and other data to inform consultation. Organisational consultation cements the EAP as a valuable part of the organisational support interventions by addressing internal and external developments and changes (Standards Committee of EAPA, 2015:21).

### 3.4.5 Monitoring and Evaluation

**Table 3.11 Requests for monitoring and evaluation services**

Sector	2012	2013	2014	2015	2016
Public sector	n=5	n=6	n=7	n=6	n=5
	1 (20%)	5 (83%)	7 (100%)	4 (67%)	4 (80%)
Private sector	n=3	n=3	n=2	n=2	n=1
	2 (67%)	1 (33%)	*N/A	2 (100%)	*N/A

\*N/A = Not available as it was not specified in the requests analysed

#### Discussion of Table 3.11

Monitoring and Evaluation is the sixth EAP core technology (Standards Committee of EAPA-SA, 2015:2, 26). This activity is concerned with demonstrating the effectiveness and value of the EAP to the corporate client and the beneficiaries. Monitoring and evaluation services specified in the requests included monthly, quarterly, and annual reports from ICAS Southern Africa. These reports would include the monitoring and tracking trends of service provision and utilisation rates. There was no noted request for evaluation services, perhaps due in part to the preference to utilise an external or objective consultant to maximise the objectiveness of the evaluation exercise.

### 3.5 SECTION 3: HEALTH AND WELLNESS PROGRAMMES

Under health and wellness programmes there are no defined core technologies. Sharar (2009:43) suggests that the following may be considered core health and wellness services:

- i) Prevention of disease, decrease health risks
- ii) Health screenings and risk classification

- iii) Risk-related health management interventions (exercise, behaviour change programmes, educational newsletters, web, self-care material, health advice lines, health coaching, disease management)

Of these aforementioned services some can be classified as wellness optimisation and population health management, targeting well and productive employees. These services are for the most part preventive. There are also services that can be classified as disease management and these target the unwell and less productive employee.

**Table 3.12 Requests for health and wellness services**

Year	Public sector	Private sector
	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=3)</b>
2012	<b>Most requested: 5 (100%)</b> HIV and AIDS services	<b>Most requested: 3 (100%)</b> HIV and AIDS services Health promotion
	<b>Second most requested: 4 (80%)</b> Executive wellness	<b>Second most requested: 1 (33%)</b> Health screening Wellness event
	<b>Third most requested: 3 (60%)</b> Health screening Peer educator training Fitness and exercise activities	
2013	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=3)</b>
	<b>Most requested: 4 (67%)</b> Health promotion	<b>Most requested: 3 (100%)</b> HIV and AIDS management
	<b>Second most requested: 3 (50%)</b> HIV and AIDS services Peer educator training	<b>Second most requested: 2 (67%)</b> Health screening Health promotion Absenteeism and incapacity management
		<b>Third most requested: 1 (33%)</b> Executive wellness Disease management

		Health Risk Assessment
2014	<b>Total RFPs (n=7)</b>	<b>Total RFPs (n=2)</b>
	<b>Most requested: 6 (86%)</b> HIV and AIDS services	<b>Most requested: 1 (50%)</b> Health screening Health promotion On-site clinic services
	<b>Second most requested: 3 (43%)</b> Health promotion Wellness event Peer educator training Disease management	
2015	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=2)</b>
	<b>Most requested: 5 (83%)</b> HIV and AIDS services	<b>Most requested: 1 (50%)</b> HIV and AIDS services Health promotion Health screening Wellness event Absenteeism and incapacity management
	<b>Second most requested: 4 (67%)</b> Health promotion	
	<b>Third most requested: 2 (33%)</b> Health screening Absenteeism and incapacity management Wellness event	
2016	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=1)</b>
	<b>Most requested: 5 (100%)</b> Health promotion	<b>Most requested: 1 (100%)</b> Health promotion Wellness campaign

## Discussion of Table 3.12

As can be expected, the majority of the requested services from both sectors across the five years under study were around wellness optimisation and were mostly preventive in nature.

### *HIV and AIDS services*

HIV and AIDS services were the most requested service under Health and Wellness services. This was to be expected as HIV services were an entry point for Employee Wellness Programmes and a key reason for their existence in most organisations. Many EWPs started as HIV and AIDS Workplace programmes, which later evolved with a broader health focus. South African companies have, for the most part, been very responsive in responding to HIV and AIDS.

Dickinson and Stevens (2005:286) postulate that there are six drivers that influence South African corporate responses to HIV and AIDS: legal requirements; voluntary regulation; business costs; social pressures; visibility of the disease; and individuals within the company who take responsibility for the response (Dickinson & Stevens, 2005:286). Of the six contributing factors, it was determined that social pressure of other companies' responses and the visibility of HIV and AIDS epidemic were the most significant. Taking that into cognisance, it is apparent that HIV and AIDS is still prevalent, is still a concern for the employer and cannot be neglected if health and wellness programmes are to be effective.

Requests for HIV and AIDS services ranged from preventive services (awareness sessions, participation in AIDS day commemorations, HIV Counselling and Testing, Post-Exposure Prophylaxis, and Voluntary Medical Male Circumcision services); treatment, care and support (provision of Anti Retro Viral Therapy and management of opportunistic infections and related non-communicable diseases, referral and linkage with health facilities to provide treatment). The researcher is of the view that HIV and AIDS will remain a pertinent workplace issue taken into the broader South African HIV and AIDS situation and the fact that the most affected age group is the working population.

### *Health Promotion*

Health promotion services were requested by a majority of the corporate clients over the five-year period under study. Health promotion is a cornerstone of any health and wellness programme and falls under Level 1 (Awareness) services of the health and wellness field. Health Promotion is a cost-effective intervention by the employer to reach a wide audience on a broad range of health topics and issues, and achieve huge gains (Alwan & MacLean, 2009:6).

The requests stipulated that health promotion sessions need to be tailored for the corporate client informed by organisational profiling. The information garnered from the organisational profiling (number of staff members, how they are distributed in their work stations, their shifts, the educational levels and their specific needs) would be critical to take into account. In conjunction, the trend and utilisation reports would also be consulted in an effort to customise the health promotion activities.

There were a variety of delivery channels of health promotion specified in the requests including training, promotional campaigns or activations and electronic resources (interactive website, electronic newsletter and personalised emails). The health promotion activities requested were typically specified to align with the Health Calendar with specific emphasis on specific dates or months. There was significant overlap with the service modality requests with the EAP requests.

### *Health screening*

There were many requests for health screening services, particularly from the private sector. Health screening is a key prevention strategy as it allows for the early detection of any health problems and provides useful information for individual mastery of their health status. Common screening services requested included Blood Pressure (BP), Glucose, Cholesterol, Tuberculosis (TB), HIV screening. Screening services were requested to be offered on-site on a set date; during health promotion or wellness campaigns or through referrals to health facilities and health service providers. Other preventive clinical services requested included breast cancer examinations, cervical cancer screening and prostate cancer screening.

### *Peer education training*

Peer educators are a feature of the HIV and AIDS workplace programmes and are pivotal in the success of an HIV and AIDS workplace programme. Corporate clients still see the importance of peer educators' role and there were requests for training and support of peer educators from both sectors. The requests for the capacity building included up-to-date, accurate information to enhance competence and improve effectiveness of the peer educators. Peer educator training provides an excellent opportunity to capacitate and mentor peer mentors in broadening their scope to keep with the evolution of workplace wellness programmes to have a broader health and wellness focus.

### *Wellness day or event*

Another frequently requested service was an annual wellness day or event for employees and in some instances their families too. These wellness events enhance visibility and promotion of the health and wellness programme and other related services. Wellness events allow for the combination of marketing, health promotion, health screening and the provision of on-site services and fitness activities. These company-sponsored events also lend themselves well to the integration of health and wellness with EAP and work-life activities.

### *Executive wellness*

It was interesting to note that there was an emerging trend in the private sector for executive wellness or Exec-Care. The request for tailored services and comprehensive medical assessment and personalised interventions for the management level of the organisational hierarchy is key to encourage the participation of management in the health and wellness programme.

### *Other health and wellness services that emerged*

Other services that were requested under Health and Wellness include: weight management, disease management, and absenteeism and incapacity management. One corporate client in particular specified home and hospital visits for employees who are off-work due to ill-health.



### 3.6 SECTION 4: WORK-LIFE PROGRAMMES

**Table 3.13 Requests for work-life services**

Year	Public sector	Private sector
	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=3)</b>
<b>2012</b>	<b>Most requested: 3 (60%)</b> Life management services	*N/A
<b>2013</b>	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=3)</b>
	<b>Most requested: 3 (50%)</b> Life management services	<b>Most requested: 2 (67%)</b> Life management services
<b>2014</b>	<b>Total RFPs (n=7)</b>	<b>Total RFPs (n=2)</b>
	<b>Most requested: 4 (57%)</b> Life management services Family care services	<b>Most requested: 1 (50%)</b> Life management services
<b>2015</b>	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=2)</b>
	<b>Most requested: 3 (50%)</b> Life management services	<b>Most requested: 1 (50%)</b> Disability care services Life coach services
	<b>Second most requested: 2 (33%)</b> Family care services	
<b>2016</b>	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=1)</b>
	<b>Most requested: 4 (80%)</b> Life management services Family care services	<b>Most requested: 1 (100%)</b> Life management services Family care services

\*N/A = Not available as it was not specified in the requests analysed

#### Discussion of Table 3.13

The services under work-life interventions are those that enhance coping in both work and personal life domains. Of all the three fields under investigation, this field is the most challenging to classify or categorise as it is less defined and covers a range of services. It is still worth studying the field as a well implemented work-life strategy greatly reduces both the real and perceived work and life pressures that hamper well-being and productivity (Bird, 2006:1).

Some of the services under work-life include workplace flexibility policies, financial education and support, paid and unpaid leave, caring for dependants (child and aging parents), referrals to community resources (Lingle as cited in Attridge, 2005:541). The work-life services are collaborative in nature and help to link many other human resource functions (Attridge, 2005: 44). In fact, many work-life services are typically offered by the corporate clients' Human Resource department and form part of the benefits package, and would thus not necessarily be requested from an external service provider. This would account for the relatively low request rate when compared with the EAP and health and wellness field. The low or inconsistent request rate is also contrary to Bird's assertion that the demand for work-life interventions by employees and managers is expanding at an unprecedented rate (2006:1).

Ultimately two main categories emerged - family care and life management. Requests for life management services emerged very strongly from both sectors, especially in the public sector with requests in all five years under study. A commonly used definition in the requests for life management included financial and legal services, and in some cases concierge services. These services were also among the most requested under EAP and the discussion is provided in that section. The researcher is of the opinion that this goes some way to prove that sometimes the distinction between the fields is artificial as the services are closely related.

Family care included dependent care, which encompasses both child care and elder care. Child care issues have long been acknowledged as impacting productivity for many workers, primarily women (Richard & Schemm, 2009: 253). Requests for child care services included information on nearby schools; education on child care and parenting and referral to resources as well as referral and information on special education needs. The requests for elder care were also in line with observations that elder care is an emerging work-life issue, as the majority of elder care is provided by family members who are in employment (Administration on Aging, 2000 as cited in Richard & Schemm, 2009: 253).

Other services requested under work-life included disability management and life coaching. There was also a request for concierge-type services from a corporate client that requested assistance with immigration processes for their staff members.

### 3.7 SECTION 5: BENEFICIARIES OF EAP, HEALTH AND WELLNESS AND WORK-LIFE SERVICES

**Table 3.14 Beneficiaries of the services**

Year	Public sector	Private sector
2012	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=3)</b>
	Employees: 3 (60%) Family members: 2 (40%)	Employees: 2 (67%) Family members: 1 (33%)
2013	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=3)</b>
	Employees: 6 (100%) Family members: 5 (83%)	Employees: 3 (100%) Family members: 2 (67%)
2014	<b>Total RFPs (n=7)</b>	<b>Total RFPs (n=2)</b>
	Employees: 6 (86%) Family members: 5 (71%)	*N/A
2015	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=2)</b>
	Employees: 5 (83%) Family members: 2 (33%)	Employees: 2 (100%) Family members: 1 (50%)
2016	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=1)</b>
	Employees: 5 (100%) Family members: 3 (60%)	Employees: 1 (100%) Family members: 1 (100%) Retirees and retrenched staff members (for 3 month period): 1 (100%)

\*N/A = Not available as it was not specified in the requests analysed

#### Discussion of Table 3.14

Accessibility of services to individuals who need them is crucial if the EAP is to be effective and beneficial to corporate clients and users. Problems that affect employees will in all likelihood affect their families as well, and it is therefore crucial that the services offered by the integrated services address them too. However, it is not always feasible for employers to extend the service to employees' family members due to financial constraints.

A majority of the corporate clients did however prioritise extending the service to employees' dependents or family members. This is in line with the observation that the late 1980s saw the emergence of workplace support and assistance extended to employees' family members as well (Ceridian, 2003:69; Herlihy & Attridge, 2005:70). The researcher is of the view that the inclusion of family members goes some way in ensuring that the family domain benefits from any gains achieved in the work domain, and vice versa. Extending the service to family members also means that the workplace initiative can be of benefit to the community at large.

The definition of "family" differed from corporate client to corporate client with some stipulating all dependents of the employee; others stipulating life partner and children of the employee; some stipulating dependents under 21 years; whilst others stipulated that all dependents living in the same household as the employee would be eligible. There were also a couple of requests to include the contract workers affiliated to the corporate client as beneficiaries of the service. There was a request from a corporate client in the private sector that specified that retirees and retrenched members of staff would be eligible to access the Employee Wellness Program for a period of 3 months.

### **3.7.1 Contracting processes**

All of the RFPs specified that the contracting process required submission of a written tender by ICAS Southern Africa to demonstrate their capacity to fulfil the required services. Most corporate clients required ICAS to attend a compulsory briefing sessions to be held at the corporate clients' premises to get clarity and further details on the requirements. Some corporate clients also stipulated that a presentation by the service provider might be required. There was no pattern or trend that emerged in the contracting processes.

### **3.7.2 Internal systems of the service provider**

The stipulations or specifications contained in the RFPs were for ICAS Southern Africa to have a fully functioning call centre. A specification from most of the corporate clients was the availability of suitably qualified professionals (financial advisors, legal advisors, registered counsellors, psychologists, social workers and registered coaches), registered with the relevant professional bodies. Another related specification was the availability of multilingual, multicultural staff and affiliates. This

is key in improving access and utilisation of services due to the fact that the workplace is increasingly diversifying thus the need for multilingual and multicultural services (Butterworth as cited in Manganyi, 2015:19).

### 3.7.3 Duration of the contract

**Table 3.15 Duration of the contract**

Year	Public sector	Private sector
2012	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=3)</b>
	<b>Most requested: 60%</b> 3 year period	<b>Most requested: 67%</b> 3 year period
2013	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=3)</b>
	<b>Most requested: 67%</b> 3 year period	<b>Most requested: 33%</b> 3 year period
2014	<b>Total RFPs (n=7)</b>	<b>Total RFPs (n=2)</b>
	<b>Most requested: 29%</b> 3 year period	*N/A
2015	<b>Total RFPs (n=6)</b>	<b>Total RFPs (n=2)</b>
	<b>Most requested: 67%</b> 3 year period	<b>Most requested: 100%</b> 3 year period
2016	<b>Total RFPs (n=5)</b>	<b>Total RFPs (n=1)</b>
	<b>Most requested: 40%</b> 2 year period	*N/A

\*N/A = Not available as it was not specified in the requests analysed

### Discussion of Table 3.15

The researcher was interested to see if there were any emerging trends and patterns over the years in the duration of the contract period requested by the corporate clients from ICAS Southern Africa. The overwhelming majority of the contract period stipulated in the RFPs was 3 years. Some specified that the initial period would be for a 12-month period and extension to 3 years would be subject to satisfactory performance by ICAS.

#### **3.7.4. Extra services requested not categorised**

- Policy development or review: several of the corporate clients requested ICAS Southern Africa to develop or review their employee health and well-being policies.
- On-site launch event of the policy: several of the corporate clients requested that ICAS Southern Africa holds a policy launch event on the company premises.

## CHAPTER FOUR

### KEY FINDINGS OF THE STUDY, CONCLUSIONS AND RECOMMENDATIONS

#### 4.1 SUMMARY OF KEY FINDINGS

The RFPs were the sole data source of data. The RFPs represented the corporate client's point of view in terms of what services and interventions they would like to receive from ICAS Southern Africa. The RFPs thus provided great insight into the needs of the corporate clients over the years.

Overall, the findings show that employee health and well-being were high on the agenda for many corporate clients as services across all three fields of EAP, health and wellness, and work-life were requested consistently over the five year period under study. Another key finding was that there was integration between the three fields and it was common to have an RFP that encompassed services in two or more of the fields. Corporate clients seemed to view the service provider as a central point to receive all the services.

Another finding of the study was that preventive services were still the main focus of EAP and related fields. Many corporate clients were more interested in investing in well-being optimisation services which are cost-effective and can be offered on a large scale in contrast to disease management services, which are costlier and need to be personalised to the employee who is not well. The researcher is of the opinion that this trend will most likely continue even in years to come.

Furthermore, the study highlighted the emerging need for ICAS Southern Africa to continue to embrace technology to deliver a variety of EAP and related services in the South African context, much as in the global context. The researcher is of the opinion that embracing technological innovations will enhance efforts to provide health and well-being services in a more integrated and holistic manner. The findings thus point to the need for ICAS Southern Africa to continue to merge multiple service delivery modalities – telephone, internet, and face-to-face services into a seamless system to improve reach to beneficiaries.

Finally, the findings of the study also showed that there was a larger focus or emphasis on problems or issues in the personal or family domain rather than the work domain. As there is often spill over across the domains it is indeed important for the workplace to continue investing resources to address these issues and concerns.

## **4.2 RECOMMENDATIONS**

Employers' needs are constantly changing and thus it is imperative that ICAS Southern Africa continues to respond to the changing needs by expanding their services to increase their value to the EAP customer. It is crucial that the service expansion still maintains the expected standards of quality across all three fields.

Another recommendation would be for EAPA-SA, in conjunction with associations and bodies from related fields, to engage EAP service provider staff, subcontractors and affiliates in continuing education and capacity building on emerging EAP and related issues. Competent EAP staff and evidence-based approaches will lead to high quality programmes in the South African context as a whole. Future success of the three fields will be contingent on the flexibility, innovation and creativity and a general openness to new ideas and a readiness to change.

In light of the increasing integration of the EAP field with related fields, the researcher is of the opinion that it would stand internal EAP practitioners in good stead to expand their knowledge and scope in order to be able to function effectively in the related fields as well. Doing this, would increase their value in the workplace and also provide a centralised holistic support to the beneficiaries of the service.

## **4.3. FUTURE RESEARCH**

South African workplaces are becoming increasingly diverse. Therefore, it is key that EAP service providers continually examine issues of culture, religion, class, and gender to better align services with the needs of the South African workplace.



## 4.4 ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

### 4.4.1 The Goal

The goal of the study was to determine the trends and patterns in the requests for proposals for EAP and related services over the past five years from ICAS Southern Africa. The goal was realised as the research was able to determine the trends and patterns of EAP, health and wellness, and work-life services. Furthermore, the researcher was able to determine trends and patterns in the service delivery modalities, duration of the contract and the beneficiaries of the services.

**Table 4.1. Accomplishment of the objectives of the study**

No.	Objectives	Achievement
1.	To conceptualise services of EAP, health and wellness and work-life programmes.	The objective was achieved as the researcher was able to conceptualise these services in the South African context.
2.	To describe the nature of EAP core technologies requested by client organisations from ICAS Southern Africa over the past five years.	The objective was achieved by describing five of the six EAP core technologies requested by the corporate clients (training and development; marketing; case management; consultation to the organisation, and monitoring and evaluation).
3.	To describe the nature of services from health and wellness and work-life fields requested by client organisations from ICAS Southern Africa over the past five years.	The objective was achieved by listing the top three requested services from all three fields over the past five years.
4.	To describe whether differences exist, and if so, to describe the extent of the differences in public sector and private sector trends in terms of requested	The objective was accomplished, albeit with several limitations. The smaller than anticipated sample size and lack of proportional representation of the

	EAP, health and wellness and work-life services from ICAS Southern Africa.	private sector proved to be somewhat limiting in making meaningful comparisons between the two sectors.
5.	To analyse the trends and patterns with regards to integration of services in the fields of EAP, health and wellness and work-life programmes	The objective was achieved as the findings showed that there is an increase in the integration of the services. There seems to be a perception of the EAP service provider by the corporate client as a central hub for EAP and related services.

#### 4.5. CONCLUSION

The findings confirm that the requests from corporate clients have shown an increasing integration of the EAP field, health and wellness field and work-life field. It is evident that the synergy of employee assistance, work-life, and health and wellness programmes can be effective to care for the total well-being of the employees of the organisation. The integration of these fields can have far-reaching positive effects in not only the work domain but also in the family domain.

Even in the midst of the increasing integration of the three fields, the researcher is of the view that the EAP still remains relevant and the ongoing activities of EAPA-SA, including the esteemed annual conference and the recent revision of the Standards Document and Code of Ethics in 2015, confirms this.

The insight from the corporate client's point of view makes a compelling case for the EAP field to routinely identify corporate clients' needs as part of standard operating practice. EAP service providers thus have the responsibility to develop and provide customised EAP services, whilst still maintaining the integrity and quality of the EAP.

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## APPENDICES

- A. Permission letter from the Ethics Committee
- B. Approval letter from ICAS Southern Africa
- C. Coding sheet
- D. Data storage form

## APPENDIX A: PERMISSION LETTER FROM THE ETHICS COMMITTEE



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Humanities  
Research Ethics Committee

11 November 2015

Dear Prof Lombard

**Project:** An investigation of the trends and patterns of requests of Employee Assistance Programme (EAP) services in South Africa  
**Researcher:** LN Nxumalo  
**Supervisor:** Prof L Terblanche  
**Department:** Social Work and Criminology  
**Reference number:** 21182770 (GW20150904HS)

Thank you for the response to the Committee's correspondence of 9 October 2015.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 11 November 2015. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely


**Prof. Karen Harris**  
**Acting Chair: Research Ethics Committee**  
Faculty of Humanities  
UNIVERSITY OF PRETORIA  
e-mail: karen.harris@up.ac.za

Kindly note that your original signed approval certificate will be sent to your supervisor via the Head of Department. Please liaise with your supervisor.

Research Ethics Committee Members: Prof KL Harris (Acting Chair); Dr L Blokland; Dr JEH Grobler; Ms H Klopfer; Dr C Panebianco-Warrens; Dr C Puffing; Prof GM Spies; Dr Y Spies; Prof E Tsjard; Ms KT Andrew (Committee Admin); Mr V Sithole (Committee Admin)

## APPENDIX B: APPROVAL LETTER FROM ICAS SOUTHERN AFRICA



Member of the Global  Group

### ICAS Head Office

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15<sup>th</sup> May 2013

Dear Lindelwa,

This letter serves to confirm that ICAS Southern Africa has authorised for Ms Lindelwa Nxumalo to conduct her research and to have access to the RFPs in our archives.

Please do not hesitate to contact me on 011 380 6808 if you have any queries.

**Andrew Davies**  
Managing Director

#### DIRECTORS:

TP Leeuw (Chairman)\*\* - SJ Galleno\* - AK Davies - A Coombs\* - MK Matabane - K Naidoo - D Cronson - C Holland - JR Ramathesela\*\*

ICAS Employee and Organisation Enhancement Services Southern Africa (Pty) Ltd  
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## APPENDIX C: CODING SHEET

University of Pretoria

Department of Social Work and Criminology

### CODING SHEET

**TOPIC: THE TRENDS AND PATTERNS OF EAP REQUESTS IN SOUTH AFRICA**

Request for Proposal (RFP) ID number \_\_\_\_\_

Company name \_\_\_\_\_

Date coded \_\_\_\_\_

#### 1.1 Sector

Public sector

Private sector

#### 1.2. Format of RFP

Electronic

Printed

1.3. Date of document \_\_\_\_\_

### RFP INFORMATION: CONTENTS

#### 2.1. EAP SERVICES/CORE TECHNOLOGIES

Training and development

2.1.1. Marketing

Promotional activities included

Specification of format of promotional activities

Promotional material to be developed

2.1.2. Case Management

<b>Services</b>	<b>Tick</b>
1. Assessment	
2. Short-term intervention (Counselling)	
3. Referral	
4. Monitoring	
5. Other: specify	

<b>Themes</b>	<b>Tick</b>
1. Alcohol and substance abuse	
2. Stress management	
3. Personal financial management	
4. Trauma	
5. Relationship issues	
6. Legal issues	

7. Other: specify	
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<b>Service modality</b>	<b>Tick</b>
1. Telephone hotline	
2. Telephonic counselling	
3. Face-to-face counselling	
4. Electronic counselling	
5. Website	
6. Newsletter	
7. Other: specify	

2.1.3 Consultation to work organisation

2.1.4. Monitoring and Evaluation

### 3. HEALTH AND WELLNESS PROGRAMMES

<b>Services</b>	<b>Tick</b>
1. HIV and AIDS Management	
2. TB screenings	
3. Health screening	

4. Health promotion sessions	
5. Weight management	
6. Stress management	
7. Fitness and exercise activities	
8. Executive wellness	
9. Absenteeism and incapacity management	
10. Other:	

#### 4. WORKLIFE PROGRAMMES

Services	Tick
1. Family care	
2. Life management	
3. Other:	

#### 5. BENEFICIARIES OF THE SERVICES:

1. Employees
2. Family members
3. Other \_\_\_\_\_



## 6. CONTRACTING PROCESS:

Verify whether the following steps/phases of the contracting process had been included:

Written tender by the service provider

Briefing session

Site visit by the corporate client

Stipulation of internal systems, i.e.

○ Call centre

○ Registered staff

○ Language services would be provided in

Duration of the contract

1 year  2 years  3 years

## 7. ADDITIONAL DOCUMENT INFORMATION

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## APPENDIX D: DATA STORAGE FORM



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA


FACULTY OF HUMANITIES  
RESEARCH ETHICS COMMITTEE

### Declaration for the storage of research data and/or documents

I/ We, the principal researcher(s) LINDELWA N. NXUMALO  
and supervisor(s) PROFESSOR L.S. TERBLANCHE  
of the following study, titled AN INVESTIGATION INTO THE TRENDS AND  
PATTERNS OF REQUESTS FOR PROPOSALS FOR EMPLOYEE ASSISTANCE PROGRAMMES  
FROM ICAS SOUTHERN AFRICA  
will be storing all the research data and/or documents referring to the above-mentioned study in the following  
department: CRIMINOLOGY AND SOCIAL WORK

We understand that the storage of the mentioned data and/or documents must be maintained for a minimum of 15 years from the commencement of this study.

Start date of study: 01/06/16  
Anticipated end date of study: 31/08/16  
Year until which data will be stored: 2031

Name of Principal Researcher(s)	Signature	Date
LINDELWA NXUMALO		08/12/16

Name of Supervisor(s)	Signature	Date
PROFESSOR TERBLANCHE		

Name of Head of Department	Signature	Date