

CHAPTER THREE

ESSENTIAL COMPONENTS OF THE EAP

3.1 INTRODUCTION:

An EAP seldom consists of singular activities functioning in isolation and for this reason it is not possible to claim the success of a programme on these individual units. This study identifies the outcome of the counselling component as the part of the programme the researcher will explore, but the different components involved in the operation of the programme are interchangeable and will be discussed in this chapter. Csiernick (2003:15) is of the impression that policies forms the foundation of Employee Assistance Programs but that not enough literature exist on the topic. It ensures “best practice”, those actions that ensures the service delivery to the target population is of a good quality. These include the principles, guidelines, resources, research, the actual programs and the policies that guide the programs. In another publication by Csiernick (2003:33 – 43) while reviewing Canadian EAP policies, the author applies a policy critique guideline assessing existing EAP policies based on five criteria. These are; statement of principles, procedures, program development, roles and overall policy presentation. The findings of the review highlighted the following:

- Larger, more unionised organizations with more established EAP’s with a stronger union-management agreement are more likely to have formal policies in place.
- The above also correlate with more program features available and more uncapped clinical services.
- The presence of exclusively external providers also seems to correlate with less likely-hood of a strong policy presence.

Further conclusions from this study indicate that more comprehensive policy designs correlates with a more comprehensive program with a wider variety of

access options, more ownership of the program and higher utilization. Best practice guidelines also contribute to the evaluability of the program.

The discussion in this chapter (3) will be broader and refer to the different components that should be part of an EAP offering and will be guided by what is today known as the core technology of EAPs as well as the standards set for a good EAP. (EAPA-SA Standards Document 2005, Standards for Employee Assistance Programmes in South Africa 1999, UK EAPA Standards and Professional Guidelines 1998, US EAPA Standards and Professional Guidelines 1992).

The stake holding relationship within a client organisation is a complex one. Stakeholders should include the company executives/board of directors, the employee benefits manager, labour union, divisional/line managers, human resource department, occupational health and safety department and the employees in general. The organisation determines what the programme should offer them depending on the structure and needs of the employee population. The different stake-holders would be interested in how their specific needs and concerns may be met through the program they have adopted. After adopting a particular programme, be that based on an in-house model or an external model, the programme needs to be clearly developed and positioned within the organisation. If this process is not well managed, the future success of the programme can be hugely compromised. Providing a counselling service within an organization does not equate an EAP and the standards designed by different EAPA bodies illustrate the essential elements involved in a comprehensive program. Numerous EAP's have failed to prove their worth in the corporate environment due to it being positioned as a "soft" service offered from an office somewhere in the medical clinic of the organization. If the programme is recognised by top management as part of corporate wellness and acknowledged as having the ability to impact on the company's bottom line, its scope within the company is greatly enhanced. The US EAPA Standards and Professional Guidelines (1992) indicate that working relationships with a variety of strategic departments and committees in the organisation can facilitate the recognition of the program at senior management and executive level.

This chapter will not cover a detailed discussion of all the standards, but will highlight those activities most appropriate to the study. The visual illustration of the standards below reflects a comprehensive programme with elements designed to infiltrate all spheres of the organization. The standards as designed by EAPA bodies internationally and highlighted below demonstrate the existence of the following elements within the design of a good EAP:

- Business appropriateness;
- Professionalism;
- Academic credentials;
- Structured process;
- Ability to address the needs of different stakeholders;
- An intervention based on a thorough needs assessment with measures put in place to evaluate success on different levels at different time frames; and
- A high-level reporting structure.

While baseline needs assessments are referred to in the standards documents of all three countries referred to in this chapter, the questions do exist as to what level this is implemented in practice. Within both the companies used for this study, these baseline assessments were absent.

STANDARDS FOR EMPLOYEE ASSISTANCE PROGRAMMES (EAPA)

A: Design and Positioning:

- Establish Advisory Committee
- Needs Assessment
- Service Delivery System
- Pricing Model

B: Implementation:

- Policy statement
- Implementation Plan

C: Management and Administration:

- Programme Procedure
- Staffing levels and criteria
- EAP consultation and case management
- Confidentiality
- Record Keeping
- Professional liability

D: Direct Services:

- Crisis Intervention
- Assessment and Referral
- Short-term intervention
- Monitoring
- Follow-up
- Organizational Consultation
- Training of managers/supervisors/union representatives
- Consultation with managers/supervisors/union representatives
- Program Promotion

E: Linkages:

- Internal organizational activities/programmes
- External organizations and resources
- Professional organizations

F: Programme Evaluation:

(Graph 7: EAPA Standards of Employee Assistance Programmes)

3.2 **DESIGN AND POSITIONING**

Each Employee Assistance Programme consists of a dual-client relationship where the needs of the client company are always present while serving the individual accessing the service. No programme can be successful if it is not endorsed by the management structure of a company and the latter can only take place if:

- The **design** is perceived as meeting the needs of the company.
- The programme is **positioned** strategically as having the ability to benefit the bottom-line.

The EAPA South African Chapter (2005) as well as the EAPA UK (1998) and EAPA USA Standards Documents (1992) refers to the first **standard** of an EAP as the design of the programme.

The Standards and Professional Guidelines documents from the three countries indicated above refers to the **establishment of an Advisory Committee** at the highest possible level involving all subdivisions of the workforce. The functions of this committee should include the formulation of policy, advice on the implementation, assistance in marketing of the programme and contribution to the evaluation of the programme.

With involvement of representatives of all segments of the organisation, the optimal functioning of the programme is ensured. Megranahan (1995:55) looks at the drivers of EAP objectives as a group of internal staff members representing different sections having an interest in the effective operation of the programme. In this context the objectives are determined in the pre-implementation phase and it will determine who the provider will be and what will be the nature of the EAP service.

The EAPA UK Standards and Professional Guidelines Document (1998) refer to the **needs assessment** as the first component under Programme Design. This document, as well as its South African and American counterparts, is of the opinion

that any program design should be based on an assessment of organisational and employee needs. This assessment should include an organisational profile and needs, employees' needs, supervisory and union's needs as well as health care profiles and needs. This component of the standards document is especially significant as it sets the path for a baseline assessment to be conducted at the onset of programme implementation. If this component takes place, the ability to evaluate the success of the programme is greatly enhanced.

The above assessment also assists in determining the next standard, **the selection of an appropriate service delivery model**. This model can typically be an in-house model, outsourced model or combination of these. It is important that the model chosen is appropriate to the needs of the organisation and reflects detailed operational procedures.

The operational procedure also guides the **pricing model** to be followed. The EAPA-SA Standards Document (2005) refers to this component as a negotiation between the service provider and the employer with the goal of ensuring that financial resources are applied in the best possible manner. It is also a process of justifying the balance between expenditure and benefits. The pricing model for an internal programme would differ fundamentally from that of an external programme. In the case of an internal programme the financial resources should allow for the availability of appropriate levels and numbers of staff to serve the employee population. The EAPA USA Standards Document (1992) provides an outline of staffing levels per number of employees. Where an external programme is in operation, the pricing model can vary. Cost elements include access to the service, case management, consultation services and corporate reporting, training of significant role players and eligibility. Some components of the service can be provided on a fee for service basis while others can be delivered via a per capita fee structure.

3.3 **IMPLEMENTATION**

Programme implementation plays a significant role providing structure to the operation of a successful programme.

The second main group of standards as highlighted in the EAPA-SA Standards document (2005) refers to the implementation phase, designing a policy that shall describe the EAP in its totality. Klarreich, Francek and Moore (1985:34-51) looks at the importance of detailed, documented policies and procedures as components that serves as a road map of the realistic expectations of the programme, providing clarity to all role-players of what to expect from the programme. The EAPA UK Standards Document (1998) also indicate that a policy statement ensure consistency in the message about the service going forward. When a workplace make use of an external service provider the Corporate Well-being Consultant or Account Manager is tasked to assist the workplace putting in place the policy and procedures needed to guide the programme.

Klarreich discusses the programme objectives that should reflect within the programme philosophy, and policy statement. The Statement of programme philosophy is normally the shortest text within the policy document, but is of utmost importance as it sets out the overall operating premise of the programme and also attempts to integrate the disparate notion of corporate self interest and humanitarian ideals. It allows for a healthy interplay between the employee as an individual and as part of an organizational unit. Typical clauses in this section as well as in the policy statement may include:

- *An acknowledgement that every employee faces problems in their personal lives and often do not know where to turn.*
- *Stating the programme's ability to deal with a wide range of human problems, which include health, marriage, family difficulties, financial or work related problems, and emotional distress, or problems caused by alcohol or drug abuse.*
- *Confidentiality is promised and services are offered as a helping hand, not as an attempt to pry or punish.*

- *The main reason for the programme is to help employees and their families enrich the quality of their lives, whether or not they are experiencing job-related problems. It is recognised, however, that in time, a secondary benefit related to the general level of job performance may accrue to the company.*

This section not only sets the tone for the rest of the document but also presents a macro purpose statement against which all other statements that follow can be tested for consistency. What is interesting to note in the philosophy above is that improved job performance as a benefit to the company is regarded as a secondary focus. This can be seen as both a positive or negative aspect. From a positive view, it highlights the interest of the employee as the most important in the offering of the programme and thus serves as a motivator for them to use it. From a negative view, it posed the question whether this contributes to workplaces not insisting on scientific proof of returns on their investment, thus not building in a baseline assessment at the onset of programme implementation. Megranahan (1995:54) indicates that an EAP is designed to benefit every area within an organization where employee performance plays a part. The structure and delivery of services is guided by what is called the “core technology” of the programme. It is a service set out to benefit multiple groups, namely the employee and his/her family, the supervisor/manager, the union, the occupational health department, Human Resources and eventually the organisation as a whole. The policy statement naturally flows from the philosophy section and clarify the overall intentions of the programme. It also addresses issues of eligibility, ways of accessing the service, different types of referral and the conditions under which management can mandate a referral to the programme.

The **policy statement** also discusses the role of the internal committee in policy maintenance, planning and evaluation of the programme as well as the role and relationship of the external representative with the internal committee should also be clarified.

The professional credentialing of the professionals contracted to deliver the service on the project as well as the boundaries of their relationship with the company,

employee representative groups and the employee also needs clarification in this document.

It is important to illustrate that the accountability line allows for some degree of safe distance between the company and the professional in the operation of the programme. It is thus important that management's support for the programme is illustrated but at the same times their acknowledgement for the confidential use of the programme be demonstrated. Confidentiality is probably one of the most delicate components of the programme. PPC International in their Clinical Volume Part 1 (2004) indicates that respect for client confidentiality is the cornerstone of an Employee Assistance Programme. Respect for an individual's right to privacy must infuse every interaction and clients should have the confidence that their privacy is protected. The following two statements by managers interviewed for this research report illustrate this concern and how it can affect the referral process:

- *The employee may feel it is a disgrace to be send to the EAP and we have to convince him it is not an ugly place and privacy and confidentiality is protected. He is worried that other workers may find out.*
- *Confidentiality is important for group leaders as employees do not want their personal life to be exposed.*

More specific objectives of the programme also includes the delivery of training and orientation sessions to all company employees, as well as the development of a public relations package which will describe the programme to employees and assist them to use it appropriately. Without the necessary training and orientation, both employees and line managers might struggle to use the resources available to them constructively when faced with organisational challenges. The following comment made by a manager interviewed for this research project illustrates this sense of helplessness:

- *Training would have helped and is critical. I have supervisors reporting to me who are also not sure how the programme works. I sit in hearings and sometimes also chair hearings. It is strange how people get referred, a recent guy was referred and*

never attended and committed an offense again. If supervisors are trained a bit more it could prevent such things from happening again.

The objectives discussed above also refer to operational as well as consultative functions. These objectives can even be made more specific by including implementation dates, numbers of employees to be trained and dates of completion. This makes it easier to evaluate the extent to which they were achieved. The reporting function within the programme and its ability to contribute to company profiling and organisational risk assessment should also be specified in this section. As this is a document with a longer view in mind, it may be wise to state the objectives in a general manner and leave more specific time limits for another document.

Objectives as described above reflect a strong external driver, meaning that the vendor company plays a significant role with the client organisation determining certain actions of the programme. Megranahan (1995:55) looks at the drivers of EAP objectives as a group of internal staff members representing different sections having an interest in the effective operation of the programme. In this context, the objectives are determined in the pre-implementation phase and it will determine who the provider will be and what will be the nature of the EAP service. When objectives are set at this level, it motivates clear baseline assessment processes to take place. For example, if the reduction of stress is identified as an objective, it first need to be clearly understood and defined both in general terms as well as how it presents itself within the organisation. The beneficiaries of the programme and how they interact with each other and the programme, is also identified at this level. If these objectives are agreed for the EAP, then the ways in which services, and particularly counselling from an EAP, can contribute towards this objective, need to be explored and explained.

3.4 PROGRAMME MANAGEMENT

The EAPA-SA Standards Document (2005) highlights other important components that should be present for effective programme management and administration.

These are:

- Staffing;
- EAP consultation and case management;
- Professional liability insurance;
- Confidentiality;
- Record keeping; and
- Ethics.

Staffing refers to the need for an appropriate number and suitably qualified EAP professionals to be available to achieve the stated goals and objectives of the programme. Appropriateness in this context also refers to professionals matching the needs of the programme. The geographical location of the workforce, ethnic and cultural mix of the employee population and the job descriptions of each EAP staff member are important guidelines determining the ideal staffing level of an EAP.

EAP consultation and case management refers to the need for all EAP professionals providing services to be subjected to ongoing consultation and/or case management. Because EAP professionals have a potentially profound effect on their clients, consultation and case management provides an assurance of quality services. It furthermore prevents isolation and professional burnout.

Professional liability is an important tool in protecting both the EAP professional and the customer. It is expected that all EAP professionals have adequate professional liability insurance, taking the necessary precautions to deal with legal challenges related to the delivery of services.

Record keeping/ data management: All EAP programmes require some form of data collection and this may vary from very sophisticated software programmes to

very basic data collection methods. It is wise to address the statistical information system in the policy document as this allow time to reflect on issues such as what type of data needs to be captured and what it will be used for, focus on confidentiality issues and how information will contribute to reporting and evaluation capabilities. The EAPA USA Standards Document (1992) provides a clear guideline of the type of information to be captured that will guide different forms of evaluation processes. Large Employee wellbeing vendors utilise software systems that has reporting capabilities for all components of the programme. Client organisations usually require regular reports (often quarterly) on programme activities. Wentzel (1996:34) indicates that the software used by an EAP needs to be an integrative programme. It should provide the consultant taking the initial calls and scheduling appointments with all relevant account information and benefits available, determine any previous contacts, assist in identifying the best assessment professional and assist in scheduling appointments. It is an added advantage if the provider network is enabled with the same software system where intervention data can be entered. The use of client specified numbers allows for the tracking of all interventions per client over a period of time and can be an advantage to the clinical intervention and the quality management of these interventions.

Wentzel (1996:33) further indicates that this system should be able to generate reports in a short space of time. Reports are generally drawn in a manner that respect individual confidentiality but allows for reporting on important trends per client organization. The data capturing capability of the software system can contribute to or limit the type of programme evaluation that can take place. This data collection process is an essential tool in determining the value of the programme to a company. Quarterly reports provide the client company with valuable information regarding trends in the work force as well as the utilization of the programme. It also assists with a database that can be used in programme evaluation, as is the case in this research project. The EAPA Standards documents referred to in this chapter highlights the importance of **confidential record keeping** and for that reason software is usually developed with different access levels for staff members, thus limiting access to clinical data.

3.5 DIRECT SERVICES

3.5.1 Access

For each individual wanting to use the service, there needs to be easy access to the service. For this reason, vendor companies over the years developed call centres allowing for national access to the service. Smaller regional offices and on-site clinics are also used for client organisations preferring a walk-in facility. While call centre staff generally need to have a good knowledge of the product/service their company is offering, call centre staff within an EAP also needs to have good clinical skills. They must have the ability to make a clinical assessment, screen for potential risk and guide employees using the service to make the right decision about how to solve their problems. Call Centres can potentially provide a 24-hour access point while regional offices and on-site facilities provide a more personalised and geographically convenient point of access.

3.5.2 Intervention Mix

EAP's moved away from the historical focus on substance abuse only and for this reason EAP practitioners must be able to address a wide range of psycho-social challenges. In 1982, three prominent figures in the field of EAP, McClellan, Corneil and Watkins discussed the need for degree professionals in the field of EAP (Haaz, et.al. 2003:15). With the move to a more broad brush approach, the need for appropriately qualified individuals being able to deal with a variety of personal challenges became significantly important. This can be seen as an important step in the professionalization of the service field. EAP professionals are required to maintain their registration with their respective statutory and professional councils and should adhere to the codes of practice of these bodies. Through this the adherence to professional behaviour is ensured.

While the majority of challenges being addressed in a programme are of a psycho-social nature, EAP's for long also recognised the need for **financial** and **legal**

services. Contemporary EAP's are becoming part of more comprehensive program offerings focusing on health and lifestyle issues. While no programme can be everything to everybody, the offering of these components allows for a fairly comprehensive service.

The EAPA SA Standards Document (2005) reflects on aspects of the **intervention mix** in the psycho-social component further by identifying specific clinical services as offered within the program. These are:

- **Trauma debriefing:** The EAP should offer trauma diffusion and trauma debriefing services for employees, family members and the organization in extreme situations and through this illustrate its ability to respond to distressing situations in a timely, consistent fashion. Alexander in Csiernick (2005:145) indicate that people seek support from their EAP when they feel they do not have the capacity to resolve their problems through their usual coping strategies. High impact traumatic events may incapacitate a person to resort to their usual coping strategies and as a result the availability of objective, professional service are essential in this context.
- **Assessment and referral:** Companies generally decide to buy a full service offering a maximum number of therapy sessions or an assess and refer model offering the following:
 - An assessment to identify employee and/or family member problems.
 - Develop a plan of action.
 - Recommend or refer the individual(s) to an appropriate resource of intervention.

The nature of a person's presenting problems may also determine a need for longer-term intervention, generally not offered through the EAP. In these instances an assess-and-refer strategy will also be used to ensure that individual(s) are directed to the most appropriate services.

- The motivation for **short-term intervention** is the fact that the

workplace offers the ideal opportunity for time-limited intervention. Large numbers of clients can be assisted if the EAP confines itself to short-term intervention and it is cost-effective. The latter part of this chapter will deal with short-term intervention in more detail. Crisis intervention refers to the ability of an EAP to be responsive to people's needs in crisis situations. Red Flag management, both clinical and organisational also falls in this category and all EAP's should have policies and procedures in place guiding the management of these situations.

- Roman and Blum (1988:23) refer to **management consultation** as one of the key technologies of an EAP. It refers to the consultations with, training of, and assistance to work organization leadership (managers, supervisors and unions) seeking to manage the troubled employee, enhance the work environment and improve employee job performance. Monitoring the progress of employees being referred into the programme and providing feedback to referring managers is also a key element of assisting employees to regain their optimal level of functioning. Sonnenstuhl and Trice (1995:14) also reflects on the core technology looking at the role of management and shop steward training and consultation in helping troubled employees. The identification of employees' personal problems is based on job performance, which is contrary to the usual approach of identifying personal problems through more general symptoms. EAP's use the job performance standard for two reasons. Firstly, because industrial relations indicate that management cannot intervene in employee's personal lives unless performance is affected. Secondly, there remains disagreement over the meaning of early versus late symptoms of pathology. By training supervisors and union representatives to pay attention to performance issues, EAP's adhere to standards of industrial justice and introduce an objective criterion for deciding when something becomes a problem.

The following abstracts from interviews with referral agents in this study reflect on their ability to identify troubled employees within the different work contexts and different symptomatology:

- *If I find that a person keeps missing a defect, we record it and have a discussion with the person and show them where they went wrong.*
- *If I pick up someone has a trend to absenteeism.*
- *Quality of work deteriorated. You pick up a lack of focus through a superficial response and bad grammar.*

Through expert consultation and advice to supervisors, managers and union representatives on how to follow the programme policies and procedures, the EAP specialist assists in deciding whether a given case is appropriate for referral to the programme's counselling component or might be better managed by other means, such as retraining or reassigning to different jobs.

EAP specialists are expected to advice and discuss with the above organizational role players the strategy and appropriate use of constructive confrontation throughout the entire process of referral and return to work. This research project illustrated the significant value of these role-players in the process. Information gathered through the interviews conducted with referral agents highlighted the industrial risks of lower performance, the impact on team morale and through their own observations, the significant change in most individuals who addressed their personal problems through the program.

The following abstracts from interviews with referral agents serves as eye-openers as to the significance of industrial risks caused by potential lower performance:

- *We have a TATT time. Within each process the line moves within 99 seconds and if you delay and you stop a line for about five minutes, 99 seconds is like a minute and a half, so you lose four vehicles in about five minutes. This is quite a severe impact.*
- *Mistakes on life cover pay-outs that can result in millions of rands of losses. Placing a client in the incorrect portfolio may also mean that a person loses*

money and the company becomes liable to pay the person back. That can range between R1000 and R100 000.

3.6 **NETWORKING:**

The linkages highlighted as most appropriate to enhance the service delivery process are as follows:

- *Internal: referring to the program's positioning at organizational level where it can gain the appropriate Executive and Senior Management endorsement.*
- *External Community Resources: through the identification of appropriately priced and effective health care services and resources for referral purposes.*
- *Professional Organisations: the need for EAP professionals to maintain and upgrade their knowledge through the necessary training and development activities as well as networks.*
- *External Agencies: to be aware of agencies and legislation that impact on EAP and organisational activities.*

3.7 **EVALUATION OF SERVICES:**

EAP professionals should be able to evaluate the appropriateness, cost effectiveness and efficiency of EAP operational activities. Measurable objectives allow the organization to judge the programme's progress and usefulness, and to identify the need for programme modification.

Satisfaction is generally determined by an individual's experience of his/her problems being addressed and being part of a broader client organization, these individuals often verbalise their experience of the programme in the workplace, playing a significant role in shaping the perception of the programme being helpful or not. The feedback received from referral agents interviewed for this research has been generally positive and has been an illustration that their unique positioning

in the program utilisation allows for an objective insider view. The following two abstracts are just some of the views shared by referral agents interviewed for the project:

- *She can still become emotional but she deal with things better, it is as if she has a stronger cry.*
- *You notice a big change, the person will socialize again and will not indulge in the wrong things.*

To be able to ensure a service that is applicable to the needs of the employees, the client organisation plays a significant role in designing the programme. A written evaluation plan, directly related to the programme, should be included in the programme design. Evaluation should take place with regular intervals to determine whether goals and objectives are being met. Both qualitative and quantitative data should be used and there should be a feedback mechanism build into the design of the programme.

3.8 SHORT TERM PSYCHOTHERAPY AS A CLINICAL APPROACH IN EMPLOYEE ASSISTANCE PROGRAMMES

Short-term intervention, a service offered with a predetermined maximum sessions is regarded as one of the most appropriate forms of intervention that can be offered within the workplace. This may sometimes be coupled with a referral to appropriate resources in the community but is often also sufficient on its own. Short-term intervention is the strategy adopted for exploration in this study and will thus be discussed more thoroughly.

Short-term counselling or intervention is the therapeutic method generally utilised in Employee Assistance Programmes. EAP vendors sell their product offering a specified number of sessions with a psychotherapist per intervention for employees. Short-term therapeutic interventions are often criticized for not allowing patients to metabolise change in order for it to stick, (McCullough-Valiant, 1994:2). This can pose a challenge for EAP's claiming to bring about behavioural change through brief

intervention. It also poses a challenge for return-on-investment studies of this nature as the relevance of change lies not only in the fact that it occurs, but also in the notion that it is sustained over a period of time. Within this section the researcher will explore the elements of short-term counselling/therapy and discuss its use in the EAP environment in the context of it being able to contribute to long-term positive behavioural change.

McCullough-Valiant (1994:1) indicates that short-term therapeutic intervention is often linked to managed care that economically restricts the number of sessions. Within the EAP environment this is probably true. Time-limited counselling has been extensively used in occupational settings, (Rogers, McLeod and Slobata (1995:222). There is an economic motivation for this. Organisations may be willing to provide opportunities for counselling because it is believed that costs involved in counselling will be offset by lower sickness rates and higher employee motivation and productivity. However, they may be unwilling to face an open-ended commitment to unlimited therapy.

Short-term counselling is however not only a decision based on limitations in the financial commitment of employers. Even outside the Employee wellbeing field, the exploration of brief counselling as an intervention strategy is increasingly becoming a methodology to explore. Contemporary medical aids limit the amount of benefits allowed for therapeutic services. Very often, people are unwilling to stretch already thinly spread budgets to address emotional well-being over a period of time. It thus becomes increasingly important for private practitioners to plan for their intervention strategies to have maximum impact over a shorter period of time. The ability to do this would also improve the perception of therapeutic excellence of a therapist.

If financial consideration is the only or even the strongest motivator, short-term intervention is in essence toppled in a credibility crisis. Short-term therapeutic intervention is however much more than a compromise for what is known as the traditional longer-term intervention strategies. It is a discipline that can proudly claim its own space within the field of emotional wellbeing. The graph below covers the important principles of this approach including a set of guidelines (referred to as the



doctrine of brief treatment by Corwin 2002) and also focuses on the role of the therapist.

BASIC PRINCIPLES OF BRIEF THERAPY:

Short-term therapeutic intervention seeks deep and long-lasting change, just like long-term therapy, but in a more active, involved and time-efficient way. Peake (1997:218) indicates that as early as 1946 it was argued for therapists to take a more active role in therapy rather than operating as a blank screen. McCullough-Vaillant (1994:2) goes further saying that often therapists use time inefficiently and wastefully. Vague goals lead to vague therapy. Rogers *et al.* (1995:226) also makes the claim that therapeutic change appears to follow a law of diminishing returns, with the greatest gains observed in the first eight sessions, and lesser change thereafter. The basic principles can thus be highlighted as follows:

- *An actively involved therapist.*
- *Motivation of active participation of the client through homework assignments and feedback.*
- *Sharply focused goal attainment strategies.*

THE DOCTRINE OF BRIEF THERAPY (CORWIN 2002:15)

1. Clients can benefit from therapy focused on current stresses and on narrowly defined problems in functioning.
2. Goal specification and goal orientation are essential. Goals should be well constructed, narrow down the focus and clearly elucidate the scope of the treatment. Goals should be achievable and relevant to the present stresses
3. Active participation from clients are encouraged with systems that promote regular client feedback and inter-session tasks. Brief treatment is predicted upon the assumption that change is inevitable, that it takes place largely outside of therapy and that clients have strengths that can be drawn on to facilitate the change process. The therapist fulfills the role of catalyst rather than a curative one and the focus shifts from uncovering pathology to increasing clients' own solutions, ideas and successes.

ROLE OF THERAPIST IN BRIEF THERAPEUTIC INTERVENTION:

The role of the therapist in short-term intervention is an active one. Freeman in McCullough-Vaillant (1994:2) indicates that to make brief therapy work, a shift in mindset is needed away from cures to coping skills. What needs to be focused on is the skills deficit in clients. The goal is not to cure them of all their problems, but to help them gain skills so that they can help themselves. Malan in Peake (1997:219) provides guidelines for the brief therapeutic process. This indicates a deliberate assessment and careful patient selection before therapy, often done by an intake counselor, development of a fixed contract with the patient specifying the length of treatment and finally making explicit the specific role expectations in the therapy. Stalikas & De Stefano (1997:5) refers to the stages of brief therapy as follows:

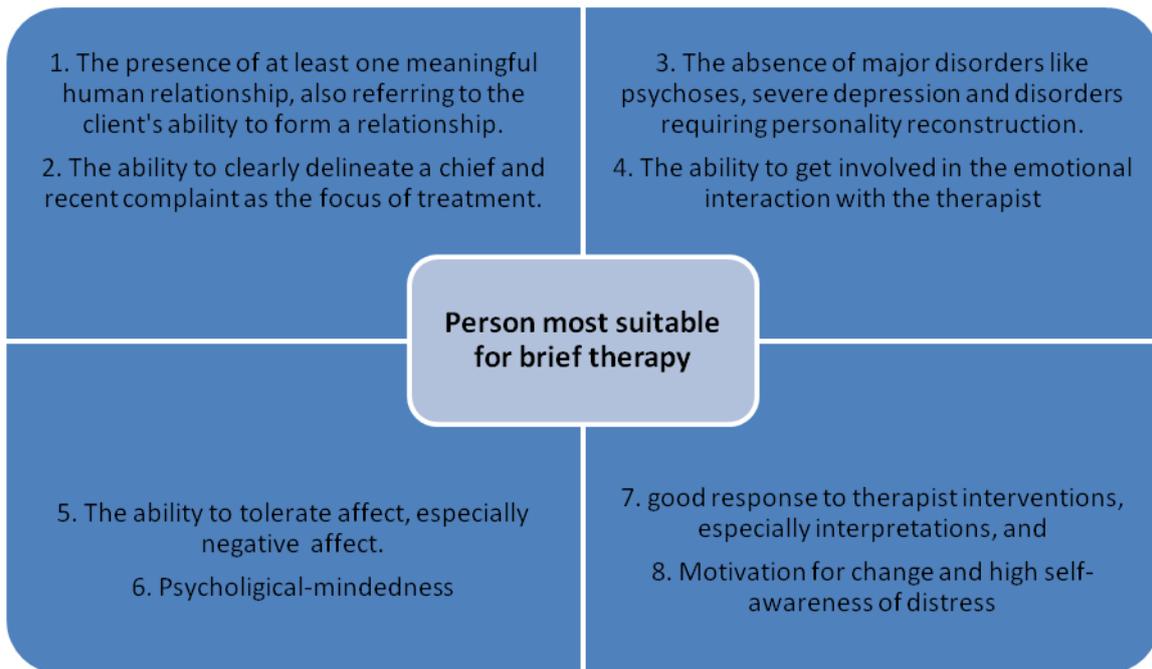
1. Provision of efficient information
2. Insight development
3. Moving towards strong feelings in personal life situations
4. Towards the end visibility of discrete change, undertaking new ways of being outside of therapy, changes in target behaviours and a general state of well-being

(Graph 8: Brief Therapeutic Intervention in Context)

It should be accepted that not all people or type of problems will be appropriately treated within a time-limited therapeutic approach. McCullough-Vaillant (1994:3) uses the DSM-IV's Global Assessment of Functioning Scale, generally known as GAF as a rule of thumb to determine whether a client will make a good candidate for short-term therapy. If people have a moderate level of symptoms, or moderate impairment in functioning, meaning they can still work and they have some friends and some relationships, they can be considered for a short-term approach. If they have severe impairment that affects their functioning, they can't go to work or they have no friends, rapid treatment will not be effective. In the context of Employee Assistance Programmes people falling in the latter category will be referred for longer-term intervention. Peake (1997:3) refers to the exclusion of clients with character disorders and major psychiatric conditions as they cannot manage the insights they will be confronted with in short-term therapy. Many traditional brief therapies have however been criticised for their narrow selection criteria and exclusion of the more severe psychiatric patients. Peake thus explored the work of Horowitz and co-workers at the Langley-Porter Institute at the University of California who designed a significantly broader approach to brief therapy to include the treatment of a variety of personality disorders.

Horowitz's approach was orientated towards treating stress response syndromes or reactions to distressing recent life events. While the focus is on these recent life events, the approach was designed in a sufficiently broad manner to allow for consideration of the patient's personality characteristics and how coping resources or absence thereof affect their current life stressors thus allowing for the treatment of personality-disordered individuals who may seek treatment when feeling sufficiently distressed.

Stalikas and De Stefano (1997:3), Peake (1997:219) and Rogers et.al. (1995:222) profiled the person most suitable for short-term intervention and these characteristics are described in the matrix below.



(Graph 9: Profiling the Person most suitable for Brief Therapeutic Intervention)

3.9 **CONCLUSION**

Different Employee Assistance Programmes may differ in the components involved in the programme as a whole, the services offered as well as its clinical approach. What however remains fairly similar of most programmes is that the relationship involves:

- programme development;
- consultation on different levels;
- access;
- appropriate service provision within a relatively brief period;
- data capturing; and
- an ability to report on and evaluate these different components of the programme.

The effective functioning of all these components contributes to programme excellence. Any good work-based programme should have a long-term evaluation plan build into its structure to ensure it remains appropriate to the needs of the

organisation. It is possible to evaluate all these components within the life cycle of a programme. For the purpose of an academic exercise of this nature, it is more practical to select a component of the programme. The selection of this specific component of the programme, the therapeutic intervention, allows for an investigation of the appropriateness of the intervention to enhance product development and excellence of the programme. The focus on this component allows the opportunity to explore whether the applications within the therapy is comprehensive enough to successfully address the challenges the workplace is facing in the form of performance challenges as a result of personal problems.

The following chapter will provide a background of the environment where the study will be conducted. This will include a description of the EAP programme as it operates within the specific companies.

CHAPTER 4

EMPIRICAL STUDY ON THE RETURN ON INVESTMENT VALUE OF THE EAP ACCORDING TO THE QUANTITATIVE RESEARCH APPROACH

4.1 INTRODUCTION

This chapter provides an discussion of the quantitative approach from a theoretical point of view as well as an analysis of the data obtained from the two different work sites. The discussion will include a brief overview of the two work sites, the types of industries and the structure of the EAP program within each of them. The chapter will conclude with an overview of the strength of the correlations of data between the two industries.

De Vos (2005:73) refers to Creswell's (1994) explanation of quantitative research as an approach taking scientific explanation to be nomethic. Babbie and Mouton (2005:22) refers to positivism in research as scientific claims that have been proposed on the basis of empirical evidence as opposed to claims that are based on evidence beyond the physical science, commonly known as metaphysical. It emphasises the quantification of theoretical constructs with its focal aims to objectively assess the social world, to test hypotheses and to forecast and control human behaviour.

Quantitative research is regarded as the approach in social science research that is highly formularised and more overtly-controlled, with a range that is more defined and which, in term of the methods used, is comparatively close to the physical science. Quantitative research uses a deductive form of reasoning, taking universal propositions and generalisations as a point of departure. The quantitative researcher uses a school of thought believing in an objective reality that can be explained, controlled and predicted by means of natural, cause-effect laws. In designing quantitative research it is necessary to consider **who** will be assessed, **what** would be the assessment tool and **how** they will be assessed (McMillan and

Schumacher, 1997:162). This refers to the subjects under investigation, the instruments used and procedures for data collection.

In this study, the researcher investigated the link between employee participation in the Employee Assistance Programmes, improved work performance, reduction in absenteeism and disciplinary action and its resulting financial saving to a company. The rendering of a psychosocial service within a business-orientated field poses a significant challenge to researchers. Despite Employee Assistance Programmes being psychosocial programmes focusing on enhancing the qualitative nature of human functioning, it is often requested that its' value be measured in numerical terms. Business managers are interested in the financial costs and contributions made by worksite practices, and measured results have the potential to provide the information needed to make these financial judgements. What makes it possible to adopt a quantitative approach are the fact that the manifestation of psycho-social problems in the workplace is often tangible and the results measurable.

Return on Investment studies are generally being conducted within a quantitative environment, making this form of research the dominant methodology of choice through which these objectives of the study has been achieved. As critiques of this form of study however indicate, it is not possible for a cost benefit analysis to address the salient, less tangible benefits of a programme. Terre Blanche and Durrheim (2002:211) indicate that positivist evaluation is based on the belief that the scope of programme evaluation is limited to those aspects of social programmes that can be objectively observed and tested. There are obvious limitations to this approach if the less prominent objectives are not reported on in any significant way. As a result, the qualitative part of the study as described in chapter five addresses these areas.

The goal of this part of the study is to obtain through self-reporting questionnaires:

- a subjective view of
 - the impact of personal problems on employee performance; and
 - the ability of EAP interventions to positively impact employee personal problems and thus their work performance.

- a comparative analysis of self-reporting data amongst the two industries.

4.2 **ENVIRONMENTS WHERE RESEARCH WERE CONDUCTED**

The research were conducted within two work organizations.

4.2.1 **Client Company One**

The client company where research were conducted is a motor vehicle production company within South Africa. The research site is the production plant within one of South Africa's coastal towns. This is a highly production-orientated environment and the majority of work groups are tightly linked to ensure that motor vehicles are produced through the production line within a set time frame. A weak link in this production chain can be very costly to the company.

The company has a significant focus on employee development and its vision statement includes words like "enhancement and empowerment of employees with knowledge, skills and attitudes".

The company further has a management trainees program through which potential leaders are recognised and developed to their full potential (company use the term "high flyers"). This program also assists in broadening the skills base of the company.

4.2.1.1 **Structure of the EAP**

The EAP for this company operates since 1995. While the company makes use of an external provider, they operate in the framework of an on-site clinic and the vendor company makes available a number of therapists permanently stationed on the premises. The EAP Department has a staff component that renders a holistic service, incorporated in the company structures. The aim of the program is to enable individual employees and their families to identify and effectively deal with

root causes that render individuals, employees or groups unable to meet acceptable work performance, work behaviour and lifestyle standards. The therapeutic services are supported by a well-structured medical component as discussed below. The full employee support program costs the company around R1 million per annum.

The workplace contracted with the vendor company to provide assessment services, brief interventions and linkages to high quality speciality treatment providers. The scope of this intervention encompasses the following:

- emotional intervention;
- financial advice; and
- legal advice.

These services are used as a tool to optimise workplace and personal wellbeing including:

- workplace productivity;
- workplace conflict;
- behavioural deficiencies;
- living with HIV/AIDS; and
- managing substance abuse

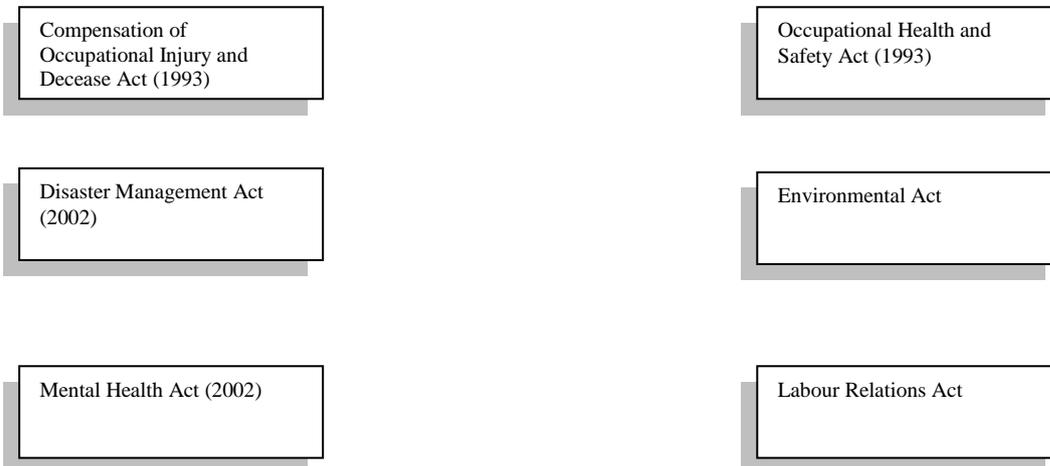
4.2.1.2 **Industry within which the EAP operates**

The Employee Assistance Programme operates within a production driven environment with a zero tolerance substance abuse policy and safety sensitive work areas. The main plant is situated in one of the South African coastal towns. The structure of the workplace Health Services looks as follows:

- Primary Health Care (PHC) services covering, prevention, chronic care and absenteeism management.

- Occupational Health Care (OHC) focusing on health risk assessments, medical surveillance, biological monitoring, injury on duty and emergency/first aid services.
- Employee Assistance Programme (EAP) with elements as discussed above.
- An HIV/AIDS management program.

The existing health services within this workplace comply with the following South African Acts:



4.2.2 **Client Company Two**

Client Company Two operates within the insurance industry and is also situated in a different coastal town with branches country-wide. Typical risk factors for lower performance are mistakes in client risk profiles, incorrect pay-outs and resulting complaints with regulating bodies. Substandard services thus poses a financial and reputation risk for the company. The general goals of the program focus on:

- Empowerment of employees through professional assistance to resolve personal and health-related problems.

- Enabling managers to manage employees with personal problems whilst they remain focused on work performance and reap the benefits of a healthy, balanced and high-performing workforce.

4.2.2.1 **Structure of the program**

The company prefers to use the term EWP as opposed to EAP. The program components are very similar to that of the first company and the program has been in operation since June 2000. The specific site from where the respondents and participants were selected also operates as an on-site clinic with designated therapists available on specific days during the week. The program is also supported by a complementing medical service /health care strategies. Specific components to this program are:

- The counselling component (similar focus as for company one).
- Financial wellbeing.
- Events like “know your status” campaigns and health days.
- Training and development strategies.
- Peer-education program
- HIV/AIDS workplace intervention programme.
- The programme is also well supported through a reporting and evaluation component and website access to programme components.

The program is guided by similar constitutional ethics as company one. The program cost is approximately R14 per head per month and as with company one, the overall costs depend on the number of employees covered through this. Of note for both programs is the fact that this cost includes eligibility of employee dependents.

Both programmes thus have internal support structures as well as external variables that can enhance the effectiveness of service delivery but can also affect behaviour change independently.

The rest of this chapter and the two subsequent chapters focuses on the data generated through the different data-sources. Chapter six focuses on the similarities in findings and viewpoints and the strength of these counter to an extent the concern of other variables impacting on employee improvement in work performance.

4.3 RESULTS FROM QUANTITATIVE SURVEY

Introduction:

For the quantitative component of the survey 29 employees/respondents from **Company One** who was referred to the Employee Assistance Programme through the formal referral process for the period 2007 completed post intervention questionnaires. These respondents were at the time of the survey also attending a standard after-care program as provided by the on-site EAP facility of the company.

Within **Company Two** 12 of the employees who participated in the EAP for the same period through the formal referral process contributed to the survey.

The above respondents from both companies represent a small percentage of the entire workforce for both companies. These numbers should be interpreted against the backdrop of a small percentage of the workforce using the program during any given period and an even smaller percentage of the employees who access the program, being referred through the formal referral process.

4.3.1 Period working for the company

Question 1:

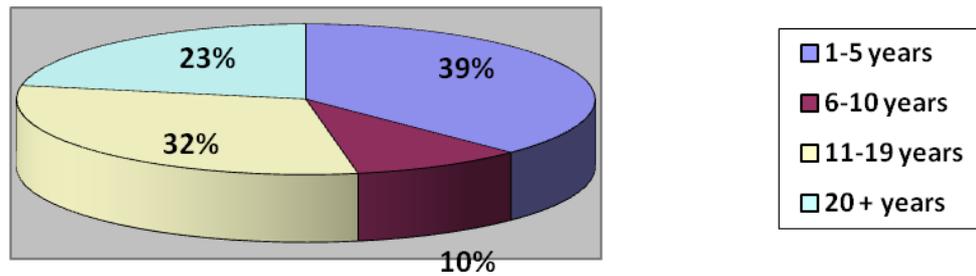


Figure 1.1: Term of office – Company One (n=29)

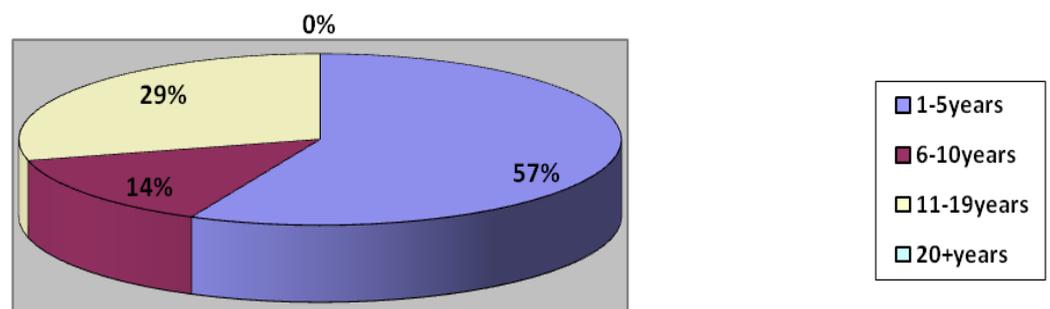


Figure 1.2: Term of office – Company Two (n=12)

4.3.1.1 **Discussion of data – Figure 1.1 and 1.2:**

With the largest group of respondents, (39%) for Company One within the 1-5 year cycle of employment, it is possible to draw an inference that younger employees has a greater tendency to personal problems significant enough to impact on their work performance. There is however not a notable difference between the group 1-5 years and the group 11-20 years (7% difference) and an assumption of youthful irresponsibility can be fundamentally flawed. It can also not automatically be assumed that shorter service necessarily mean younger employees. For Company Two, taking in consideration that the sample is significantly smaller, the employment cycle 1-5 years is also notably bigger (57%) than for any of the other age groups. It is possible that other unexplored variables may have an impact on these results. These are:

- Staff members with a shorter period of employment are younger and may have a more open attitude towards therapeutic interventions.
- Staff members who were more recently employed by the company were exposed to recent orientation programmes where the existence of the EAP was discussed.

Substance related problems are by far the most prevalent presenting problem for Company One, (see analysis of presenting problems table 4.1). With a significant number of respondents within the employment cycle of 11- 20 years (32%) and the cycle exceeding 20 years, the impact of the substance addiction cycle over a period of time, progressively affecting the health, relationships and job performance of employees is worth considering in this context. Substance-related problems within Company Two only seem to have presented itself in two of the subjects initially intended for participation in the study, but subsequently dismissed from the company.

4.3.2 Age of respondents

Question 2:

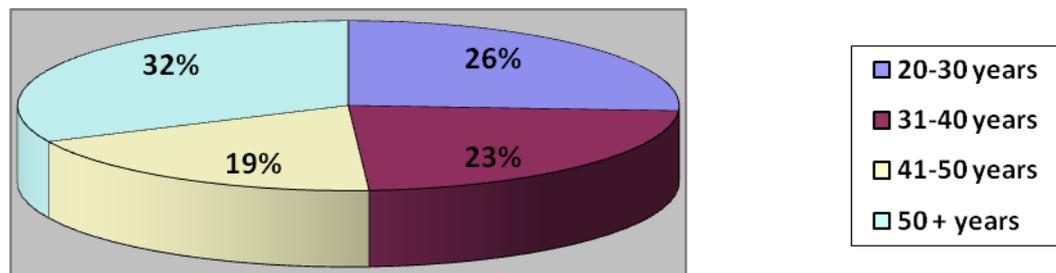


Figure 2.1: Age group – Company One (n=29)

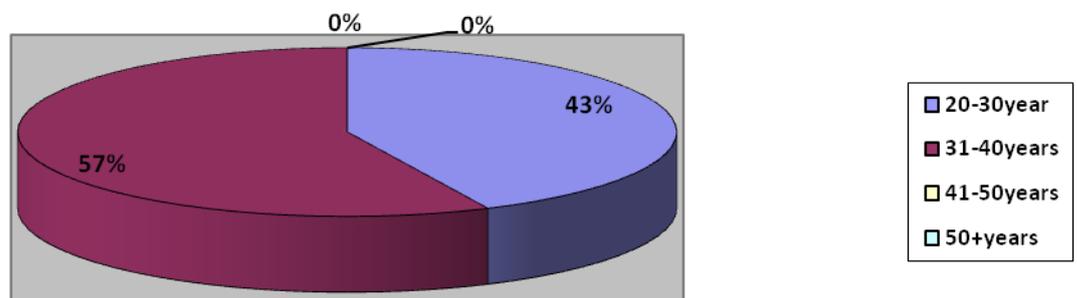


Figure 2.2: Age group – Company Two (n=12)

4.3.2.1 **Discussion of data – Figure 2.1 and 2.2:**

There is a relatively equal presentation of age groups across the sample for Company One. With the age group 50 years and older being the highest represented group in the sample of formally referred employees, the progressive impact of personal problems on work performance becomes an area of interest. As noted in the responses to table 4.1, substance related problems stand out as the most prominent presenting problem for respondents in Company One. Eighty percent (80%) of the respondents over the age of 50 years indicated that their presenting problem were substance related. The correlation between the substance addiction cycle and compromised work performance seems to be considerable for this component of the research sample.

For Company Two there is also a relatively equal spread of age groups, representing a fairly young work population. Once again the size of the sample can be regarded as a limiting factor. It should also be noted that two of the research subjects who would have been part of the sample (one currently on extended sick leave and one being dismissed), are in the age group 41-50 years. Interviews with the relevant referral agents revealed that the intervention for these individuals did not bring about the required change and that their problems have been present for a long time before the EWP intervention.

4.3.3 Monthly income

(Question 3)

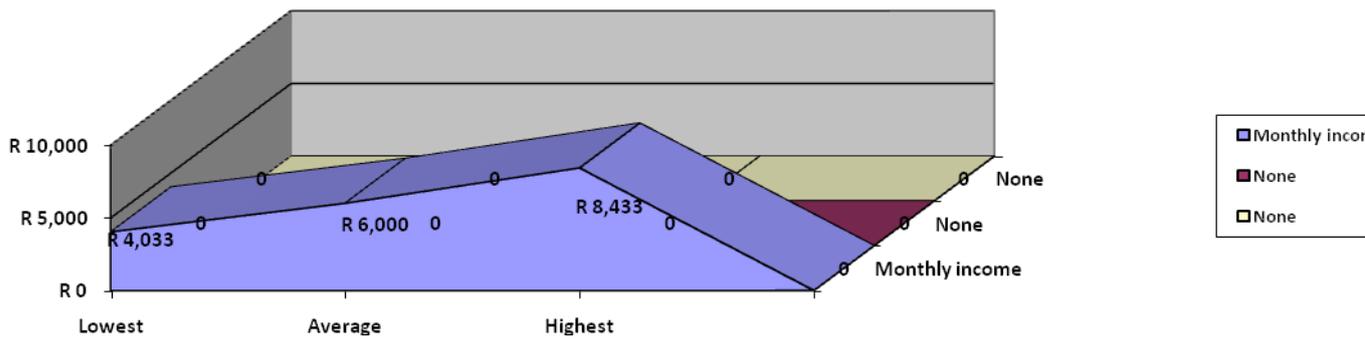


Figure 3.1 Average income: Company One (n=29)

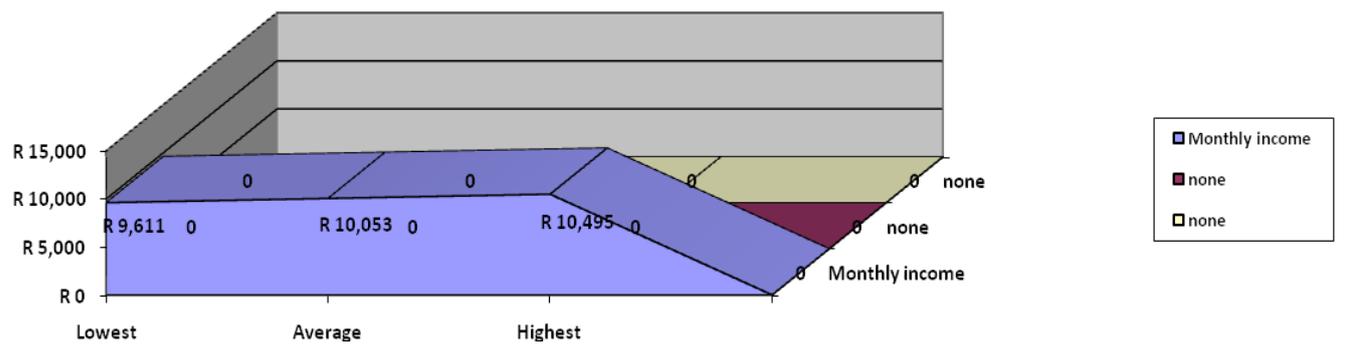


Figure 3.2 Average income: Company Two (n=12)

4.3.3.1 Discussion of data for figure 3.1 and 3.2

On average, the cost of one day of absenteeism for one employee for Company One is about R273. For Company Two this amount rises to R457. This amount only reflects the salary paid for time not worked and excludes the salary of the co-worker, temp or supervisor who has to stand in for that person during absenteeism.

4.3.4 Nature of problem /reasons for using the program

(Question 4)

Because people's problems are often multi-faceted, they were able to select as many options as what is relevant to them. The numbers and percentages are thus a reflection of the number of people identifying their presenting problem(s) to fall within the categories below.

Table 4.1: Category of presenting problems – Company One

Presenting problem n = 29	Number of responses	Percentage of sample
Substance related	20	69%
Marital or partner relational	5	17%
Stress	4	14%
Depression	2	7%
Bereavement	3	10%
Trauma	2	7%
Accident at work	1	3%
Financial	12	41%
Legal	1	3%
Parent-child relational	2	7%
Work-related problems	9	31%
Health-related problems	6	21%
Other – specify	1	3%

Table 4.2: Category of presenting problems – Company Two

Presenting problem n = 12	Number of responses	Percentage of sample
Substance related	0 (two employees who already left company were referred for substance abuse)	
Marital or partner relational	2	17%
Stress	2	17%
Depression	2	17%
Bereavement	1	8%
Trauma		
Accident at work		
Financial	1	8%
Legal		
Parent-child relational	1	8%
Work-related problems	4	33%
Health-related problems		
Other – specify	3(absenteeism)	25%

4.3.4.1 **Discussion of Table 4.1 and 4.2:**

Substance related problems are by far the most prevalent presenting problem experienced by the research sample for Company One. The impact of substance abuse and other forms of addiction is often manifold with substance abusers experiencing strain in other areas of their lives.

From the 69% of the respondents who indicated substance related problems, 59% also indicated by means of multiple selection of presenting problems, strain in areas like:

- relationships
- finances
- health
- mood disturbances (stress and depression)
- work-related, including accidents at work.

A significant number of the respondents (41%) also experiences financial problems to a point where it has impacted on their work performance, hence the formal referral into the programme. Financial problems have the potential to create significant emotional discomfort for people and in a work environment it is able to negatively affect people's performance. The Employee Assistance Programme for this company offers a financial wellbeing solution that can be beneficial both from an educational and curative point of view.

For Company Two, there is a stronger tendency towards work-related problems and absenteeism plays a significant role in this. The samples from both companies however also reflect multiplicity in its presentation, with one individual rarely only experiencing problems in one area. While the presentation of substance abuse problems in Company Two is almost none-existing, there is an indication from referral agents interviewed that two of the subjects originally intended for inclusion in this project, presented with chronic substance abuse problems and eventually

had their contracts terminated. For these subjects the treatment did not bring about significant behaviour change.

4.3.5 Duration of the problem before referral to the EAP

(Question 5)

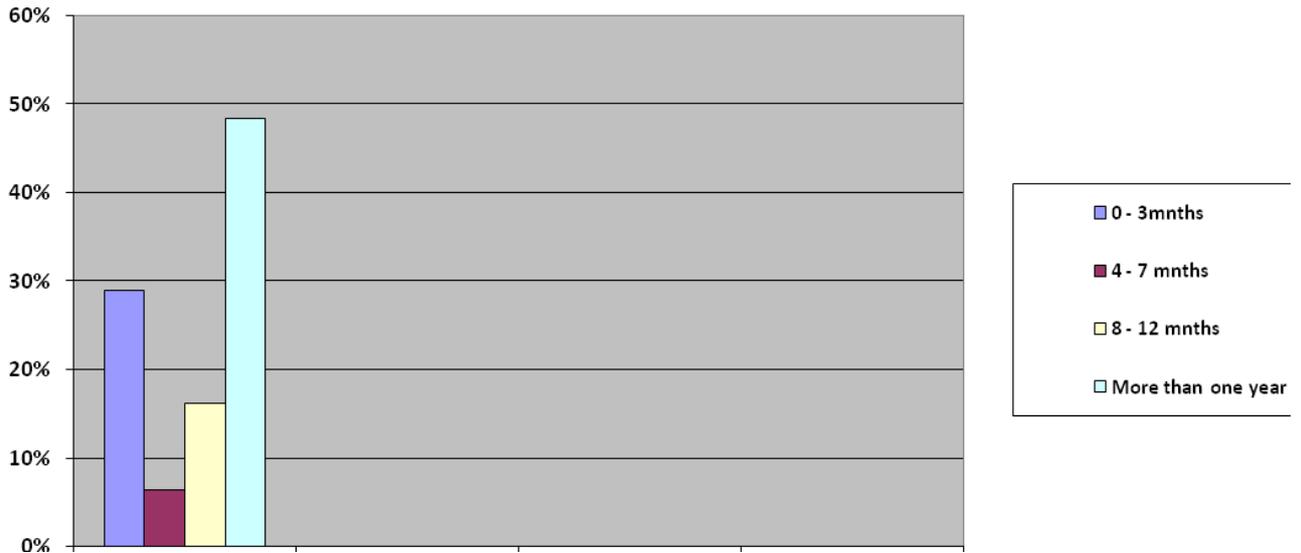


Figure 4.1: Period of problem existence – Company One (n=29)

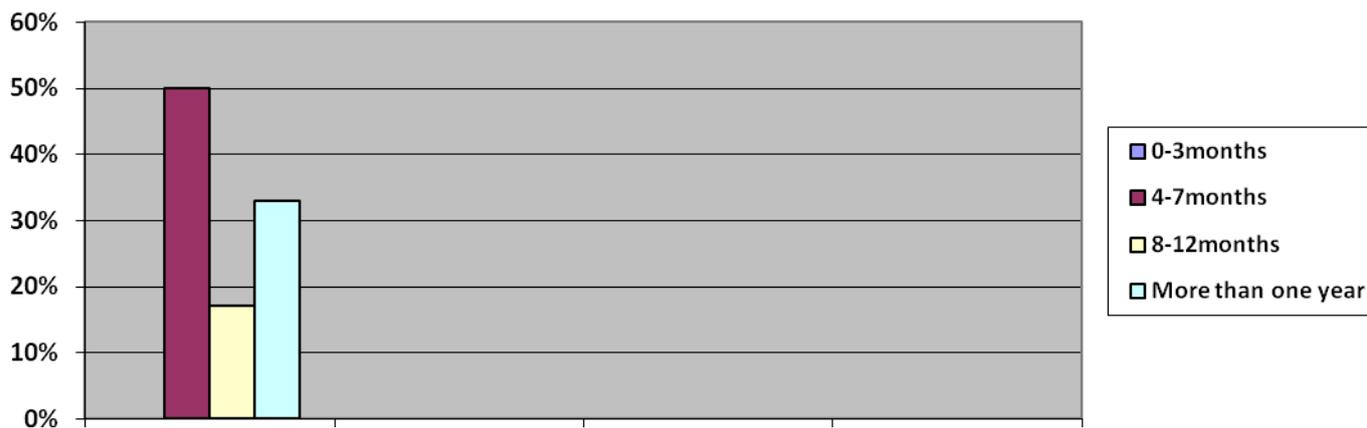


Figure 4.2 Period of problem existence – Company Two (n=12)

4.3.5.1 Discussion of figure 4.1 and 4.2

The majority of respondents in Company One (48%) experienced their personal problems for a period exceeding one year. Within this group of respondents substance abuse problems once again stands out as the most prominent presenting problem and the progressive impact on different areas of an individual's life, including work performance, may play a role in this phenomenon.

For the group of respondents who indicated that their personal problems has been present for a period 0-3 months before using the programme (29%), work-related problems is reflected as the dominant presenting problem. The questionnaire does not distinguish between different type of work-related problems and responses thus refer to an all-inclusive concept.

For Company Two the majority of respondents (50%) experienced their problems between four to seven months before entering the program. This is not significantly long and can be described as an acute phase of problem existence rather than chronic. When a troubled individual receive assistance while he is in the acute phase, a brief intervention strategy is more likely to have a positive impact. Thirty two percent (32%) of the respondents indicated that they experienced their personal problems for a period exceeding one year. Through the interview process referral agents were also able to provide insight into the profiles of identified respondents who were not available to complete the questionnaire. The profile of these individuals also indicated the existence of problems exceeding the one year period and from the discussions it became evident that their response to the intervention has been less successful and longer-term intervention was needed.

4.3.6 **Improvement of spouse/partner relationship after participation in EAP:**

Question 6:

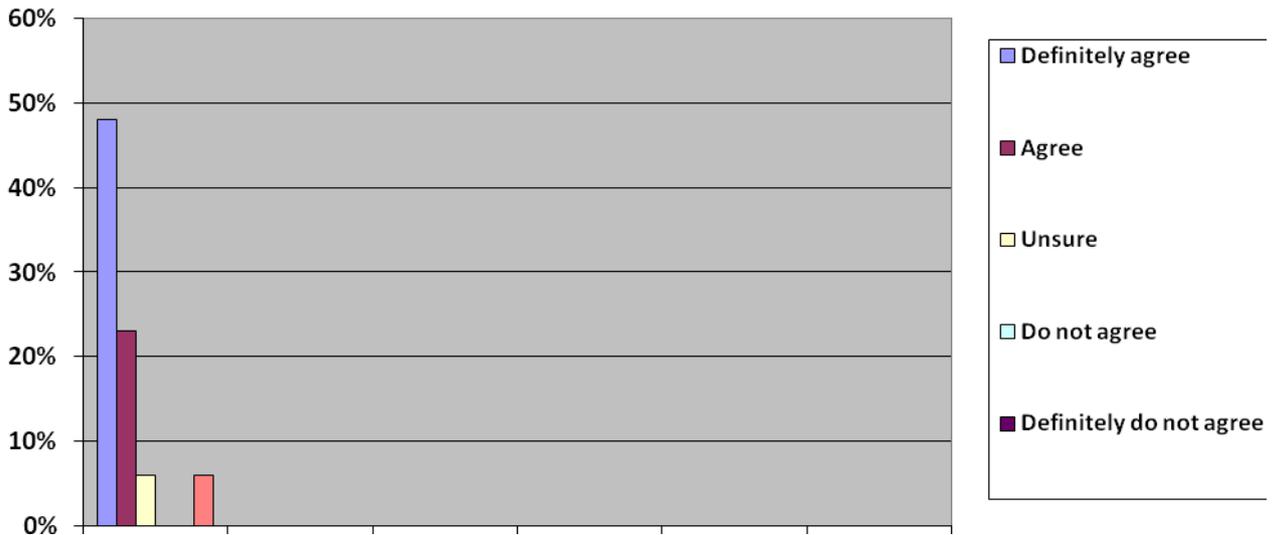


Figure 5.1: Enrichment of spouse/partner relationships – Company One (N=24)

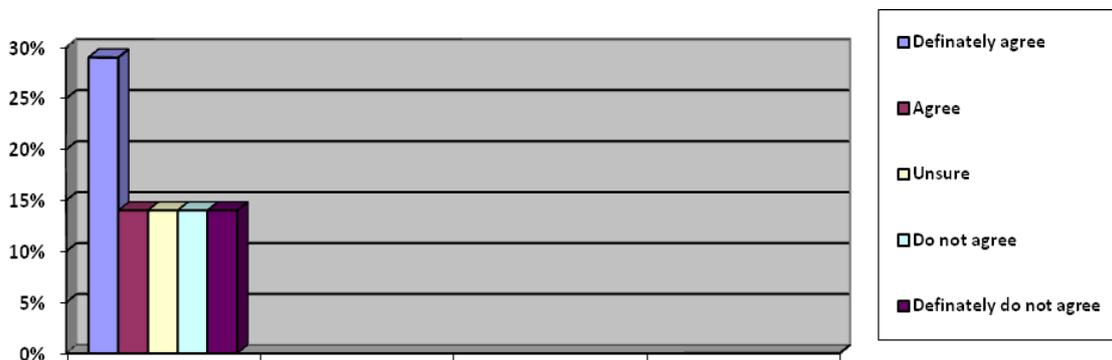


Figure 5.2: Enrichment of spouse/partner relationships – Company Two (n=12)

4.3.6.1 **Discussion of data figure 5.1 and 5.2**

Sixteen percent (16%) of the respondents in Company One did not complete this section of the questionnaire. From the remaining group, the majority of the respondents is of the opinion that participation in the programme notably improved their relationships with significant others. Seventy one percent (71%) of the respondents either agreed or strongly agreed to this statement. These results correlate with the view earlier in this report that partner-relational problems respond well to brief therapeutic intervention, McCullough-Vailant (1994:2), *see section 1.3.3*

Partner-relational challenges account for only 16% of the presenting problems for the respondents from Company One. It is thus interesting to see that a considerable number of respondents are of the opinion that the intervention has not only addressed their presenting problem but also improved their relationships with their spouses. This phenomenon may contribute to the notion that improvement in one area of a person's life has the potential to influence other areas of his/her life positively.

In Company Two, 43% of respondents were of the impression that the intervention had a positive impact on their relationships with partners. (This calculation refers to 29% strongly agree and 14 % agree to this question). Twenty eight percent (28%) of respondents were of the impression that the intervention had no real positive spin-offs for their relationships with their partners.

4.3.7 **Positive impact of counselling on child/children relationships:**

(Question 7)

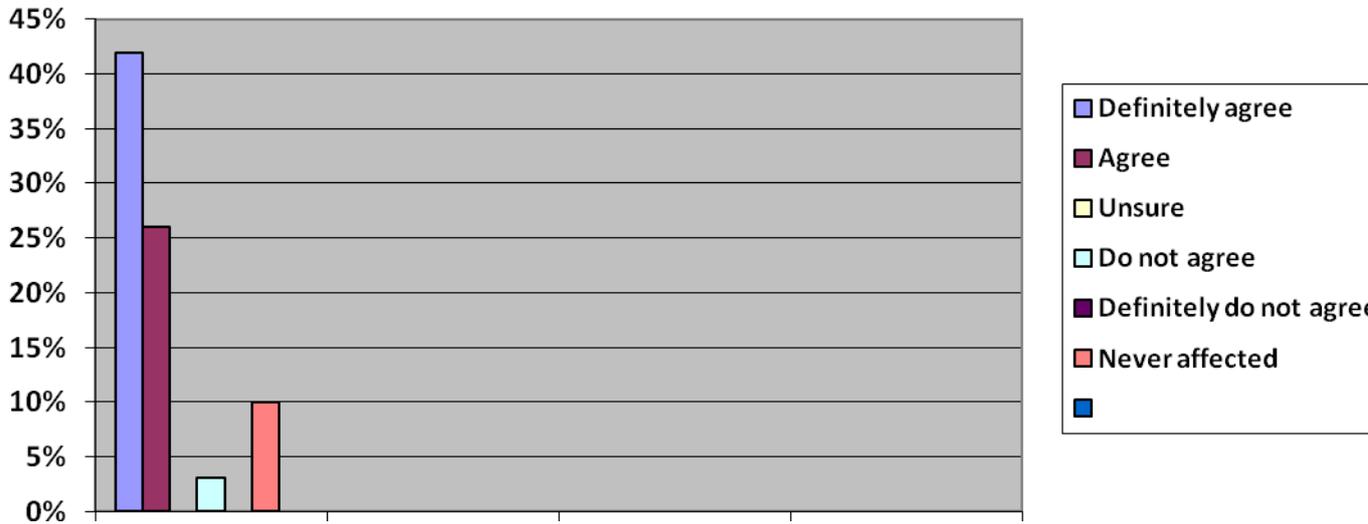


Figure 6.1: Enrichment of child/children relationships – Company One (N=24)

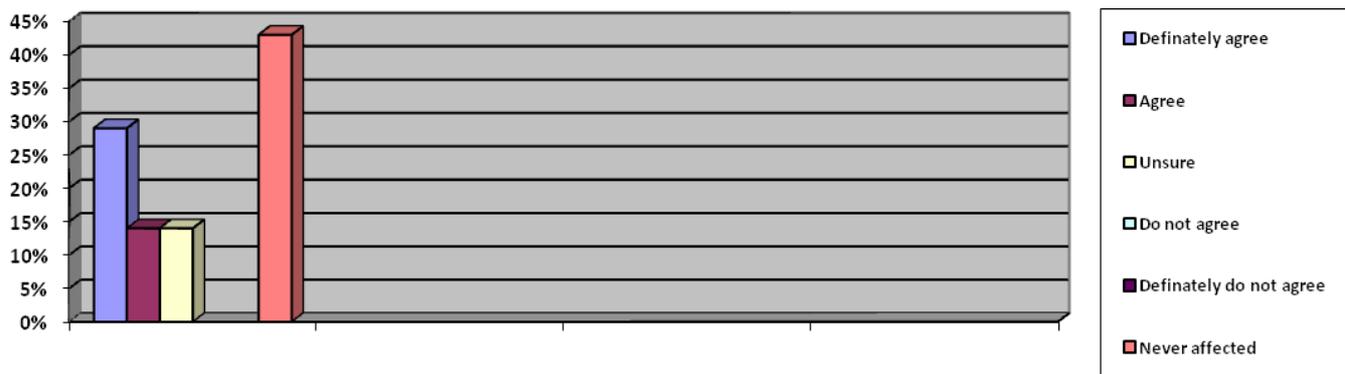


Figure 6.2: Enrichment of child/children relationships – Company Two (n=12)

4.3.7.1 **Discussion of data: Figure 6.1 and 6.2**

Sixteen percent (16%) of the respondents for Company One did not complete this section of the questionnaire. The same 16 % of respondents who did not complete the information for question 6/figure 4 also failed to complete it for figure 5. It is not clear whether these respondents are currently involved in relationships with partners or children as the questionnaire do not explore their family structure.

As in the previous response (question 5), the majority of respondents for Company One who completed this section are of the opinion that their relationships with their children improved after using the programme. When people are experiencing personal problems, they often experience mood swings. Mood swings often impact on the way people interact with others, thus having the potential to affect relationships negatively.

Within Company Two a significant percentage of respondents (42%) were of the opinion that their relationships with their children were never affected by their personal challenges. Forty three percent (43%) of respondents were of the impression that the intervention had a positive spin-off for their relationship with their children.

Berridge and Cooper (1994:5) defines EAPs as a programmatic intervention that have the potential of enabling individuals to attain full functioning in personal and work life. With an overwhelming majority of respondents indicating that their relationships with spouses and children improved since using the programme, the value-added claim made through the above definition seems to hold substantial value.

4.3.8 **Impact of personal problems on work performance:**

(Question 8)

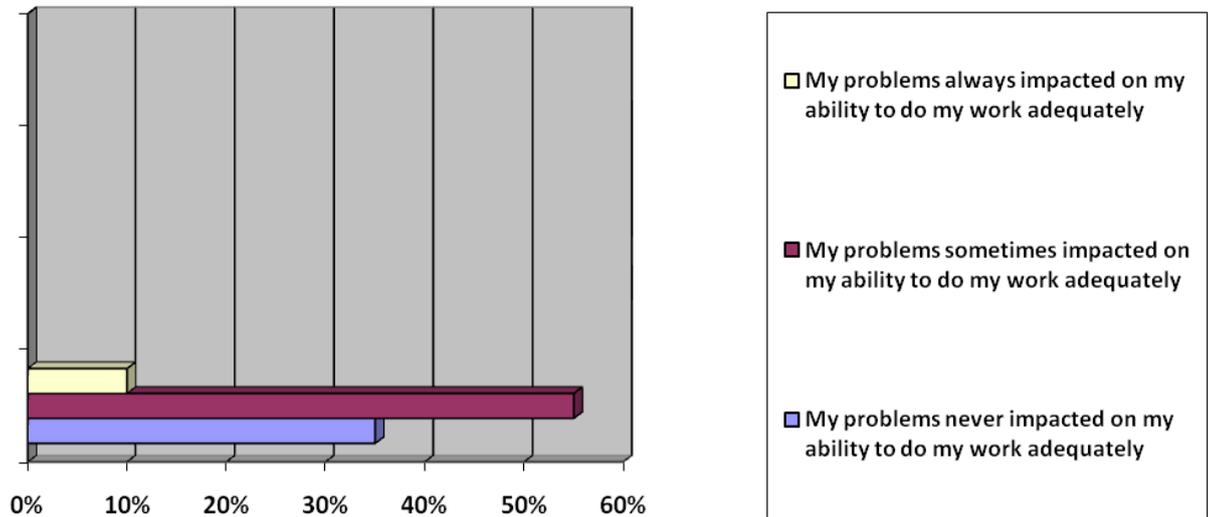


Figure 7.1: Impact of personal problems on work performance: Company One (n=29)

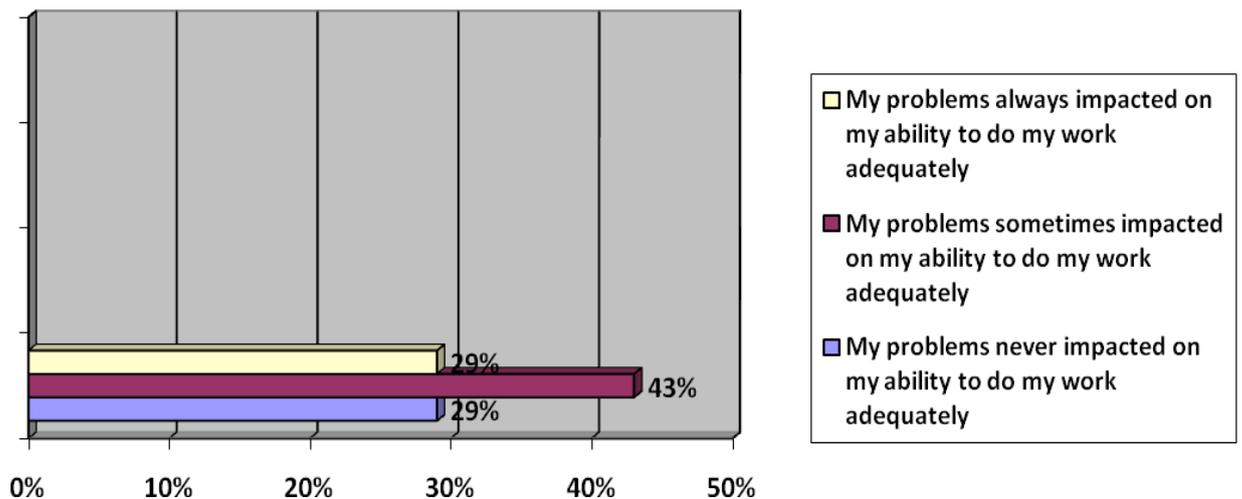


Figure 7.2: Impact of personal problems on work performance, Company Two (n=12)

4.3.8.1 **Discussion of data: Figure 7.1 and 7.2**

For 65% of the respondents from Company One, personal problems impacted on their work performance at some stage before using the programme. This percentage represents the respondents who indicated that their personal problems always or sometimes impacted on their work performance. For Company Two, 72% of the respondents are of the impression that their personal problems impacted on their work performance.

Earlier in this report (see section 1.1 of this report), the researcher reflected on different authors like Nissly and Mennen (2002), Berridge and Cooper (1994), Murphy (1995) and Mann and Kelly (1999) who, through their contribution to existing literature discuss the impact of personal problems like stress, depression, alcohol and drug abuse as major contributors to sickness, absenteeism and lowering job performance. The response of the respondents in the research supports the views of the above authors who are of the impression that mental health problems like stress, depression, and alcohol and drug abuse are major contributors to sickness, absenteeism and lowering job performance. Highley (1996:4) also indicates that 80 million working days are lost to mental illness every year and that 30-40 percent of all sick-leave use is due to mental or emotional disturbance.

The response, indicating that a significant number of respondents feel that their personal problems impacted on their work performance, also correlates with the views obtained through the qualitative data focusing on the financial impact of employee personal problems for companies, (*see section 5.8 of the report*). The responses in these two areas of investigation show a strong correlation between personal problems, its presentation in behavioural terms within the workplace and the financial implication of production losses.

**4.3.9 Improvement in work performance since participating in the EAP.
(Question 9)**

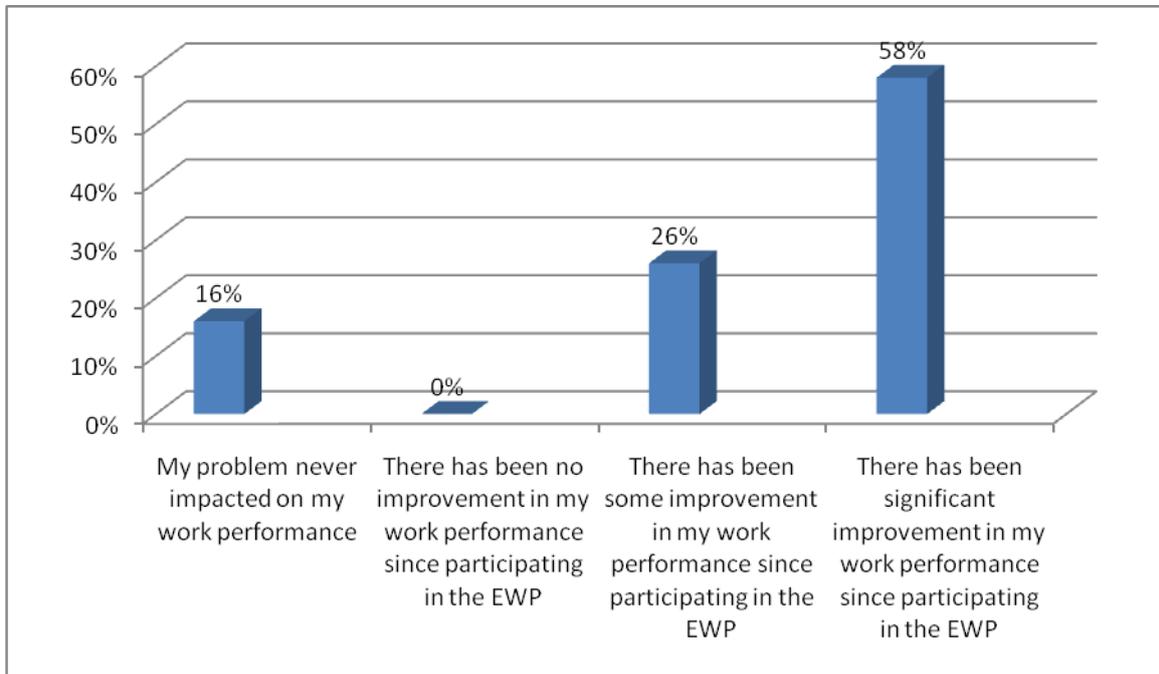


Figure 8.1: Impact of counselling on work performance – Company One (n 29)

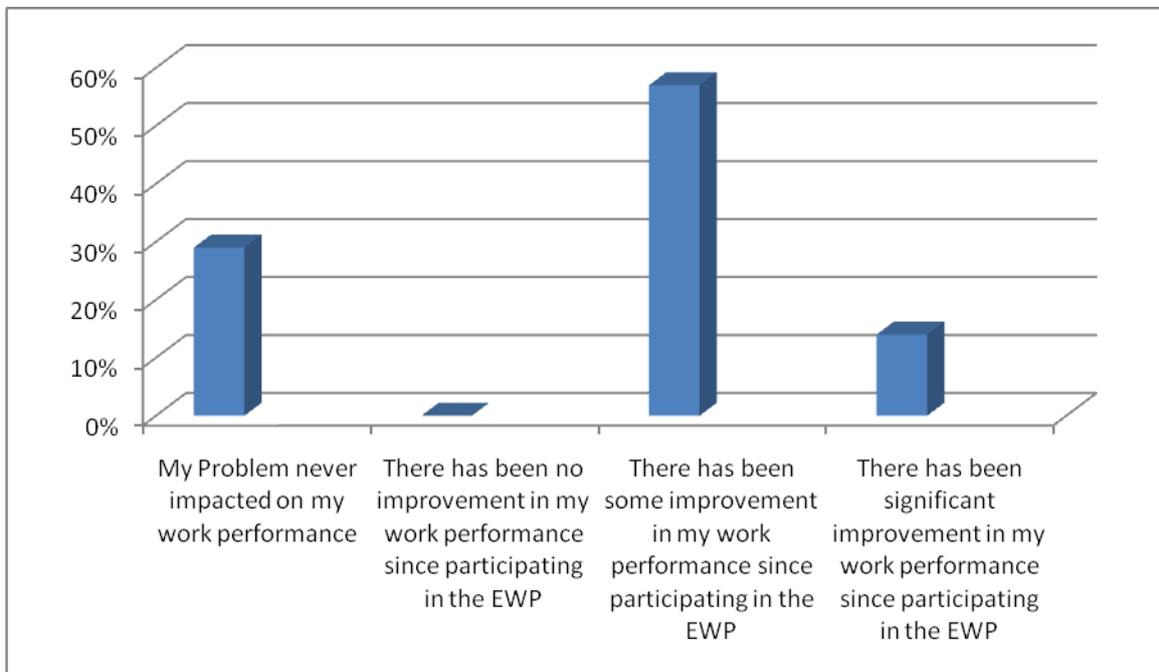


Figure 8.2: Impact of counselling on work performance – Company Two (n=12)

4.3.9.1 **Discussion of data: Figure 8.1 and 8.2**

The responses to this question for both companies indicate an overall perception that participation in the EAP contributed to improvement in respondents work performance.

Bellingham and Cohen (1987:74) is of the opinion that Employee Assistance Programmes contribute towards an improvement in employee productivity, thus making it a cost-effective part of a company's overall wellbeing strategy. The results from this group of respondents strongly support this notion. The data processed through the qualitative investigation also supports this view with respondents suggesting that change in work performance is visible for most people participating in the programme. (See 1.1 for international and 1.2 for local statistics on this).

4.3.10 Impact of personal problems on attendance

(Question 10):

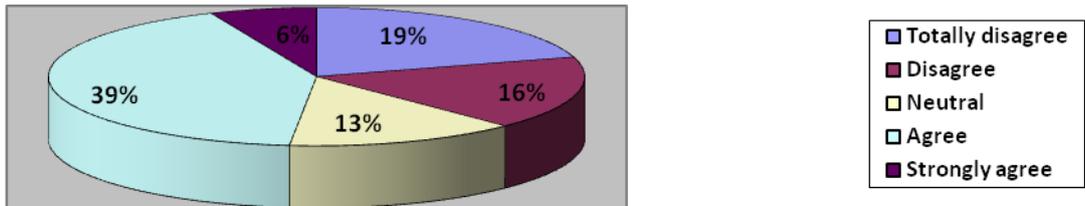


Figure 9.1: Impact of personal problems on work attendance – Company One (n=29)

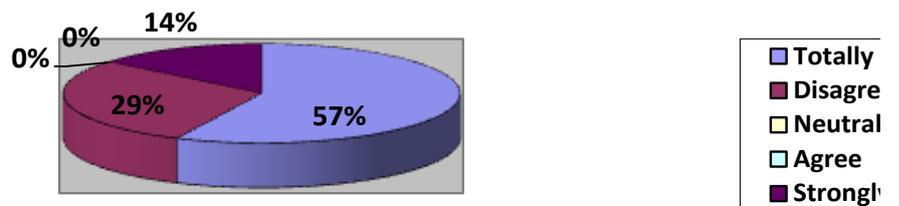


Figure 9.2: Impact of personal problems on work attendance – Company Two (n=12)

My personal problems had no impact on my attendance at work)- contrary to other questions in the survey this question was asked in the negative.

4.3.10.1 **Discussion of data: Figure 9.1 and 9.2**

Thirty-five percent (35% referring to 19 + 16% who disagreed) of the respondents for Company One were of the opinion that their personal problems impacted on their work attendance at some stage. This refers to the group who disagreed with the above statement, thus suggested that there is no positive relationship between their personal problems and increased absenteeism. Forty-five percent (45%) of the respondents were of the impression that has not affected their work attendance in any way. There were a significant number of respondents (16%) who were neutral in their opinion. The researcher is of the opinion that there may have been an element of uncertainty on how to interpret the question. For Company Two the results are significantly different and 86% (57 + 29%) of the respondents, disagreed, indicating that they are of the opinion that their personal problem resulted in absenteeism at work.

The overall responses to these questions for Company One reflects on a somewhat weaker numerical correlation between the qualitative and quantitative data. What is significant about the qualitative results may not be the numerical significance but rather the impact of absenteeism on supervisory staff, work teams and production results. For Company Two the correlation seems much stronger. (See discussion in section 5.9 of this report.)

4.3.11 Personal problems resulting in on-the-job absenteeism

Question 11:

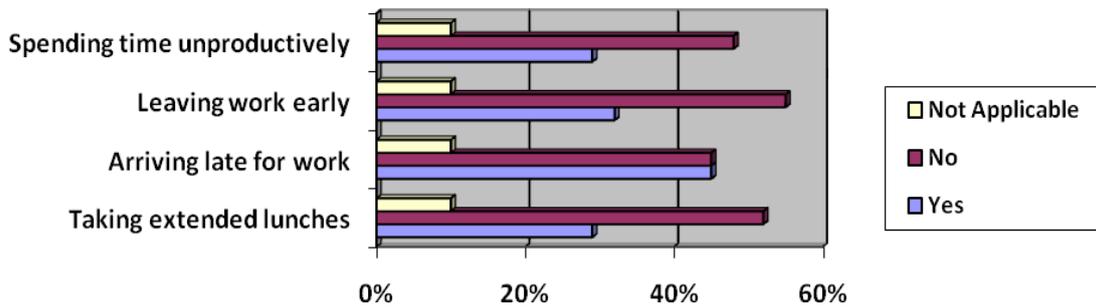


Figure 10.1: Impact of personal problems on on-the-job absenteeism – Company One (n=29)

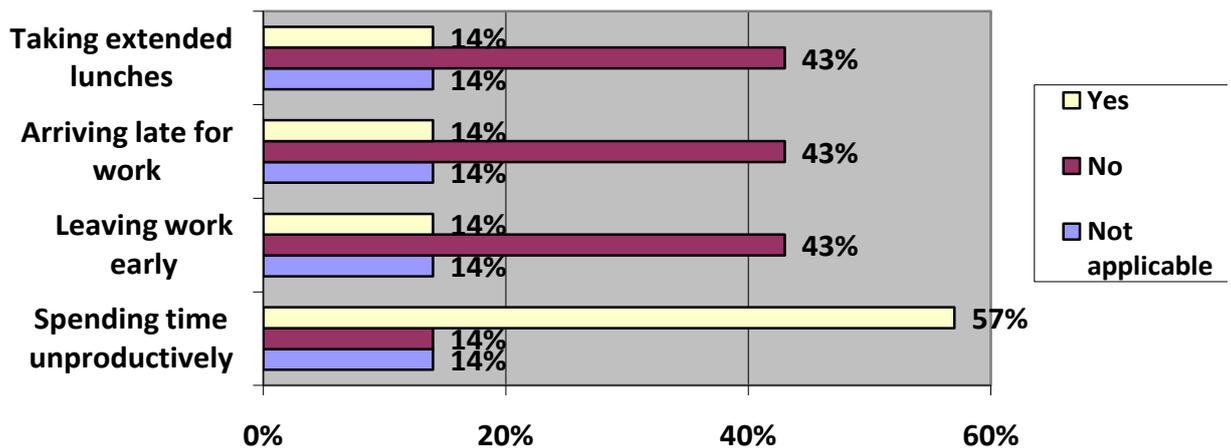


Figure 10.2: Impact of personal problems on on-the-job absenteeism – Company Two (n=12)

4.3.11.1 **Discussion of data: Figure 10.1 and 10.2**

The above figures refer to the relationship between personal problems and on-the-job absenteeism. Presenteeism is a term used for workers coming to work even when they are unable to function optimally. The negative impact on the bottom line and overall productivity of the workplace can be subtle and hard to track effectively. Within a work environment where movement is closely monitored through clock-in cards or similar processes, it may be easier to track the amount of time lost through employee on-the-job absenteeism. These types of measures are often used in production driven workplaces. This would particularly be true for the areas of arriving late and leaving early, as well as taking extended lunches.

For these four areas of investigation the majority of respondents from both companies gave a negative response, meaning that their personal problems did not contribute to significant on-the-job absenteeism. Indicators that are notable in terms of cost factors are:

- Leaving work early, (32%) – Company One.
- Arriving late for work, (45%) – Company One.
- Spending time unproductively, (57%) – Company Two.

The above data indicate that there is a weak correlation between people's personal problems and on-the-job absenteeism. If compared with the data obtained from the qualitative component of this report (see page 194), the initial interpretation may also reflect a weak correlation between the two sets of data. What is significant about the data from the qualitative component is its reflection on the financial implication for companies when employees do present with on-the-job absenteeism.

4.3.12 **Consideration to leave company before use of EAP**

Question 12:

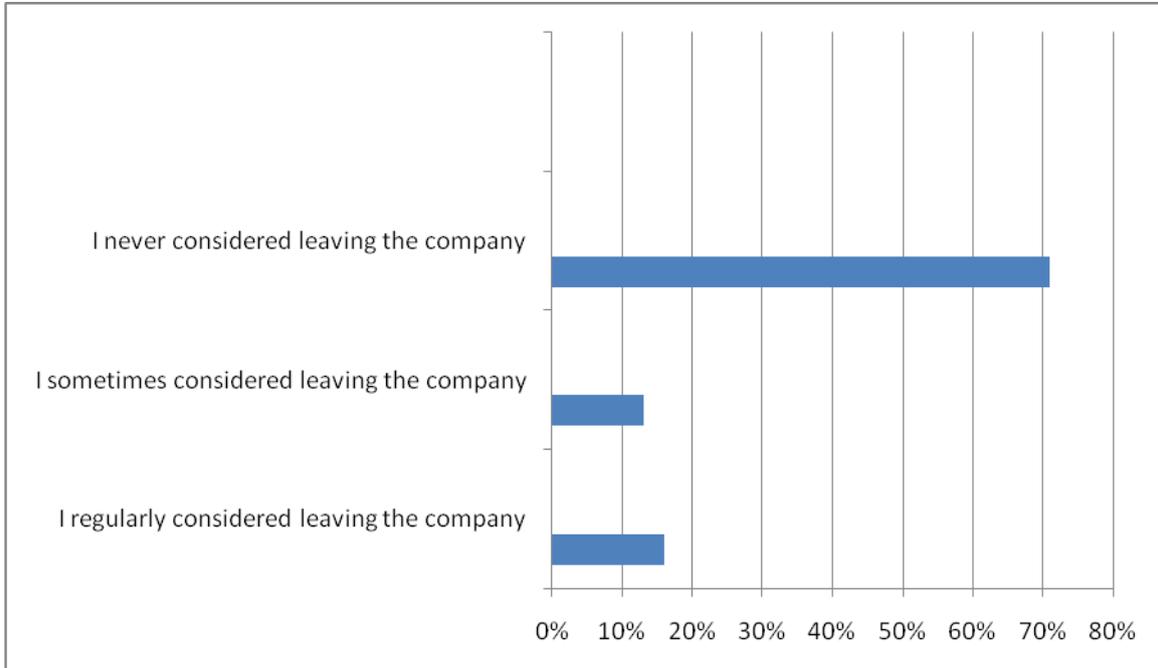


Figure 11.1: Potential impact of personal problems on people considering leaving the company – Company One (n=29)

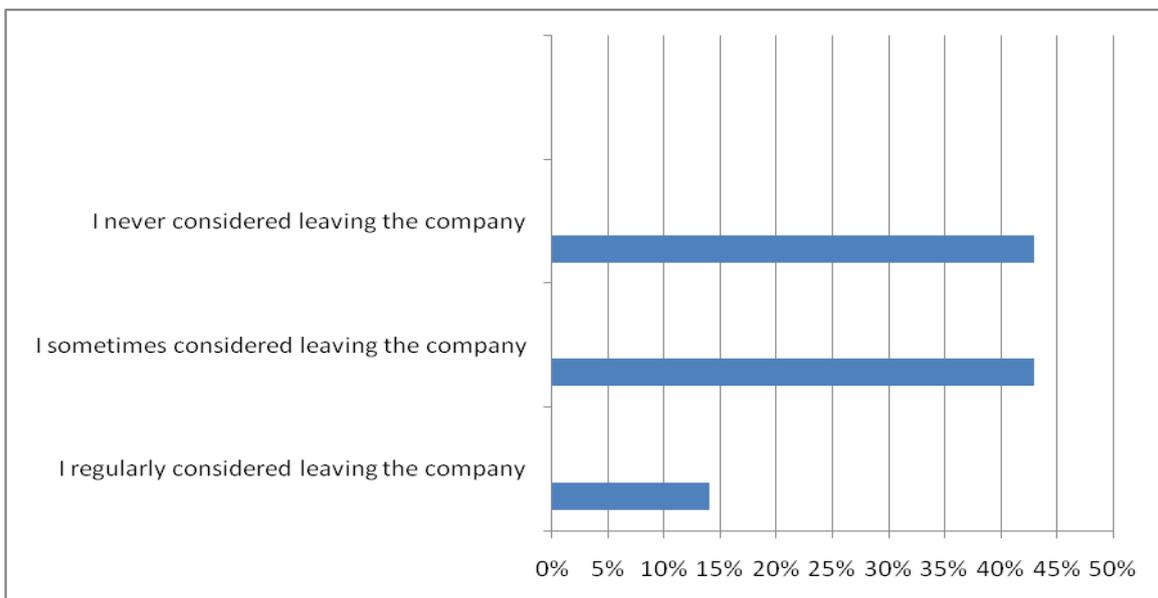


Figure 11.2: Potential impact of personal problems on people considering leaving the company – Company Two (n=12)

4.3.12.1 **Discussion of data: Figure 11.1 and 11.2**

From the information derived from this question, there seems to be a weak correlation between personal problems and staff turn-over for Company One with only 29% of respondents indicating that they have considered leaving the company at some stage. For Company Two the correlation is somewhat stronger with 43% of the respondents indicating that they sometimes considered leaving the company. This investigation, however, does not cover the area of employees who already left the company and had a documented history of personal problems.

Cascio (1982:20) is of the impression that many companies are unaware of the actual cost of staff turnover. He provides a detailed breakdown of cost elements of separation costs, replacement costs and training costs. (*see –section 2.5.2 of this report*). *Recruitment and training of new staff involves a significant amount of direct costs as well as the indirect costs involved in new staff not performing optimally.* If staff turn-over was presented as an area of concern for the respondents in this study, the companies would need to address staff turn-over as a related cost element.

4.3.13 Involvement in performance counselling and/or disciplinary action before using the EAP

Question 13:

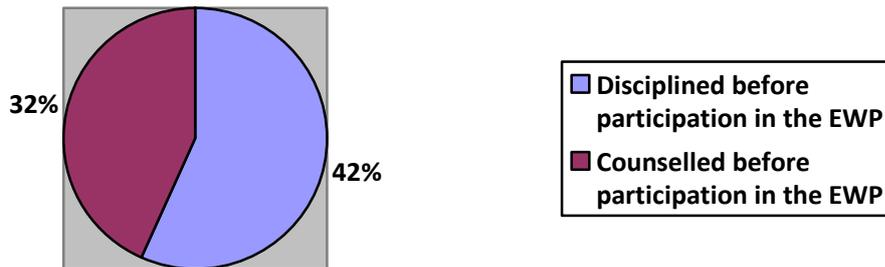


Figure 12.1: Involvement in performance counselling and/or discipline before participation in EWP – Company One (n=12)

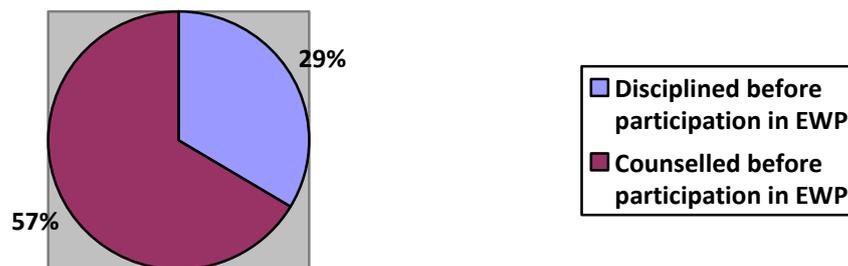


Figure 12.2: Involvement in performance counselling and/or discipline before participation in EWP – Company Two (n=12)

4.3.13.1 **Discussion of data: Figure 12.1 and 12.2**

The responses to the above question indicate a strong relationship between employees' personal problems and formal processes in the workplace. Forty-two (42%) percent of the respondents for Company One indicated that they had disciplinary action against them before use of the EAP while 32% indicated that they have been counselled by their respective line-managers before referral to the EAP. This brings to 74% of respondents in Company One indicating that some form of formal process preceded their referral to the programme.

For Company Two it is equally significant, with 57% of respondents indicating that they have been counselled by their line managers before referral and 29% indicating that they have undergone disciplinary processes.

Most organisations follow a procedure of progressive discipline proceeding from an oral warning to a written warning and possible dismissal (Cascio1998:534). Labour relations legislation determines that fair processes need to be followed throughout the disciplinary process. These 'fair processes' entails consultation with the affected employee where at least two staff members (the employee and line manager), and often a human resource representative and union representative needs to be present. If we use a similar argument than what Cascio (1982:20) did when he calculated staff turn-over costs, the time spend by these staff members attending counselling or disciplinary procedures, means salaries paid for activities other than the production focus of the company. These costs become the hidden costs of employee disciplinary processes.

4.3.14 **Perceived benefits derived from participation in the programme**
(respondents could tick as many as they felt applied to them)

Question 14:

	<i>NO IMPROVEMENT</i>	<i>MODERATE IMPROVEMENT</i>	<i>REMARKABLE IMPROVEMENT</i>
Personal relationships	10%	23%	55%
Work relationships	16%	29%	48%
Work performance	6%	39%	45%
Self image	3%	26%	48%
Coping skills	10%	19%	48%
Attendance at work	6%	16%	61%
Mistakes in the workplace	16%	19%	29%
Number of work related accidents/incidents	19%	19%	26%

**Table 4.3: Benefits derived from participation in the EAP – Company One
(n=29)**

	<i>NO IMPROVEMENT</i>	<i>MODERATE IMPROVEMENT</i>	<i>REMARKABLE IMPROVEMENT</i>
Personal relationships	14%	71%	29%
Work relationships		57%	29%
Work performance	14%	29%	43%
Self image	14%	29%	29%
Coping skills		14%	86%
Attendance at work	29%		29%
Mistakes in the workplace	43%		29%
Number of work related accidents	43%		29%

**Table 4.4: Benefits derived from participation in the EWP – Company Two
(n=12)**

4.3.14.1 **Discussion of data: Table 4.3 and 4.4**

Within both companies, the majority of respondents have indicated at least moderate to significant improvement in most of the areas. The areas where the most significant improvement took place have been relational, generalised work performance and life skills (self image and coping skills). It is interesting to note that areas related to work related mistakes and accidents for both companies did not show remarkable improvement. While the significant financial and brand impact of accidents and mistakes have been discussed in detail by the referral agents interviewed for this study, actual incidents has not been reported. This may play a role in the results recorded in the two above tables.

Of significance is the indication that the majority of respondents were able to identify improvement after participation in the program. The improvements identified by them also correlate with the positive changes being identified by referral agents.

4.4 **COMPARATIVE ANALYSIS BETWEEN THE TWO COMPANIES**

The two companies used for this research are very different in the nature of their business. They are also situated in different provinces with the only similarity being that they are both coastal towns. The company situated in Durban is a motor manufacturing operation while the company situated in Cape Town operates in the insurance market. Both companies make provision for on-site facilities from where their EAP/EWP services are rendered. Employees thus have an option to see a therapist on-site or off-site, in the therapists' private practice.

Areas within the two companies that show strong comparisons/correlation are the following:

Figure 13: Personal problems impacting on work performance

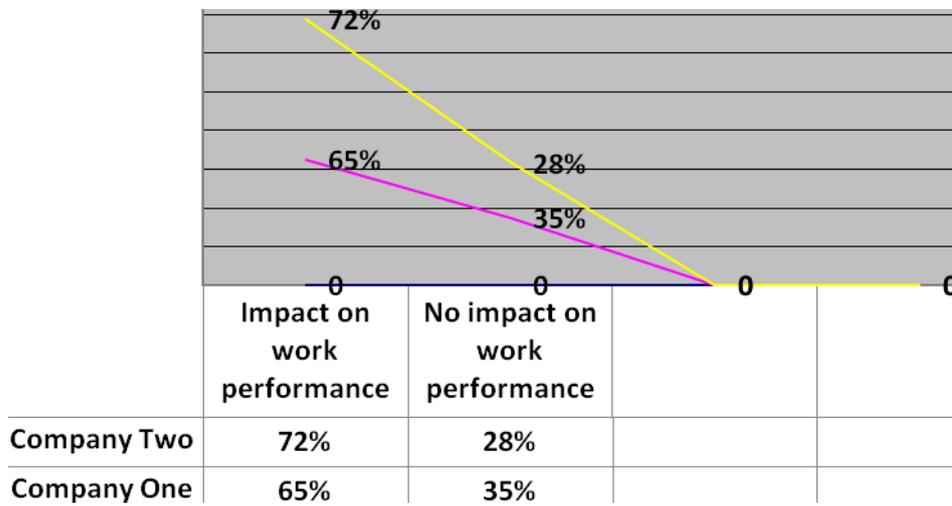


Figure 14: Improvement in work performance after participating in program

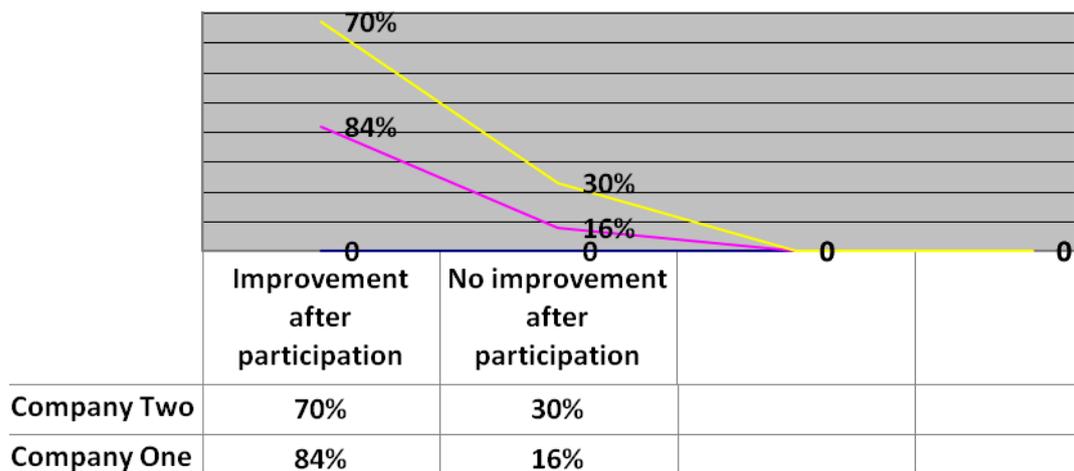


Figure 15: Performance counselling and disciplinary action

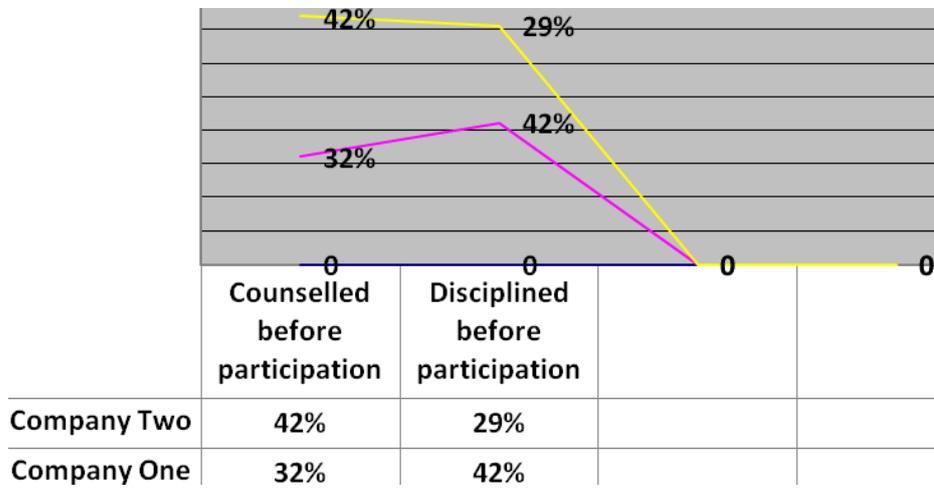
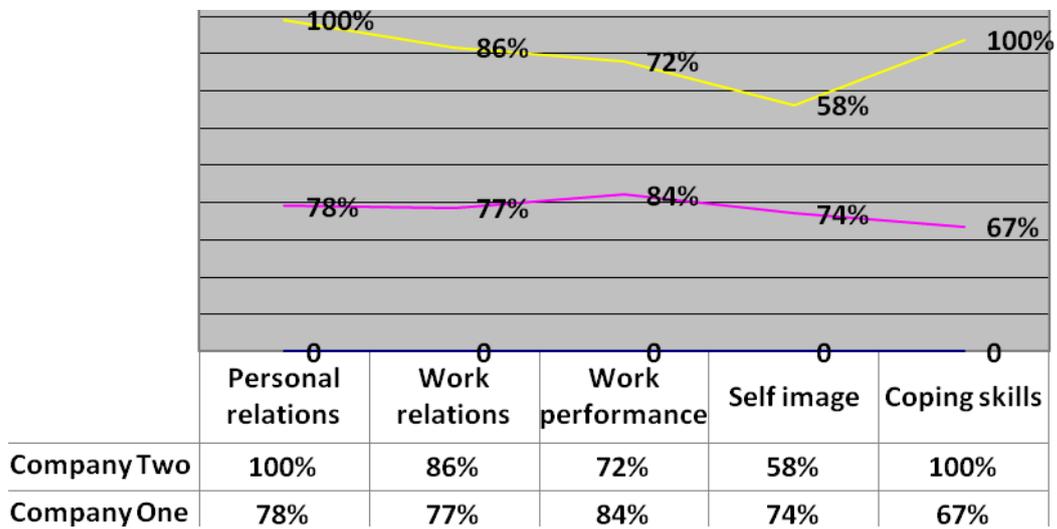


Figure 16: Perceived benefits deriving from participation in program



Areas within the two companies that do not show a strong correlation are the following:

Figure 17: Improvement in partner relationship

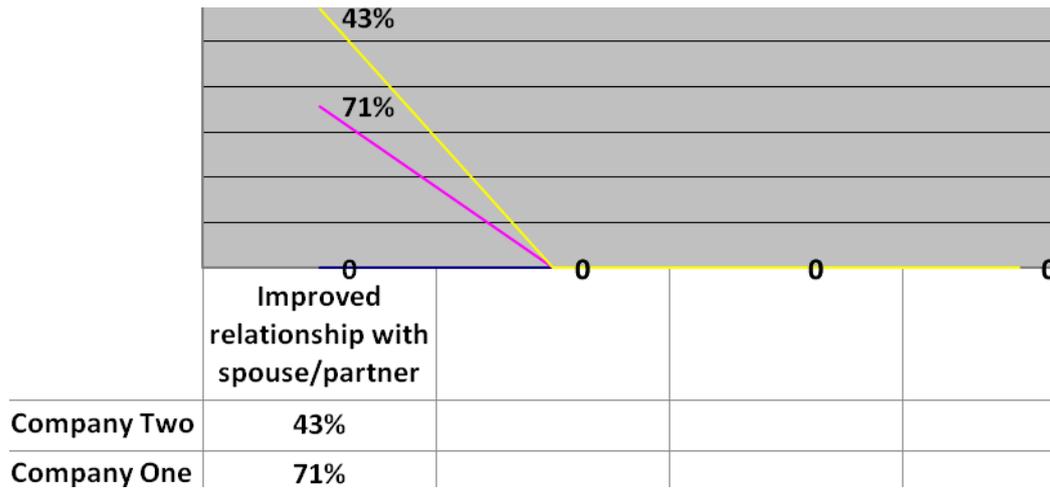


Figure 18: Improvement in relationship with children

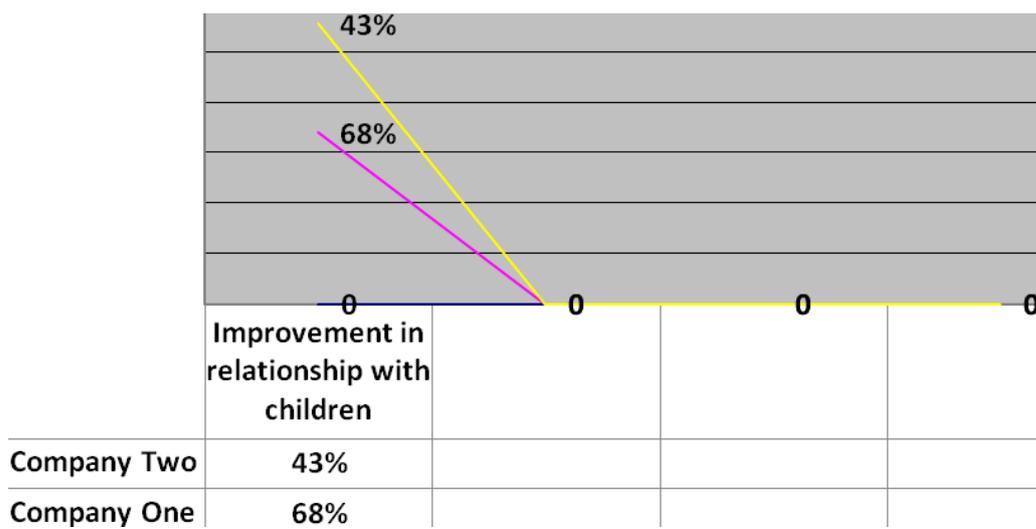


Figure 19: Attendance being affected by personal problems

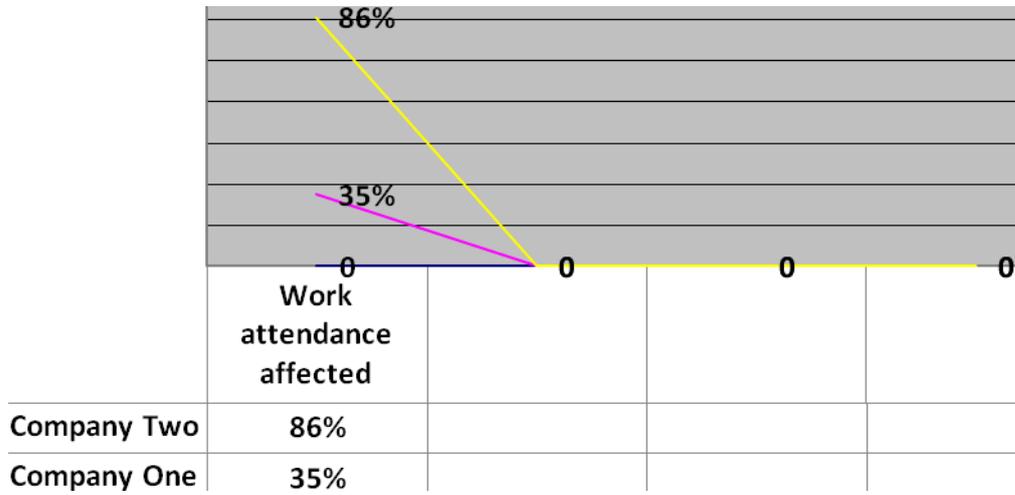
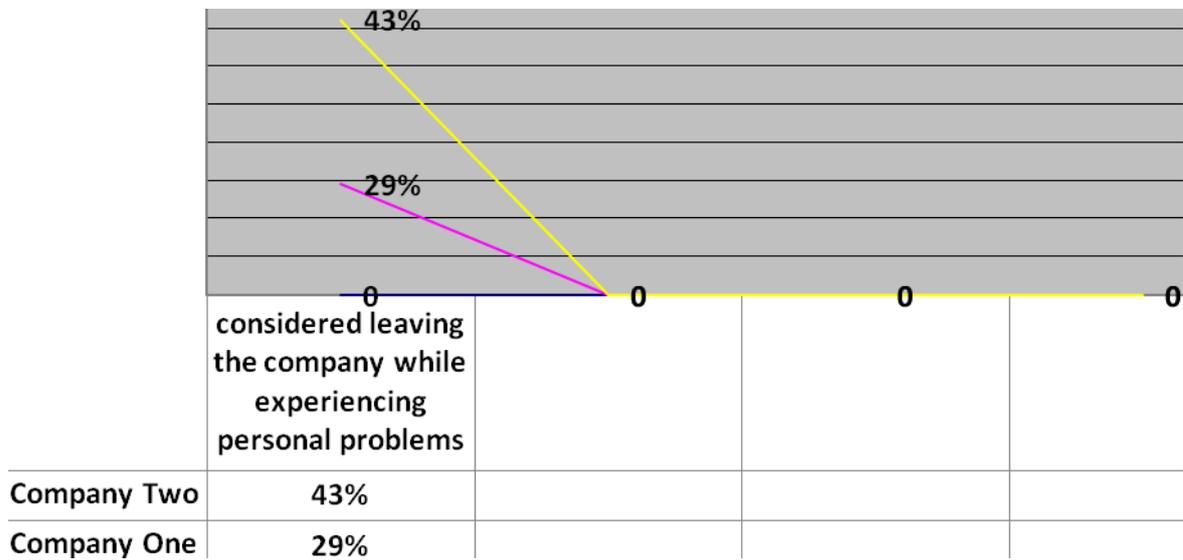


Figure 20: Staff retention



4.5 **Conclusion**

The results from the quantitative survey reflect an acknowledgement from respondents that their personal problems at some stage did impact on areas of their work life. These findings correlate with findings of previous studies, as reflected on in the literature study. There seems to be clear evidence of impact on work-life from both companies participating in this research.

The following section will be an analysis of the qualitative data (semi-structured interviews with line managers/referral agents). After detailed discussions of the data, the researcher will once again highlight the areas where there are strong correlations between the data from the different data-gathering processes, as well as those where a weak correlation exist.