

**A COMPARISON OF THE EMPLOYEE ASSISTANCE PROGRAMME (EAP)
WITH HIV AND AIDS WORKPLACE PROGRAMMES IN THE GAUTENG PROVINCIAL
GOVERNMENT**

By

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ABSTRACT

A COMPARISON OF THE EMPLOYEE ASSISTANCE PROGRAMME (EAP) WITH HIV AND AIDS WORKPLACE PROGRAMMES IN THE GAUTENG PROVINCIAL GOVERNMENT

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The main impetus for conducting research of this type was for the researcher to better understand the nature and types of EAP and HIV and Aids programmes that exist in the selected Gauteng Public Service departments. The researcher was motivated to choose this subject as she was employed by the Gauteng Department of Education and is currently employed by the Gauteng Department of Health of which these departments are the largest departments in the province and was able see both the similarities and differences between how the EAP and HIV and Aids Workplace programmes were being conducted. One similarity between the programmes is that both EAP and HIV and Aids Workplace Programmes are concerned with employee well-being with the aim of enhancement of the quality of work life and productivity.

Employee assistance programmes commenced in Gauteng as a directive from the office of the Premier in 1999 (Gauteng Department of Education [GDE] Draft EAP Policy, 2003). This directive was the seed that led the development of both EAP and HIV and Aids Workplace Programmes in the Gauteng Province. This was a smart decision of investing its employee's wellness and was strategically originating from the top structure within the province.

In this research an exploratory study was undertaken in order to identify the relationship between EAP and HIV and Aids Workplace Programmes in nine Gauteng government departments. The survey design was used within the quantitative approach and use was made of a structured questionnaire. The study was made up of the responses elicited from 14 employees representing 9 state departments within the Gauteng Provincial

Government. These respondents were directly responsible for both or either EAP and HIV and Aids Workplace Programmes.

Applied research, considers a situation in practice to answer practical question about the EAP and HIV and Aids Workplace Programmes within GPG, was used. The researcher sent out sixteen questionnaires using a purposive sampling method to select respondents for this study.

A discussion of the theoretical overview covered EAP and HIV and Aids Workplace Programmes in South Africa. This was further delineated to EAP and HIV and Aids Workplace programmes in the public sector and to the Gauteng Province.

The research findings indicated that that the departments surveyed varied drastically in terms of employee size from 60000 to 292. The majority of the respondents were female and were EAP coordinators and the most frequent undertaken daily task was counselling, although many of the government departments had been making use of an external service provider to render an EAP service. Counselling was a service offered by the external service provider. Other findings were that the majority of the respondent's had a university degree and many even had post-graduate qualifications. Almost all departments surveyed had policies that were relevant to EAP and HIV and Aids Workplace Programmes in place.

The recommended requirements needed to sustain the EAP and HIV and Aids Workplace programmes include the following:

- Locating the EAP and HIV and Aids Workplace programmes at top management level within the respective departments.
- Combining the HIV and Aids Workplace Programmes and EAP under the banner of Employee Wellness.
- Ensuring that these programmes are adequately resourced both in terms of budget and staff.
- On-going marketing of the programmes to increase utilization.

This research has highlighted the need for an integrated programme under the banner of wellness that can holistically serve the needs of employees. EAP and HIV and Aids Workplace Programmes practised in isolation are not as effective as a integrated

customised programme designed to suit the individual requirements of an organization and its employees.



KEY TERMS

EAP

Employee Assistance Programmes

HIV and Aids

HIV and Aids Workplace Programmes

Gauteng Provincial Government

Wellness Programmes

Department of Public Service and Administration



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CHAPTER 1.

1.1. *Introduction*

The public sector in South Africa employs nearly 1,1 million public servants in approximately 140 government departments, both nationally and provincially; this makes it the single biggest employer in this country (DPSA, 2004: 5). This sector therefore has a crucial role to play in addressing the impact of HIV and Aids in the workplace as part of its overall focus on the well-being of its employees and their dependants.

The Department of Public Service and Administration (DPSA) Report (2004: 5) has noted that large numbers of people are also direct dependants of public servants and, as a result, the fate of society as a whole is closely intertwined with the health and well-being of public servants.

The public sector has advocated the need to introduce HIV and Aids Workplace Programmes. Minister Geraldine Fraser-Moleketi initiated the Impact and Action Project in January 2000 and the Department of Public Service and Administration (DPSA) developed a policy framework to guide departments on the minimum requirements to effectively manage HIV and Aids in the workplace (DPSA, 2004: 5). The Guide for Government Departments on Managing HIV and Aids in the Workplace (2002: 87) recommended that HIV and Aids treatment; care, and support programmes form part of a comprehensive employee-assistance programme (EAP) or health promotion programme.

However, when evaluating the effectiveness of the current scenario, some of the challenges were that EAPs are only in place in some government departments, whilst others have incipient programmes or posts in the process of being filled. It is apparent, however, that EAP services for public servants are currently poor overall (DPSA Manual, 2002: 88).

In the report of the Public Service Indaba iii (2004: 8), it was found that current wellness programmes and EAPs need to be reviewed and guidelines developed.

EAPs can therefore be seen to play an important role in HIV and Aids Workplace programmes if better developed, as the EAP is defined as a worksite-based programme

designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance (EAPA-SA, 1999: 5). This view was also held by Ms N. Chauke, who stated that the DPSA's policy guidelines make reference to wellness programmes (DPSA, 2002: 89) that offer care and support to employees and their families that are infected and affected by HIV and Aids. However, not all EAP practitioners in government departments were interacting with the HIV and Aids workplace units. The DPSA would therefore be appointing a person at a post level 13, which is the equivalent of a senior manager, as an employee wellness expert, in order to assist government departments to coordinate their programmes better. She noted that departments that were effective in integrating their EAP and HIV and Aids Workplace programmes were the Limpopo Public Works Department and the KwaZulu-Natal Departments of Housing, Traditional and Local Government, and the Police Service (Chauke,2003)

She further noted that the DPSA's policy framework has been in existence since 2002 and it has been found that the implementation rate is not as fast as desired. This department was therefore commissioning an HIV and Aids Capacity audit to identify the weaknesses and gaps. When conducting this audit, gaps in the infrastructure, budget, and human resources were to be considered. The study would evaluate the existing capacity-building initiatives undertaken by organizations such as:

- The DPSA, Impact and Action Project
- South African Management Development Institute (SAMDI)
- Department of Social Development, National Population Unit
- Department of Health, Interdepartmental Support Programme Unit
- Interdepartmental Committee on HIV and Aids

The audit would make recommendations on how to meet the needs within the present context, identify best-practice initiatives, and on developing action plans in relation to HIV and Aids.

Ms. Chauke added that data collection would have commenced in August 2004. This research project and the one that has been undertaken by the researcher would, in her opinion, be very valuable to the public sector (Chauke,2003).

What is the purpose of EAP is often a question asked? The answer provided by Sonnenstuhl and Trice (1986: 1) was the following an EAP is a “job-based program operating within a work organization for the purpose of identifying troubled employees, motivating access to counselling them to resolve their troubles and providing access to counselling or treatment for those employees who need these services.”

In a similar vein, the Gauteng Department of Education (GDE)-EAP Draft policy defines the EAP service as a professionally managed short-term problem-solving and prevention system, which utilizes specific core technologies for addressing personal problems that have the potential to impact on, or are affecting, employee performance and organizational productivity (GDE Draft EAP Policy 2003: 4).

Employee assistance programmes commenced in Gauteng Department of Education (GDE) as a directive from the office of the Premier in 1999 (GDE Draft EAP Policy, 2003: 4). This directive was the seed that led the development of both EAP and HIV and Aids Workplace Programmes in the Gauteng Province. This was a smart decision of investing its employee’s wellness and was strategically originating from the top structure within the province.

In the researcher’s opinion, other factors that encouraged the introduction of EAP service were the following:

- The dramatic effect HIV and Aids was having on the public sector employees.
- Changes brought about by transformation within government departments.

Both EAP and HIV and Aids Workplace Programmes are concerned with employee well-being with the aim of enhancement of the quality of work life and productivity.

HIV and Aids Workplace programmes are seen as workplace-based programmes that aim to:

- Prevent unfair discrimination against employees infected and affected by HIV and Aids.
- Provide clarity on the organization’s position with regard to supporting employees who are infected and affected by HIV and Aids.

- Educate and support employees to reduce the rate of infection and to create a conducive working environment.

The view of assisting and supporting employees in trouble or in need is the overriding concern of both EAP and HIV and Aids Workplace Programme.

In South Africa, the HIV and Aids pandemic is significant, and according to the Department of Health (2003) and UNAIDS/WHO (2003), South Africa has the "fastest growing epidemic in the world, with 5.3 million people infected". Prevalence rates are said to be higher among young people, especially teenage girls.

Out of a total South African population of 43.8 million in 2001, UNAIDS estimated that 11.5% of the population are living with HIV and Aids. According to UNAIDS, 360,000 people died because of the disease in the year 2001 alone. The adult prevalence rate in the age group of 15 to 49 years was estimated at 20.1% (UNAIDS/WHO, 2002). The increase of HIV-infection rates among women attending public antenatal clinics shows that the epidemic has spread continuously from virtual non-existence in the 1980s to its current levels, with the most dramatic increases in prevalence rates occurring between about 1993 and 1998 (South African Institute of Race Relations, 2001).

The EAPs in South Africa have a big role to play in HIV /Aids support, education, and care, and illiteracy is another big concern.

This study had been undertaken under the guidance of a lecturer from the Social Work and Criminology Department at the University of Pretoria. Discussions have taken place with EAP employees from the Department of Public Service and the Multi Sectoral Aids Unit This has allowed the researcher to obtain a better understanding of the national issues that affect these programmes.

Advice and guidance had been sought from Ms Carla Pereira, an expert on data management, both for the questionnaire construction and on scoring and data analysis.

The researcher also sought out the comments of Siyabonga Nkosi on the research proposal. Mr Nkosi was the Head of the EAP Division of the Gauteng Shared Services

Centre. According to Mr Nkosi, EAP in SA is unique and new, while the field of EAP itself has a long history. EAP has taken a back seat compared to HIV and Aids Programmes, which have relatively huge budgets but did not meet the desired needs. EAP was seen as the missing link to the synergistic process (Nkosi,2003).

The threat faced by both EAP and HIV and Aids counselling was that they are not in line with employee benefits. A further threat was that there is a general lack of understanding of EAP in the Public Service, as it is often confused with HIV and Aids and general well-being programmes.

Mr Nkosi added that HIV and Aids programmes have become a political weapon, and this has further compounded the issues. However, the light at the end of the tunnel is that now there is dialogue between the two programmes. This is borne out by the fact the Multi-Sectoral Aids Unit (MSAU) had allowed some of their HIV and Aids funding to be used for EA Programmes (Nkosi,2003).

Another reason why EAPs have developed slowly at a government level has been that the current service providers have not meet the BEE (Black Economic Empowerment) criteria set by government. Further, the service providers that do meet the BEE criteria have had a questionable capacity to deliver. This has slowed the impact of EAP in the public sector. Service providers have now seen the need to readjust their BEE status.

The environment in which programmes were being conducted can therefore best be described as a volatile and traumatic one, fraught with much change at every level. There have been changes in leadership systems, and this has resulted in government not being as effective as it would like to be.

There was a need for managers to improve on people management, as they are at times unable to deal with the human element. Most of Mr Nkosi's views were based on his own experience, and was anecdotal, as much of the information pertaining to government was based on non-disclosure, and would not be found in research journals. He added that several senior managers are experiencing fatigue, as they are very often victims of circumstance and were very performance-driven. They consequently were afraid to be viewed as "soft"; thus they tended to be more reactive due to the pressure to administer

properly. They were driven by Key Performance Areas (KPA's), and staff well-being was not high on this list (Nkosi, 2003).

Ms Chauke also noted that when there was top management support, programmes ran very well and the programmes were well budgeted for. According to her, senior managers were at times not clear about what their roles were with regard to EAP and HIV and Aids Workplace programmes. When Senior Managers were work-shopped about their roles and the issues were brought closer to them, there was a better response (Chauke,2003).

Thus the Gauteng government was seen as existing in a turbulent, changing environment that had a lot of red tape and bureaucracy that caused fatigue.

Mr Nkosi was confident that EAP and HIV /Aids Workplace programmes could make a difference by:

- increasing employee well-being;
- improving employees' service to the public;
- decreasing labour-relations issues;
- decreasing absenteeism;
- reducing turnover;
- improving staff morale;
- increasing productivity; and
- increasing compliance with legislature.

Other threats to EAP in the Public Sector was the urgent need to up-skill EAP practitioners and the fact that the labour relations climate was still very reactive and riddled with politics, which causes delays in implementation. Further alignment with the political agenda could be challenging when budgets are limited.

Another factor was that EAPA SA¹ was a relatively new structure: it had only been in existence since 1998 and many people want to be part of this profession and soon there would be a need to streamline the profession.

At present there is a view that almost everyone can do EAP. Mr Nkosi knew of one instance where a security officer was considered for an EAP position. All of this has

¹ EAPA SA is the Employee Assistance Professionals Associations of South Africa.

resulted in a lack of understanding of EAP in general. There has been very little documented work on both EAP and HIV and Aids Workplace programmes, especially in the Public Sector, therefore research is of value. He added that there tended to be a veil of secrecy that will make researching issues in this sector more difficult. It was noted that both the experts on HIV and Aids and EAP in the public sector saw the need for government departments to have an integrated programme that was well run and supported by top management (Nkosi,2004).

1.2. Rationale of Study

The main motivation for conducting research of this nature was to understand the nature and types of EAP and HIV and Aids programmes that existed in the selected Gauteng Public Service departments. Literature on the subject of EAP and HIV and Aids Workplace Programmes was both new and developing in South Africa. There was, however, a definite link between the two programmes, as both programmes aimed at the enhancement of employees' well-being. This study would contribute towards the body of knowledge of both EAP and HIV and Aids Workplace Programmes for South African public-sector employees. The study would also make recommendations on the design and implementation programmes as well as policies, strategies, and plans that would improve well-being and productivity in the workplace.

The HIV and Aids pandemic is now a global crisis, and constitutes one of the most formidable challenges to development and social progress. It is impossible to ignore the reality that HIV and Aids affects us all at some level, whether in our communities, our workplace or in the marketplace. The loss of employees, absenteeism, sick leave, faster staff turnover, and lower productivity, stemming from social and medical problems, are factors that also concern the EAP and HIV and Aids Workplace Programmes. The spread of HIV and Aids in South Africa was mainly by hetero-sexual contact and by mother-to-child transmission (Pilot, 2001: 4).

It was estimated that 10% of adults are infected with HIV. An impact study conducted in 1997 projected that about 1500 GPG (Gauteng Provincial Government) employees would be newly infected every year (Intersectoral AIDS Unit:2001. Aids was to be concentrated among employees between 30 and 39 years of age. Death from Aids would account for

about 20% of the current population by 2010 Progressus Research & Development Consultancy cc, 2002:9).

The rationale to conduct this was based on the following reasons. Firstly, different departments have run EAPs and HIV and Aids Workplace Programmes in different ways – mainly in terms of how service was delivered. The researcher aims to identify and explore the history, nature and structure of these programmes, as well as how these programmes were run in different government departments such as:

- Gauteng Department of Transport
- Gauteng Department of Education
- Gauteng Department of Local Government and Planning
- Gauteng Department of Public Safety and Liaison
- Gauteng Office of the Premier
- Gauteng Department of Housing
- Gauteng Department of Agriculture
- Gauteng Department of Health
- Gauteng Shared Services Centre
- Gauteng Department of Social Development

The researcher had been employed at the Department of Education in Gauteng Province as an EAP Coordinator and was aware of the projects that were conducted in EAP and HIV and Aids Workplace Programmes. The researcher later moved to the Gauteng Department of Health as Deputy Director for the EAP and was a member of a structure, called the GPG EAP forum, that was set up to enhance the networking of EAP at a provincial government level. This group was made up of personnel who are engaged in EAP in the Gauteng Public Sector. The research sample was drawn from this group.

Secondly, the Aids epidemic is very evident in the province and in the antenatal survey of 2000, 29% of women tested positive (Jeenah, Allen, Cassiem, Karim, Osman, and Steinberg, 2001: 9).

Thirdly, Gauteng is a metropolitan province in the commercial heartland of South Africa. As an economic and industrial capital, it attracts large numbers of work-seekers from

outside its borders. This large mobile population of male and female migrant workers is closely associated with the spread of HIV infection (Jeenah et al., 2001: 9).

This research aimed to compare the EAP and HIV and Aids Workplace Programmes in order to determine how these two programmes would be able complement each other within Gauteng government departments.

All government departments have service-level agreement plans based on departmental objectives and key performance indicators. Delivery on these plans would be greatly affected by the presence of employees who are in trouble. Through this research it was envisaged that gaps may be identified and a sharing of ideas across department would strengthen service delivery in general.

The final report would assist in making these programmes more effective, at both an organizational and a provincial level.

Research of this nature will also assist in developing new programmes that address quality of work-life in a holistic manner. It is quite clear that any EA Programme in South Africa should have a strong HIV and Aids focus, and how this is done in practice will be important to determine.

1.3. Problem Formulation

The problem formulation for this study was based on the premise that if and when EAP and HIV and Aids Workplace Programmes are developed and implemented they should be done in a unified manner or it will result in poorly-developed programmes that do not take into consideration the holistic needs of their clients.

Owing to gaps within the referral systems, quality control resources and a database of services, there was a lack of integration between EAP and HIV and Aids Workplace Programmes. This was supported by a discussion document by Phokojoe and Floyd (2003: 1), from the Intersectoral Aids Programme entitled GPG EAP Strategy, in which they recommend that there was a need for an integrated and measurable Workplace Programme supported by management, which was critical in ensuring employee performance at acceptable production levels.

The challenge facing South African organizations is to move from policy into practice: into exciting, effective, holistic, and appropriate workplace programmes and interventions. Both EAP and HIV and Aids programmes are relatively new in South Africa, and this had resulted in a trial-and-error approach being adopted.

The researcher was of the opinion that EAP and HIV and Aids Programmes are too under-resourced and disjointed to make a lasting impact on the clients they aim to serve.

The vast differences between EAP and HIV and Aids workplace programmes resulted in ineffective programmes and poor service delivery to public servants, which could be interpreted as a waste of taxpayers' money.

1.4. Aim, Purpose and Objectives of Study

1.4.1. Purpose

The purpose of the research was to carry out an exploratory study in order to identify the relationship between EAP and HIV and Aids Workplace Programmes in selected government departments.

1.4.2. Goal

The researcher has conducted exploratory research. This type of research is conducted to gain insight into a situation, phenomenon, community, or individual (Bless & Higson-Smith, 1995 as cited in De Vos, Strydom, Fouché, & Delport, 2002: 109). The need for this type of research could arise from a lack of basic information on a new area of interest, or in order to become acquainted with a situation, so as to formulate a problem or develop a hypothesis.

In order to undertake this study, the researcher has compared the EAPs and the HIV and Aids workplace programmes that were currently being implemented in the Gauteng Provincial Government offices. The goal of the study was to compare the HIV and Aids Workplace Programmes and EAPs that were run in selected government departments in Gauteng.

1.4.3. Objectives

In order to achieve the above goal, the following objectives had been identified:

- To theoretically describe and discuss the EAP and HIV and Aids workplace programmes.
- To review existing policies and programmes in the HIV and Aids Workplace Programmes and EAP as relevant in the different government departments.
- To identify and explore the structures/strategies and action plans of HIV and Aids workplace programmes, as relevant in the various government departments.
- To identify and explore the structures/strategies and action plans of Employee Assistance programmes.
- To determine the level of senior management support for the two programmes.
- To obtain and compare details on the budgets assigned to the mentioned programmes.
- To determine the nature of existing monitoring and evaluation methods with regard to these two programmes.
- To determine the roles and responsibilities of the government officials employed in and responsible for the EAP and HIV and Aids Workplace programmes.

1.5. Research question

The first phase of any research project involves transforming an interesting research idea into a feasible, researchable problem. The statement of the research problem should be a clear and unambiguous statement of the object of study (Mouton, 2001: 48). In this research, the unit of analysis was the actual EAP and HIV and Aids Workplace Programmes, and this was formulated into the following research question:

What was the relationship between EAP and HIV and Aids programmes in the selected government departments in the province of Gauteng?

1.5.1. Sub-questions

- What was the working relationship between the personnel responsible for these programmes?
- To whom do the personnel report?
- How was funding accessed?
- What kind of networking existed between the programmes?
- Were any joint projects conducted?
- What were the monitoring and evaluation methods used in the programmes?

The unit of analysis in this study was the actual programmes viz. EAP and HIV and Aids Workplace Programmes that were being implemented in selected Gauteng government departments.

1.6. Research Approach

The research approach adopted by this study had been **quantitative** in nature. This type of research was defined as research that focuses on measuring and counting facts and the relationships among variables, and that seeks to describe observations through statistical analysis of data. It includes experimental and non-experimental research and descriptive research (research that attempts to describe the characteristics of a sample or population) (www.cirem.org.uk/definitions.html sourced on 2004/01/21).

The data can be collected through structured interviews, experiments, or surveys, and would be reported numerically (www.ied.edu.hk/csnsie/ar/chap1/1_glossary.htm sourced on 2004/01/21). The choice of this approach was supported by the fact that use had been made of a survey and much information could be collected from the population being studied this way. EAP and HIV and Aids programmes are relatively new in this country and very few studies have thus far been undertaken.

Further, the use of a quantitative approach has been both cost- and time-effective, and within the scope of a mini-dissertation. This approach allowed the researcher to achieve the intended goal of the study, which was to compare the HIV and Aids Workplace Programmes and EAPs that were run in selected government departments in Gauteng.

Survey research is one of the most important areas of measurement in applied social research. The broad area of survey research encompasses any measurement procedures that involve asking questions of respondents. A 'survey' can be anything from a short paper-and-pencil feedback form to an intensive one-on-one in-depth interview. In this research, questionnaires will be used as the data-collection instrument.

The twentieth century has been described as the information age. In this type of environment there is such a critical need for information on the part of the government, business, and social institutions that much reliance is placed on surveys (<File://A:/What is a survey .htm>. accessed on 21/04/2004).

1.7. Type of Research

This study had made use of applied research, as it considered a situation in practice. This type of research was aimed at solving specific policy problems, or at helping practitioners accomplish tasks. Applied research has implications for knowledge development (De Vos et al., 2002: 109). Applied research was designed to solve practical problems of the modern world, rather than to acquire knowledge for knowledge's sake. One might say that the goal of the applied scientist is to improve the human condition

(<File://A:\GoogleSearchdefineAPPLIED RESEARCH.htm>

Accessed on 2004/04/21).

A further definition of applied research is any research, which is used to answer a specific question, determine why something failed or succeeded, solve a specific, pragmatic problem, or to gain better understanding.

(<https://www.quirks.com/resources/glossary.asp> Accessed on 2004/04/21)

Thus in this study the above definition was relevant, as the research aimed to get a better understanding of the nature and scope of EAP and HIV and Aids Workplace Programmes in the population of government organizations in Gauteng. Further, it has been able to provide recommendations to make future programmes more effective.

1.8. Research design/research strategy

In this research, the **survey design** had been used within the quantitative approach. Survey design was a method of collecting information by asking a set of pre-formulated questions in a predetermined sequence in a structured questionnaire to a sample of individuals drawn so as to be representative of a defined population.

(www.mori.com/rmu/glossary.html). Accessed on 2004/04/21

This was the sort of research undertaken by this study.

Surveys can be carried out by means of two data-collection instruments: the **questionnaire** and the **interview**. Questionnaires are usually paper-and-pencil instruments that the respondent completes (<file://A:\types of surveys.htm>).

Accessed on 2004/04/21

The questionnaire was the method of data collection used by the researcher. Working from a quantitative frame of reference, the researcher had been able to develop questionnaires with both open-ended and close-ended questions.

Surveys are known to provide an important source of basic scientific knowledge. Economists, psychologists, health professionals, political scientists, and sociologists conduct surveys to study such matters as income and expenditure patterns among households, the roots of ethnic or racial prejudice, and the implications of health problems on people's lives, comparative voting behaviour, and the effects on family life of women working outside the home (<file:///A:/What is a survey.htm> Accessed on 2004/04/21).

Surveys can be classified by their method of data collection, which can be personal one-to-one interviews in a respondent's home or office, which are much more expensive than mail or telephone surveys. However, this type of survey may be necessary, especially when complex information is to be collected. It is possible to further classify surveys by their content. In this study, most of the information collected had been concerned with factual characteristics of the EAP and HIV and Aids programmes with a limited number of questions on opinions and attitudes. Thus the survey can combine questions of both types, viz. open-ended and close-ended.

When constructing the questions, the researcher had made use of a focused literature study to guide the researcher's understanding of the construct at hand, and to determine which questions needed to be covered in the questionnaire construction (De Vos. et al., 2002: 303).

This research had comprised the following:

- Literature study

A literature study was conducted on the relevant subject of study so as to provide a better insight into the research problem and the necessary background to guide the study. Apart from the information obtained from textbooks, other sources had been consulted in order to obtain the information needed for this study. Sources such as journal articles, magazines, and the Internet had been consulted.

1.8.1. Data-collection instrument: Questionnaire

The *New Dictionary of Social Work* (as cited in De Vos et al., 2002: 172) defines a questionnaire as a set of questions on a form that is completed by the respondent in relation to a research project. This study will use both open and close-ended questions. This will provide the research with a set of pre-determined questions that might be used as an appropriate instrument to engage the participant and designate the narrative terrain (Holstein & Gubrium, 1995, as cited in De Vos et al., 2002: 302). This process is suitable, as it will enhance completion of all questions within the questionnaire.

One criticism of this process is that the participant is likely to provide the researcher with the 'official view' that is not really valid (De Vos et al., 2002: 305).

The questionnaire had helped to compare the HIV and Aids Workplace Programme and the EAP.

The questionnaire had consisted of 3 sections:

- **Section 1:** General and demographic information of the government department.
 - **Section 2:** Information on the functioning and the comparison of the HIV and Aids Workplace Programmes and EAPs that were run in selected government departments in Gauteng.
 - **Section 3:** 'Exploration' of specific statements/factors that have an influence on policy, structure and implementation in the workplace.
-
- The researcher had undertaken a literature study on EA Programmes and HIV and Aids Workplace Programmes.
 - From the above theoretical background, a questionnaire had been constructed.
 - A pilot study had been done to investigate the appropriateness of the questionnaire.
 - The questionnaire had been self-administered.
 - The collected data had been analyzed and interpreted in accordance with the goal and objectives of the study.

1.9. Pilot study

According to De Vos et al., (2002: 210) a pilot study forms an integral part of the research process. Its function is the exact formulation of the research problem, and a tentative planning of the modus operandi and range of investigation.

1.9.1. Feasibility of study

“Concern about the spread of HIV and Aids provides an opportunity to re-examine the workplace environment. The HIV and Aids pandemic provides an opportunity to create an atmosphere conducive to caring for and promoting the health of all workers.” (ILO Statement, 2001: 13) This may involve a range of issues and concerns, not only as regards individual behaviour, but also in relation to collective responsibility. Government departments need to re-examine working relationships in a way that promotes human rights and dignity, ensures freedom from discrimination and stigmatization and improves working practices and procedures

Costs

The study had included the following items that required financial resources:

- Printing and photocopying of the questionnaires.
- Analysis of the data.
- Telephone costs to set up appointments for the completion of questionnaires within each separate department.
- Administrative costs such as editing, etc.

• Time

The researcher had taken vacation leave during certain stages of the research, especially at the write-up stage.

• Logistics

The logistics of this study included access to the respondents at their convenience, as some of the respondents had asked to receive and complete the questionnaires during working hours; the researcher had to have determined methods to fit the time for completion of the questionnaire so that it did not disrupt the respondents' work activities.

Permission from authorities

A letter had been drafted by the researcher, which was sent to the various government departments. The researcher had made individual appointments with the relevant authorities to submit the letter and the proposal in order to market the research and obtain their support of the study. The researcher had anticipated some challenges in this area, as government departments could be very bureaucratic at times. The researcher was an employee of one provincial government department and this made the process of establishing links with other government departments through the Gauteng Provincial Government Employee Wellness Programmes (GPG EWP) forum more efficient.

1.9.2. Pilot test of data collection instrument

A pre-test of the questionnaire and field procedures is the only way of finding out if everything ‘works’ – especially if a survey employs new techniques or a new set of questions, because it is rarely possible to foresee all the potential misunderstandings or biasing effects of different questions or procedures ([File://A:\AmericanAssociation for Public Opinion Research \(AAPOR\).htm](File://A:\AmericanAssociation for Public Opinion Research (AAPOR).htm) _Accessed on 2004/04/21).

In this study use has been made of a structured questionnaire; thus the newly constructed questionnaire had to be pilot-tested before utilization in the main investigation. This had ensured that errors of whatever nature could have been rectified immediately at little cost (De Vos et al., 2002: 117).

The researcher had made use two government officials from the Gauteng Department of Health as they were part of the population, but they would not be included in the final survey. These individuals were employed to conduct EAPs and HIV and Aids Workplace Programmes.

1.10. Description of the research population, delimitation of sample & sampling method

1.10.1. The Research Universe

Arkava and Lane, cited in De Vos et al. (2002: 198), note that a universe refers to all potential subjects who possess the attributes in which the researcher is interested. In this study, this would have included all employees responsible for the administration and management of EAPs and HIV and Aids Workplace programmes in the South African public sector.

1.10.2. The Research Population

A population is a term that sets boundaries on the study unit. It refers to individuals in the universe who possess specific characteristics (Arkava and Lane cited in De Vos et al., 2002: 198). This would have comprised all government officials who had undertaken and implemented EAP and HIV and Aids Workplace programmes in the Gauteng provincial government and who were employed by the following departments:

- Gauteng Department of Transport;
- Gauteng Department of Education;
- Gauteng Department of Local Government and Planning;
- Gauteng Department of Public Safety and Liaison;
- Gauteng Office of the Premier;
- Gauteng Department of Agriculture;
- Department of Social Development;
- Department of Community Safety;
- Gauteng Department of Health;
- Gauteng Department of Housing.

1.10.3. Sample

Bless and Higson-Smith (1995: 88) note that a sample is a subset of the population, and must have properties that make it representative of the whole. De Vos adds that a sample is elements of the population that are considered for actual inclusion in the study. A sample is studied in order to understand the population from which it is drawn. When

developing the sample, the researcher needs to consider feasibility, time, access, and cost implications (De Vos.2002 :199)

The researcher had purposively targeted four people per department . According to Singleton, Straits, Straits & McAllister .1988 cited in De Vos.(2002: 207) this type of sample is based entirely on the judgement of the researcher, in that a sample is composed of elements that contain the most characteristic, representative, or typical attributes of the population.

The four people per department would have comprised of :

- an official who was primarily responsible for the EAP;
- a member of the EAP Advisory Committee, i.e. the chairperson;
- an official who was primarily responsible for the HIV and Aids Workplace programme;
- HIV/Aids Workplace committee member in the following government offices, i.e. the chairperson.

The following departments would have been included:

- Gauteng Department of Transport;
- Gauteng Department of Education;
- Gauteng Department of Local Government and Planning;
- Gauteng Department of Public Safety and Liaison;
- Gauteng Office of the Premier;
- Gauteng Department of Agriculture;
- Department of Social Development;
- Department of Community Safety;
- Gauteng Department of Health; and
- Gauteng Department of Housing.

The total sample comprised of 40 respondents from state departments.

1.11. Ethical issues

Ethical concerns in any research are vital, and this was made abundantly clear in the harm done by the Tuskegee Syphilis study of 1932 ([File//A:\Ethical Issues in Research Involving Human Participants\(BM99-3\).htm](File//A:\Ethical Issues in Research Involving Human Participants(BM99-3).htm)) Accessed on 2004/04/21.

This study led to greater emphasis being placed on the bioethics of any study.

The essential principle was that the study should be considered from the standpoint of all participants so that foreseeable threats to their psychological well-being, health, values or dignity should be eliminated (Robson, 1993: 471).

According to Gambrill and Pruger (1997: 3) ethics distinguishes good from bad human conduct, including related actions and values. Thus, ethical guidelines are standards that serve as a basis on which each researcher ought to evaluate his or her own conduct.

This research study would have needed to consider carefully the following areas in which research ethics strictly apply.

1.11.1. Informed Consent

The first ethical aspect that needed to be consideration was *informed consent*. This ensures that while the survey research respondents can be encouraged to participate, they must be informed that their participation is voluntary. The respondents therefore cannot be coerced to participate in the study (Grimm & Wozniak, 1990: 246).

In order for them to have given informed consent, the following factors needed to be considered:

- The subjects would have be given all possible or adequate information on the goal of the investigation, the procedures that would have be followed, the possible advantages, disadvantages, and dangers respondents may be exposed to, as well as the credibility of the researcher.
- Information provided must have been accurate and complete. Subjects must have understood the information.
- Subjects must have been legally and psychologically competent to give consent; they must have been aware that they had the liberty to withdraw from the study at any time.
- Consent must therefore have been voluntary.
- Adequate information included: demands on the subjects' time, activities, and the disclosure of confidential information.

- Subjects must have been allowed to ask questions before the study started and during the investigation.
- Informed consent was necessary even if subjects did not listen to the explanation (De Vos et al., 2002:66)

In order to establish conditions conducive to voluntary consent the researcher had hoped to have created an egalitarian relationship with the respondents and get them to view the study as beneficial to them as well (Nachmias & Nachmias, 1981: 325)

1.11.2. Confidentiality

During a study, a researcher accepted the responsibility to maintain confidentiality. The data supplied by the respondents was of prime concern to the researcher.

The recommended policy to use in order to safeguard confidentiality included:

- using only number codes to link the respondents to a questionnaire, and to store the name to code linkage information separately from the questionnaire;
- refusing to give the names and addresses of survey respondents and in this study the organizations to anyone outside the study;
- omitting the names and addresses of survey respondents from computer files used for analysis;
- Presenting statistical tabulations by broad enough categories so that individual respondents or organizations cannot be singled out (<file:///A:/What is a survey.htm>. Accessed on 2004/04/21).

The American Association for Public Opinion Research recommended that exemplary survey research practice requires the researcher to – literally do – “whatever is possible” to protect the privacy of research participants, and to keep collated data. This ensures confidentiality ([file:///A:/American Association for Public Opinion Research \(AAPOR\) htm](file:///A:/American Association for Public Opinion Research (AAPOR) htm). Accessed on 2004/04/21).

1.11.3. Harm to respondents

Because the nature of the information that would have been obtained was not of a personal nature, the risk of emotional harm to the respondents was limited. Should the

need have arisen for a respondent to be debriefed, such a person would have been individually counselled by the researcher who was a qualified social worker.

1.11.4. Disclose all methods of the survey to permit evaluation and replication

The American Association for Public Opinion Research advises that survey practice requires that survey methods be fully disclosed and reported in sufficient detail to permit replication by another researcher, and that all data be fully documented and be made available for independent examination. One therefore envisages that the University of Pretoria would require the same standard, as this study is in partial fulfilment of a Master's degree from the Social Work and Criminology Department.

1.11.5. Publication of findings

The researcher should ensure that objectivity, integrity, and honesty be used in reporting procedures, which are a follow-up on the prior ethical standard.

Untruthful discussions or inadequate research procedures – including failure to acknowledge shortcomings and inability to generate a large representative sample – are not only misleading, but also unethical (Grimm & Wozniak, 1990: 247).

It was important to note that negative findings and the failure to establish statistically meaningful relationships must be reported as scrupulously as positive and significant outcomes. In the research process, negative results are just as informative and valuable as positive results.

1.11.6. Competence and Professionalism of the Researcher

Professional societies have codes of ethics that are developed to help their members. These codes help the researcher delineate and explicate what is required and what is forbidden. Codes sensitize the researcher to obligations and problem areas where there is agreement about proper ethical practice (Nachmias & Nachmias, 1981: 333). In the research for this study, the researcher would have needed to take cognizance of the ethical codes for both social workers and EAP professionals.

1.11.7. Other

This study had been conducted in government departments, so the researcher would have needed to negotiate reports for various levels of release, as different audiences demand different levels of reports (Robson, 1993: 34).

This study would have only been possible if there was mutual respect and confidence between the researcher and the respondents. The maintenance of good ethical standards during the study had enhanced the cooperation and trust of the respondents.

1.12. *Definition of key concepts*

Aids: This is the acronym for 'acquired immune deficiency syndrome.' Aids is the clinical definition given to the onset of certain life-threatening infections in persons whose immune systems have ceased to function properly as a result of infection by HIV (Code of Good Practice on Key Aspects of HIV/Aids and Employment 2000: 19). Evian (2000: 324) simply defines Aids as the condition that the body has great difficulty in fighting because the immune system is weakened.

HIV: An acronym for 'Human Immunodeficiency Virus.' HIV is a virus that attacks, and may ultimately destroy, the body's natural immune system (Code of Good Practice on Key Aspects of HIV/Aids and Employment 2000: 19).

HIV was discovered to be the cause of Aids in 1983 and is a retrovirus. A retrovirus can undergo an unusual biological process in which the genetic material in the form of a single-stranded RNA can be converted to double-stranded DNA (Evian, 2000: 5).

Workplace Programme: This is an intervention to address a specific issue within the workplace (DPSA, 2002: 4).

The Code of Good Practice on Key Aspects on HIV/Aids and Employment contains guidelines for employers, employees, and trade unions on the management of HIV and Aids in the workplace. According to item 13 of the Code, the effective management of HIV and Aids in the workplace requires an integrated strategy that includes the following elements:

- ≡ An understanding and assessment of the impact of HIV and Aids on the workplace;
- ≡ Long- and short-term measures to deal with and reduce this impact, including:
 - an HIV/Aids policy;
 - a prevention programme;
 - a wellness programme; and
 - management strategies to deal with the direct and indirect costs of HIV and Aids.

(Code of Good Practice on Key Aspects of HIV and Aids and Employment 2000: item 13).

HIV and Aids Workplace programmes: these are workplace-based programmes that aim to:

- Prevent unfair discrimination against employees infected and affected by HIV and Aids.
- Provide clarity on the organization's position on supporting employees who are infected and affected by HIV and Aids.
- Educate and support employees to reduce the rate of infection and to create a conducive working environment.

The workplace programme offers all employees and their families' extensive support to combat HIV and Aids. Information, prevention, voluntary testing, and medical care are among the services the company provides to meet its social and economic responsibilities.

Employee Assistance Programmes

EAP: An acronym for 'Employee Assistance Programmes.' An Employee Assistance Programme is a worksite-based programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, including, but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance (EAPA-SA, 2005: 7).

Another definition: an EAP is "a work-based intervention programme aimed at the early identification and/or resolution of work and personal problems that adversely affect performance. These problems generally include health, marital relationships, family, financial, substance abuse, and emotional concerns" (Burgess, 2001: 12).

EAP is further defined in the draft GDE Policy (2003: 4) as a professionally managed short-term problem-solving and prevention system that utilizes specific core technologies for addressing personal problems that have the potential to impact on, or are impacting on, employee performance and organizational productivity.

Wellness Programme

Van der Merwe (2000: 1) sees well-designed Wellness Programmes as focused on maintaining the balance and harmony of all six levels of human existence: physical body, mind, emotions, soul, social, and occupational (including environmental) aspects. It is no longer acceptable to have diseases treated only symptomatically. The origin of the disease process has to be found by also looking at the soul and emotions – the areas from where most diseases originate. Problems then need a holistic approach to reverse the disease process, to prevent disease and to learn to use disease as a teacher for working through the deeper levels of healing. There are various tools and techniques available to assist the body and mind in returning to a peak metabolic performance level with a return to vitality and health.

GDE Health and Wellness Report (2004: 75)

Mulvihill (2003: 13) defines a wellness programme as “a set of organised activities and systematic interventions, offered through corporations/worksites, managed care organizations, and government/community agencies, whose primary purpose are to ensure health education, identify modifiable health risks, and influence health behaviour changes.” Although this is an American definition, it has some value within the South African context. However, he adds that the primary objectives of an effective wellness programme are to prevent disease, decrease health risks, and contain rising healthcare cost. This can certainly be relevant to the HIV and Aids pandemic in South Africa.

The DPSA Guidelines define a Wellness Programme as a programme designed to promote the physical and mental health and well-being of employees, including components such as counselling, support groups, nutritional supplements, and provision of treatment for opportunistic infections, and provision of anti-retroviral therapy (DPSA, 2002: 4).

1.13. Contents of research report

Chapter 1

This chapter comprised of the research proposal that explained the background and aim of the study within the South African Public sector context. The rationale and the purpose of the study were outlined, terms have been defined, and the structure of the report outlined.

Chapter 2

This chapter had included a comprehensive literature study on the EAP in South Africa. It had covered the historical development of such programmes. The researcher had considered the types of EAP and HIV and Aids Workplace programmes currently being used in South Africa.

Chapter 3

This chapter had included a comprehensive literature study on HIV and Aids Workplace programmes.

Chapter 4

This chapter had focused on the public sector and the impact of HIV and Aids.

Chapter 5

This chapter empirically identified the various programmes and their relationship (if any) to each other. The data-collection procedures that had been used. The results of the findings had been unpacked. Analysis of the data had been undertaken.

Chapter 6

In this chapter conclusions and aspects of the study had been discussed to unpack the comparison between EAP and HIV and Aids Workplace Programmes in the government agencies that were part of the study.

CHAPTER 2.

2.1. *Brief Literature review of EAPs in South Africa*

2.1.1. Introduction

This chapter has reviewed the literature on the employee assistance programmes that were relevant for South Africa, as this programme has been implemented in selected government departments.

2.1.2. History of EAP of South Africa

In South Africa, EAPs developed in two major contexts (Du Plessis, 1990): the Welfare System was the first of these and the management of people the second. The first employee assistance programme in South Africa was introduced by the Chamber of Mines (COM) of South Africa. It was only during the 1980s that the EAPs were implemented in South Africa after the COM employed the services of a consultant to research the feasibility of an externally provided EAP for the mining industry. This study represented a milestone in the development of EAPS and in 1986 the concept was accepted in principle and the first two of seven counselling services were introduced by the COM in the two main mining areas in the country.

Employee assistance programmes thus began to emerge in South Africa in the early 1980s (Maiden, 1992: 2). Maiden (1992: 3) states that employee assistance programmes in South Africa have become the social conscience of the organizations in which they are ensconced in South Africa. The EAP was viewed by employees for the most part as an agent of change in the social conditions of the work environment.

Terblanche, as cited in Maiden (1992: 17), concurs with Maiden that the 1980s were the period of which EAPs developed in South Africa. Terblanche offers a needs-based analysis of the development of EAPs in South Africa.

Terblanche sketches the historical development of the EAP within the industrial context of the Chamber of Mines in South Africa. The analysis indicates that due to undesirable

working conditions at the Chamber of Mines that led to alcohol / drug problems and / or mental illnesses, a social worker was appointed to help the organization deal with such problems.

However, other organizations had already commenced utilizing Social Work services in the early 1960s. Thus, the study that had been commissioned by the COM in 1983 was viewed as a milestone in the historical development of EAPs in South Africa (Terblanche as cited in Maiden, 1992: 19).

A number of issues have put the human factor high on companies' agendas including violence, Aids, political transformation, the changing nature of the workforce, healthcare costs and the call by government for businesses to contribute to the socio-economic development of the country. Many South African companies have been reviewing and considering the role of EAPs in their infrastructure in helping them to improve and maintain employees' health and productivity (Harper, 1999: 1).

Since the 1980s many South African companies have recognized the potential of EAPs to play a role in improving employees' performance by improving their health, mental health and life-management knowledge and skills: others have considered it a form of 'internal social responsibility.' In the evolution of South African EAPs there is still a tendency for organizations to focus the primary function of the EAP on the individual (which includes the family and small group), and to a lesser extent on the organization. In comparison, EAPs internationally are focused equally on the individual and the organization as clients. This enables the EAP to contribute to the core of the business (Harper, 1999: 17).

Owing to the strong international pressure to end apartheid and the period of extensive change in South Africa in recent times, the South African EAP model was developed as a strongly psychosocial model, and was not as clinical as the American model, nor was it so restricted to clinical matters. Occupational matters came to the fore a lot more strongly and matters such as financial difficulties, violence in the home, issues around gender, the high incidence of divorce and other related problems, increased the utilization of the EAP. South African EAPs have to contend to a greater degree than their international counterparts with HIV and Aids (EAP Strategy for Gauteng Provincial Government, 2003/2005: 16).

Today, EAPs look quite different from their predecessors. There has been a definite move away from the EAP dealing mainly with employees with alcohol-abuse problems to encompass a wide variety of conditions associated with the rapidly changing workplace.

This is most clearly seen within the South African context, in which there has been major transformation in both governmental and non-governmental organizations. The introduction of legislation like the Labour Relations Act No 66 (Act No 66 of 1995), the Employment Equity (Act No 55 of 1998) and the Unfair Discrimination (Act No 4 of 2000) has made it necessary for the employer to investigate, diagnose and assist employees with problems not just relating to substance abuse but also poor performance and incapacity. This to some extent contributed to the increased use of EAPs in the workplace, especially in South African government departments. There was a legislative requirement to ensure that good, humanitarian labour practices were put in place.

2.1.3. Rationale for the introduction of EAPs into the public sector

The Gauteng Provincial Government recognized the need to provide a wellness programme for its employees. The requirement for an EAP is contained in the Human Resources White Paper of 2000, where it is indicated that there should be a commitment to a total wellness programme for GPG employees.

This was coupled with the fact that the government has gone through changes over the last few years and as a result change stress has become prevalent in government services. The move towards performance management had also greatly impacted on employees requiring counselling and support for stress-related issues.

Concerns of the current programme

Currently EAPs are fragmented and not implemented consistently across the province. Each department had historically provided its own EAP activities with differing levels of offerings. This has resulted in inconsistent approaches to the provision of EAP services to assist employees with problems both inside and outside the workplace. The skill levels of coordinators has been typically been low, or centrally located in key resource areas within the departments. This had placed a strain on the skilled EAP coordinators to effect service delivery (Nkosi, 2003: 2).

Furthermore, EAPs, while being within the Human Resource Department, were often quite low-ranking and therefore unable to impact strategically within the organization. The biggest challenge was that most GPG EAPs were under capacitated in all departments, and ranged from fragmented to non-existent.

All departments, according to the EAP Strategy for Gauteng Provincial Government 2003-2005, had indicated a need for EAP support as they are unable to meet the requirements they have from staff. Unions and HR practitioners have both expressed a need for an EAP in GPG (Nkosi, 2003: 2).

In response to the mandate of GSSC and the requirements in the province, an EAP unit has been established in the Gauteng Shared Services Centre. The mandate of the area was to create the capacity and the service to co-ordinate the delivery of an EAP service to the province with the primary service being outsourced. Thus the use of a combination model consisting of both an internal and external EAP was to be set up.

In addition, the coordination function was to extend to the HIV and Aids Workplace programmes whereby the Gauteng Department of Health's Aids Directorate would ensure consistent and measurable service delivery with regard to HIV and Aids workplace programmes. The service from the EAP would have focused on and addressed the psycho-social component of HIV and Aids, and the Aids directorate would still address the medico-legal framework of HIV and Aids. Thus the GSSC would have played a role in addressing the co-ordination and the compilation of transversal service offerings for HIV and Aids.

The EAP had three distinct phases that were critical to address in implementation, sequencing and costing (Nkosi, 2003: 2).

The first level: The reactive level

This is the level at which the counselling service is delivered in response to a particular problem or problem identified by the employee. The referral in this instance may be voluntary or may be part of a formal referral.

The second level: The project-based level

This level addresses projects that affected the particular population distribution within the relevant department of the GPG,. An example of this type of programme is substance abuse. At this level, proactive programmes are developed according to the need that is faced by the organization at a particular point in time. Programmes that are developed at this level are often preventative and educational in nature.

The third level: The holistic level

This level is the whole package and addresses the entire wellness of a person within the work community. In other words, it is a holistic programme and activities like massage, holistic health spiritual matters, reorganization of work, exercise programmes and the ergonomics of work station design are included (Nkosi, 2003: 2).

2.1.4. Definition of EAP

The EAPA defines an EAP as a worksite based programme designed to assist in the identification and resolution of productivity problems associated with employees who are impaired by personal concerns. Such problems include, health, marital, family, financial, alcohol, drug, legal, emotional, stress, or personal concerns which may adversely affect employee job performance (Standards for Employee Assistance Programmes in South Africa, 2005: 7).

2.1.5. EAP Models

There are various models that can be used to deliver EAP services and these include the following:

- **Internal:** In this model the EAP professionals are employed by the organization the service is rendered to.
- **External:** Here the EAP Professionals are the employees of an outside service provider that is contracted by the organization to conduct the EAP services.
- **Combination Model:** This model is a combination of the above two in that some EAP duties are performed by internal EAP professionals and other duties are performed by the contracted EAP professionals.

These models are often funded by the employer in South Africa, whereas in other countries EAPs are often funded solely or partially by organized labour. These are called

member-assistance programmes. There are a number of advantages and disadvantages of these models. The internal model tends to address more workplace issues and forge closer relationships with organized labour and line management (Maiden, 1999: 8).

The outsourced model is viewed as having the ability to heighten voluntary utilization because of the perceived increase of confidentiality. It is also considered a more cost-effective approach to human-needs management. Maiden notes that in 1991 most EAPs in South Africa were internal (1999: 8).

Maiden (1999: 8) acknowledges that the combination approach is most probably the ideal one, if the infrastructure is primarily maintained by the organization and the servicing is out-sourced with the option of it being managed. This allows for equal ownership and a healthy balance of power between the EAP vendor and the funder.

2.2. EAP Standards

The South African Chapter of the Employee Assistance Programme Association (EAPA) was established in 1996 and one of the projects the board engaged in was the development of a South African document on standard for Employee Assistance Programmes. The Standards committee of EAPA- SA compiled the first set of standards in October 1999 and then revised them in March 2005 (EAPA-SA, 2005:5). EAPA-SA Chapter is part of a international association and made up of a duly elected Board of members. The South African Chapter has been responsible for the coordination of an annual conference that develops members through training and education.

The following were the standards developed by EAPA-SA in 2005. (No detailed discussion is provided on the different standards of employee assistance programmes, due to the fact that the standards is not the focus of this study. It is however presented here in a concise format – in order to provide the context.)

1. Programme Design

There should be an Advisory Committee at the highest possible level within the organization involving representatives of all segments of the workforce.

Programme design shall be based on an assessment of organizational and employee needs as they relate to EAP utilization. The background information and organizational data to be considered in programme design shall include at least:

- Organizational profile and needs;
- Employee needs;
- Supervisors' and union representatives needs; and
- Health care profile and needs.

There should be an appropriate model for specific employer organizations, reflecting detailed procedures. Pricing of EAPs should be negotiated and agreed upon between the service provider and the employer, after different models had been considered. Models should be transparent and acceptable to all role players involved.

2. Implementation

The policy shall describe the EAP in its entirety.

The policy statement shall provide the guarantees, principles, the rights and responsibilities of the various stakeholders, such as the user, the employee and the provider.

An implementation plan shall outline the actions and schedule needed to establish an operationally effective EAP.

3. Management and Administration

Appropriate number and suitably qualified EAP Professionals shall be available to achieve the stated goals and objectives of the programme.

Every EAP Professional who provided services shall be subjected to on-going consultation and/or case management.

The written policy shall include a statement on confidentiality consistent with all professional standards, ethics, and legal requirements which regulate the management of information.

The EAP shall maintain records.

All EAP professionals shall have adequate professional liability insurance.

EAP professionals shall register and maintain their registration with their respective statutory and /or professional councils and shall adhere to codes of practise of such bodies.

4. Direct Services

The EAP will offer trauma defusing and trauma debriefing services for employees, family members, and the organization in extreme situations.

The EAP will offer responsive intervention services for employees, family members, and the organization in crisis situations.

EAP professionals, or an assessment, will:

- Conduct an assessment to identify employee and/or family member problems;
- Develop a plan of action; and
- Recommend or refer the individual(s) to an appropriate resource of intervention.

EAP professionals will determine when it may be appropriate to provide short-term intervention services' and when to make a referral to community resources.

The process of referral will be reviewed and monitored to ensure progress.

The EAP will ensure that follow-up and aftercare services are provided to EAP clients, supervisors, and union representatives.

The EAP professional will consult with the organization when development and events, such as retrenchments or mergers, impact on employee well-being and fall within the EAP professional's area of expertise.

The EAP will provide training for supervisors, union representatives in order to give them an understanding of the EAP.

EAP professionals will ensure the availability and use of promotional material and educational activities which encourage the use of programme by supervisors, managers, union representatives, peers, employees and family members.

5. Networking

The EAP being an integral part of the organization, should network with the various internal departments.

The EAP, shall identify utilize, and evaluate healthcare delivery systems and community resources which provide quality assistance at an affordable cost for the organization, employees and family members.

EAP professional shall maintain and upgrade their knowledge by belonging to an organization specifically designed for EAP professionals, attending training and/or

professional development programmes, and maintaining regular ongoing contact with other EAP professionals.

EAP professionals shall be informed and network with external bodies that impact on EAP activities.

6. Evaluation

EAP professionals shall evaluate the appropriateness, cost effectiveness, and efficiency of EAP operational activities (EAPA-SA.2005:11-29).

2.3. Conclusion

EAP has developed recently in Gauteng Government Departments. Thus when trying to understand the dynamics of the programme it was important to determine how the programme evolved over time, what the current offerings of the programme are, which model was used, the level of services and the resources (both financial and human) allocated.

2.4. Literature Review and Study of HIV and AIDS

2.4.1. Introduction

HIV refers to the Human Immunodeficiency Virus and Aids refers to the Acquired Immune Deficiency Syndrome, while Workplace Programmes was defined as an intervention to address a specific issue within the workplace – for example, providing staff access to voluntary HIV counselling and testing. DPSA Managing HIV/AIDS in the Workplace: A Guide for Government Departments, July 2002: 10). Workplace programmes need also to look at methods of ensuring that the workplace becomes an environment whereby employees feel comfortable to disclose and feel supported and cared for.

2.4.2. History of HIV in SA: The Phenomenon and its Prevalence

The acquired immune-deficiency syndrome (Aids) is a relatively new and unique disease. It was described in America, in 1981, after a number of men developed a rare pneumonia caused by a parasite called *Pneumocystis carinii*. In September 1981, scientists discovered the human immunodeficiency virus (HIV) to be the cause of this new disease, called Aids (Evain, 2000: 3).

It was estimated that in 2004 there were 39,4 million people worldwide living with HIV. Of these, 17,6 million were women whilst 2,2 million were children. Almost 12% (4,9 million) of these become newly infected in 2004. AIDS deaths were estimated at 3, 1 million (UNAIDS, 2004 as cited in Department of Health, 2005:1))

In South Africa, a survey is conducted annually to establish the prevalence of HIV infection amongst pregnant women attending antenatal clinics. The National HIV and Sero-prevalence Survey in South Africa 2004 (published in 2005) and the Nelson Mandela/HSRC Study of HIV/Aids (2002) together provide a clear picture of the South African epidemic. Based on its sample of more than 16,000 women attending antenatal clinics across all nine provinces, the South African Department of Health Study estimates that 29,5% of pregnant women were living with HIV in 2004. The provinces which recorded the highest HIV rates were KwaZulu-Natal and Gauteng. Based on the two studies, its is

estimated that 6.29 million South Africans were HIV positive at the end of 2004, including 3,3 million women and 104,863 babies. The 2003 study estimated prevalence to be 27,9% – thus there has been an increase. The highest rates of increase between 2003 and 2004 are observed among women aged 24-34. This age group (24-34) is also associated with higher fertility and the time when the majority of women begin to have children (Department of Health, 2005: 17). This study goes to show that HIV is still a problem of public health importance and warrants the continued efforts and resources of government, business and civil society (Department of Health, 2005: 17). Further, HIV and Aids pose a major threat to development as most infections occur in young economically active adults within the 24-34 age cohort (Aid for AIDS (Pty)Ltd, 2002: 1).

2.4.3. Workplace Programmes

The Aids epidemic requires a unified effort in which each partner contributes according to its role and strengths, on the basis of both strategy and plans. The Gauteng Department of Health has a Multi-sectoral Aids Unit that brings together the efforts of all government departments and civil society in a joint programme.

The mission of an effective multi-sectoral Aids Strategy is to reduce new HIV infections, increase the length of productive life for those infected with HIV and support children and families affected by Aids so that they can live normal lives and reduce the impact of Aids on society.

One way of achieving this mission is through the implementation of effective workplace programmes through coordinated action across business, labour, government and communities with effective leadership and comprehensive monitoring of progress. To show real commitment to this programme the Gauteng Provincial Government had increased the dedicated Aids budget (the provincial grant on Aids) from R200 million in 2004-2005 to R250 million in 2005-2006 (Gauteng AIDS Plan 2005-2006 by the Multi-sectoral AIDS Unit ; 2-3).

2.4.4. The Impact of HIV and Aids on the Workplace

In workplaces where there are employees infected by HIV the impact would be felt in the following areas:

- **Morbidity and Absenteeism**

As infected workers become ill they will take additional sick leave. This will disrupt the operation of the institution for which they work. The disruption will be amplified when the more qualified and experienced employees are absent. Increases in deaths will lead to increased absenteeism, as employees attend funerals for family members and colleagues. Owing to their socially defined role as caregivers, women employees will have to care for sick children and partners, which may involve time off from work.

- **Mortality or Retirement**

The impact of the death or retirement of an infected employee is similar to morbidity, although the problems are permanent. The loss of an employee requires that an appropriate replacement be appointed and trained. For highly qualified staff this is often difficult, particularly in developing economies with skills shortages. Training and recruitment are costly and disrupt operations.

- **Staff Morale**

The epidemic has a negative impact on morale in the workplace. There is fear of infection and death, which may lead to increased suspicion of others as well as resistance to shouldering the additional responsibilities for colleagues who are off sick, away from work or newly recruited and not yet fully functional.

- **Benefits**

Employees and employees will feel the impact as the costs of employee benefits increase.

- **Demand for services**

Demand for services, particularly health and welfare services, is likely to increase dramatically. This will have major implications for departments that provide these services and even more so if they already face capacity constraints or are short-staffed (DPSA Managing HIV/AIDS in the Workplace: A Guide for Government Departments, July 2002: 15).

2.4.5. Developing a Workplace Programme

The International Labour Organization (ILO) Code of Practise on HIV /AIDS and the world of Work (2001) recommends taking the following steps to develop a workplace programme:

- Set up an HIV and Aids committee to include representatives from top through middle management, including human resources, training, health and safety departments, as well as labour unions and workers themselves.
- Decide on terms of reference and allocating decision-making and responsibilities.
- Review national laws and direct implications for the company or organization.
- Access the specific impact of the pandemic and the needs of those infected and affected.
- Establish what health and information services are already available, both in the workplace and the local community.
- Formulate a draft policy that is circulated for comment, revised and then adapted.
- Allocate a budget, seek outside funding if necessary and identify existing resources in the local community.
- Establish a plan of action with a timetable and lines of responsibility to implement the policy.
- Disseminate policy and plan of action to employees.
- Monitor the impact of the policy.
- Review the policy.

As best practices, the code further suggests committed leadership, education and multi-sectoral approaches in partnership with civil society, including people living with Aids (Cilliers, 2001: 56).

2.4.6. The Status of Public Service Responses to HIV and Aids

A survey of current HIV and Aids responses by national and provincial departments identified challenges in the following areas (Managing HIV AND AIDS in the Workplace: A Guide for Government Departments, 2002: 17):

- **Policies**

Those departments with developed HIV and Aids policies endorsed the principle of non-discrimination on the basis of HIV status; however, most policies lacked guidelines on key strategies and implementation plans.

- **Prevention**

Many departments have prevention programmes in place such as awareness and active condom-distribution campaigns. Only some departments have integrated HIV and Aids prevention into existing programmes and none of the departments has formally evaluated its prevention programmes.

- **Testing, confidentiality and disclosure**

Some departments reported voluntary disclosure of HIV status by certain employees. Voluntary counselling and testing (VCT) services, however, are not widely utilized.

- **EAP**

Employee Assistance Programmes are available in most departments and many HIV and Aids responses have been integrated into or linked to departmental EAPs.

- **Leadership**

Leadership, commitment and support from top and middle management are varied.

- **Universal infection control**

The availability of protective equipment for universal infection control (e.g. gloves) is mostly unknown.

- **Budgets**

Dedicated budgets for HIV and Aids generally do not exist, but awareness materials are mainly sourced through the Department of Health.

In summary, it is clear that the response to HIV and Aids varies from department to department and that co-ordination, monitoring and evaluation are inadequate.

2.4.7. Aspects of Health Promotion and Wellness

O'Donnell (1986:4) defined health promotion as “the science and art of helping people change their lifestyle to move toward a state of optimal health” . Optimal health is seen to include more than physical well-being. It also requires a balance of emotional, spiritual, social and intellectual health (Wilson, 1989: 9). In order to obtain a level of wellness, an

individual must live in a healthy manner. Wilson has found that educating large numbers of people about new concepts and practices is more difficult once individuals finish formal schooling. Thus a more logical place to deliver health promotion knowledge and service is at the worksite. The two main benefits of worksite health promotion are health-care cost containment and improved productivity (Wilson, 1989: 10). Other benefits that are similar to wellness programmes are: improved corporate image, improved employee satisfaction, decreased absenteeism, decreased employee turnover, improved employee morale, improved recruitment incentives, and decreased job-related accidents and injuries. Thus one notes that the expected outcomes of employee assistance programmes and health promotion programmes are similar in nature.

Wellness Programmes can be seen to improve morale, job satisfaction and retention by making a company an employer of choice (Kapp, 2003: 40). An EAP, most typically, represents a 'treatment' model; however, a recent trend worldwide is the linking of EA programmes to health and well-being issues. This is especially prevalent in the face of the HIV and Aids pandemic. The big mining houses like De Beers and Anglo have introduced wellness programmes that include voluntary testing and counselling and treatment to their employees and families that are both infected and affected by the HI virus. Thus the EAPs in South Africa have an important role to play in HIV and Aids support, education and care – and illiteracy is another big concern.

This move to wellness is led by a shift in perception from 'sick care' to 'well care'. As Faith Popcorn said in 'The Popcorn Report' written 15 years ago (as cited in Van der Merwe, 2000): "Wellness programmes are becoming increasingly recognised as crucial to the future of corporations, not only because of runaway health-care costs, but also because of employee entitlement. Medical knowledge and alternatives will cross cultures in a way we have never seen before".

The First National Wellness Conference in SA was held at the University of Port Elizabeth from 2-5 May 2000 and it was a resounding success. For the first time in South Africa's history, like-minded wellness professionals got together with their American counterparts to share ideas and concepts on the move to wellness (Van der Merwe, 2000).

According to Van der Merwe (2002), wellness is a pro-active, dynamic process whereby the individual and the group become aware of the choices they have and then take the decision to make the right choices towards a life of well-being and quality. To decide on a wellness lifestyle requires one to become actively involved in one's own health and well-being (Van der Merwe, 2000). By gaining more knowledge and insight into one's well-being, one is empowered to make the right choices to lead a healthier and more fulfilling life. It shifts the responsibility to the individual to consciously becoming involved in his or her own health and happiness. It is a lifelong discipline that, with the help, facilitation and support of wellness professionals, will restore individual, family and community health in the long run (Van der Merwe, 2000 as quoted in the GDE Health and Wellness Report. June 2004:75).

To businesses, big or small, the wellness of the people working there will make all the difference to the bottom-line profit margin. Van der Merwe (2000) sees well-designed Wellness Programmes as being focused on maintaining the balance and harmony of all six levels of human existence: physical body, mind, emotions, soul, social and occupational (including environmental) aspects. It is no longer acceptable to have diseases treated only symptomatically. The origin of the disease process has to be found by also looking at the soul and emotions – the areas where most diseases originate. What is then required is a holistic approach to reverse the disease process, to prevent disease and to learn to use disease as a teacher for working through the deeper levels of healing. There are various tools and techniques available to assist the body and mind in returning to peak metabolic performance level with a return to vitality and health (Van der Merwe, 2000).

Research has proven that Wellness Programmes have been implemented with great success in the US and in European countries. There is a dire need for these programmes in South Africa to contain rising health-care costs, stress-related diseases and to increase productivity, vitality and creativity. Wellness programmes would include features such as stress management tools and techniques; life-skills development; living with vitality, passion and purpose; health education concerning nutrition; appropriate use of supplements; HIV and Aids in the workplace; smoking cessation; antenatal care; exercise programmes; weight-reduction programmes; heart health; and complementary health-care advice (GDE: Health and Wellness Report: Literature Review, 2004: 68).

Statistics from companies implementing Wellness Programmes, published in American Business Publishing (Van der Merwe, 2000), showed that the programmes that have the greatest impact on reducing health-care costs, and therefore those that were the most popular are the following:

- Health screenings (38%)
- Stress management (24%)
- Nutrition (24%)
- High blood pressure control (20%)

Nevertheless, some confusion still exists regarding what a Wellness Programme comprises. As Mulvihill (2003: 1) notes, many people have what he calls the ‘brown bag’ of wellness – meaning they see it as a series of ‘warm and fuzzy’ activities like lunch and learn meetings, health fairs and so on. He notes that a more current definition of wellness, health promotion and disease prevention is the following:

“Wellness is set of organized activities and systematic interventions, offered through corporations/worksites, managed care organizations, and government/community agencies, whose primary purposes are to provide health education, identify modifiable health risks and influence health behavior changes.”

<http://0infotract.galegroup.com.innopac.up.ac.za/itw/infomark/988/723/57689778wi/r..>

Access 2005/02/08

This definition is too focused on health, however: it needs to relate to the whole individual operating in various systems including the work system. Thus, a more holistic definition would be to define health as the World Health Organization does, viz.: “a state of complete physical, social and mental health; and not merely the absence of diseases or infirmity.”

Wellness Programmes and Return on Investment

A review of worldwide wellness studies by Shephard found that workplace wellness programmes have a return on investment of between \$1.95 to \$3.75 per employee, per dollar spent (Dyck, 1999: 2).

Human Resources can play a role in reinforcing the idea that workplace wellness is a management issue – one that has cost drivers and expected outcomes. For a workplace wellness programme to be effective it must:

- Have buy-in from all stakeholders;
- Be proactive in its approach;
- Meet stakeholders' needs;
- Be aligned with business strategy ;
- Add value to the organization and employees in terms of effectiveness, efficiency, productivity and profitability.

Dyck (1999: 4) notes that when companies go for the whole wellness programme, the pay-off can be significant.

Yandrick (1996) has identified nine behavioral risks if one does not develop programmes that address wellness issues in an organization:

1. Problems due to high risks
2. Work-life imbalances
3. Employee negligence or indifference
4. Job-related violence
5. Disgruntlement
6. Sabotage and theft
7. Racial and gender disharmony
8. Alcohol and drug abuse
9. Malingering on disability or workman's compensation.

Source EWP Towards Integration by M Borchers: 2003 (PowerPoint Slides)

The following provides a short outline of the three programmes.

Table 1: Comparison of the EAP , HIV and Aids Workplace Programmes and Wellness Programmes

EAP	HIV and Aids Workplace Programmes	Wellness Programmes
<p>Short-term professional intervention that aims at problem resolution to improve, enhance or maintain optimal levels of productivity.</p>	<p>These deal with health promotion that seeks to address diseases of lifestyle. The aim is to encourage behaviour change that results in improved physical and mental health. Examples include smoking cessation, weight reduction, HIV and Aids care support and treatment interventions. At times programmes can include family members such as VCT for partners. In this programme there is an aspect of medical management.</p>	<p>An all-encompassing group of programmes that address employee well-being. These programmes consider the biopsychosocial, and look at the individual within the system of his work and home environment.</p> <p>Well-being is enhanced by addressing emotional, practical and physical wellness problems as well as building optimal well-being in all these areas.</p> <p>“Wellness is a fountainhead of endless possibilities, a positive, pro-active drive into a better future for all, ensuring employee wellbeing will make all the difference to the bottom line profit margin. Wellness is a sound business strategy supporting business objectives and increasing productivity and creativity by liberating the best in people ensuring their health, happiness and growth” (Dr Adien van der Merwe, HR Future: 2005 : 21).</p>
<p>Worksite-based and offsite if use is made of external, outsourced service provider.</p>	<p>Worksite-based.</p>	<p>Worksite-based and offsite if use is made of external, outsourced service provider.</p>
<p>Systems perspective is used.</p>	<p>Systems perspective is used.</p>	<p>Systems perspective is used.</p>
<p>All programmes look at enhanced productivity of the individual and should have positive effect on organizational functioning.</p>	<p>These programmes aim to prevent new infections and support people infected and affected by HIV and Aids.</p>	<p>The programmes adopt a holistic approach to general well-being and care of employees and their families.</p>

The above table shows some of the similarities and differences between EAP, HIV and Aids Workplace Programmes and wellness programmes. Some of the things these programmes have in common are the following:

- All these programmes must have a strong sense of a prevention-orientated mission at the top and bottom of the organization.
- All programmes focus on enhancement of the employee within a systems model.
- As all these programmes are implemented at the worksite, they also have the common thread of enhancement of employee well-being and productivity.

According to Harper, EAP and Wellness are moving from being hands-off and outsourced to being company-owned with certain deliverables purposefully out-tasked to providers who are then strategically interfaced as business partners. EAP encompasses quality assurance and evaluation requirements (Harper, 2005: 7&8).

2.4.8. Conclusion

In this chapter the researcher undertook to trace the historical roots of HIV and Aids as a disease in South Africa and internationally. The role of workplace programmes within the Public Service was cited as method to raise awareness to prevent new infections and change behavior. This would result in the additional benefit of ensuring that employees that are infected and affected are not discriminated in the workplace.

In the Public Sector various factors like policy, prevention programmes, voluntary counselling and testing, EAP, leadership buy-in and budgets all contribute to making HIV and Aids Workplace Programmes efficient and effective. This programme helps ensure that infected employees are assisted to stay healthy and remain productive.

The chapter demonstrates the value of Wellness Programmes which supports the need to move away from sick care to well care and in this way employees both infected and affected by HIV and Aids are less stigmatised. Wellness Programmes that integrate EAP and HIV and Aids Workplace Programmes is an important goal for the Public Sector to strive for.

CHAPTER 3.

3.1. *The Public Sector and the Influence of HIV and Aids*

3.1.1. Background

The Department of Public Service has been an important role-player in the development of policy-making support to the Minister of Public Service and Administration. Some of documents produced by this department were the White Papers on the Transformation of Public Service, the Transformation of Service Delivery (the “Batho Pele” policy), Affirmative Action in the Public Service, Human Resource Management and Public Service Training and Education. These policy processes culminated in the promulgation of the new Public Service Regulations (DPSA Medium-Term Strategic Plan, 2004-2007: 1).

A Public Service HIV and Aids Indaba was held at the Birchwood Conference Centre between 10-13 October 2004, where the following background information was provided. In January 2000, the Minister for Public Service and Administration, Minister Fraser-Moleketi, launched the Public Service Workplace HIV and Aids Programme. Furthermore, the Public Service Regulations (PSR), 2001 were amended to include minimum standards for managing HIV and Aids in the public service workplace. In this way the Public Service Workplace HIV And Aids Programme gave recognition to the rights of person both infected and affected by HIV and Aids as well as the roles and responsibilities of the employer in managing such persons in the public service.

The Public Service Workplace HIV and Aids Programme was also initiated in recognition of the potential impact the HIV and Aids epidemic could have on the ability of the public sector to continue rendering services if not managed appropriately. It was also initiated in response to calls from the International Labour Organization (ILO), the SADC region, as well as the Department of Labour for employers to develop and implement workplace programmes to mitigate the impact of the epidemic. The public service framework is thus in line with the Codes of Good Practice developed by these agencies.

The amended Public Service Regulations make it mandatory for all Heads of Departments (HODs) to ensure that their departments develop and implement HIV and Aids

programmes that include all the minimum standards outlined in the PSR. As a result, all government departments have initiated department-specific workplace programmes.

3.1.2. Progress Achieved in Government Departments Regarding HIV and AIDS Workplace Programmes

Some of the significant milestones achieved in the development of HIV and Aids Workplace Programmes by South African government departments are listed below:

- The development of the Public Service Policy Framework, which guides departments on the minimum requirements for the effective management of HIV and Aids in the workplace, and the ensuing amendment of the Public Service Regulations (2001) to provide for the proper management of HIV and Aids in the public service working environment.
- The development of a workplace manual entitled “Managing HIV and AIDS in the Workplace: A Guide for Government.”
- The development of improved employee benefits, which include funeral benefits, orphans’ pensions, restructuring of the spouse pension, and extension of the definition of ‘spouse’.
- The third and fourth indabas concentrated on the acceleration of Workplace Programmes and broadening the previous specific focus on HIV and Aids to embrace a more comprehensive health and wellness approach within the public service workplace. This holistic focus was seen as important for reducing the stigma attached to HIV and Aids Workplace Programmes.
- Currently, there is a need to consolidate the Employee Health and Wellness Programmes.

3.1.3. The Gauteng Provincial Government HIV and Aids Workplace Programmes and their Synergies with the Principles of Batho Pele

The Gauteng Provincial Government stresses the principles of Batho Pele and this reaffirms the government’s character as a people-centered government that seeks to achieve a developmental state. Thus, the public service has to provide programmes, systems and processes aimed at taking care of the very people that it claims to be addressing in terms of the notion of Batho Pele. It is noted, furthermore, that the Public

Service requires a critical mass of public servants both in terms of numbers and quality in order to deliver services. This poses huge challenges for a holistic, all-encompassing Batho Pele programme that focuses not only on the external public but also internally on the well-being of the public servants themselves (DPSA, 2004: 15).

It is important to note that in Gauteng most of the internal government departments' HIV and Aids Workplace Programmes are funded either partially or completely by the Multi-Sectoral Aids Unit that is currently housed within the Gauteng Health Department.

This has helped in the growth and expansion of these programmes.

3.1.4. Implementing Employee Assistance / Wellness Programmes in the South African Government Sector

At a workshop in July 2003, the Mangaung Local Municipality (MLM) launched its proposed Wellness Programme. Approximately 250 delegates, consisting mostly of senior and middle management, union representatives, guest speakers and others, attended the launch.

At this launch, Karen Simpson (2003) advocated a holistic 'gestalt' approach to create an EWP through:

- Designing and implementing a sustainable strategy
- Defining the scope of the programme so that unrealistic expectations are not created and to ensure that one focuses on priorities
- Seamless integration of health-related services to enhance the effectiveness of all workplace programmes that share common objectives
- De-stigmatization and normalization of HIV and Aids by incorporating it into a wellness programme.

Simpson envisaged the goal of the Wellness Programme as encouraging employees to make certain lifestyle changes (better nutrition, regular exercise, abstaining from smoking and substance abuse, etc), to improve their own health and wellness but also to help them deal with social, financial, stress and work-related problems and issues.

She pointed out that community resilience will be enhanced through the roll-out of self-help programmes in the areas of financial skills, HIV and Aids programmes, emotional intelligence programmes, nutritional assistance and general guidance programmes.

In his presentation at the official launch of Wellness in the Mangaung Local Municipality in 2003, Dr Malaka, president of Municipal Practitioners (IMPSA) and renowned industrial psychologist, stated that in implementing and EAP/EWP the following goals need to be kept in mind:

- Ensuring that all relevant role-players in the company contribute to the effective design and operation of the EAP/EWP through the establishment of an advisory committee.
- Ensuring that the services rendered by the EAP are based on the needs of employees and the company as it stands now and that provision is made for changing needs as transformation progresses.
- Identifying, evaluating and utilizing external resources, including community organizations.
- Developing clear guidelines on organization consultation.
- Developing a service-delivery model.
- Developing the required policies and procedures to give effect to the service-delivery model.
- Developing a comprehensive implementation plan.

The challenge in applying scientific models of wellness lies in the fact that people define wellness subjectively according to their personal health-belief system. The threshold between being healthy and unhealthy could simplistically be identified as the state of not being sick and this in itself is subjective.

In a paper entitled “Employee Health and Benefits Programme, Department of Public Works, Limpopo” (DPSA, 2005: 15) Bell, who is from the Department of Public Works in Limpopo noted that their Employee Wellness Programme includes the Employee Assistance Programme (EAP), the Safety, Health, Environment, Risk and Quality Programme (SHERO), and the HIV and Aids Programme. Before this programme was put in place, there were some stand-alone projects but they had no home in the organization

and they worked off ad hoc budgets. A need was recognized to integrate these activities, prevent overlapping and provide a one-stop service to staff (DPSA, 2005: 15).

The distinct advantage of an integrated programme is being able to offer a one-stop service; preventing duplication of efforts; improving the use of resources; and avoiding confusion or frustration at not knowing where to go for different needs.

The concluding statement made by Bell (as cited in Public Service HIV and Aids Indaba IV, 2004:20) was that “there are numerous challenges of integrating wellness and benefits and there is also confusion of roles. However, they have realized the importance of management buy-in, and the need for professionally trained people” (Public Service HIV and Aids Indaba IV, 2004: 20).

Thus it can be seen that various government departments have adopted different approaches to implementing wellness programmes, EAPs and HIV and Aids Programmes.

3.1.5. GPG Departments that were to be Part of the Study

The following are the Gauteng Government Departments that had been part of this research were:

- Gauteng Department of Transport and Public Works
- Gauteng Department of Education
- Gauteng Department of Local Government and Planning
- Gauteng Department of Health
- Gauteng Office of the Premier
- Gauteng Department of Agriculture
- Gauteng Department of Social Development
- Gauteng Department of Community Safety
- Gauteng Department of Housing
- Gauteng Shared Services Centre

Departments that were not included were:

- Gauteng Department of Finance
- Gauteng Department of Sport and Recreation

These departments were not part of the GPG Forum when this research was undertaken. However, at the point of sending out questionnaires the researcher sent a questionnaire to the Department of Sport and Recreation. In total there were twelve government departments. One department did not return the questionnaire sent to them. Thus the study comprised nine government departments.

3.1.6. Gauteng Department of Education

The vision of this department is “a smart service delivery of quality public education, which promotes a dynamic citizenship for socio-economic growth and development in Gauteng and South Africa.” It aims to be at the cutting edge of curriculum delivery and provide access to quality lifelong learning opportunities (Gauteng Department of Education Health and Wellness Consolidated Report, 2004: 1).

The Department of Education had an employee population of approximately 60 000 persons who were spread over a vast geographical area. Currently all employees have access to an outsourced EAP service that includes both telephonic and face-to-face counselling.

A Knowledge, Attitudes, Perceptions and Behaviours (KAPB) survey undertaken in 2003 found the following for the Gauteng Department of Education:

- Sexual debut: 19.2 years
- Use of a condoms with regular partners: 42.6%
- 11.3 % of females and 9.8% of males knew of a colleague who was infected with HIV.
- Knowledge about HIV was good as most participants were able to give the correct answers on some knowledge-related questions. There was a low perception of risk to self: 57.3% of the participants from the GDE said they had no or low risk – most indicated that they felt that they were not at risk because they trusted their partners.
- In 4.4% of cases in education participants mentioned the workplace as a source of information and education.

From the KAPB survey done in 2003, it would seem that the participants do not engage in a lot of high-risk behaviour and that knowledge about transmission of HIV and Aids was high. Attitudes (e.g. stigmatization) were lower than expected and tolerance and compassion towards HIV-infected individuals much higher.

The Gauteng Department of Education has the largest number of employees of any state department in the Gauteng province.

3.1.7. The Gauteng Department of Transport

The Gauteng Department of Transport employs about 2 000 personnel and all these employees have access to the outsourced EAP service. Other services offered include having an on-site person living with Aids in order to provide support to employees both infected and affected by HIV and Aids. In the financial year 2005/7 this department trained 18 peer educators. The department has a dedicated HIV and Aids Workplace coordinator who ensures that regular education and awareness programmes are conducted. The department recently ran a successful Voluntary and Counselling Testing campaign (VCT).

3.1.8. The Gauteng Department of Local Government

The Gauteng Department of Local Government's vision is "To ensure that the Gauteng Province comprises viable local government and sustainable communities." The mission of this department is to:

- monitor and support developmental local government.
- promote integrated service delivery; and
- enable Gauteng to become a globally competitive province.

The Department of Local Government has five main roles:

1. To monitor the development and performance of local government.
2. Support local government by backing up where its capacity proves insufficient.
3. Promote capacity in a more systematic manner, to ensure that local government is increasingly able to manage its own affairs.

4. Regulate how municipalities exercise their authority.
5. Intervene where local government consistently fails to adequately perform its designated functions.

(<http://www.dlg.gpg.gov.za/htm/AboutUS.htm>; accessed 2006/04/26)

As regards EAP and HIV and Aids Workplace Programmes, this department has employed a person to manage EAP and HIV and Aids/EEA/Disability and Gender Equality. Some of the programmes run in the 2005/2006 financial year included:

- A Wellness Week: objective: prevention of new infection STI and HIV and Aids – about 200 employees participated.
- World Aids Day; policy awareness; fight against discrimination and stigmatization; ARV treatment.

At present all employees in this department have access to the EAP service, and it has an 11% annual utilization rate.

3.1.9. The Gauteng Department of Health

The Gauteng Department of Health was the one of the few government departments to give its Employee Wellness Programme a directorate status. This programme was created in 2004. The Gauteng Health department is the second-largest department in the province, with about 43 000 employees.

In this department there are three components that fall under Employee Wellness viz. EAP, Occupational Health and Safety (OHS) and HIV and Aids Workplace Programmes.

Some of the Departmental Strategic Objectives are:

- Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychosocial factors.
- Effective implementation of the comprehensive HIV and Aids strategy.
- Strengthen the district health system and provide caring, responsive and quality health services at all levels.
- Implement the people's contract through effective leadership and governance.
- Become a leader in human resource development and management for health.
- Operate smarter and invest in health technology, communication and management information system

(MEC's Quarterly Review. Author unknown, 23/01/2006:1 (PowerPoint slides))

3.1.10. Gauteng Department of Social Development

The vision statement of this department is: "A transformed Gauteng Social Services, which facilitates the protection, development and empowerment of human capacity and self reliance, contributing to a caring and enabling socio-economic environment."

The mission statement reads: "to deliver a people centered developmental social services with all partners to enhance the quality of life of the poor and vulnerable citizens of Gauteng."

The department obtains its mandate from the White Paper for Social Development (1997). One of its many roles is to plan, implement, coordinate and monitor the delivery of developmental social welfare services, to implement and monitor programmes in accordance with national norms and standards.

(<http://www.socdev.gpg.za/overview.htm> ; accessed on 22 May 2007)

This department employs an internal coordinator and makes use of the external, outsourced EAP service.

3.1.11. Gauteng Department of Community Safety

This department derives its mandate from various policies and legislation and is responsible for:

- Enforcement of traffic legislation
- Monitoring and evaluation of law enforcement agencies.
- Promoting good community–police relations
- Public awareness and education

The vision is to ensure that Gauteng is a safe and secure province.

The mission is to improve public safety in the province specifically through:

- Monitoring and evaluation of the effectiveness and efficiency of policing agencies.

- Effective implementation and promotion of appropriate social crime-prevention initiatives.
- Providing excellent traffic management services.
- Coordination of efforts and programmes in the criminal justice system.
- Educating and empowering citizens on issues of public safety and coordinating community initiatives.
- Improving and strengthening relations between communities and law enforcement agencies.

(<http://www.gautsafety.gpg.gov.za/DepartmentalOverview.asp>; accessed on 22 May 2007)

3.1.12. Gauteng Shared Services Centre

The Gauteng Shared Services Centre (GSSC) was promulgated as the 12th department of the Gauteng Provincial Government. Its vision is to be a world-class internal support service unit driven by efficiency and focused on quality service.

(<http://www.mbendi.co.za/org/dmqi.htm>; accessed on 21 May, 2007)

The GSSC provides internal support to the 11 GPG Departments in the area of finance, human resources, procurement and technology and support services.

The mission statement of this department is to deliver a world-class reference site with the best practices and systems that provide enterprise-wide support services to the public sector.

(<http://www.gssc.gpg.za/brandstatement.htm>; accessed on 22 May 2007)

This department plays a coordinating role with regard to EAP and HIV and Aids Workplace Programmes. The department employs account managers who service the various departments and a person responsible for the coordination of the internal employee wellness programme. The GSSC was instrumental in securing the tender to procure the external EAP services from a company called Independent Counselling and Advisory Services (ICAS).

3.1.13. Gauteng Department of Housing

The vision of this department is “A province, where all households inhabit affordable and quality homes in vibrant and sustainable communities.

The mission is to maximize the impact of public, private and community resources in targeted precincts toward the delivery of quality services, tenure, housing and integrated sustainable communities in partnership with municipalities and other stakeholders.”

(<http://www.housing.gpg.gov.za/aboutus.htm> ; accessed on 22 May 2007)

This department employs one full-time coordinator to manage both the EAP and HIV and Aids Workplace Programme.

3.1.14. The Office of the Premier

The vision of this department is “To serve as a political nerve centre to ensure government excels in fulfilling its mandate.” The mission is to be innovative, responsive and dynamic in providing strategic support to the Premier and Executive Council.

(<http://www.gpg.gov.za/departments/opemier/main.html>; accessed on 2006/04/26)

In terms of EAP and HIV and Aids Workplace Programmes this department has a staff complement of 200 employees and one dedicated HIV and Aids Workplace coordinator. From September 2005 this department has engaged the services of the external EAP service provider. This service currently has a utilization rate of 19%.

3.1.15. Gauteng Department of Agriculture

The mission of the Department of Agriculture, Conservation and the Environment is to contribute towards economic and social development through public and private partnerships by enhancing the quality of life and sustainable utilization of agricultural and natural resources.

The vision of the department is the successful implementation of its departmental programmes, thereby ensuring the achievement of its strategic objectives.

The next chapter deals with the empirical findings of the study.

3.1.16. Conclusion

The Public Sectors' response to addressing the wellbeing needs of its employees has been driven by the DPSA. This department has undertaken to develop Public Service policy frameworks that ensure consistency in managing HIV and Aids in the Public Service working environment. Principles of Batho Pele considers the care and wellbeing of people. This is displayed through employee wellness programmes.

The researcher has presented a short overview of each of the departments that were surveyed by highlighting their mission statement and vision .This gives the reader a basic understanding of the strategic objectives of each of these departments. EAP and HIV and Aids Workplace Programmes need to link with the strategic objectives of the respective departments for the programmes to be meaningful and effective.

CHAPTER 4.

4.1. *Empirical Study Comparing the Employee Assistance Programme with the HIV and Aids Workplace Programme in the Gauteng Provincial Government*

4.1.1. Introduction

This chapter focuses on the empirical findings of the study, which compares the Employee Assistance Programme with the HIV and Aids Workplace Programme in the Gauteng Provincial Government. The research methodology is briefly discussed and the findings are then presented according to the various sections in the questionnaire. The study was undertaken with respondents from nine different government departments in the Gauteng Provincial Government. The main motivation for conducting research of this nature is to understand the nature and types of EAP and HIV and Aids programmes that exist in the selected Gauteng Public Service departments. The aim of the research is to compare the EAP and HIV and Aids Workplace Programmes and to determine how these two programmes can complement each other within the Gauteng government departments. Some information on the sampling size, type of sampling, etc., is included.

In this research, the unit of analysis is the actual EAP and HIV and Aids Workplace Programmes, and this is formulated into the research question that is noted below:

What is the relationship between EAP and HIV and Aids programmes in the selected government departments in the province of Gauteng?

4.1.1.1. Sub-questions

- What was the working relationship between the personnel responsible for these programmes?
- To whom did the personnel report?
- How was funding accessed?
- What kind of networking existed between the programmes?

- Were there joint projects conducted?
- What were the monitoring and evaluation methods used in the programmes?

In this research, the survey design had to be used within the quantitative approach. The questionnaire had many closed questions, but there are some open-ended questions in the study so that the data was richer. The open-ended questions had be analysed quantitatively as this allowed for the opinions and views of the respondents to be presented. The researcher sent out 16 questionnaires to the following 11 government departments from Gauteng, directing them to the official responsible for either the EAP and HIV and Aids Workplace Programmes. These departments were: Gauteng Department of Education, Gauteng Department of Health, Gauteng Shared Services Centre, Gauteng Department of Agriculture, Office of the Premier, Gauteng Department of Local Government and Planning, Gauteng Department of Sport and Recreation, Gauteng Department of Social Development, Gauteng Department of Housing, Gauteng Department of Public and Community Safety, and Gauteng Department of Transport and Public Works.

A total of 14 questionnaires were received from 9 departments.

4.1.2. Research Findings

The questionnaire was divided into nine sections:

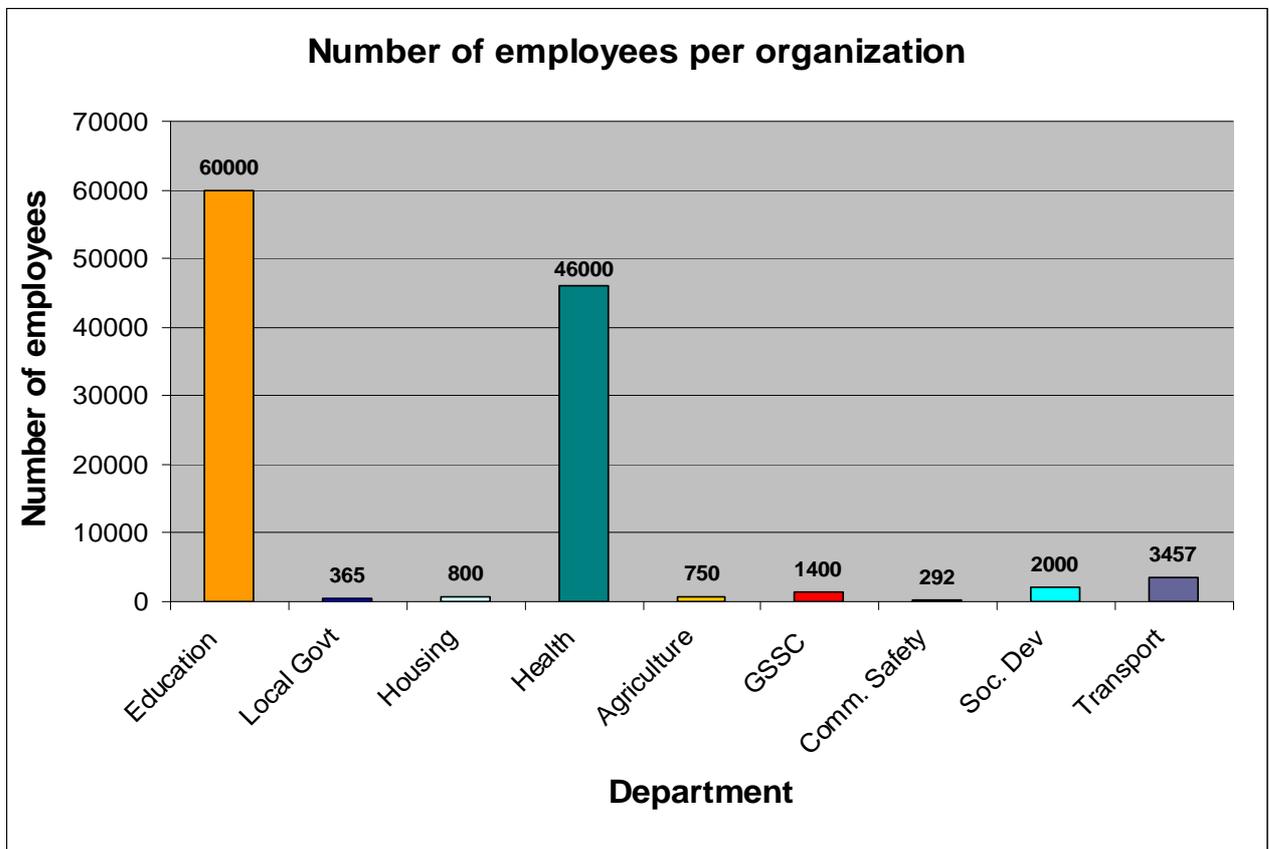
1. SECTION A: Demographic Profile
2. SECTION B: Staffing
3. SECTION C: Training and Staff Development
4. SECTION D: Policy
5. SECTION E: Stakeholders
6. SECTION F: Funding
7. SECTION G: Leadership and Management
8. SECTION H: Programme Design
9. SECTION I: General

10. SECTION J: Limitations of the Study

4.1.2.1. SECTION A: Demographic Profile

A total of 16 questionnaires were distributed to EAP and HIV coordinators in the relevant GPG departments. Fourteen questionnaires were returned from nine departments. The larger departments like Education had three respondents and Health had four respondents; the other departments had just one respondent each. The participants were all employees of GPG and are employed either as a Manager, an EAP Coordinator or as an HIV and Aids Workplace Coordinator. Some participants had more than one role. The departments varied drastically in terms of employee size, as depicted in Figure 1 below.

Figure 1 Employees per organization



Gender of HIV AND AIDS- and EAP Staff

(Question 1):

In the research study there were 14 respondents who were representative of nine Gauteng Provincial Government Departments (GPG). Five (36%) were male and nine (64%) were female. Masango (2003: 35) notes in the EAP context that gender can be a problem if the workplace is male-dominated and there is little recognition accorded to

female employees. In such instances the programme can be negatively perceived if there is little recognition the by male-dominated senior management. This is borne out by the comments made by respondents in questions 42, 47, and 59, whereby various examples were cited of poor buy-in by senior management of both the EAP and HIV and Aids Workplace Programme.

Discussion of data

It is the opinion of the researcher that there are more female employees in these programmes. The study by Masango (2003: 3) on EAP professionals in the Jacaranda branch of EAPA was made up of eight females and only two males.

At a EWP Indaba held on 7/8 March 2007, Ms M. Mokuele, the Chief Director, Transversal Strategic Human Resources, based at the Office of the Premier, provided the following gender percentages. The GPG workforce comprises 31% males and 69% females. However, at the senior management level, there are different percentages, with females comprising 32% and males 68%.

Job designation

(Question 2)

Table 2: Job Designation

	No		Yes	
	Count	%	Count	%
Job designation: HIV and Aids coordinator	9	64%	5	36%
Job designation: EAP coordinator	6	43%	8	57%
Job designation: Manager	10	71%	4	29%
Job designation: Admin clerk/officer	14	100%		
Job designation: Other	13	93%	1	7%

In the study, five respondents saw themselves as HIV and Aids Workplace coordinators. They made up 36% of the population. Eight of the respondents, making up 57% of the sample, indicated that their job designation was that of an EAP Coordinator. Thus, more of the respondents were holding the EAP Coordinator job titles as compared to the title HIV and Aids Workplace Coordinator.

Some respondents were managers, and they made up 28% of the population. There was no administration staff in the study.

Discussion of Data

An employee's job designation is important. It is contained in one's job description and is also referred to as one's job title. A job description is defined as, "A detailed description of the responsibilities, activities and deliverables of the person holding the position" (<http://en.mimmi.hu/career/jobdescription.html>;

Sourced on 07/02/2007)

Another definition of a job description is a "summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job."

(www.washington.edu/admin/hr/ocpsp/ps.research/comp.glossary.html;

Accessed on 07/02/2007

One respondent indicated that his/her job designation included the following aspects: Employee Relations, Employment Equity Coordinator, and Disability and Gender focal point. The researcher is of the opinion that this was due to certain government departments combining various portfolios into one position. In smaller departments, this can be effective, as there were aspects of employee wellness that were relevant to all of these different job titles.

The disadvantage was that the main focus in the person's work can be diluted and the person can be torn in different directions. The researcher believes that this is another reason why most programmes are called Employee Wellness, as it is more holistic in nature.

Five main daily work activities

(Question 3)

DAILY WORK ACTIVITIES

Respondents were asked to list five of their daily work activities that relate to EAP and or HIV and Aids workplace programmes. The following table was composed from their listing of activities and the number of times they were noted by the respondents.

Table 3: Daily Work Activities

Daily Work activities	Count
Counselling	9
Coordination of services	7
Training & Education	5
Consultation	4
Organizational development	4
M&E & Reporting	7
Coordinate events	1
Referral	1
plan programmes	2
Marketing	2
Awareness programmes	2
Management support	1
Visit sick employees	1
Policy development	3

The above table shows that counselling was seen as the most frequent activity, and this can relate to both EAP and HIV and Aids Workplace Programmes. There were some unusual tasks listed, like visiting sick employees.

Discussion of data:

Mnisi (2005:52) makes the valuable point that there is a need for short-term counselling: clinicians should be able to adapt practical methods to improve employee productivity. Therefore, the ability to carry out short-term counselling is a valuable clinical skill for EAPs because time is a critical issue. Hence supervisors have concerns about how long an employee is absent from his/her job in order to attend counselling sessions. Mnisi therefore highlights the need for an EAP professional to possess a variety of skills in order to be a successful marketing agent as this will ensure successful implementation of the EAP.

Number of employees as at 30/9/2006

(Question 4)

In question 4 of the researcher asked respondents to indicate the number of staff employed in their respective departments as at 30 September 2006. The table below shows these details as well as the numbers of personnel employed in both the EAP and HIV and Aids workplace section. It can be deduced that there was no difference in the number of staff employed in the respective programmes at the various government departments that participated in the study.

Another observation was that there were great disparities in the size of the government departments. The following figure graphically represents this phenomenon

There were nine government departments that took part in the research. Two departments did not participate. The departments varied considerably in terms of size, with the largest one consisting of about 60 000 employees and the smallest one having 292 employees.

Discussion of data:

The size of an organization and the geographical positioning of its employees have an effect on how both the EAP and HIV and Aids Workplace Programmes are utilized, customized, and marketed.

EAP and HIV and Aids Workplace Programme Tasks

(Question 5)

Table 4: EAP and HIV and Aids Workplace Programme Tasks

	Mean
% of tasks related to HIV / Aids Programmes	40
% of tasks related to EAP	43
% of tasks related to HR	7
% of tasks related to other tasks	10

It was noted that on average there was little difference between percentage of tasks that respondents undertook with regard to EAP and HIV and Aids Workplace Programmes. HIV and Aids Programmes on average made up 40% whereas EAP related tasks made up 43% and human resource tasks made up 7% of tasks. Other tasks included employment equity, change management; policy planning and management were 10%.

Discussion of data:

This was an indication that the respondents are engaging in tasks and duties that relate both to EAP and HIV and Aids Workplace Programmes equally. Further, the researcher was able to establish that the other tasks the respondents were involved in made their jobs more diverse in nature.

Salary Level

(Question 6)

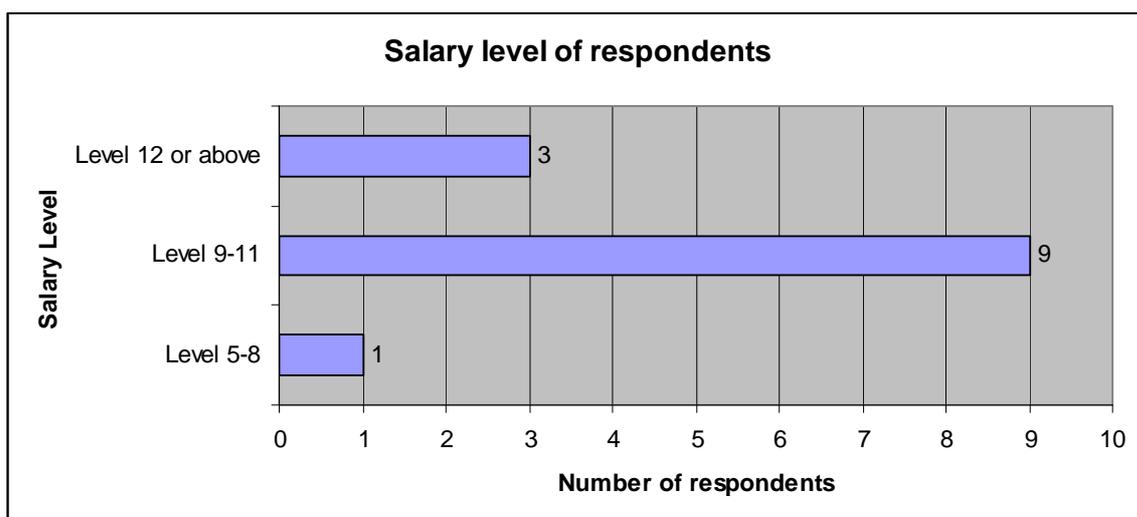


Figure 2: Salary level

The following are the amounts in rands that are allocated per level.

Level 5 is R63 717 to R73 977;

Level 6 is R78 879 to R91 578;

Level 8 is R122 025 to R 141 669;

Level 9 is R145 710 to R169 164;

Level 10 is R181 866 to R211 137;

Level 11 is R284 301 to R330 090;

Level 12 is R337 566 to R 391 929.

The above information on salary levels was obtained by the researcher from Annexure A of the Department of Public Service and Administration (DPSA) Circular 2 of 2006 entitled "Salary levels with effect from 1 July 2006 for full-time employees: Public Service Act Appointees".

Discussion of data

In the analysis of the data in respect of salary it was noted that the majority of the respondents were on salary levels 9-11. One respondent chose not to answer this question. In retrospect, the data would have been more meaningful if the researcher just asked what level the respondent is on, as there is a great disparity between levels, especially on levels 9-11, which include nine of the respondents. However, the researcher was sensitive to the fact that information about salary is highly confidential and therefore did not want to probe too deeply into this matter.

However, in government one's salary level often relates to the amount of influence and status accorded to a job. Other parts in the research have indicated that there is some dissatisfaction with salary levels in the category levels 5 to 11.

Masango (2003: 40) found that levels of pay correlate more strongly with pay satisfaction than with the global concept of job satisfaction. People are likely to compare their remuneration with that of others in similar positions, and will be very dissatisfied if they find discrepancies. This is quite evident later in the research, as for example in questions 57 and 58, as many respondents did seem to express dissatisfaction in the positioning of both the EAP and the HIV and Aids Workplace Programmes.

Secondly, as found again by Masango (2003: 40), the differences in terms of disciplines can also have an impact on the difference in the salary of EAP professionals. In this study, it is apparent that the respondents held differing job titles, ranging from EAP coordinator to manager and consultant.

Duration of employment

(Question 7)

One respondent had been employed in this section for ten years, which was the largest duration. The majority of the respondents, i.e. six or 42%, had been employed for two years. There were two respondents who were employed for one year and two respondents were in this post for half a year. The shortest length of service was a respondent who had only worked in the section for three months.

Discussion of Data

The researcher was of the opinion that the greater the length of service of an employee in a section the more on-the-job knowledge was acquired that could be beneficial to accomplishment of tasks. Further, the length of tenure in a job was important, as the researcher was of the opinion that a high turnover of employees means that new employees needed to receive comprehensive induction and good handover to understand what activities had taken place.

Formal qualifications relevant to HIV and AIDS Workplace Programmes

(Question 8)

Seven respondents had a Bachelor of Arts in either Psychology or Social Work. Other respondents had qualifications in nursing, human resources, and knowledge in HIV and Aids issues.

Discussion of Data

The research shows that 50% of the respondents had a university degree and three respondents a post-degree qualification. This was an indication that many respondents were highly educated.

Duration of employment in the EAP Sector with current employer

(Question 9)

Discussion of Data

The greatest length of service was six years (indicated by one respondent). There was one respondent who had been employed for four years. The majority of the respondents, i.e. four, indicated that they had been employed for two years. A large number of respondents, i.e. four, did not answer the question. Two respondents had been employed for one year. Two respondents had been employed for less than half a year.

Formal qualification relevant to EAP

(Question 10)

Discussion of Data

Nine respondents, i.e. 64% of the respondents, had a Bachelor of Arts degree in Social Science, and three (or 21%) of the respondents had a master's degree. There was one respondent with a certificate in EAP. There were three or 21% of respondents who did not answer the question. There were some respondents who had more than one qualification

Duration of EAP, HIV and AIDS Programmes in specific departments

(Questions 11 and 12)

Four (29%) respondents indicated that their EAP and HIV and Aids Workplace Programmes had been running for six years, which was the longest duration. Six (43%) of the respondents stated that the EAP had been run for two years, and this was also the shortest duration. The longest duration was seven years for the HIV and Aids programme and the shortest duration was 2,7 months.

Discussion of Data

This was an indication that these programmes have been running for some time and are fairly well established in many departments. The length of operation of a programme translates into the maturity of both the programmes and the offerings of the programme. It is the opinion of the researcher that the older programmes will be more accepted by employees, as credibility builds over time.

4.1.2.2. SECTION B: STAFFING

Number of staff in EAP and HIV and Aids programme

(Questions 13 & 14)

Table 5: Number of Staff in EAP and HIV and Aids Programme

Number of Staff	EAP	%	HIV and Aids Workplace Programme	%
One staff member	7	50%	4	29%
Two staff members	4	29%	10	71%
Three staff members	1	7%	0	
Four and above	2	14%	0	
TOTAL	14	100%	14	100%

Table 6: Adequacy of Staff Component

	Adequate		Inadequate	
	Count	%	Count	%
Is the number of staff members for EAP adequate?	4	29%	10	71%
Is the number of staff members for the HIV and Aids Workplace portfolio adequate?	4	29%	10	71%

Discussion of data:

In the EAP question the majority of respondents (seven; 50%) indicated that one person was employed to coordinate EAP activities compared to 10 (71%) respondents indicating that two persons were employed to coordinate HIV and Aids activities.

When respondents were asked if they thought that the number of staff members allocated to either the EAP or HIV and Aids Workplace portfolio was adequate four (29%) respondents indicated that there was adequate staff for both programmes. However, the majority of the respondents (71%) indicated that staff numbers were inadequate. In the respondents' opinion, greater human resources in the form of new employees should be allocated to both the EAP and HIV and Aids programmes. This seems to indicate that respondents feel the programmes can be more effective if more persons are employed in their respective sections.

Resignation of EAP and HIV and AIDS staff

(Questions 15 & 16)

Table 7: Resignations/ Turnover

Department	EAP	HIV
GDE	2	1
Local Govt	1	1
Housing	0	0
Health	0	0
Agriculture	0	0
GSSC	0	0
Comm. Safety	2	0
Soc. Dev	0	0
Transport	1	3
Total	6	5

The analysis of data revealed that there were six resignations in the EAP section, compared with five in the HIV and Aids section.

Discussion of data:

This was an indication that both programmes have been affected by resignations, although the EAP section has one more resignation than the HIV and Aids Workplace Programme. In the opinion of the researcher, turnover of employees in a section can negatively affect the implementation and success of a programme, as there may be time gaps between when an employee leaves and when the post is filled. Furthermore, the new employees will be to be inducted into the section and the organization. Some of the reasons cited for resignations in the two programmes were that persons left for better promotional positions, lack of job satisfaction, a need for a career change, and because of conflict with supervisors.

Required Qualification for the EAP post.

(Question 17)

When respondents were asked to indicate what the qualification was relevant for this post, nine (64%) of the respondents indicated that a degree in social sciences or social work was required. Three (21%) respondents did not respond to the question and two (14%) respondents suggested a bachelor's degree.

Discussion of data

In the light of current legislation in South Africa, a person does not need to register to practise EAP and this translates into there being no specific legally required qualification for this post. However, this research indicates that many respondents were of the opinion that a basic degree in the social sciences was a requirement. In the study by Masango (2003: 100) it was recommended that the EAPA-SA board should develop criteria that stipulate the admission requirements for becoming an EAP professional. This was based on concerns that other professionals lacked the relevant qualifications to work in the EAP field. The admission requirements may include qualifications, working experience and registration with the EAPA-SA Board, in order to abide by the ethical codes of the EAPA-SA Board.

Required Qualification for the HIV and Aids Workplace Programme.

(Question 18)

Discussion of data

In response to this question, nine (64%) of the respondents indicated that a degree in social sciences was the required qualification. However, compared to the EAP, a more varied response was elicited, with three (21%) respondents indicating a basic degree, not only in social work but including nursing, human resources. Knowledge about HIV and Aids issues was also deemed important.

4.1.2.3. SECTION C: Training and Staff Development

EAP Training

(Questions 19 & 20)

Discussion of data:

Eleven (79%) of the respondents indicated that they had attended training on EAP in the past 12 months. Only two respondents (14%) of the respondents had not attended any training and one respondent (7%) did not answer this question. The following are some examples of training that the respondents and other employees in their departments undertook in the last year that relates to EAP.

Different types of EAP Training

(Question 21)

Table 8: EAP Training

Name of training	Length of Training	Number of employees Attended	Training Provider	Comments by attendees
VETO (Anti-violence in the Workplace)	2 days	3	The People Bottom-line	It was valuable in helping to identify violence in the workplace.
Monitoring and Evaluation	5 days	3	Gauteng Department of Health (MSAU)	Training was valuable for record-keeping and reporting.
Matrixing EAP and training	1 year	1	University of Western Cape	Excellent.
EAP Development	2 days	23	Tracy Harper and Associates	Good, and participants learnt about coaching
Integrated Health and Wellness	3 weeks	100	Wits. Business school	Good. The course covered both EAP and HIV and Aids
Journey Practitioners Training	1 year	1	Journey Programme	Exceptional training for counselling
EAP Workshop	5 days	1	University of Pretoria	The training was significant and the highlight was life-skills
EAP Capacity Enhancement Programme	3 days	60	Department of Public Works and Transport	All aspects of the training were excellent.

Discussion of data

The above table shows that the respondents in this research and other employees from their departments had attended various interesting training programmes. Training, in the opinion of the researcher, contributes to the development of the knowledge base of individuals and helps them keep abreast of current trends. Masango (2003: 99) states that organizations that allow the EAP professional access to EAP training opportunities assists in developing the competence of the EAP professionals, and this

may result in high job performance. The service providers who conducted the training were both internal and external providers. This was an indication that there were both internal and external expertise that had been sourced to provide the training.

HIV and Aids Workplace Programmes Training

(Question 22)

Eleven (79%) of the respondents indicated that they had attended training on HIV and Aids Workplace Programmes in the past 12 months. Only three respondents (21%) had not had any training. The following are some examples of the training that the participants undertook in the last year.

Table 9: HIV and Aids Workplace Training

Name of training	Length of Training	Number of employees Attended	Training Provider	Comments by attendees
Monitoring and Evaluation (3 respondents indicated this training)	5 days	3	Gauteng Department of Health (MSAU)	Training was valuable for record-keeping and reporting.
Occupational Health and Safety	Nr	Health and Safety representatives	Nr	Was able to advise management on having a dedicated person for the post.
VETO (Anti-violence in the Workplace)	2 days	3	The People Bottom-line	It was valuable in helping to identify violence in the workplace.
Comprehensive HIV and Aids treatment, Care and Management	1 week	3	Gauteng Department of Health via University of Pretoria	
Integrated Health and Wellness	3 weeks	100	Wits Business school	Good. The course covered both EAP and HIV and Aids
Basic HIV and Aids Training	1 day	1500	SOWETO HIV and Aids Council	Good
Managing stigma at the workplace	3 day	4	ICPC	Training could be easily implemented and effective use was made of case studies

Discussion of data

The above table shows that training on subjects related to HIV and Aids was important not only for the coordinators but also for the employees in the respective departments.

Brockhoeft (1988), Masi (1992) and Pincus and Trivedi (1994) in O'Brien and Koerkenmeier (2001: 17) have all written that HIV training sessions are most effective. They advocate that it is essential that supervisors and management take an active role in not only developing and implementing training, but also in providing a positive attitude towards the issue of persons with HIV in the workplace (Herold, 1988; Riley & Greene, 1993 in O'Brien and Koerkenmeier 2001: 17).

The general goal of employee training should not be to change employee attitudes related to persons with Aids, but to change behaviour (O'Brien and Koerkenmeier 2001: 17).

4.1.2.4. SECTION D: Policy

(Questions 24, 25, & 26)

Table 10: Policy

	No response		Yes		No	
	Count	%	Count	%	Count	%
Does department have HIV and Aids policy?	1	7%	10	71%	3	22%
Does department have EAP policy?	2	14%	9	64%	3	22%
Does department have combined policy?			8	57%	6	43%

Discussion of data

The highest number of respondents, i.e. 10 (71%), indicated that the department in which they were employed had an HIV and Aids Workplace Policy, while nine (64%) of the respondents indicated that there was an EAP policy in the department. It is also interesting that eight (57%) respondents indicated that the department had a combined policy. Mnisi (2005: 80) found that the adoption of a formal policy serves as an indication of management's concern about the well-being of employees. In addition, a

policy defines the principles that guide the programme to ensure a fair and consistent service delivery to the beneficiaries of the programme.

Which aspects are included in the combined policy?

(Question 27)

The EAP and HIV and Aids aspects were most common amongst nine (64%) respondents respectively. Occupational Health and Safety was only reported by five respondents (36%) as being included in their combined policy. The other aspects included people with disabilities.

Discussion of data

The title of the combined policy varied from Workplace Health and Wellness Policy to Employee Health and Wellness Policy and Integrated Health and Wellness policy. The common wording was Health and Wellness for most of the policies.

Advantages and disadvantages of a combined policy

(Question 28)

The respondents reported the following regarding the advantages of a combined policy:

- Bigger budgets will allow more people to be reached.
- Integrated health and wellness issues.
- Strengths of similarities can be improved.
- One can plan for differences.
- People skills can be developed simultaneously in both areas.
- One document to cover all wellness aspects.
- Distribution of funds and resources becomes easy as one is able spread resources between the programmes based on need.
- Better conceptualization of models of application.
- Utilization of services increases as a combined policy addresses issues of discrimination and stigma.
- Policy deals with individuals holistically, i.e. it addresses all aspects, for example social, physical, spiritual, mental etc.
- Separate budget allocations allow for cross-over transparency and accessibility.

- Equitable allocation and integration of resources and combined initiatives results in enhanced utilization trends and cost effectiveness.

Myers (1984: 86-87) and Googins and Godfrey (1987: 123) in Masango (2003: 65) stated the following advantages of a combination model:

- These designs (models) can better handle employee populations who are widely dispersed across the state as well as employees who are mobile rather than anchored within a particular work-site. In the opinion of the researcher this aspect is most relevant to the Education and Health department as both schools and medical institutions are scattered over the length and breadth of the Gauteng Province and at times beyond the geographical boundaries of the Province.
- It permits any employer to offer some degree of employee assistance.
- The combined model is highly professional and the contract could be terminated with relative ease.
- It ensures anonymity, confidentiality and privacy because of its location.

The respondents reported the following regarding the disadvantages of a combined policy:

- Budgets are received from 2 different sources. Often a department gets a budget from the central organization and from the MSAU;
- Procurement procedures delay implementation;
- Reports have to be submitted to different departments and managers;
- Required formats for planning and reporting differ;
- There is no prior agreement on what should be in the policy;
- It is a big document;
- The model is hard to communicate to all stakeholders and not well understood;
- Each programme does not receive individual attention;
- Some programmes, e.g. HIV and Aids, may be more highly prioritized for implementation than EAP.

Discussion of data

The researcher notes that there were more advantages than disadvantages for a combined policy. The one advantage that was not included, but is important, is that a combined policy helps to de-stigmatize the HIV and Aids Workplace Programme. In a wellness programme, HIV and Aids are seen as just another chronic condition.

Myers (1984: 86-87) and Googins and Godfrey (1987: 123) in Masango (2003: 65) noted the following disadvantages of a combination model :

- Policy-making becomes complex.
- Individual member organization’s input is considerably diminished.

Use of the DPSA document entitled “Managing HIV and AIDS in the Workplace”?

(Question 29)

Table 11: Use of DSPA Document

	Count	%
No response	1	7%
Yes	12	86%
No	1	7%
Total	14	100%

A large percentage of respondents, i.e.12 (86%), indicated that they had made use of the DPSA document.

Discussion of data

The DPSA has played a critical role in standardizing the policies and procedures that relate to HIV and Aids Workplace Programmes in government. It is encouraging to note that many Gauteng provincial government departments had considered this information when designing their policies.

Description of departmental HIV and AIDS Workplace and EAP policy
 (Question 30 and 31)

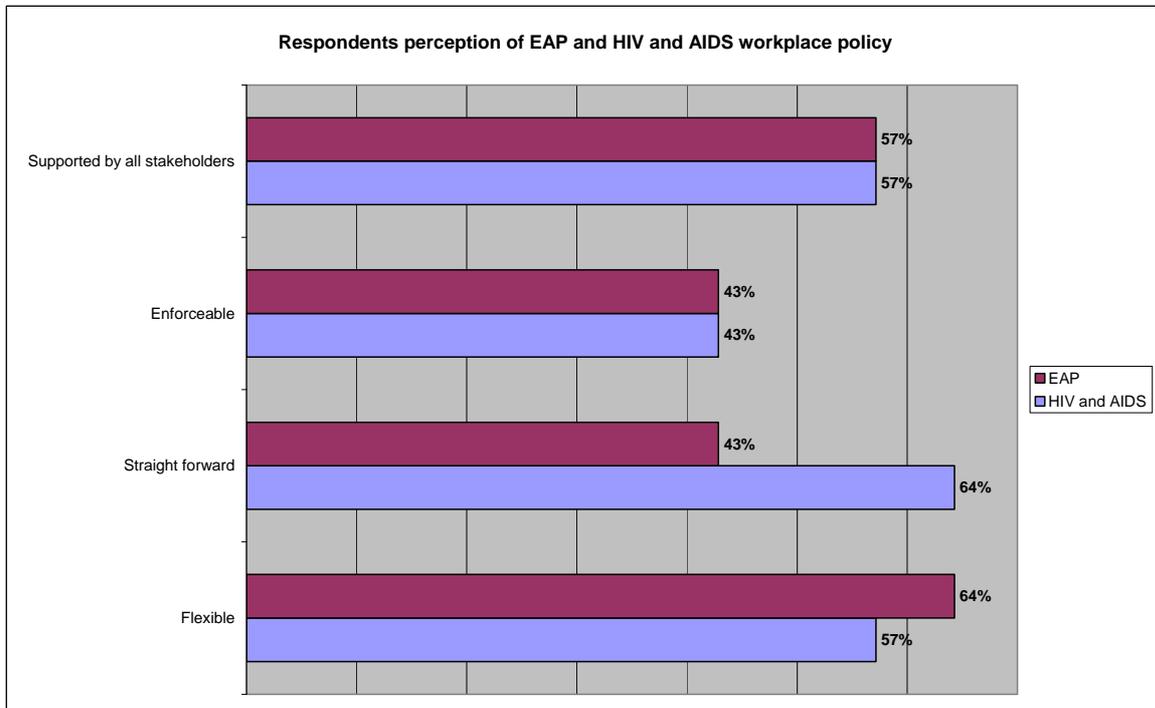


Figure 3: Respondents' perception of the policy

The above figure indicated that 57% of the respondents felt that the HIV and Aids policy was flexible, as compared to 64% who felt that the EAP policy was flexible.

Discussion of data

There was little difference in the perception of flexibility between the two policies. The only area of difference arose in terms of the policy being described as straightforward. The HIV and Aids Workplace policy was seen as more straightforward (64%) compared to the EAP policy (43%). There was no difference in the two policies in terms of enforceability and support by all stakeholders.

Methods used to communicate the EAP and HIV and Aids Workplace Policy

(Questions 32 and 33:)

Table 12: Methods used to communicate policy

Types of communication methods used	EAP Policy	HIV and Aids Workplace Programmes Policy
Meetings	7	5
Notice boards	3	4
Education and Training	6	5
e-mail	5	7
Posters and pamphlets	4	6

It is interesting to note that many respondents indicated that more than one method was used to make employees aware of the policy. The researcher is of the opinion that the use of several methods will help market the programme and create greater awareness of the services that are available. The use of email and internet are options that encourage marketing, but this depends on the number of employees who have access to email and internet. Other methods included the following:

- Awareness campaigns;
- Conferences;
- Internet;
- HIV and Aids policy was marketed at World Aids Day Celebration and using newsletters;
- Orientation and induction programmes;
- Intranet;
- Booklets.

Discussion of data

Mnisi (2005: 72) observed that a company that he had studied called Managed Care Concepts recognizes that every company has different needs; hence they develop

promotional material in collaboration with the internal communications departments. This approach allows for greater alignment with the organizational image.

4.1.2.5. SECTION E: Stakeholders

Role of the GSSC personnel in developing the department's EAP

(Question 34)

Table 13: Role of GSSC

		Count	%
Valid	Yes	9	64
	No	5	36
	Total	14	100

Discussion of data

In the Gauteng provincial government, the GSSC has played a significant role, together with the Multi-Sectoral Aids Unit, to develop both the EAP and HIV and Aids programmes in the province. GSSC has coordinated the contract with the external service provider called ICAS for eight of the nine organizations represented in this study. In the table above, it is noted that 64% of the respondents indicated that GSSC staff had assisted in the development of their EA Programme.

The kind of assistance provided by GSSC

(Question 34.1)

Four (28%) of the respondents indicated that the GSSC played a monitoring role, while two respondents said that GSSC had helped with funding. One respondent indicated the GSSC had provided training, and another respondent noted that it had assisted with policy development.

Discussion of data:

Although differently experienced by respondents, the GSSC has played a significant role in enhancing uniformity of the EAP in the province.

EAP percentage utilization for the past 12 months

(Question 35)

Table 14: Utilization of the EAP

		Count	%
Valid	No response	1	7
	Very high (20% and above)	2	14
	High (11-19%)	5	36
	Average (6-10%)	6	43
	Total	14	100

The utilization rates ranged from very high to average.

Discussion of data

This is an indication that many employees are making use of EAP services. International benchmarks for EAP utilization range between 5% and 8%. . Thus it is noted that the Gauteng departments surveyed are slightly above these international benchmarks. The benchmark used by ICAS for South Africa is between 11% to 13% (Mandim: 2007).

Roles played by MSAU in the department’s HIV and Aids Workplace and EAP Programme

(Questions 36 and 37)

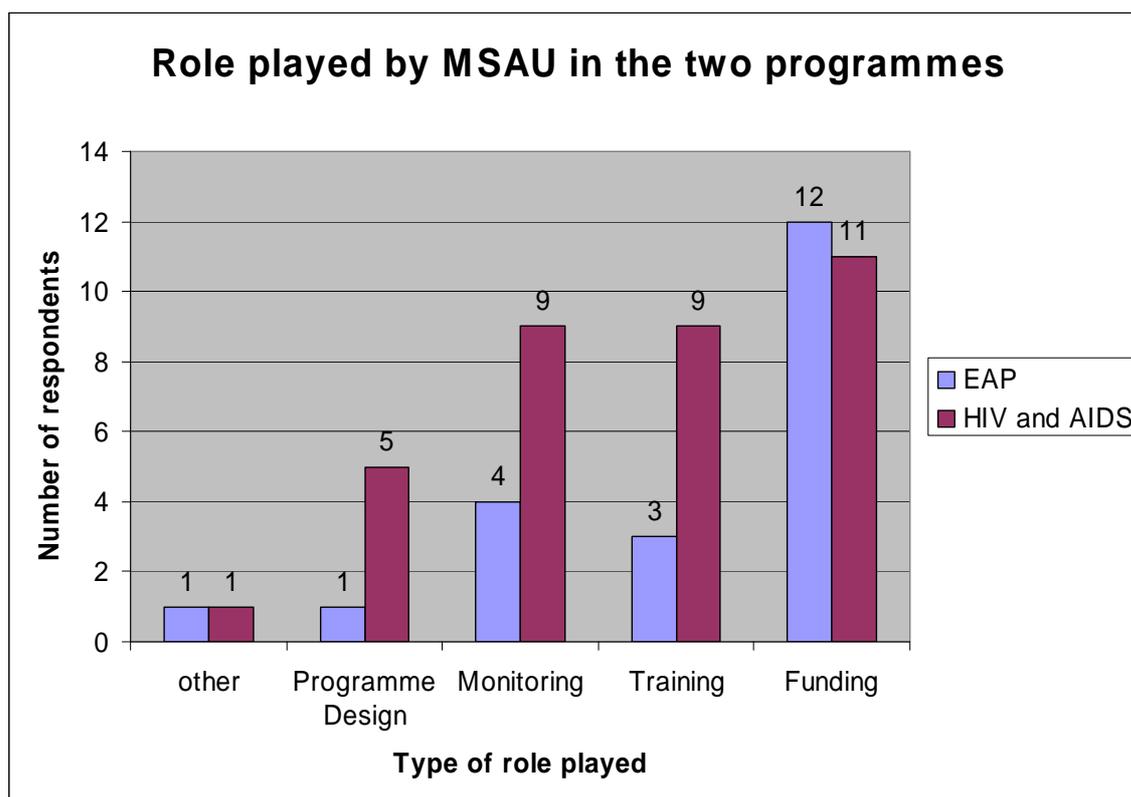


Figure 4: Role of Multi- Sectoral Aids Unit (MSAU)

Other roles included the following:

- Assistance in the alignment of EAP with the HIV & Aids Program
- Updating on current issues and strategic priorities on HIV and Aids

Discussion of data

The above figure shows that the Multi-Sectoral AIDS Unit (MSAU) played a significant role in funding both the EAP and the HIV and Aids Workplace programmes. The researcher is of the opinion that this department contributed to setting up the EAP by the provision of seed funding.

4.1.2.6. SECTION F: Funding

Funding of EAP and HIV and AIDS Programme

(Questions 38 to 41)

Table 15: Funding

Question No	Count	% Responses
38	6	43
39	6	43
40	8	57
41	4	29

Discussion of data

Many respondents did not answer this question. The percent responses are based on the count out of an expected total of fourteen respondents. Based on the low number of responses and poor data, no conclusions can be drawn for questions 38 to 41.

It was noted that the funding sources were mainly from the respective government departments as well as from the IDU, which is also called the Multi-Sectoral Aids Unit.

4.1.2.7. SECTION G: Leadership and Management

Attitude of Management towards the HIV and Aids Workplace Programme

(Questions 42, 43 & 44)

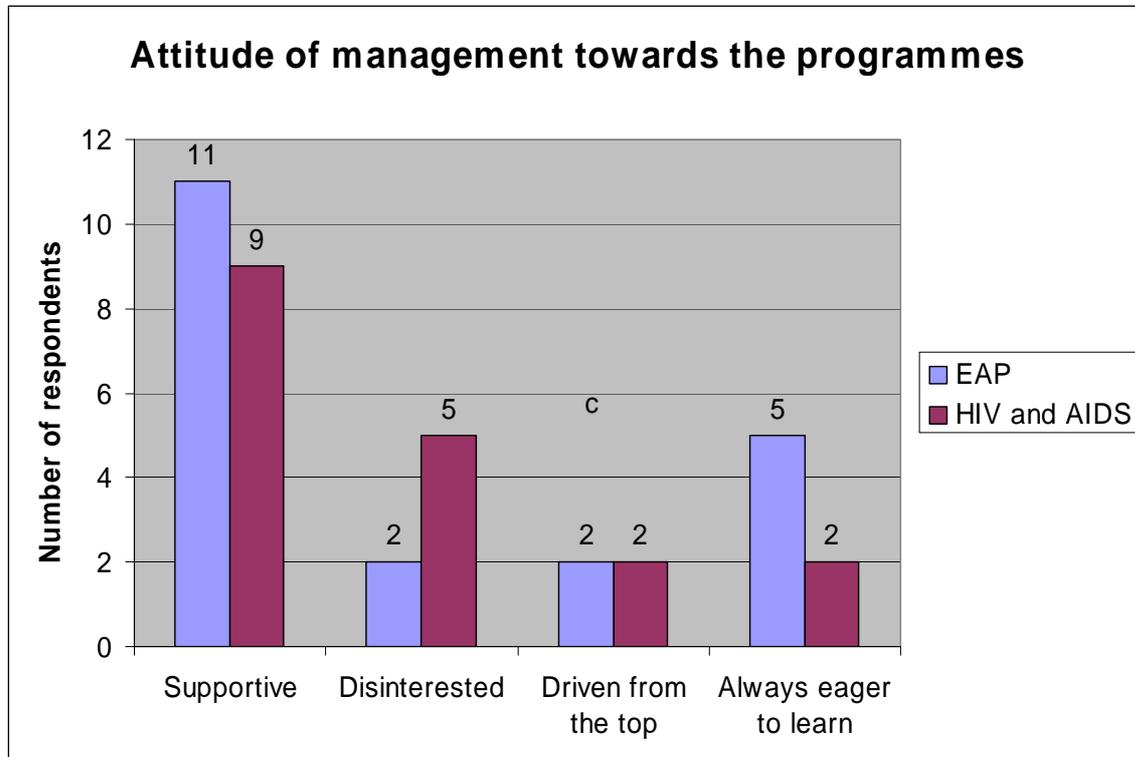


Figure 5: Attitude of senior management towards the EAP and HIV and Aids Workplace Programmes

Some positive examples of management's attitude were:

- Passed correspondence and requests from their offices. Approved plans and budget. Gave permission for employees to attend meetings, training, and events.
- All senior managers attended Wellness month. Feedback given was positive.
- They provided support by giving permission for programmes to run and allowing staff to attend, but management themselves do not attend.
- Increasing the budget.
- Support has been partial, in that employees were allowed to attend workshops and training.
- Supportive of events like World Aids Day (WAD).

Some examples of management's negative attitude were:

- Takes time to give approval to programmes planned. Do not involve EAP in strategic decisions of the organization.
- Management was not supportive of programmes like World Aids Day and Women's Day celebration and these programmes had to be cancelled. The view of management was these events did not relate to the core function of the respective department.
- Management never attend any of the organized events.
- Lack of leadership visibility in the actual support of the programme.
- Year-end function was planned with World Aids Day.
- Poor response from management on strategic issues.

Discussion of data

The majority 11 (79%) for EAP and nine (64%) for HIV and Aids Workplace Programmes of the respondents indicated that senior management was supportive of the programme. This was a good indication that the programmes were viewed positively by management. However, there is more that can be done.

Efforts to increase managerial support of the EAP and HIV and AIDS programmes

(Questions 45 & 46)

Respondents felt that the following factors or activities can increase the support of management:

- The programme needs to develop a business approach. It is the opinion of the researcher that when a programme can make a business case, it will get the attention of management.
- Many of the respondents were of the opinion that the EAP manager should be a senior manager who interfaces at a high strategic level within the department.
- Others felt that the EAP and referral to the programme should be included in the Performance Management Systems.
- There should be compulsory training from the premier's office on EAP and HIV and Aids Workplace training.
- There should be marketing that is focused on the benefits of EAP.

Discussion of data

There were similar responses to the question about HIV and Aids Workplace programmes. The need for greater training was a common thread. Education and training will result in better knowledge and more support and buy-in.

Dickman (2003: 47) in Mnisi (2005: 48) states that the endorsement of top management and active involvement from the very top of the corporate structure is required to get EAP off the ground. Furthermore, DeFalco (2001: 21) in Mnisi (2005: 49) makes an important point in noting that it is not enough to have top management support: if the effects of the programme are not quantified and continually placed before management as a cost-saving, improvement activity, management will lose interest. This suggests that the EAP practitioner must always be able to quantify the service, for management to be aware that the resources are not wasted but benefit the workforce.

Table 16: Support of the Programmes

	No response		Yes		No	
	Count	%	Count	%	Count	%
Can more be done to support the EA Programme?			13	93%	1	7%
Can more be done to support the HIV and Aids Workplace Programme?	1	7%	12	86%	1	7%

EAP & HIV and Aids Workplace Programmes decision-making ability
(Questions 48 & 49)

Table 17: Decision-making Ability of EAP & HIV and Aids Workplace Programmes

Responses	EAP		HIV & Aids	
	Count	%	Count	%
Yes	8	57%	6	43%
No	6	43%	7	50%
No response	0		1	7%
Total	14	100%	14	100%

Respondents felt that EAP had more decision-making ability (57%) than the HIV and Aids Workplace Programmes (43%).The reason for this is not quite clear.

One reason cited to indicate that the EAP and HIV and Aids Workplace Programme *do have* decision-making ability included the following:

- It is a unit headed by a senior manager

Some reasons cited to indicate that these programmes *do not have* decision-making ability included the following:

- There is no senior management post for EAP.
- At Assistant Director level, one does not have enough power, as one is viewed as a junior in government.
- Post is too low to exert any influence in decision-making.
- This is not always where a decision can be made. Management has more say in decisions.
- The coordinators have huge responsibilities and their levels do not allow adequate decision-making.
- The EAP is only playing an advisory role, and has *no* power to enforce a recommendation. If the manager decides not to follow the recommendation, there is nothing EAP can do about it.
- It only has the authority to make recommendations, while decisions are made at senior managers' level.

Discussion of data

These comments reveal that the positioning of the programmes within departments is important and does influence the status and influence accorded to the programme.

4.1.2.8. SECTION H: Programme Design

Preferred model for departmental EAP

(Question 50)

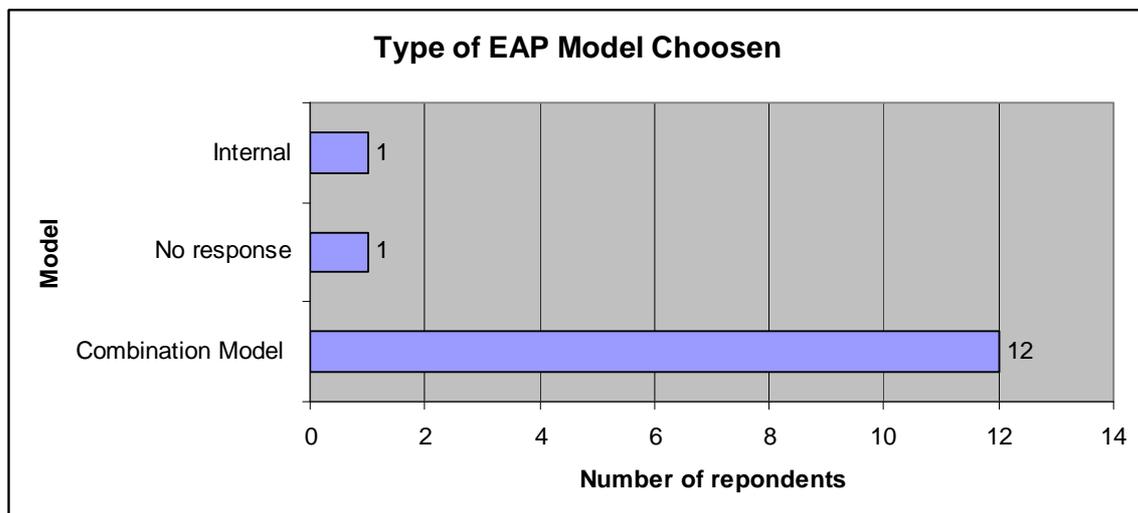


Figure 6: Type of EAP Model

The results of the study show that 12 respondents (86%) indicated that the organization they are employed in has used a combined model. Only one respondent indicated that an internal model was used.

Discussion of data

According to Harper (1999: 8) in Masango (2003: 64), the combined model is most probably ideal if the infrastructure is primarily maintained by the organization and servicing is outsourced with the option of it being managed.

Utilization of external service provider for counselling

(Question 51)

Thirteen (93%) of the respondents made use of an external service provider for the reactive level, with only one department indicating that this was not the case.

Discussion of data

This was an indication that most of the departments in the sample made use of an external service provider to provide a counselling service to their employees as well as for following purposes listed in next question.

(Question 52)

These were the responses elicited:

- Counselling (8 times).
- BRM survey.
- Facilitation.
- Reporting.
- Identified training, such as debt management.
- Intervention programmes.
- Support and Financial Advice.
- Provide training HIV & Aids Workshop training awareness.
- Life management.
- Litigation.
- Relationship advice.
- Training (4 times).
- Is a partner on various projects.
- Marketing.
- Awareness campaigns.
- Debriefing (2 times).
- Telephone counselling.
- Electronic health assistance.
- Counselling in patient treatment for alcohol and drugs.
- Referral to other specialized service, e.g. legal.

Discussion of data

External service providers are used for many other activities within GPG departments both for the EAP and the HIV and Aids workplace programmes. These activities contribute to making the programmes richer and meeting the needs of clients in the respective departments.

Development of a business plan

(Questions 53 to 56)

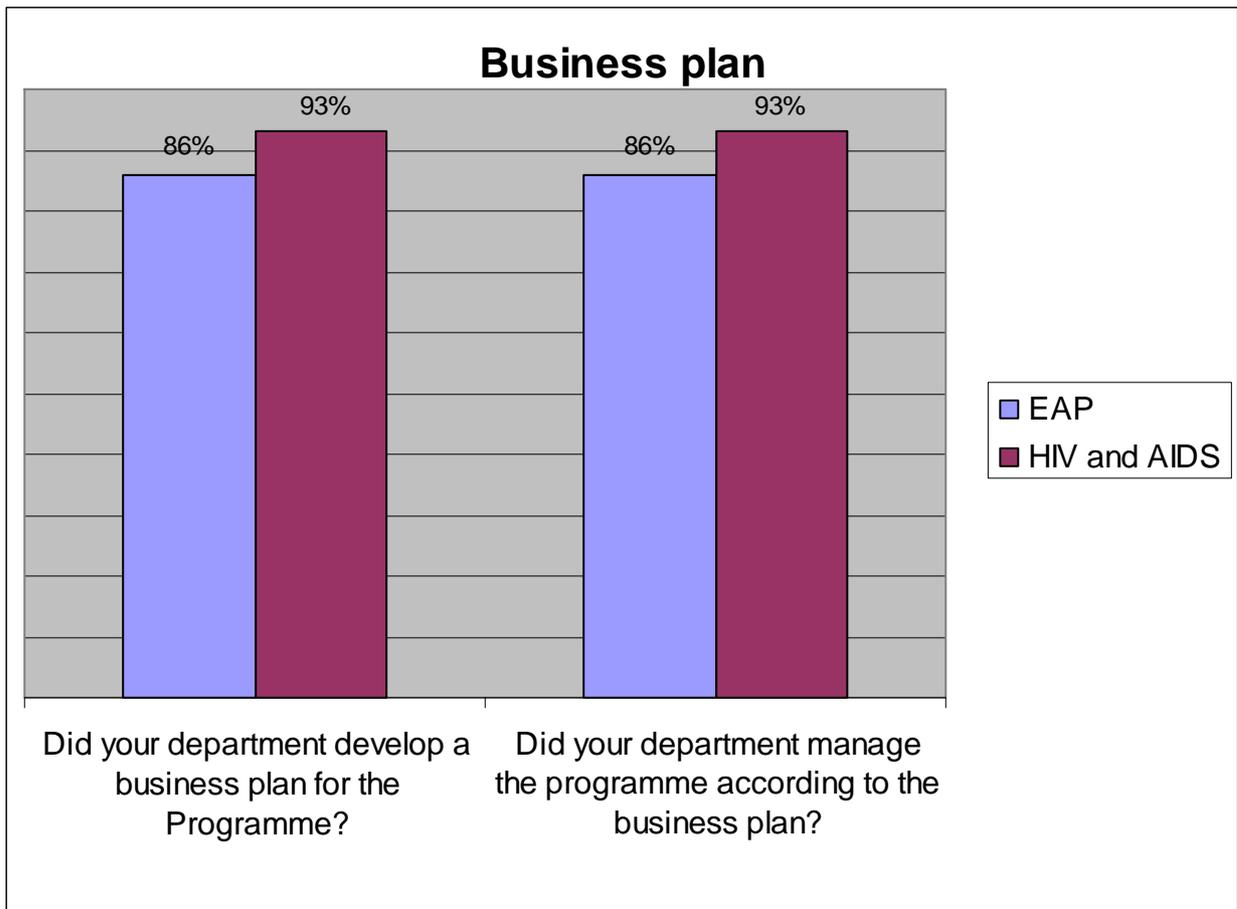


Figure 7: Development of a business plan and the management of a programme

Discussion of Data

Using a business plan to develop and manage a programme is an indication that the programme has been properly developed and managed. It clear from the above table that all departments surveyed had developed and managed both the EAP and HIV and Aids Workplace programmes with a business plan. A business plan makes monitoring and evaluation of the programme easier.

Rate the utilization of the HIV and Aids Workplace Programme

(Question 57)

Table 18: HIV and Aids Workplace Programme Utilization

Utilization of HIV and AIDS Programme	Count	%
No response	1	7
High (11-19%)	4	29
Average (6-10%)	4	29
Low (3-5%)	4	29
Very low (2% or below)	1	7
Total	14	100

This table show that 58% of the respondents indicated that the HIV and Aids workplace programme had a high to average utilization rate, whereas 36% indicated that programme had a low utilization rate.

Discussion of data

This was an indication that more needs to be done to get employees to use this programme. It is postulated by the researcher that stigmatization can influence the utilization of this programme: there is no stigma in relation to the EAP and therefore greater utilization (see Table 14:27).

Negative comments

- Management see HIV and Aids as soft issues.
- There are no specific questions in the skills audit to indicate HIV and Aids and EAP needs.
- Some people still see it as not their problem.

Positive Comments

- Expenditure and implementation progress are captured in monthly and quarterly reports in line with the business plan.
- By the end of the 3rd quarter 76% of the budget had been used.
- The preventative care and support plans are included in the business plan and were completed.
- The budget was motivated by drafting a business plan and monitoring progress against the business plan.
- Each SMS member has a work plan and is assessed according to output.
- Some of the business plan activities have already been accomplished, e.g. recruiting and training of peer counsellors – prevention programmes, and case and support programmes.
- All HIV and Aids activities undertaken or implemented are aligned to the business plan of each financial year, since programmes are funded and evaluated in accordance with the business plan.

The above comments made by respondents are an indication that the HIV and Aids Workplace Programmes are taken seriously and are regularly monitored and evaluated against the business plans.

Positioning of the EAP and HIV and Aids Workplace Programmes
(Questions 59& 60)

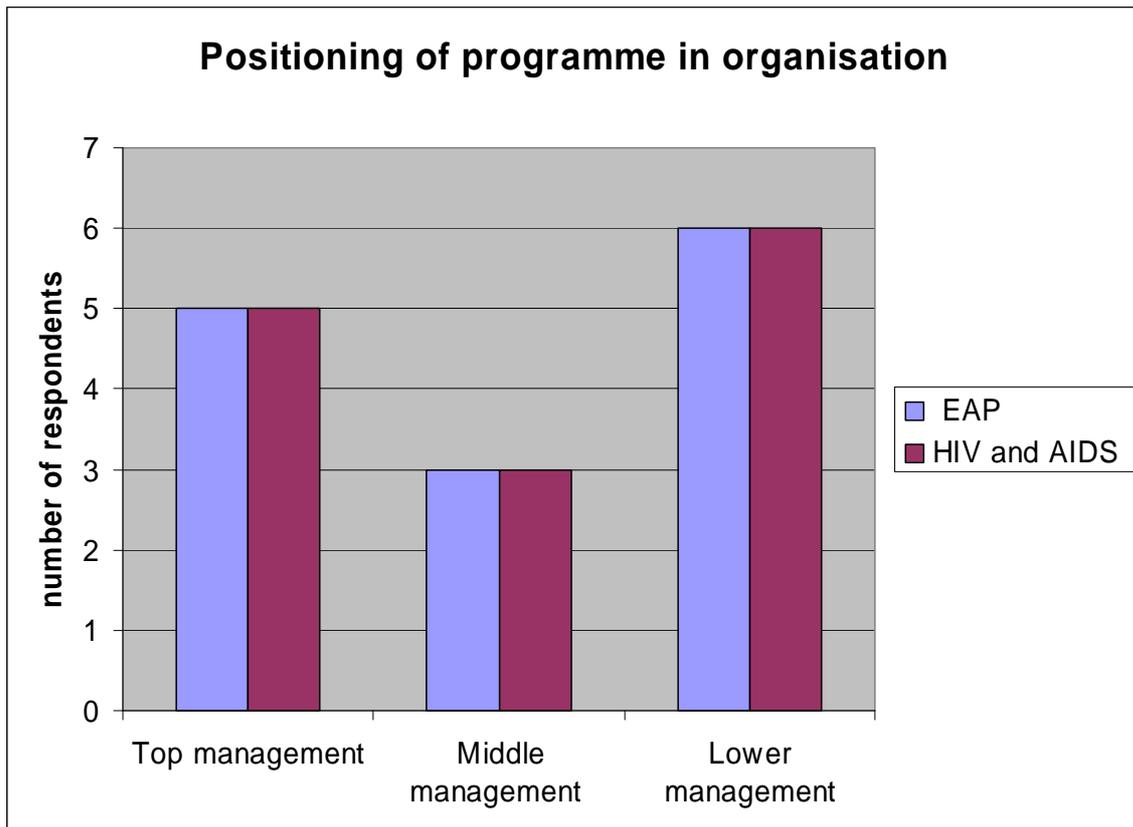


Figure 8: Positioning of the programme in the organisation

Discussion of data

As Harper (2005: 7) argues, the positioning of the programme is significant: when a programme is on the periphery of the organization, then it has limited influence and decision-making power. Thus it is concerning to note that six respondents found that the programme was at a lower-management level and only five indicated that the programme was at top-management level. Thus 65% of the respondents indicated that the programme was at either a middle-management or lower-management level compared with the 35% of the respondents who indicated that the programme was at top-management level.

Reasons cited for the positioning being *effective*:

- Progress has been phenomenal.
- It is at top-management level.
- It is quite effective as it has top-management buy-in.
- Strategically aligns to core business activates.

Reasons cited for the positioning *not being effective*:

- The position does not allow adequate decision-making authority.

- It is currently positioned at middle-management level, but reporting to a DDG. At middle-management level there is no decision-making authority.
- Management does not take the programme too seriously.
- It is not effective because the decisions are made at senior-management level – programme manager should at least have a senior-management post.
- Practitioners cannot/are unable to make strategic inputs at the relevant platform.
- Issues are not raised at top-management level
- This has to be located at Chief Directorate level so that reporting and strategic alignment can be tabled at MAN COM.

The position of the EA Programme does not differ from that of the HIV and Aids Workplace Programme in the organizations researched. However, the comments by respondents seem to indicate that these programmes should be positioned at a higher level within the organization.

Maintenance of the EAP and HIV and AIDS Programmes

(Questions 61 & 62)

In questions 61 & 62 respondents were asked to list 3 things that they recommended to sustain the HIV and Aids Workplace Programme.

One of the most commonly indicated recommendations (listed 10 times) was the need for senior management to support and buy into the programme. This would indicate that in the Gauteng Provincial Government (GPG), a programme like HIV and Aids would need not only the backing and support of senior management but would need to also be positioned at a level that would allow for autonomous decision-making.

These were some of the comments made by the respondents:

- EAP should be driven by top management.

- Appropriate budget to cover identified need.
- Permanent posts at all offices and schools.
- Holistic approach.
- Strategic level (placement).
- Proactive approach.
- More staffing.
- Ring-fence the HIV and Aids budget.
- Locate the programme at a strategic position.
- Make the programme one of the key performance indicators for all managers.
- Programme to be given prominence in the strategic agenda.
- Management support, employee support, and union support.
- Situational analysis.
- Marketing of the programme.
- Rendering of programme, e.g. counselling.
- Funding.
- Utilization by the workers.
- Mainstreaming into core business.
- Flexibility.
- Every employee's commitment.
- Re-positioning of EAP services as a business directorate.

In questions 61 and 62, management support and buy-in was cited as critical to the programmes. Harper (1999 in Masango 2003: 83) notes that organizations appear to be unaware of the scope and role of the EAP and the role that the professionals can and should be playing in their organizations.

Discussion of data

It is therefore postulated that if respondents are of the opinion that management does not value the programme the respondents may not experience satisfaction from their work.

4.1.2.9. SECTION I: General Information regarding HIV and Aids and EAP Statements

General Information regarding HIV and AIDS status

(Question 63)

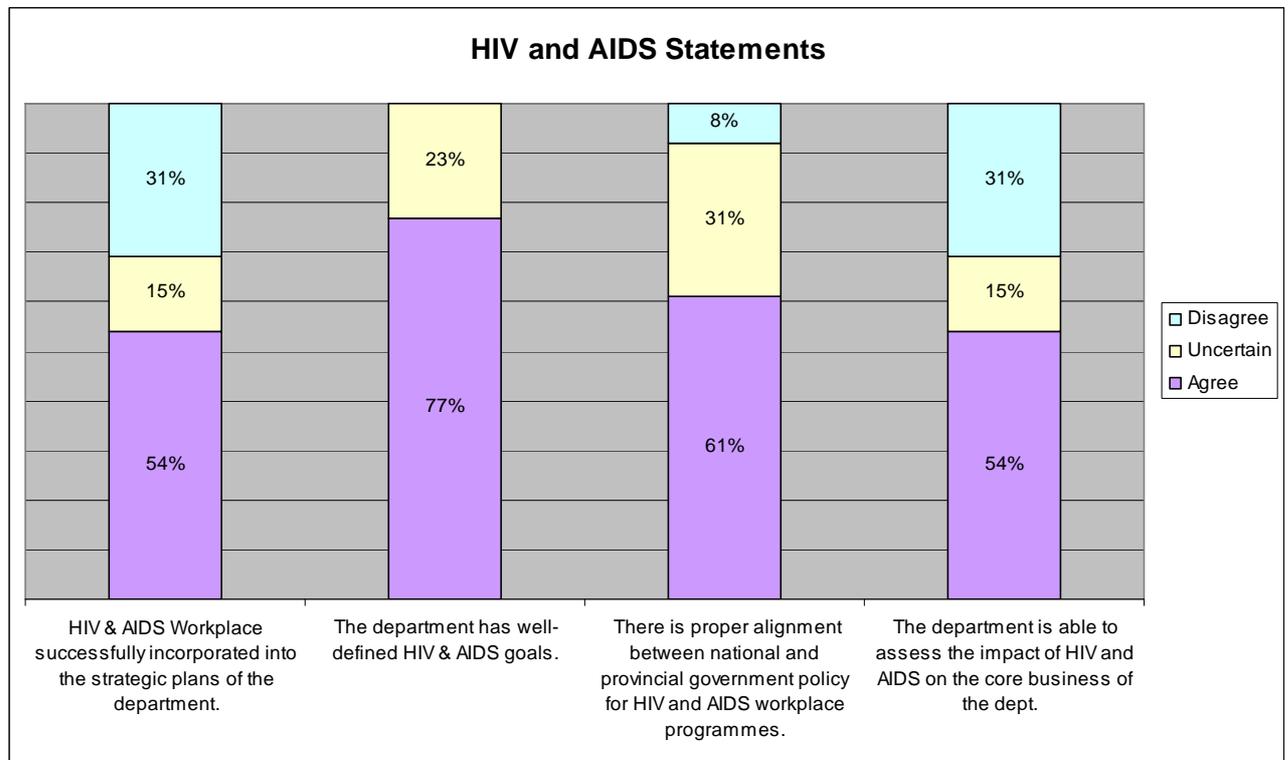


Figure 9: HIV and Aids Statements

The first statement was: “HIV and Aids Workplace Programmes are successfully incorporated into the strategic plans of the department.” The results revealed that 54% of the respondents agreed with this statement whereas 31% disagreed with the statement and 15% were uncertain.

Discussion of data

It is the view of the researcher, based on these results that HIV and Aids programmes need to given greater prominence in the strategic plans of department so that programmes of this nature are taken more seriously.

The second statement was: “The department has well-defined HIV and Aids goals.”

Here an overwhelming 77% of the respondents agreed that the plans are well defined and only 23% were uncertain.

Discussion of data

This is an indication that the programme goals are clearly defined in departments.

The third statement was: “There is proper alignment between national and provincial government policy for HIV and Aids Workplace Programmes.” The results revealed that 61 % of the respondents agreed with the statement, 31 % were uncertain and 8% disagreed.

Discussion of data

These results seem to indicate that there was good alignment between nation and provincial goals and this augurs well for the programme. There is a need for programmes to flow from national to provincial level in order to achieve effectiveness and consistency at every level.

The fourth statement was: “The department is able to assess the impact of HIV and Aids on the core business of the department.” A programme is seen to be effective if its impact is correctly determined from the outset. The results revealed that only 54% of respondents agreed with the statement, 31% disagreed and 15% were uncertain.

Discussion of data

These results seem to indicate that more work needs to be done to get organizations to better understand the impact of HIV and Aids on their core business.

Most of the government departments surveyed are person-intensive. HIV and Aids impact on employees and this will impact on the core business of service delivery.

(Question 64)

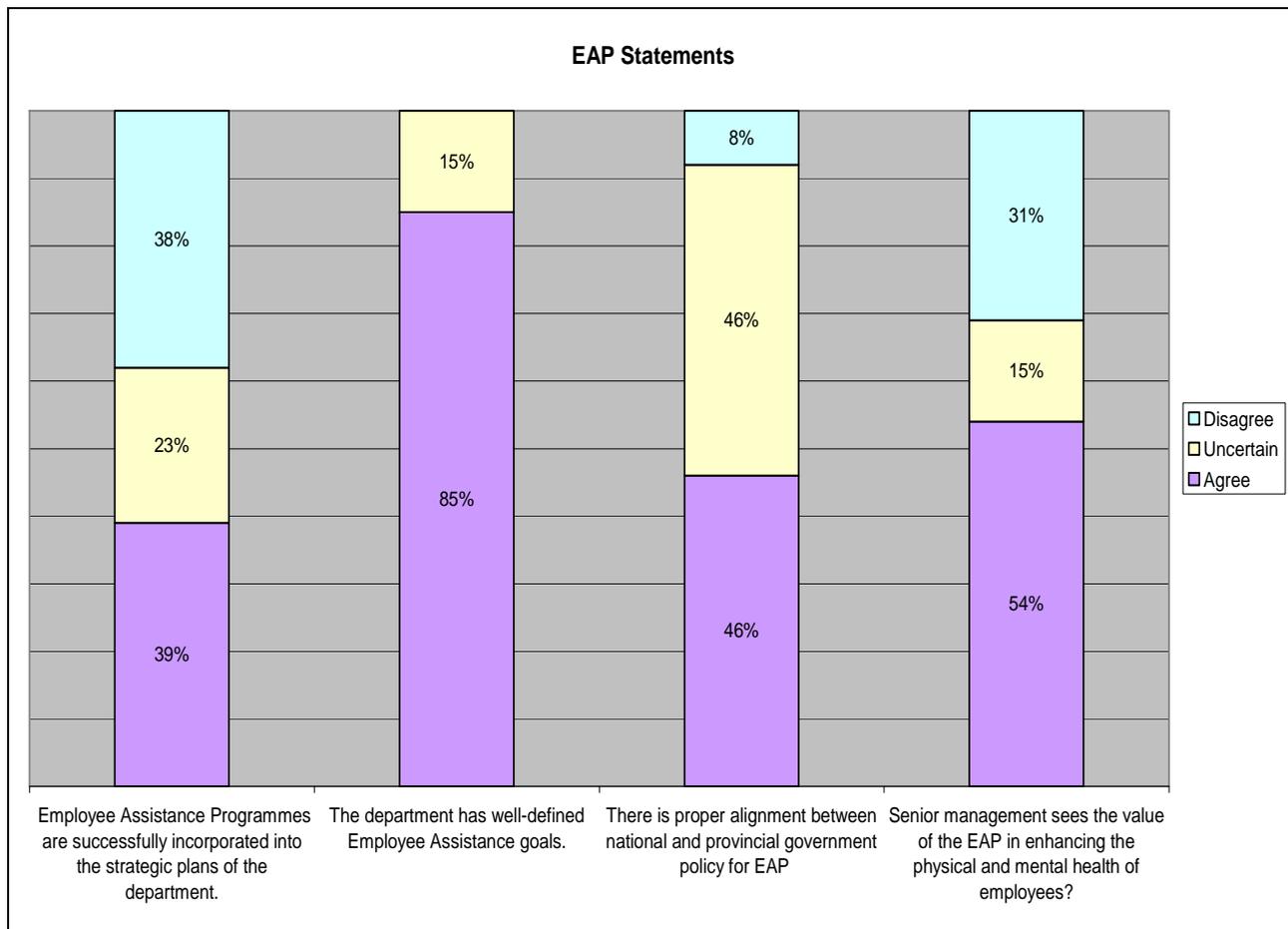


Figure 10: EAP Statements

The first statement – EAPs are successfully incorporated into the strategic plans of the department – elicited a mixed response, with 39% of respondents agreeing with this statement compared with 38% disagreeing with the statement; 23% were uncertain.

The second statement – the department has well-defined EAP goals – was accepted by 85% of the respondents. This shows that this programme has clear goals that are separate from other organizational goals.

Forty-six percent (46%) of the respondents agreed with the third statement – there is proper alignment between national and provincial government policy for EAP – and the same percentage of respondents were uncertain. 8% disagreed with this statement. This is an area that needs more attention.

The fourth statement was “senior management sees the value of the EAP in enhancing the physical and mental health of employees.” 54% of the respondents agreed with this statement, whereas 31% disagreed with the statement and 15% were uncertain. In the researcher’s opinion it would seem that more work needs to be done for senior management to be seen to buy into this programme.

Discussion of Data

Persons employed to conduct EAP needs to ensure that the EAP is incorporated in the strategic goals of the programme. Another area of improvement is to ensure that there is better alignment between national and provincial programmes.

4.1.3. Conclusion

In this chapter an analysis of the data was done on the various responses made by the fourteen respondents. The data shows there was little difference between how the EAP and HIV and Aids Workplace programmes are managed in the selected Gauteng State departments. The support and buy-in by senior management was seen as important for these programmes. The next chapter discusses the conclusions and recommendations.

CHAPTER 5.

Summary, Conclusions and Recommendation

5.1. Introduction

In this chapter, the research will be summarized: the aims and objectives of the study will be summed up and conclusions will be drawn on the data analysis presented in Chapter 5. This will be followed by recommendations based on the conclusions.

The EAP and the HIV and Aids Workplace Programmes in GPG need to be a reflection of the society that we live in. It is encouraging to note that Gauteng is unique in many ways, not least in that its HIV and Aids Workplace Programmes and EAP programmes are the largest in Africa, and cover the greatest number of employees and their dependants. There is still much that can be done to improve on the current system.

This research was conducted in order to compare these programmes. The main motivation for conducting research of this nature was to understand the nature and types of EAP and HIV and Aids Workplace Programmes that existed in the selected Gauteng Public Service departments.

5.2. Purpose of the study

The purpose of the research was to carry out an exploratory study in order to identify the relationship between EAP and HIV and Aids Workplace Programmes in the selected government departments.

5.2.1. Goal

The researcher had conducted exploratory research to compare the EAPs and the HIV and Aids Workplace Programmes that are currently being implemented in the Gauteng Provincial Government departments. The goal of the study was to compare the HIV and Aids Workplace Programmes and EAPs that are run in selected government departments in Gauteng.

5.2.2. Objectives

In order to achieve the above goal, the following objectives were identified:

- To theoretically describe and discuss the EAP and HIV and Aids Workplace Programmes. This was achieved, as the respondents were from nine different state departments.
- To review existing policies and programmes in the HIV and Aids Workplace Programmes and EAP as relevant in the different government departments. This was achieved.
- To identify and explore the structures/strategies and action plans of HIV and Aids Workplace Programmes, as relevant in the various government departments. This was achieved.
- To identify and explore the structures/strategies and action plans of Employee Assistance Programmes. This was achieved.
- To determine the level of senior management support for the two programmes. This was achieved.
- To obtain and compare details on the budgets assigned to the mentioned programmes. This was not achieved as respondents did not completely answer this question and the data could not be analysed to draw meaningful conclusions.
- To determine the nature of existing monitoring and evaluation methods with regard to these two programmes. This was achieved.
- To determine the roles and responsibilities of the government officials employed in and responsible for the EAP and HIV and Aids Workplace programmes. This was achieved.

5.3. Research Question

The research question in this study was:

“What is the relationship between EAP and HIV and Aids Workplace Programmes in the province of Gauteng?” This question was answered in the study.

5.4. RECOMMENDATIONS AND CONCLUSIONS BASED ON THE STUDY

5.4.1. Conclusions: Job designation and Job tasks

The majority of the respondents were either EAP coordinators or HIV and Aids Workplace coordinators with only 4 (28%) in management. One respondent indicated that his/her job designation included the following aspects: Employee Relations, Employment Equity Coordinator, and Disability and Gender focal point. This was due to certain government departments combining various portfolios into one position. In smaller departments, a combination programme can be effective, as there are aspects of employee wellness that are relevant to all these different job titles.

The disadvantage is that the main focus to the person's work can be diluted and the person can be pulled in different directions. The researcher believes that this is another reason why most programmes are called Employee Wellness, as it is more holistic and preventative in nature.

Recommendations

It is recommended that:

- the number of staff who are at a managerial level and who are responsible for HIV and Aids and EAP programmes be increased.
- EAP and HIV and Aids Workplace Programmes are incorporated under the banner of employee wellness which will result in greater emphasis on the preventative aspect of the programme which, if managed correctly, can be very effective in dealing with HIV / Aids Workplace issues. The EAP and HIV Workplace Programmes and EAP will be more holistically focused on the entire well-being of the employee within the environment.
- in the larger departments (employing over 4000 employees) different staff members should be employed to engage in the following portfolios: HIV and Aids Workplace Programmes, EAP and Occupational Health and Safety. All these portfolios should be placed under a directorate entitled Wellness Programmes.

5.4.2. Main Daily Work Activities

5.4.2.1. Conclusion Task variety

There were a wide variety of responses elicited by this question. This can be positively interpreted as it indicates that there was a great amount of diversity in the number and types of tasks conducted by the respondents. On the other hand, great task variety can dilute the effectiveness of the programme as there are so many tasks that the coordinator does not have time to undertake a task properly and has to move from one crisis to the next.

The research showed that there was little difference between the percentage of tasks that respondents undertook with regard to EAP on the one hand and HIV and Aids Workplace Programmes, on the other hand. The main task that cross-cut between the programmes was counselling, and this was the most frequent activity that respondents engaged in. Other tasks included coordination of services, training, consultation and monitoring and evaluation exercises.

5.4.3. Conclusion Use of an External Service Provider

It was noted that, with the exception, all of the departments made use of an external service provider. The researcher is of the opinion that the vital role played by a coordinator would be to project manage the services offered by the service provider to get the best possible services for the employees and the organizations.

Recommendation

It is recommended that:

- greater use be made of the external service provider for counselling and that staff who are employed internally need to manage the service.
- the programmes become more strategically aligned with the organizational goals and that managers of the EAP and HIV and Aids Workplace programmes engage in organizational development initiatives.

5.4.4. Conclusion Number of employees

The size of an organization and the number of employees are highly dependent on the resources allocated to the EAP and HIV and Aids programmes, as respondents did not clearly complete the question on budget. It is noted that departments differ drastically in terms of size, with GPG departments ranging from 395 employees to 60 134 employees. Most of the larger departments are not located at one site and there are large geographical distances between sites.

Recommendation

It is recommended that the larger departments (employing more than 4 000 staff) appoint more internal staff at a ratio of 1:1000.

5.4.5. Conclusions: Salary level and job levels

The study revealed that the majority of the respondents were in the salary levels 9-11 and therefore earnings translated into amounts ranging from R145 710 per annum to R330 090 per annum. Many of the respondents felt dissatisfied because the post and salary band allocated to these programmes was at a low level. A post at a higher level was seen to provide greater visibility and prominence to EAP and HIV and Aids Workplace Programmes in the GPG departments.

Recommendations

The researcher recommends that, owing to the task complexity and diversity of this portfolio, the position of EAP coordinator and HIV and Aids Workplace coordinator should be considered at Deputy Director and above. It is further recommended that in the departments with more than 4 000 staff these programmes should be given the status of a directorate and the person heading these programmes should be at director level.

5.4.5.1. Formal Qualifications in EAP

Conclusion

The study revealed that most of the respondents had a university degree and many even had post-graduate qualifications. In the EAP field many respondents were social workers

with a few years' work experience. The researcher is of the opinion that a three-year bachelors' university degree should be a requirement of an employee in the EAP field.

Nevertheless, at the GPG most departments make use of an external service provider that renders a 24-hour counselling service; thus the internal employee needs to have good project management skills. When there is no external service provider and part of the job entails counselling of employees, then the person conducting the counselling should be a professional who is registered with a statutory body or council. It is envisaged that in due course EAPA-SA would become the body that will govern professional practice of the EAP field.

Recommendations

It is recommended that a three-year university bachelor's degree should be the minimum qualification for an employee in these programmes and the employee should be a registered member of EAPA-SA. The ideal will be a master's degree in EAP as a minimum formal qualification.

5.4.6. Formal Qualifications: HIV and Aids Workplace Coordinator

Conclusion

The respondents provided a more varied reply to this question compared to the one on EAP as some respondents indicated that a basic university degree was preferred. Qualifications that were relevant in nursing and human resources were cited as appropriate together with knowledge on HIV and Aids issues.

Recommendation

It is recommended that an HIV and Aids Workplace Coordinator have a university degree or a qualification in either nursing or human resources and some knowledge and experience in working in the field of HIV and Aids.

5.4.7. Staffing

Conclusion

Respondents in the study felt that greater emphasis should be placed on the employment of more internal persons in the EAP and HIV and Aids Workplace Programmes. The researcher postulates that the size of the organization, the geographical distance between sites and the task complexity and diversity should determine the number of staff members to be allocated to the respective programme.

Recommendation

The number of staff on both the EAP and HIV and Aids Workplace programmes should be increased to ensure the success of the programme.

5.4.8. Staff Training and Development

Conclusion

Many of the respondents as well as other employees from the respective departments had attended training courses and workshops that were relevant to both EAP and HIV and Aids Workplace Programmes. The benefits of training and educational programmes should not be underestimated within a department. Training of employees encourages greater support of both the EAP and HIV and Aids Workplace Programmes.

The report by the Public Service Commission entitled “Report on the Evaluation of the Policy Framework on Managing HIV and Aids in the Public Service” (2006: 43) found that respondents referred to a dramatic change in their perception of both the disease and people living with HIV and AIDS owing to the fact that they were better informed through awareness, education and knowledge in the workplace.

Recommendation

It is recommended that quality training education and awareness programmes with regard to EAP and HIV and Workplace programmes continue for all employees in GPG.

5.4.9. Policies Relevant to the Programmes

Conclusion

Almost all departments surveyed had policies that were relevant to EAP and HIV and Aids Workplace Programmes in place.

Certain departments had wellness policies that included EAP, HIV and Aids and Occupational Health and Safety components. Policies are essential to the effective functioning of a programme. However, policies are only effective if they are put into action and all employees are knowledgeable about them. The Public Service Commission Report (2006: 48) found that the main factor responsible for the success in putting HIV and Aids policies into action (i.e. via programmes in Senior Management Service (SMS) commitment to HIV and AIDS and SMS leadership in implementing HIV and AIDS policies). Respondents in both of these studies went so far as to opine that the HIV and AIDS Workplace Programme and EAP should become part of the management performance agreement to encourage managers to become more visibly committed to the implementation of policies in the workplace.

Recommendation

It is recommended that EAP and HIV and Aids workplace policies are known to all employees and that senior management should play a more significant role in marketing and implementing these policies.

5.4.10. A Combined Policy Moving towards Wellness

Conclusion

The respondents in this study noted various advantages for a policy that combines the EAP and HIV and Aids Workplace Programmes. The Public Service Commission Report (2006: 47) noted that in departments where EAPs had succeeded in transforming themselves into Wellness Centres these departments were far more effective in dealing with HIV and Aids in the workplace than those EAPs which did not make the paradigm and institutional shift to the holistic wellness approach. The researcher is of the view that GPG EAP and HIV and Aids programmes should make the shift to locate these programmes under Employee Wellness. This would make it easier for public officials to use Wellness Centres as opposed to HIV and Aids Centres, thereby lessening the chance that a person

will be labelled as a person living with HIV and AIDS or being discriminated against for his/her supposed HIV and Aids status (Public Service Commission Report, 2006: 47).

Recommendation

It is recommended that departments consolidate EAP and HIV and Aids Workplace Programmes under the Wellness Programmes that deal with people issues holistically. This integration would allow for multi-dimensional reporting that can be translated into addressing the specific needs of employees. Furthermore, wellness programmes will target healthy lifestyles.

5.4.11. Methods used to communicate the policy

Conclusion

Respondents noted that more than one method was used to communicate the EAP and HIV and Aids policies. This is supported by Francek (1985: 28) in Mnisi (2005: 65) who notes that keeping current and meaningful information readily available to all employees is one of the foundations of successful programme utilization. Therefore, the use of many methods used to communicate policy is required. Respondents indicated that technology through the use of email, internet and intranet is a developing method that will be used more frequently.

Recommendation

It is recommended that many methods should be used to communicate policy. Methods used need to be straightforward and in a language that is easily understood by all GPG employees.

It recommended that technology be used as a means of marketing these programmes for the future, as this is cheaper and will reach a large target group of employees.

5.4.12. Role of the Gauteng Shared Services Center (GSSC) in the programmes

Conclusion

The GSSC has played a role with the Multi-sectoral AIDS Unit to ensure that there are EAP and HIV and Aids Workplace Programmes established within the GPG.

The GSSC, using an economy-of-scale model, was successfully able to negotiate with an external service provider, viz. Independent Counselling and Advisory Service (ICAS), to obtain an outsourced EAP service for departments. The contract was entered into between the GSSC and the external service provider. At the point when the research was undertaken 8 of 9 organizations were using the external provider called ICAS

Recommendation

The GSSC role should continue to play a monitoring and evaluation role of EAP and HIV and Aids Workplace programmes within GPG.

The GSSC should also play a role as a coordinating body.

5.4.13. Role of the Multi- sectoral AIDS Unit (MSAU)

Conclusion

The MSAU has played a significant role in funding both the EAP and HIV and Aids Workplace programmes, and this has resulted in the growth and development of these programmes. The provision of the funding by MSAU for the initial conceptualization, design and implementation programmes has been a unique enabling feature of the GPG EAP and HIV and Aids Workplace Programmes in this province. The MSAU needs to be commended for the foresight it had in jointly funding EAP and HIV and Aids Programmes.

Recommendation

It is recommended that the MSAU commence weaning departments off the funding they had provided for these programmes. Departments need to now take ownership of these programmes and fund them from their respective organizational budgets. This should result in greater support, accountability and buy-in from senior management for EAP and HIV and Aids programmes.

Section F

5.4.14. Funding

Conclusion

This question was not accurately or adequately completed by respondents. Funding is, however, an important variable on the nature and type of EAP and HIV and Aids Programme presented. The research undertaken by the Public Commission found a clear link between budget and leadership support of the programme. This research noted that

the MSAU had assisted departments financially with both the EAP and HIV and AIDS Workplace programmes. The departments varied in the amount of money they contributed directly into the EAP and HIV and Aids Workplace Programmes. It would be preferable that departments self fund these programmes in the future. This would be seen as direct management support of these programmes.

Recommendation

It is recommended that individual departments allocate more resources towards these programmes.

The DPSA has proposed that an acceptable benchmark is for departments to allocate 1% of the payroll value for the Employee Health and Wellness Programme, with the minimum of R1 000 per employee per annum (DPSA Policy Framework Employee Health and Wellness in the Public Sector).

5.4.15. Leadership and Management

Conclusion

Respondents noted a positive correlation between the amount of support provided by management towards the programme and the success thereof.

Recommendation

Management should show visible support of EAP and HIV and Aids Workplace Programmes. Management needs to lead by example and be present at awareness campaigns. Senior management should provide continuous, visible leadership and support in the battle against HIV and AIDS and this includes budgetary support (Public Service Commission Report, 2006: 61). Furthermore, the researcher recommends that this leadership is extended to EAP.

5.4.16. Decision-Making Ability of EAP and HIV and Aids Workplace Coordinators

Conclusion

The respondents in both the EAP and HIV and Aids Programmes reported a satisfactory degree of decision-making ability. However, based on the respondents' job levels and the position of the programmes in the departments the programmes would be more effective if

the coordinators had a higher level of decision-making ability or they would seem like toothless tigers.

Recommendations

It is recommended that these programmes need to be placed strategically within departments and not on the periphery like so many of the current departments in GPG and the persons heading these programmes should be at a higher level with greater decision-making abilities.

5.4.17. Programme Design

Conclusion

Eight of the nine departments surveyed made use of a combination model to render EAP and HIV and Aids Workplace services to their employees.

Recommendation

The researcher recommends the use of a combination model as the incorporation of HIV and Aids Workplace services and even occupational health and safety can easily be done using this type of model. This allows for the provision of holistic and integrated service to employees and their dependants.

5.4.18. Use of an External Service Provider

Conclusion

Eight of the nine departments surveyed made use of an external service provider to conduct the counselling. The external service provider also conducted training, education, marketing and awareness programmes. A combination model using an external service provider is effective as employees feel that confidentiality is assured at all times. The reports produced by the external service provider on the service can be most helpful in generating standardized programmes that are effective for the entire GPG public service. The GSSC can play a role in bringing this to the attention of departments through the Gauteng Provincial Departments Wellness Forum.

Recommendation

The following recommendations are made:

- An outsourced external service provider should be used in order to run a 24-hour confidential counselling service.
- An economy-of-scale model should continue to be used in order to get the best deal from service providers.
- GCCS should continue to play a role in the broader coordination of these programmes at a GPG level.

5.4.19. Development and Management of the Programmes using a Business Plan

Conclusion

All of the departments had developed business plans according to which the programmes were managed.

Recommendation

It is recommended that all HIV and Aids Workplace programmes and EAP be developed and managed according to a business plan.

5.4.20. Utilization of the Programmes

Conclusion

The respondents indicated a high-to-average utilization rate of the programmes.

Recommendation

It is recommended that further development and marketing of the programmes be conducted to increase utilization of the EAP and HIV and Aids Workplace Programmes. It is recommended that the coordinators and managers of these programmes market these programmes for the next three years. Furthermore, specific programmes that address the customized needs of individual departments need to be developed more vigorously. Programmes need to be owned by the respective departments.

5.4.21. Positioning of the Programme

Conclusion

Majority of the respondents indicated that the EA Programme was located at either lower management or middle management level.

Recommendation

Thus it is recommended that the EAP and HIV and Aids Workplace Programmes be located at top management level within departments.

5.4.22. Requirements to sustain the programmes in government

Conclusions

The requirement most frequently cited by the respondents was the need for senior management support of the EAP and HIV and Aids Programmes.

Recommendation

Some of the recommended requirements needed to sustain these programmes include:

- Locating the programmes at top management level.
- Combining the HIV and Aids Workplace Programmes and EAP under the banner of Employee Wellness.
- Ensuring that these programmes are adequately resourced both in terms of budget and staff.
- On-going marketing of the programmes to increase utilization.

5.4.23. General Comments on the Programmes

Conclusion

The following were some views that respondents had about the programmes:

- More work needs to be done to ensure that these programmes are more strategically aligned with departmental plans. This will allow greater visibility and recognition of the programme.
- The goals for both EAP and HIV and Aids Workplace Programmes are well defined and this should be maintained in the future.
- There needs to be greater alignment with the national and provincial goals for both programmes.
- There is a need for senior management to understand the value of these programmes in order for GPG to become an employer of choice.
- Departments need to understand the wellness programmes and role they play because the HIV and Aids pandemic will have a serious impact on future service delivery according to departmental core functions.

Recommendation

It is recommended that the above comments are considered when expanding and developing the programmes both for Gauteng and rest of the country.

5.4.24. Overall conclusion and recommendation

The researcher hereby recommends that the EAP and HIV and Aids Workplace Programmes be integrated under the banner of Wellness, making the GPG Public Service a globally competitive employer of choice.

A wellness programme links perfectly with an objective located within the 2014 vision of Gauteng in the 5-year Human Resource Strategy which states:

“Creation of a safe and healthy environment that ensures that employees’, spiritual, mental, emotional and physical well-being is taken care of for improved productivity.”

5.5. The Road Ahead

Mr M. Maile, the Chief Executive Officer of the GSSC, speaking at the 2007 GPG EWP Indaba noted that the EWP can be the vehicle used to build and develop skilled and productive people in this province not only at government level.

He alluded to the following challenges that affect both EAP and HIV and Aids Workplace Programmes:

- The need for targeted customized interventions to meet specific needs of departments.
- Programmes that are innovative and creative.
- Senior managers need training on the value that both EAP and HIV and Aids Workplace Programmes can have to their HR and the people they manage.
- Greater emphasis needs to be placed on the aspect of monitoring and evaluation and measurable indicators need to be formulated.
- Integrated programmes under wellness are the key to healthy lifestyles.
- The significant stakeholders in GPG are MSAU, the GSSC, the DPSA, Organized Labour, and the respective state departments. The need is for strong and effective partnership.

Gauteng has a good infrastructure and high quality programmes, as the external service provider has allowed employees and their dependants to access a wide variety of useful services. However, this research has highlighted the need for an integrated programme under the banner of wellness that can holistically serve the needs of employees.

Programmes in isolation are not effective.

Wellness programmes have certain advantages like:

- Increased effectiveness as a combined programme.
- The programme has a single point of entry.
- Increased awareness of services across the programme offerings.
- The programmes are preventative and focus on early intervention.
- Wellness programmes are inclusive of various disciplines like social work, nursing, psychology, and human resources.
- Creating useful and diverse interdisciplinary partnerships.

As we move into the 21st century, EAP, HIV and Aids Workplace Programmes and Wellness Programmes will become more elaborate and tailored to meet the unique needs of the individual worker and his/her family. Further research on this subject matter will add to the knowledge base of best practices in this developing field.

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Questionnaire to determine THE COMPARISON of the Employee Assistance Programme with HIV/AIDS Workplace Programmes in the Gauteng Provincial Government

Questionnaire No	
Organization No	

Instructions

Please read the following questions and insert a cross (x) in the relevant block or write down your response in the space provided.

Purpose of the Study

The purpose of this study is to describe and discuss the EAP and HIV and AIDS Workplace programmes using questionnaires, which will be completed by employees in the respective departments. The questions will focus on the nature of existing policies and programmes regarding EAP and HIV and AIDS Workplace programmes run by the respective government departments.

Who completes this questionnaire?

1. EAP Coordinators
2. HIV and AIDS Workplace Coordinators
3. EAP Committee Members
4. HIV and AIDS Workplace Committee Members
5. Persons responsible for the EAP or HIV and AIDS Workplace programme

SECTION A: Demographic Profile

1. Sex

Male	1	1	Female	2
------	---	---	--------	---

2. What is your job designation?

HIV & AIDS coordinator	1
EAP Coordinator	2
Manager	3
Admin officer/clerk	4
Other	5

2.1. Please state other _____

3. List 5 of your main daily work activities that relate to EAP and/or HIV and AIDS Workplace programmes:

- 3.1. _____
 3.2. _____
 3.3. _____
 3.4. _____
 3.5. _____

4. How many employees are in the Provincial Department you are employed in as at March 2006? State number?

5. How are your tasks broken up as a percentage?: Please state a percentage next to the area indicated if an area is not relevant to your job indicate a 0%.

HIV and AIDS Workplace Programmes	%
Employee Assistance Programmes	%
Human Resource	%
Other Tasks	%

5.1. Please state other and allocate the required percentage _____

6. What is your salary level?

Level 1-4	1
Level 5-8	2
Level 9-11	3
Level 12 and above	4

7. How long have you been employed in HIV and AIDS section?

Less than a year	1
Between 1 and 3 years	2
Between 4 and 6 years	3
More than 6 years	4

7.1 How long have you been employed in HIV and Aids section by your current employer _____ years.

8. What are your formal qualifications relevant to HIV and AIDS Workplace Programmes?

Qualification	Year Obtained
Post Graduate Degree:	
Degree:	
Certificate:	
Other:	

9. How long have you been employed in EAP section by your current employer _____years

10. What are your formal qualifications relevant to the EAP field?

Qualification	Year Obtained
Post Graduate Degree:	
Degree:	
Certificate:	
Other:	

11. How long have the EA programmes been in operation in your department? _____years

12. How long have the HIV and AIDS Workplace programmes been in operation? _____years

SECTION B: Staffing

13. How many staff members are allocated to EAP portfolio as at 31st March 2006? State number _____

13.1. In your opinion is this number

Adequate	1
Inadequate	2

14. How many staff members are allocated to HIV and AIDS Workplace portfolio as at 31st March 2006? State No. _____

14.1. In your opinion is this

Adequate	1
Inadequate	2

15. In the past three years how many employees in the EAP section have resigned or left this post. State number _____

15.1.1. Please state reasons for the above

16. In the past three years how many employees in the HIV and AIDS section have resigned or left this post. State number _____

16.1.1. State reasons for the above

17. What are the required qualifications for the EAP post? Please specify?

18. What are the required qualifications for the HIV and AIDS Workplace post? Please specify?

SECTION C: Training and Staff Development

19. Have you or other employees attended any training/s /workshop/s in EAP in the past 12 months?

20.

Yes	1
No	2

21. If yes please complete the following

Name of the workshop or training	
What was the length of the training?	
How many employees attended the training or workshop?	
The organization who provided the training	
In your opinion what was the value of the training?	
What aspects of the training have you implemented	
Did you encounter any problems with the training	
What are your recommendations for future training?	

22. Have you or other employees attended any training/s /workshop/s in HIV and AIDS Workplace programmes in the past 12 months

Yes	1
No	2

22.1. If yes please complete the following.

Name of the workshop or training	
What was the length of the training?	
How many employees attended the training or workshop?	
The organization who provided the training	
In your opinion what was the value of the training?	
What aspects of the training have you implemented	
Did you encounter any problems with the training	
What are your recommendations for future training?	

23. Please rate the opportunities offered to employees on training and development as follows:

HIV & AIDS Workplace Programmes	Excellent	Good	Average	Poor	Very Poor
Employee Assistance Programmes	Excellent	Good	Average	Poor	Very Poor

SECTION D: Policy

24. Does the department you are employed in have an HIV & AIDS policy?

Yes	1
No	2

25. Does the department you are employed in have an EAP policy?

Yes	1
No	2

26. Does the department you are employed have a combined policy?

Yes	1
No	2

NB: If you answered yes to this question please answer the following 3 questions, if you answered no ignore the next 3 questions

26.1.1. What is the title of the combined policy?

27. Which of following aspects are included in the combined policy?

EAP	1
HIV and AIDS Workplace	2
Occupational Health and Safety	3
Other	4

27.1.1.1.State other

28. What are the advantages and disadvantages of a combined policy in terms of budget, financing and the nature of the programme?

Advantages

Disadvantages

29. Did the department you are employed in use the DPSA document entitled “**Managing HIV/AIDS in the Workplace**” as a guideline to develop your HIV/ AIDS Policy.

Yes	1
No	2
Was not aware of its existence	3

30. How would you describe your department’s HIV/AIDS Workplace policy?

Flexible	Yes	No	Uncertain
Straight forward	Yes	No	Uncertain
Enforceable	Yes	No	Uncertain
Is it supported by all stakeholders	Yes	No	Uncertain

31. How would you describe your department’s EAP policy?

Flexible	Yes	No	Uncertain
Straight forward	Yes	No	Uncertain
Enforceable	Yes	No	Uncertain
Is it supported by all stakeholders	Yes	No	Uncertain

32. Which of the following Communication medium were used to communicate the EAP policy?

Communication medium	Yes	No
Meeting/workshops	1	2
Notice boards	1	2
Education and training	1	2
e-mail	1	2
Pamphlets/posters	1	2
Other		

32.1. State other _____

33. Which of the following Communication medium were used to communicate the HIV and AIDS Workplace policy?

Communication medium	Yes	No
Meeting/workshops	1	2
Notice boards	1	2
Education and training	1	2
e-mail	1	2
Pamphlets/posters	1	2
Other		

33.1. State other _____

SECTION E: Stakeholders

34. Have the GSSC (Gauteng Shared Services Centre) personnel assisted in developing the departments EAP?

Yes	1
No	2

34.1. If yes, indicate the kind of assistance that was rendered?

Programme Design	1
Training	2
Monitoring	3
Funding	4
Other	5

34.2. State other _____

35. What has been your percentage utilization rate of the EAP counselling service for past 12 months?
_____ %

35.1. How would you rate the utilization of the EAP programmes? Tick the most appropriate block.

Very high	1
High	2
Average	3
Low	4
Very low	5

36. What role has the Multi-sectoral Aids Unit played in your department's HIV and AIDS Workplace Programme?
Tick the most appropriate block.

Programme Design	1
Training	2
Monitoring	3
Funding	4
Other	5

36.1. State other _____

37. What role has the Multi-sectoral Aids Unit played in your department's EA Programme? Tick the most appropriate block.

Programme Design	1
Training	2
Monitoring	3

Funding	4
Other	5

37.1. State

Other _____

SECTION F: Funding

38. What amount of budget was allocated to EAP for the 05/06 financial year: R_____
39. What budget is allocated to the HIV and AIDS Workplace budget for the 05/06 financial year:
R_____--
40. If you have one budget for both HIV and AIDS Workplace Programmes and EA Programmes, What is it:
R_____
41. If you receive funding from other sources, please state source, amount and which programme the funding was used for? Fill in the blocks

Source	Amount	HIV & AIDS Workplace	EA Programmes

SECTION G: Leadership and Management

42. What is / has been the attitude of senior management in HIV and AIDS Workplace Programmes? Tick the most appropriate block.

	YES	NO
Supportive		
Disinterested		
Driven from the top		
Always eager to learn		
Other		

42.1. Motivate your responses by giving some examples :

43. What is / has been the attitude of senior management in Employee Assistance Programmes? Tick the most appropriate block.

	YES	NO
Supportive		
Disinterested		
Driven from the top		
Always eager to learn		

43.1. Motivate your responses by giving some examples:

44. Rate managements' understanding and involvement of the following, according to the scale provided:
45.

1 = very good, 2 = good, 3 = average, 4 = poor 5 = very poor, 6 = not sure

	EAP		HIV and AIDS programme	
	Understanding	Involvement	Understanding	Involvement
Training				
Marketing				
Strategic positioning				
Monitoring of the programme				
Evaluating the departmental programme				

46. Can more be done to get managers to support the EA Programme?

Yes	1
No	2

46.1. If yes, please state what can be done?

47. Can more be done to get managers to support the HIV and AIDS Workplace Programme?

Yes	1
No	2

47.1. If yes please state what can be done?

48. In your opinion does the EAP Post have adequate decision- making authority?

Yes	1
No	2

48.1. Motivate your answer

49. In your opinion does the HIV and AIDS Workplace Post have adequate decision- making authority?

Yes	1
No	2

49.1. Motivate your answer

SECTION H: Programme Design

50. What model was chosen for the department's EAP service? Tick the most appropriate block.

Internal(Service rendered by staff employed by the department)	1
External(Service rendered by staff employed by external service providers)	1
Combination(Service rendered by internal staff and outside service providers)	1

51. Is use made of an external service provider for the reactive level i.e. counselling

Yes	1
No	2

52. Is use made of an external service provider for some components of the programme, please state which components (i.e. counseling)

53. Did your department develop a business plan for the EA Programmes?

Yes	1
No	2
Uncertain	3

54. If yes, did the department manage the EAP according to the business plan?

Yes	1
No	2

54.1. Indicate briefly the content of the business plan?

55. Did your department develop a business plan for the HIV and AIDS Workplace programmes

Yes	1
No	2

56. If yes, did the department manage the EAP according to the business plan?

Yes	1
No	2

56.1. Motivate your answer

57. How would you rate the utilization of the HIV and AIDS Workplace programmes? Tick the most appropriate block.

Very High	1
High	2
Average	3
Low	4
Low	5

57.1. Motivate your answer

58. State at which level your EA Programme is at. Tick the most appropriate block.

Reactive(the counselling level i.e. face to face and telephonic)	1
Programmatically (developing programmes to address certain needs i.e response to a need like a smoking cessation programme.)	2
Holistic(a comprehensive services that includes the above two levels and other services like an ergonomically designed workplaces, and a gym	3

59. Where is the EA programme positioned in the organization?

Top Management Level	1
Middle Management Level	2
Lower Management Level	3

59.1. Is the positioning effective - Motivate your answer

60. Where is the HIV and AIDS Workplace Programme positioned in the organization?

Top Management Level	1
Middle Management Level	2
Lower Management level	3

60.1. Is the positioning effective - Motivate your answer

SECTION I: General

61. List 3 things that are recommended to sustain an effective HIV and AIDS Workplace programme in government

62. List 3 things that are recommended to sustain an effective EA Programme in government ?

63. Rate the following HIV and Aids –related statements according to the indicated scale
1= strongly disagree, 2= Disagree, 3= Uncertain, 4= Agree, 5= Strongly Agree

Statements	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
HIV & AIDS Workplace successfully incorporated into the strategic plans of the department.	1	2	3	4	5
The department has well-defined HIV & AIDS goals.	1	2	3	4	5
There is proper alignment of department and government HIV & AIDS Workplace Programme goals and programmes.	1	2	3	4	5
The department is able to assess the impact of HIV & AIDS on the core business of the department.	1	2	3	4	5

64. Rate the following EAP statements according to the indicated scale
1= strongly disagree, 2= Disagree, 3= Uncertain, 4= Agree, 5= Strongly Agree,

Statements	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
Employee Assistance Programmes are successfully incorporated into the strategic plans of the department.	1	2	3	4	5
The department has well-defined Employee Assistance goals.	1	2	3	4	5
There is proper alignment between national and provincial government policy for EAP	1	2	3	4	5
Senior management sees the value of the EAP in enhancing the physical and mental health of employees?	1	2	3	4	5

THANK YOU FOR TAKING PART IN THIS STUDY