

## Chapter 7

# Conclusions and Recommendations

### 7.1 INTRODUCTION

The purpose of this research study was to explore how employees were affected by critical incidents, and to describe the psychosocial impact of the incident on the employee and how it affected the employee's work performance.

The following hypothesis and research questions were formulated:

#### **Hypothesis and research questions**

For the purpose of this study, the researcher posed a hypothesis as well as research questions.

#### *Hypothesis*

If an employee is exposed to a critical incident, the critical incident will have a negative effect on the psychosocial functioning and work performance of the employee – unless such an employee receives proper counselling or debriefing.

#### *Research questions*

- What is the impact of critical incidents on the psychosocial functioning and work performance of an employee exposed to a critical incident?
- What is the impact of counselling within the EAP framework on the psychosocial functioning and work performance of such an employee?
- What is the impact of trauma debriefing on the wellbeing, production and business effectiveness of the corporate client?

In this chapter the researcher provides conclusions and recommendations as they became evident from the empirical data. The researcher further provides evidence from the empirical data to substantiate the hypothesis and research questions.

## 7.2 CONCLUSIONS AND RECOMMENDATIONS

### 7.2.1 Conclusions and recommendations based on data collected from employees (part 1 of the study)

#### 7.2.1.1 Demographical information

##### Conclusions

- Age: The majority of respondents were between 31 and 40 years old.
- Gender: The majority of respondents were female.
- Qualifications: The majority of respondents had tertiary qualifications.
- Service years: The majority of respondents had been working at their current company between 6 and 10 years.
- Level of functioning: The majority of respondents had managerial responsibilities.
- Marital status: The majority of respondents were married.
- Dependents: The majority of respondents indicated that their children were still dependent.

The typical profile of respondents in the study therefore was a female employee between the ages of 31 and 40, with a tertiary qualification, between 6 to 10 years with the company and had managerial responsibilities. She was married and had children.

The pre-trauma risk factors mentioned by Friedman (2003:21–23) are gender, age, education, childhood adversity, previous exposure to critical incidents in childhood, prior psychiatric disorders and a family history of psychiatric disorders, attention deficit disorder and hyperactivity disorder, previous exposure to a critical incident as an adult, adverse life events and physical health problems. In a study by Brewin, Andrews and Valentine (2000:748–763), 14 pre-risk factors were investigated to determine the impact of trauma. Results proved that during a critical incident gender, age and education were determining factors regarding the reactions to the critical incident and the effect thereof. Authors have consensus that women are more at risk than men, younger people under the age of 25 are more at risk and people with a lower education are more at risk to be more seriously affected by trauma and to develop PTSD. The literature further suggests that people who are happily married with a good support structure are likely to be less affected than a person being alone with limited support or no support systems.

In this study, in terms of the demographical information, the pre-trauma risk factor that contributed to the increased risk of respondents was gender, as the majority of respondents were female. The pre-trauma risk factor that seemed to be in favour of respondents being less affected, was age, as the respondents were older than the identified risk age group of younger than 25. Concerning education, the majority of respondents had tertiary education, had managerial duties and were married and, therefore, expected to have a good support system.

### **Recommendations**

Demographical information should be considered when assessing the possible reactions victims may experience, identifying at risk victims at an early stage and planning intervention as part of the CISM intervention.

#### **7.2.1.2 Meaning of work**

##### **Conclusions**

The reason a person chooses to work has an impact on the person's motivation to work and, therefore, plays a pivotal role in the recovery process. War (in Landy, 1989:439) feels that there is more than enough evidence to conclude that work and the satisfaction of work are centrally involved in determining the adjustment of adults in virtually every culture.

The main reasons why employees work, as indicated in the study, are indicated as:

- The opportunity to earn money
- The opportunity for self-development
- The opportunity to apply skills.

It can, therefore, be concluded that respondents –according to the empirical data– found work meaningful and, therefore, work played a role in the motivation of employees to restore their work functioning as soon as possible after a critical incident as it provided them with a sense of meaning.

### **Recommendations**

It is important that employers realise that work satisfaction and the meaning of work for an employee, and the resulting motivation to work, play an important role in the recovery process and option to return to work. Employers, therefore, have a duty to optimise working conditions

for employees, ensuring that work is conducive to self-actualisation and the motivation of the employee.

### **7.2.1.3 Critical incident**

#### **Conclusions**

The critical incidents that were experienced as most traumatic by respondents were (in order of severity):

- Death of a loved one
- Divorce
- Armed robbery.

It is concluded that these incidents were most difficult for respondents to resolve and integrate. These incidents had the most impact on their work performance and psychosocial functioning.

#### **Recommendations**

As respondents experienced these critical incidents as most traumatic, employers can be guided to develop protocols in the intervention of these cases by either allowing therapeutic intervention to continue after the six to eight sessions provided according to a short-term focused model or to refer employees who were affected in this way to specialists in order to restore psychosocial functioning and work performance in the shortest possible time.

### **7.2.1.4 Trauma risk factors**

#### **Conclusions**

It is evident from the study that the following trauma risk factors were present:

- Degree of life threat: the majority of respondents experienced the degree of life threat as extreme
- Onset of the incident: the majority of respondents experienced the onset of the incident as unexpected
- Degree of disturbance of home routine: the majority of respondents experienced disturbance of home routine as severely disturbing
- Degree of exposure to death, dying and destruction: the majority of respondents experienced their exposure as extremely high

- Degree of moral conflict inherent to incident: the majority experienced the moral conflict inherent to the incident as extremely high
- Role in trauma: the majority of respondents were directly involved in the trauma
- Proportion of the community affected: the majority of respondents' perception was that a small proportion of the community was affected by the incident
- Degree of bereavement: the majority of respondents experienced the degree of bereavement as high and extremely high
- Duration of being affected by die incident: the majority indicated that they were affected for a period of three months and longer
- Potential for recurrence: the majority of respondents felt the potential of recurrence of the incident was not likely.

Tomb (in Meichenbaum,1994:183) indicates that a critical incident is more likely to lead to the development of PTSD if the critical incident is severe, sudden, unexpected, intentional, prolonged and likely to be repetitive.

Trauma risk factors played a pivotal role in the respondents' reactions to the incident and the development of stress related disorders, for example acute stress disorder or PTSD. It can, therefore, be concluded that, with the exception of the proportion of the community affected and the potential for recurrence, all the other trauma risk factors were experienced as severe by the respondents. The conclusion can be made that the impact of the trauma was severe, as indicated by their reaction to the trauma risk factors and, therefore, more severe reactions to the incident, and more impact on the psychosocial functioning and work performance could be expected.

### **Recommendations**

It is recommended that trauma risk factors should be considered as a possible indicator of reaction to trauma and the intervention needed. Therefore, trauma risk factors should be incorporated when planning CISM interventions.

### 7.2.1.5 Situational factors

#### Conclusions

It is evident from the study that the following situational factors were present:

- Anticipation of the incident: the majority of respondents experienced the incident as sudden and unexpected
- Nature of the incident: the majority of respondents reported the incident to be a man-made incident
- Severity of the crisis: the majority of the respondents described the incident as unbearable
- Physical proximity of the incident: the majority of the respondents experienced the incident as being very close
- Feelings of guilt: the majority of respondents indicated that they experienced some feelings of guilt associated with the incident
- Duration of incident: the majority of respondents indicated that the incident lasted for more than one day
- Psychological proximity: the majority of respondents indicated that their children were victims of the critical incident, indicating a close psychological proximity
- Stress level directly after the critical incident: the majority of respondents indicated that their stress levels were high directly after the incident
- Role and conflict overload: the majority of respondents indicated that there was no role or conflict overload due to the fact that they were exposed to a critical incident as a result of the duties of their profession.

In conclusion, it is evident that most of the situational factors were experienced as significant enough to have an impact on the severity of the reactions and the coping skills of the employee, therefore, having an impact on the psychosocial functioning and the work performance of the employee.

#### Recommendations

It is recommended that situational factors should be considered as a possible indicator of reaction to trauma. Possible outcomes to situational factors should be considered when planning CISM intervention. This will make CISM interventions more effective.

### **7.2.1.6 Post-trauma risk factors**

#### **Conclusions**

It is evident from the study that the following post-trauma risk factors were present:

- The majority of respondents reported the availability of a close loving relationship and support
- The majority of respondents reported a stable and supportive family environment
- The majority of respondents reported sources of emotional support outside the family, for example from their church
- The majority of respondents reported role models who displayed positive problem solving skills and who had lived through a trauma.

In terms of respondents' reactions, it can be concluded that the post-trauma risk factors were supportive in providing resilience to the critical incident.

#### **Recommendations**

It can be recommended that post-trauma risk factors are recognised as a possible indicator of reaction to trauma. Post-trauma risk factors should be determined to improve understanding of the possible reactions employees might have. These risk factors should be considered and incorporated when planning CISM interventions.

### **7.2.1.7 Reactions**

#### **Conclusions**

It is evident from the study that the following reactions were present:

- Physical reactions: headaches were reported as the physical reaction most commonly experienced by respondents as well as the reaction that remained the longest after the incident
- Cognitive reactions: poor concentration was reported as the cognitive reaction most commonly experienced by respondents and poor memory was reported as the reaction that remained a problem for the longest period after the incident
- Emotional reactions: fear was reported as the emotional reaction most commonly experienced by respondents and anxiety was reported as the reaction that remained the longest after the incident

- Behavioural reactions: inability to rest was reported as the behavioural reaction most commonly experienced by respondents, and hyper-vigilance was reported as the reaction that remained the longest after the incident.

It can, therefore, be concluded that respondents experienced a variety of physical, emotional, cognitive and behavioural reactions in reaction to the trauma and some of these reactions remained for up to three months after the incident. The presence and experience of these reactions impacted on the employees' psychosocial functioning and work performance.

### **Recommendations**

The presence and duration of physical, emotional, cognitive and behavioural reactions should be determining factors in assessing a person in terms of acute stress disorder, chronic stress disorder, PTSD and planning interventions in order to manage and resolve these reactions in the shortest possible time.

#### **7.2.1.8 Interventions**

##### **Conclusions**

It can be concluded that respondents experienced intervention in the following ways:

- Defusing: the majority of respondents were not defused after the critical incident. Those respondents who were defused experienced "emotional support" and being "calmed down" as the main benefit of defusing. The overall response of those respondents who were defused was that it had a positive impact.
- Debriefing: the majority of respondents were not debriefed after the critical incident. Those respondents who were debriefed confirmed the benefit of debriefing to be:
  - Education on stress reactions
  - Preparation for possible symptoms and reactions
  - Clarifying of thoughts

The overall response of those respondents who were debriefed was that it had a positive impact on their recovery.

- Individual counselling: the majority of respondents were referred for individual counselling after the debriefing session. An overwhelming majority of respondents reported the benefits from the counselling. The reported benefits were as follows:
  - Felt less emotional
  - Felt less anxious

- Felt less depressed
- Felt own work performance has improved.

In conclusion, it can be mentioned that those individuals who were defused, debriefed or individually counselled after the critical incident benefited from the intervention. Individual counselling seemed to have been very effective in relieving symptomatic reactions and restoring work performance.

### **Recommendations**

It is recommended that each company should develop protocols for defusing, debriefing and individual counselling in case of a critical incident, as it is evident from this research that these interventions are beneficial for employees who have been traumatised and that these interventions assist employees in working through their reactions and restoring their work performance.

## **7.2.2 Conclusions and recommendations based on data collected from therapists (part 2 of the study)**

### **7.2.2.1 Trauma reactions associated with PTSD**

It is evident from the study that the majority of the respondents experienced the following symptoms associated with PTSD, as assessed by the therapists:

- Initial fear was experienced by 92,16% of the respondents, helplessness by 92,16% and horror by 83,72% of the respondents
- Respondents re-experienced the event in the following ways:
  - Recurrent and distressing recollection of the event (94,44%)
  - Recurrent distressing dreams (85,19%)
  - Intense psychological distress (88,89%)
  - Intense psychological reactivity (77,78%)

Re-experienced reactions were experienced by the majority of respondents (66,04%) for less than three months.

- Avoidance of the event in the following ways:
  - Efforts to avoid activities, places or people who aroused recollection (79,63%)
  - Markedly diminished interest and participation in significant activities (77,78%)

- Efforts to avoid thoughts, feelings or conversations associated with the event (75,93%)
- Feelings of detachment and estrangement from others (72,22%)

The majority of respondents (62,26%) experienced the avoidance of events for less than three months.

- Increased arousal after the event in the following ways:
  - Irritability (96,30%)
  - Concentration difficulties (92,45%)
  - Difficulty falling and staying asleep (90,74%)
  - Outburst of anger (75,93%)

The majority of respondents (66,67%) experienced increased arousal after the incident for less than three months

- Disturbance caused the following:
  - Clinically significant distress (96,23%)
  - Impairment of social functioning (90,20%)
  - Impairment of occupational functioning (75,51%)

## Conclusion

Taking the above information into consideration, it can be concluded that the majority of respondents were severely affected by the incident as the assessment of the therapists indicated that most of the reactions were present in the majority of respondents. Furthermore, it was indicated that the symptoms lasted for less than three months for the majority of the respondents. The American Psychiatric Association, according to Friedman (2003:12), emphasises that the duration of the symptoms must be for at least one month before a person can be diagnosed as suffering from full-blown PTSD. If the symptoms have not been experienced for a full month as yet, the person is traumatised, but is not suffering from PTSD. As it is not clear exactly how long respondents had experienced the reactions, only that they were for less than three months, it can be concluded that the majority of the respondents although traumatised, there was no specific evidence for PTSD. Of the respondents, 33,96% re-experienced the incident for more than three months, 37,74% of the respondents experienced avoidance for longer than three months and 33,33% of respondents experienced increased arousal for more than three months. According to Friedman (2003:12), the DSM –IV indicates that if reactions remain for more than three months chronic PTSD is the appropriate diagnosis.

Although the purpose of the study was not to diagnose, it can be concluded that just more than a third of the participants in the study presented with symptoms associated with chronic PTSD, according to the assessment by the therapists.

### **7.2.2.2 Symptoms associated with complex PTSD**

In addition to the symptoms of PTSD, the following reactions associated with complex PTSD were reported, as assessed by the therapist:

- Behavioural reactions: aggression featured in 55% of the respondents, followed by alcohol abuse (24,07%). Impulsiveness (20,37%), eating disorders (12,96%), sexual acting out (9,25%) and self-mutilation (3,70%) also featured
- Emotional reactions: suppression featured in 74,07% of the respondents, followed by emotional instability (64,81%), anger outbursts (57,40%) and panic attacks (42,59%)
- Cognitive reactions: fragmented thoughts were experienced by 50% of the respondents, dissociation by 18,51% and amnesia by 3,70%.

### **Conclusion**

Most authors argue against the diagnosis of complex PTSD in that the majority of clients with complex PTSD already fulfil the criteria for PTSD and an additional diagnosis is unnecessary.

It is, however, worthwhile to mention that, with the exception of the emotional reactions that were prevalent in the majority of respondents, behavioural and cognitive reactions associated with complex PTSD were only present in some cases.

In conclusion, it seems that additional reactions associated with complex PTSD were experienced by only some of the respondents to some degree, making it difficult to clearly distinguish if it was complex PTSD or PTSD.

### **7.2.2.3 Trauma reactions associated with acute stress disorder**

It is evident from the study that respondents experienced the following symptoms associated with acute stress disorder as assessed by the therapist:

- Numbing: 56% of the respondents experienced detachment and 48% experienced an absence of emotional control

- Dissociative amnesia:75,47% of the respondents reported that they were unable to remember important aspects of the trauma
- Reduction in awareness:43,40% of the respondents reported a reduction in awareness of their immediate environment
- Derealisation:33,33% of the respondents reported a sense that their environment is unreal and 48,08% felt estranged or detached from their environment.
- Depersonalisation:16,67% respondents reported that they experienced a distorted perception of their body, their identity or themselves as a coherent entity.

### **Conclusions**

According to Friedman (2003:17) acute stress disorder is diagnosed directly after the trauma an up to, and including, a maximum period of one month after the trauma. Acute stress disorder must be present for a minimum of two days. Here the emphasis is on the re-experiencing, avoidance and hyper-arousal symptoms, but dissociative symptoms must also be present.

As it was evident from the empirical data that the majority of respondents experienced re-experiencing, avoidance and arousal symptoms, indicating traumatisation. Only some respondents experienced dissociation. With the exception of dissociative amnesia and numbing, which were high, other dissociative symptoms were only experienced by less than half of the respondents.

Although the purpose of the study was not to diagnose, it can be concluded that some respondents fitted the criteria for acute stress disorder as they experienced re-experiencing, avoidance and arousal symptoms in combination with dissociative symptoms.

In summary, it can be concluded that the majority of respondents were traumatised as a result of the incident. Some presented with symptoms associated with acute stress disorder and a third of the respondents presented with symptoms associated with chronic PTSD.

#### **7.2.2.4 Intervention**

It is evident from the study that therapists felt that employees benefited from the counselling as 98,15% indicated that their clients benefited. In 73,23%, significant improvement was indicated as reaction to therapy and 11,50% indicated excellent improvement.

## **Conclusion**

It can be concluded that therapists perceived their intervention as being effective as clients benefited from the intervention and showed significant improvement.

## **Recommendations**

As it is evident that the majority of respondents' reactions to the critical incident indicated traumatisation, it is recommended that:

- More awareness and empathy surrounding reactions to a critical incident should be developed within companies who have an EAP
- De-stigmatisation of reactions to critical incidents should be promoted via companies' internal communication and policies
- Managers and supervisors should be trained to understand the impact and possible reactions to a critical incident
- Managers and supervisors should be trained to identify indicators of work-related impairment and impairment related to psychosocial functioning
- Managers and supervisors should be trained to refer affected employees for the necessary intervention
- Managers and supervisors should be equipped with the knowledge and skills to support the affected employee in the workplace after the intervention.
- A CISM policy should be developed for assessment of employees. Interventions such as defusing, debriefing, aftercare and referral for individual counseling should be managed and directed if recommended
- CISM as an intervention should be proactive as early intervention can decrease the probability for PTSD or acute stress disorder and will optimise the employee's ability to resume normal duties as soon as possible.

## **7.2.3 Conclusions and recommendations based on data collected through the document study (data in the clinical notes of therapists)**

### **7.2.3.1 Intervention classification**

The majority of interventions were classified as personal emotional (68,64%), followed by couple- and family-related issues (20,26%) and then work-related issues (11,1%). This "classification" provided an indication of the nature of the critical incident.

#### **Conclusion**

It can be concluded that the majority of critical incidents were personal emotional by nature, followed by incidents that were couple and family related and then incidents that were work related.

### **7.2.3.2 Work impact**

It is evident from the study that the majority of respondents improved from the initial assessment done by the therapist in comparison to the assessment done at termination in terms of the following criteria:

- **“Does the problem affect your functioning?”**

In the initial assessment, all respondents' work functioning was affected to some degree, compared to the assessment in the termination session where 26 of the respondents' work functioning was not affected and the balance showed improvement in terms of work functioning.

- **“Does the problem impact on your ability to do your job?”**

In the initial assessment only three respondents' problem did not impact on their ability to do their job, compared to the assessment at termination where 24 of the respondents' problems did not impact on their ability to work. Counselling thus had a positive impact on work performance.

- **“Does the problem impact on your attendance?”**

In the initial assessment, 21 respondents' problems did not impact on their attendance, compared to the assessment at termination where 47 of respondents' confirmed the

problem did not affect their attendance and the balance confirmed improvement in terms of attendance.

- **“Does the problem impact on your concentration at work?”**

In the initial assessment, one respondent's problems did not impact on his concentration, compared to the assessment at termination where 32 of the respondents' confirmed that problems did not impact on the concentration at work and the balance confirmed improvement in terms of their concentration at work.

- **“Does the problem impact on your job satisfaction?”**

In the initial assessment, four respondents' problems did not impact on their job satisfaction, compared to the assessment at termination where 36 of the respondents' confirmed that problems did not impact on their job satisfaction at the time of termination of counselling and the balance confirmed improvement in terms of their job satisfaction.

- **“Does the problem impact on your motivation at work?”**

In the initial assessment, two respondents' problems did not impact on their motivation at work, compared to the assessment at termination where 35 respondents' confirmed their problems did not impact on their motivation at work and the balance confirmed improvement in terms motivation at work.

- **“Does the problem impact on your relationship with management?”**

In the initial assessment, 30 respondents' problems impacted on their relationship with management, compared to the assessment at termination where three respondents' confirmed that problems impacted on their relationship with management and the balance confirmed improvement in terms of their relationship with management.

## **Conclusion**

The majority of respondents improved on all the criteria in terms of the initial assessment in comparison to the assessment at termination. It can, therefore, be concluded that respondents' work was affected as a result of the critical incident and that the individual therapy was effective in reducing the impact the incident had on their work performance.

### 7.2.3.3 Emotional distress

It is evident from the study that the majority of respondents were less emotionally distressed in the assessment done at termination in comparison to the initial assessment. These are the criteria that were used in both assessments:

- **“No cause for concern. Contained, content and functioning. May have long term issues to work on.”**
  - In the initial session, two respondents were classified as "no cause for concern"
  - At termination 34 respondents who were classified as "no cause for concern".
- **“Unhappy but contained, has coping resources and supports, functioning.”**
  - In the initial session, 17 respondents were classified as "unhappy but contained"
  - At termination 5 respondents who were classified as "unhappy but contained".
- **“Distressed but able to use support to cope, functioning.”**
  - In the initial session, 11 respondents were classified as being "distressed"
  - At termination two respondents were classified as "distressed".
- **“Initially uncontained, responds to counselling, anxious and significant distress. Needs support to cope, functioning less than usual.”**
  - In the initial session, 17 respondents were classified as "initially uncontained"
  - At termination no respondents who was classified as "initially uncontained".
- **“Uncontained, serious distress, needs immediate support, coping skills, and resources almost absent. Poor functioning at home and at work”.**
  - In the initial session, 13 respondents were classified as "uncontained, serious distress"
  - At termination one respondent who was classified as "uncontained, serious distress".
- **“In crisis, extreme distress and unable to cope with situation. Not functioning at all, needs immediate intervention and care.”**
  - In the initial session, six respondents were classified as "in crisis"
  - At termination no respondents who was classified as "in crisis".

### Conclusion

The majority of respondents showed significantly less emotional distress at termination, were contained and showed no cause for concern. At termination there was no respondent

who was in crisis, with only one who was uncontained and two who were still distressed. It can, therefore, be concluded that respondents were emotionally distressed initially and that the individual therapy was effective in reducing emotional distress significantly.

#### **7.2.3.4 Emotional – post-event assessment**

##### **7.2.3.4.1 Treatment outcome**

In the majority of cases, the treatment goals were achieved (45). Some clients needed further intervention and were referred (five) and three cases were referred due to having long-term issues that could not be addressed within the solution focused short-term therapy model. One case was closed due to the client not returning to therapy.

##### **7.2.3.4.2 Overall client improvement scale**

The majority of clients showed significant improvement (39 cases); in six cases improvement was excellent. Only three cases confirmed mild improvement and four cases confirmed no improvement.

#### **Conclusion**

The emotional post-event assessment indicated a very positive treatment outcome where the majority of respondents achieved their therapeutic goals and the majority showed significant improvement. It can, therefore, be concluded that the treatment plan was applicable for the majority of clients and that they benefited as they manage to improve significantly in terms of their initial emotional functioning.

#### **Recommendations**

It is evident that emotional distress was significantly less after the intervention than before and that the treatment outcomes indicated that the majority of respondents achieved their treatment goals were achieved and significant improvement was proven. The following can be recommended:

- Referral for assessment and individual counselling after a critical incident should be part of a company's CISM protocol.
- Companies not having an EAP or employee wellness programme (EWP) should consider outsourcing this service to a service provider specialising in EAP or EWP services that has a well-developed CISM protocol and therapists trained in the solution focused brief

therapy model. Such protocol may assist the affected employees effectively and restore work performance and psychosocial functioning in the shortest possible time.

- The impact of intervention after a critical incident should be tracked and monitored in terms of the changes in work performance and psychosocial functioning.
- For those employees who may need assistance after individual counselling, a company should have protocols in place in terms of referral and long-term support.

#### 7.2.4 Conclusions and recommendations based on data collected through the semi-structured interviews with employees (part 3 of the study) and managers (part 4 of the study)

Employees response	Managers response
<b>Still affected as a result of the critical incident</b>	
Majority still felt affected in some way	Majority response was that employees were no longer affected
<b>Critical incident impact on work performance</b>	
Affected the majority of respondents' work performance (91,67%)	Affected all the employees' work performance
<b>Critical incident's impact on work performance</b>	
Mostly feelings of tiredness, irritability, concentration, stressed and being negative	Mostly concentration, tiredness, stressed, irritability and anger
<b>Work performance at the present moment</b>	
The majority felt their work performance was good at the present moment	The majority of employees' work performance was good at the present moment
<b>Impact on work attendance</b>	
The majority of respondents felt that their work attendance was not affected	The majority of employees' work attendance was not affected
<b>Impact on relationship with colleagues</b>	
The majority of respondents indicated that relationships with colleagues were not affected	The majority of employees' relationships with colleagues were not affected
<b>Relationship with colleagues at the moment</b>	

Majority of respondents' relationships with colleagues were good at the present moment	Majority of employees' relationships with colleagues were good at the present moment
<b>Impact on family and family life</b>	
All respondents indicated that the critical incident impacted on their family and family life	The majority of employees' family and family life were affected

## Conclusion

In conclusion, the empirical data from the semi-structured interviews indicated that employees and their managers felt that the incident impacted on their work performance. The following indicators were most obvious:

- Tiredness, concentration, high stress levels and irritability were the most obvious indicators in the workplace.
- Work performance was restored and was good at the time when the interviews were conducted.
- Work attendance and relationship with colleagues were not affected.
- Family and family life were affected as a result of the critical incident.
- Interesting to note is that managers felt that employees were no longer affected by the incident while employees' responses indicated that the majority felt that they were still affected in some way.

## Recommendations

As it is evident from the empirical data collected from the semi-structured interviews with employees and their managers that work performance was affected and restored at the time of the interview, the following recommendations can be made:

- Managers should be made aware of the trauma of their employees in order to support them in restoring work performance and psychosocial functioning as soon as possible
- As managers are less directly involved, they may observe employees' performing in certain ways and can assist in making employees more aware of this behaviour or reactions displayed in the workplace.
- Managers should be sensitive to employees' reactions and must be trained to confront them in a constructive way and to discuss and reflect on their observations in order to

restore the employees' work performance and psychosocial functioning, or to refer if necessary.

- Managers should realise that a critical incident impacts on the employee's family and family life and, therefore, should know the resources that the company has available for family members in order to restore family dynamics as soon as possible after the incident.

### **7.2.5 Implication of this study for practice**

It is evident from the study that employees were severely affected by the critical incidents they were exposed to. Trauma risk factors and situational factors largely contributed to their experience of being affected. Post-trauma non risk factors played a pertinent role to enhance the recovery as these factors indicated the support network and resilience of the employee.

The majority of respondents presented with numerous physical, emotional, cognitive and behavioural symptoms as a result of the trauma. Some of the respondents presented with symptoms associated with acute stress disorder. A third of the respondents in the study presented with symptoms associated with chronic PTSD.

The data on the clinical notes of therapists indicated that the incident impacted on the majority of the employees' work performance in terms of their concentration, functioning, ability to do their work, attendance, work satisfaction and motivation.

From the clinical notes of therapists it was further evident that all respondents were emotionally distressed to some degree.

From the therapists' clinical notes it was also evident that the treatment outcome was positive as the majority of employees reached their treatment goals and showed significant improvement.

Data from semi-structured interviews with employees and managers further confirmed that work performance and family life were affected as a result of the critical incident.

Employees' psychosocial functioning and work performance was affected by the critical incident as was confirmed by:

- data collected from the questionnaire completed by employees and therapists (quantitative)
- data collected from the clinical case notes (qualitative)
- data collected from the semi-structured interviews with employees and managers (qualitative)

There is further confirmation that employees' who received individual therapy showed significant improvement in terms of their work performance and psychosocial functioning.

In terms of the formulated hypothesis, the study proved that the hypothesis is true. If an employee is exposed to a critical incident, the critical incident will have a negative effect on the psychosocial functioning and work performance of the employee – unless such an employee receives proper counselling or debriefing.

After being exposed to a critical incident, the psychosocial functioning and work performance of employees who do not receive proper counselling or debriefing are negatively affected in the long-term. The study further managed to provide sufficient evidence on the impact of the critical incident on the psychosocial functioning and work performance of the employee. The research proved that individual counselling is effective in working through the incident and improving the psychosocial functioning and work performance significantly.

As the majority of employees' psychosocial functioning and work performance were significantly affected, the impact of the individual's performance was inevitably affecting the company he/she worked for as a result of the way he/she was being affected. Whether it was his/her productivity levels, absenteeism or presenteeism, concentration or relationship with colleagues– if any of these were affected, it impacted on the company he/she worked for in a smaller or a larger way. The study also proved that intervention in the form of defusing, debriefing, individual counselling and aftercare is effective in addressing employees' reactions, supporting them to recover emotionally from the critical incident and improving their psychosocial functioning and subsequently their work performance.

If organisations can be more aware of the effects of a critical incident in the workplace and understand the importance of effective intervention to improve work performance and psychosocial functioning, they will be more willing to obtain and support a programme that

can improve the quality of life of their employees and ultimately improve their work performance. By offering CISM services to employees, the organisation gains in terms of increased work performance and business effectiveness.