

APPENDIX I

P.O. Box 856
ALLENSNEK
1736

15 April 2002

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

Dear Sir/Madam

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

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

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

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

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

Anticipating your positive response.

Attached please find a copy of my research proposal.

Yours sincerely

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

APPENDIX II

RESEARCH AND STATISTICAL METHODS IN THE DEPARTMENT OF SOCIAL WORK

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

Principal Investigator: Mrs. M. Motlhaloga (Tiny)
Sterkfontein Psychiatric Hospital
P.O. Box 323
KRUGERSDORP
1740

INFORMED CONSENT:

1. **Title of Study:** "A Needs Assessment for an Employee Assistance Programme at Sterkfontein Psychiatric Hospital".
2. **Purpose of the Study:** The purpose of this study is to investigate whether there is a need for the employees of Sterkfontein Hospital to have a structured Employee Assistance Programme (EAP) in their hospital.
3. **Procedure:** A questionnaire will be hand delivered to me by the Principal Investigator for me to answer it in my own spare time but within a specified time limit.
4. **Risks and Discomforts:** I will not be exposed to any physical or/and emotional harm during my participation in the study.
5. **Benefits:** I understand that there are direct benefits for my participation in this study because my response will help the researcher to recommend a possible

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

6. Participant's Rights: I may withdraw from participating in the study at any time.
7. Financial Compensation: I understand that I will not be paid for participating in this study, which is voluntary.
8. Confidentiality: In order to give my views on this study, a questionnaire will be hand delivered to me by the Principal Investigator. The questionnaire will enable me to respond without putting my name on it. The responses on the questionnaire will be read only by the principal investigator.

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

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

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

SUBJECT'S SIGNATURE

DATE

SIGNATURE OF INVESTIGATOR

DATE

APPENDIX III

TO: ALL THE RESPONDENTS

Dear Sir/Madam

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

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

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

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

Thank you.

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

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

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

INSTRUCTIONS:

Thank you for your willingness to complete the questionnaire.

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

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