

**INSTRUCTIONS:**

Make a cross (x) in the appropriate block and explain in the given space.

**DEMOGRAPHIC DETAILS:**

1. **In which age group do you fall?**

|              |  |
|--------------|--|
| <b>20-25</b> |  |
| <b>26-30</b> |  |
| <b>31-35</b> |  |
| <b>36-40</b> |  |
| <b>41-45</b> |  |
| <b>46-50</b> |  |
| <b>51-55</b> |  |
| <b>56-60</b> |  |
| <b>61-66</b> |  |

2. **Gender:**

|             |               |
|-------------|---------------|
| <b>MALE</b> | <b>FEMALE</b> |
|             |               |

3. **Marital Status:**

|                   |  |
|-------------------|--|
| <b>SINGLE</b>     |  |
| <b>MARRIED</b>    |  |
| <b>DIVORCED</b>   |  |
| <b>WIDOWED</b>    |  |
| <b>RE-MARRIED</b> |  |
| <b>SEPARATED</b>  |  |

4. **Do you have dependants?**

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|            |           |

**If you answered “YES” to question 4, please indicate the following:**

4.1 **Number of your dependants:**

|  |
|--|
|  |
|--|

4.2 **Ages of your dependants:**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

5. **Years of service:**

|                            |  |
|----------------------------|--|
| <b>0-12 MONTHS</b>         |  |
| <b>BETWEEN 1 – 5 YEARS</b> |  |
| <b>LONGER THAN 5 YEARS</b> |  |

6. **Highest Qualification:**

|                             |  |
|-----------------------------|--|
| <b>STANDARD 5 OR LOWER</b>  |  |
| <b>STANDARD 6 – 8</b>       |  |
| <b>STANDARD 10 (MATRIC)</b> |  |
| <b>B. DEGREE</b>            |  |
| <b>POSTGRADUATE</b>         |  |

**Other, Please Specify:** \_\_\_\_\_

7. **Home Language:**

|                    |  |
|--------------------|--|
| <b>AFRIKAANS</b>   |  |
| <b>ENGLISH</b>     |  |
| <b>NDEBELE</b>     |  |
| <b>SOUTH-SOTHO</b> |  |
| <b>NORTH-SOTHO</b> |  |
| <b>TSWANA</b>      |  |
| <b>TSONGA</b>      |  |
| <b>VENDA</b>       |  |
| <b>XHOSA</b>       |  |
| <b>ZULU</b>        |  |

**Other, Please Specify:** \_\_\_\_\_

8. **Department you work for:**

|   |  |
|---|--|
| <b>MANAGEMENT</b>                                 |  |
| <b>CLINICAL</b>                                   |  |
| <b>ADMIN</b>                                      |  |
| <b>NURSING</b>                                    |  |
| <b>GENERAL ASSISTANT E.G. CLEANER, GROUNDSMAN</b> |  |

9. **What is the nature of your working relationship with your subordinates or supervisor?**

|                  |  |
|------------------|--|
| <b>EXCELLENT</b> |  |
| <b>GOOD</b>      |  |
| <b>FAIR</b>      |  |
| <b>POOR</b>      |  |

10. **Where do you go when you have personal problems?**

|                        |  |
|------------------------|--|
| <b>SUPERVISOR</b>      |  |
| <b>CO-WORKER</b>       |  |
| <b>FRIEND</b>          |  |
| <b>SOCIAL WORKER</b>   |  |
| <b>FAMILY MEMBER</b>   |  |
| <b>CHURCH MINISTER</b> |  |

**Other, Please Specify:** \_\_\_\_\_

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11. **Where do you go when you have work-related problems?**

|                        |  |
|------------------------|--|
| <b>SUPERVISOR</b>      |  |
| <b>CO-WORKER</b>       |  |
| <b>FRIEND</b>          |  |
| <b>SOCIAL WORKER</b>   |  |
| <b>FAMILY MEMBER</b>   |  |
| <b>CHURCH MINISTER</b> |  |

**Other, Please Specify:** \_\_\_\_\_

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12. **Can your supervisor see when you have a problem?**

|                           |  |
|---------------------------|--|
| <b>ALWAYS</b>             |  |
| <b>SOMETIMES</b>          |  |
| <b>OFTEN</b>              |  |
| <b>SELDOM</b>             |  |
| <b>NOT AT ALL / NEVER</b> |  |

13. Do you know how your job performance is measured?

|                  |  |
|------------------|--|
| <b>YES</b>       |  |
| <b>NO</b>        |  |
| <b>UNCERTAIN</b> |  |

14. If your job performance is poor, what does your supervisor do?

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15. The following is a list of personal problems, which people in a workplace may experience. Please indicate the problems that you have personally experienced, as well as those experienced by your colleagues:

| <b>Problems</b>  | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| <b>Alcohol Abuse</b>                                       |            |           |
| <b>Drug Abuse</b>  |            |           |
| <b>Marital or Family Conflict</b>                          |            |           |
| <b>Excessive, unexcused or Frequent Absences</b>           |            |           |
| <b>Financial Problems</b>                                  |            |           |
| <b>Tardiness (late coming) and early departures</b>        |            |           |
| <b>Poor judgements and bad decisions</b>                   |            |           |
| <b>Emotional Problems</b>                                  |            |           |
| <b>Unusual on-the-job accidents</b>                        |            |           |
| <b>Mood Shifts</b>   |            |           |
| <b>Causing other employees injuries through negligence</b> |            |           |
| <b>Health-related problems</b>                             |            |           |

16. **What effect do these personal problems have on the hospital?**

|  |  |
|--|--|
| Result in dismissal of valuable employees  |  |
| Lead to lowered morale among the employees |  |
| Lead to more costs to the hospital         |  |
| Poor production                            |  |
| Law suits by employees                     |  |
| High employee turnover                     |  |

*Other, please specify:* \_\_\_\_\_  
 \_\_\_\_\_

17. **Are you of the opinion that personal problems have a negative effect on the productivity of employees?**

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|            |           |

18. **What effect do these personal problems have on the staff?**

|                               |  |
|-------------------------------|--|
| <b>HIGH ABSENTEEISM</b>       |  |
| <b>HIGH WORK LOAD</b>         |  |
| <b>OVERTIME WORK</b>          |  |
| <b>STRESS</b>                 |  |
| <b>BURN-OUT</b>               |  |
| <b>HIGH EMPLOYEE TURNOVER</b> |  |
| <b>ALIENATION</b>             |  |
| <b>MENTAL ILLNESS</b>         |  |

*Other, Please Specify:* \_\_\_\_\_  
 \_\_\_\_\_

19. **How is an employee treated who has been absent from work?**

|                              |  |
|------------------------------|--|
| Fill in the leave form       |  |
| Expect medical certificate   |  |
| Listen to his/her problem    |  |
| Deduct money for not working |  |

20. **When do you experience a high rate of absenteeism at work?**

|                                   |  |
|-----------------------------------|--|
| <b>Fridays and Mondays</b>        |  |
| <b>Tuesdays and Wednesdays</b>    |  |
| <b>Mondays and Tuesdays</b>       |  |
| <b>Wednesdays and Thursdays</b>   |  |
| <b>Thursdays and Fridays</b>      |  |
| <b>Pay-days and the day after</b> |  |

**Other, Please Specify:** \_\_\_\_\_

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21. **Do you think that high absenteeism might be due to the following statements? Mark as many as applicable to the statements:**

|   |  |
|---|--|
| <b>Disallowed leave of absence</b>      |  |
| <b>Disallowed days off</b>              |  |
| <b>Unsympathetic management</b>         |  |
| <b>Red tape</b>                         |  |
| <b>High workload</b>                    |  |
| <b>Depression</b>                       |  |
| <b>Family-related pressure</b>          |  |
| <b>Work-related stressors</b>           |  |
| <b>Injury due to violent situation</b>  |  |
| <b>Working Conditions not conducive</b> |  |

**Other, Please Specify:** \_\_\_\_\_

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22. **Do you think that confidentiality in handling clinical information is important in a hospital EAP?**

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|            |           |

**Briefly, motivate your answer:** \_\_\_\_\_

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23. **How should confidentiality be maintained in an EAP?**

*Answer:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. **Do you think that high employee turnover (resignation) is a serious problem in this hospital?**

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|            |           |

If yes, briefly explain why?

*Answer:* \_\_\_\_\_  
 \_\_\_\_\_

25. **What is normally done by the hospital when a troubled employee is identified?**

|   |  |
|---|--|
| <b>Confront him/her</b>                               |  |
| <b>Advise him/her to seek help</b>                    |  |
| <b>Talk to his/her friends</b>                        |  |
| <b>Report him/her to upper Management (CEO)</b>       |  |
| <b>Listen to his/her problems and give advice</b>     |  |
| <b>Give time off in order to solve their problems</b> |  |

26. **If help is provided to troubled employees, which of the following personnel are involved in rendering such help?**

|  |  |  |
|--|--|--|
| <b>Social Workers</b>                      |  |  |
| <b>Psychologists</b>                       |  |  |
| <b>Psychiatrists</b>                       |  |  |
| <b>Occupational Therapists</b>             |  |  |
| <b>Nurses</b>                              |  |  |
| <b>Union representative (shop steward)</b> |  |  |

*Other, Please Specify:* \_\_\_\_\_  
 \_\_\_\_\_

27. **How would you like the Hospital to help you when you have problems?**

**Answer:** \_\_\_\_\_  
 \_\_\_\_\_

28. **What kind of assistance does the Hospital provide you with when you experience problems?**

**Answer:** \_\_\_\_\_  
 \_\_\_\_\_

29. **Do you think that the hospital should design/introduce an Employee Assistance Programme (Please refer to definition on Page 2)?**

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|            |           |

**Briefly motivate your answer:**

\_\_\_\_\_  
 \_\_\_\_\_

30. **If the hospital were to introduce an EAP, would you use this service to solve your own personal problems?**

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|            |           |

**If you answered “NO” to question 30 above, indicate your reason(s) here (mark with a cross (X) as many as are applicable to you):**

| REASON  | RESPONSE |
|---|----------|
| The supervisor may find out that I have a problem |          |
| Co-workers may find out that I have a problem     |          |
| Subordinates may find out that I have a problem   |          |
| Chances of promotion may be jeopardized           |          |
| I may be perceived as not coping                  |          |
| I may be labelled and stigmatised                 |          |

|                                     |  |
|-------------------------------------|--|
| My job security will be in jeopardy |  |
|-------------------------------------|--|

Other, Please Specify: \_\_\_\_\_

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**If you answered “YES” to question 30 above, with whom would you be more comfortable to discuss your problem(s)?**

|  |  |
|--|--|
| The hospital’s full-time EAP Counsellor  |  |
| The hospital’s EAP co-ordinator  |  |
| An external consultant (such as a social worker, psychologist, doctor, nurse based outside the hospital) |  |

Other, Please Specify: \_\_\_\_\_

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**31. Who should be responsible for paying the treatment costs of EAP services? Answer “YES” or “NO” to the following statements:**

| Payment for EAP services                          | YES | NO |
|---|-----|----|
| Payment should be through medical aid             |     |    |
| Self-payment by the employees who use the service |     |    |
| The hospital should pay for EAP services          |     |    |

Other, Please Specify: \_\_\_\_\_

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32. The following are some of the services, which may be offered by the hospital EAP. Please rank them in terms of priority, e.g. 1, 2, 3, 4, 5 ... 15 (1 to represent top priority and 15 to represent least pressing):

| <i>PROGRAMMES</i>              | <i>RANK</i> |
|--------------------------------|-------------|
| Personal Counselling           |             |
| Individual Counselling         |             |
| Group Counselling              |             |
| Life Skills Programmes         |             |
| How to handle a violent person |             |
| Health and wellness programmes |             |
| Pre-retirement Counselling     |             |
| Stress Management              |             |
| How to deal with burn-out      |             |
| Motivational Skills            |             |
| Aids Education                 |             |
| Affirmative Action Programmes  |             |
| Rape Awareness Programmes      |             |
| Financial Counselling          |             |
| Mental Care Services           |             |

33. Do you think Sterkfontein Hospital has a responsibility towards troubled employees?

| <i>YES</i> | <i>NO</i> |
|------------|-----------|
|            |           |

If yes, motivate your answer:

*Answer:* \_\_\_\_\_  
 \_\_\_\_\_

34. Do you think it is necessary for Sterkfontein Hospital to have an Employee Assistance Programme?

| <i>YES</i> | <i>NO</i> |
|------------|-----------|
|            |           |

**If yes, motivate your answer:**

**Answer:** \_\_\_\_\_  
\_\_\_\_\_

35. **Where do you think EAP staff should be located in the hospital? Please mark only one:**

|   |  |
|---|--|
| Human Resource Department (Administration Department) |  |
| Social Work Department                                |  |
| Psychology Department                                 |  |
| Other, Please Specify: _____                          |  |
| _____   |  |
| _____   |  |

36. **Would you like the Hospital to have an after care programme for troubled employees?**

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|            |           |

**Please, motivate your answer:**

**Answer:** \_\_\_\_\_  
\_\_\_\_\_

37. **Do you think that the Unions should be consulted when designing/introducing a hospital EAP?**

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|            |           |

38. **Do you think that EAP practitioners should be members of the Disciplinary Committee?**

|            |           |
|------------|-----------|
| <b>YES</b> | <b>NO</b> |
|            |           |

39. **If the hospital was to design an EAP, what suggestions do you have which could contribute towards ensuring that the staff uses that service?**

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**THANK YOU FOR YOUR CO-OPERATION.**