

**The structure and operational functioning of the Employee Assistance
Programme at the Universitas Academic Hospital**

by

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DECLARATION

Full Name: Nomvuyo Constance Nakani

I declare that this mini-dissertation is my own work and is based on my own research and practical experience in the EAP field. All secondary material used was carefully acknowledged and referenced in accordance with University requirements.

Mrs N.C. Nakani

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DEDICATION

This master's dissertation is dedicated to my mother, Mrs N.G. Mpunzi; my father, Mr V.J. Mpunzi; my son, Mr M.F. Nakani; my brother, M.K. Mpunzi; and my sister, Dr B.R. Mpunzi.

ABSTRACT

Employee assistance programmes are workplace programmes developed to assist work organisations to address productivity issues resulting from the psychosocial problems experienced by employees. These psycho-social problems may include health, marital, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance. EAPs also serve the organisation by consulting with the organisation about matters that may have an influence on the organisational performance and by giving assistance to individual employees.

In the beginning (19th century), EAPs were more concerned about helping employees with alcohol problems in the workplace, which later changed to a more broadened scope to address a wide range of problems. Services are currently rendered according to best practices based on the application of core technologies. These core technologies include training and development, marketing, case management, consulting with the work organisation, networking, monitoring, and evaluation and are essential for the operation and functioning of successful EAPs. Furthermore, EAP standards were developed to benchmark practice and provide guidelines to encourage EAP practice to implement proactive strategies, interventions and tools consciously and purposely. The researcher believes that employee assistance intervention can help prevent the development of more serious psycho-social problems which may in turn impact negatively on the health and productivity of an employee.

The premise of the study is on describing the structure and operational functioning of the EAP at UAH in order to redesign the EAP, if indicated.

- A literature study was carried out to illustrate the EAP core technologies and standards and its role in and impact on the structure and operational functioning of EAP. . The study seeks to enquire the structure and operational functioning of EAP and their influence on each other through the following objectives:- to

explore and describe the profile of the UAH as an organisation (which forms part of designing an EAP);

- to explore the needs of the hospital (management, union members, and operational staff members) in terms of the EAP;
- to explore the existing structure and operational functioning of the EAP, with specific reference to the EAP core technologies; and
- to provide recommendations to the management of the UAH, for the redesign of the EAP, should such redesign be indicated.

The empirical findings obtained from a sample of employees from Universitas Academic Hospital (supervisors, unions, and employees) revealed the core aspect of the study through the quantitative research method. The research had applied the quantitative approach, since observations were systematically undertaken in a standardized statistical procedure. The study also used applied research since it aimed at solving a problem in practice, by providing specific recommendations to the management of the institution. Data were collected by means of a survey where a questionnaire was developed and distributed amongst members of the target group (supervisors, unions, and employees).

The study indicated that there is a need for implementation of other core technology in the EAP, e.g. training and development, marketing, consulting with the work organisation, networking, monitoring, and evaluation rather than only focusing on counselling in the administration of the programme. The study also revealed the importance of conducting needs assessment of an organisation before designing an EAP to ensure that the needs of the organisation and its employees are met and to enhance the utilisation rate of the programme. The study further indicated that for the programme to function effectively, it had to have a steering committee represented at the highest level and representative of all sections in the organisation.

The research conclusions and recommendations served as a basis for developing guidelines to enhance the structure and operational functioning of EAP in the UAH.

These recommendations seek to assist the management of UAH to promote the effective operational functioning of an EAP and enhance the well-being of employees and good service delivery.

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KEY CONCEPTS

Leadership

Work condition

Healthcare sector

Organisational culture

Vision

Communication

Workload

Stressors

Workplace

Perspective

LIST OF ACRONYMS:

EAP- Employee assistance programmes

EAP structure - Programme design, implementation, management and administration, clinical services, networking, and evaluation

EAP functions - EAP technologies

UAH - Universitas academic hospital

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CHAPTER 1

GENERAL INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

The aim of the study is to explore the structure and operational functioning of the Employee Assistance Programme (EAP) at Universitas Academic Hospital (UAH) in Bloemfontein, Free State province. The EAP is defined as a work organisation's resource, based on core technologies or functions, to enhance employee and workplace effectiveness through prevention, identification, and resolution of personal and productivity issues. These programmes are offered by employers to their employees to help them overcome problems that may negatively affect job satisfaction or productivity. Services may be provided on-site or contracted to outside providers. Such services may include "counselling for alcohol dependency and drug dependence, marital therapy or family work". It is important to note that an EAP does not equal "counselling for ...", but rather "includes counselling for ..." (Standards Committee of EAPA-SA, 2010:1; Barker, 2003:141).

The researcher defines an EAP as a collection of work-related programmes supported by the employer to prevent a reduction in productivity. The programme aims to prevent the onset of problems and intervene as soon as an employee with a problem has been identified. An EAP aims to get employees back to their best form as soon as possible in order to maintain the optimal level of employee productivity.

The core technologies of EAPs represent the essential components of the employee assistance profession, which combine to create a unique approach to addressing work organisation productivity issues, i.e. training and development, marketing, case management, consultation with work organisation, networking, and monitoring and evaluation (Herlihy, 2002:12-13; Standards Committee of EAPA-SA, 2010:2).

The services rendered by the Universitas Academic hospital (UAH) EAP presently consist mainly of a therapeutic service in that counselling is provided for both patients and employees at the hospital. The above-mentioned matter in relation to employee assistance is not in line with typical good EAP practice as supported by EAP literature, which state that EAPs consist of various other core technologies. Other EAP technologies include training and development, marketing, case management, consultation with the work organisation, marketing, and consultation. Through the exploration of the structure and operational functioning of the UAH EAP, limitations were identified.

In order to perform an explorative study, an organisational profile of the needs of the hospital in relation to the EAP was performed. "Hospital needs" in this context referred to both the needs of the organisation and the employees (EAPA-SA, 2010:4). Would there be a discrepancy between the hospital needs and the current EAP, the outcome of this study would be shared with the hospital's management in order to make the necessary adaptations, although that will not be part of this academic exercise.

The organisational profile is listed as a standard criterion and is seen as the basis for an appropriate and cost-effective EAP design. A needs assessment should include the following dimensions: the background and structure of the organisation, the characteristics of the workforce, decision-making and communication policies, staff management practices, record-keeping systems, complaints and appeal procedures, disciplinary processes, and the relations between management and labour (Standards Committee of EAPA-SA, 2010:4; Davis & Gibson, 1994:35). The researcher defines 'organisational profile' as a planned systematic investigation of the way things are and the way they should be. The organisational profiling process points out the gap(s) that need(s) to be filled for a system to function well.

1.2 LITERATURE REVIEW

EAPs, like all other programmes and work-based initiatives, have evolved significantly from their inception several decades ago to their present structure and form. In the nineteenth century, the unionisation of the labour force and the impact of organised strikes on commerce coincided with some companies providing various forms of assistance to their employees. During that time, assistance included, for example, the provision of subsidised housing, safer working conditions, pension schemes, medical care, and educational and recreational facilities. According to (Padiachy; 1996: 39- 42, Gathercole, 1992:9; Langley, 1998:48; Starker, 1989:21).

After World War 11, as the US economy prospered during the 1950s and 1960s, attention was turned again in the more affluent West to the needs of employees. Over time, employers began to realise that 'troubled' employees caused financial liabilities due to absenteeism, accidents, damage to equipment, lowered productivity, and excessive use of medical or disability benefits. This recognition created a milieu for the development of occupational mental health. Therefore, the early models of occupational mental health initially focused on alcoholism only, but as other personal and emotional problems were identified, occupational mental health came to include a wider range of problems. The restricted focus of the earlier mental health approach has thus broadened into a programme offering whatever form of assistance employees require in order to be more content and productivity (Padiachy; 1996: 39- 42, Gathercole, 1992:9; Langley, 1998:48; Starker, 1989:21).

The modern view of progressive employers is that their human capital is the most valuable investment their company can make. People have become the primary source of value for flexible, responsive, and adaptive organisations. EAPs can be viewed as the maintenance division for 'human machinery' and that it is often more cost effective to repair than to discard 'faulty' assets. Most employees need minor repair. Only a small percentage can be considered liabilities. Liabilities can be disposed of and assets retained. Constructive confrontation, reality checks, and modification through corrective

action, which EAPs do, enhance productivity and organisational efficiency. As a result, the workplace has become an increasingly attractive and effective location for the delivery of programmes that offer clinical and practical forms of assistance to employees. Since the mid-1980s, such programmes have commonly been labelled EAPs. Over time, the focus of EAPs in South Africa and abroad has expanded from initial clinical concerns to a more holistic perspective that includes both clinical services to individual employees and organisational services to groups of employees (Padiachy, 1996:39-42; Gathercole, 1992:9; Langley, 1998:48; Starker, 1989:21).

As the Basic Conditions of Employment Act.75 of 1997 and the Skills Development Act 97 of 1998 , as well as the examples set by the Department of Public Service and Administration, benefits and provisions that may now be regarded as basic include access to medical care, employer contributions to pension funds, professional training, and even housing and motor vehicle subsidies. The implication of these advances is that EAPs are no longer concerned directly with material issues that formed the first stage of EAP development.

Rather, the focus of modern EAPs is now more clearly on providing clinical assistance to individual employees and organisational assistance to management and other groups of employees.

The definitions of EAP demonstrate its evolution in scope and range of services. Earlier definitions defined EAPs as mechanisms providing systematic means or policies and procedures focused on dealing with the impact of troubled employees (Googins & Godfrey, 1987:102; Blum & Bennet, 1990:143). Later definitions offered a broader scope of services, including education and prevention. For the first time, EAPs were cited as resources utilising core technologies to enhance workplace effectiveness through prevention, identification, and resolution of personal and productivity issues.

Comprehensive EAPs are defined as free and confidential workplace entitlements that are voluntarily sponsored by employers or trade unions, jointly or both. In-house

(internal) and contract (external) EAPs respond to the human service needs of workers and their families and the corresponding agendas of the work organisation. Under the overall direction of professional health or mental health staff, such EAPs address comprehensive current and prospective bio-psychosocial progress of education, prevention, assessment, treatment, case management, and referral (Kurzman, 1992:35; Standards Committee of EAPA-SA, 2010:6).

The core technologies of EAPs represent the essential components of the employee assistance profession, which combine to create a unique approach to addressing work organisation productivity issues. These refer to central techniques that define the uniqueness of EAP as a strategy and were derived from a body of research. The specific core technologies or functions of EAPs as mentioned in Section 2 of this proposal include training and development, marketing, case management, consultation with the work organisation, networking, and monitoring and evaluation. Furthermore, EAP standards were developed to benchmark best practice and provide guidelines to encourage EAP practice to consciously and purposely implement proactive strategies, interventions, and tools. According to the Standards Committee of EAPA-SA (2010:10), the 27 standards represent the benchmarks and guidelines for best practice. According to the Standards document, the standards are broadly categorised and include the following:

- **Programme design:** an advisory/steering/consultative committee, organisational profiling, service delivery models, and procedures and costing models;
- **Implementation:** policy, operational guidelines, and an implementation plan;
- **Management and administration:** staffing, EAP consultation or supervision, professional development, confidentiality, record-keeping, professional liability insurance, and ethics;
- **Clinical services:** trauma management, crisis intervention, assessment and referral, short-term intervention, case monitoring and evaluation, aftercare, and reintegration;
- **Non-clinical services:** organisational consultation, EAP training, and marketing;

- **Preventative services:** These could include the following activities: awareness campaigns, wellness days, prevention activities, workshops, information sessions, seminars, training, VCTs, and health-risk screening;
- **Networking:** networking with internal organisational structures, with external community organisations and resources, with professional organisations, and networking with external agencies; and
- **Monitoring and evaluation:** to evaluate the programme's progress and usefulness, and to identify the need for programme modifications.

1.2.1 Organisational profiling

An organisational profile includes a needs assessment of employees on all levels within the hospital, and also indicates the current resources available and the functioning of the EAP, as EAP literature state that there is a distinction between EAPs that are aimed at organisational levels and/or individual levels. On the organisational level, EAPs are aimed at affecting performance problems, including absenteeism, excessive leave, tardiness, and safety. On the individual level, EAPs are aimed at resolving personal difficulty (-ies) such as relationship issues, substance abuse, and mental health, financial and legal matters (Standards Committee of EAPA-SA, 2010:4; Chima, 2005:63).

According to the Standards Committee of EAPA-SA (2010:4-5), organisational profiling is listed as a standard criterion and is the basis for establishing the most appropriate and cost-effective EAP. According to the standard, "the organisational profile should be conducted on a factual, objective, and unbiased manner".

The researcher is of the opinion that if an organisational profile is done factually, objectively, and with no bias, the chances will be better that the EAP will comply with the needs of both the employees and the organisation. EAP literature further state that the rationale of organisational profiling is to enable the EAP professional to design the most appropriate and cost-effective methods of providing EAP services.

Organisational profiling further helps the EAP professional to determine the type of costing model that will be the most suitable financial resource for the organisation, i.e. a cost for the total service (per capita pricing), a fee for service, co-payment by the healthcare provider, co-payment by the client/employee, and limited clinical services e.g. short term therapy. An earlier version of the EAPA-SA (2005:11) Standards document also stated that “programme design shall be based on an assessment of organisational and employee needs as they relate to EAP utilisation”. For the researcher this also confirms that the importance of basing programme design on an assessment of organisational and employee needs as the foundation for programme design still stands.

Needs assessment should form the basis of any decisions regarding the model of services to be implemented. Therefore, the process of organisational profiling also assists the EAP professional to determine and select the most appropriate and cost-effective service delivery model, which can either be an internal or external model or a combination of both. The service delivery model will be based on the unique structure, available resources, and the needs of the particular programme. A needs assessment is aimed at providing an objective, outside look at the organisation and identifies certain problem areas where particular focused services are needed in order to carefully design an EAP in line with the social needs, which is likely to enhance the chances of programme acceptance and overall effectiveness of the organisation. A programme that does not match employee and/or employer needs and interests are likely to fail (Anderson & Anderson, 1988:14; Davis & Gibson, 1994:35; Standards Committee of EAPA-SA, 2010:4).

1.3 THEORETICAL FRAMEWORK

The theoretical framework for this research study is the systems perspective. The *New Dictionary of Social Work* (1995:64) defines a ‘system’ as “a whole of complex units in a specific interactional relationship in which mutual influencing takes place and which is

characterised by a measure of orderliness and regularity”. It goes further to define system theory as “related formal statements and concepts on the reality of mutual relationships, **interaction** and a degree of regularity and orderliness characteristic of the constituent units of **systems**”.

Churchman (in Skyttner, 2008:52) defines the characteristics of a system as follows:

- It is etiological (purposeful).
- Its performance can be determined.
- It has a user or users. It has parts (components) that in and of themselves have purposes.
- It is embedded in the environment.
- It includes a decision maker who is internal to the system and can change the performance of the parts.
- There is a designer who is concerned with the structure of the system and whose conceptualisation of the system can direct the actions of the decision maker and ultimately affect the end of the actions of the entire system.
- The designer's purpose is to change a system so as to maximise its value to the user.
- The designer ensures that the system is stable to the extent that he or she knows its structure and function.

The writer links the EAP to a system with the characteristics mentioned above as the EAPs are work-based programmes, designed to enhance staff and workplace effectiveness through prevention, identification, and resolution of personal and productivity issues. The EAP is used as a tool by the employer to enhance staff and workplace effectiveness.

The employees have to utilise the programme to resolve their personal problems that may impact negatively on their productivity. It has parts (components) that in and of themselves have purposes. The EAP is made up of different core technologies or functions with specific purposes as mentioned in Section 2 of this study. The EAP is based on EAP Standards (Standards Committee of EAPA-SA, 2010:10), which represent the benchmarks and guidelines for practice. The EAP must have a steering committee. The EAP structure has an influence on its functioning and effectiveness.

1.4 RATIONALE AND PROBLEM STATEMENT

The rationale of the study is to explore the structure and operational functions of the current EAP at the UAH through its technologies and core practices. Services rendered by the EAP presently consist only of a therapeutic service in that counselling is provided for both patients and employees at the hospital. EAPs, though, consist of various other core technologies and the above-mentioned practice in UAH is not in line with typical good EAP practice. A counselling service only is not sufficient or a true reflection of a proper EAP. The UAH staff may benefit more from applying the other EAP core technologies as well, which were indicated through conducting an organisational profile and needs assessment, and which explored the structure and operational functions of the existing EAP.

The problem under investigation is summarised as follows: The EAP at the UAH currently consists of only a counselling service – representing only one of the six core technologies supported by the Standards Committee of EAPA-SA (2010:1). This problem is aggravated by the fact that although the hospital employed the services of a full-time clinical psychologist for the programme in August 2012, the UAH social workers still had to continue rendering counselling services to staff as well as hospital patients. Prior to the appointment of the psychologist, the UAH EAP was offered to the hospital staff through the three hospital social workers, who are also responsible for the hospital patients. This practice also contradicts good EAP practice – which is a programme rendered to employees in the workplace, in which case it is recommended that the programme operates with staff solely employed for it in reference to EAP staffing levels.

The researcher will explore the influence of structure and EAP technologies on the operational functioning of EAP for instance the influence of assessment on the operational functioning of EAP. The study took place at the UAH. The hospital has a vision to render quality level III and IV hospital services to central Southern Africa according to the Batho Principles and Patient Rights Charter, to support education, training, research and development of health care professions and support staff, thus

achieving world-class status as a leading national referral /central hospital. The hospital provides an EAP to its workforce. The hospital realizes that the successful delivery of health care at UAH depends on the wellness of its staff.

The researcher's motivation to carry out this research is based on her work experience, literature search; workplace observations and experiences on the structure and functioning of the EAP at UAH. Through exploring the structure, technologies, standards and organisational profile as determinants of effective operational functioning of the EAP within the UAH the researcher believes that the research is worth conducting.

1.5 GOAL AND OBJECTIVES OF THE STUDY

1.5.1 Goal of the study

The goal of the study is to describe the structure and operational functioning of the EAP at UAH in order to redesign the EAP, if indicated. . According to Babbie (2005: 88), the research goal should contain the following three research-based concepts: exploration, description, and explanation. The goal is exploratory as it seeks to explore the specific details of the situation, social setting and relationships that are between two variables (Fouche' 2002a:109). This study is explorative as it seeks to explore the relationship between an EAP structure and operational functioning of an EAP .Therefore, the goal of this study is to explore the impact of the EAP structure and technologies on the operational functioning of the EAP at UAH.

1.5.2 Objectives of the study

According to (Babbie & Mouton 2001: xxvi) the research objectives are steps towards reaching the research goal. The common types of research objectives are exploration, description, and explanation. Exploration is the attempt to develop an initial, rough understanding of a phenomenon; whereas description is the precise measurement and reporting of the characteristics of the population or phenomenon under study. Explanation is the discovery and reporting of relationships among different aspects of the phenomenon under study.

The objectives of the study are as follows:-

- to explore and describe the profile of the UAH as an organisation (which forms part of designing an EAP);
- to explore the needs of the hospital (management, union members, and operational staff members) in terms of the EAP;
- to explore the existing structure and operational functioning of the EAP, with specific reference to the EAP core technologies; and

- to provide recommendations to the management of the UAH, for the redesign of the EAP, should such redesign be indicated.

1.6 THE RESEARCH QUESTION

According to Fox and Bayat (2007: 13) a research question “involves narrowing down the general interest in a research topic and focusing within the topic on a specific research problem that is small enough to be investigated. Research questions are about what the researcher wants to specifically understand by conducting that specific study.

The researcher will focus on exploring the impact of structure and technologies of EAP on the functioning of the EAP at UAH. It gives a guide to explore the relationship between the structure, technologies and the operational functioning of the EAP within UAH.

The problem under investigation is based on the provision of only counselling as the function of the EAP at UAH at not the other various EAP technologies. This problem leads to the other technologies not being used to contribute to the enhancement of the functioning of the programme of the hospital.

The conceptual framework of the study is about the relationship of the two concepts and the environment which is: structure and operational functioning of the EAP at UAH. The link seems to be the structure and operational functioning of EAP at UAH. The two concepts are self-explanatory and clear to the outside readers, and can stand on their own as questions to be researched. The following research question will assist the researcher to be focused on the study:

- What are the needs of the hospital in relation to the current structure and operational functioning of the EAP at UAH?

1.7 PILOT STUDY

Neuman (2000: 47) describes a pilot study as a process whereby the measuring instrument is tested on a small number of persons having characteristics that are similar to those of the possible respondents. The researcher conducted a pilot study before the actual study by letting two staff members of UAH answer the questionnaires in order to test the data collection instrument. The two staff members were excluded from the main research project and their views did not form part of the research results. .

1.8 RESEARCH APPROACH

For the purposes of this study, the researcher used the quantitative research approach. The motivation is that the study will quantitatively explore the current structure and operational functioning of the UAH EAP. The results therefore were used, to improve the current EAP structure. In order to explore the current situation, the opinions of as many as possible employees were obtained. One of the most practical ways to achieve this is by means of a survey amongst members of the target group using quantitative descriptive design. In the quantitative research approach, data collection procedures were applied in standardized pattern whereby all participants were requested to answer the same written questionnaire. The survey design provides a quantitative or numeric description of trends, attitudes or opinions of a population by studying a sample of that population (Creswell, 2003:153).

1.9 TYPE OF RESEARCH

The researcher will use applied research for the purpose of this research. According to De Vos *et al.* (2005:105), applied research is aimed at solving specific policy problems or at helping practitioners accomplish tasks. . According to Fox and Bayat (2007: 10) the goal of applied research is to do scientific planning of induced change in a troublesome situation. In this case, it is the structure and operational functioning of the

EAP of UAH which has an impact on the employees ‘wellbeing and organisational productivity’. The study focused on solving a problem in practice, by providing specific recommendations to the management of the relevant hospital regarding the potential restructuring of the existing EAP at the UAH, where indicated. The research seeks to use the structure and operational functions of EAP to enhance the effective functioning of the EAP at UAH after completing this study. The type of research for this study is applied research because the findings may require a practical improvement of the EAP structure and EAP technologies to enhance the operational functioning of EAP at UAH.

1.10 RESEARCH DESIGN

The researcher used a quantitative-descriptive (survey) design; which, according to (Fouché & De Vos 2005:137), requires that questionnaires be used as the data-collection method. According to Mouton (2001: 55) research design is a blue print or detailed plan on how a specific study is to be conducted. Research design further provides a plan that specifies how the research is going to be carried out in such a way that it answers the research question.

The researcher selected the respondents by means of randomised sampling method.

1.11 SUMMARY OF RESEARCH METHODOLOGY

A survey as the research design will be carried out within the framework of a quantitative research approach amongst employees of the Universitas Academic Hospital. A self-developed questionnaire will be applied as the data-collection instrument. Stratified sampling will be applied to ensure proper representation from all different strata of employees of the UAH.

The questionnaires were completed by respondents in respect of the research topic in their units. They were requested to forward their completed questionnaires to their respective unit operational supervisors, where the researcher collected them. The

researcher also used group administered questionnaire to collect data from the respondents. The researcher had requested the group respondents to meet in the boardroom at specific times and distributed the questionnaire to respondents for them to complete. Each respondent completed his/her questionnaire in the presence of the researcher, who provided instructions and cleared up uncertainties amongst the respondents.

1.12 ETHICAL ISSUES

The researcher will apply all the necessary principles to address ethical issues relevant to the study in order to prevent harm to the respondents. A more complete discussion of these ethical issues follows in Chapter 4 of this report.

1.13 FEASIBILITY OF THE STUDY

“A feasibility study according to Strydom (2005:209) is a valuable way of gaining practical knowledge of and insight into a certain research area”. The researcher had planned to email questionnaires to the respondents. The researcher had also scheduled appointments with the respondents in the hospital to collect data. Respondents were given an option to stop participating in the research should they wish so. They were not forced to participate in the research.

Furthermore, Strydom (2005:208) state that the feasibility study helps with practical planning of the research project, for instance transport, finance and time factors. There were no costs involved in this study as the researcher had easy access to the respondents. The researcher had formally requested permission from the hospital superintendent to conduct the research.

The researcher was employed as a social worker by the UAH. She was one of three social workers, equally responsible for the counselling services rendered by the EAP during the time of the research project.

The researcher’s involvement in the current EAP did not influence the execution of the study since the focus of the exploration was on the structure and the operational functioning of the EAP, and did not include an evaluation of existing counselling services to employees. Manipulation of data as such was therefore not a risk.

1.14 LIMITATIONS OF THE STUDY

Although the UAH workforce component of 2 169 is categorised in a number of job categories, the study focused only on three sampled categories, e.g. management, union, and employees.

The other limitation was that the union category was missing on the questionnaire itself by the time it came back from the ethics committee and was replaced by category of the artisan. Due to the time factor, the researcher communicated with union members to include the category of union on the form manually to indicate their category which was done.

The emailing of questionnaires proved to yield low results and therefore the researcher ended up delivering the questionnaires personally to the staff in the wards, to management, and to shop stewards, and collected them from each ward manager and shop steward upon completion. The other questionnaires were administered in groups in the hospital boardroom.

Another limitation may be the fact the questionnaires were completed by individuals – by themselves – and in group context. The latter was accommodated due to level of literacy of respondents and in order to save time. Caution however, was taken not to benefit those respondents whom had completed in groups.

The other limitation is that there is not sufficient research and literature on the topic under study carried out in a hospital/health setting, especially in the South African context.

1.15 CONTENTS OF THE RESEARCH REPORT

Other than Chapter 1, the research project report consists of the following:

Chapter 2: Literature study on the design and implementation of the EAP

Chapter 2 covers the organisational profile and what process it entails.

Chapter 3: Literature study on the core technologies of the EAP

The literature study covered the core technologies which form part of the structure and operation of the EAP.

Chapter 4: Empirical findings of the study

The ethical aspects and definition of concepts form part of the section. This chapter deals with the presentation and discussion of the empirical findings, regarding the structure and operation of the EAP.

Chapter 5: Conclusions and recommendations

In this section, the key findings, conclusions, and recommendations were presented, as well as recommendations regarding future research in the field.

CHAPTER 2

LITERATURE OVERVIEW OF THE EMPLOYEE ASSISTANCE PROGRAMME

2.1 INTRODUCTION

There is an inseparable relationship between home and work. This relationship entails a particular responsibility of any employer towards the community at large. The needs and motivation of the individual are as important as that of the organisation. Within this reciprocal relationship, both the individual and organisation grow and develop with increased productivity and profit as an intended by-product. An EAP is only as good as it is flexible to the ever-changing needs of employees, organisations, and society, and accessible to all those employees and family members who may benefit from its service (Csiernik, 2005:31; Harrison, 2009:371; Winwood & Beer, 2008:183).

According to Winwood and Beer (2008:183), an organisation's effectiveness is, to a large extent, dependent on the well-being of its staff. As a result, Kruger (2011:1) maintained that organisations find themselves forced to assist employees to remain healthy by putting in place services like Occupational Health and providing supportive services in the form of Employee Assistance Programmes. The standards underlying any EAP are to a degree dependent on statutory regulations of the country/state the programme is delivering to. For example, in South Africa, the health and general well-being of employees are protected and ensured by passed legislation such as the Occupational Health and Safety Act (85/1993), the Labour Relations Act (66/1998), the Basic Conditions of Services Act (75/1977), and the Skills Development Act (97/1988).

According to Kruger (2011:2), the health care sector, like other sectors, is under a constant level of change related to the industry. Organisational changes have the potential to increase work-related stress amongst employees, which might impact negatively on their work performance. Therefore, the quality of care provided by a

health care facility is dependent on the state of the health of care workers appointed to provide the service.

In this chapter, the researcher will review the relevant literature on various aspects of EAPs. It will summarise the historic development of EAPs, including in South Africa, define the EAP, state the rationale and goals of EAPs, and describe the components of EAP technology and functions of the EAP standards as they impact on the structure and effective functioning of EAPs.

2.2 THE HISTORIC DEVELOPMENT OF EAP

EAPs, according to Arthur (2000:551), developed from the social movements and industrial alcoholism programmes that developed in the USA during the 19th century as an attempt to deal with alcohol abuse in the workplace, and during the 1960s and 1970s these programmes expanded to include services to assist employees with additional problems that contributed to poor job performance (Elliot & Shelly, 2005:126). These programmes were described as 'broad brush' and their assistance went beyond alcohol dependency programmes to include a variety of other social/personal problems.

Gerber (1995:31) stated that, in South Africa, EAPs were initiated in the private sector in the 1980s, and focused on alcoholism and substance abuse in their early days, and that in government departments, EAPs were a new concept. Maiden (1992:2) stated that EAPs were modelled after programmes found in the United States of America and were introduced to South African organisations by social workers and psychologists who had studied these programmes in the United States.

However, according to Sangweni (2006: IX), EAPs have been operating in another form in the South African Public Service as a function within Human Resource Management for decades. In light of the growing number of employees needing assistance due to organisational transformation, increased work stress, as well as the impact of HIV and

Aids in the workplace, it is imperative to ensure the optimal functioning of EAPs in the Public Service.

In modern society, EAPs form part of the preventative measures employers may implement in the workplace, encouraging investment in psychological support, in order to prevent illness and absence and to improve productivity and job performance. Assistance through these EAPs goes beyond alcohol dependency programmes and includes a variety of other social/personal problems (Winwood & Beer, 2008:183; Elliot & Shelley, 2005:126).

According to Harper (1999:12, 7), South Africa, with its history of oppression and the transformation process that it underwent, brought to the table several unique problems that impacted on the world of work; for example housing, affirmative action for the majority, violence, acceptance of drug use, managing change, and capacity building. As a result, the South African EAP has incorporated the country's unique cultural, political, social, and economic values into the EAP field of practice. At the same time, economic, social, cultural, and political norms and values will continue to influence the development of EAPs in organisations in South Africa and internationally.

2.3 DEFINING EMPLOYEE ASSISTANCE PROGRAMMES

The Standards Committee of EAPA-SA (2010:1) defines an EAP as a workplace programme designed to assist work organisations in addressing productivity issues, and 'employee clients' in identifying and resolving personal concerns; including health, marital, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance. The Employee Assistance Professionals Association of South Africa (EAPA-SA, 2010:6) claims that EAPs serve organisations and their employees in multiple ways; ranging from consultation at the strategic level about issues with organisation-wide implications to individual assistance to employees and family members experiencing personal difficulties. As workplace programmes, the structure and operation of each EAP vary with the structure, functioning, and needs of

the organisation(s) it serves. Maynard (2004:395), on the other hand, defined employee assistance as “the application of knowledge about behaviour and behavioural health to make accurate assessments, followed by appropriate action to improve the productivity and healthy functioning of the workplace”.

The Evaluation of EAPs in the PSC report (2006:10) defined EAPs as: “A confidential and professional service provided as a benefit to employees that complements and extends in-company resources in the constructive and supportive management of people impacted on by concerns in their personal and work lives.” In this definition, the factors highlighted as crucial are that employee assistance programmes are confidential, professional, part of employee benefits, and they are to deal with concerns in the personal and work lives of people.

The EAP, according to Csiernik (2005:12), has become a tool for management and labour unions to provide employees with the means to improve their job performance and health. The definitions of ‘employee assistance programme’ today demonstrate its radical evolution in scope and range of services which is moving beyond a concern with alcohol-impaired employees only to rendering more sophisticated services.

2.4 RATIONALE AND GOAL OF EAP

Birkland and Birkland (2005:331) stated that, with an EAP in place, the benefit of productive employees should increase to a point where the cost they bring to the organisation (e.g. compensation and human resource interventions) is recouped and their net productivity increases.

In support of the abovementioned beliefs, Harvard Business Review (2007) stated: “When people feel strong and resilient – physically, emotionally, mentally and spiritually – they perform better, with more passion, for longer. They win, their families win, and the corporations that employ them win.”

According to Mogorosi (2009:346), the rationale for employee assistance includes:

- contributing to efforts to humanise the workplace;
- meeting the needs of a changing work environment;
- meeting the needs of a changing workforce;
- helping to improve employee work performance;
- containing and reducing organisational costs in relation to attending to employee challenges and problems, such as acclimatisation, absenteeism, discrimination, and substance abuse;
- meeting employee health and general well-being needs;
- helping to maintain and increase employee work commitment and loyalty;
- helping organisations with evaluation and feedback about the reactions of employees on variety issues;
- improving general management-employee relations; and
- meeting the legal and social responsibilities of organisations.

According to the researcher, employee assistance interventions can help prevent the development of more serious psycho-social problems, which may in turn impact negatively on the health and productivity of an employee. As such, they come in as support for organisations to safeguard the quality of their productivity.

2.5 EAP CORE TECHNOLOGIES

According to Beidel (2003:3), employee assistance can be regarded as best practice when core technologies are at the centre of the service delivery and operation. Herlihy (2002:12-13) stated that employee assistance core technology represents the essential components of the employee assistance profession, which combine to create a unique approach to address work organisational productivity issues. These core technologies include consultation and training, problem identification and assessment, constructive confrontation, referral for diagnosis, treatment and assistance, and consultation with

work organisations for health and evaluation. The Standards Committee of EAPA-SA (2010:1) described six EAP technologies as training and development, marketing, case management, consulting with work organisations, networking, and monitoring and evaluation.

According to the researcher the standard indicates that it is important for the EAP to attend to both the problems of the employees and the workplace.

2.5.1 EAP training

The Standards Committee of EAPA-SA (2010:15) described the function as training and development of and assistance to work organisation stakeholders (managers, supervisors, and unions) seeking to effectively manage the employee who is experiencing behavioural, emotional, and wellness issues to enhance the work environment; and improving employee job performance.

2.5.2 Marketing

Beidel (2003:1) described this technology as:

“... consultation with, training of, and assistance to work organisation leadership (managers, supervisors, and union stewards) seeking to manage the troubled employee job performance and outreach to and education of employees and their family members about the availability of EAP services.”

2.5.3 Case management

Case management, according to the New Dictionary of Social Work (1995:7), is defined as “a method of coordinating services where a social worker, in collaboration with a client system, assesses, obtains and monitors the services needed”.

2.5.4 Consultation with work organisation

Brueggermann (2006:341) defined workplace intervention, in the context of macro-social work, as: “The practice of helping people restore dysfunctional organisations to become socially compatible with the human beings who work in them. Organisation developers help employees plan for and carry out change to create a healthier, more productive work environment.”

Highlighted here is the importance of attending not only to the problems of employees in the workplace, but also to the problems of the workplace itself.

2.5.5 Networking

Networking, identified as one of the core technologies, is described by Beidel (2003:1) as “referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up services”. The Standards Committee of EAPA-SA (2010:1) stated that the EAP has to network with external and internal role players and service players in order to improve its functionality. An effective network of professional resources, healthcare providers, and self-help groups will ensure the delivery of quality services. Participation in professional organisations provides EAP practitioners with support, and association with other EAP professionals contributes to professional development and prevention of professional burnout. According to the researcher, networking by the EAP practitioner with both internal and external resources enhances the quality of service that the EAP delivers and prevents the practitioner from working in isolation to the disadvantage of quality service delivery. Networking also assists the EAP practitioner to prevent or lessen the risk of liabilities that are high when the practitioner works in isolation from other relevant resources.

2.5.6 Monitoring and evaluation

The Standards Committee of EAPA-SA (2010:1) described this function as monitoring and evaluation of the value/success/impact of EAP services relating to the work organisation and individual job performance. According to Bruce (1990:130), the EAP counsellor should ideally maintain service statistics and report them to the EAP manager on a systematic and regular basis, preferably quarterly and yearly. A well-managed EAP also provides a means to monitor employees and organisational activities and plan for future services.

According to the researcher, these standards promote accountability for the programme and afford the programme an opportunity to plan for future services based on the captured information of the impact of the programme on the organisation and employee job performance.

2.6 STRUCTURING THE EAP

The 27 standards for employee assistance practice, according to the EAPA-SA Standards Document (2010:1), are broadly categorised to include programme design, implementation, management and administration, clinical and non-clinical services, networking, and evaluation.

The Standards Committee of EAPA-SA (2010:1) further stated that adhering to the EAP professional standards and guidelines ensures viable programmes and the purpose of the guidelines is to assist all relevant stakeholders in establishing and enhancing quality EAPs in accordance with international best practices. They are presented as guidelines for employee assistance programmes and should be adapted without compromising the underlying principles, and take into account the status of the programme from design to monitoring and evaluation. In South Africa, the application of the standards will ensure quality of EAPs, without limiting the importance of organisational customisation.

According to the researcher, for any organisation attempting to structure its EAP, it is important to consider or refer to the guidelines provided by the standards for programme design, implementation, management and administration, clinical and non-clinical services, networking, and evaluation.

2.6.1 Programme design

According to the Standards Committee of EAPA-SA (2010:3), EAP programme design involves assembling an advisory committee, conducting organisational profiling, choosing service delivery and costing models, and drafting and implementing a policy.

2.6.1.1 Advisory committee

According to the Standards Committee of EAPA-SA (2010:3), Csiernik (2003:20, 24), and Harper (1999:6), for an EAP to function successfully, there has to be an advisory or a steering committee at the highest possible level within the organisation involving the representatives from all segments of the work force (management, supervisors, and union members if the organisation is unionised). The establishment of a steering committee gives equal representation to management, labour, and interested third parties, in order to govern the EAP. A representative steering/management committee encourages line management and worker participation in the management of the EAP. It allows for co-ownership of the EAP services and encourages co-responsibility in problem management. Furthermore, employee and line management involvement facilitates legitimising the EAP infrastructure and its services. This kind of management approach helps ensure that those managing the services do not assume what employees' and the organisation's needs and objectives are and how they can be best served, thereby making the EAP peripheral to the core human resources and business agendas.

2.6.1.2 Organisational profiling

The Standards Committee of EAPA-SA (2010:4) referred to organisational profiling as conducting a scientific assessment of both the organisational and employee needs before designing an EAP, which would improve the chances of establishing the most appropriate, customised, and cost-effective programme.

The construction of a comprehensive organisational profile should include the following aspects: type of organisation; number of work-sites; types of jobs/work; products; size of the workforce and demographics; employee needs in terms of skills, employee diversity, gender and ethnicity; gathering of information in order to identify HR problem areas such as information on compensation claims; absenteeism patterns; sick-leave abuse; disciplinary activities; grievance actions; and employee turnover (Standards Committee of EAPA-SA, 2010:4).

According to Govender and Terblanche (2009:404), needs assessment has been identified as being core to EAP design because it enables EAP personnel to develop an understanding of the client population and informs them of the services that will be rendered. It is usually carried out at the beginning of the programme implementation and at regular intervals thereafter. The poor level of implementation of this standard could be the result of limited capacity and resources to conduct a needs assessment or because the organisation may be pressured by external factors, such as national policy, to comply with certain areas of EAP implementation services on perceived needs rather than conducted research. Organisations that do not conduct a needs assessment in any form carry the risk of rendering services to which the client population may not attach priority, thereby compromising the value and credibility of the EAP in that organisation.

The researcher is of the opinion that needs assessment is critical as a foundation for the development of any service for it to be utilised fully by the recipients. It allows for the participation of the service recipients in the development of a service that will be relevant to their needs.

2.6.1.3 Service delivery models and procedures

According to Masi (2003:407), the models of EAP include internal, external, and combined models.

2.6.1.3.1 Internal EAP

According to Harper (1999:8), and Winwood and Beer (2008:185), in-house or internal models can be categorised as programmes providing assessment, referral, and counselling services and with an on-site location for assessment and referral services. The EAP practitioners (professionals and non-professionals) are employed by the organisation to provide services. The internal programme responsibilities include the coordination of all client activity from within the work environment.

The in-house model, according to Harper (1999:8), tends to address more workplace issues and forges closer relationships with the shop stewards and line management than external providers.

An advantage of the in-house programme is that control is completely internal, the knowledge of the organisation is present, and the ownership of the programme is more credible with some supervisors and the on-site problem assessment capacity present (Phillips & Older, 1988:134). The internal EAP model allows closer management of EAP professionals. Clinical supervision and quality assurance functions are routinely performed. According to Cagney (1999:64), an internal EAP is positioned to deliver high-quality organisational services designed for that specific organisation.

One of the disadvantages of an in-house programme is the problem of confidentiality or the appearance of such problems. Myers (1990:113) was of the opinion that the fear of employees is based on the presumption that breaking confidentiality may result in co-workers learning about their problems and that management might use the information to make unfair decisions against them.

According to the researcher, this factor makes it critical for the EAP to promote and reinforce the importance of confidentiality as the cornerstone of the programme for users.

2.6.1.3.2 *External EAP*

A traditional external model has a centrally located employer contracting with a local external vendor who has a management system in place that verifies eligibility and screens the employee to determine major problems. The employee is then channelled to the appropriate affiliated clinician for assessment, short-term problem restoration, or referral for more intensive treatment. An ongoing treatment is accessed through the employee benefit plan or community resources (Cagney, 1999:66).

The advantages of the model, according to Harper (1999:8), are that it is viewed as having the ability to heighten voluntary utilisation because of the perceived increased level of confidentiality. The model can also reduce the liability on the organisation, particularly if the EAP has incorporated behavioural health care programmes.

The disadvantages are that there is often no on-site counselling capacity, no ownership, some supervisors are reluctant to deal with outsiders, lack of in-depth knowledge of the organisation, and communication between service centre and organisations are sometimes difficult – which may limit their provision of effective service delivery (Cagney, 1999:66).

2.6.1.3.3 *Combined EAP*

According to Birkland and Birkland (2005:328), a combined programme involves a relationship between an internal network of counsellors, occupational health physicians, and external service providers for short-term focused counselling or specific treatment programmes which may not be available internally. The movement tends to favour

contractually provided services outside the organisation in order to provide a wide range of services as required by organisations.

According to the Standards Committee of EAPA-SA (2010:4), an appropriate service model should be aligned with existing corporate strategies and philosophy, take into account the size and structure of the organisation (including the geographical location of the organisation), and should be accessible to the employees and other community resources. The selection of the model should also be aligned to the available financial resources and professional capacity, both internally and externally, and should consider employee preferences.

2.6.1.3.4 *Costing models*

According to the Standards Committee of EAPA-SA (2010:5), the costing of an EAP should be based on sound financial principles and justify the balance between expenditure and benefits. The selected model should be compatible with the overall philosophy of the employer and its corporate governance, it should take into account the employees' benefits, it should be transparent and acceptable to all role players, and it must be included in the business plan.

The contractual agreement for external providers generally includes a cap of around six individual sessions of counselling per employee; whereas internal providers are less likely to set limits on the number of sessions provided (Kirk & Brown, 2003:139).

The developmental or design phase of the EAP is followed by the implementation phase, which covers the EAP policy, guidelines, and implementation plan.

2.7 PROGRAMME IMPLEMENTATION

Programme implementation is preceded by the development of a policy statement clearly communicating the organisation's rationale for instituting an EAP. Policy implementation involves putting adopted policies into effect.

2.7.1 Policy

The EAP should have a clear, written policy to ensure that the mandates, principles, and focal areas of the EAP are fair, consistently applied, and balanced regarding the interests of all the various stakeholders. Protocols can be shared within the organisation, especially around services such as management referral and disclosure of confidential information allowing accurate promotion of the service. It should be reviewed and updated on a regular basis by management, in collaboration with purchasers (Winwood & Beer, 2008:192).

According to Masi (2003:78), the EAP policy should formalise the purpose and objectives of the service, as well as the relationship between the EAP and other organisational functions. Bruce (1990:124) claimed that the policy should outline procedures to be followed when referring the problem employee and be clear about the services offered by EAP, and these procedures should be embedded in the operational guidelines as a separate standard (Standards Committee of EAPA-SA, 2010:6).

In the case where an organisation is unionised, it is important to include the union representation in policy development. Ideally, the policy should not come from top management but clearly should be supported and approved by employees. Union and non-union involvement is essential through consultation with worker representative bodies, like proposed workplace forums and shop steward committees. The written statement should be signed by executive managers, members of the EAP committee, and senior labour leaders (Csiernik, 2003:18; Harper, 1999:5)

2.7.2 Operational guidelines

This standard is about making the EAP policy operational. The Standards Committee of EAPA-SA (2010:6) stated that the operational manual must be based on the organisation's EAP policy, be aligned with the organisation's unique operations, infrastructure, profile and procedures, and culture, and must reflect the application of the core technologies and standards tailor-made for the organisation.

2.7.3 Implementation plan

The implementation plan is about outlining the actions and schedule needed to establish an operationally effective EAP. According to the Standards Committee of EAPA-SA (2010:14), a well-described, documented, and implemented plan will ensure a successful roll-out. The implementation plan needs to be reviewed annually during the evaluation process and must stipulate the following:

- actions needed;
- timeframe;
- resources;
- responsible person;
- performance indicators; and
- monitoring.

The opening statement of the EAP policy, according to Csiernik (2003:17, 18), should include a descriptive introductory statement defining the relevant responsibilities and introducing procedural issues, and should be signed by executive managers, members of the EAP committee, and senior labour leaders. The main focus should be to promote employee health in a holistic manner and address other matters such as:

- the endorsement of the policy by role players;
- confidentiality;

- employer is limited to addressing employee's problems only when productivity is at stake; and
- the fact that the existence of an EAP neither alters management's responsibility or authority, nor does it alter union prerogatives.

2.8 PROGRAMME MANAGEMENT AND ADMINISTRATION

Programme management and administration in EAPs, according to the Standards Committee of EAPA-SA (2010:7), deal with staffing, EAP supervision, professional development, confidentiality, record keeping, professional liability insurance, and ethics.

2.8.1 Staffing

Bailey and Troxler (2009:358) and the Standards Committee of EAPA-SA (2010:3) maintain that EAPs typically include a multi-disciplinary team of professionals to render the wide range of services needed by an EAP. Suitably qualified EAP staff ensures that the staff meets professional and legal requirements and is sensitive to the EAP issues of confidentiality and ethics. Staffing of an EAP should also be influenced by the geographic location of the workforce and ethnic and cultural mix of the employee population and job description of each EAP staff member.

Kirk and Brown (2003:139) identified the need for the staff within an EAP to work towards developing workplace wellness in addition to worker wellness; therefore, a dual relationship should be considered within the EAP with the organisation and employees as clients. The result of this dual relationship demands that staff members should be both professionally trained in counselling interventions and familiar with organisational dynamics and interventions. The staff providing services within the EAP must be professional service providers, licensed and registered with their respective professional boards. It is also acceptable to have a generalist who has experience with the full scope of problems ranging from crisis management, to addiction, to family counselling. In

general, the needs and available resources of an institution will determine the type of experience and skills of the service providers who are appointed.

2.8.2 EAP professional consultation or supervision

According to the Standards Committee of EAPA-SA (2010:8), professional supervision is necessary to protect the client's/employee's interests and to enhance the EAP professional's knowledge, attitudes, and skills since the EAP professionals potentially have a profound effect on their clients, and vice versa. Consultation and supervision prevent professional burnout and assure quality services. The person providing supervision should have a minimum of five years' experience and an appropriate qualification. According to the EAPA Association (2010:16), consultation has to be in accordance with the needs of the EAP staff and with a person who is familiar with the parameters of the EAP.

The opinion of the researcher is that it is also critical for the EAP professional to receive clinical supervision by another experienced professional in order to be provided with support and diminish the risk of burnout and litigation.

2.8.3 Professional development

EAP professionals, according to EAPA-SA (2010:9), must engage and participate in professional developmental activities in order to deliver the highest levels of professional practice. The criteria for professional development includes formalising the development plan as part of the professional's performance contract, registration with the relevant statutory body, and being a member of the EAPA-SA structure.

According to Govender and Terblanche (2009:411), EAP developments need to increase focus on the core technologies and related competencies beyond "managing the troubled employee". These competencies should include training, facilitation,

presentation, marketing, and research to enable practitioners to apply the core technologies confidently.

Focusing on other EAP core technologies beyond counselling, according to the researcher, will add to the skills of the EAP professional and the quality of the employee service rendered.

2.8.4 Confidentiality

The EAPA-SA standards (2010:3) provide the following guidelines with regards to EAP confidentiality:

- Informed written consent is required for situations where confidential information needs to be disclosed.
- The written consent should meet certain criteria with specific information to be disclosed, specific person(s) to whom information will be disclosed, purpose for the disclosure, valid period, signature of the employee, signature of the EAP, and statement of withdrawal.
- Without written consent, disclosure is limited to: confirmation of attendance of EAP sessions, cooperation with the treatment plan, and progress or lack thereof.
- Confidentiality should not be confused with anonymity.
- Limits to confidentiality need to be defined in the policy (i.e. fraud, child abuse, espionage, and danger to self or others).

As within EAPA-SA standards, Winwood and Beer (2008:193) stated that the circumstances when a disclosure can be made may include:

- where there is risk to self and/or others;
- where there is serious alleged crime;
- where there are legal requirements (e.g. protection of children or prevention of terrorism); and

- where there is significant threat to the health of those within an organisation.

A list of rules that could support confidentiality within the EAP, as proposed by Csiernik (2003:20), includes:

- how supervisors would be responsible for documenting declining work performance and referring troubled employees to the EAP;
- how records are to be maintained;
- who will have access to the programme;
- which information will be released, to whom, and under which circumstances, as well as the type of release form used; and
- how employee EAP records will be used for purposes of monitoring, research, evaluation, and internal and external reports (Harris, Adams, Hill, Morgan & Soliz, 2002:60).

The EAP practitioner should discuss with his/her clients the nature of confidentiality in the helping process and the circumstances where disclosure of confidential information may be legally required. This sort of discussion should occur as soon as possible in the helping relationship so that the client is aware of the limitations regarding confidentiality.

2.8.5 Record keeping

Bolman and Deal (2008:27) stated that 'record keeping' benefit both the client and the therapist through documentation of treatment plans, services provided, and client progress. Appropriate records can help protect both the client and therapist in the event of legal or ethical proceedings.

The Standards Committee of EAPA-SA (2010:10) supports record keeping by stressing that EAPs must ensure the proper and accurate management of records in order to maintain quality control. Client/User records should be managed in a confidential manner and should be secured under lock and key. Records should be retained for at

least five years or in accordance with legal requirements. The required back-up and data security measures should be in place for all electronically stored data.

2.8.6 Professional liability insurance

According to the EAPA-SA standards (2010:10), the EAP should obtain professional liability from a credible insurance company in order to protect the EAP professional, corporate client and the service provider where possible. Individual EAP professionals should bear responsibility for malpractice insurance, and premiums are preferably to be paid by employers.

The area of liability, according to Govender and Terblanche (2009:407), may not be taken seriously by organisational personnel and management in South African EAPs because we may have a client population who are not aware of their rights in terms of misconduct or even the standards of services they are entitled to receive.

The researcher shares the same sentiment as this is indicated by a number of litigation cases that are instituted and won successfully by the clients against some government departments for poor/negligent service, especially in the health sector.

2.8.7 Ethics

The Standards Committee of EAPA-SA (2010:10) maintains that the role of ethics within the EAP context is to foster professional behaviour. Ethics also ensure that the client and customer are protected, professional behaviour is maintained at all times, and that EAP practitioners operate within the scope of their registration and expertise.

The following guidelines are recommended in order to promote ethical behaviour amongst EAP practitioners:

- The Code of Conduct of EAPA-SA (2010) can be utilised as a guideline for both members and non-members of the mentioned association to promote ethical behaviour.
- The Code of Ethics of relevant professional bodies should be adhered to.
- Professional registration should be maintained through participation in professional activities to qualify for CPD (Continuous Professional Development) points.

According to Winwood and Beer (2008:193), the EAP is responsible for adhering to and clarifying the ethical stance of the programme. The EAP must provide clear and ethical guidelines and it is the employee assistance programme's primary task to ensure that they are adhered to. Maintenance of confidentiality can be seen as a key ethical issue as discussed in detail in Section 2.8.4 of this document.

2.9 CLINICAL SERVICES

The EAP provides a wide range of services ranging from clinical and non-clinical to prevention services in its effort to assist troubled employees to resolve their personal problems that may render them unproductive and increase organisational productivity.

2.9.1 Trauma management

The Standards Committee of EAPA-SA (2010:21) stated that the employee assistance programme has to offer trauma and debriefing services to employees, family members, and the organisation in extreme situations as timeous defusing and debriefing may lessen or prevent long-term difficulties or dysfunction at both the individual and organisational levels. Winwood and Beer (2008:191) concurred that an EAP should be involved in the human aspect of any business continuity plan (BCP) developed by a

client organisation. It should have a protocol to intervene with any post-trauma support that is necessary; these plans should include as a minimum: triggers (i.e. who can activate the protocol), first-line support immediately post-incident, on-site capability and timing, a process for supporting staff members, and feedback to the organisation. The EAP should assist in organisational preparedness for major world events; including, for example, terrorism threats and flu pandemics.

The American Psychological Association (APA, 2015) defines trauma as an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer reactions include unpredictable emotion, flashbacks, strained relationships, and even physical symptoms like headaches or nausea. . According to the researcher, although after a traumatic incident, and might need therapeutic intervention in order to help the affected individuals to manage their emotions.

2.9.1.1 Signs of trauma

Another tell-tale sign of a trauma victim is anxiety (APA, 2015), which can manifest in problems such as night terrors, edginess, irritability, poor concentration, and mood swings. Whilst these symptoms of trauma are common, they are not exhaustive. Individuals respond to trauma in different ways. Sometimes trauma is virtually unnoticeable to the victim's closest friends and family. These cases illustrate the importance of talking to someone after a traumatic event has occurred, even if they show no initial signs of disturbance. Trauma can manifest days, months, or years after the actual event.

2.9.1.2 Emotional signs of trauma

Emotion, according to the APA (2015), is one of the common ways in which trauma manifests. Some common emotional symptoms of trauma include denial, anger, sadness, and emotional outbursts. Victims of trauma may redirect the overwhelming

emotions they experience toward other sources, such as friends or family members. This is one of the reasons trauma is difficult for loved ones as well. It is hard to help someone who pushes you away, but understanding the emotional symptoms that come after a traumatic event can help ease the process.

2.9.1.3 *Physical symptoms of trauma*

According to the APA (2015), trauma often manifests physically as well as emotionally. Some common physical signs of trauma include paleness, lethargy, fatigue, poor concentration, and a racing heartbeat. The victim may have anxiety or panic attacks and be unable to cope in certain circumstances. The physical symptoms of trauma can be as real and alarming as those of physical injury or illness, and care should be taken to manage stress levels after a traumatic event.

2.9.1.4 *Short-term and long-term effects of trauma*

All effects of trauma can take place either over a short period of time or over the course of weeks or even years. Any effects of trauma should be addressed immediately to prevent permanence. The sooner the trauma is addressed, the better chance the victim has of recovering successfully and fully.

Short-term and long-term effects of trauma can be similar, but long-term effects are generally more severe. Short-term mood changes are fairly normal after trauma, but if the shifts in mood last longer than a few weeks, a long-term effect can occur (APA, 2015).

According to the researcher, every organisation needs to have a response plan to react to traumatic events and to individuals who may have experienced any form of trauma. A traumatised workforce develops low morale and motivation, which may indicate poor mental health which has the potential to impact negatively on productivity or service delivery.

2.9.2 Crisis intervention

Roberts and Yeager (2009:2-3) were of the opinion that a crisis refers to “an upset in the steady state” and generally is made up of five components: a hazardous or traumatic event, a vulnerable or unbalanced state, a precipitating factor, an active crisis state based on the person’s perception, and the resolution of the crisis. By nature, a crisis is an intense event. However, the impact of a crisis on an individual depends on (1) the individual perception of the event as the cause of considerable upset and/or disruption, and (2) the individual’s inability to resolve the disruption through coping mechanisms.

The following factors should be considered when addressing a crisis:

- Every human being, at some time in his or her life, will experience acute or traumatic stress that is not necessarily harmful or emotionally toxic. It is the overall context of the event in the person’s life that determines whether or not the stressor becomes an acute crisis.
- Homeostasis is a natural state that all people seek. An individual (or family) is more amenable to intervention when in a state of disequilibrium caused by a traumatic event.
- Untapped resources or new coping mechanisms are needed to deal with a traumatic event.
- The dearth of prior experience with the crisis event creates increased anxiety and strategic efforts. This can result in individuals discovering that they possess hidden resources they did not know they had.
- The duration of a crisis is limited – depending on the precipitating event, response patterns, and available resources.
- Certain affective, cognitive, and behavioural tasks must be mastered throughout the crisis phase to move resolution; regardless of the type of stressful or traumatic event.

It is imperative that crisis workers have a framework or blueprint to guide them in responding to a person in the midst of a traumatic event.

According to Kanel (2015:21), a major goal of crisis intervention is to increase functioning level back to its normal level or higher, usually by helping the client to perceive things differently and by offering the client coping mechanisms. If a client does not seek help during a crisis state, there is a danger that he or she will come out of the crisis state and function at a lower level than before and is at risk of becoming crisis prone, suicidal, homicidal, or psychotic. When help is sought, the client often comes out of the crisis with increased coping skills and is often better prepared to cope with future stressors.

According to the researcher, crisis situations occur all the time by way of incidents like accidents, death, and other negative incidents that are work related and leave other employees traumatised. It is crucial that those individuals who were exposed to some form of trauma are debriefed to empower them and prevent them from developing other psychological problems later in life.

2.9.3 Assessment

Assessment is an ongoing process or evaluation in which professional expertise and skills are applied to collect and analyse data, which, in cooperation with the client, results in identifying, defining and prioritising the client's physical, mental, and social issues, problems or challenges. An assessment provides an accurate diagnosis of the client and sets the basis for a treatment or problem-solving plan (Federal Employee Assistance, 2008:10).

According to Winwood and Beer (2008:189) and the Standards Committee of EAPA-SA (2010:12), assessment should include the client's details and the client's statement of the problem (presenting problem), and the past history of the problem should also be explored. The mental status of the client should be observed during assessment, and

the current and past history of mental problems should be clarified. Factors and/or events precipitating the problem need to be established. The client's coping mechanisms/defences should be assessed. Relevant family history should be probed. Intimate and social relationships should be assessed. Education, work history, and the impact of problems on work performance need to be assessed.

2.9.4 Referral

According to Van den Bos (2006:357), referral is the process of referring somebody or something to somebody else, especially sending a patient to consult a relevant specialist. Referral by an EAP practitioner includes referral of a troubled employee to individuals or organisations that offer professionals support, advice, and treatment in various fields of relevance that match best with the troubled employee and his/her needs. The intention is to increase the well-being and performance of a troubled employee (Federal Employee Assistance, 2008:12). EAPs provide an assessment and referral function to those individuals with chronic and 'higher level' conditions which require more than the brief short-term assistance typically rendered in a limited number of sessions.

Clients should be referred to an appropriate resource according to their unique needs revealed by the assessment. The EAP uses three basic referral methods, namely self-referral, informal referral, and supervisor or management referral.

2.9.4 1 Self-referral

O'Donnell (2002:422) stated that self-referral is when an employee or a family member who experiences problems approaches the EAP on their own to seek professional help. The EAP personnel will then conduct a preliminary assessment of the problem and then recommend a course of action. This may include a referral to an external resource for treatment. The entire interaction is confidential and management is only informed after the employee's written consent.

2.9.4 2 Informal/Peer referral

According to O'Donnell (2002:422), a friend, co-worker or someone from a department like human resources or a health worker can informally suggest to an employee to consult EAP personnel. In such a case, it remains the employee's responsibility whether or not to contact the EAP and confidentiality is maintained in that even the person who suggested the referral will not be informed by the EAP staff without the employee's specific consent, whether the employee used the EAP or not.

2.9.4 3 Supervisor or management referral

O'Donnell (2002:422) stated that this form of referral is based on a pattern of declining job performance that is observed over a period of time. It is used when the supervisor's attempts to correct a situation do not result in improvement or achieves the desired performance. The employee's supervisor goes through a process of constructive confrontation in which the employee is confronted with and held accountable for his or her job performance. At the same time, the employee is referred to the EAP counsellor. This may be an indication that an unresolved personal problem may be impeding the employee's ability to perform at the required ability.

According to Winwood and Beer (2008:190), EAPs coach managers in management referral at the implementation stage of the EAP. New managers' induction into the organisation should involve a session with an EAP expert to inform, facilitate, and encourage management referrals and demonstrate their usefulness. It is important that the EAP recognises the role a manager has within the organisation. The EAP has a role to support managers in their duty of care, but also to offer guidance on how to assist their troubled employees and those members of staff who are not performing in the workplace as expected. Management referrals should be well structured, explicit, and clearly communicated to all parties. At the heart of any management referral is an

expectation of measured change in the sense of what the manager is hoping to achieve from the referral.

It is vital that employees who are formally referred to the EAP give informed consent for any information to be disclosed to the manager. Consent can be withdrawn at any time and must be explicit. Any disclosure is only given with the understanding that it is given on a need-to-know basis. Management referrals need careful management from within the EAP to ensure that treatment is on track and that feedback to the referrer is carried out ethically and responsibly (Winwood & Beer, 2008:190).

Self-referrals are strongly promoted – which the author supports – as a self-referred employee is often ready for intervention and more motivated towards cooperation to overcome his/her problem, than the case of a person who is forced towards treatment.

2.9.5 Short-term intervention

According to the Standards Committee of EAPA-SA (2010:30), employee assistance professionals provide short-term counselling services. The counselling service is also the most widely used aspect of an EAP and its delivery depends on cultural expectations and statutory regulations. For example, in the UK initial psychological evaluation and, where appropriate, intervention occurs over the telephone by trained counsellors. In other parts of the world, intervention occurs on a face-to-face basis by psychologists or social workers. To a degree, how it is delivered and by which type of professional is immaterial – what is important is that it is delivered by well-trained EAP professionals who are able to work according to recognised standards. Both internal and clinical affiliates should adhere to EAP guidelines, as well as their own professional standards. All clinical professionals should receive regular supervision (in line with their professional bodies' recommendations), be trained in working in an EAP context, and be accountable to the EAP provider (Winwood & Beer, 2008:190-191).

Taute (2004:15) promoted the fact that when the EA professional conveys the time limits to the employee, a sense of mastery, capability, and opportunity for change is provided. It is therefore imperative to emphasise the temporary/short-term nature of the working relationship with the employee. The EA professional's goal, where possible, is to achieve resolution of the issue within the contracted time or allocated EAP time. Therefore, the EA professional's consideration is to assess what the problem may be, utilise brief or short-term counselling in an effort to resolve the issue or prepare the client for referral to a higher level of care or other appropriate helping resource, and where necessary, plan to provide follow-up support, facilitate return to work, and monitoring with the focus on the outcome of the intervention.

2.9.6 Case monitoring and evaluation

According to Winwood and Beer (2008:190), case management is distinct from clinical/counselling supervision in that it focuses primarily on the role that the EA service plays in supporting individuals and ensures that the therapeutic process is monitored to ensure progress – also supported by the Standards Committee of EAPA-SA (2010:14). Case management according to (Winwood & Beer, 2008:190) aims to support the affiliate responsible for the treatment and to ensure that the employees obtain maximum benefit; specifically case management in order to ensure the following:

- That the EAP can confidently assume responsibility for all direct assessment and counselling services provided to the employees using the service. The case management team monitors and controls the progress of the employee's treatment at all times. The affiliate is accountable to the EAP during the period of assessment/intervention.
- That affiliates are supplied with all the appropriate case documentation and any relevant information on both clinical and organisational issues.
- That the assessment/counselling provided has been agreed upon at the outset and will comply with the relevant contract agreed upon with the employing

organisation (e.g. how quickly customers are seen, number of sessions, location, and specific issues of confidentiality).

- That assessment, counselling, and referral are carried out according to required quality standards (e.g. the counsellor complies with the clinical recommendation of the assessor).
- Ongoing clinical support to affiliates to provide the correct identification of customers who may need help beyond the EAP service (e.g. customers requiring urgent psychiatrist attention).
- The ongoing training of affiliates in employee support assessment and/or counselling through adherence to the core values and procedures of employee assistance work.

2.9.7 Aftercare and reintegration

The EAP has to ensure that aftercare and reintegration services are provided for EAP clients. According to the Standards Committee of EAPA-SA (2010:14), the aim of aftercare services is to ensure the reintegration/readjustment into the workplace after intervention. The organisation's EAP policy and operational guidelines need to describe the programme's aftercare and reintegration procedures and determine what constitutes the closure of a case. The follow-up should be conducted with the referring manager/supervisor after the employee's re-entry to determine whether the intervention has had the desired effect on the employee's well-being and job performance. The EAP practitioner must also validate/verify the impact of the intervention by documenting the impressions of the employee, family members, the referring supervisor, the union representatives, and service provider.

According to O'Donnell (2002:425), when treatment requires the employee to go on sick leave (e.g. residential or in-patient treatment), then the employee's return to work may be difficult and stressful; especially if the employee was experiencing job performance problems before entering treatment. To help with the transition, the EAP counsellor can serve as a link between the workplace and the treatment setting while the employee is

in treatment. With the employee's permission, the EAP counsellor can help the supervisor understand the challenges the employee is faced with and learn how to provide clear expectations for the employee while also being supportive when the employee returns to work. For cases of chemical dependency, chronic psychiatric disorders or other cases prone to relapse, the EAP counsellor can support the client's participation in aftercare even after the completion of formal treatment. By maintaining periodic contact with the client during this time, the EAP counsellor may encourage the client's ongoing involvement in this activity and can be alert to signs of impending relapse.

2.10 NON-CLINICAL SERVICES

Non-clinical services are also recognized as part of the core technologies and they add value to the implementation of EAP

2.10.1 Organisational consultation

The Standards Committee of EAPA-SA (2010:15) stated that, through organisational consultation, the EAP adds value to strategic business imperatives by providing business intelligence such as cost-benefit analyses, risk assessments, organisational profiling, and employee satisfaction. EAP partnership with other stakeholders ensures that the EAP functions as an integral part of the organisation and not in isolation.

Typical EAP consultation and intervention services to the work organisation include:

- providing general mental health information and education sessions to employees and supervisors;
- organisational or work group needs assessments;
- consultation and coaching to management and supervisors regarding employer or work group issues;
- responding to critical worksite incidents, including trauma, accidents, violence, etc.; and

- referral to additional specialty services, and follow-up contacts when indicated to monitor effectiveness.

Van Breda (2009:296) referred to workplace interventions as interventions targeting the workplace itself – changing the work environment, structure, system or processes, so as to fit better with the needs and dynamics of the workforce.

2.10.2 EAP training

Beidel (2003:1) described this technology as:

“Consultation with, training of, and assistance to work organisation leadership (managers, supervisors and union stewards) seeking to manage the troubled employee job performance and outreach to and education of employees and their family members about the availability of EAP services.”

The Standards Committee of EAPA-SA (2010:1) referred to this function as the outreach and promotion of EAP services (availability and guarantees, i.e. confidentiality) to management, supervisors, unions, employees, and their family members.

According to Manzini and Taute (2009:387), supervisors are essential to the EAP, since they are the first to notice a decline or change in the performance of an employee – the early identification of problems is the key to the success of an EAP. The first-line supervisors are the EAP’s most significant link to the company’s employees, since they are in a position both to refer troubled employees and to support those employees who voluntarily make use of the service. Therefore, EAP supervisory training is essential if supervisors are to utilise the EAP appropriately.

Winwood and Beer (2008:192) mentioned that EAP professionals are from a wide variety of clinical and commercial backgrounds and that innovative EAPs should use their people to offer tailored training workshops to clients to assist organisations to

manage issues identified through EAP usage, i.e. managing bullying at work, change management, mental health in the workplace, HR and law updates, etc.

2.10.3 Marketing

According to Beidel (2003:1), EAP marketing goals and objectives are:

- to increase employees' knowledge of the EAP and its services, activities, and key components (including confidentiality policy and referral procedures);
- to increase familiarity and comfort with the EAP's operations and to enhance the acceptance of the service by employees, managers, labour representatives, and the organisation's leadership; and
- to increase utilisation of the programme at all levels throughout the organisation.

The Standards Committee of EAPA-SA (2010:16) noted the following guidelines with regards to EAP marketing in order to achieve the above:

- The EAP should be marketed through employee-orientation programmes, company and union boards, newsletters, and employee meetings.
- Marketing strategy should target all levels of the organisation and be adapted accordingly.
- EAP posters on topics of interest should be displayed to the employees.
- Electronic media should be considered where appropriate and available.
- Promotional material should be designed and distributed, i.e. pens, caps, key-holders, business cards or T-shirts.

It is the view of the researcher that EAP marketing is a key factor in employee self-referral. With high visibility, employees will connect with the EAP earlier for help – before a problem becomes a crisis. Educating/Orientating employees about the EAP can lead to improved understanding of the benefits offered to them and how to use them when necessary and assist them to take the first step to utilise the benefit, without

feeling uncomfortable or judged. As marketing has financial implications, the EAP requires specific financial support from management.

2.11 PREVENTIVE SERVICES

Bennet and Attridge (2008:6) proposed “evidence-based workplace prevention” as a new core technology. They indicated that the EA field could benefit from the addition of a new core technology that focuses on the direct delivery of prevention services within the workplace, which would include outreach, screening, assessment, awareness education, and skills training for individuals and workplace cultures to help reduce risks and increase strengths.

The Standards Committee of EAPA-SA (2010:16) stressed that an EAP needs to build and strengthen individual and organisational skills and competencies based on a comprehensive organisational risk assessment. Prevention activities could include awareness campaigns, wellness days, posters, workshops, information sessions, seminars, training, VCTs, and health risk screening.

2.12 NETWORKING

Networking, identified as one of the core technologies, is described by Beidel (2003:1) as “referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up services”. For example, according to Winwood and Beer (2008:190), an EAP should work with an organisation’s HR facility to identify those who have had recent life events, i.e. birth, bereavement, or becoming the care-giver of an elderly relative. An EAP should be an expert referral service, know its limitations, and be able to facilitate the employee to obtain the needed support.

An EAP has to have an effective network of professional resources, healthcare providers, and self-help groups in order to ensure the delivery of quality services. An EAP must create external linkages with treatment and/or counselling services and its

knowledge of community resources is imperative. Networking with resources in the community will maximise programme effectiveness, decrease potential liabilities, and ensure the viability and credibility of an EAP. Networking by participating in professional organisations provides EAP practitioners with support and association with other EAP professionals, which contributes to professional development and the prevention of professional burnout (The Standards Committee of EAPA-SA, 2010:17; O'Donnell, 2002:421).

According to the researcher, an EAP should network with both internal and external resources for further assistance of employees. This interaction has a way of enhancing the quality of assistance provided and prevents the programme from functioning as a peripheral or stand-alone service but rather as an inclusive entity of an organisation.

2.13 MONITORING AND EVALUATION

It is important to be able to demonstrate to the client organisation that the EAP is providing what it has promised to provide and also to demonstrate value for money and a return on investment. The goal of the standard is to ensure that the EAP adds value to the organisation and its beneficiaries by virtue of monitoring and evaluating the value/success/impact of EAP services relating to the work organisation and individual job performance. A written monitoring and evaluation strategy directly related to the programme goals and objectives should be included in the programme design and operational manual. All who may contribute to the evaluation process should be identified for involvement. Different types of data should be collected for programme evaluation, such as design effectiveness, implementation, management and administration, union representative involvement, completeness of the programme, and non-clinical services (i.e. counselling, marketing, training and networking). Evaluation should include all the core technologies. The utilisation of an external evaluator/consultant to maximise the objectivity of evaluation procedures has to be considered and evaluation should be carried out in a scientific manner (The Standards Committee of EAPA-SA, 2010:14, 18; Winwood & Beer, 2008:192).

2.14 CONCLUSION

In this chapter, the researcher demonstrated the elements essential for a well-operational or functioning EAP. It is clear that EAPs differ in terms of their structure and operational sides, but that does not mean compromising on the application of the standards and core technology of employee assistance is acceptable. The standards for employee assistance practice, according to EAPA-SA Standards, were discussed (programme design, implementation, management and administration, direct services, networking, and evaluation), as well as the potential impact on the structuring and operational functioning of employee assistance programmes. The literature reviewed also indicated that EAPs need to adhere to minimum standards in order to be effective, to ensure that the programmes are viable, and to enhance the programme's quality. The other indication was the need for EAPs to implement other core technologies beyond counselling services, which may impose a limitation on the service, and in order to contribute to the quality of employee assistance in the workplace. Employee assistance can be regarded as best practice only when core technologies are at the centre of the service delivery and operations.

The next chapter will deal with the problems experienced by staff employed in the health sector, including the UAH, with the view of later evaluating the utilisation of the core standards of the UAH-EAP to deal with staff problems.

CHAPTER 3

WORKING CONDITIONS IN A HEALTH SETTING

3.1 INTRODUCTION

According to Greenslade and Paddock (2007:13), the term ‘working conditions’ generally encompasses a range of issues from workload and scheduling to systems-wide issues, like professional identity and scope of practice. Different factors that influence work conditions include organisational culture, organisational climate, the organisation’s leadership, workload and scheduling, training and development, violence in the workplace, and many others. The healthcare sector as a workplace is also influenced by the above-mentioned factors. The Universitas academic hospital as a workplace is affected by the same work conditions mentioned above.

3.2 FACTORS INFLUENCING WORKING CONDITIONS

3.2.1 Organisational climate and organisational culture

According to Mancini (2007:132, 172), organisational culture is viewed as the reflection of culture or norms or traditions of the organisation and is exemplified by behaviours that illustrate values and beliefs, and is demonstrated both formally and informally. It is expressed in a formal manner via a written mission statement, vision statement, philosophy statement, job descriptions, and policies and procedures. Girneta and Potcovarzi (2007-2013:6) referred to organisational culture as a social variable reflecting the influence manifested in a company – created and maintained by a group of people who form the organisation. According to Nkosi and Terblanche, 2011: 25 organisations tend to generally regard culture as a “soft issue” both in the public and private sector. Generally, managers do not consider culture as an important aspect in the operation of the organisation. Hence, they do not pay serious attention to the culture of the organisation. Instead, they concentrate on processes, systems,

procedures and policies to run the organisation, and least considering the fact that it is people who implement to run those policies to deliver services. “Technology, process and system- based solutions on their own are essential but not sufficient to make organisations functions optimally. “Technology, processes, systems-based solutions on their own are essential but not sufficient to make organisations function optimally” Organisational systems; processes and procedures are not enough to improve the production of the organisation. But, organisational culture determines the performance of the organisation and its success in achieving its goals. It is people who make or break service delivery through their work ethics, ethos, attitudes, behaviours, beliefs.

The survival of organisations and maintenance of all employees’ jobs depend on the transmission of knowledge to the employees of the company. This is based on the ability of the leadership to shape and maintain an organisational culture that encourages and rewards collective efforts. Managers represent a link between senior leaders and the employees. They play a vital role in bringing the company vision and mission into practice. The efficacy of a manager depends not only on their own capabilities but also on the involvement, support, and participation of the group. The manager must be in constant dialogue with the workers to communicate to them his/her vision in order for the employees to seize opportunities as they arise and form an image of the future (Girneti & Potcovarzi, 2007-2013:16). According to the researcher, managers have the responsibility to inform the employees about their purpose in an organisation and the role they play in making it possible for the organisation to meet its goals.

On the other hand, organisational climate is viewed as the feeling that is conveyed by the organisation’s physical layout, the way participants interact, and the way members of the organisation conduct themselves with customers and outsiders. A positive organisational climate promotes a high level of performance and satisfaction among employees. A poor climate results in complaints, human relations problems, absenteeism, employee rip-offs, hostility, errors, and a general lack of enthusiasm. Organisational factors (such as poor interpersonal relations and unfair management practices) and poor organisational climate (such as lack of management commitment to

core values, conflicting communication styles, etc.) contribute to employee stress (Luthans, 1988:550; Chapman, 1996:69; NIOSH, 2008:1). According to the researcher, both the EAP and organisational culture can assist managers to constantly apply policies and procedures through the EAP consultation with work organisation as one of the EAP functions.

3.2.2 Leadership

Leadership is a process in which a person inspires goal-directed behaviour that is consistent and efficient among members of the workgroup to achieve organisational goals (McConnell, 2003:447). According to Page and Ferguson (2011:432), from an Adlerian perspective, the workplace has many characteristics of group dynamics, and communication needs to be understood within the context of both the leader's style and the group culture that emerges.

According to Ladegaard (2011:4), an "indirect people-orientated, democratic management style" fits a more female style of management, which is all preferred by employees, compared to a "direct, task-orientated, and authoritarian approach" that is suggested as being more akin to a male management style. From the Adlerian perspective, these leadership styles represent different ways for people to interact at many levels beyond gender alone. They affect communication because these styles alter the whole pattern of group dynamics. The type of leadership found in organisations strongly affects the group culture. In a culture of trust and mutual respect, diversity is accepted and negative sanctions are not triggered by deviant points of view. To be a democratic leader is more than "not being autocratic". Democratic leadership involves a clear style of its own, described as being "freedom with order". The common themes for being a democratic leader include shared decision making, problem solving with mutual respect, common sense rather than private logic, and sharing responsibilities. A democratic leader with training in human relationships is one who will increase social resilience in the organisation and will increase effective communication between all members of the organisation.

McConnell (1993:175) supports the above by maintaining that employees who feel that their needs matter, whose suggestions are acknowledged, and whose efforts and overall contribution to workgroups are recognised, feel good about themselves and are likely to care more about their jobs, their fellow employees, the institution they work for, and their patients. According to the researcher, leadership has to create a favourable environment for the development of goal-directed behaviour, self-actualisation, and participation in decision making by employees in jobs they perform in order to improve the morale and productivity of employees.

The researcher believes that the style of leadership in an organisation impacts on both the organisational culture and climate of the workplace. Leadership style in the end impacts on service delivery in an organisation.

3.2.3 Workload and scheduling

Burnout is viewed as a result of an excessive workload, and the responsibility to reduce workload is a matter for the employer in the health care sector rather than it is for the individual. Workload is defined as a function of planning for hiring qualified human resources to meet the needs of patient care and services, although there are always anticipated and unanticipated variables which complicate the best prepared schedules. Staff shortages is the most common reason for deterioration in quality of care (Schabracq, 2003:592; Bancsek, 2007:270; Wilkins, McLeod & Shields, 2007:18).

“The harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker is defined as occupational stress; for example: job or task demands (overload, lack of control and role ambiguity)” (NIOSH, 2008:1). The transactional model of stress by Lazarus and Folkman (in Wong, 2008:4) conceptualises stress as resulting from an imbalance between demands and resources, or as occurring when pressure exceeds one’s perceived ability to cope.

According to the researcher, organisations need to realise the negative effects of excessive workload on staff and production. Organisations therefore, have the responsibility to ensure that they appoint enough trained personnel to prevent staff burnout and occupational stress and to improve the quality of service delivery.

3.2.4 Training and development

According to McConnell (2003:402), healthcare mergers and acquisitions, hospitals closing, re-engineering, and the creation of new forms of healthcare delivery result in all employees in the health sector struggling to cope with the rapid change that alters their roles. Therefore, training and development in health organisations is critically important in order to empower healthcare workers to meet the needs of the rapidly changing healthcare system.

Liebler and McConnell (2004:406) were of the opinion that management teams should assist employees to develop on-the-job training by providing tuition reimbursement benefits, releasing time for educational purposes, and bearing incidental costs. In addition to on-the-job content training programmes, employees should also be exposed to training that promotes health and well-being and enhances personal growth and development; for example: time management, stress management, personal effectiveness, self-management, and cultural diversity. It is claimed that cultural diversity has been indicated to present many challenges for healthcare institutions to the extent that failure to address cultural diversity leads to negative effects on interaction and performance (Schabracq, 2003:591; Otto & Valades, 2007:477).

Unfortunately, according to McConnell (2003:395), there are often numerous activities of higher priority than education that compete for management's time and the organisation's resources (including finance). Therefore, in this way, continuing education, which is critical to the development and coping of employees, loses out and employee training needs are postponed. According to Lazarus and Folkman (in Wong:

2008:4), stress can be reduced by enhancing the individual's resources, for example by helping people change their perception of stressors and by enabling them to cope and improve their confidence in their ability to do so. The demand can also be modified by, for example, increasing its predictability and controllability through contingency planning, training, and risk management. Primary and secondary prevention strategies are valuable interventions that modify the stress itself and the response to stress. The researcher is of the opinion that management should make the training of employees one of its priorities and compulsory since training will improve their coping mechanisms and health quality, and improve service delivery levels. According to NIOSH (2008:1), training and career development issues (e.g. lack of opportunity for growth or promotion) have the potential to cause stress among employees. According to the researcher training of staff is critical to empower employees to deal with the demands of their jobs. Not investing in training unfortunately has negative results on the performance of staff and service delivery.

3.2.5 Violence in the workplace

According to Yao (2014:1), workplace violence has become a worldwide concern – a health hazard problem for both employers and employees. The concept refers to any physical assault, threatening, or intimidating behaviour, or verbal abuse occurring at the workplace. Violence is any act in which a person is abused, threatened, intimidated or assaulted in his or her place of employment. Victims of workplace violence can be employees, clients, customers, or visitors, and they are different depending on the industry. In hospitals, for example, the victims are frequently the doctors and nurses. Violence can be physical or psychological in nature, with the aim to cause mental or emotional suffering in the abused person. Most of the time, violence in the workplace is a result of stress. When stress becomes unbearable, some people become ill, some break down, some walk away from the source of stress, and some become violent. In other words, stress can lead to different negative responses by employees in the workplace (The Canadian Centre for Occupational Health and Safety, 2005:254; McConnell, 2003:488).

In order to address workplace violence, workplaces have to develop and implement violence prevention programmes (Di Martino, 2002:34). Such management of violence in the workplace programmes should create awareness, as well as build understanding towards workplace violence among healthcare personnel. According to the researcher, workplaces have to train their staff on different forms of violence including bullying which is a subtle form of violence in organizations. Workplaces have to have policies that deal with workplace violence.

3.2.6 Physical work environment

Employees' evaluations of their physical work environment is significantly associated with lower rates of job-related anxiety, higher levels of job satisfaction, and increased rates of organisational commitment. A healthy work environment is one without distracting and unpleasant working conditions, such as noise, slipperiness, cold, heat, inadequate lightening, and bad odours. Simple physical conditions such as heating, lighting, furnishing, space, and noise can create stress for employees. Perceived organisational support is responsible for mediating part of these relationships, indicating that employees can perceive a healthy work environment as a sign of their organisation valuing them and caring about their well-being. Lack of adequate equipment and appliances and protective clothing makes it difficult for employees to carry their jobs in an easy and non-obstructive way. Employees have an obligation to provide their staff with optimal conditions to carry out tasks for which they have been trained (Schabracq, 2003:588; McConnell, 2003:106; Gerber, Nel & Van Dyk, 1998:45).

The researcher concurs with the role the environment plays on work performance in workplaces. Issues like maintenance and repairs of structures and amenities in the organisation influence the environment of the workplace and the moral of staff.

3.3 COMMON STRESSORS IN HEALTHCARE SETTINGS

According to NIOSH (2008:1), occupational stress has been a long-standing concern of the healthcare industry. Studies indicate that healthcare workers have higher rates of substance abuse and suicide than other professions, as well as elevated rates of depression and anxiety linked to job stress. In addition to psychological distress, other outcomes of job stress include burnout, absenteeism, employee intent to leave, reduced patient satisfaction, and diagnosis and treatment errors.

According to NIOSH (2008:2), stressors common in healthcare settings include inadequate staffing levels, long working hours, shift work, role ambiguity, and exposure to infections and hazardous substances. NIOSH further stated that stressors vary among healthcare occupations and even within occupations – depending on the task being performed.

For example, in general, the following factors associated with stress were identified among nurses: work overload, time pressure, lack of social support at work (especially from supervisors, head nurses, and higher management), exposure to infectious diseases, needle-stick injuries, exposure to work-related violence or threats, sleep deprivation, role ambiguity and conflict, understaffing, career development issues, and dealing with difficult or seriously ill patients (NIOSH, 2008:2).

Among physicians, factors associated with stress include long hours, excessive workload, dealing with death and dying, interpersonal conflicts with other staff, patient expectations, and the threat of malpractice litigation (NIOSH, 2008:3).

Although individual factors (such as coping strategies) and social resources can modify the reaction to occupational stressors to some degree, working conditions can play a major role in placing workers at risk for developing health problems.

The above-mentioned factors indicate the fact that health care staff are exposed to stress and would need services to help deal with the results that come with stress and prevention services also to alleviate the levels of stress amongst staff.

3.4 THE IMPACT OF WORK STRESS ON EMPLOYEES AND THE ORGANISATION

Work stress is recognised worldwide as a major challenge to workers' health and the health of organisations. In South Africa, the restructuring process of the health system has exposed all healthcare professionals to stressful working conditions. Unfortunately, workers who are stressed are more likely to be unhealthy, poorly motivated, less productive, and less safe at work (Leka, Griffiths & Cox, 2003:1; Schoombee, Van der Merwe & Kruger, 2005:388).

Greenslade and Paddock (2007:13) inferred that stress and burnout can result in the following employee behaviour: poor performance, family disruptions, substance abuse, rigidity, anger, withdrawal, depersonalisation, and poor morale.

In organisations where employees are exposed to stressful working conditions, productivity is negatively affected, and there is a negative impact on the delivery of services. Burnout and other forms of work-related stress are related to negative organisational outcomes such as illness, absenteeism, turnover, performance deterioration, decreased productivity, and job dissatisfaction. These outcomes cost the organisation and leads to deterioration in the quality of services provided. Emotionally troubled employee are absent six times more often than others, utilise more healthcare benefits, and file higher rates of disability claims and grievances (Marques & Houston, 1992:413; Gornick & Blair, 2005:3). According to the researcher the EAP can help the organisation manage the effects of stress on the employees and the organisation through EAP technologies.

3.5 MANAGEMENT OF STRESS IN THE WORKPLACE

As a general rule, actions to reduce job stress should give top priority to organisational changes that improve working conditions. However, even the most conscientious efforts to improve working conditions are unlikely to eliminate stress completely for all workers. For this reason a combination of organisational change and stress management is often the most successful approach for reducing stress at work (NIOSH, 2008:4).

3.5.1 Organisational change intervention

According to NIOSH (2008:4), the most effective way of reducing occupational stress is to eliminate the stressors by redesigning jobs or making organisational changes. The recommendation is that organisations should take the following measures or actions to reduce occupational stress:

- Ensure that the workload is in line with workers' capabilities and resources;
- Clearly define workers' roles and responsibilities;
- Give workers opportunities to participate in decisions and actions affecting their jobs;
- Improve communication;
- Reduce uncertainty about career development and future employment prospects;
- and
- Provide opportunities for social interaction among workers.

NIOSH (2008:4) further stated that the most commonly implemented organisational interventions in a healthcare setting include team processes, multidisciplinary health care teams, and multicomponent interventions.

According to the researcher, it is clear that organisational change intervention needs to allow for participation of all the role players which will be influenced by the style of leadership or management that exists in an institution.

3.5.2 Team process

Team process, or worker participatory method, gives workers opportunities to participate in decisions and actions affecting their jobs. Workers receive clear information about their tasks and roles in the department. Team-based approaches to redesign patient care delivery systems or to provide care (e.g. team nursing) have been successful in improving job satisfaction and reducing turnover, absenteeism, and job stress (NIOSH, 2008:5).

3.5.3 Multicomponent interventions

According to NIOSH (2008:5), multicomponent interventions are broad-based and may include risk assessment, intervention techniques, and education. Successful organisational stress interventions have the following in common:

- Involve workers at all stages of the intervention;
- Provide workers with the authority to develop, implement, and evaluate the intervention;
- Significant commitment from top management and buy-in from middle management;
- Organisational culture that supports stress interventions; and
- Periodic evaluation of the stress intervention.

The above-mentioned components, including management support, are important if the intervention is to succeed.

3.5.4 Stress management interventions

Occupational stress interventions can focus either on organisational change or the workers. Worker-focused interventions often consist of stress management techniques such as training in coping strategies, progressive relaxation, bio-feedback, cognitive-behavioural techniques, time management, and interpersonal skills. Another type of intervention that has shown promise for reducing stress among healthcare workers is innovative coping, or the development and application by workers of strategies like changes in work methods (NIOSH, 2008:6).

NIOSH (2008:6) also stated that although worker interventions can help workers deal with stress more effectively, they do not remove the source of workplace stress effectively and thus may lose effectiveness over time. Therefore, mental health support

interventions may be needed in the case of a significant event at a healthcare organisation.

According to the researcher, health support interventions include services like trauma management, crisis intervention, and counselling provided by workplace EAPs and wellness programmes.

3.6 EAPs IN A HEALTH SETTING

According to Kruger (2010:174), healthcare is a service delivery industry; therefore, its focus is predominantly on customer-driven principles. In a healthcare institution, the patients are the customers in need of healthcare services, but healthcare workers working in these institutions might also have needs and expectations for personal health services. Some of these needs and expectations are of such a nature that they can only be addressed by a formal EAP.

According to the researcher, EAPs in the healthcare sector are developed to deal with unique issues facing personnel in the healthcare industry. Healthcare personnel include nurses, doctors, aides, and support staff. EAPs are expected to address issues that healthcare workers face both on and off the job in order to enhance the quality of life for the employees and their families.

EAPs also offer supervisors knowledge and skills to help them deal with employees whose productivity might be affected negatively by psycho-social issues. Through supportive EAP interventions and services, the employer is in a position to retain staff, improve production levels amongst employees, and improve service delivery.

According to Kruger (2010:176), the EAP planning phase within a health setting needs to emphasise that employees are the most valuable resources of a healthcare institution and must acknowledge the unique risks associated with working in a health setting. The

overall goal has to be to keep the employees healthy to ensure the optimal productivity of healthcare workers for sustainable service delivery.

3.7 THE UNIVERSITAS ACADEMIC HOSPITAL AS A WORKPLACE

According to “A Review of Universitas Hospital Bloemfontein” (1979:1), the history of the UAH in Bloemfontein is interwoven with the history of the Faculty of Medicine of the University of the Free State. The hospital was, in fact, planned and erected in the belief that a Faculty of Medicine would follow. The hospital was catering for the health needs of the white community in the beginning in line with the political situation of the country at that time. On 13 November 1946, a commission recommended the extension of National Hospital beds. In 1948, a commission inquired into medical training and the possible need for a Faculty of Medicine. In 1967, the Universitas Hospital was opened. This was followed by the opening of the Faculty of Medicine in 1972. In 1996, the UAH became a tertiary hospital. In 2002, new specialist outpatient clinics opened at the hospital. The merger of services for different races must have come with a lot of strain on the service and challenges on staff characterised by cultural diversity issues.

The hospital currently has 636 gazetted beds with an average 72–73% occupancy rate and average seven days’ length of stay of patients. About 2 100 patients are admitted per month. The hospital staff includes nurses, doctors, aides, and support staff. The vision of the hospital is to render quality level III and IV hospital services to central Southern Africa according to the Batho Pele Principles and Patients’ Rights Charter; to support education, training, research, and development of healthcare professionals and support staff, thus achieving world-class status as a leading national referral/central hospital (Achievements for UAH in the last 20 years: Universitas Academic Hospital, Bloemfontein 2014, MECs Budget Report, 2014).

According to NIOSH (2008:1), the quality of patient care provided by a hospital may also affect healthcare workers’ stress. Beliefs about whether the institution provides high quality care may influence the perceived stress of the job pressure and workload

because higher quality care may be reflected in greater support and availability of resources.

According to the researcher UAH as a workplace is influenced by organisational culture and climate. The work dynamics at UAH are influenced by the style of management that exists at the institution. The workload and work scheduling affect service delivery at the hospital. Training and development influences the quality of service by staff members as it impacts on their skills and work performance. Violence in the workplace also affects work performance. The environment has an impact on how the staff feels about the organisation the feelings thereof will determine if they are happy working for the hospital or not

The UAH as a workplace is affected by stressors relating to inadequate staffing levels, long working hours, shift work, role ambiguity, exposure to infections and hazardous substances, leadership problems, staff turnover, poor financial capability, workload and scheduling, training and development challenges, and violence incidents (although on a small scale).

3.7.1 Logistics of the EAP at UAH

The EAP at UAH has as its central point of access the UAH occupational health clinic. The occupational health doctors and professional nurses would first come into contact with a staff member and after consultation would refer the employee to the hospital social workers for intervention. The hospital staff is unionised, with three unions recognised in the hospital, namely Nehawu, PSA, and Hospersa. The unions are not role players in the running of the EA programme. Top management used to be actively involved in the programme, but after the resignation of the EAP coordinator and the suspension of the hospital CEO, EAP meetings have scaled down. According to Supi, labour relations officer at UAH, the institution did not have a proper system of capturing incidents of violence in the hospital. According to Mr Supi, for the current year so far, his office received only two cases relating to violence in the workplace. The absence of a

policy on violence at UAH has limited the scoring of the extent of violence happening in the organisation.

3.7.2 The need for an EAP in UAH

The reason for the provision of EA services at UAH came about as the result of the need for compliance with the Employee Health and Wellness Strategic Framework for the Public Service (DPSA, 2008:1). The key objective of the Strategic Framework is to provide for an integrated, needs-driven, participative, and holistic approach to employee health and wellness in the public service. The integrated approach strives to enhance employee health and wellness, environmental sustainability, quality management towards productivity, and improved service delivery outcomes. These outcomes, according to the integrated approach, can be achieved through critical common strategic interventions in priority areas such as:

- HIV, Aids, and TB management;
- health and productivity management;
- safety, health, environment, risk, and quality management (SHERQ); and
- wellness management.

According to the Standards Committee of EAPA-SA (2010:4-5), organisational profiling is listed as a standard criterion and basis for establishing the most appropriate and cost-effective EAPs. According to the standard criteria, “the organisational profile should be conducted on a factual, objective and unbiased manner”. The rationale of organisational profiling is to enable the EAP professional to design the most appropriate and cost-effective methods of providing EAP services.

Organisational profiling further helps the EAP professional to select a costing model that would be the most cost-effective for the organisation, i.e. a cost for the total service (capita pricing), a fee for service, co-payment by the healthcare provider, co-payment by the client/employee, and limited clinical services, e.g. short-term therapy. Needs

assessment should form the basis of any decisions regarding the model of services to be implemented. Therefore, the process of organisational profiling also assists the EAP professional to determine and select the most appropriate and cost-effective service delivery model, which can either be an internal or external model or a combination of both. The service delivery model will be based on the unique structure, available resources, and the needs of the particular programme. A needs assessment is aimed at providing an objective, outside look at the organisation and identifies certain problem areas where particular focused services are needed in order to carefully design an EAP in line with the social needs, which is likely to enhance the chances of programme acceptance and the overall effectiveness of an organisation. A programme that does not match employee and/or employer needs and interests are likely to fail (Anderson & Anderson, 1988:14; Davis & Gibson, 1994:35; Standards Committee of EAPA-SA, 2010:4).

No record could be traced on the EAP at the UAH – whether it was developed as the result of an organisational profile, including a needs assessment process – as suggested by the EAP best practice, which might have an influence on providing for the real EAP needs of the UAH population.

3.7.3 EAP at UAH

Before July 2012, the EAP at UAH was administered by the three hospital social workers who were also responsible for rendering services to hospital patients. The EAP service, however, rendered only counselling services; taking into account that the three social workers were responsible for counselling hospital patients as well – which was their primary responsibility. A formal appointment for an EAP practitioner was made for the first time in July 2012. A clinical psychologist was appointed as the coordinator of the EAP at UAH. The office of the EAP coordinator was situated in the hospital.

Social workers played a limited role in the programme after the appointment of the coordinator but were sometimes requested to assist when the Occupational Health

clinic doctor felt the problem the staff member was presented with was more related to social work than related to psychology services. In February 2015 the other social worker resigned. Currently only two social workers are available for both the hospital clients and staff members on an adhoc basis.

According to the resigned EAP coordinator's report (Ms Angie Voster, July 2012 – November 2014), the major source of personal problems amongst UAH employees was psycho-social in nature. These problems included health issues such as HIV, financial problems, domestic violence, housing, studies, and marital or relationship problems. The largest distress was due to depression or mood disorders. Substance abuse was most likely underreported due to fears of disciplinary action if this were disclosed. Anxiety and workplace difficulties were present and psychosis was identified to be quite common in the working population.

3.8 CONCLUSION

Work conditions can have a positive or negative effect on the health and work performances of employees and therefore affect the goals of an organisation. Work conditions are influenced by, amongst other factors, the work environment, the organisational culture and climate, leadership style, workload, shortage of staff, poor financial stability, and work scheduling. When work conditions are viewed in a negative manner by employees, their performance becomes poor. The positive side is that all the above-mentioned factors can receive intervention, which can bring about a positive environment and work conditions where people thrive and enjoy their jobs. The most critical factor seems to be the role played by the management style of an organisation on the dynamics of a workplace. The type of management seems to influence the culture of an organisation by way of how communication is conducted in an institution. As mentioned in 3.2.2 of this report a culture of trust and mutual respect, diversity is accepted and negative sanctions are not triggered by deviant points of view. To be a democratic leader is more than “not being autocratic””. Democratic leadership involves a clear style of its own, described as being “freedom with order”. The common themes

for being a democratic leader include shared decision making, problem solving with mutual respect, common sense rather than private logic, and sharing responsibilities. A democratic leader with training in human relationships is one who will increase social resilience in the organisation and will increase effective communication between all members of the organisation.

Managers and supervisors are indicated as the means by which the goals and vision of an organisation can be conveyed to all employees in an institution. They also need to have positive leadership style in order to be able to reach the employees and make them to want to contribute to the goals of an institution. Managers and supervisors can benefit from continuous training on how to deal with organisational staff and productivity needs of the organisation. The EAP through its technologies is able to assist employees and management to reach their goals in the workplace.

The healthcare industry is also under stress with many changes coming up in the sector; putting a burden on employees and service delivery in the sector therefore suffers. Any sector needs to have a democratic leadership with good people skills in order to facilitate at least communication within an organisation. In this way the organisational culture and climate that will develop can at least alleviate stress amongst employees, even if other matters like personal finance are a problem. EAPs have the potential to enhance the well-being of employees and service delivery of organisations if the programme is implemented according to the recommended technologies and core practices.

CHAPTER 4

EMPIRICAL FINDINGS INTO THE STRUCTURE AND OPERATIONAL FUNCTIONING OF THE EAP AT UNIVERSITAS ACADEMIC HOSPITAL

4.1 INTRODUCTION

An EAP is defined as “the work organisation’s resource, based on core technologies or functions, to enhance employee and workplace effectiveness through prevention, identification and resolution of personal productivity issues” (The Standards Committee of EAPA-SA, 2010:1). The purpose of this chapter is to discuss and interpret the empirical findings of the study conducted to describe the structure and operational functioning of the EAP at Universitas Academic Hospital (UAH). This was achieved through describing the profile of the UAH as an organisation, exploring the needs of the hospital in terms of the EAP, and exploring the existing structure with reference to the EAP core technologies as detailed in Chapter 2 of this report.

4.2 RESEARCH METHODOLOGY

4.2.1 Research approach

For the purposes of this study, the researcher used the quantitative research approach; which was extensively discussed in 1.7 of this report. The survey design – described in Section 4.4 of this document – provides a quantitative or numeric description of trends, attitudes or opinions of a population by studying a sample of that population (Creswell, 2003:153).

4.2.2 Type of research

The researcher had used applied research for the purpose of this research which according to De Vos *et al.* (2005:105) is aimed at solving specific policy problems or

helping practitioners accomplish tasks. This research type is discussed at length in 1.8 of this report.

4.2.3 Research design

The researcher will use a quantitative-descriptive (survey) design, which, according to Fouché and De Vos (in De Vos *et al.*, 2005:137), requires a questionnaire as the data-collection method. The research design is discussed extensively in 1.9 of this report.

4.2.4 Study population, sample, and sampling

For the purpose of this study, the population of the study will be UAH employees.

The size of the UAH workforce component is 2 169 people. The UAH workforce is constituted as follows: administration and logistical support (637 staff members), health administration and logistical support (1), health professionals (133), managers (56), medical practitioners (271), nursing assistants (269), pharmacists (29), professional nurses (586), specialists (59), staff nurses (84), and technical staff (44).

The collected data assisted the researcher in analysing the actual situation at this hospital with regard to the structure and operational functioning of the existing EAP of the hospital.

4.2.5 Description of the empirical survey

In accordance with the goal of the study, the researcher collected the information from the respondents – (namely managers, union members, and employees of the UAH). The respondents were included because they were assumed to be stake holders of the existing programme at the institution. The significance in this research was to obtain

information regarding the needs of the hospital in relation to the current structure and operational functioning of the EAP at UAH.

4.2.6 Sampling method

The researcher selected the respondents from a name list of all employees from the UAH obtained from the HR department. The researcher used stratified random sampling method to select a maximum of two hundred and seventeen (217) respondents from the UAH. Stratified random sampling was used in order to ensure that different chosen segments/groups of the population acquire sufficient representation in the sample. The researcher randomly selected 10% from the population of 2 169 employees according to the chosen segments.

The samples were constituted as follows:

- Management: 10% of 56 managers – 6 respondents.
- Union: 10% of 19 union representatives – 2 respondents.
- Employees: 10% of 2 094 staff members – 209 respondents.

4.2.7 DATA COLLECTION INSTRUMENT (QUESTIONNAIRE)

The questionnaire was compiled by the researcher after reviewing the literature on the structure and operational functioning of Employee Assistance Programmes (EAPs) and EAP needs assessment. The process assisted the researcher to explore the needs of the hospital in relation to the current structure and operational functioning of the EAP at UAH.

The researcher presented the questionnaire to individual respondents in their units and they were requested to forward their completed questionnaires to their respective unit operational supervisors, where the researcher collected them. Where the researcher used group-administered questionnaires to collect data, each respondent completed their questionnaire in the presence of the researcher; who provided certain instructions and clarified uncertainties amongst the respondents. The questionnaires were collected after completion. The researcher made use of departmental resources, including the employer's time for the completion of the questionnaire, as the researcher was granted permission to conduct empirical research by the hospital superintendent.

All the respondents were requested to complete the informed consent letter before completing the questionnaire and to answer all questions with objectivity and honesty.

Multiple questions were formulated. There were options ranging from 'yes', 'no', 'unsure', and these options were provided on each question to allow the respondents to complete all the research questions.

The questionnaire was divided into different sections – recognising the categories supported by the Standards Committee of EAPA-SA (2010:18).

4.3 ETHICAL ISSUES ADDRESSED

(Ranjit 2005: 212; Strydom, 2005: 57) define ethics as “principles of conduct that are considered correct especially those of a given profession or group. Ethics is a set of moral principles which is suggested by an individual or group, it is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students. The researcher defines ethics as a set of principles that are in place to guide researchers in terms of their conduct when conducting research in order to prevent harm on the respondents. The researcher will adhere to the ethical principles as set out.

4.3.1 Violation of privacy, anonymity, and confidentiality

Flick (2007: 69) states that “participants “privacy should be respected and confidentiality should be guaranteed and maintained.” The researcher needs to be careful about the sensitivities of the respondents when collecting data, for instance marital status, income, and age are considered to be an invasion of privacy by some.

In this study the researcher informed participants that their participation in the research was voluntary and that they could refuse to divulge information about themselves. The respondents were also assured that information given would be treated with confidentiality. The respondents were further assured that the results would only be read by the researcher and authorised members of the research team at the University of Pretoria.

4.3.2 Obtaining consent

According to (Ranjit 20005: 212; Flick 2007: 69) “Informed consent implies that subjects are made adequately aware of the type of information you want from them, why the information you want from them, why the information is being sought, what purpose it

will be put to, how they are expected to participate in the study, and how it will directly or indirectly affect them. “

Adequate and relevant information on the goal of the study was provided, and the procedure that was to be followed during the study, as well as possible advantages and disadvantages of the study, were explained to all respondents. The same questionnaire was used to gather information where it was administered individually and where it was administered in a group.

This information helped the respondents to make informed decisions about their possible participation. They were also informed that they were at liberty to withdraw from the study at any time they wished to. Informed consent was obtained from all participants before commencing with the study. The respondents were required to complete the consent form as the establishment of proof of informed consent.

Although the questionnaire was formulated in English, the researcher explained the contents of the questionnaire to those respondents whose understanding of English was limited in their language of preference.

4.3.3 Publishing of research findings

Flick (2007: 69) maintains that accuracy of the data and their interpretation should be the leading principle, which means that no omission or fraud with the collection or analysis of data should occur in the research practice. The researcher made sure that the collected data was compiled accurately and interpreted correctly so that it can be easily understood and correctly interpreted.

The researcher explained to the respondents that the researcher would release the research findings to the hospital management board and that the raw data will be stored at the University of Pretoria for the stipulated period of 15 years. The research subjects will also be briefed of the findings of the report.

4.3.4 Deception of subjects and /or respondents

According to Strydom (2005: 60) “deception involves withholding information or offering incorrect information in order to ensure participation of subjects while they would otherwise possibly have refused. De Vos *et al* :(2005:61) says deception occurs when the researcher intentionally misleads subjects by way of written or verbal instructions, actions of other people, or certain aspects of the following are reasons why subjects may be deceived:-disguising the real goal of the study; hiding the real function of the actions of the subjects and hiding the experiences that subjects will go through.

The researcher avoided deception of participants from occurring during the study process by guiding respondents with correct information written and instructions during data collection.

4.3.5 Actions and competence of researchers

According to Bless & Higson-Smith (2006: 145) “the researcher has an ethical obligation to develop well designed project and execute them with care”. A research project that is badly designed or executed will yield results that are of little scientific value”. The researcher was competent to undertake the proposed study objectively by having gone through a research course as part of her studies.

4.4 PRESENTATION OF DATA

The research findings are presented in the sequence of the sections as they appear on the questionnaire. The relevant number is indicated in brackets.

4.4.1 SECTION 1: Demographic and general information

The aim of this section was to obtain information regarding the profile of the respondents and their personal details. All the employees of UAH were invited to take

part in the study and were willing to participate. A total number of 217 questionnaires were distributed and 154 were returned to the researcher. The overall response rate was 71%. This information is presented in tables and each table is followed by a discussion of the data which appear in the tables.

4.4.1.1 Gender of employees (Question 1.1)

Table 4.1.1: Gender of respondents

| Response | Number (n=154) | % |
|--------------|----------------|-------------|
| Male | 42 | 19% |
| Female | 112 | 52% |
| No response | 63 | 29 |
| Total | 154 | 100% |

Discussion of Table 4.1.1

The aim of this section was to obtain information regarding the profile of the respondents and their personal details. All the employees of UAH were invited to take part in the study and were willing to participate. A total number of 217 questionnaires were distributed and 154 were returned to the researcher. The overall response rate was 71%. The majority respondents were females 112(52%) and the male respondents were 42 (19 %). The majority of the opinions on the current study are from female respondents. This might indicate that the majority of staff at UAH is females.

4.4.1.2 Length of service at UAH (Question 1.2)

Table 4.2: Length of service of the respondents

| Years | Number (n=154) | % |
|---------------|----------------|-----|
| 0 – 5 years | 58 | 38% |
| 6 – 10 years | 25 | 16% |
| 11 – 15 years | 11 | 7% |

| | | |
|--------------------|------------|-------------|
| 16 – 20 years | 12 | 8% |
| More than 20 years | 41 | 27% |
| Missing value | 7 | 4 |
| Total | 154 | 100% |

Discussion of Table 4.2

From this table it is apparent that the length of service of the respondents ranges between 0 and over 20 years at UAH. The majority of the opinions on the current study are from respondents with length of service ranging between zero and five years as there were 58 respondents (38%). It is significant that the majority of the respondents were still quite inexperienced – which could influence the nature of the responses.

The assumption is, however, that the majority of these respondents were aware of the existence and operational functioning of the EAP in their workplace as the EAP would have been marketed to them during induction and orientation of newly employed staff. The assumption is supported by Beidel (2003:1), who stated that one of the EAP marketing objectives is to increase employees' knowledge of the EAP and its services, activities, and its components (including the confidentiality policy and referral procedures).

It is recommended that EAP practitioners should conduct sessions with newly employed staff on the EAP rationale and background, goals, objectives, functions, core technologies, and benefits of the EAP. The expectation was that the majority of the respondents should have the capacity to respond to questions on the structure and operational functioning of the EAP at UAH. The other significance is that 41 respondents (27%) had more than 20 years' experience of working at UAH. Their opinion is significant in the sense that as it is based on many years of experience working at UAH.

4.4.1.3 Information on the occupational category of employees (Question 1.3)

Table 4.3: Occupational category of respondents

| Occupational category | Number (n=154) | % |
|------------------------------|-----------------------|-------------|
| Manager | 16 | 10% |
| Supervisor | 22 | 14% |
| Artisan | 1 | 1% |
| General worker | 106 | 69% |
| Missing value | 9 | 6% |
| Total | 154 | 100% |

Discussion of Table 4.3

The majority of the views were provided by the general workers – which represents employees who did not belong to the specified classifications above. The implication is that the different views and opinions on the structure and operational functioning of the EAP at UAH represent the available occupational levels in the institution.

4.4.1.4 Information on the highest qualification of employees (Question 1.4)

Table 4.4: Highest qualification of the respondents

| Highest qualification | Number (n=154) | % |
|------------------------------|-----------------------|-------------|
| Degree | 34 | 22% |
| National Diploma | 33 | 21% |
| Certificate | 19 | 12% |
| Matric/Grade 12 | 40 | 26% |
| Grade 10 | 17 | 11% |
| Below Grade 10 | 10 | 6% |
| Missing value | 1 | 2% |
| Total | 154 | 100% |

Discussion of Table 4.4

The table indicates that the majority of the respondents (40 respondents or 26% of the participants) have a matric qualification and were unlikely to be skilled in any other way. The challenge for the EAP in the hospital is likely to be to empower this group of employees with more skills, e.g. life skills, among others. It also implies that the majority of the views and opinions on the structure and operational functioning of the EAP at UAH were provided by this educational category of respondents.

4.4.1.5 Membership of medical aid (Question 1.5)

Table of 4.5: Medical aid membership of the respondents

| Medical aid membership | Number (n=154) | % |
|-------------------------------|-----------------------|-------------|
| Yes | 118 | 77% |
| No | 32 | 21% |
| Missing value | 4 | 2 |
| Total | 154 | 100% |

Discussion of Table 4.5

The table indicates that 118 of the respondents (77%) belong to a medical aid scheme. This is a positive factor in that it indicates that the majority of the respondents have a choice to have their health and psycho-social problems resolved through their medical aid funds. Thirty-two respondents (21%) did not belong to a medical aid fund and were therefore unlikely to be able to afford private health care, including psycho-social treatment that is normally covered by a medical aid fund.

4.4.2 SECTION 2: Assessment of needs and utilisation of the EAP

4.4.2.1 Awareness of EAP services offered at UAH (Question 2.1)

Table 4.6: Awareness of the EAP services rendered at UAH

| Awareness of EAP services rendered at UAH | Number (n=154) | % |
|--|-----------------------|-------------|
| Yes | 88 | 57% |
| No | 52 | 34% |
| Missing value | 14 | 9% |
| Total | 154 | 100% |

Discussion of Table 4.6

According to the table, 88 (or 57%) of the respondents were aware of the EAP services rendered at UAH. The implication is that they are likely to access the service when the need arises. Those who belong to a medical aid fund are likely to use their funds to resolve their health and psychosocial problems as they can afford to pay for the service privately. Fifty-two (34%) of the respondents indicated that they were not aware of the EAP services rendered at the hospital. This implies that this group needs to be informed about the benefits of utilising the EAP services – should they be in need of such service which may result in the improvement of their well-being and the enhancement of productivity for the organisation. According to Beidel (2003:1), one of the EAP marketing goals and objectives is to increase employees' knowledge of the EAP and its services, activities, and key components (including the confidentiality policy and referral procedures). The challenge for the hospital's EAP is to market the programme in the hospital in order to improve the awareness and utilisation levels of the programme amongst hospital employees. This may meet the needs of the 32 employees (21% of the participants) who do not belong to a medical aid fund and therefore may not be able to afford to pay for psycho-social treatment services privately.

4.4.2.2 UAH employees in need of counselling use the following systems at present (Question 2.2)

Table 4.7: Utilisation of service for counselling

| Counselling service utilisation | Number (n=154) | % |
|--------------------------------------|----------------|-----|
| Family member | 74 | 48% |
| Social worker employed by government | 26 | 17% |
| Private psychologist | 36 | 23% |
| Private social worker | 8 | 5% |
| Social worker employed by UAH | 29 | 19% |
| Psychologist employed by UAH | 30 | 19% |
| Doctor | 21 | 14% |
| A colleague | 17 | 11% |
| A friend | 35 | 23% |
| Traditional healer | 1 | 1% |
| Nobody can solve my problems | 8 | 5% |
| Pastor | 41 | 27% |

Note: Respondents had the choice of more than one answer for this question.

Discussion of Table 4.7

The aim of asking this question was to determine what type of counselling or emotional support services the respondents currently use. The use of a private psychologist or a private social worker was included to determine the number of respondents who were in the habit of using counselling services for which they are required to pay and which need to be covered by private means or a person's medical aid fund.

It is interesting to note that 74 (48%) of the respondents turned to family members when they experience personal problems, even though it was indicated that 88 (77%) of the hospital employees belong to a medical aid scheme, and 88 (57%) were aware of the existing EAP services rendered in the hospital. Only 36 (23%) respondents indicated a

preference for private psychological services, which are likely to be covered by their medical aid funds, and 77% indicated they belonged to medical aid schemes. The results also indicated that 29 (19%) of the respondents preferred the use of the social worker employed by UAH, and 30 (19%) of the respondents preferred to use a psychologist employed by the hospital, despite the fact that 77% belong to a medical aid scheme. The indication is that the staff of UAH was keen to use the services of both the internal social worker and psychologist even though most indicated they belonged to a medical aid fund. This might indicate that increased marketing of the availability and the confidential nature of the programme needs to be done amongst employees to increase the utilisation of the programme by all the hospital staff. The value of which might be that employees will benefit from free professional advice from the service and not burden their families with their problems which might lead to stress and conflict in the long run.

4.4.2.3 *Utilisation of counsellors of the UAH (Question 2.3)*

Table 4.8: Utilisation of UAH counsellors

| Utilisation of UAH counsellors | Yes | Number (n=154) | % | No | Number (n=154) | % |
|---------------------------------------|-----------------------|-----------------------|-------------|-----------------------|-----------------------|-------------|
| For yourself | <input type="radio"/> | 26 | 17% | <input type="radio"/> | 39 | 25% |
| Family member | <input type="radio"/> | 12 | 8% | <input type="radio"/> | 30 | 19% |
| Colleague | <input type="radio"/> | 16 | 10% | <input type="radio"/> | 29 | 19% |
| Missing value | <input type="radio"/> | 100 | 65% | <input type="radio"/> | 56 | 37% |
| Total | | 154 | 100% | | 154 | 100% |

Discussion of Table 4.8

According to the table, 26 (17%) of the respondents have used the internal counselling service for themselves, compared to 39 (25%) who have never used the service for

themselves. Only 12 (8%) of the respondents made use of the internal counselling service for their family members.

The low utilisation of the EAP services by family members might be linked to the low utilisation of the EAP service by the employees themselves. Although not confirmed, such low utilisation by family members could also be an indication that employees are not aware that the service is open to family members as well – which the EAP will have to market amongst staff. Only 16 (10%) of the respondents have made use of the service for their colleagues.

The likely challenge for the UAH EAP is to market the EAP service to the UAH staff in general in order to improve the utilization of the services by both staff and their families. Marketing has to inform the employees about the availability of the services for employees and their families, and that colleagues are allowed to refer one another to the programme if they are concerned about them. The UAH EAP draft policy currently allows for the utilisation of the service by employees' families. The service has to also train employees on the different EAP referral systems available to access the EAP.

4.4.2.4 Supervisors of UAH make referrals to internal counsellors (Question 2.4)

Table 4.9: Utilisation of internal counsellors

| Supervisors make referrals to the internal counsellors | Number (n=154) | % |
|---|-----------------------|-------------|
| Yes | 61 | 40% |
| No | 12 | 8% |
| Not sure | 53 | 34% |
| Missing value | 28 | 18% |
| Total | 154 | 100% |

Discussion of Table 4.9

Table 4.9 indicates that 61 respondents (40% of the participants) confirmed that supervisors referred employees to internal counsellors for assistance. This implies that supervisors played a positive role in the operational functioning of the EAP at UAH. A minimal number of 12 respondents (8%) indicated that supervisors did not refer employees to internal counsellors, whilst 53 (34%) were not sure about referrals by supervisors. A high number of respondents, namely 65 (42% of the participants), were uncertain about the functioning of the EAP, specifically referring to the role of the supervisors. The challenge for the hospital EAP is for the EAP policy to be approved so that training and implementation can be rolled out. There is a need to train supervisors on EAP if they are to utilise the programme appropriately for the benefit and well-being of employees and improved service delivery. The service has to train employees on the different EAP referral systems available to access the EAP.

4.4.2.5 Indication of problems experienced by employees or family members (Question 2.5)

Table 4.10: Types of problems experienced by respondents and their immediate family members

| Problems experienced by respondents and their immediate family members | Number (n=154) | % |
|---|-----------------------|----------|
| Financial problems | 89 | 58% |
| Substance abuse problems | 6 | 4% |
| Marital problems | 30 | 19% |
| Psychological problems | 25 | 16% |
| Psychiatric problems | 10 | 6% |
| Relationship problems | 37 | 24% |
| Legal problems | 10 | 6% |
| Sexual harassment problems | 4 | 2% |
| Other: Please specify (E.g. armed robbery, stress, health problems) | 3 | 2% |

Note: Respondents had the choice of more than one answer for this question.

Discussion of Table 4.10

The table shows that 89 (58%) of the respondents and their family members experienced financial problems. The challenge for the EAP at UAH is to present a programme on personal financial management for employees in the hospital. Only 12 (4%) of respondents indicated that they and their family members experienced substance abuse problems. From Table 4.10 it is clear that substance abuse is not a serious problem for employees at UAH and their family members. According to Di Nitto (Gould & Smith, 1988), lying about or minimising the habit of substance abuse is usually part of the clinical picture of substance abuse. It may be possible that the percentage of employees actually affected by substance problems could be higher. Only 30

respondents (19% of the participants) indicated that they experienced marital problems. This finding suggests a low level of problems in marital relationships.

The table also shows that 25 (16%) of the respondents suffered from psychological problems. This implies that the EAP at UAH needs to refer employees who need psychological interventions to government and private psychologists for those employees who belong to a medical aid fund and who do not need the services of a full-time psychologist employed solely to render psychological services for the programme; taking into account the lack of resources in the government service. Only 10 (6%) of the respondents experienced psychiatric problems. The implication is that the EAP at UAH does not need psychiatrist services on a full-time basis but as with psychological needs, a public hospital psychiatric department may be used for employees suffering from psychiatric illnesses if they do not belong to a medical fund. There was a low indication of problems in the following areas:-relationships as only 37 (24%), sexual harassment 4 (2%), legal matters 10 (6%), This implies that relationships, sexual harassment and legal matters are likely not to be focused on by the EAP in UAH although the EAP will attend to them when employees present with them individually.

4.4.2.6 Interest in attending workshops on different topics (Question 2.6)

Table 4.11: Workshop topics that respondents are interested in

| Indicated workshop topics of interest to the respondents | Number (n=154) | % |
|---|-----------------------|----------|
| Personal financial management | 76 | 48% |
| Retirement planning | 69 | 45% |
| HIV and Aids | 97 | 63% |
| Life skills | 49 | 32% |
| Legal matters | 31 | 20% |
| Stress management | 82 | 53% |
| Sexual harassment | 10 | 6% |
| Substance abuse /alcohol abuse | 12 | 8% |
| Other: Please specify | 0 | 0% |

Note: Respondents had the choice of more than one answer for this question.

Discussion of Table 4.11

The findings suggest that a large number – although not the majority – of the respondents were interested in the following workshop topics: personal financial management (76 respondents or 48% of the participants), retirement planning (69 or 45%), HIV and Aids (97 or 63%), stress management (82 or 53%), and life skills (49 or 32%). These topics appear to enjoy major focus within the UAH EAP. Substance abuse, sexual harassment, and legal matters were not major concerns among employees at UAH and do not appear to need major focus within an EAP for UAH. . The challenge for the EAP at UAH is to present programmes on the suggested topics of interest in order to be relevant to the needs of the employees of the hospital.

4.4.2.7 Preference with regard to counselling services to employees of UAH (Question 2.7)

Table 4.12: Preference with regard to counselling services to employees of UAH

| Preference with regard to counselling services | Number (n=154) | % |
|---|-----------------------|-------------|
| Professionals employed by UAH | 49 | 32% |
| Professionals contracted by UAH | 11 | 7% |
| Prefer to have a choice at all times | 78 | 51% |
| Missing value | 16 | 10% |
| Total | 154 | 100% |

Discussion of Table 4.12

The table indicates that 49 employees of UAH (32% of the participants) were in favour of counselling by internal counsellors rather than consulting with counsellors contracted by UAH. Seventy-eight or 51% of the respondents indicated that they preferred to have a choice of whom to consult with at all times, which might be linked to the fact that 88 (77%) of the respondents belong to a medical aid fund and can afford to pay for private psycho-social consultations. The most important factor is that EAP services have to be used voluntarily by the clients.

4.4.2.8 *Opinion about the impact of counselling services currently rendered by UAH professional staff (Question 2.8)*

Table 4.13: Opinions with regards to the impact of counselling rendered by UAH professional staff

| Counselling by internal UAH staff improves well-being of employees | | |
|---|-----------------------|------------|
| Response | Number (n=154) | % |
| Yes | 69 | 45 |
| No | 60 | 39 |
| Not sure | 05 | 3 |
| Missing value | 20 | 13 |
| Total | 154 | 100 |

Discussion of Table 4.13

The table indicates that 69 (45%) of the respondents believed that the intervention by internal EAP counsellors improves the well-being of employees. This response is in contradiction with the results in table 4.8 which revealed that only 17% of the respondents utilized the service. The challenge for the internal EAP is increased marketing of the EAP counselling service amongst the employees as one of the functions of the programme.

4.4.2.9 *Improvement of productivity through counselling (Question 2.9)*

Table 4.14: Improved productivity through counselling

| Counselling improves the productivity of employees | Number (n=154) | % |
|---|-----------------------|----------|
| Yes | 54 | 35% |
| No | 2 | 1% |
| Not sure | 37 | 24% |
| Missing value | 61 | 40% |

| | | |
|--------------|------------|-------------|
| Total | 154 | 100% |
|--------------|------------|-------------|

Discussion of Table 4.14

The table indicates that 54 (35%) of the respondents believed that internal counselling at UAH improves productivity. This response is in contradiction with the results of table 4.8 which revealed that only 17% of the respondents utilized the service. The finding indicates a need for more marketing and training focusing on the functioning and rationale of the EAP and its impact on the well-being and productivity of employees.

4.4.2.10 Preference of language during counselling (Question 2.10)

Table 4.15: Respondents' preferred language of service

| Respondents' preferred language of service | Number (n=154) | % |
|---|-----------------------|----------|
| Sotho | 46 | 30% |
| Xhosa | 15 | 10% |
| English | 69 | 45% |
| Afrikaans | 55 | 36% |
| Other: Please specify (e.g. Tswana) | 10 | 6% |

Note: *Although respondents were expected to make one choice – see question format – some respondents chose to give more than one answer.*

Discussion of Table 4.15

The figures in Table 4.15 imply that 69 (45%) of the employees at UAH understand English and prefer to be served in English, even if English is not their first language. This further implies that the English language can be considered to facilitate counselling/communication where a counsellor does not speak other languages; although the ideal would be for employees to be counselled in their preferred language at all times.

4.4.3 SECTION 3: EAP programme design: Advisory/EAP/wellness committee

4.4.3.1 Existence of EAP committee in AUH (Question 3.1)

Table 4.16: Knowledge of the existence of an EAP committee in UAH

| Existence of an EAP committee in UAH | Number (n=154) | % |
|---|---------------------------|-------------|
| Yes | 58 | 38% |
| No | 12 | 8% |
| Do not know | 84 | 54% |
| Total | 154 | 100% |

Discussion of Table 4.16

The table shows that 58 (38%) of the respondents knew that the EAP in UAH has an advisory committee. The majority of the respondents – 96 respondents or 62% of the participants – were ill-informed about the existence of the committee. According to the Standards Committee of EAPA-SA (2010:3), for an EAP to function successfully, there has to be an advisory or a steering committee at the highest possible level within the organisation, involving the representatives from all segments of the workforce (management, supervisors, and union members if the organisation is unionised). The EAP at UAH has a steering committee in place. According to the researcher, the current steering committee is not well represented. For instance, it does not have the union represented on the committee. The findings show that the majority of the staff at UAH need to be educated on the structure of the EAP (advisory committee) in the hospital and its role and value as it relates to the functioning of the EAP. The EAP at UAH needs to work towards more representation on its steering committee. The value of having the union as part of the steering committee is that it has the ability to influence the success of the service as it represents the workers in the workplace.

4.4.3.2 Representation of the advisory/EAP/wellness committee of UAH by respondents (Question 3.2)

Table 4.17: Representation of the advisory/EAP/wellness committee of UAH by respondents

| Representation of the Advisory/EAP/Wellness Committee of UAH | Number (n=154) | % |
|--|----------------|-------------|
| Yes | 15 | 10% |
| No | 24 | 15% |
| Not sure | 98 | 64% |
| Missing value | 17 | 11% |
| Total | 154 | 100% |

Discussion of Table 4.17

The table shows that the majority of the respondents (98 respondents or 64% of the participants) were not sure whether the committee was representative. According to Csciernik (2003:20), the establishment of a steering committee gives equal representation to management, labour, and interested third parties in order to govern the EAP. The findings imply that the majority of the employees at UAH did not relate to the programme as they were not aware that it is supposed to represent their needs through their departmental representation on the committee. The UAH EAP has the challenge of making the advisory committee highly representative of all segments of the workforce and to educate employees on the existence and value of the advisory committee, its composition, and how it affects the structure and functioning of the programme in the hospital. As mentioned in table 4.16 the EAP wellness committee at UAH is not well represented, for instance the union body is not part of the committee. The EAP at UAH needs to work towards more representation on its steering committee. The value of having the union as part of the steering committee is that it has the ability to influence the success of the service as it represents the workers in the workplace. This view is supported by the Standards Committee of EAPA-SA (2010:3), which stated that for an EAP to function successfully there has to be an advisory or steering

committee at the highest possible level in the organisation, involving all segments of the workforce.

4.4.4 SECTION 4: Implementation of the EAP policy

4.4.4.1 Existing EAP policy in UAH (Question 4.1)

Table 4.18: Existence of an EAP policy

| The existence of an EAP policy in UAH which provides for counselling services to be rendered to staff members | Number (n=154) | % |
|--|-----------------------|-------------|
| Yes | 56 | 36% |
| No | 8 | 5% |
| Not sure | 88 | 57% |
| Missing value | 2 | 2% |
| Total | 154 | 100% |

Discussion of Table 4.18

The table shows that 56 (36%) of the respondents knew about the existing EAP policy that provides for counselling services to be rendered to staff members at UAH. The majority of the respondents 88 (57%) indicated that they were not sure if the EAP at UAH had a policy. According to Csiernik (2003:16), the EAP should have a clear and written policy to ensure that the mandates, principles, and focal areas of the EAP are fair, consistently applied, and balanced regarding the interests of all the various stakeholders.

The results imply that staff members at UAH were not aware of the fact that the programme is guided by a policy that promotes confidentiality and that clarifies on what, whom, and how internal EAP staff has to focus regarding training staff about the EAP policy (including confidentiality) – which is regarded as the cornerstone of the programme. The challenge for the hospital is to take a step back and review the draft

policy with an all-inclusive steering committee an action suggested in table 4.17, approve it and roll it out to the employees through the EAP and a fully representative steering committee.

4.4.4.2 Participation in the policy-formulation process (Question 4.2)

Table 4.19: Participation in the policy formulation process

| Have you been granted the opportunity to participate in the policy formulation process? | Number (n=154) | % |
|--|-----------------------|-------------|
| Not applicable | 28 | 18% |
| Yes | 12 | 8% |
| No | 96 | 62% |
| Missing value | 18 | 12 % |
| Total | 154 | 100% |

Discussion of Table 4.19

The finding indicates that only 12 (8%) of the respondents participated in the EAP policy-formulation process of the hospital. According to Bruce (1990:124), the policy should outline procedures to be followed when referring the problem employee and must be clear about the services offered by EAP. It also needs to outline the responsibilities of both the supervisors and employees, and outline the role of the EAP staff in relation to the organisation. In the case where an organisation is unionised, it is important to include the union representatives in policy development. The written policy document should provide supervisors, managers, and union shop stewards with the necessary means and guidance for dealing with employees who need assistance. The majority of employees were not aware of the existence of the policy and did not know that policies give guidance to the programme, which may be the result of the fact that the process of the development of the policy was not inclusive. This implies a challenge

for the EAP staff in UAH to advocate for the full inclusion of all stakeholders (management, supervisors, and union members) in the development of the hospital's EAP policy as mentioned in table 4.17 and 4.18.

4.4.5 SECTION 5: Management and administration of the EAP: Staffing

4.4.5.1 Sufficient number of staff members (Question 5.1)

Table 4.20: Number of EAP staff members

| Is the number of EAP staff members sufficient to render the services as expected? | Number (n=154) | % |
|--|-----------------------|-------------|
| Yes | 35 | 23% |
| No | 87 | 56% |
| Missing value | 32 | 21% |
| Total | 154 | 100% |

Discussion of Table 4.20

The findings indicates that 35 (23%) of the respondents were of the opinion that the EAP staffing level was sufficient to render the services as expected. Quite a large number of respondents (87 or 56%) indicated that the staffing level was not sufficient to render the services as expected. According to Bailey and Toxler (2009:358), EAPs typically include a multi-disciplinary team of professionals to render the wide range of services needed by an EAP. The challenge for the hospital's EAP is to consider the needs of the employees regarding the EAP from the organisational profile to determine the adequate staffing level of the programme.

4.4.5.2 Cultural diversity and EAP staffing (Question 5.2)

Table 4.21: Cultural diversity and EAP staffing

| Is there cultural diversity in the EAP staffing? | Number (n=154) | % |
|--|----------------|-------------|
| Yes | 51 | 33% |
| No | 52 | 34% |
| Missing value | 51 | 33% |
| Total | 154 | 100% |

Discussion of Table 4.21

The table indicates that 51 (33%) of the respondents believed that the UAH EAP staffing was culturally well diversified. According to Bailey and Toxler (2009:358), staffing of EAPs should, amongst others, be influenced by the geographic location and ethnic and cultural mix of the employee population. The significance of having a culturally diversified EAP staffing is that it may improve the level of utilisation of the EAP services as it indicates the willingness of the employer to have employees understood on the basis of their diversity (culture, race, and culture). The challenge for the hospital is to take into consideration the ethnic and cultural mix of the institution when it comes to determining the staffing level of the programme.

4.4.6 SECTION 6: Management and administration of the EAP: Confidentiality

4.4.6.1 Promotion of confidentiality through the EAP (Question 6.1)

Table 4.22: Promotion of confidentiality through the EAP policy

| Promotion of confidentiality through EAP policy | Number (n=154) | % |
|---|----------------|---|
| | | |

| | | |
|---------------|------------|-------------|
| Yes | 65 | 42% |
| No | 10 | 6% |
| Not sure | 78 | 51% |
| Missing value | 1 | 1% |
| Total | 154 | 100% |

Discussion of Table 4.22

The findings indicate that 65 (42%) of the respondents believed that the EAP policy of UAH promotes confidentiality. This is in contradiction with findings in table 4.16 which indicated that 56(36%) of respondents knew about the existence of the EAP policy at UAH. According to Csiernik (2003:20), confidentiality within the EAP should be included in the written procedures to avoid any legal actions. The findings imply that the EAP at UAH has a challenge to educate employees on how the programme safeguards the confidentiality of its service users in order to improve its service utilisation. According to Winwood and Beer (2008:193) the circumstances when a disclosure can be made may include:

- where there is risk to self and/or others;
- where there is serious alleged crime;
- where there are legal requirements (e.g. protection of children or prevention of terrorism); and
- where there is significant threat to the health of those within an organisation.

4.4.7 SECTION 7: Management and administration: Ethics

4.4.7.1 *Unethical behaviour by the EAP professionals employed by UAH* (Question 7.1)

Table 4.23: Unethical behaviour by the EAP professionals employed by UAH

| Awareness of any unethical behaviour by the EAP professionals employed by UAH | Number (n=154) | % |
|--|-----------------------|-------------|
| Yes | 21 | 14% |
| No | 102 | 66% |
| Unsure | 31 | 20% |
| Total | 154 | 100% |

Discussion of Table 4.23

The table indicates that 21 (14%) of the respondents reported that they were aware of unethical behaviour by the EAP professionals employed by UAH. Quite a large number of respondents (102 respondents or 66% of the participants) indicated that they were not aware of any unethical behaviour by EAP professionals employed by UAH. The Standards Committee of EAPA-SA (2010:10) maintained that EAP practitioners must maintain the highest level of ethical conduct in order to ensure that they operate within the scope of their registration and expertise. It is clear that the majority of the respondents were of the opinion that EAP staff at UAH articulated morally acceptable behaviour in the hospital.

4.4.8 SECTION 8: EAP Clinical services

4.4.8.1 Trauma management services by EAP Staff at UAH (Question 8.1)

Table 4.24: The EAP staff at UAH and trauma management services

| The EAP staff at UAH renders trauma management services to employees | Number (n=154) | % |
|---|-----------------------|-------------|
| Yes | 38 | 25% |
| No | 13 | 8% |
| Not sure | 103 | 67% |
| Total | 154 | 100% |

Discussion of Table 4.24

Thirty-eight (25% of the participants) respondents indicated that the EAP staff renders trauma services to employees. These figures imply that the majority either do not know or believe that trauma management services are provided by UAH EAP staff. According to the Standards Committee of EAPA-SA (2010:21), the EAP has to offer trauma and debriefing services to employees, family members, and the organisation in extreme situations as timeous defusing and debriefing may lessen or prevent long-term difficulties or dysfunction at both the individual and organisational levels. Trauma management is a service rendered by the EAP at UAH and is stated as such in its proposed amended EAP policy. The service has to be marketed amongst employees of the hospital in general, including to management, supervisors, and union members to ensure that employees who need the service can voluntarily access it and can be referred for the EAP intervention.

4.4.8.2 EAP staff and crisis intervention services (Question 8.2)

Table 4.25: EAP staff at UAH and crisis intervention services

| The EAP staff at UAH renders crisis intervention services to employees | Number (n=154) | % |
|---|-----------------------|-------------|
| Yes | 42 | 27% |
| No | 7 | 4% |
| Not sure | 98 | 64% |
| Missing value | 7 | 5% |
| Total | 154 | 100% |

Discussion of Table 4.25

The majority of the respondents (98 respondents or 64% of the participants) reported that the EAP staff at UAH did not render crisis services to employees. According to Roberts (2015:21), crisis intervention is the immediate, short-term intervention, and is applied through rapid assessment protocols; bolstering coping methods, psycho-social adaptation, solution-focused, and timely crisis resolution. The EAP has to offer crisis intervention services for employees, family members, and the organisation in crisis situations in order to contain and normalise the crisis situation. This service is indicated as available and rendered by the EAP at UAH, and it is reflected in its amended policy. The internal EAP staff at UAH will have to market the service amongst the hospital employees to improve utilisation of the service by employees in need of the service.

4.4.8.3 EAP and clinical assessment services (Question 8.3)

Table 4.26: EAP and clinical assessment services

| The EAP renders clinical assessment services to employees | Number (n=154) | % |
|--|-----------------------|----------|
| Yes | 48 | 31% |
| No | 9 | 6% |
| Not sure | 69 | 45% |
| Missing value | 28 | 18% |

| | | |
|--------------|------------|-------------|
| Total | 154 | 100% |
|--------------|------------|-------------|

Discussion of Table 4.26

The majority of the respondents indicated that the EAP does not render clinical assessment services to employees, or they were not sure about clinical assessment services being rendered. According to the Standards Committee of EAPA-SA (2010:23), EAP professionals have to conduct an assessment to identify employee and/or family member and/or organisational problems and develop a plan of action. The findings imply that the majority of the staff at UAH does not understand the procedure (clinical assessment) which forms part of the EAP clinical services and functions of the EAP. The service is a service rendered by the EAP at UAH, and is documented as such in the UAH EAP amended policy. The challenge for the EAP at the hospital is to educate employees on the concept, and its value as one of the core functions of the EAP.

4.4.8.4 Referrals by EAP staff to outside resources in the community, i.e. clinics or rehab centres (Question 8.4)

Table 4.27: Referrals to outside resources in the community i.e. clinics or rehab centres

| EAP staff makes referrals to outside resources in the community , i.e. clinics or rehab centres | Number (n=154) | % |
|--|-----------------------|-------------|
| Yes | 50 | 32% |
| No | 6 | 4% |
| Not sure | 86 | 56% |
| Missing value | 12 | 8% |
| Total | 154 | 100% |

Discussion of Table 4.27

The majority of the respondents (86 staff members or 56% of the participants), indicated that they were unsure whether the EAP staff makes referrals to outside resources in the community. Referral is when an EAP practitioner refers a challenged employee to individual therapists or organisations that offer professional support, advice, and treatment in various fields of relevance that match the needs of the employee. The intention of such referral is to increase well-being and/or performance of a troubled employee (Federal Employee Assistance, 2008:12). This service forms part of the EAP activities at UAH as documented in the hospital EAP's amended proposed policy. Employees need to realise that employees are referred to appropriate resources in the case where the in-house EAP does not have the competency to assist with certain problems – which can be promoted through increased marketing efforts.

4.4.8.5 EAP professionals of UAH and short-term interventions (Question 8.5)

Table 4.28: EAP professionals of UAH performing short-term interventions

| EAP professionals of UAH make use of short-term interventions | Number (n=154) | % |
|--|-----------------------|-------------|
| Yes | 65 | 42% |
| No | 6 | 4% |
| Not sure | 83 | 54% |
| Total | 154 | 100% |
| Yes | 50 | 32% |

Discussion of Table 4.28

The majority of the respondents (89 respondents or 58% of the participants) were either not sure about the practice of short-term interventions or confirmed that short-term interventions were not performed. According to the Standards Committee of EAPA-SA (2010:13), EAP professionals will provide short-term intervention services.

The challenge for the EAP at UAH is to educate employees through training them about the type of counselling (short-term) that the service applies and the rationale of using the intervention. Short-term intervention is documented as the type of counselling service that the EAP at UAH uses in the amended proposed policy.

4.4.8.6 EAP professionals of UAH performing case monitoring and case evaluation (Question 8.6)

Table 4.29: EAP professionals of UAH performing case monitoring and case evaluation

| EAP professionals of UAH do | Number (n=154) | % |
|------------------------------------|-----------------------|----------|
|------------------------------------|-----------------------|----------|

| engage in case monitoring and case evaluation | | |
|--|------------|-------------|
| Yes | 50 | 32% |
| No | 9 | 6% |
| Not sure | 84 | 54% |
| Missing value | 11 | 8% |
| Total | 154 | 100% |

Discussion of Table 4.29

Ninety-three or 60% of the respondents – the majority – indicated that the EAP professionals did not engage in case monitoring and evaluation or were unsure about the fact whether the EAP professionals engaged in case monitoring and evaluation. According to Winwood and Beer (2008:190), case management focuses principally on the role that the EAP plays in supporting individuals. The internal EAP has the challenge of training employees on this aspect and how it affects the functioning of the EAP. This function is indicated as available and a service rendered by the EAP of the hospital, which is reflected in the proposed amended EAP policy for the hospital.

4.4.8.7 Aftercare/Reintegration (Question 8.7)

Table 4.30: Aftercare and reintegration rendered by UAH EAP staff

| Are aftercare services provided to employees after counselling? | Number (n=154) | % |
|--|-----------------------|----------|
| Yes | 30 | 19% |
| No | 7 | 4% |
| Not sure | 70 | 45% |
| Missing value | 47 | 32 |

| | | |
|--------------|------------|-------------|
| Total | 154 | 100% |
|--------------|------------|-------------|

Discussion of Table 4.30

A large majority of the respondents (124 people or 81% of the participants) were either not aware of aftercare services, or believed that it was not rendered, or opted for not answering the question. According to the Standards Committee of EAPA-SA (2010:14), the aim of the aftercare services is to ensure the challenged employee's reintegration/readjustment into the workplace after an intervention. The results imply that employees are not familiar with the support services provided to employees who underwent counselling. The service is indicated as available and a service rendered in the proposed amended EAP policy of the hospital.

4.4.8.8 Existence of prescribed procedures for reintegration (Question 8.7)

Table 4.31: Prescribed procedures for reintegration

| Are there prescribed procedures for reintegration in existence? | Number (n=154) | % |
|--|-----------------------|-------------|
| Yes | 8 | 5% |
| No | 9 | 6% |
| Not sure | 51 | 33% |
| Missing value | 86 | 56% |
| Total | 68 | 100% |

Discussion of Table 4.30

Only eight (5%) of the respondents indicated that reintegrated procedures existed. The service is indicated as available and a service rendered in the proposed amended EAP policy. The challenge for the EAP staff is to educate employees about the existing prescribed procedures for reintegration and how the procedures impact on the effective functioning of the EAP.

4.4.8.9 Supervisor involvement in the reintegration of an employee in case of formal referral (Question 8.7)

Table 4.32: Supervisory involvement in reintegration of employees

| Supervisor involvement in the reintegration of an employee in case of formal referral | Number (n=154) | % |
|--|-----------------------|-------------|
| Yes | 32 | 21% |
| No | 10 | 6% |
| Not sure | 35 | 23% |
| Missing value | 77 | 50% |
| Total | 154 | 100% |

Discussion of Table 4.32

The findings indicate that 32 (21%) of the respondents knew that supervisors were involved in the reintegration of an employee in the case of formal referral. The service is indicated as available and as a service rendered in the proposed amended EAP. Supervisors are involved in the reintegration of employees in the case of formal referral. This implies that the hospital EAP has to focus on educating the employees and supervisors in particular on the value of supervisory involvement in the reintegration of employees in the case of formal referral.

4.4.9 SECTION 9: Non-clinical services

4.4.9.1 Engagement of UAH EAP staff in organisational consultation (Question 9.1)

Table 4.33: Engagement of UAH EAP staff in organisational consultation

| Engagement of UAH EAP staff in Organisational consultation | Number (n=154) | % |
|--|----------------|-------------|
| Yes | 32 | 20% |
| No | 9 | 6% |
| Not sure | 98 | 64% |
| Missing value | 15 | 10% |
| Total | 154 | 100% |

Discussion of Table 4.33

From Table 4.33 it is clear that 32 (20%) of the respondents were aware that the EAP staff of UAH were engaged in organisational consultation. The Standards Committee of EAPA-SA (2010:15) confirmed organisational consultation as a tool for the EAP to add value to strategic business intelligence such as cost-benefit analyses, risk assessments, organisational profiling, and employee satisfaction. The service is indicated as available and as a service rendered in the proposed amended EAP. The internal EAP has the challenge of being seen as engaging in organisational consultation – in this way playing an advocacy role for employees.

4.4.9.2 Provision of training by UAH EAP (Question 10.1)

Table 4.34: EAP training at UAH

| Provision of training by UAH EAP | Number (n=154) | % |
|----------------------------------|----------------|---|
|----------------------------------|----------------|---|

| | | |
|---------------|------------|-------------|
| Yes | 40 | 26% |
| No | 74 | 48% |
| Not sure | 39 | 25% |
| Missing value | 1 | 1% |
| Total | 154 | 100% |

Discussion of Table 4.34

The table indicates that 40 (26%) of the respondents stated that the EAP at UAH provided training. Quite a number of 74 (48%) respondents did not know that the EAP at UAH rendered training. The service is indicated as available and as a service rendered in the proposed amended EAP .According to the Standards Committee of EAPA-SA (2010:1), the EAP has to use training as an intervention strategy to train and assist work organisation stakeholders (managers, supervisors, and unions) seeking to effectively assist the employee who is experiencing behavioural, emotional, and wellness issues, enhance the work environment, and improve employee performance. The challenge for the EAP at UAH is to utilise training as an intervention strategy to empower the relevant stakeholders in order to increase the utilisation of the programme in the workplace.

4.4.9.3 Marketing (Question 11.1)

Table 4.35: EAP Marketing at UAH

| Marketing | Number (n=154) | % |
|---|---------------------------|----------|
| Marketing is done by internal EAP staff | 40 | 26% |
| Marketing is done by external EAP staff | 5 | 3% |
| Internal marketing department is involved in the EAP marketing activities | 6 | 4% |
| No marketing of the EAP is done | 66 | 43% |

| | | |
|---------------|------------|-------------|
| Missing value | 37 | 24% |
| Total | 154 | 100% |

Discussion of Table 4.35

The table indicates that 40 (26%) of the respondents confirmed that marketing was done by internal EAP staff. Quite a large number of respondents (66 respondents or 43% of the participants) indicated that the EAP was not marketed. According to Beidel (2003:1), one of the goals of EAP marketing is to increase the employees “knowledge of the EAP and its services, activities, and key components (including, confidentiality and referral procedures)”. Table 4.35 implies that the EAP at UAH has the challenge of marketing the programme extensively in the institution.

4.4.9.4 *Utilisation of different promotional media in marketing of the EAP (Question 11.2)*

Table 4.36: Use of promotional media

| Marketing | Yes | Number (n=154) | % |
|---------------------|-----------------------|-------------------|-------------|
| Intranet | <input type="radio"/> | 12 | 8% |
| Brochures | <input type="radio"/> | 10 | 6% |
| Internal newsletter | <input type="radio"/> | 17 | 11% |
| Presentation | <input type="radio"/> | 11 | 7% |
| Meetings | <input type="radio"/> | 18 | 12% |
| Missing value | | 86 | 56% |
| Total | | 154 | 100% |

Discussion of Table 4.36

The table indicates that all of the different promotional media was noted by quite a low percentage of respondents. A large number of respondents, 86 or 56% of the participants, did not answer the question. The EAP is promoted through a variety of media, although some may not be accessible to the majority of the employees. The challenge for the EAP at UAH is for the EAP to use marketing strategies that are accessible to the majority of the staff.

4.4.9.5 *Frequency of use of promotional media (Question 11.3)*

Table 4.37: Frequency of use of promotional media

| Marketing | Daily | Number (n=154) | % | Weekly | Number (n=154) | % | Monthly | Number (n=154) | % |
|-----------|-------|-------------------|---|--------|-------------------|----|---------|-------------------|---|
| Intranet | | | | 1 | | 1% | | | |
| Brochures | | | | | | | 1 | 1% | |
| Internal | | | | | | | 1 | 1% | |

| | | | | | | | | | |
|----------------|--|--|--|--|----|--|----------|-----------|--|
| newsletter | | | | | | | | | |
| Presentation | | | | | 47 | | 1 | 1% | |
| Meetings | | | | | | | 1 | 1% | |
| Other comments | | | | | | | | | |
| Total | | | | | | | 4 | 4% | |

Discussion of Table 4.37

A low frequency of utilisation of all promotional media was confirmed. The challenge for the UAH EAP would be to determine the most practical frequency and media method by which to market the programme in order to reach as many employees as possible in the hospital.

4.4.10 SECTION 10: Preventative services

4.4.10.1 EAP inclusion of preventative services (Question 12.1)

Table 4.38: EAP and preventative services

| Does the EAP include preventative services? | Number (n=154) | % |
|--|-----------------------|-------------|
| Yes | 51 | 33% |
| No | 64 | 41% |
| Missing value | 39 | 26% |
| Total | 154 | 100% |

Discussion of Table 4.38

The table indicates that 51 (33%) of the respondents agreed that the EAP at UAH included preventative services. The findings imply that a greater number of employees (64 or 41% of the respondents) believed that preventative services were not covered by the EAP. According to Bruce (1985:135), in addition to working with problem employees

who are referred, the EAP should also maintain a prevention component that utilises information, education, and training in a proactive manner to prevent employees from experiencing problems in the first place. The challenge is for the EAP to market and involve more employees in the service to empower them with skills to handle problems.

4.4.10.2 The EAP's involvement in preventative services (Question 12.1)

Table 4.39: Future involvement of the EAP in preventative services

| Should the EAP be involved in preventative services? | Number (n=154) | % |
|--|----------------|-------------|
| Yes | 40 | 26% |
| No | 14 | 9% |
| Missing value | 100 | 65% |
| Total | 154 | 100% |

Discussion of Table 4.39

The table indicates that 40 (26%) of the respondents indicated that the EAP should be involved in preventative services. A large number of 100 (65%) of the respondents did not answer the question. The results imply that the internal EAP staff has to educate employees about what the service or function is about and the value that EAP preventative services may add to the enhancement of the well-being of the employees.

4.4.10.3 Activities typically included in EAP preventative services (Question 12.2)

Table 4.40: EAP preventative activities

| Activities typically included in preventative services rendered by the EAP | Number (n=154) | % |
|---|-----------------------|----------|
| Wellness matters | 36 | 23% |
| Chemical dependency | 13 | 8% |
| Personal financial management | 30 | 19% |
| Life skills | 33 | 21% |
| Stress management | 55 | 36% |
| Weight management | 31 | 20% |
| Smoking | 20 | 13% |
| Gambling | 12 | 8% |
| Anger management | 32 | 21% |
| HIV and Aids counselling | 53 | 34% |
| Disease management | 32 | 21% |
| Violence in the workplace | 30 | 19% |

Note: Multiple answers were possible.

Discussion of Table 4.40

The table indicates that the EAP at UAH included a variety of activities as part of the preventative services, of which stress management (36%) and HIV and Aids (34%) were rated the highest.

4.4.11 SECTION 11: Monitoring and evaluation in the EAP

4.4.11.1 Evaluation of EAP activities (Question 13.1)

Table 4.41: EAP evaluation

| Evaluation of EAP activities | Number (n=154) | % |
|-------------------------------------|-----------------------|-------------|
| Yes | 22 | 14% |
| No | 10 | 6% |
| Do not know | 103 | 67% |
| Missing value | 19 | 13% |
| Total | 154 | 100% |

Discussion of Table 4.41

The table indicates that 22 (14%) of the respondents were of the opinion that the activities of the EAP were evaluated. Quite a large number of the respondents did not know if the activities of the EAP were evaluated. According to Winwood and Beers (2008:192), the function is about the EAP providing what it has promised to provide, and also to demonstrate value for money and a return on investment to the client organisation. The challenge for the EAP staff is to educate the employee population about monitoring and evaluation and the potential value of monitoring and evaluation for the functioning of the EAP.

4.5 CONCLUDING COMMENTS

EAP technologies and standards are key elements in the operational functioning of an EAP. The effective application of the core technologies and standards has a positive impact on the structure and operational functioning of an EAP. The questions and the respondents' answers assisted the researcher to demonstrate or determine the state of affairs of the UAH EAP in terms of its structure and operational functioning benchmarked against the best EAP practice. It was clear from the results that although the UAH EAP had a steering committee it was not fully representative of all

stakeholders in the hospital. The EAP policy that is not yet approved plays a major limitation to the full implementation of the service in the hospital.

CHAPTER 5

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter, the researcher re-states the goal and objectives of the study, summarises the key findings and conclusions, and makes recommendations regarding the redesign and implementation of the EAP for Universitas Academic Hospital.

5.2 RE-STATEMENT OF OBJECTIVES

The UAH has an EAP in place to assist staff of the hospital to resolve their personal and other problems that may impact negatively on the social functioning and work performance of the employees.

The objectives of the study were to:

- describe the profile of the UAH as an organisation (which forms part of EAP design);
- explore the needs of the hospital (management, union members, and operational staff members) in terms of the EAP;
- explore the existing structure and operational functioning of the EAP, with specific reference to EAP core technologies; and
- provide recommendations to the management structure of the UAH, for the redesign of the EAP, should the need for redesign become apparent.

5.3 PROGRAMME DESIGN OF THE EAP

The programme design category typically includes the advisory committee, organisational profiling, and service delivery models and procedures.

5.3.1 Key findings regarding programme design

- The findings indicated that a less significant number of employees (38%) knew that there was an existing EAP committee in UAH.
- An even less significant number of employees (10%) indicated that the EAP committee was well representative of all sections and departments in the workplace.
- A significant number of employees (57%) were aware of the Employee Assistance Programme (EAP) services rendered in UAH.
- A less significant number of employees (23%) used private psychologists to resolve their personal problems.
- A minority percentage of supervisors (40%) in UAH made referrals to the internal counsellors.
- The most prevalent problems amongst employees in UAH were financial problems (58%), relationship problems (24%), and marital problems (19%).
- A significant number of UAH employees indicated that they would appreciate workshops on personal financial management (49%), retirement planning (48%), HIV and Aids (63%), stress management (53%), and life skills (3%).
- This profile of problems found in UAH was significantly different to those reported in international EAP needs assessments, particularly in the USA. In this context, alcohol and drug problems topped the list of employees' problems, while issues such as personal financial management did not seem at all important.
- A significant number of employees (31%) indicated that they preferred to be counselled by professionals employed by UAH.

- A less significant number of employees (7%) preferred to be counselled by professionals contracted by UAH.
- A significant number of employees (45%) believed that the counselling services rendered by UAH staff improved the well-being of employees.
- A significant number of employees (35%) indicated that the counselling offered by UAH staff improved the productivity of employees.
- A significant number of employees preferred to be counselled in one of the dominant languages in the Free State province (English: 38%; Afrikaans: 36%; Sotho: 30%).

5.3.2 Conclusions and recommendations regarding programme design

The following are conclusions and recommendations for the EAP on the need for and utilisation of the EAP at UAH:

- ***The existence of the EAP-committee:*** The existence of an EAP committee is critical in running the EAP by virtue of being representative of all departments in an institution. The EAP committee should fulfil its supportive role for the programme by marketing it to the hospital staff.
- ***Awareness of the EAP services:*** The current level of visibility and availability of the EAP services rendered in UAH should be increased through ongoing marketing strategies in the hospital; for example through the use of pamphlets, brochures, flyers, wellness fairs, and posters.
- ***Utilisation of EAP:*** Marketing of the EAP should be increased and its benefits should always be emphasised in order to motivate staff, their family members, and colleagues in the hospital to utilise the service.
- ***Supervisory referral of the employees to the EAP:*** It is important that the EAP should improve its supervisory training in order to improve supervisors' insight into their role of improving the employees' well-being and productivity.
- ***Most and least common problems:*** It is crucial that the EAP should focus on delivering services on financial matters and marital and relationship problems.

According to the findings, the EAP should focus less on substance abuse, legal problems, and sexual harassment problems.

- **Most needed workshops:** The EAP should focus on presenting workshops on financial management, retirement planning, HIV and Aids, stress management, and life skills.
- The results suggest that UAH should offer EA services according to the in-house model in order to cater for employees who do not belong to a medical aid, and offer an assessment and referral service for those employees who belong to a medical aid scheme.
- The EAP needs to offer advisory financial services.
- Professional staff on the EAP team should be able to deal competently with HIV and Aids, retirement planning, marital and relationship matters, stress management, and life skills.

5.4 EAP IMPLEMENTATION

5.4.1 Key findings regarding EAP implementation

- A significant number of employees (36%) were aware of the existence of the EAP policy guiding the provision of counselling services rendered to staff.
- A less significant number of employees (8%) indicated that they were provided an opportunity to participate in the policy formulation process.

5.4.2 Conclusions and recommendations regarding EAP implementation

- **The existence of a policy providing for counselling services to be rendered to staff members:** It is important for an EAP to have its operations guided by a clear, written policy. The EAP policy should be well marketed to the staff through the EAP committee so that the staff will know what the programme stands for, and when and how it can be accessed.

- **Responsibilities of role players:** The responsibilities of both the supervisors and employees and the role of the EAP staff in relation to the organisation should be outlined. In the case where an organisation is unionised, it is important to include the union representation in policy development.
- **Participation in policy formulation:** One of the critical factors in policy formulation is consultation with all the stakeholders. The EAP committee should assist with the consultation with workplace members they represent on the committee regarding policy matters from the time the policy is proposed or formulated. Participation will promote acceptance and ownership of the policy by the union and its constituency and a well-supported EAP amongst the employees.

5.5 MANAGEMENT AND ADMINISTRATION OF THE EAP

This category of the EAP standards includes staffing, professional consultation and development, confidentiality, and recordkeeping.

5.5.1 Key findings on management and administration of the EAP

- A less significant number of employees (23%) said the number of EAP staff members was sufficient to render the services as expected.
- A significant number of employees (56%), however, indicated that the number of EAP staff was not sufficient to render the services as expected.
- A significant number of employees (34%) indicated that cultural diversity was not considered in the EAP component.
- A significant number of employees (42%) indicated that the EAP promoted confidentiality.
- A significant number of employees (66%) indicated that they were not aware of unethical behaviour by EAP professionals.
- A less significant number of employees (14%) indicated that there was unethical behaviour by EAP professionals.

5.5.2 Conclusions and recommendations regarding the management and administration of the EAP

- ***The availability of sufficient EAP staff members to render services as expected:*** It is crucial for an EAP's staffing level to be based on the size of an institution, the outcomes of a needs assessment, the level of care provided to the patients, the geographical location, and available resources.
- The existence of an EAP committee is critical in the running of the EAP by virtue of being representative of all departments in an institution. The EAP committee should fulfil its supportive role for the programme by marketing it to the hospital staff.
- ***Cultural diversity in the staffing component:*** The EAP should allow for the cultural diversity of employees in terms of the services provided. The EAP should demonstrate experience with regard to cultural diversity in order to promote effective assistance to employees.
- ***EAP policy that promotes confidentiality:*** Confidentiality is the cornerstone of EAPs. The EAP staff should promote confidentiality by not disclosing any discussions that took place during the interviews with the EAP counsellors.
- ***EAP and ethical behaviour:*** It is critical that the EAP staff should maintain the highest level of ethical behaviour.

5.6 EAP CLINICAL SERVICES

This category of EAP standards includes trauma management, crisis intervention, assessment and referral, short-term intervention, case monitoring and evaluation, aftercare, and reintegration.

5.6.1 Key findings regarding EAP Clinical Services

- A significant number of respondents (25%) indicated that the EAP staff rendered trauma services to employees.
- A significant number of employees (27%) indicated that the EAP rendered crisis intervention services to employees.
- The findings indicate that a significant number of employees (31%) knew that the EAP staff rendered clinical assessment services to employees.
- The findings show that the level of EAP staff referrals to outside resources in the community is less significant (32%).
- The findings indicate a significant level of use of short-term therapy by EAP staff (42%).
- The findings indicate a less significant level of EAP staff engagement in monitoring and evaluation (32%).
- A less significant level of employees (19%) indicated that aftercare services were provided to employees going through counselling.
- A small number of employees (5%) indicated that there were prescribed procedures for reintegration.
- A less significant number of participants (21%) indicated that supervisors were involved in the integration of an employee in the case of a formal referral.

5.6.2 Conclusions and recommendations regarding EAP Clinical Services

- ***EAP staff renders trauma management services:*** It is important for the EAP to render trauma management services to the employees, their family members, and the organisation in extreme situations as trauma defusing and debriefing may lessen or prevent long-term difficulties or dysfunction at both the individual and organisational levels.

- **Rendering crisis intervention services to employees:** The EAP should offer crisis intervention services for employees, family members, and the organisation in crisis situations in order to contain and normalise the crisis situation. Intermediary steps should include one-on-one crisis counselling, demobilisations, group debriefing, group diffusing, and family interventions.
- **EAP clinical assessments:** The EAP professionals should include the client's statement of the problem in the clinical assessment. The EAP clinical assessment should be used to determine the level of risk the client is to himself/herself and to others and how their problem affects their job performance.
- **EAP referrals to outside resources in the community:** The current level of EAP staff referrals to outside resources in the community should be increased. The EAP staff should refer clients to appropriate resources according to the unique needs revealed by the assessment.
- **EAP use of short-term counselling:** The EAP should increase the level of use of short-term therapy to assist the employees. All the services or activities of an EAP should be linked to a timeframe where possible.
- **EAP professional engagement in case monitoring and case evaluation:** The EAP should improve its level of monitoring and evaluating of all activities engaged in, in order to determine the impact of its interventions. An external evaluator/consultant should be involved to maximise the objectivity of the evaluation procedures.
- **Aftercare/reintegration services:** The EAP policy needs to describe aftercare and reintegration procedures. The EAP policy needs to also determine what constitutes the closure of a case. The EAP practitioner should verify the impact of the intervention by documenting the impressions of the employee, the family members, the referring supervisor, the union representatives, and the service provider.

5.7 NON-CLINICAL SERVICES

Non-clinical services consist of organisational consultation, marketing, and supervisor training.

5.7.1 Key findings regarding non-clinical services

- A less significant level of participants (21%) indicated that the EAP staff engaged in organisational consultation.
- A significant level of participants (48%) indicated that the EAP did not provide EAP training.
- A significant number of employees (43%) indicated that the EAP was not marketed.
- The results indicate that the use of meetings were limited (12%) as a promotional medium.
- A less significant number of respondents (11%) indicated that internal newsletters were used to market the EAP.
- A less significant of respondents (8%) indicated that the EAP used the intranet to market the programme.
- A less significant of respondents (7%) indicated that presentations were conducted as promotion of the EAP.
- A less significant level of employees (6%) indicated that brochures were used to market the programme.

5.7.2 Conclusions and recommendation regarding non-clinical services

- **Organisational consultation:** The EAP should consult with the organisation in order to help the organisation to proactively address inherent trends from personal and/or organisational issues.

- The EAP should facilitate a partnership of the EAP with relevant stakeholders by suggesting strategies that will minimise the impact of adverse events, and add value in organisational change events through organisational consultation.
- **EAP training:** It is recommended that the EAP should use training as an intervention strategy to train and assist managers, supervisors, and unions to manage employees who experience personal problems that impact negatively on their productivity.
- **Marketing of the EAP:** It is recommended that the EAP is marketed through different media methods in the hospital; namely intranet, brochures, presentations, meetings, and newsletters. Marketing should be carried out to increase the visibility and utilisation of the services.
- **Promotional media applied to market the EAP:** It is crucial for a variety of promotional media to be used to market the EAP including pay slips and wellness fares.

5.8 PREVENTATIVE SERVICES

Preventative services include those services not covered under clinical and non-clinical services.

5.8.1 Key findings on preventative services

- A significant number of participants (51%) indicated that the EAP included preventative services.
- The findings indicated the following activities as included in UAH preventative services: stress management (36%), HIV and Aids (34%), wellness matters (23%), life skills (21%), anger management (21%), disease management (21%), weight management (20%), personal financial management (19%), violence in

the workplace (19%), financial matters (19%), smoking (13%), and chemical dependency (8%).

5.8.2 Conclusions and recommendations on preventative services

- ***EAP preventative services:*** It is recommended that an EAP must include preventative services as part of its services.
- ***Activities included in preventative services:*** The EAP should render preventative programmes in order to prevent employees from experiencing problems in the first place by empowering them with knowledge, skills, and the correct attitude.

5.9 MONITORING AND EVALUATION OF THE EAP

5.9.1 Key findings on monitoring and evaluation of the EAP

- A less significant number of respondents (14%) indicated that EAP activities were evaluated.
- A significant number of respondents (67%) indicated that they were not sure about the evaluation of EAP activities.

5.9.2 Conclusions and recommendations regarding monitoring and evaluation of the EAP

- ***Evaluation of EAP activities:*** The EAP should monitor and evaluate its activities in order to determine its effectiveness.
- The EAP should have a written monitoring and evaluation strategy directly related to its goals and objectives, which should be included in the programme design and standard operating procedures.

- The EAP must identify all role players who should be involved in the evaluation of the programme – preferably external role players to ensure a greater level of objectivity.

5.10 CONCLUDING STATEMENT

It is clear that EAP core technologies affect the structure and operational functioning of an EAP. The objectives of the research were achieved as the profile of UAH was described through the literature review in chapter two, the needs of the hospital (management, union members, and operational members) in terms of EAP were explored through literature review in chapter two, the existing structure and operational functioning of the EAP of UAH was explored with specific reference to the EAP technologies through an empirical study, the conclusions and recommendations regarding the structure and operational functioning of the UAH EAP were formulated after the data analysis. A guideline to enhance the structure and operational functioning was achieved through means of EAP technologies and standards developed after the outcomes of the data analysis.

Therefore, there is a need for the EAP at UAH to apply the recommended measures in the research in order to enhance the structure and effective operational functioning of the programme and the performance of employees in the hospital. This study successfully achieved its goals in each of the four objectives.

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ANNEXURES

Annexure A: Letter on Ethical clearance



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

29 August 2014

Dear Prof Lombard

Project: The structure and operational functioning of the Employee Assistance Programme at the Universitas Academic Hospital
Researcher: N C Nakani
Supervisor: Prof I. S Terblanche
Department: Social Work and Criminology
Reference numbers: 10601954

Thank you for the application that was submitted for ethical consideration.

I am pleased to inform you that the above application was **approved** by the **Research Ethics Committee** on 28 August 2014. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: Karen.harris@up.ac.za

Research Ethics Committee Members: Dr L Blokland, Prof Prof M-H Coetzee; Dr JEH Grobler; Prof KL Harris (Acting Chair); Ms H Kloppe; Dr C Panabanco-Warrens; Dr Charles Putterg B; Prof GM Spies; Dr Y Spies; Prof E Taljard; Dr P Wood

Annexure B: Letter of Informed consent



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

30/04/2014

Our Ref: Prof Terblanche
Tel. 012 4203292
Fax. 0866287488
Email: lourie.terblanche@up.ac.za

NAME OF THE RESEARCHER
Ms. Connie Nakani

Tel: 0737268197/ 051- 4052957

INFORMED CONSENT

I hereby confirm my voluntary agreement to participate in a research project with the following details:

RESEARCH TITLE

The structure and operational functioning of the Employee Assistance at the Universitas Academic Hospital (UAH).

1. THE GOAL AND OBJECTIVES OF THE STUDY

The purpose of the study is to describe the profile of the UAH as an organization, explore the needs of the hospital in terms of the EAP and explore the existing structure and operational functioning of the EAP, with specific reference to the EAP core technologies.

2. DESCRIPTION OF THE PROJECT

The project will consist of a literature study on the EAP core technologies and standards of good practice as well as an empirical study regarding the current operational functioning of the EAP in the Universitas Academic Hospital (UAH). Data will be collected through a self-developed group administered questionnaire from staff members of the UAH as respondents.

3. RISKS INVOLVED IN THE RESEARCH STUDY

The participants will not be subjected to any harm. An arrangement had been made with the internal psychologist to provide counselling – should such a need be identified amongst respondents.

4. BENEFITS OF THE RESEARCH STUDY

There are no economic benefits for participants in this research project. However, the project may result in long-term benefits to users of the EAP, in that the structure and operational functioning of the EAP may be adapted and improved – if indicated.

5. VOLUNTARY PARTICIPATION

My participation is voluntary. I will be free to withdraw my participation at any point, and will experience no negative consequences.

Department of Social Work & Criminology Tel: Number 00 27 12 420 2325/2030 www.up.ac.za
University of Pretoria Fax: Number 00 27 12 420 2093
PRETORIA 0002
Republic of South Africa

6. RECORDS OF PARTICIPATION IN THIS RESEARCH

Participants are guaranteed of confidentiality and their responses will be anonymous in the final research report. The research data will be stored at the Department of Social Work and Criminology, University of Pretoria for a period of fifteen years. The results of this research may appear in publications but participants will not be identified.

AGREEMENT TO PARTICIPATE IN THE RESEARCH STUDY

My signature indicates that I have read the information provided above and voluntarily give my permission to participate in this project.

This document was signed at _____ on the ____ day of _____ 2014.

NAME OF RESPONDENT:.....

SIGNATURE OF RESPONDENT:.....

SIGNATURE OF RESEARCHER:.....

MS N.C. Nakani

Annexure C: Authorisation letter from Universitas Academic Hospital



health

Department of
Health
FREE STATE PROVINCE

10 April 2014

Ms C N Nakani
Department Of Social Work
Universitas Academic Hospital

Dear Ms Nakani

**RESEARCH PROJECT: THE STRUCTURE AND OPERATIONAL
FUNCTIONING OF THE EMPLOYEE ASSISTANCE PROGRAMME AT THE
UNIVERSITAS ACADEMIC HOSPITAL (UAH) .**

Herewith permission for the mentioned project to be done at Universitas
Academic Hospital on the following conditions:

1. The research should not expose the users and the Department to any avoidable harm.
2. Annual progress reports should be submitted and also a research report at the end of the research process.
3. Reporting of Adverse Events related to the research process must be done within 48 hours of discovery.
4. There shall be provision for obtaining informed consent from all patients/staff where appropriate.
5. Briefing sessions should be conducted with all stakeholders prior to commencement and at the end of the study to provide feedback where appropriate.
6. That approval is obtained from the Ethics Committee.

The Chief Executive Officer must be notified if the findings of the project will be published and a research report needs to be sent to the Head Clinical Services as soon as the study is completed.

Yours sincerely

DR NIC R J VAN ZYL
HEAD: CLINICALSERVICES
UNIVERSITAS ACADEMIC HOSPITAL

HEAD: CLINICAL SERVICES: DR NRJ VAN ZYL
Private Bag X20660, Bloemfontein, 9300. Tel. No.: 051-4052866,
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www.fs.gov.za

Annexure D: Questionnaire

The structure and operational functioning of the employee assistance programme at Universitas academic hospital (UAH).

Demographic Details

What is your gender?

Male

Female

How long have you been working at Universitas Academic Hospital?

0 - 5 years

6 - 10 years

11 - 15 years

16 - 20 years

more than 20 years

Indicate the occupational category where you are currently employed

Manager

Supervisor

Artisan

General worker

Indicate highest qualification

Degree

National diploma

Certificate

Matric/Grade 12

Grade 10

Below grade 10

Do you belong to a medical aid either as member or dependant?

Yes

No

Assessment of needs and utilisation of the EAP

Are you aware of the Employee Assistance Programme services rendered in UAH?

Yes

No

Should you experience a personal problem which results in a need for counselling, please indicate whom you will approach at present. You may select more than one option.

- Family member
- Social worker employed by Government
- Private psychologist
- Private social worker
- Social worker employed by UAH
- Psychologist employed by UAH
- Doctor
- A colleague
- A friend
- Traditional healer
- nobody as i can handle my own problems
- Pastor

Have you ever made use of counsellors of the UAH?

Yes

No

For yourself

Family member

Colleague

To your knowledge, do supervisors in UAH make referrals to the internal counsellors?

Yes

No

Not sure

Indicate which of the following problems you or an immediate family member have experienced in the past. You may select more than one

Financial problems

Substance abuse problems

Marital problems

Psychological problems

Psychiatric problems

Relationship problems

Legal problems

Sexual harassment problems

Other, please specify

Would you be interested in attendance of workshops on any of the following topics? You may select more than one.

Personal financial management

Retirement planning

HIV and AIDS

Life Skills

Legal matters

Stress management

Sexual harassment

Substance-/alcohol abuse

Other, please specify

Indicate your preference with regard to counselling services to employees of UAH

Professionals employed by UAH

Professionals contracted by UAH

Prefer to have a choice at all times

Provide your opinion about the impact of counselling services currently rendered by UAH professional staff

Yes

Not sure

No

Counselling improves the well-being of employees

Counselling improves the productivity of employees

Should you need counselling, which language would be like to be served in?

Sotho

Xhosa

English

Afrikaans

Other, please specify

EAP Programme Design: Advisory-/EAP-/Wellness Committee

Is there an EAP-committee in existence in UAH? (Sometimes called Wellness- or Advisory Committee)

Yes

No

Do not know

Are all sections/departments in the workplace represented on this committee?

Yes

No

Not sure

Implementation of the EAP: Policy

2014/08/07

Is there an existing Policy in UAH which provides for counselling services to be rendered to staff members?

Yes

No

Do not know

If there is an existing policy - have you been granted the opportunity to participate in the policy formulation process?

Not applicable

Yes

No

Management and administration of the EAP: Staffing

Is the number of EAP staff members sufficient to render services as expected?

Yes

No

Is cultural diversity considered in your EAP staffing component?

Yes

No

Management and administration: Confidentiality

Does your EAP policy promote Confidentiality?

Yes

No

Not sure

Management and Administration: Ethics

Are you aware of any unethical behaviour by EAP professionals employed by UAH?

Yes

No

EAP Clinical services

The EAP staff at UAH render trauma management services to employees

Yes

No

Not sure

The EAP staff at UAH render crisis intervention services to employees

Yes

No

Not sure

The EAP staff at UAH render clinical assessment services to employees

Yes

No

Not sure

EAP staff do make referrals to outside resources in the community, i.e. clinics or rehab centres

Yes

No

Not sure

2014/08/07

EAP professionals of UAH do make use of short-term intervention

- Yes
- No
- Not sure

EAP professionals of UAH do engage in case monitoring and case evaluation

- Yes
- No
- Not sure

Please answer the following questions regarding aftercare/reintegration

- | | Yes | No | Not sure |
|--|-----|----|----------|
| Are aftercare services provided to employees being through counselling? | | | |
| Are there prescribed procedures for reintegration in existence? | | | |
| Are supervisors involved in the reintegration of an employee in case of a formal referral? | | | |

Non-clinical services: Organisational consultation

Do EAP staff of UAH engage in Organisational consultation?

- Yes
- No
- Not sure

Non-clinical services: EAP training

Does your EAP provide EAP training?

- Yes
- No

Not sure

Non-clinical services: Marketing

Indicate the relevant options regarding marketing. You may select more than one option.

- Marketing is done by internal EAP staff
- Marketing is done by external EAP staff
- Internal marketing department is involved in the EAP marketing activities
- No marketing of the EAP is done

If marketing of the EAP is done, please indicate which of the following promotional media are applied

| | Promotion media | | Frequency | | |
|---------------------|-----------------|----|-----------|--------|---------|
| | Yes | No | Daily | Weekly | Monthly |
| Intranet | | | | | |
| Brochures | | | | | |
| Internal newsletter | | | | | |
| Presentation | | | | | |
| Meetings | | | | | |
| Other, add comments | | | | | |

If 'other' was selected, please add details regarding promotional media here

Preventative services

Please answer the following questions regarding EAP and preventative services

Does your EAP include preventative services? Yes No

Should the EAP be involved in preventative services?

Select those activities typically included in preventative services rendered by your EAP.
You may select more than one option.

- Wellness matters (focus on physical matters)
- Chemical dependency
- Personal financial management
- Life skills
- Stress management
- Weight management
- Smoking
- Gambling
- Anger management
- HIV and AIDS
- Disease management
- Violence in the work place

Monitoring and Evaluation in the EAP

Are the EAP activities evaluated?

- Yes
- No
- Do not know

General Comments

Thank you for your time and effort in participating in this important survey!

2014/08/07

Annexure E: Data storage form



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

FACULTY OF HUMANITIES
RESEARCH PROPOSAL AND ETHICS COMMITTEE

Declaration for the storage of research data and/or documents

I/ We, the principal researcher(s) Connie Nakani

and supervisor(s) Prof L S Terblanche

of the following study, titled

The structure and operational functioning of the Employee Assistance Programme at the Universitas Academic Hospital

will be storing all the research data and/or documents referring to the above-mentioned study in the following department:

Social Work and Criminology

We understand that the storage of the mentioned data and/or documents must be maintained for a minimum of 15 years from the commencement of this study.

Start date of study: 1 February 2010

Anticipated end date of study: 31 December 2014

Year until which data will be stored: 2029

| Name of Principal Researcher(s) | Signature | Date |
|---------------------------------|-----------|------------|
| Connie Nakani | | March 2014 |
| | | |
| Name of Supervisor(s) | Signature | Date |
| Prof L S Terblanche | | March 2014 |
| | | |
| Name of Head of Department | Signature | Date |
| Prof A Lomkard | | |