

**Public servants' level of satisfaction with EAP
clinical services in the North West Provincial
Government**

by

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ABSTRACT

Public servants' level of satisfaction with EAP clinical services in the North West Provincial Government

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Institution: University of Pretoria

Employee Assistance programmes in the North West Provincial Government started on the 1st August 2001 in the office of the Premier. The programme was headed by Director Rangaka and was centralised, but serving all provincial departments in the provincial offices and districts. Its role was to provide EAP clinical services to public servants with the view of promoting employee effectiveness. It was meant to render psychological interventions in a form of reactive services which included counselling and trauma support, as well as life skills or empowerment workshops. The overall aim of the EAP in every organisation is to promote overall organisational wellness and employees wellness.

This study focused on the public servants' level of satisfaction with EAP clinical services in the North West Provincial Government for the 2013/2014 financial year. The aim of this study was to evaluate public servants' level of satisfaction with EAP clinical services in the North West Provincial Government. In order to achieve this goal, quantitative research was adopted through the use of a questionnaire to determine the level of satisfaction among public servants with the EAP clinical services.

A questionnaire was designed as a data collection instrument, which was divided into the broad categories of biographical information, EAP clinical services and general information to assess the level of satisfaction with EAP clinical services and it was distributed to EAP practitioners in participating departments to distribute to the service users. Services users completed the questionnaire and consent forms and deposited them into the boxes that were placed at the EAP offices. Quantitative data was collected from employees (n=43) through the combination of stratified random sampling and random sampling and the assistance of EAP professionals at various North West Provincial departments.

The quantitative results revealed that EAP respondents were satisfied with the EAP clinical services provided to them. There were 18.18% who were very satisfied with EAP clinical services, which implies that the EAP clinical services exceeded their level of expectation.

The respondents reported that their work performance improved upon receiving EAP clinical services. They also stated that their relationships with colleagues, managers and their significant others improved. Based on the inputs from the respondents, their overall quality of life improved after exposure to EAP clinical services. The EAP in North West Provincial Government aligned itself to standards of Employee Assistance Programme Association of South Africa (EAPA-SA). However, this research identified that not all EAP professionals complied with the standards as prescribed by EAPA-SA. There were EAP professionals who were reported to have not use homework during short-term counselling and in some instances the parties did not enter into contracts. However, regardless of these findings, the respondents reported a high level of satisfaction with the EAP clinical services.

The recommendations in this study are offered as a guidelines to ensure that the EAP in the North West Provincial Government maintain and strengthen EAP clinical services in line with the standards of EAPA-SA. For example, it is recommended that managers in various departments should embrace EAP and use it effectively when they encounter situations that call for EAP intervention. Furthermore, the study recommends that EAP professionals be accessible to public servants, including regional offices. The EAP professionals should comply with the time lines of rendering trauma debriefing within seventy-two hours as prescribed by the standard committee of the EAPA-SA. The research further recommends that the EAP in the North West Provincial Government should have a contract with the local crisis centres for assistance in case of crises. All clients should be subjected to follow-up services and case monitoring after the interventions was rendered.

Key words:

- Client satisfaction
- Clinical services
- Employee Assistance Programme
- North West Province
- Public servants
- Satisfaction level

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CHAPTER 1: GENERAL INTRODUCTION

1.1 INTRODUCTION

Employee Assistance Programmes (EAPs) started in South Africa in the late 1980s and have since been the major programmes in the government's vision of "A better life for all" (Employee Assistance Professional Association, South Africa [EAPA-SA], 2006:28). Over the last twenty years, private sector and public sector organisations offered EAP clinical services to staff members as a form of support provision (McLeod & McLeod, 2001:184).

The EAPs in the North West Provincial Government started the 1st of August 2001 in the Office of the Premier. The programme was headed by the then Director Rangaka and later the EAP grew and it expanded to three regions, namely the Bojanala, Vryburg and Potchefstroom (Selwane, 2015). The offices in the three regions including head office, were headed by assistant directors who were qualified social workers. The key roles of these officials were to provide clinical services, as well as proactive services to all the departmental staff in their servicing area. Ms Selwane (2015) states that in 2003, the executive committee of the North West Provincial Government resolved that each department should have their own EAP unlike being serviced by centralised EAPs.

The current EAP in the North West Provincial Government has grown and it is rather considered as an employee wellness programme due to its comprehensiveness. Government adopted an internal EAP model because each department has its own EAP staff. The internal EAP in this context implies that the EAP management and staff are employed by the employing organisation with the employer being the North West Provincial Government. The Standards Committee of EAPA-SA (2010:1) defines "EAP [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 and productivity issues."

The internal EAPs in the North West Provincial Government render comprehensive services such as clinical services, training and development, as well as events management to its employees, their dependents and management. In the context of the North West Provincial Government, each department has its own EAP subsection within the human resource management unit and each subsection has a manager. EA professionals are responsible for rendering services to staff members and their dependents. All departments report to the Premier's office for accountability purposes (Selwane, 2015). The North West Provincial Government comprises of the following departments: Office of the Premier, Finance,

Economy and Enterprise Development, Education and Sport Development, Social Development, Community Safety and Transport Management, Public Works and Roads, Health, Culture, Arts and Traditional Affairs, Rural Environment and Agricultural Development, Local Government and Human Settlement and Tourism (North West Annual Report, 2014).

The EAP services within the North West Provincial Government are based on EAP core technologies or functions which are (i) Marketing, (ii) Training and Development, (iii) Consultation with the work organisation, (iv) Case Management, (v) Networking, and (vi) Monitoring and Evaluation (Standard Committee of EAPA-SA, 2010:1). An essential function of successful EAPs are their ability to provide clinical services to employees, their family members and even to management as part of case management free of charge.

The EAP renders comprehensive quality services to three various groups: the management in the organisational; structures of supervisors; worker organisations and employees and their family members (Standard Committee of EAPA-SA, 2010:1). The importance of evaluating workplace EAP clinical services whether provided externally, i.e. when the EAP service is outsourced to external service providers, or in-house meaning when EA professionals have been employed by the employer to provide EAP services on full time basis to employees, cannot be overestimated (Carroll & Walton, 2001:209). Many programmes must be subjected to evaluation in order to justify the value of their existence to some external authority and even if this is not the case, they should be assessed to determine the extent to which they are reaching their objectives and to find ways to promote their effectiveness. Employers need to know that the EAP clinical services are rendered smoothly and that they are efficiently run and produces quality services. Workplace counselling and EAP clinical services need to be evaluated in order to determine their appropriateness, effectiveness and efficiency of internal operations (McLeod & McLeod, 2001:48). It was therefore the researcher's intent to undertake an evaluation of the EAP clinical services offered by the North West Provincial Government to determine the extent to which such services are satisfying to public servants.

The following concepts are pertinent to this study:

Public servant – in this research, public servant is defined as an employee or any person in the employ of public service. The Public Service Act 30 of 2007 defines an employee as any "person employed permanently or temporarily and in a full time or part time capacity".

Client satisfaction - in the context of this research, client satisfaction refers to satisfaction evaluation which goes beyond which services were utilised to a determination of the level of satisfaction employees have with the services received. The client satisfaction questionnaire is usually a brief, well-established instrument which can be used to measure satisfaction with EAP (Emener, Hutchison & Richard, 2009:168).

Clinical services – refers to crisis intervention, trauma management, referral, assessment, short-term intervention, case monitoring, evaluation, aftercare and reintegration as defined in the Standard Committee of EAPA-SA (2010:11-14).

North West Province: Burger (2004:18) states that the North West Province

is centrally located in the subcontinent with direct road and rail links to all the Southern African Countries and its own airport situated near the capital city, Mafikeng [Mahikeng since 2010]. The province borders on Botswana and is fringed by the Kalahari Desert in the west and the Witwatersrand area in the east. Due to significant platinum production, North West is sometimes referred to as the platinum province. The province is divided into five regions, namely the central, Dr Segomotsi Mompoti (towards the west), Southern, Rustenburg and Easter regions. Most economic activities is concentrated in the Southern region and the eastern region, the province offers several tourist attractions including the internationally renowned Sun City, the popular Pilanesberg National Park, the Madikwe Game Reserve and the Rustenburg Nature Reserve.

1.2 THEORETICAL FRAMEWORK

This study was underpinned by the systems theory and the ecological systems or eco system perspective. The systems theory maintains that individuals can only be understood within their social context. To understand the entire workplace, a researcher must not understand only the individual employee but the units of the system in which the employee functions in their personal and work life and also the relationship among the various systems (Satir & Minuchin, 2010:335). This theory was instrumental for the researcher's analyses of the responses from the service users. He took cognisance of the fact that service users who were public servants in this regard were from the families and their social life also impacted on how they viewed or interacted with their work environment.

The systems perspective enables researchers, including EA professionals to understand the biological, psychological, sociological and spiritual conditions as well as dynamics of service users in order to analyse problems and to come up with balanced intervention strategies, with the aim of enhancing the goodness of fit between people and their environments (Friedman & Allen, 2014:3). The researcher examined the service users holistically, the questionnaire had the biographical data which provided the information about the biological dynamics such as gender, age category, as well as occupational category. The main aim was to understand the biological dynamics of different respondents. By looking at service

users holistically, recognising the context of their life situations and interpersonal concerns of family, work, peers, social support networks and historical conditions, the systems perspective supports a competency-based assessment to understand the service users' condition.

A known demarcation of system in the social work profession involves the designation of particular social systems, such as micro, meso, exo and macro depending on system capacity and complexity (Friedman & Allen, 2014:7). The ecological systems perspective adds an emphasis on the person-in-environment perspective (Grinnel, Gabor & Unrau, 2012:16). Micro systems refers to small size social systems such as individuals and couples in context of this study, micro systems were mainly the public servants who utilised EAP clinical services in the year 2013/2014. Grinnel et al. (2012:17) and Friedman and Allen (2014:4) state that the micro system represents the individual or family environment. In this study the focus was on public servants. However, the researcher took cognisance of the fact that family environment also could not be ignored. He explored how the relationships with other systems such as family members were impacted by the use of EAP clinical service.

The meso systems focus on intermediate size systems including groups, support networks and extended families. They account for interactions of micro environments while the exo systems represent entities that influence the micro environment but not always do so in a direct fashion. The macro system focuses on larger systems such as communities and organisations. Macro level as the outermost level represents distant connectivity such as a community or broader society (Grinnel et al., 2012:17).

Since the focus of this research was on employees who utilised EAP clinical services in the North West Provincial Government, the researcher focused on micro and macro systems. The micro system accounted for employees who utilised EAP clinical services and the macro system accounted for various departments in the North West Provincial Government which were the Department of Economy and Enterprise Development, Community Safety and Transport Management, Rural Environment and Agricultural Development as well as Local Government and Human Settlement. This approach was relevant because employees who were at the micro level utilised EAP clinical services offered by the employer, which was at the macro level in terms of the systems perspective. Employers which are at macro level influenced clinical services provided by internal EAPs, based on specific policies.

This theoretical framework assisted the researcher to examine employees holistically rather than focusing on employees in isolation and ignoring other important systems which influenced the employees, especially their experience of utilising the EAP clinical services offered by the employer's EAP units. The researcher understood that through the eco-

systems perspective the response of employees towards this research was influenced by other related systems and employee perceptions. Furthermore, EAP clinical services were services provided by the employer therefore the employer automatically influenced the nature of EAP clinical services by providing the services to employees. The researcher assumed that aspects such as organisational culture and organisational climate might affect the way employees view the clinical services they received because these services were provided by the employer. All these are influences from the macro system on the experiences of the micro system (i.e., employees utilising the EAP clinical services).

The eco-systems perspective allows for an adequate understanding of the dynamics between the different systems and how they relate to each other and further to identify the strains and concerns within each system and how this impacts the functioning of other systems. Satir and Minuchin (2010:236) describe the following underlying assumptions that the systematic perspective have:

- Multi viewpoints exist regarding what constitutes reality and change rather than a single reality;
- The entire system should be the unit of analysis, and
- The EAP should be searching for systematic connections.

The following discussion focuses on the different systems which may influence employees.

- **Self**

The self of the employee is a pattern that should be analysed. If the employee is not aware of their own needs, feelings and reactions and of their influence on other people around them, they often will not be able to understand what is happening in the workplace setting (Uys, 2004:19). Self is relevant in context of this study, since the target of EAP clinical service is on employees. Therefore, the employees may use short-term counselling to understand self.

- **Family**

The family is a system and what the thoughts of one family member, feelings and utterances affects what the other members of the family think, feel and do. These transactions often circulate in a complex manner around the family system. To appreciate family dynamics, the individual within the context of the family should be analysed (Howe, 2009:110).

The researcher fully agrees with the above statement because EAP service users are from families therefore their family situations influence how they behave and relate in the

workplace. Therefore, when an EAP clinical service is rendered, it is important for EA professionals to consider the role of family in the process of intervening.

Meintjies (2004:665) states that should an employee experience trauma at work its impact can extend to family members and friends and, *vice versa*. This research recognised that respondents were members from families. As a result, the questionnaire explored how the EAP clinical interventions impact relationships with family members, management and colleagues.

- **Workplace**

The workplace is a system with various subsystems such as management, supervisors and employees working alongside each other to achieve a common goal. By utilising the systemic approach the organisation can be made aware of dysfunctional rules which exist. The management system therefore has the opportunity to gain genuine insight on how their punitive actions are impacting other systems in the organisation and they could address this for the greater good of the entire workplace setting (Satir & Minuchin, 2010:343). The researcher analysed work systems which were various departments in the North West Provincial Government. Respondents had to indicate the department of employment, organisational rank and salary level. This was meant to understand their positions and location of work.

- **Community**

If the EA professional wants to understand the individual employee, the environmental forces that impact that individual have to be considered. Therefore, the employees' behaviours are a function of the interactions among the cultural, social, biological and psychological aspects of the environment as stated by Kirst-Ashman and Hull (2009:291). The authors note different functions of the community which influence the employees:

The community has socialised the individual

This means that the transfer of values, culture and norms are passed to the individual employee. Socialisation occurs through both informal and formal mechanisms, the former takes place by means of laws and rules by community legal bodies and the later occur by means of community leaders' comments or actions.

The community provides social control

This involves setting limits on behaviour by the enforcement of law via the police or other official bodies, e.g. speed limits on the road or the size of the residential plots. The community also provides mutual support that involves community members taking care of one another.

The eco-systems perspective was the relevant theory to apply to this study as all elements that are in the theoretical framework were applicable in this research. The researcher established the background of respondents by asking for the identification of linguistics and racial groupings. This information was valuable in assisting the researcher to understand the community of origins for the respondents.

1.3 RATIONALE AND PROBLEM STATEMENT

The rationale for this study was to subject EAP clinical services to evaluation in order to determine the level of satisfaction of the service users. If the level of satisfaction can be determined, then the researcher can inform service delivery to maintain the standard or improve, if needs be. This submission is supported by Sieberhagen, Pienaar and Els (2011:12) when they state that after implementing any intervention, an organisation needs to conduct a re-assessment to determine whether intervention was successful or not.

EAP clinical services could risk becoming a static and out-dated intervention without continued evaluation. Evaluation should be done to improve EAP clinical services, to strengthen the plans for delivery, to raise the outcome of the service and to increase the efficiency of services offered (Khorombi, 2006:70). There is a lack of awareness concerning the benefits of investing in EAP clinical services as a means of managing and addressing the psychosocial determinants of productivity and health (Harper, 2008:04).

In this study the following research question was explored: *"What are public servants' level of satisfaction with EAP clinical services in the North West Provincial Government?"*

In the context of this study, the level of satisfaction was determined in accordance with the EAPA-SA guidelines as stipulated in the Standard Committee of EAPA-SA (2010:11-14):

- The EAP should prepare a step-by-step procedural guide for actions to be taken by staff, management and employee assistance professionals during trauma. The EAP should have contracts with a local crisis line to provide after-hours coverage.
- The EAP establishes protocols for crisis intervention.

- The EAP must prepare a step-by-step procedure guide that will identify actions to be taken by staff, management and employee assistance professionals in a crisis.
- An intake interview may be performed telephonically by an intake specialist but the assessment should be done on face to face basis by the EAP professional.
- When assessing the client, the employee assistance professional without specialised training in a specific field should refer the client for further assessment.
- When long-term psychotherapy is needed, referral to an alternative resource should be considered.
- The EA professional should explain to the client the reasons for the referrals as well as any costs the referral may incur.
- The progress and outcome of referrals should be followed up by EAP staff.
- EAP should clarify referral procedures with outside resources to which clients are referred.
- The EA professional contracts with the employee client for six to eight sessions.
- The EA professional works in a solution rather than problem focused way.
- The EA professional utilises homework to provide the employee client with practice in skills development
- The intervention plan could include specification and ranking of problems, establishment of immediate and long-term goals and resources to be used, including those contained within the EAP.
- An EAP practitioner should telephone a client or arrange a meeting to discuss the client's view of progress made in the intervention plan.
- The EAP practitioner should routinely monitor all referred cases for one year after intervention and for minimum of two years in chemical dependency or other addictions.
- An EAP practitioner should contract with an outside service provider to submit, at agreed intervals, written reports on the progress of the referred employee.
- The EAP practitioner should at regular intervals routinely contact the supervisor after supervisory referral as outlined by the policy, to enquire about the employee's job performance.
- An EAP practitioner should routinely contact every client within a set period of time following intervention to close the case, if appropriate.
- Where necessary the EAP practitioner must make recommendations to supervisors regarding job adjustments in line with the organisation's HR policy.

1.4 GOAL AND RESEARCH OBJECTIVES

The **goal** of this study was to evaluate public servants' level of satisfaction with EAP clinical services in the North West Provincial Government.

In order to achieve this goal, the following **research objectives** were pursued:

- To describe EAP clinical services as one of core technologies in the context of the EAP services offered by the North West Provincial Government.
- To establish public servants' level of satisfaction with EAP clinical services in the North West Provincial Government in line with EAPA-SA standards.
- To evaluate the overall satisfaction of public servants with EAP clinical services provided by the North West Provincial Government, and
- Based on the outcomes of this study, to make recommendations to either maintain or improve EAP clinical services provided to public servants in the North West Provincial Government.

1.5 OVERVIEW OF RESEARCH METHODS

This study adopted a quantitative approach as detailed research planning was needed to produce precise and generalised findings regarding public servants' level of satisfaction with EAP clinical services in the North West Provincial Government (Neuman, 2000:122; Rubin & Babbie, 2010:34). Numerical data were gathered from public servants who utilised EAP clinical services in the financial year 2013/2014 in order to evaluate their experience of utilising EAP clinical services.

To facilitate the process, a standard process through a survey design ensured high level of consistency while investigating the satisfaction level of public servants with the EAP clinical services. Special variables regarding the anticipated satisfaction level with EAP clinical services were developed and quantified which formed the basis of a structured instrument administered to the public servants (see Appendix A). The data instrument in this study was in the form of a questionnaire which was divided into broad categories of biographical information, EAP clinical services and general information. The contents of the questionnaire was informed by the EAPA-SA Standards, Policy for EAP services in the North West Province, as well as the theoretical framework. Before data were collected, the instrument was subjected to pilot testing. The researcher exposed ten public servants from the National Department of Public Works in the Gauteng Province to the same procedure that was to be used for the main study (Strydom, 2011c:240-241

). Feedback from these public servants assisted the researcher to refine the data collection instrument before the implementation in the main study.

The questionnaire was administered to the public servants in the Ngaka Modiri Molema district in the Mahikeng area (the area where the seat of the North West Provincial Government is). In the data collection method, each respondent received a copy of the questionnaire and an informed consent form (see Appendix B) to complete individually. The respondents were requested to deposit completed copies of the questionnaire and informed consent forms into the boxes placed at their EAP offices. The researcher did not have direct contact with the respondents; EAP professionals who rendered EAP clinical services to the public servants contacted potential respondents and administered the questionnaire on behalf of the researcher.

Once the public servants had completed the questionnaires, the data were organised in order to arrive at the findings, conclusions and recommendations. The data were first coded then captured using the Statistical Packages for Social Sciences (SPSS), Version 24.

For the purpose of this study, the sample was drawn from 164 public servants who utilised EAP clinical services during the year 2013/2014. These public servants were drawn from four strata which are part of the North West Provincial Government (i.e., stratified random sampling). After the actual numbers of respondents per strata were calculated, the **second stage** of sampling was **simple random sampling** to identify respondents with their staff numbers.

Ethical considerations, such as informed consent, avoidance of harm to the respondents and deception of respondents were considered in this research. More details about the research methods follow in Chapter 3.

1.6 CONTENT OF RESEARCH REPORT

The report is divided into four chapters:

Chapter 1: General introduction

This chapter gives the general introduction of the study including the overall goal and objectives.

Chapter 2: Literature review on EAP clinical services

This chapter covers the EAP clinical services as guided by the EAPA-SA standards document. Various models of EAP service delivery, as well as the programme evaluation.

Chapter 3: Research methods, research results and interpretation

This chapter reflects the research methods applied in the study, the ethical considerations, limitations of the study, research results and interpretations.

Chapter 4: Conclusions and recommendations

This chapter provides a broad reflection of the extent to which the goal and objectives of the study were achieved. It reflects conclusions and recommendations drawn from the study.

CHAPTER 2: LITERATURE REVIEW ON EAP CLINICAL SERVICES

2.1. INTRODUCTION

The purpose of this chapter is to reflect on relevant literature underpinning the topic 'Public servants' level of satisfaction with EAP clinical services in the North West Provincial Government' focusing on the following : 1. Business value model, 2. Essential ingredients of EAP, 3. EAP services, 4. EAP clinical services with specific reference to the North West Provincial Government, 5. Models of service delivery, 6. EAP in the South African context specifically public service, 7. Programme evaluation in the EAP context, and 8. Summary.

The objective of this chapter is to describe, in detail, EAP clinical service as one of core technologies in the context of the EAP services offered by the North West Provincial Government. The first point of discussion will be the EAP business value model which comprises of workplace performance, benefit cost and organisational risk. These aspects are important within EAP since the EAP clinical services are aimed at promoting business value for organisation through various interventions aimed at the individual and organisational level. These aspects are contextualised within the context of the North West Provincial Government.

2.2. EAP BUSINESS VALUE MODEL

The EAP has a value model comprising of three key categories. Firstly, workplace performance value which refers to cost savings from employees, absence and other human capital areas. Secondly, benefits cost value which refers to cost savings from health care, disability and other employee benefits. Thirdly, organisational value which refers to cost savings from risk management and improved organisational development (Attridge, Amaral, Bjornson, Goplerud, Herlihy, McPherson, Paul, Routledge, Sharar, Stephenson & Teems, 2010:1). These value models are described in the following discussion.

2.2.1. Workplace performance

Workplace performance refers to a typical level of output an organisation delivers in the normal course of discharging its roles (Sanderson, Harshok & Blain, 2009:4). It is also an action that involves efforts with the intention of achieving the goals of the organisation (Omisore, 2015:167). The organisation saves costs when the effective prevention and intervention services from EAP result in improved work performance which is key to the mission of the EAP. Reduced employee presenteeism, reduced absenteeism, less turnover and enhanced employee engagement can be attained when effective EAP clinical services

are implemented. Every EAP should be able to demonstrate value in this area (Attridge et al., 2010:2).

The main focus of EAP clinical services in the North West Provincial Government is to promote workplace performance through providing interventions at different levels, ranging from the individual to the organisational level. The EAP clinical service addresses organisational challenges including absenteeism and presenteeism. Within the North West Provincial Government, EAP professionals use EAP clinical services as well as preventative programmes to promote workplace performance.

2.2.2. Benefit cost

Benefit cost refers to efforts to determine whether there is value for money in the programme, it can also be termed as cost effectiveness analysis (Cellini & Kee, 2015:493). This key component of the value model is the impact of the EAP programme on the employer's paid claims costs for employee benefits in the areas of mental health, disability and workers' compensation for users of the EAP. These are direct costs to the business and primary source or claim savings comes from the many clinical services provided by the EAP. The programmes can identify employees with high risk for mental health or substance abuse problems and then refer externally and make follow up support for treatment and management programmes available in the larger benefit system. The health improvement derived from the treatment avoids future higher total health care benefit cost (Attridge et al., 2010:2).

In terms of the North West Provincial Government, the EAP clinical services are expected to provide returns on investment in such a way that public servants subjected to EAP clinical services should improve their performance and work attendance following the utilisation of EAP clinical services. Another form of EAP interventions in the Government which prevent costs for the employer are Occupational Health and Safety services provided by EAP which prevent accidents and injuries on duty by ensuring that a safe work environment exists for the overall safety of the employees.

2.2.3. Organisational risk

Organisational risk refers to unwanted outcomes, actual or potential to the organisation's service delivery or to other deliverables objectives caused by risks or other factors (Risk Committee for Department of Finance, 2017:13). The EAP value components include the savings of costs by the organisation associated with EAP outcomes in the area of workplace safety risk management, legal liability risk prevention from crisis events, positive changes in

organisational culture, enhanced staff morale and recruitment. The role of EAP is to get involved early with employee problems and ensure prevention of regularly occurring of the preventable situations from becoming workplace issues, or when they do occur, to halt the progression towards a more serious situation (Attridge et al., 2010:2).

The current EAP in the North West Province has occupational health safety responsible to managing and preventing organisational risks. Therefore, EAP professionals have the responsibility of integrating EAP clinical services with safety officials in an effort to manage the risks that can be experienced by the employer, such as injuries caused by uncondusive work environments.

The following section will focus on the essential ingredients of an EAP.

2.3. EAP ESSENTIAL INGREDIENTS

EAP essential ingredients refer to core elements that constitutes the functioning of EAP programmes and they include policy statements, assessment, referral, short-term counselling, clinical supervision, employee orientation, supervisory training, union stewards training, employee education and outreach, legal, staff and confidentiality, as well as record keeping. The EAP clinical services within the North West Provincial Government are based on the essential ingredients of EAP as outlined in the following discussion.

2.3.1. Policy statement

Policy statement describes the role of the EAP, its organisational and legal mandates, case record maintenance, client eligibility, roles and responsibilities of various personnel in the organisation and programme procedures. The policy statement describes important parameters for the functioning of the EAP and is used by the evaluation team as a standard in the evaluative process (Masi, 2005:160). The EAP clinical services in the North West provincial Government are regulated by the wellness policy which was developed to guide the implementation (Selwane, 2015).

2.3.2. Assessment and referral

EAP clinicians should be skilled in the art of assessment and referrals. Assessment is the most essential part of therapy and without accurate assessment, treatment and follow up have no valid base. It should occur within the first two sessions and an EA professional should decide during assessment whether the brief therapy will be beneficial to the client or whether the client should be referred to an outside resource for longer treatment (Masi, 2005:160).

Assessment and referral form part of EAP clinical services and they are very important and central to EAP clinical services. For every EAP clinical services rendered, it is important for the EA professionals to do assessment and when appropriate refer externally for further interventions. Assessment and referral are also part of the EAP clinical services and they are discussed in detail later in the chapter.

2.3.3. Short-term counselling

Short-term counselling or brief therapy means a therapeutic intervention rendered by a professionally trained professional in counselling whether social work or psychologist within one to eight sessions and it is ideal for the workplace because clients should get assistance in a limited time frame and return to the work station. Short-term therapy uses problem solving techniques and limits the treatment (Masi, 2005:160).

The EAP clinical services in the North West Provincial Government has short-term intervention in a form of EAP counselling which public servants are subjected to when the need arises. These forms of interventions are rendered by EA professionals in various departments.

2.3.4. Clinical supervision

Clinical supervision is essential in EAP as stated by Masi (2005:160). This implies the review of clinical records by a senior clinician to ensure that EA professionals are providing high quality clinical services. A clinical supervisor at the point of assessment should review all EAP cases (Masi, 2005:160). EAP managers in the North West are social workers or psychologists trained in clinical work and they are tasked with the responsibility to do clinical supervision of EAP cases.

2.3.5. Employee orientation

All new employees who work for an organisation should be orientated to the EAP within the first six months after they are hired. EAP marketing could be used as a platform to orientate employees to EAP (Masi, 2005:160). In the North West Provincial Government, employee orientation is done through various means, amongst others, through EAP workshops, marketing of EAP at departmental events, as well as the use of internal newsletters.

2.3.6. Supervisory training and union steward training

Supervisory training involves instruction on EAP's policies, procedures, services and the role of the supervisor in the EAP process. Supervisors are encouraged to identify employee problems and promote the use of EAP. Union stewards are trained on how to effectively

encourage employees to use the EAP before problems become unmanageable. Supervisors and stewards are not allowed to make clinical diagnosis, they should identify problematic behaviour and encourage employees to use the EAP (Masi, 2005:160).

The North West Provincial Government has a programme on EAP supervisory training which is rendered to supervisors, managers and union stewards. This training is important in ensuring that EA professionals get support from supervisors, managers and union stewards. EAP supervisory training promotes supervisory referrals. Once supervisory training has been implemented, supervisors begin to refer employees for assistance (Selwane, 2015).

2.3.7. Employee education and outreach

Educational sessions or marketing includes memoranda, posters and listings in company newsletters. Educational programmes should be offered several times in a year to publicise the programme and to educate employees (Masi, 2005:160). In the North West Provincial Government, employee education and outreach are done through workshops, departmental events and internal newsletters. These platforms promote EAP clinical services uptake by employees.

2.3.8. Legal

There is currently no EAP Act in South Africa; EAP is based in a number of regulations and prescripts. Professionals are educated in areas such as child abuse laws, domestic violence and confidentiality (Masi, 2005:160). In the North West Provincial Government, EAP professionals are orientated to various public service legislations such as Occupational Health and Safety Act No 88 of 1993, Compensation for Occupational Disease and Injuries Act No 130 of 1993, Standard Document of EAP in South Africa, National Health Act No 61 of 2003, Employment Equity Act No 55 of 1998 and Labour Relations Act No 66 of 1995. These legal instruments guide the service offerings of EAP clinical services.

2.3.9. Staff

EAP staff should have educational and work experiences from recognised mental health professions of psychology, social work, psychiatry, counselling or nursing and should also have an appropriate license. Expertise and training in critical stress response and management is also expected of EA professionals (Masi, 2005:160).

EAP professionals in the North West Provincial Government include social workers, psychologists and psychological counsellors who are registered with statutory bodies. They have licenses for practicing which they renew annually.

2.3.10. Confidentiality and record keeping

Employees should be assured that confidentiality will be maintained to ensure they participate, otherwise they will decline EA services (Masi, 2005:160). Confidentiality is considered the cornerstone of EAP, record keeping is essential to ensure that clients' records are kept safe and secure. Employees have rights to determine for themselves when, how and to what extent they can share or have their information shared (Saxon, Jacinto & Dziegielewski, 2006:56).

In the North West Provincial Government, employees utilising EAP clinical services are assured of confidentiality and record keeping is managed through storing files in lockable cabinets and the use of passwords in the case of electronic information (North West Provincial Government EAP Policy, 2014a:13) .

The following discussion focuses on the services rendered by the EAP in the North West Provincial Government.

2.4. EAP SERVICES

EAP has four primary services which are services to individual employees, managers, organisation and administrative services (Attridge et al., 2009:1). Services delivered to individual employees at the organisation and their dependents are by far the most commonly provided EAP service (Attridge et al, 2009:1). EAP clinical services provided to employees are trauma debriefing, EAP short-term counselling, crisis management and after care and reintegration. Dependents of employees are also offered the same services but the employee should arrange with the EAP unit. This is because family environments affect the employee, if the child of employee has a behavioural problems, the condition will affect the employee in the workplace. Therefore, the EAP programme intervenes to assist the employee to cope with the challenge.

The clinical EAP services, which refer to work with individual employees, include conducting clinical case assessment, providing short-term problem solving and counselling, making referrals and ensuring follow-ups. The following are examples of EAP individual services as derived from Attridge et al. (2009:1):

- Problem assessment or identification for the need to use EAP
- Brief counselling or short-term counselling
- Treatment planning for individual clinical mental health or speciality services
- Referral externally for legal and financial assistance
- Referral to work life resources, and
- Follow up with users of the EAP.

In terms of the Standard Committee of EAPA-SA (2010:11-14) clinical services include, trauma management, crisis intervention, assessment, referral, short-term intervention, case monitoring and evaluation and aftercare and reintegration.

The EAP clinical services are discussed in more details below as they are the main focus of this study.

2.5. EAP CLINICAL SERVICES

EAP clinical services are the central focus of this study because the researcher envisaged to evaluate EAP clinical services in the North West Provincial Government. They are discussed below.

2.5.1. Trauma management

The workplace, especially the North West Provincial Government, is not immune to the problems, pressures and challenges presented by experiences of loss, trauma and grief. Psychological trauma can apply to any employee at any time, no one is immune in the workplace. However, it must be recognised that trauma can happen to a group of people, for example disaster can arise as a result of natural cause (Thompson, 2009:3). The EAP offers trauma defusing and trauma debriefing services for employees, family members and the organisation in extreme situations (Standards Committee of EAPA-SA, 2010:11).

Examples of potential organisational trauma are:

- Organisational restructuring and downsizing
- Organisational mergers producing high levels of uncertainty and ambiguity, and
- Murder in the workplace by disgruntled employees.

Following a traumatic incident initial trauma debriefing and trauma defusing must be conducted and debriefing should be done within 72 hours of the incident. Botha, Watson, Volschenk and Van Zyl (2001:20) state that initial debriefing should take place as soon as possible after the traumatic incident, preferably before the end of the shift in order to assist affected employees to cope with the traumatic experience and to prevent post-traumatic stress disorders. Initial debriefings can be done in either small groups or on a one-to-one basis and it is ideally conducted in a room free from distractions where members are

comfortable. It should be conducted in a safe area away from the scene because affected employees need a safe environment that will ensure a proper recovery.

Trauma debriefing in the North West Provincial Government is usually done by EA professionals who have been trained accordingly. This is done when there is a traumatic incident, such as shooting incidents or car accidents involving employees. In the extreme situations the departments support each other by availing the EA professionals to assist the affected department. One such incident was at the Department of Economy and Enterprise Development in the North West Province where an aggrieved official shot officials with a fire arm and shot himself following his suspension. Some officials were shot dead, others were admitted for injuries sustained (Mogodi, 2015).

Defusing is the intervention done immediately after the traumatic incident to contain the situation and it can be done by the manager in charge during the occurrence of the incident. Timely defusing and debriefing may lessen or prevent long-term difficulties or dysfunction at both the individual and organisational level (Standards Committee of EAPA-SA, 2010:11).

Following the discussion above, the next discussion focuses on crisis intervention within an EAP context.

2.5.2. Crisis intervention

"Crisis intervention is defined as immediate, short-term and applied through rapid assessment protocols, reinforcing coping methods, psychological adaptation, solution focused on timely crisis resolution" (Everly, Latins & Mitchell, 2005: 223). Crisis intervention is done when the employee is going through a crisis, like divorce or when the house of the employee is about to be repossessed by the bank due to failure to pay the bond. Trauma debriefing is done when the traumatic incident has happened such as accidents, suicide, shooting incidents or death of a family member or close colleague. The EAP in the North West Provincial Government offers intervention services for employees, family members and the organisation in crisis situations. The aims of rendering crisis intervention are as follows (Standards Committee of EAPA-SA, 2010:12):

- To contain and normalise a crisis situation
- To influence organisational policies and protocols relating to crisis management, and
- To ensure that EAP clients or service users have access to crisis intervention and other appropriate professional services.

Crisis affect organisations, schools and communities and mass disasters are becoming common. As a result of high levels of crises, intervention programmes have been recommended and instructed in larger numbers than ever before. Crisis intervention or crisis counselling is much more extensive than critical incident debriefing and crisis stabilisation usually requires more time approximately four to six weeks (Everly et al., 2005: 223).

The goals of crisis intervention are to:

- Stabilise functioning mind through meeting basic needs, then addressing the most basic of psychological needs
- Mitigate psychological dysfunction/distress, and
- Return victims to their acute adaptive psychological functioning (Everly et al, 2005: 223).

Crisis management in the context of the North West Provincial Government is handled by EA professionals in various departments.

Having discussed crisis intervention, the next subject of discussion will be assessment in an EAP context.

2.5.3. Assessment

The EAP in the North West Provincial Government conducts assessments to identify employees and family members or organisational problems and develop a plan of action. The idea is to identify and analyse the problem and develop an appropriate intervention plan (Standards Committee of EAPA-SA, 2010:12).

The assessment is conducted for the following reasons:

- To utilise assessment to document, identify and evaluate clients' strengths, difficulties and needs and put the groundwork for a plan of action
- To ensure that problems in the organisation are assessed
- Proper analysis of the problem ensures timely and appropriate intervention
- Accurate assessment increase the chances for increased job performance and well-being of employees, and
- Competently conducted assessment will enhance the credibility of the EAP in the organisation (Standards Committee of EAPA-SA, 2010:12).

Assessment involves collecting information in order to identify, analyse, evaluate and address the problems, issues and circumstances of clients in the counselling relationship. It

is used as a basis for diagnosing problems, planning interventions, evaluating or diagnosing clients as well as informing clients and stakeholders. It is a process essential to all elements of counselling and it should always be accurate as it further informs intervention. In addition, assessment plays an integral part in EAP interventions (Cohen & Swerdlik, 2002:1) and involves pointing facts, actions and procedures to help individuals, groups, couples and families make progress in the counselling environment.

- **Criteria for conducting EAP assessment**

Assessment should include:

- The client 's statement of the problem
- The precipitating event/s
- Past history of the problem
- Client's state of mental health
- Relevant family history
- Levels of risk to self or others
- Effect on the job performance
- Corroborating data
- Initial impression
- Available support systems, and
- Recommendations (Standards Committee of EAPA-SA, 2010:12).

The EAP professional should focus on the confidential nature of programme participation and clearly outline limitations (Standard Committee of EAPA-SA, 2010:12). In the North West Provincial Government assessment as part of clinical services are conducted by EA professionals. Supervisors and managers are only allowed to refer their subordinates to EAP offices for intervention. The assessment and appropriate intervention are conducted strictly by qualified EA professionals and provide reports to managers in case of supervisory referrals.

2.5.4. Referral

There are four different types of referrals for assistance and support as identified by SAPS EAP Committee (2003:13):

- Self-referral

This form of referral occurs when an employee seeks help voluntarily. Every employee has the right and responsibility to seek support and assistance voluntarily and at an early stage.

During self-referral, an employee contacts the EAP office directly and the employee will duly informed that his/her supervisor will not be notified. The EA professional will then do the following:

- Give the necessary support and assistance to the employee
- Refer the employee, if necessary, and
- Monitor the process and follow up service.

Self-referral is the best way to address any problem because the employee takes responsibility, is motivated and is in control of own mental health (SAPS EAP Committee, 2003:13).

- Referral by an immediate family member, friend or colleague

This type of referral is initiated by concerned family members, friends or colleagues who are often the first to become aware of changed behaviour or problems. They may see it as their duty to motivate troubled employees to get help and troubled employee may be more readily prepared to share a problem willingly with a colleague than a supervisor.

In the North West Provincial Government, there are instances when employees are referred by concerned colleagues to EAP programme. The concerned colleague will either approach the EAP office to notify EA professionals, or approach the affected employee and advise them to approach the EA office (Selwane, 2015).

- Managerial referral

The purpose of the manager's involvement is to encourage the employee to seek appropriate professional support to resolve his/her personal problem. It is important that the manager conducts an interview with the troubled employee. During the interview, the manager must:

- Express his/her concern about the well-being of the employee and must indicate the reason for his/her concern
- State the possible consequences should the employee not restore his/her performance level, and
- Refrain from making any diagnosis or judgement regarding the well-being of the employee.

Managerial referral in the North West Provincial Government is encouraged and it usually happens when the EAP units present supervisory trainings and there are referrals forms that

have been designed for managerial referrals. If the manager refers, s/he has to complete the forms and submit to the EAP unit for intervention which will then assign the case to the relevant official within the unit. The EA professional handling the case will then provide the report of intervention to the referring manager (SAPS EAP Committee, 2003:14).

- Mandatory referral/ formal referral

The manager reserves the right to refer an employee to the EAP support centre for support and counselling due to impaired work performance caused by a personal or work related problem. This is a formal referral and must therefore be in writing. Using the EAP during this formal procedure is a mechanism to rectify impaired work performance (SAPS EAP Committee, 2003:16). The following are examples of situations which could indicate that it may be appropriate to make a formal referral as identified by SAPS EAP Committee (2003:16):

- Absenteeism and poor time keeping
- Changes in quality and quantity of work, and
- Poor interpersonal relationship with colleagues and clientele.

The clients or service users, public servants in the context of this study, are referred to an appropriate resource according to the unique needs revealed by the assessment (Standards Committee of EAPA-SA, 2010:13). The main purpose of referral is to ensure that clients gain access to appropriate resources and levels of care and to utilise the services of outside resources, when needed, to make referrals.

- Criteria for conducting referral in the EAP field

EA professionals should refer employees externally when their problems require external intervention. The criteria for conducting EAP referral are outlined:

- The reasons for the referral as well as any costs the referral may incur must be explained to the client by EA professional
- The EA professional should follow up on the progress and outcome of referrals, and
- The EA professional should confirm referral system with outside resources to which clients are referred.

In the North West Provincial Government, EA professionals who refer externally, are expected to obtain the report from the external service providers rendering service. However, professionally the EA professional is expected to provide aftercare services to

ensure that the referred employee is reintegrated back into the work environment (Selwane, 2015).

The next focus of the discussion will be on the EAP short-term intervention.

2.5.5. Short-term intervention

The EAP in the North West Provincial Government provides short-term intervention services. The workplace context provides a good opportunity for short-term intervention. In accordance with programme policy, there are occasions when it may be more efficient and effective for the EA professional to provide short-term intervention services rather than referring to an outside resource (Standards Committee of EAPA-SA, 2010:13). In the North West Provincial Government, issues such as adjustment problems, acute stress, internal employee conflicts and bereavements are handled internally by EA professionals. However, problems that require long-term interventions such as drug or substance dependency and depression are referred externally for long-term interventions (Selwane, 2015).

More clients could be assisted if the EAP could render short-term intervention. Since it is rendered more cost effectively.

The criteria for conducting short-term intervention in the EAP field are as follows:

- EAP staff should receive on-going specialised training in the use of time limited intervention
- The EA professional should have an action plan for accomplishing specific objectives within an appropriate time period
- The EA professional should enter into a contracts with the employee client for six to eight sessions
- The EA professional works in solution rather than problem focused way
- The EA professional utilises homework to provide the employee client with practice in skills development, and
- The intervention plan could include stipulation and ranking of problems, establishment of immediate and long-term goals and identification of resources to be used, including those contained within EAP (Standard Committee of EAPA-SA, 2010:13).

Organisational policies should advocate for short-term intervention services that are consistent with employee's needs. EAP policy in the North West Provincial Government supports short-term intervention (North West Provincial Government EAP Policy, 2014b:14).

The form of short-term intervention rendered by the EA professional is EAP counselling which is very different from traditional counselling. Its uniqueness lies in the following as identified by Berridge (2007:17):

- The very wide range of issues, in fact the potential scope is almost open ended since an EAP relies on the counselling method being widely applicable rather than based on individual counsellors' knowledge of specific problems
- The visible support from top management that an EAP is a significant element of normal company culture and can contribute to corporate success as an integrated programme, not a low level safety net or palliative, and
- The willingness of employers to pay.

Highley and Cooper (2003:116) also state that the work of an EA professional or workplace counsellor is very different from any other form of counselling. It requires not only that the individual has recognised qualifications but also experience of the world of work and workplace counselling. The difference is as a result of workplace counselling, essentially is short-term and can range from as little as three to a maximum of eight sessions. The counsellor in many instances is called upon to make an initial assessment of the client and to make a decision about the type of therapy the client needs. The counsellor then has to decide whether or not he or she has the ability to work with the client and whether to refer the client for some alternative therapy. Employees facing problems which they or their managers feel are reducing their effectiveness or well-being can receive expert help provided by expert counsellors. Professional client relationships of trust and confidentiality can thus be built up (Berridge, 2007:17).

The North West Provincial Government advocate for short-term intervention method. The idea is that the clients should be assisted within a short period of time and return back to work to render the duties that s/he has been employed for (Mogodi, 2015).

Having discussed short-term intervention, the next focus of discussion will be on case monitoring and evaluation.

2.5.6. Case monitoring and evaluation

The therapeutic process should be monitored to ensure progress (Standard committee of EAPA-SA, 2010:14). Guidelines for case monitoring and evaluation in the EAP context are outlined below (Standard Committee of EAPA-SA, 2010:14).

- An EA professional should telephone a client or arrange a meeting to discuss the client's view of progress made in the intervention plan
- The EA professional should routinely monitor all referred cases for one year after intervention and for a minimum of two years in chemical dependency or other addiction cases, and
- An EA professional should contract with an outside service provider to submit, at agreed intervals, written reports on the progress of a referred employee.

Case monitoring in the North West Provincial Government is done by EA professionals who have been assigned to handle the case. He/she can approach the client at his work station or by phone to find out how the client is coping following an intervention. If the employee is referred externally the external service providers are expected to provide a report to the EA professional. This is helpful to plan reintegration of the employee back at work.

Another important aspect to be discussed is aftercare and reintegration services.

2.5.7. Aftercare and reintegration services

The EA professional needs to ensure that aftercare and reintegration services are provided for EAP clients (Standard Committee of EAPA-SA, 2010:14). The goal of aftercare and reintegration is to ensure the reintegration and continued well-being of referred employees after the intervention. Guidelines for aftercare and reintegration services in the EAP context are outlined below (Standard Committee of EAPA-SA, 2010:14).

- An EA professional should at regular intervals, routinely contact a supervisor, after supervisory referral as outlined by the policy to enquire about the employee's job performance
- An EA professional should routinely contact every client within a set period of time following intervention to close the case if appropriate, and
- Where necessary the EA practitioner must make recommendations to supervisors regarding job adjustments in line with the organisation's HR policy.

Aftercare and reintegration in the North West Provincial Government is rendered by the EA professional who assists a specific client. The reintegration is to ensure that the rendered intervention yields fruitful outcomes.

Having discussed EAP clinical services, the next point of discussion will be on EAP models of service delivery. EAP clinical services which is the focus of this study is rendered within a specific EAP model depending on the needs of an organisation. The EAP service delivery models are discussed below (Mogodi, 2015).

2.6. EAP MODELS

There are many different EAP models specifically designed to meet the needs of a variety of companies and government departments. Company size, geographic location and diversity, employee population as well as the goals of the programme are important when considering an EAP model (Masi, 2005:158). The most common EAP models are internal and external.

2.6.1. An in-house or internal model

An in-house EAP model is one in which the company employs entire EAP staff. The programme's personnel are supervised by the manager, he approves policy, finances and all procedures. It can be onsite physically or away from the company's worksite (Masi, 2005:158). Attridge et al. (2009:3) state that internal programmes are defined primarily by having programme management and most of the clinical staff who work full time for the organisation that the EAP services. Internal programmes often have a full time programme director, one or more clinical professionals and some administrative staff to coordinate the programme. The types of organisations with internal EAP models are large corporations, government functions and tertiary institutions. Masi (2005:159) believes that employees prefer the convenience that on-site programmes offer.

The North West Provincial Government adopts an internal EAP model. Every department within the North West Provincial Government has an EAP section within the Human Resource Management sub-directorate providing EAP services to departments (Selwane, 2015).

An internal model of service delivery has both advantages and disadvantages as discussed below (Sharar, Pompe & Attridge, 2013:1).

2.6.1.1. Advantages of an internal EAP model

The North West Provincial Government confined itself to an internal EAP model of service delivery. Therefore, advantages of such delivery model is discussed below (Sharar et al., 2013:1):

- Ownership of the EAP is for the employing organisation, they have a sense of ownership of the programme
- EAP professionals have advantage of understanding the organisation and its culture

- Greater communication within an organisation can be established easier
- Assessment of EAP clinical services can be done in the context of organisational system
- EAP professionals can provide mediation services when a need arises
- EAP practitioners can provide multiple roles
- There is a greater coordination of treatment and monitoring of follow up, and
- Integration of EAP and other programs are simplified, programmes such as HR programmes and Occupational Health and Safety.

In the North West Provincial Government, every department has an EAP unit responsible to render EAP clinical services. This approach benefits the province in that the EA professionals are also utilised for other responsibilities such as planning both departmental events and provincial events. The professionals understand their departments and this helps them to be innovative in coming up with appropriate interventions unlike in an external service delivery model where an EAP consultant comes when there is a need.

Having discussed advantages of an internal EAP model, the next point of discussion will be on the disadvantages of an internal EAP model.

2.6.1.2. Disadvantages of an internal EAP model

Internal EAP service delivery model has disadvantages as outlined below (Sharar et al., 2013:1):

- EAP professionals become too closely with a particular department, group or individual
- It can be difficult to maintain confidentiality of employee problems
- Internal EAP can be more expensive due to salary, administrative support and logistical costs
- Staff burnout can be experienced due to one person rendering the EA programme
- EA professionals can be more subjective in assessments, and
- The neutral position of the EA professionals can be compromised.

In the North West Provincial Government, EAP professionals are part of employees. As a result, employees become used to EAP professionals to the extent that when they experience problems they might become hesitant to use the EAP clinical services provided internally. Some public servants will rather use service of external counsellors outside the

work environment. The issue of confidentiality is also a challenge because employees tend to suspect that EA professionals may disclose their issues to other colleagues because they spend most of the time together (Selwane, 2015).

Another form of an EAP model is the out of house EAP model and as discussed below.

2.6.2. Out of house EAP model or external programmes

An out of house EAP model is one in which a service provider or external EAP vendor is contracted to provide the EAP staff and services to the organisation (Masi, 2005:159). The provider might offer services in his or her own offices, in the company offices or a combination of both. This model is often viewed as providing better accountability, lower legal liability and ease of programme start up and implementation. Many companies prefer a contractual approach because they can foster an employee's confidence in the confidentiality of the programmes.

The North West Provincial Government does not use external EAP service delivery model because it has the internal EAP in various departments. Like the internal EAP model, external EAP has both advantages and disadvantages as outlined below.

2.6.2.1. Advantages of an external EAP model

The external EAP service delivery model has the following advantages (Masi, 2005:159):

- External models are cost less for small to medium size organisations
- It is easy to maintain confidentiality due to limited contact with people other than client
- EAP is not part of the corporate politics of the organisation
- Counselling provided by external EAP offers more privacy and less stigmatised route to access
- The referral to community resources is easier in multiple or smaller locations
- The organisation cannot be held liable for malpractice of EAP practitioners, and
- There is no need for organisation to employ and manage additional employees.

The next discussion focuses on the disadvantages of external service delivery model.

2.6.2.2. Disadvantages of an external EAP model

External EAP service delivery model has the following disadvantages (Masi,2005:160):

- EAP clinical service is usually not provided face to face at the organisation worksite

- External vendors may find it difficult to adapt or to design the program to the needs of the organisation
- Staff and managers may resist the service of outsiders
- There is lack of knowledge about organisation and its unique corporate culture
- Problems of communication could be encountered between the EAP service center and the organisation
- External EAPs can be profit-driven and may not be interested in the welfare of the organisation or client, and
- May be less accessible for appointments.

The disadvantages discussed above are not applicable in the context of the North West since the government implements an internal EAP service delivery model. Although the EAP can be provided through consortium model and blended model, in this chapter those models will not be discussed because they are not applicable to the context where the study was based. The researcher therefore saw it fit to distinguish only between an internal EAP model and an external EAP model.

From this debate, the next discussion will be on EAP policy and its implications in the North West Provincial Government.

2.7. THE KEY ASPECTS OF EAP POLICY IN THE NORTH WEST PROVINCIAL GOVERNMENT

The North West Provincial Government EAP policy states that the purpose of EAP clinical services is to prevent, identify and treat personal problems that adversely affect job performance (North West Provincial Government EAP Policy, 2014a:13). Every employee experiences personal, emotional, psychological or behavioural problems from time to time and such problems can negatively affect the quality of work. Most people want to overcome the problems and continue with a productive and content life but sometimes they cannot solve these problems without help (North West Provincial Government EAP Policy, 2014a:13).

The preferred form of counselling in EAP is called brief counselling which is defined as a problem focused form of individual or family out-patient counselling that does the following (North West Provincial Government EAP Policy, 2014a:14):

- Seeks resolutions for personal problems in living (e.g. parental challenges, emotional stress, marriage and family distress, substance abuse related problems) rather than basic character change

- Emphasise client skills and resources
- Involves setting realistic goals that are achieved in a one to five month period
- Encourages clients to practice behaviour outside the counselling sessions to promote therapeutic goals, and
- Looks to the counsellor, provides structure, interprets behaviour, offers suggestions and assigns homework activities.

The range of sessions is stipulated as six to eight sessions, but is still intended as a guideline not an absolute. If a contract specifies one to eight sessions and the problem could be solved in a few more sessions, the case should not be referred. Conversely, if a problem requires long-term specialised care a referral should be made. Follow up sessions are an integral part of the counselling process and could be conducted by phone or in person by the counsellor after the formal brief counselling has ended and before the case is closed. The purpose of follow-up sessions are to accomplish the following intervention goals (North West Provincial Government EAP Policy, 2014a:13):

- To support the gains made by the client during counselling
- To maintain a therapeutic relationship with the client until the client feels strong enough to take the next step in treatment, and
- To ensure the client does not need further clinical.

McLeod (2010:238) states that the provision of EAP clinical services represent a major organisational reaction to the psychological and mental health problems reported by employees. There are numerous reviews into the effectiveness of EAPs and other forms of work place counselling have been published. These reviews have reflected favourable evidence for the effectiveness of workplace clinical interventions

Since this research was conducted in the South African context, the next focus of discussion will be on the EAP in South Africa, specifically the public service.

2.8. EAP IN THE SOUTH AFRICAN CONTEXT, SPECIFICALLY THE PUBLIC SERVICE

From 1994, the South African government embarked on the initiatives of redressing the injustice system caused by the apartheid social relations and to create a society that is democratic, based on equality, non-racialism and non-sexism. Policies that envisaged to address the legacy of apartheid were put in place to improve the quality of life of all people and the new legislations supported the existence of EAP services especially in the public

sector (EAPA-SA, 2006:28). The existence of EAP has changed the supervisor-employee relationship. Transformation of the South African workplace brought about changes in the roles employers and employees, it became clear that supervisors were not adequately capacitated to manage new South African employees. Training of supervisors become important to help supervisors manage this transformation.

The EAPA-SA branch was formed in March 1996 and the board members were elected. During the first board meeting, it was agreed that there is a need to develop a South African document on standards for EAPS to be utilised by professionals and practitioners in the EAP field (EAPA-SA, 2010:19). In 1996, the working committee was appointed and it comprised members from academic institutions and service providers. EAP interest groups in the region were informed of the process and requested to submit comments. The EAP professionals in the North West Provincial Government are affiliated to EAPA-SA. They attend annual conferences organised by EAPA-SA to benchmark and learn about the new developments (Selwane, 2015).

EAPs were originally introduced in the North West Provincial Government to address various problems that public servants experienced that had impact on productivity in the workplace. These problems include substance abuse or substance dependency, adaptation problems in the public service, mental health and personal relationship problems, employee conflict in the workplace, personnel development, dealing with disease, absenteeism, personal issues that interfere with work, troubled employees, HIV and AIDS, family problems, bereavement, chronic illnesses, disability, gambling indebtedness, legal matters, stress and suicide (South African Public Service Commission, 2006:2). The Government is benefitting from the EAP services as the performance and productivity of public servants could improve as a result of the services they received. This is done through various intervention programmes such as clinical services, presentations of proactive programmes and events organised for staff members, such as wellness days aimed at increasing workplace attendance and reduce absenteeism but also include activities involving communication, organisations commitment, staff turnover and dealing with interpersonal conflict (South African Public Service Commission, 2006:2). There is no doubt that EAPs also have a significant role to play in dealing with HIV and AIDS in the public service due to the fact that it is not solely a biological disease with physical effects but also impacts on the employees in various ways which are emotional, psychological and productivity that necessitate EAP involvement (South African Public Service Commission, 2006:2).

The EAP in the North West Provincial Government has an HIV, AIDS and TB management pillar as stipulated in the *Strategic Framework of Employee Health and Wellness* of the

Department of Public Service and Administration (DPSA, 2008:11). HIV coordinators have been appointed to coordinate activities relating to HIV, AIDS and TB management in various departments. Their responsibilities, amongst others, include to organise awareness activities aligned to health calendar of the events and to provide emotional and psychosocial support to employees living with HIV and AIDS (DPSA, 2008:11).

Since this study is a programme evaluation of the EAP clinical service of the North West Provincial Government, the next topic of discussion will be programme evaluation.

2.9. PROGRAMME EVALUATION

Evaluation is defined by Weinbach (2005:2) as "the systematic use of research methods to make judgement about the effectiveness and the overall merit, worth or value of some form of practice". In this context, the concept is applied to cover the purpose of programme evaluation as well as the reasons for evaluating the EAP. The purpose is discussed in detail below.

2.9.1 Purpose of programme evaluation

Evaluation can take different forms, namely formative evaluation, process evaluation and summative evaluation.

2.9.1.1. Formative evaluation

Formative evaluation has two different forms, namely needs assessment and evaluability assessment as discussed below.

2.9.1.1.1 Needs assessment

Needs assessment refers to the "collection of data to determine how many people in a particular community need a particular service and assessing what level of services or resources already exist to fill the need" (Fouché, 2011:455). In the broadest sense, the purpose of needs assessment is to determine by objective methods if a programme that is being considered is really necessary and relevant or if an existing programme is still needed.

2.9.1.1.2. Evaluability assessment

Evaluability assessment is a set of procedures for determining readiness for evaluation, whether evaluation is possible and likely to offer helpful information. Rossi, Lipsey and Freeman (2004:168) define evaluability assessment as "negotiation and investigation undertaken jointly by the evaluator, the evaluation sponsor and possible other stakeholders to determine whether a programme meets the preconditions for evaluation and if so, how the evaluation should be designed to ensure maximum utility."

A programme or service must meet certain preconditions prior an evaluation can be conducted. The purpose of evaluability assessment is to determine whether a programme does indeed meet such preconditions. Having discussed evaluability assessment, the next discussion will be on process evaluation.

2.9.1.2 Process evaluation

Monitoring the performance of a programme provides feedback on how a programme or series of interventions is operating and what extent intended objectives are being attained. All programme monitoring activities share one goal that is programme improvement. Programme monitoring is an on-going effort and response to this assessment allow problems to be addressed as they are identified (Fouché, 2011:457). Actions related from this can ensure that a successful programme is maintained, timely modifications made or unworkable programmes scrapped.

Ascertaining how well the programme is operating is an important and useful form of evaluation known as process evaluation or implementation evaluation.

The next point of discussion will be on summative evaluation.

2.9.1.3 Summative evaluation

Summative evaluation refers to a form of evaluation conducted to assess the impact and the outcome. Summative evaluation has various forms which are impact or outcome evaluation, efficiency evaluation and utilisation evaluation. Below these forms of evaluation are outlined.

2.9.1.3.1 Impact or outcome evaluations

Outcome evaluation refers to the assessment designed to establish what effects the programmes have on the intended outcomes and whether there are unintended outcomes. Outcome evaluation remain the best known form of evaluation research as, mostly, this type of evaluation has the best potential to threaten the existence of a service, programme or intervention and the careers of the people who participate in them. There are also many benefits of programme evaluation; the most prominent is the fact that an outcome evaluation allows the communication of best practice to employing organisation (Fouché, 2011:459).

Impact evaluation is designed to determine whether programmes have achieve their intended outcomes and whether, there are important unintended effects. A programme effect, or impact refers to a change in the target population or social conditions that has been brought about by the programme. In essence, it is a change that would not have occurred

had the programme been absent. Impact assessment may be necessary at many points in the life course of an EAP programme.

This type of evaluation is applicable to this study since the researcher intended to evaluate the level of satisfaction of the public servants who utilised EAP clinical services in the North West Provincial Government.

2.9.1.3.2 Efficiency evaluation

Efficiency evaluation is the broad term including both cost benefit and cost effective analysis (Rossi et al., 2004:332). A cost benefit analysis requires estimate of the benefit of a programme, both tangible and intangible and estimates of the costs of undertaking the programme, both direct and indirect. This type is not applicable to this study since the study focused solely on the level of satisfaction from the service users point of view.

The next focus of discussion will be on reasons for evaluating EAPs.

2.9.2 Reasons for evaluating EAP

Evaluation is an effort to determine whether a change has been experienced as a result of a planned programme by comparing actual changes with desired changes and identifying the degree to which the activity is responsible for changes. It is conducted for various reasons as identified by Ligon and Yegidis (2003:130) and outlined in the following discussion.

2.9.2.1 Vindication

It is increasingly important to obtain data which will demonstrate that the EAP is worthwhile. Justifying a programme's existence is essential to its continuation (Ligon & Yegidis, 2003:130). This reason is implied in the present study because the research has the potential to indicate to EAP teams and management in various departments in North West Provincial Government whether the EAP programme is worthwhile and could also demonstrate the value of keeping EAP services from the client perspective.

2.9.2.2. Marketing

As EAPs continue to grow their services, it is important to constantly promote the need for expansion in a persuasive and convincing manner. Hence the need for marketing.

2.9.2.3. Verification

EAPs cannot survive simply on faith that the services are beneficial; instead, organisations need to know through research that EAPs are both effective and beneficial. As a result, the present study was meant to determine the public servants' satisfaction with EAP clinical services. The findings of this study served as verification in terms of evaluation theory.

2.9.2.4. Improvement

EAPs are subject to the changing work environments; therefore, it is important to understand their strengths and weaknesses over time. Programme evaluation provides inputs that are useful in modifying services on an on-going basis. The present study envisaged to improve EAP clinical services if such need is identified through this research.

2.9.2.5. Understanding

Evaluation helps to provide a better understanding of how and why a programme is working and this information may be invaluable when incorporating changes.

2.10. SUMMARY

It is evident that EAP clinical services are critical for every EAP unit whether rendered through internal or external service delivery models. The employing organisation such as the North West Provincial Government, could profit from implementing EAP since it promotes both employee and organisational effectiveness. The literature review reflected that if EAP is implemented correctly in an organisation through relevant essential ingredients, it could produce meaningful outcomes for the organisation especially for the North West Provincial Government.

It is also important to subject the EAP clinical services to a form of evaluation to determine their effectiveness from the service user's point of view. Therefore, this research intended to evaluate EAP programmes in the North West Provincial Government with to either improve the service or maintain if the service provided was satisfactory from the service users' point of view.

The next chapter focuses on the research methods, research findings and an interpretation thereof.

CHAPTER 3: RESEARCH METHODS, RESEARCH RESULTS AND INTERPRETATION

3.1. INTRODUCTION

This chapter is divided into two sections, namely **section A** and **section B**. **Section A** covers **research methods** whilst **section B** covers the **research results and interpretation**. The researcher conducted a study on the topic: 'Public servants' level of satisfaction with EAP clinical services in the North West Provincial Government'. The goal of this study was to evaluate the public servants' level of satisfaction with EAP clinical services in the North West Provincial Government. The following objectives informed the empirical component of the study:

- To establish public servants' level of satisfaction with EAP clinical services in the North West Provincial Government in line with EAPA-SA standards.
- To evaluate the overall satisfaction of public servants with EAP clinical services provided by the North West Provincial Government, and

The next point of discussion is the **research methods** (section A) comprising of the research question and indicators, research approach, type of research, research design, study population and sampling, data collection, data analysis, pilot study, ethical considerations, challenges and limitations. These aspects are discussed in details in the next page.

SECTION A: RESEARCH METHODS

3.2 RESEARCH QUESTION AND INDICATORS

Explorative and descriptive studies are generally guided by "what?" questions (Babbie & Mouton, 2001:76; Punch, 2005:36-37). The following research question guided this study:

- *"What are the public servants' level of satisfaction with EAP clinical services in the North West Provincial Government? "*

In order to answer the research question, the researcher adopted research indicators to determine the level of satisfaction with EAP clinical services (see Chapter 1, section 1.3).

The next point of discussion is the research approach.

3.3. RESEARCH APPROACH

For the purpose of this study, a quantitative research approach was adopted to determine public servants' level of satisfaction with EAP clinical services in the North West Provincial Government. The decision to opt for a quantitative approach was informed by the nature of the research topic at hand. Quantitative research is often used to answer questions about relationships among measured variables with the purpose of explaining, predicting and controlling phenomena (Fouché & Delport, 2011:63), such as the level of satisfaction with EAP clinical services.

This chosen research approach is also supported by Engel and Schutt (2009:23) when they contend that quantitative methods are often used when the motives for research are explanation, description or evaluation. The present study evaluated the level of satisfaction of public servants with EAP clinical services in the North West Provincial Government. Data were collected from public servants who utilised EAP clinical services during the period under study using a questionnaire and statistical data analyses.

3.4. TYPE OF RESEARCH

This study was applied research as the researcher intended to determine public servants' level of satisfaction with EAP clinical services in the North West Provincial Government which in turn informs service delivery whether to maintain the standard of EAP clinical services or to recommend the improvement, if there is a need for improvement (Bless & Higson-Smith, 2000:38). In addition, Hysamen (2001:34) states that applied research is undertaken to solve some or other psychological or social problems in counselling, educational, industrial, military or forensic psychology or social work. The elaboration by Hysamen confirmed to the researcher that applied research was required in this study. More specifically, this study could be regarded as evaluation research as clinical services within an EAP were evaluated from the service users' point of view.

3.5 RESEARCH DESIGN

In the context of this study, the cross sectional survey design as explained by Levin (2006:24) was employed to determine public servants' level of satisfaction with EAP clinical

services in the North West Provincial Government. In this instance, a number of public servants who utilised EAP clinical services in the year 2013/2014 were requested at one point in time to complete a questionnaire, which explored their experiences of the EAP clinical services. The researcher utilised this research design to collect standardised data from one group of respondents, in this case public servants who utilised EAP clinical services during the period under investigation.

The specific design has both advantages and disadvantages. One advantage of the cross sectional design is that it is easier and less expensive to conduct than the replicated design because testing takes place over a limited period. Dropout of participants is minimised because testing is done within a limited period. Another advantage relates to the fact that respondents are randomly selected, which increases their representation to the larger target population (Fink, 2003:34-35).

One of the disadvantages of the cross sectional studies is that it is difficult to make causal inference. In addition, it is only a snapshot, the situation may provide differing results if another period had been chosen (Levin, 2006:24-25). However, in this particular study, the cross sectional survey design was the most appropriate as the researcher intended to determine public servants' level of satisfaction with EAP clinical services for a specific period, therefore replicated data over time were not a necessity for this study.

3.6. STUDY POPULATION AND SAMPLING

The **study population** of this study was the North West Provincial Government, specifically the Ngaka Modiri Molema district. The total number of public servants who utilised EAP clinical service in the North West Provincial Government specifically in Ngaka Modiri Molema district in Mahikeng for the year 2013/2014 were considered for this research study. However, employees from the Department of Finance were excluded from this study for ethical reasons, as the researcher is employed and functioning as an EA professional in the Department of Finance. The *Annual Report of the North West Provincial Government* reflects that in the Ngaka Modiri Molema district in Mahikeng, a total of 2098 employees utilised the EAP clinical services during 2013/2014 (the Department of Finance excluded) (North West Provincial Government Report, 2014b). The breakdown of reported EAP clinical services per department is reflected in Table 1.

Table 1: EAP clinical services in the Ngaka Modiri Molema district

DEPARTMENT	NUMBER OF REPORTED EAP CLINICAL CASES FOR NGAKA MODIRI MOLEMA DISTRICT
Office of the Premier	40
Education and Sports Development	1250
Social Development	81
Community Safety and Transport Management	40
Public Works and Roads	94
Health	449
Economy and Enterprise Development	80
Rural, Environment and Agricultural Development	24
Local Government and Human Settlement	20
Tourism	20

Source: North West Provincial Government Report (2014b)

From this population, the **first stage** of sampling was **stratified random sampling** to select public servants who have utilised EAP clinical services during the year 2013/2014 from various departments in the Ngaka Modiri Molema district in the Mahikeng area. Stratification consists of the universe being divided into a number of strata that are mutually exclusive and the members, which are homogenous with regard to some characteristics (Strydom, 2011b:230). Bless, Higson-Smith and Kagee (2011:103) state that the principle of stratified random sampling is to divide a population into different groups, called strata, so that each element of the population belongs to one and only stratum. In this study the strata and the

decision regarding the number of recruits (in consultation with the independent statistician) were as follows:

Strata 1:

The Department of Community Safety and Transport Management had 40 potential respondents. They were all recruited for participation because of the limited numbers. The staff numbers allocated were according to each stratum, community safety and transport management were coded CSTM 1, CSTM 2 until 40.

Strata 2:

The Department of Economy and Enterprise Development had 80 potential respondents. However, the decision taken after consultation with the independent statistician was to include only 40 respondents for participation in the study, which was fifty percent of the population. The researcher coded respondents EED1, EED 2 until 80, every second case in the sample was selected for participation because the researcher needed forty respondents.

Strata 3:

The Department of Rural, Environmental and Agricultural Development had 24 potential respondents. However, the entire 24 were considered for participation in study because of limited numbers. The respondents were coded as READ 1, READ 2 until the last respondents. All of respondents were given chance to participate in the study.

Strata 4:

The Department of Local Government and Human Settlement had 20 potential respondents. They were all considered for participation due to the limited numbers. The respondents were given codes such as LGHS 1, LGHS 2 until the last respondents. All of them were given opportunity to participate on the study.

After the actual numbers of respondents per strata had been calculated, the **second stage** of sampling was **systematic sampling** to identify respondents by their codes. However, the Department of Economy and Enterprise Development had about eighty respondents and the statistician concluded that fifty percent of eighty must be included for participation in the study. Therefore, forty were selected through **systematic sampling** as every second case was selected for participation in the study.

The researcher did not directly contact the employees (i.e., service users/respondents) to participate in this study. A hand delivered questionnaire was distributed to EA professionals in the North West Provincial Government at Ngaka Modiri Molema district, specifically in Mahikeng area, to distribute to service users who had utilised EAP clinical services during the period under study. Boxes were provided to EA professionals to place at the EAP offices where respondents upon completion deposited the completed questionnaire and informed consent forms, separately.

The researcher directed a formal request through to human resource directors in all the departments to notify them about this research and requested an opportunity to meet with EA professionals to discuss how the study would be carried out. Each department was visited in December 2016 with copies of the questionnaire and consent forms according to the number of respondents per stratum. The departments were given until the end of January 2017 to return the questionnaire. The copies of the questionnaire were returned at different times. The last boxes were collected by February 2017.

Staff numbers of the randomly selected employees were handed over to the EA professionals who asked the service users to participate by signing an informed consent form and completing a questionnaire as purported by Rubin and Babbie (2005:266). This strategy was followed to ensure the confidentiality of the EAP service users within the different departments. Furthermore, the EA professionals did not coerce any service user to participate in the study and had no authority over any potential respondent. To ensure the confidentiality of the completed questionnaire, and to ensure that the EA professionals had no insight into the completed questionnaire, each respondent was requested to deposit the documents in sealed boxes located at the EAP office. One box was for the completed informed consent forms (with only the staff number of the respondent captured for administrative purposes) and another box for completed questionnaire. The researcher collected the sealed boxes from each department on a specific date as agreed with the EA professionals located at the EAP offices. Since the research adopted stratified sampling method to carry out the study, the following respondents were recruited per stratum:

- **Department of Community Safety and Transport Management**

Forty respondents were recruited for participation in this research. From the recruited respondents, eleven questionnaire and consent forms were received. The response rate was 27.5% which is an acceptable response rate according to literature. The response rate between twenty and thirty-three is acceptable (Berends & Zottola, 2009:91).

- **Department of Economy and Enterprise Development**

Forty respondents were recruited for participation from the sample size of 80 service users through a systematic sampling technique where every second case was selected for participation. From the forty selected respondents twelve copies of the questionnaire and consent forms were returned which was 28% response rate. According to literature, this is an acceptable response rate since a response rate between twenty and thirty-three is acceptable (Berends & Zottola, 2009:91).

- **Department of Rural, Environment and Agricultural Development**

For this Department, twenty-four respondents were recruited for participation in this study, from the twenty-four, seventeen copies of the questionnaire and consent forms were returned to the researcher. The response rate in this regard was 70.83% which was an ideal response rate (Berends & Zottola, 2009:91).

- **Department of Local Government and Human Settlement**

For this Department, twenty respondents were recruited for participation in the study, from the recruited respondents only three questionnaires were received and consent forms, which amounts to 15%. This is a low response rate. However, if the researcher combines this rate to other strata, they produce an acceptable response rate.

Having discussed the breakdown of response rates per stratum. The researcher determined the combined response rate for the entire study; the total response rate for this study was 26.22% which was acceptable because a response rate of twenty to thirty percent is acceptable (Berends & Zottola, 2009:91).

3.7. DATA COLLECTION

For this study a hand delivered questionnaire was utilised and respondents, namely the public servants at the Ngaka Modiri Molema district in Mahikeng, completed it.

The questionnaire was divided into the broad categories of biographical information, occupational rank and questions relating to level of satisfaction with EAP clinical services. The level of satisfaction was explored by means of determining the extent to which EAPA-SA standards were adhered to and whether or not the public servants were satisfied with the clinical services provided to them. The questionnaire contained open and close-ended type questions, as well as Likert-scales and follow-up questions as described in Delpont and Roestenburg (2011:196-202). Care was taken to avoid double-barrel, leading and

ambiguous questions in the development of the questionnaire (TerreBlanche, Durrheim & Painter, 2006:286). A hand delivered questionnaire has both advantages and disadvantages.

Some of the advantages are highlighted below (Delpont & Roestenburg, 2011:188):

- By handling questionnaire in this way significant time is generally saved, and
- Response rates are raised because of the personal contact.

In terms of this research, the following were the advantages of using a hand delivered questionnaires:

- It was easy to administer questionnaires, as the researcher's point of contact were EA professional who already know their respondents
- Follow-ups were easy to make, and
- The process was not too time consuming.

On the other hand, a hand delivered questionnaire also has limitations and they were (Delpont & Roestenburg, 2011:188):

- High costs and the fact that a smaller geographical area can be covered per occasion because field workers have to return to collect the completed questionnaire, and
- Field workers may find that the respondent has simply lost the questionnaire or did not complete it.

To counter the above-mentioned disadvantages, the researcher delivered the questionnaire to EA professionals in various departments to distribute to service users and to return them. This strategy did not only improve response rates, but also protected the anonymity and confidentiality of the different service users. The questionnaire was also completed at work during working hours to avoid copies being misplaced or not completed at all. The cost of distributing the questionnaire was minimised by using EA professionals as fieldworkers for distribution only.

The questionnaire was compiled in English, because most public servants can read and write English. It also made provision for edge coding.

3.8 DATA ANALYSIS

Quantitative data is often analysed using descriptive or inferential procedures (Neuman, 2003:163). Quantitative methods of analysis fall within four main categories, namely descriptive, association, causation and inferences. In the present study the researcher used descriptive analysis.

Once the service users had completed the questionnaire, the data were organised in order to arrive at findings, conclusions and recommendations. The data were first coded (the final questionnaire provided for edge coding), after which they were captured and analysed using the Statistical Packages for Social Sciences (SPSS), Version 24. An independent statistics consultant was contracted.

After the data had been cleaned, numerical representation was utilised to describe the public servants' level of satisfaction with EAP clinical services. Descriptive statistics was used to summarise the essential features of data. As is the case with quantitative data, the results were presented in numerical format, specifically tables, figures and graphs (Babbie & Mouton, 2001:52).

The researcher did not run a reliability test on the measuring instrument but focused mainly on validity. The researcher ensured validity of the measuring instrument to reflect truthfulness. An instrument shows validity if it actually measures what it claims to measure (Vanderstoep & Johnston, 2009:59).

For this particular study the researcher ensured **validity** through the following:

- One form of validity that was observed by the researcher was face validity. The researcher ensured that the data collection instrument covers the critical aspects of EAP clinical services since it was the focus of the study. Delpont and Roestenburg (2011:174) state that face validity is concerned about appearance of the measuring instrument. The question is: 'Does the measuring instrument appear relevant to those who complete it?' Therefore, in this study, the researcher ensured that the questionnaire appeared relevant to respondents by asking questions about EAP clinical services and the level of satisfaction with EAP clinical services.
- Furthermore, content validity, which refers to the extent to which the items or behaviour fully represent the concept measured (Vanderstoep & Johnston, 2009:60) was considered. In the present study, the questionnaire was submitted to the study leader and an EAP expert (Prof L.S. Terblanche) to ensure that it measures what it is supposed to measure. Therefore, since the focus of this study was on EAP clinical

services, the researcher ensured that the questions in the questionnaire were about assessing the level of satisfaction of public servants with EAP clinical services as it was the focus of the study.

3.9. PILOT STUDY

The pilot study is a small study undertaken prior to the main research to determine the methodology sampling and analysis and the data collection instrument are adequate and appropriate (Bless & Higson-Smith, 2000:155). The pilot study for this research project was done at the National Department of Public Works in the Gauteng Province with ten public servants who utilised EAP clinical services during the period under observation. The content of data collection instrument was refined after the pilot study. However, the results of the respondents in the pilot test were excluded from the actual results of the study. Ten respondents were consulted individually at the Pretoria Head Office to discuss the questionnaire with each one of them. The researcher showed the letter of permission (see Appendix B) to each respondents and he made it clear that their responses would not be included in the main study. The researcher discussed every single question in the questionnaire and he checked with the respondents if the questions were understandable. The respondents made it clear that the questionnaire was easy to understand. The only change that was effected following the pilot study was the inclusion of the Department of Public Works and Roads, which was not included in the questionnaire.

3.10. ETHICAL CONSIDERATIONS

Researchers have to uphold ethics and they have an ethical responsibility to human and nonhuman participants in a project as well as a responsibility to the discipline of science to be accurate and honest in the reporting of their findings (Gravetter & Forzano, 2003:60) as cited by Strydom (2011a:114). Since this research was conducted in the North West Provincial Government, permission to conduct this study was obtained from the Premier's office and permission for pilot study was obtained from the National Department of Public Works in Gauteng. The research also obtained ethical clearance from the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria. The following ethical considerations were observed:

3.10.1. Avoidance of harm

One may accept that harm in social research is more likely to be of an emotional nature, although physical injury cannot be ruled out completely (Strydom, 2011a:115). In the context of this research, the researcher avoided to ask personal questions that may trigger deep-

seated emotions or questions that may result in the re-traumatisation of respondents. However, follow-up counselling were arranged for those who might need counselling after participating in this study with their respective EA professionals in the different government departments. For ethical reasons, the following EA counsellors were to provide counselling if the need arise: Motlatsi Poo, Tshepo Kola, Kearabetswe Seonya and Nomgidi Seephe. The respondents did not seek counselling after completing the questionnaire, which implies the questionnaire did not trigger any unbearable emotions.

3.10.2. Informed consent

Obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the expected duration of the participants' involvement, the procedures which will be followed during the investigations, the possible advantages, disadvantages and dangers to which respondents may be exposed, as well as credibility of the researcher be rendered to potential subjects or their legal representatives. In order to obtain the subject's consent, the researcher must provide them with comprehensive and clear information regarding their participation in the study (Van Der Walt & Van Rensburg, 2008:35).

In the context of this study, informed consent was applied; the respondents were requested to each sign an informed consent form (see Appendix D) which explained the goal of the study and procedures of the study. In addition, all respondents were made aware that raw data of this study would be archived for a period of 15 years in line with the University of Pretoria's policy.

3.10.3. Violation of privacy/anonymity

Everyone has the right to privacy and it is their right to decide when, where, to whom and to what extent their attitudes, beliefs and behaviour will be revealed (Strydom, 2011a:119). However, in the context of this study, the researcher ensured anonymous completion of each questionnaire. The respondents were not expected to reveal their names and the results of this study could be published anonymously. The informed consent forms and completed questionnaires were collected in two separate boxes from each targeted provincial department to ensure that the information would not be merged.

3.10.4. Deception of respondents

Deception refers to "misleading participants deliberately, misinterpreting facts or withholding information from respondents" (Strydom, 2011a:118). This approach did not apply in the context of this research because the researcher sought an informed consent of participants

and voluntary participation. Information was transparent to obtain informed consent of the respondents.

3.10.5. Action and competence of researcher

The researcher needs to be competent in undertaking a research project especially with regard to planning accurately, reporting findings, honouring ethical guidelines and communicating in a respectful manner (Strydom, 2011a:69). The researcher completed a postgraduate research methodology course to ensure that he was competent to conduct the study. In addition, the researcher worked under the guidance of his study leader to promote competency.

3.11 CHALLENGES AND LIMITATIONS OF THE STUDY

The following challenges and limitations of this study are acknowledged:

- Six departments in the North West Provincial Government did not participate in the study due to different challenges of each Department. In some instances the EA professional who was responsible for rendering EA clinical services had passed on before data was collected, and in other departments EA professionals had left departments due to promotion. The only departments that participated were Rural, Environment and Agricultural Development, Economy and Enterprise Development, Local Government and Human Settlement. As such, the result of the findings cannot be generalised to EAP clinical services within the North West Provincial Government.
- The study focused only on the EAP clinical services, other services rendered by EAP units were not covered by this study.
- The study also focused on one province in the country, which implies the findings cannot be generalised to the entire country.
- Fewer females respondents participated in the study compared to males.
- Reliability testing was not conducted on the data collection instrument.

SECTION B: RESEARCH RESULTS AND INTERPRETATION

The results are discussed based on the responses as provided by the respondents and statistical techniques applied in this study. The section is presented in the form of tables, pie charts and graphs.

This section of the chapter research focuses on discussing the results obtained according to the structure of the questionnaire used. The subsection as per questionnaires are clustered as follows: biographical data, EAP clinical services and general information pertaining to the public servants' level of satisfaction. These are discussed below:

3.12. BIOGRAPHICAL PROFILE OF RESPONDENTS

The following is discussed to describe the biographical profile of the respondents: gender, age of respondents, department of employment, occupational rank and years of service.

3.12.1. Gender

Data were collected from 43 respondents of which 27 were males and 16 were females as indicated in Table 2.

Table 2: Gender of respondents

Gender	Frequency	Percentage
Male	27	63
Female	16	37
Total	43	100

Information in Table 2 shows that a total of 43 respondents participated on the study. Of the 43 respondents, 27 which is 63% of respondents were males and 16 which is 37% of respondents were females. It is interesting to note that more males utilised EAP clinical services, than the female counterparts did. The tradition in EAP services is that females use the EAP services more than male counterparts (Mokoka, 2017). The systems perspective enables researchers, including EA professionals to understand the biological, psychological,

sociological and spiritual conditions and dynamics of service users in order to interpret problems and develop balanced intervention strategies, with the goal of enhancing the goodness of fit between individuals and their environments (Friedman & Allen, 2014:3). At this level the researcher attempted to understand service users at the micro level. Micro systems are understood to refer to small size social systems such as individuals and couples. Grinnel et al. (2012:17) concur with Friedman and Allen (2014:4) that the micro system represents the individual or family environment.

3.12.2. Age of respondents

Data were collected to determine the age of respondents during the time of research. Table 3 below depicts the mean age, minimum, maximum and standard deviation:

Table 3: Age of respondents

Age of respondents	Descriptive statistics
Mean	44.21
Minimum	27
Maximum	62
Standard deviation	10.03

At the time of study the mean age of respondents was 44.21 years (standard deviation [SD] = 10.03). The youngest respondent was 27 years old, and the oldest was 62 years of age. The majority of the respondents were between the age 36 to 50 years, which were 20 respondents, followed by the age group between 51 to 65, which were ten and the smallest response was between the ages of 18 to 35. By virtue of exploring service users' age during the time of study, the researcher attempted to understand service users at micro level.

3.12.3 Racial grouping

This section offers an overview of the racial groupings of the respondents in this study (see Table 4).

Table 4: Racial groups

Racial groups	Frequency	Percentage
African	43	100

Table 4 above reflects that the entire sample consisted of African respondents. There was no representation of whites, coloured or Indians. This is because the Mahikeng area where the study was conducted, is dominated by Africans (Employment Equity Report, 2014:12). The North West Provincial Government has a low representation of other racial groupings. In 2011, the North West Provincial Government had 54 114 African employees, which is the 91% of the total number of employees. Asians were 310, which is 0.5%, coloureds were 857, which is 1.4%, whites were 4470, which is 7.5%, and the 25% were classified (Employment Equity Report, 2014:10). The Black African population group has the highest proportion of over 70% in all provinces except for the Northern Cape and Western Cape (StatsSA, 2011:17). The North West in particular has the highest rate of the African population group.

3.12.4. Home language

Figure 1 below gives the illustration of different home languages of the respondents who participated in the research:



Figure 1: Home language

From **Figure 1** above, it is evident that the highest percentage of respondents' home language was Setswana (75%), followed by Sesotho with 14%. The least number of respondents spoke isiZulu and Sepedi, 2% each. This could be because Mahikeng is an area dominated by Setswana speakers. The public servants are mostly Setswana speaking (Mokoka, 2017). There were no representation of other languages. The Black African population group has the highest proportion of over 70% in all provinces (StatsSA, 2011:17). The North West in particular has the highest rate of Setswana speaking citizens.

3.12.5. Departments of employment

Figure 2 gives a reflection of respondents per department or stratum:

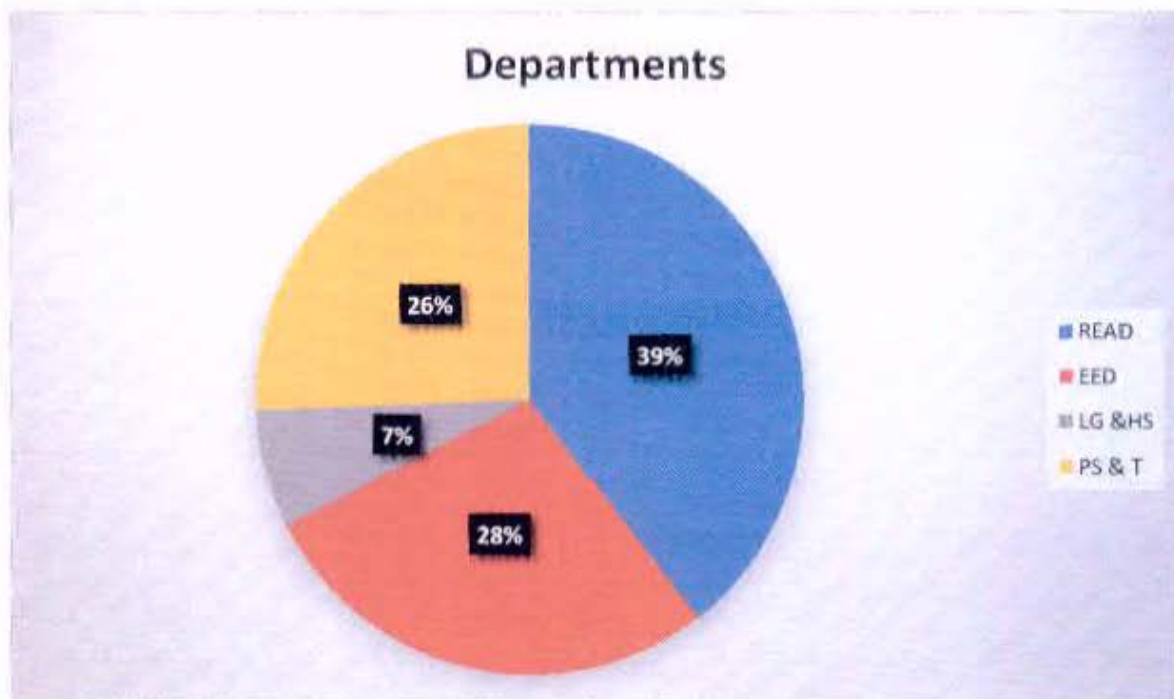


Figure 2: Department of employment

The following abbreviations are explained below:

- READ – Department of Rural, Environment and Agricultural Development
- EED – Department of Economy and Enterprise Development
- LG & HS - Department of Local Government and Human Settlement
- PS & T - Department of Community Safety and Transport Management

From Figure 2 above, it is evident that the Department of Rural, Environmental and Agricultural Development had a higher percentage of respondents with 39%, followed by the

Department of Public Safety and Transport with 28%. The Department of Economy and Enterprise Development had 26% of respondents. The department with the lowest representation was the Department of Local Government and Human Settlement at 7%. In terms of theoretical framework underpinning this study, departments are at the macro level and represents outermost level distant connectivity such as our community or broader society (Grinnel et al., 2012:17).

3.12.6. Position or occupational rank

Figure 3 portrays the occupational ranks of the respondents:



Figure 3: Position or occupational rank

Figure 3 above reflects that more respondents were employed in administrative positions at 51%. Another 19% of respondents were professionals with the lowest service users being managers at 4% only. Managers in the North West Provincial Government use EAP services especially EAP clinical services at low rate (Mokoka, 2017).

3.12.7. Years of service

Table 5 below gives the data on the years of service for respondents in their respective departments:

Table 5: Years of service

Years of service	Descriptive statistics
Mean	12.31
Minimum	2
Maximum	30
Standard deviation	7.56

At the time of study, the mean years of service was 12.31 (SD=7.56). The longest serving respondent had 30 years of service, whilst the least serving respondent was two years of service.

The biographical data displayed in the preceding discussion assisted the researcher to have a comprehensive view of the respondents. The following section focuses on different EAP clinical services.

3.13. EAP CLINICAL SERVICES

This section of research covers EAP clinical services utilised, they were trauma management, short-term counselling, case monitoring as well as aftercare and reintegration.

3.13.1. EAP clinical services utilised

The researcher explored which EAP clinical services the respondents used. Figure 4 offers an overview of the data obtained.

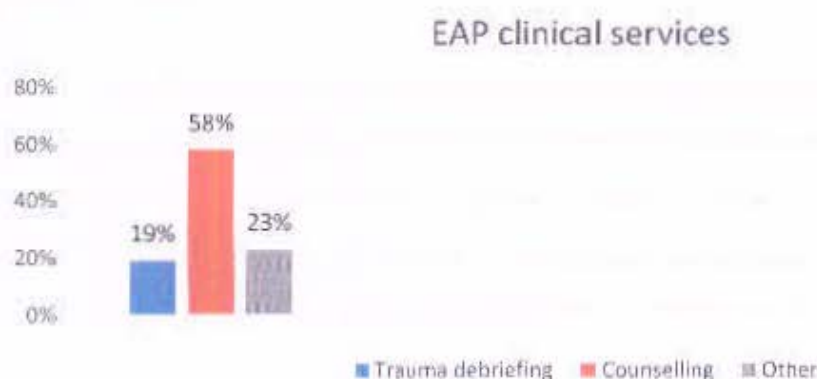


Figure 4: EAP clinical services

From Figure 4 above, it is reflected that counselling was the most utilised service with 58% percent, followed by other, which is 23%. 'Other' represents the situation where the respondent has utilised more than one service such as having utilised counselling and trauma services. The least utilised service was trauma debriefing which was 19%. EAP counselling is the most utilised clinical services in the North West Provincial Government (Mokoka, 2017).

3.13.2. Mode of referral to EAP clinical services

The researcher explored the modes used to refer respondents to EAP clinical services. Figure 5 offers a detailed overview of the mode of referral for the period under study

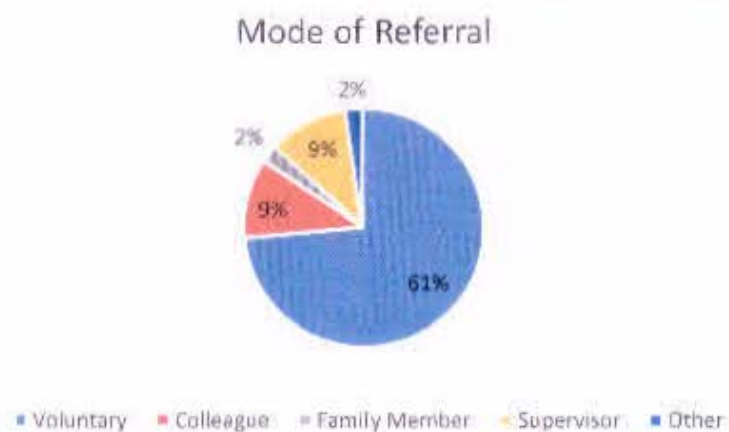


Figure 5: Modes of referral

Figure 5 shows that the majority of respondents referred themselves voluntarily (61%) to EAP clinical services. This can be attributed to marketing services by EAP professionals at their respective departments (Mokoka, 2017). Referral by colleagues was at 9%, which follows the voluntary referral; supervisor referral was also at 9%. The mode of referral used the least was by family members (2%) primarily because EAP is an organisation-based programme, which has less contact with family members. Thirty-six from the forty-three respondents responded to this question. Self-referral is the best way to address any problem because the employee takes responsibility, is motivated and is in control of his/her own mental health (SAPS EAP Committee, 2003:13).

3.13.3. Source provider of EAP clinical services

The researcher explored who provided the clinical service to the respondents. The intention was to explore whether the service was provided by a professionally qualified official.

Table 6: Provider of EAP clinical services

Provider of EAP clinical services	Frequency	Percentage
EAP professional – 'yes'	43	100
Total	43	100

All the respondents, i.e. 100% stated that their EAP clinical services were provided by the EAP professionals. This was precisely because EAP units in various departments employed social workers and psychological counsellors predominately, only a few departments had psychologists (Mokoka, 2017).

3.13.4. Language preference and EAP clinical services

The researcher explored whether the EAP clinical services was provided in the language of preference for the respondents.

Table 7: Language preference and EAP clinical services

Preferred language	Frequency	Percentage
Yes	37	86
No	6	14
Total	43	100

Table 7 reflects that the majority of respondents which was 37 (86%) indicated that they received EAP clinical services in their preferred language, which was mainly Setswana since the respondents were dominantly Black Africans situated in the Mahikeng region. Six respondents amounting to 14 percent did not receive the service in the preferred language. The Black African population group has the highest proportion of over 70% in all provinces except for Northern Cape and Western Cape (StatsSA, 2011:17). The North West Province in particular has the highest rate of Setswana speaking citizens (Mokoka, 2017). The focus now shifts to different forms of EAP clinical services.

3.14. TRAUMA MANAGEMENT

The researcher explored trauma management rendered to the respondents. The focus was on whether the intervention was rendered within the prescribed period. In addition, the

section of the questionnaire explored whether the intervention was beneficial or not, considered from the respondents' point of view.

3.14.1. Trauma debriefing/diffusion done within 72 hours

The researcher explored whether trauma debriefing was offered within seventy-two hours.

Table 8 Trauma debriefing/diffusion

Yes /No	Frequency	Percent
Yes	15	78.95
No	4	21.05
Total	19	100

Table 8 demonstrates that nineteen respondents indicated that they used trauma debriefing/diffusion. Of the total number, 15 (78.95%) indicated that they received the service within 72 hours while four respondents (21.05%) indicated they did not receive the service within 72 hours. Botha, Watson, Volschenk and Van Zyl (2001:20) postulate that initial debriefing should take place as soon as possible after the traumatic incident, preferably before the end of the shift. These authors recommend debriefing to be done within seventy-two hours of the incident. EAPA-SA (2010:11) postulates that the EAP will offer trauma defusing and trauma debriefing services for employees, family members and the organisation in extreme situations.

3.14.2 Rating of trauma debriefing session

The respondents were requested to rate their experience of utilising trauma debriefing. Figure 6 gives a detailed overview of the ratings.

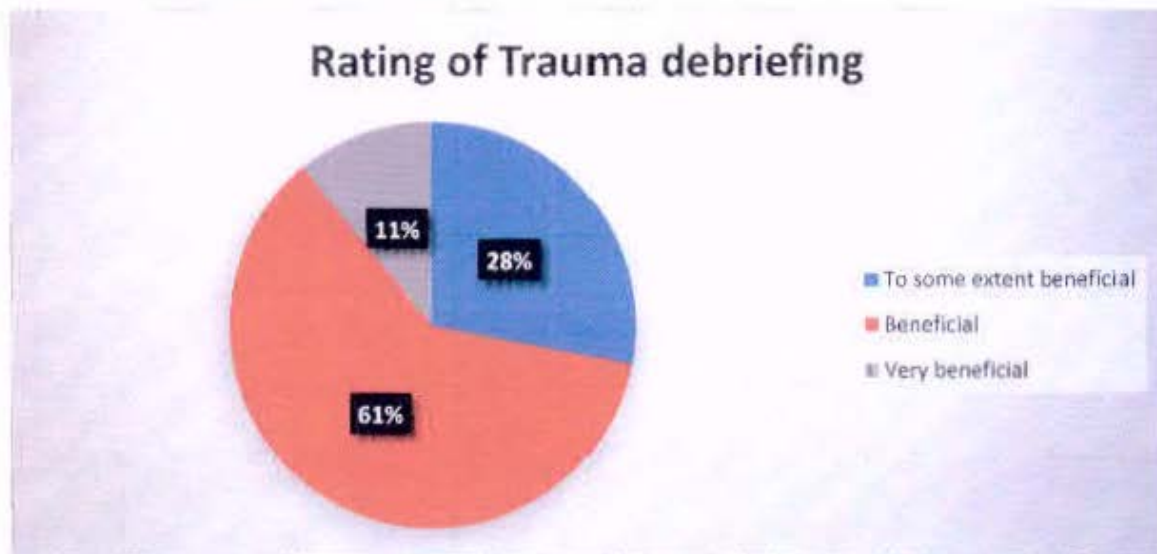


Figure 6: Trauma debriefing

Sixty-one percent of the respondents reported that trauma debriefing was beneficial. Twenty-eight percent reported that it was to some extent beneficial whilst 11% reported that trauma debriefing was very beneficial. Timeously defusing and trauma debriefing lessens or prevent long- term difficulties or dysfunction at both individual and organisational level (The Standards Committee of EAPA-SA, 2010:11).

3.14.3. Follow-up/aftercare services by the EA professional following trauma debriefing

The researcher explored whether the EAP professional followed up with respondents after the service was rendered.

Table 9: Follow up by EA Professional after trauma debriefing

Yes/No	Frequency	Percentage
Yes	10	62.50
No	6	37.50
Total	16	100

The data in Table 9 show that ten respondents, which is (62.50%), indicated they received follow-up services after trauma debriefing sessions. Six respondents, which is (37.50%), indicated they did not receive such services. The EAP should ensure that follow up and reintegration services are provided for EAP clients (The Standards Committee of EAPA-SA, 2010:14).

The next point of discussion will be on short-term counselling, which is also a part of EAP clinical services.

3.15. SHORT-TERM COUNSELLING

This section of the research covers contracting for EAP counselling, reason for referrals, homework in counselling, types of homework and rating of EAP counselling.

3.15.1. Contracting for EAP counselling

The researcher explored whether there was a contract between the respondent and EAP professional for counselling service rendered.

Table 10: Contracting for EAP counselling

Type of contract	Frequency	Percentage
Written	17	53.12
Verbal	15	46.87
Total	32	100

Table 10 above shows that 17 respondents, i.e. 53.12%, indicated that they did enter into a written agreement with the EAP professional, whilst 15 respondents (46.87%) indicated they entered into a verbal agreement. One can deduce that all respondents entered in a form of agreement with EA professionals. The EA professional usually contracts with the employee client for six to eight session (The Standards Committee of EAPA-SA, 2010:13).

3.15.2. Reasons for referral

The researcher explored the reason for referral to EAP counselling. Respondents were referred for a variety of reasons to short-term counselling. These reasons are as follows:

- **Family problems and relationships**

Family problems that inhibit the respondent's productivity at work were amongst the top reasons for referral to EAP short-term counselling. Relationships in a form of marriage and boyfriend/girlfriend was also the reasons for referral (Mokoka, 2017).

- **Alcohol problems**

Alcohol problems was also one of the top reasons for accessing EAP services. This problem leads to absenteeism and low productivity.

- **Emotional issues**

Some of respondents were referred due to depression and traumatic situations. For a certain department, commonly respondents accessed services based on the workplace trauma caused by a shooting incident.

The interpretation of the research findings thus reflects that EAP professionals in the North West Provincial Government comply with the requirements as reflected by South African EAPA standards. Having discussed these, the next focus will be on the tasks outside counselling known as homework.

3.15.3. Tasks outside counselling

The researcher explored whether respondents were given tasks to do outside counselling sessions in preparation for the next session.

Table 11: Tasks outside counselling session

Yes/No	Frequency	Percentage
Yes	25	75.76
No	8	24.25
Total	33	100

Table 11 demonstrates that of the 33 respondents, 25 (75.76%) indicated they were given tasks to do outside counselling, while eight (24.25%) respondents indicated they did not receive tasks to do outside counselling sessions. EAP professionals frequently end sessions by suggesting a possible experiment for the client to try between sessions if they so choose. These experiments are based on something the client is already doing, thinking or feeling that is heading them in the direction of their goal. The homework is more tied to their own goals and solutions (De Shazer, Dolan, Kerman, Trepper, McCollum & Kim Berg, 2007:11).

3.15.3. Types of home work

The respondents indicated that they were given the following homework to do outside counselling sessions:

- 40% of respondents were to draw up personal budgets to obtain budgeting skills
- 35.76% were given communication tasks – the respondents were give tasks to practice communication skills such as communicating openly with a child and spouses. Some were given tasks to communicate with supervisors.

Provision of home works as important in counselling service because it teaches the client to practice the skills required to bring about changes in his/her life situation. Having discussed types of homework in counselling, the next focus of discussion will be on rating of EAP counselling.

3.16 RATING OF EAP COUNSELLING

The researcher requested the respondents to rate their experience of using EAP clinical services and the results are illustrated in Figure 7.

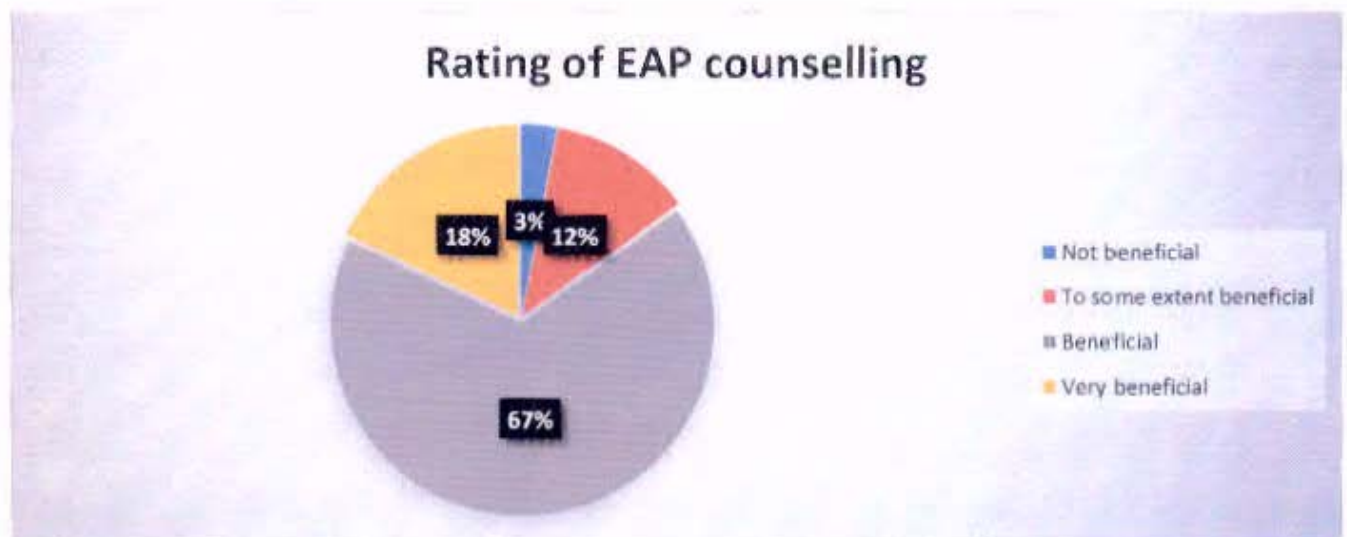


Figure 7: Rating of EAP counselling

Figure 7 reflects that of the 33 respondents who answered, 22 respondents (67%) said the EAP counselling was beneficial. Followed by six respondents (18.18%) reporting that the EAP counselling was very beneficial. Four respondents (12.12%) indicated the EAP counselling was to some extent beneficial. Only one respondent (3.03%) said the EAP counselling was not beneficial. From these results it can be concluded that the EAP counselling service was beneficial to respondents. There is generally substantial evidence that clients are generally satisfied with EAP clinical services. Khorombi (2006), conducted a

study in the Vhembe District in Limpopo at the Department of Public Works, in his study, the majority of the respondents who had utilised EAP clinical services before were satisfied with EAP services, a small number were uncertain and the minority dissatisfied with the service. Satisfaction with the programme may also mean that services are effective and this may imply that the programme responds to the needs of workforce (Khorombi, 2006:88). The study conducted by Khorombi (2006) corroborates with the current research.

A limited number of studies has reported low level of client satisfaction with EAP counselling. Pienaar (2011:7) conducted ratings of EAP clinical services in South Africa with sixteen organisations. Of these, six were public companies and four were private companies, the other six consisted of multinational and universities. Ten of the participating organisations rated their EAP clinical services as 70% successful, three rated their programmes as 60% successful and two gave their programme a rating of 50% success. These findings by Pienaar augur well with the current research.

The focus now shifts to services rendered after the utilisation of EAP clinical services.

3.17 FOLLOW-UP/AFTERCARE SERVICES FOLLOWING EAP COUNSELLING

The researcher explored whether there was follow-up or aftercare services offered following the EAP counselling.

Table 12: Follow-up/aftercare services following EAP counselling

Yes/No	Frequency	Percentage
Yes	32	94.12
No	2	5.88
Total	34	100

Table 12 reflects that 32 (94.12%) of the respondents indicated that they received follow-up services following the EAP clinical services. However, two respondents (5.88%) reported that they did not receive follow-up services. Follow up demonstrates the EAP's commitment to the well-being of the employee and the organisation (Yende, 2005:59). It should be conducted with referring managers or supervisors after the employees' re-entry to determine whether the interventions had the desired effect on the employees' wellbeing and job performance. The EAP must validate or verify the impact of the intervention by documenting the impressions of the employee, family members, the referring supervisor, the union representative and the service provider (The Standards Committee of EAPA-SA, 2010:14).

3.18 MONITORING BY EAP PROFESSIONALS

The researcher explored whether there was monitoring done by EAP professionals after rendering EAP counselling services.

Table 13: Monitoring by EAP professionals

Yes/No	Frequency	Percentage
Yes	24	72.73
No	9	27.27
Total	33	100

Table 13 above reflects that of the thirty-three respondents who answered the question, 24 (72.73%) of the respondents indicated that they received monitoring by the EAP professional. Nine (27.27%) of the respondents indicated they did not receive monitoring. EAP professionals should routinely monitor all referred cases for one year after intervention and for a minimum of two years in substance dependency or addiction cases (The Standard Committee of EAPA-SA, 2010:14). Good monitoring assists in improving the image and credibility of the EAP amongst potential clients and management (Yende, 2005:59).

3.19 OPPORTUNITY TO SHARE VIEWS

The researcher explored whether the respondents were given an opportunity to share their views during the sessions.

Table 14: Opportunity to share views

Yes/No	Frequency	Percentage
Yes	29	85.29
No	5	14.71
Total	34	100

Table 14 above reflects that the majority of respondents, which is 29 (85.29%), were given an opportunity to share their views during EAP clinical services. However, about five (14.71%) reported that they were not given an opportunity to share their views. An EAP practitioner should telephone a client or arrange meetings to discuss the view of progress made in the intervention plan (The Standards Committee of EAPA-SA, 2010:14). Having discussed EAP clinical services, the next section will focus on general information collected through the questionnaire.

3.20 GENERAL INFORMATION

This section of Chapter 3 focuses on the level of satisfaction, need for EAP services, whether the respondents would recommend EAP services to others, and to explore their suggestions for EAP services.

3.20.1 Level of satisfaction with EAP clinical services

The researcher explored the level of satisfaction among the respondents with EAP clinical services they received. Figure 8 below gives illustration of the level of satisfaction with EAP clinical services.

Level of satisfaction with EAP clinical services

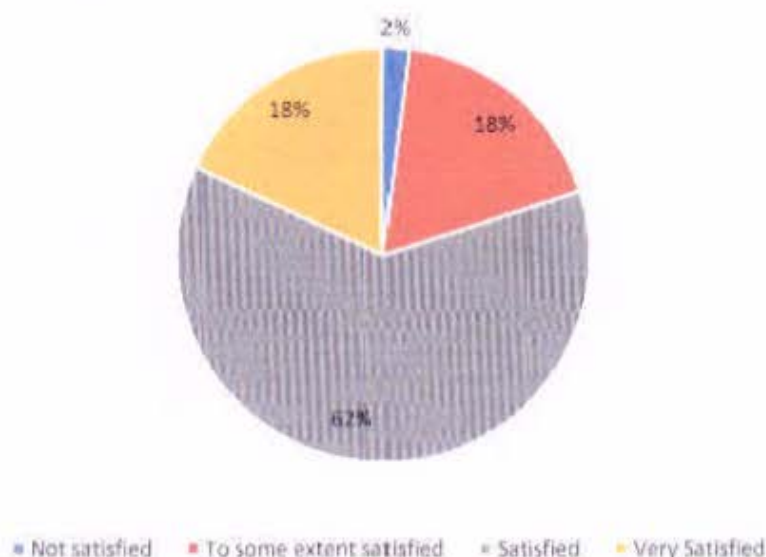


Figure 8: Level of Satisfaction with EAP clinical services

Figure 8 reflects that of the 62% of respondents who responded to the question were satisfied with EAP clinical services. There were 18% of the respondents who indicated that they were very satisfied with EAP clinical services. About 18% of the respondents were "to some extent satisfied with EAP clinical services". Only one respondent 2% was not satisfied with the EAP clinical services. There is a substantial evidence that clients are generally satisfied with EAP clinical services. Khorombi (2006:88) conducted the study among public

servants in South Africa at the Vhembe district in Limpopo at the Department of Public Works and the majority of the respondents who had utilised EAP clinical services, were satisfied with EAP services. There were a smaller number of respondents who were uncertain and the minority dissatisfied. Satisfaction with the programme may also mean that services are effective and this may imply that the programme responds to the needs of workforce.

3.20.2 Platform to share views with the EAP Professionals

The researcher explored whether the respondents were afforded a platform to share their views and the respondents responded as follows:

- Respondents explained that they appreciated the platform provided by EA professionals to share their views.
- Others said they felt a relief after exposure to EAP clinical services.
- Others reflected that they were referred externally for further intervention, which was helpful.
- Others said their relationship generally improved.

The discussion above shows that EAP professionals impacted positively in the lives of EAP users because service users reacted positively to EAP clinical service rendered to them. From this debate the next focus is on need for EAP clinical service which was explored through the means of a questionnaire.

3.20.3 Need for EAP clinical service

The researcher explored whether the respondents were of the opinion that there was a need for EAP clinical services in the North West Provincial Government.

Table 15: Need for EAP clinical service

Variable	Frequency	Percentage
Unsure	2	5.26
Yes	36	94.74
Total	38	100

Table 15 demonstrates that 36 (94.74%) of the 38 participants who answered the question reported that there was a need for EAP clinical services. Two (5.26%) respondents were unsure whether there was a need for EAP clinical services.

3.20.4 Recommendation of EAP clinical services to others

The researcher explored whether the respondents would recommend EAP clinical services to others. Table 15 below offers the illustration of response.

Table 16: Recommendation of EAP clinical services to others

Variable	Frequency	Percentage
Unsure	1	2.63
Yes	37	97.37
Total	38	100

Table 16 above reflects that of the 38 respondents who offered a response, 37 (97.37%) reported that they would recommend EAP clinical services to others. Only one (2.63%) respondent was unsure whether he/she would recommend the EAP clinical services. However, most of the respondents were of the opinion that the EAP clinical services could be recommended.

3.20.5 Suggestions for EAP

The researcher requested respondents to offer suggestions for EAP clinical services and the following responses were obtained:

- EAP professionals must be accessible
- EAP must intensify market services and be visible
- EAP should work in a workspace away from employees' workstations, and
- All departments should have EAP units.

In the North West Provincial Government, the EAP services should be made more visible and accessible to public servants as they reflected above. However, all the departments that took part in this study had EAP units. They need to make efforts to be more visible, accessible and known to all employees.

3.20.6 Life changes ascribed to EAP clinical services

The researcher explored whether there were life changes that could be attributed to the EAP clinical services and the following responses were obtained:

3.20.6.1 Performance at work

The researcher explored whether the performance of respondents improved after utilising EAP clinical services.

Performance at work

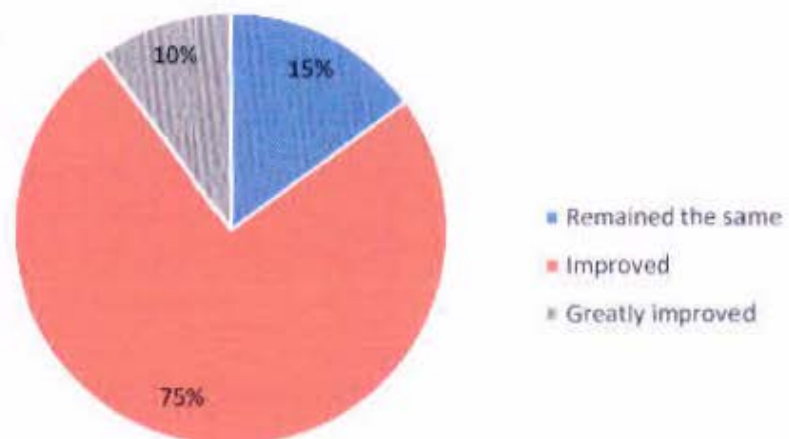


Figure 9: Performance at work

Figure 9 demonstrates that 29 of the respondents (75%) indicated that their performance at work improved. Four (10%) of the respondents indicated that their work performance greatly improved. On the contrary, six of the respondents (15%) indicated that their work performance remained unchanged. The findings confirm that EAPs enhance employee abilities to function productively at their workplace as stated by Rajin (2012:2).

3.20.6.2 Overall quality of life

The researcher explored whether the respondents were of the view that their overall quality of life improved since using EAP clinical services. Figure 10 below illustrates the respondents' responses.

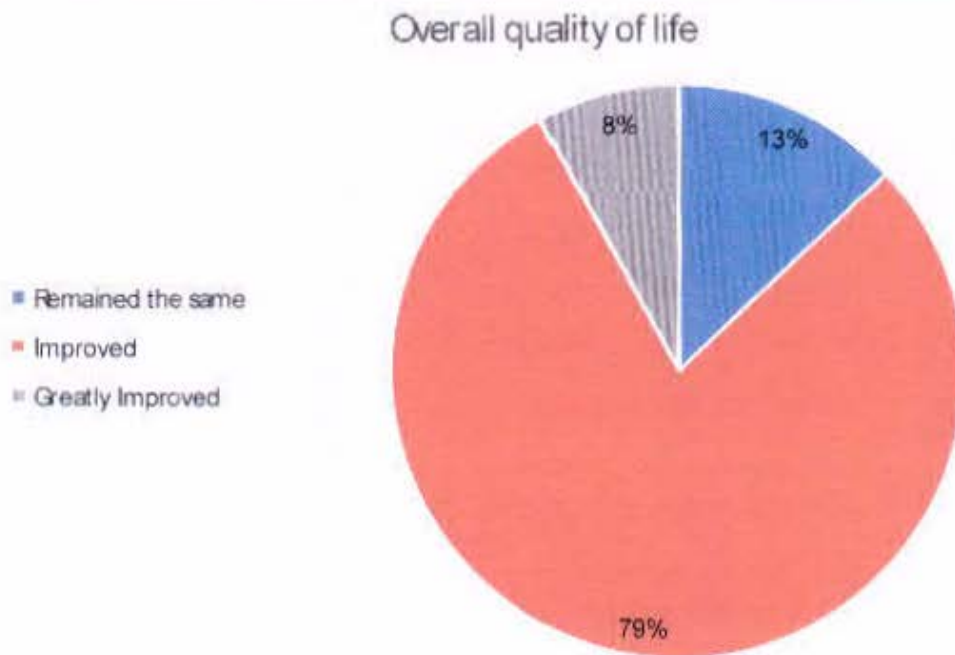


Figure 10: Overall quality of life

Figure 10 above illustrates that 79% of the respondents indicated that their overall quality of life improved after exposure to EAP clinical services this accounts to thirty one of the respondents, while three respondents which is 8% indicated that their overall quality of life greatly improved. Of the 39 respondents, five respondents (13%) indicated that their overall quality of life remained unchanged. EAPs have the potential to enhance employees' ability to function productively at workplace, home and in the community (Rajin, 2012:2).

3.20.6.3 Relationship with co-workers

The researcher explored whether the respondents felt that their relationship with co-workers changed after exposure to EAP clinical services. Figure 11 below gives a detailed illustration of respondents' reaction.

Relationship with Co-workers

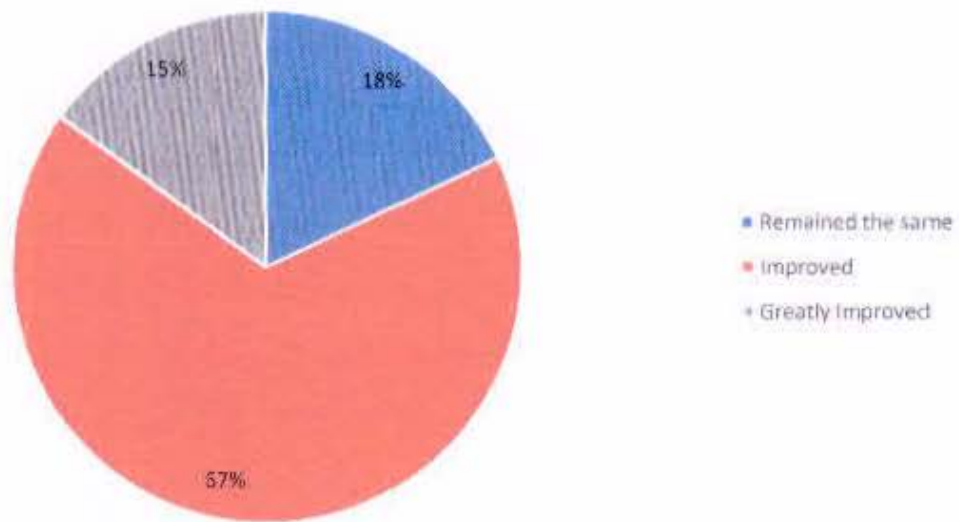


Figure 11: Relationship with co-workers

Figure 11 above reflects that 67% of respondents indicated that their relationship with co-workers improved, 15% reported that their relationship with co-workers greatly improved. However, 18% reported that their relationship with co-workers remained unchanged. EAPs could promote positive relations among employees and contributes to their well-being and enhances their ability to function productively (Rajin, 2012:2).

3.20.6.4 Relationship with management

The researcher explored whether the respondents were of the view that their relationship with management improved after their use of EAP clinical services.

Relationship with management

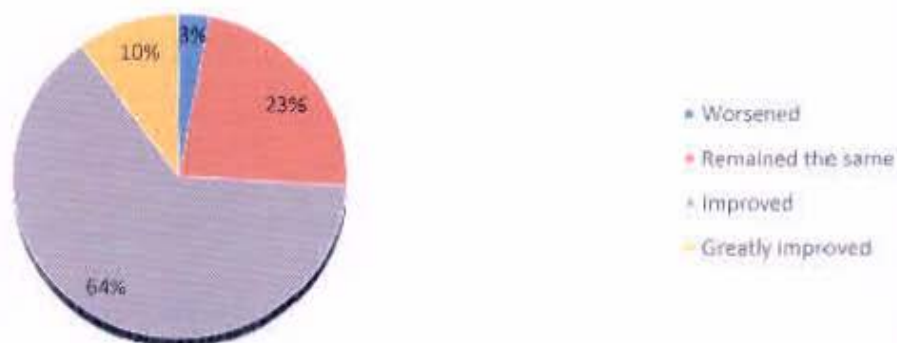


Figure 12: Relationship with management

Figure 12 reflects that 25 of the respondents (64%) indicated that their relationship with management improved. Nine respondents (23%) reported that their relationship with management remained the same whilst four of the respondents (10%) felt that their relationship with management greatly improved. Only one respondent (3%) indicated a worsened relationship with management. EAPs could promote a positive climate between employees and management (Rajin, 2012:2).

3.20.6.5 Relationship with family members

The researcher explored whether the respondents were of the view that their relationship with family members improved following exposure to EAP clinical services.

Relationship with family



Figure 13: Relationship with family members

Thirty-nine respondents reacted to this question. Twenty-two (56%) respondents reported that their relationship with family members improved. Eleven respondents (28%) reported that their relationship with family members greatly improved. However, six respondents (15.38%) were of the view that their relationships remained unchanged. Relationships with family members change significantly following the use of EAP clinical services especially when the intervention was targeted at issues that affect family relations (Mokoka, 2017).

3.21 SUMMARY

This chapter focused on research methods utilised by the researcher to undertake the research. In addition, the results and an interpretation thereof were offered. It was evident during the interpretation that EAP clinical services had a positive impact in the lives of public servants who utilised the service during the year 2013/2014. The respondents even recommended that the service should be made available in all departments.

The next chapter focuses on the key findings, conclusions and recommendations emanating from the study.

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

This chapter seeks to reflect the conclusions drawn from the results of the entire study and presents appropriate recommendations based on the research results. It also gives an indication of the extent to which the goal and objectives of the study were met.

The section below reflects on the goal and objectives of this study.

4.2. GOAL AND RESEARCH OBJECTIVES

The **goal** of this research was to evaluate public servants' level of satisfaction with EAP clinical services in the North West Provincial Government.

In order to achieve this goal, the following **research objectives** were pursued:

- **To describe EAP clinical services as one of the core technologies in the context of the North West Provincial Government**

This objective was achieved through the literature review in Chapter 2. The literature described EAP clinical service in detail and how the EAP clinical service are applied within the North West Provincial Government. The North West Provincial Government has aligned its services and interventions to EAPA-SA.

- **To establish public servants' level of satisfaction with EAP clinical services in the North West Provincial Government in line with EAPA-SA standards**

Public servants who utilised EAP clinical services completed questionnaire in which they were reflecting their level of satisfaction. The data from questionnaires were analysed and the results were interpreted in Chapter 3. Respondents reflected their level of satisfaction on different EAP clinical services which were trauma debriefing, EAP short-term counselling, and aftercare and reintegration services. Public servants highlighted they were satisfied with the EAP clinical services.

- **To evaluate the overall satisfaction of public servants with EAP clinical services provided by the North West Provincial Government**

This objective has been achieved though the information provided in the questionnaire, the outcomes of the data provided in the questionnaire were reflected intensively in Chapter 3. There were different response on the rating of overall satisfaction. The majority of the respondents that is more than sixty percent, reported that they were satisfied with EAP clinical services. However, eighteen percent reported that they were very satisfied with EAP clinical services which implies the EAP exceeded their level of expectations. About eighteen percent of the respondents reported that they were to some extent satisfied with EAP clinical services. Only three percent reported that they were not satisfied with EAP clinical services.

- **Based on the outcomes of this study, to make recommendations to either maintain or improve EAP clinical services provided to public servants in the North West Provincial Government.**

The recommendations derived from the findings of the study are provided in this chapter.

The research aimed to answer the following **research question**: *"What are the public servants' level of satisfaction with EAP clinical services in the North West Provincial Government?"* In order to answer the research question research indicators were used to determine the respondents' level of satisfaction (see Chapter 1, section 1.3).

The research question was answered as the public servants reported that they were generally satisfied with EAP clinical services.

- The North West Provincial Government where the study was based complied with the research indicators. Their EAP services were based on the above-mentioned research indicators. It must also be noted that EAP professionals are mostly members of EAPA-SA. They usually attend the annual EAPA-SA conference to benchmark themselves for best practices.

From this discussion, the next focus will be on limitations and strengths of EAP clinical services as reported by service users. Based on the research results in Chapter 3, the following **limitations** and **strengths** of clinical services were identified (these are by implication also the **key findings** of the study):

Limitations

- EAP professionals were not visible in all sections in the North West Provincial Government, especially regional offices.
- It also appeared that not all EAP professionals rendered trauma debriefings within seventy-two hours as prescribed.
- In terms of EAP short-term counselling, it was not all EAP professionals who utilised homework to help clients achieve goals for counselling.
- Not all clients received aftercare and follow up services from EAP professionals.
- There were also evidence of less involvement of managers, especially in referring employees to EAP and in general utilisation of EAP services.
- The EAP in North West Provincial Government did not have a contract with a local crisis centre for intervention in case of crises. The EAP relies on EAP professionals appointed in the departments.
- EAP in the North West did not have intake specialists to telephone clients prior assessment.

Having discussed the limitations above, the next focus of discussion will be on the strengths.

Strengths

The following strengths were identified:

- EAP clinical service were rendered by professionally qualified personnel.
- The EAP within the North West complied with the standards document as prescribed by EAPA-SA.
- Trauma debriefings and counselling were done by professionally qualified EAP professionals.
- The trauma debriefings were mostly done within 72 hours as prescribed.
- Most EAP professionals used homework in assisting service users to achieve the goals of counselling.
- There were regular follow up services by EAP professionals in most cases.
- EAP service users were mostly satisfied with EAP clinical services, especially the trauma debriefing and EAP counselling.
- There were also advantages in terms of language use because the service users received services in the language of their preferences.

- Most EAP professionals entered into contracts with service users as prescribed by standard practice of EAPA-SA.
- The EAP professionals rendered follow up services with users after the interventions were rendered.
- The EAP professionals provided EAP service users with the opportunity to share their views during the intervention process.
- EAP clinical services impacted/contributed positively on the work performance of the service users.
- EAP clinical services improved/contributed to the overall quality of life for service users.
- The EAP clinical services improved/contributed to the relationship of service users with their co-workers and management.
- The EAP clinical services improved the relationship of service users with their family members, especially in cases where the referral was due to family problems.
- The EAP had a step-by-step protocol on how to handle problems when they emanated.
- There was an EAP policy in every department detailing the process involved.
- The EAP conducted assessment face to face and refer externally when the services could not be rendered internally.
- When the long-term psychotherapeutic intervention was required, the EAP referred externally. The common cases were addiction cases where rehabilitation is required.
- The EAP professionals explained reasons for referral and cost associated.
- The EAPs contracted with client clients for six to eight sessions.
- Intervention plans included identification and ranking of problems and establishment of immediate and long-term goals and designation of resources to be used.
- The North West Provincial Government aligned its service to EAPA-SA standards.

4.3. CONCLUSIONS

The conclusions of this study are drawn from the strengths and limitations of the EAP clinical services in the North West Provincial Government from the public servants' points of view. Based on the quantitative findings of this research, the researcher reach the following conclusions:

- Public servants were generally satisfied with EAP clinical services rendered to them. There is a need to maintain and strengthen the EAP clinical services in the North West Provincial Government.
- The EAP services in the North West Provincial Government were rendered by professionally qualified staff members which was a clear sign of the Province's commitment to the well-being of their staff members.
- EAP professionals were not visible in all sections in the various departments; therefore, there was a great need to ensure visibility and easy access to EAP professionals.
- The EAP professionals aligned their services to the EAPA-SA standard documents. However, not all requirements were complied with. There seems to be a need for all EAP units to ensure that they fully comply with all standards as prescribed by EAPA-SA.
- EAP units rendered trauma debriefings within a recommended timeframe of seventy-two hours.
- There was a less involvement of managers in EAP services, including referrals to EAP.
- EAP in the North West Provincial Government have the advantage of professionals who are able to reach service users through their language of preferences.
- The EAP professionals valued their clients, especially that they afforded them opportunity to share their views during intervention process.
- EAP was interested in the well-being of service users, they even referred clients externally in case they could not provide such services.
- EAP clinical services in the North West Provincial Government had a positive impact and contribution on the lives of service users in various aspects of their lives, such as improved job performance and improved relations with significant others which was the main objective of every EAP programmes.

4.4. RECOMMENDATIONS

Based on the key findings and conclusions of this research, the following are recommended to improve and sustain the standard of EAP clinical services:

- The EAP professionals should be visible in all the departments and in particular at regional offices.
- The EAP should render debriefing within 72 hours as prescribed.

- All EAP professionals should make use of homework when they are helping clients during short-term counselling.
- All clients should be subjected to follow up sessions after interventions were rendered.
- Managers should be involved in EAP, especially when it comes to referring employees to EAP services.
- EAP should contract with a local crisis centres for assistance in case of crises.
- EAP should strengthen management support, as the study reflected the low management referrals to EAP.
- EAP in the North West should continue to ensure that EAP services are rendered by professionally qualified staff.
- The EAP in the North West should continue to comply with the standard document as prescribed by EAPA-SA.
- EAP professionals should continue to do trauma debriefings within 72 hours as prescribed.
- The EAP in the North West Provincial Government should ensure that client receive services in their preferred languages.
- EAP should continue to enter into contracts with the clients because this ensure a commitment to the treatment plan.
- The EAP should continue to impact work performance of service users positively.
- EAP should continue to improve relationships of services users with their colleagues and management.
- EAP should continue to impact relationship of service users with their family members.

Apart from the recommendations for the EAP clinical services, the following recommendations are offered for **future research**:

- Future research must focus on the entire EAP in South Africa and it must evaluate the entire EAP units.
- All the departments within the North West Provincial Government must be subjected to evaluation.
- Future studies must focus on return on investments for EAP in the Government.

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PUBLIC SERVANTS' LEVEL OF SATISFACTION WITH EAP CLINICAL SERVICES IN THE NORTH WEST PROVINCIAL GOVERNMENT

Dear Respondent

My name is Baitse Alfred Lekalaka and I am a postgraduate student in the Department of Social Work and Criminology in the Faculty of Humanities at the University of Pretoria.

You are requested to participate in my research by completing the following questionnaire to achieve the following research objectives:

- To establish public servants' level of satisfaction with EAP clinical services in the North West Provincial Government in line with EAPA-SA standards;
- To evaluate the overall satisfaction of public servants with EAP clinical services provided by the North West Provincial Government, and
- Based on the outcomes of this study, to make recommendations to either maintain or improve EAP clinical services provided to public Servants in the North West Provincial Government.

The gathered information may help the management of Employee Health and Wellness programmes to determine if the EAP clinical services is effective and reach the expectations of the recipients.

Thank you for your time and co-operation in completing the questionnaire. Please take note that your information will be treated with absolute confidentiality and no attempt will be made to identify you personally.

Your participation in this research study is appreciated and the results will be made available to interested respondents.

Thank you

Mr Baitse Lekalaka

The questionnaire follows on the next page.....

QUESTIONNAIRE

Instructions:

- Please answer ALL the questions in the three (3) sections by making a cross (X) at the appropriate box.
- Write your answers where spaces are provided.

The questionnaire comprise of the following sections:

Section A: Biographical data

Section B: EAP clinical services

Section C: General information

SECTION A: BIOGRAPHICAL INFORMATION

1.1 What is your gender?

1	Male	
2	Female	

1.2 Indicate your age (in years):

1.3 Indicate your racial grouping

1	African	
2	White	
3	Coloured	
4	Asian	
5	Other (specify)	

1.4 Indicate your home language

1	Afrikaans	
2	English	
3	isiNdebele	
4	isiXhosa	

5	isiZulu	
6	Sepedi	
7	Sesotho	
8	Setswana	
9	siSwati	
10	Tshivenda	
11	Xitsonga	
12	Other (specify)	

1.5 In which Department are you working?

1	Agriculture	
2	Economy & Enterprise Development	
3	Education & Sports Development	
4	Finance	
5	Human Settlement	
6	Local Government	
7	Premier's Office	
8	Public Safety	
9	Social Development	
10	Tourism	
11	Public Works	

1.6 What is your position or occupational rank?

1	Administrative	
2	Clerical	
3	General worker	
4	Managerial	
5	Professional	

1.6 How long have you been serving in your Department (indicate in number of years)?

SECTION B: EAP CLINICAL SERVICES

2.1 Which of the following EAP clinical service did you use (more than one option could be indicated)?

1	Trauma debriefing	
2	Crisis intervention	
3	Counselling (Short term intervention)	
4	After care and reintegration	

2.2 How were you referred to EAP clinical services?

1	Voluntarily (Self)	
2	Colleague(s)	
3	Family member	
4	Supervisor	
5	Other (specify)	

2.3 Was EAP clinical services provided by an EA professional?

1	Yes	
2	No	

2.4 Was EAP clinical services provided in your preferred language?

1	Yes	
2	No	

The remainder of this section have questions pertaining to the different types of clinical services offered by the EAP.

Kindly answer ONLY the questions related to the service(s) that you utilised.

❖ TRAUMA MANAGEMENT

2.5. Was the trauma debriefing/diffusion done within 72 hours of the traumatic incident?

1	Yes	
2	No	

2.6. How would you rate trauma debriefing session?

1	Not beneficial	
2	To some extent beneficial	
3	Beneficial	
4	Very beneficial	

2.7. Would you recommend trauma debriefing to others?

1	Yes	
2	No	

2.8. Please motivate your reason for your answer in Question 2.7.

.....

.....

.....

2.9. Was there any follow-up by the EA professional after trauma intervention was conducted?

1	Yes	
2	No	

❖ CRISIS INTERVENTION

2.10. What was the nature of your crisis for which you received crisis intervention services?

2.11. How would you rate your experience of using crisis management?

1	Not beneficial	
2	To some extent beneficial	
3	Beneficial	
4	Very beneficial	

2.12. Explain/motivate your answer in **Question 2.11**.

2.13. Would you recommend the crisis management services you received at the Department to others?

1	Yes	
2	No	

2.14. Was there any follow-up by EA professional after providing crisis management to you?

1	Yes	
2	No	

❖ SHORT TERM COUNSELLING

2.15. To how many counselling sessions did you agree at the beginning of the counselling (indicate the number)?

2.16. How many counselling sessions did you attend in total (indicate the number)?

2.17 How did you enter in: agreement with the EA professional in the beginning?

1	Written	
2	Verbal	
3	None/Did not happen	

2.18 For what problem/challenge did you undergo counselling (specify)?

.....

.....

.....

2.19 Did the EA professional give you tasks to do outside counselling sessions (i.e., homework) in preparation for the next counselling sessions?

1	Yes	
2	No	

2.20 If you answered "yes" in **Question 2.19**, explain the types of tasks you had to do as homework.

.....

.....

.....

2.21 Were the tasks that you were required to do outside counselling sessions helpful?

1	Yes	
2	No	

2.22 If you answered "yes" in Question 2.21, please explain your answer.

.....

.....

.....

2.23 How would you rate your experience of EAP counselling?

1	Not beneficial	
2	To some extent beneficial	
3	Beneficial	
4	Very beneficial	

2.24 Did the EA professional follow up with you after receiving counselling?

1	Yes	
2	No	

2.25 Did you receive monitoring from EAP professional?

1	YES	
2	ND	

2.26 Were you given an opportunity to share your views of the interventions?

1	Yes	
2	No	

SECTION C: GENERAL INFORMATION

3.1. How satisfied were you with EAP clinical services?

1	Not satisfied	
2	To some extent satisfied	
3	Satisfied	
4	Very satisfied	

3.2. Explain your answer from **Question 3.1**.

.....

.....

.....

3.3. Do you think there is a need EAP clinical services in North West provincial Government?

1	Unsure	
2	No	
3	Yes	

3.4. Would you recommend EAP clinical services to other public servants?

1	Unsure	
2	No	
3	Yes	

3.5. What suggestions do you have for EAP clinical services?

.....

.....

.....

.....

3.6. Using the scales provided, indicate how your life changed in these areas due to using EAP clinical services

3.6.1. Performance at work

Worsened	Remained the same/ No change	Improved	Greatly improved
----------	---------------------------------	----------	------------------

3.6.2. Overall quality of life

Worsened	Remained the same/ No change	Improved	Greatly improved
----------	---------------------------------	----------	------------------

3.6.3. Relationship with co-workers

Worsened	Remained the same/ No change	Improved	Greatly improved
----------	---------------------------------	----------	------------------

3.6.4 Relationship with management

Worsened	Remained the same/ No change	Improved	Greatly improved
----------	---------------------------------	----------	------------------

3.6.5 Relationship with family members

Worsened	Remained the same/ No change	Improved	Greatly improved
----------	---------------------------------	----------	------------------

3.7. Any other information you would like to share? Please do write it down.

.....

.....

.....

Thank you for taking your time to complete this questionnaire!



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Department of Social Work & Criminology

RESEARCHER: Baitse A Lekalaka

Cell phone number: 0835390 741

Tel number (office) 018 388 3291

Respondent's staff no:

INFORMED CONSENT

Title of the study: Public servants' level of satisfaction with EAP clinical services in the North West Provincial Government.

Procedure: I understand that I am requested to complete a questionnaire about my experience of utilising the EAP clinical services offered by the North West Provincial Government. The questionnaire will take approximately 30 minutes of my time to complete.

Risks and discomforts: There are no known physical or emotional harm associated with this study. However should I experience any distress, I will inform the researcher. I expect the researcher to then arrange counselling for me with a suitable qualified counsellor. The following counsellors will be used to provide counselling in case there is a need: Neo Matladi, Loui Marakalla, Motlatsi Poo, Lerato Wesi, Mohau Seitsang, Omphile Monamodi, Kearabetswe Seonyo, Mmapula Moabelo and Nomgidi Seophe.

Benefits: I understand that I will not directly benefit from participating in the study. However, I understand that my participation in this study and feedback could provide valuable inputs with regards to improving EAP clinical services in the North West Provincial Government.

Participant's rights: I am aware that I am at liberty to withdraw from the study at any time without any consequences.

Financial compensation: I understand that I will not receive any form of financial compensation for participating in the study.

Department of Social Work & Criminology
Room 10-24, Humanities Building
University of Pretoria, Private Bag 201
Hatfield 0028, South Africa
Tel: +27 (0)12 420 2648
Email: stephan.oyen@up.ac.za
www.up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Banotho

Confidentiality: I understand that the information that I will provide on the questionnaire will be kept confidential. I give permission that any information which is collected from me may be used for research and publications, but that my identity will not be revealed unless required by law.

Data storage: I understand that all the raw data will be stored for a period of 15 years in the Department of Social Work and Criminology at the University of Pretoria, South Africa.

In case I encounter any challenges or concerns about this study I will contact the researcher, Mr Baitse Alfred Lekalaka at 0835390 741.

I understand my rights as a participant in this study and I consent to participate in the study without being coerced. I understand the purpose of the study, the reason why it has to be conducted and how it will be conducted.

I will deposit the completed informed consent form and questionnaire in two separated boxes at the EAP office of the department where I work.

I will receive a signed copy of this consent form.

.....
Signature of respondent

.....
Date

.....
Signature of researcher

.....
Date



Office of the Premier

Department
Office of the Premier
North West Provincial Government
Republic of South Africa



3rd Floor, Ga-Rona Building
Private Bag X129,
MMABATHO
2735

DIRECTOR GENERAL

Tel: +27 (18) 388 3040
Fax: +27(18) 388-3295
E-mail: ritselangoe@nwpg.gov.za

Dr L.S Geyer
North West University
Mafikeng Campus
Private Bag X 2046
MMABATHO
2735

Dear Dr Geyer

REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY

Kindly be advised that your request to conduct a research of Provincial Departments' Head Offices for the purpose of a research on "**Public Servants' level of satisfaction with EAP counselling in the North West Provincial Government**" has been acceded to.

It must however be noted that:

Certain information in the Public Service is being classified and your student will not be favoured with such. Relevant officials to be interviewed will have to be consulted well in advance to negotiate the interview dates / times as well as information to be required. The Provincial Government will require a copy of Ms Lekalaka's finally endorsed /approved thesis / dissertation and some of its recommendations might be implemented without his and / or university's consent.

We attach herewith a list of Provincial Department's Heads and their details for easy communication.

Wishing Ms Baitse Lekalaka all the best in this research project.

Yours sincerely

PROF T J MOKGORO
DIRECTOR GENERAL (ACTING)

DATE: 19 March '15



public works

Department
Public Works
REPUBLIC OF SOUTH AFRICA

Private Bag X85, PRETORIA, 0001 Int Code: +27 12 Tel. 406 1307 Fax: 086 276 8706
e-mail: Fredah.Maseko@dpw.gov.za website: www.publicworks.gov.za

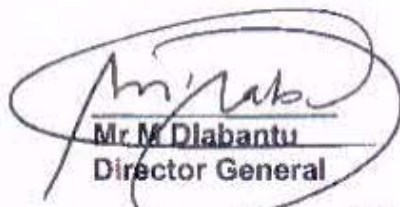
Mr. B Lekalaka
PO Box 5843
Mmabatho
2735

Dear Mr. B Lekalaka

**REQUEST TO CONDUCT A PILOT STUDY WITHIN THE NATIONAL
DEPARTMENT OF PUBLIC WORKS**

1. Your request dated 21/10/2015 pertaining to the above mentioned matter is hereby acknowledged.
2. The Department has decided to grant you permission to conduct a pilot study within The National Department of Public Works with the title "**Public servants' level of satisfaction with EAP counselling in the Northwest Provincial Government**".
3. You are hereby requested to submit the outcome of your approved research to the Department, through the Director: Human Resources Development, for future references and service delivery improvement strategies to be sources from your findings and recommendations.
4. The Department wishes you everything of the best in your academic and career developments.

Yours Sincerely


Mr. M. Dlabantu
Director General
DATE: 04/12/2015



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
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Web: www.nwu.ac.za

TO WHOM IT MAY CONCERN

RE: CONFIRMATION OF STATISTICAL SERVICES RENDERED TO MR LEKALAKA

This communique serves as a confirmation of statistical services rendered to Mr Lekalaka. I would like to, on record confirm that I did statistical analysis on Mr Lekalaka's data from creation of variables to data analysis.

Hope you find this correspondence comprehensive and helpful.

Thanking you in advance.

A handwritten signature in black ink, appearing to be 'P.S. Boshomane', written over a dotted line.

P.S Boshomane

Lecturer (Research and Statistics)

Department of Psychology

North West University (Mafikeng Campus)



5 August 2016

Dear Prof Lombard

Project: Public servant's level of satisfaction with EAP clinical services in the North West Provincial Government
Researcher: B Lekalaka
Supervisor: Dr LS Geyer
Department: Social Work and Criminology
Reference number: 29356378(GW20160610HS)

Thank you for the response to the Committee's correspondence of 30 July 2016.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 1 August 2016. 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 Maxi Schoeman
Deputy Dean: Postgraduate Studies and Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

Kindly note that your original signed approval certificate will be sent to your supervisor via the Head of Department. Please liaise with your supervisor.

P O Box 1915

Mahikeng 2745

13th August 2017

Dr. L.S.Geyer, Supervisor

Department of Social Work and Criminology

University of Pretoria

Pretoria

Dear Dr Geyser

PROOF OF EDITING OF DISSERTATION: Student B.A. Lekalakala

I would like to inform you that I have read and edited student Lekalakala's dissertation 'Public Servant's (sic) level of satisfaction with EAP (sic) clinical services in the North West Provincial Government(sic)".

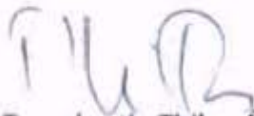
This dissertation had a number of structure and content gaps and I have made suggestions in the text for possible adjustment in accordance with the University of Pretoria convention but mostly from a professional point of view. These adjustments include the following:

1. Paragraph structure and content: the principle of one idea: one paragraph.
2. The use of referents to avoid repetition of nouns and noun phrases.
3. Fragmented and run-on sentences.
4. Repetition of words and phrases leading to tautology.
5. Cohesion and coherence in the use of transitional sentences.
6. Citation, especially the end of direct quotations and the appropriate use of performative verbs.
7. Absence of sources in relation to information about the North West province.
8. Tense of reporting especially on pp 38 to 39.

I hope that student Lekalakala will make the changes suggested to make his dissertation an acceptable academic document.

Please do not hesitate to contact me should you require additional information.

Thank you

A handwritten signature in black ink, appearing to read 'T Thiba'.

Tumelontle Thiba, MA (Durham, UK), Ph. D (Michigan State, USA)