

University of Pretoria

**THE ROLE OF THE EMPLOYEE ASSISTANCE PROGRAMME IN  
TRAUMA MANAGEMENT: THE EXPERIENCES OF FORENSIC  
PATHOLOGY OFFICERS IN THE GAUTENG PROVINCE**

**By**

**NOMFUNDO MWELASE**

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for the degree**

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**FACULTY OF HUMANITIES**

**SUPERVISOR: PROFESSOR DR. L.S. TERBLANCHE**

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**Full names of student:**                      **Nomfundo Mwelase**

**Student number:**                              **1338 5781**

**Topic of work:**                                  **The role of the Employee Assistance Programme  
in trauma management: experiences of forensic  
pathology officers in the Gauteng Province**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## ABSTRACT

The study entitled “**The role of the employee assistance programme in trauma management: experiences of forensic pathology officers in the Gauteng Province**” was conducted by Nomfundo Mwelase under the supervision of Professor L.S. Terblanche. Trauma can be triggered by numerous events in the workplace but in this instance, Forensic Pathology Officers (FPOs) may experience a negative impact on their psychological wellbeing due to the nature of their work resulting in poor/low job performance. To this end Forensic Pathology Service (FPS) management adopted the service need of contracting an Employee Assistance Programme (EAP) service provider and now has a full-time onsite EA Professional to render EAP services to the employees of FPS as a supporting mechanism. This specific study is based on the applied research, since the goal of the study was to explore and describe the experiences of FPOs stationed at different facilities within the Gauteng Province, regarding the role of the EAP in trauma management. The researcher employed a qualitative approach to explore and describe the experiences of FPOs regarding the EAP service in terms of trauma management with the purpose of understanding the phenomenon from their own perspectives. The qualitative researcher seeks a better understanding of complex situations. The work of qualitative researchers is often exploratory in nature and holistic (Ivankova, Creswell & Plano, 2007:255). The study of this virtue has never been conducted before in the South African context therefore it may benefit the FPS as an entity (employees and management) in terms of understanding the experiences of FPOs and regarding the role of the EAP in trauma management, in order to identify gaps and come up with improvement plans in terms of whether the experiences of FPOs regarding the role of the EAP are found to be beneficial or not.

The theoretical framework of the study is based on the Person-Centred-Approach (PCA) by Carl Ransom Rogers (American Psychologist). The PCA is a theory based on understanding the personalities of human beings and believes that human beings have sufficient resources to deal with challenges in their lives.

As an instrument of inquiry, the collective case study was utilised to explore and describe the experiences of 12 cases of FPOs who have previously utilised the EAP services, with the aim of managing trauma. A purposive sampling strategy was used in the study. As the approach of this study is qualitative in nature, semi-structured interviews were used to collect data. The findings of the study revealed that traumatic incidents and death constitute a significant part of the daily routine of FPOs. Most participants are affected by dealing with children as they are parents themselves. The findings of the study show that the majority of the participants generally understand the role of EAP in trauma management even though some of the participants are convinced that there are gaps that need improvements to ensure the quality of the service. Most participants attested that these trauma management programmes rendered by the service provider are helpful, and the best practices are shared based on their own personal experiences. Some of the participants emphasized that the role played by EAP is very supportive in terms of ensuring that they live normal lives. A few of the participants mentioned the very insightful point that EAP offers help for both personal and work related issues. It was echoed that visibility of the counsellors in the facilities for continuous counselling should be considered as their visibility can allay the fears of the members who do not have the strength to make phone calls asking for EAP intervention.

## **KEY CONCEPTS**

EMPLOYEE ASSISTANCE PROGRAMME (EAP)

ROLE

EXPERIENCES

TRAUMA

TRAUMA MANAGEMENT

FORENSIC PATHOLOGY OFFICER (FPO)

FORENSIC PATHOLOGY SERVICE (FPS)

POST- MORTEM

POST TRAUMATIC STRESS DISORDER

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## CHAPTER 1

### INTRODUCTION OF THE STUDY

#### 1.1 INTRODUCTION

According to Robert and James [Sa] trauma and disasters, both manmade and natural, are frequent occurrences in the present-day world: terrorism, plane crashes, earthquakes, industrial accidents, combat and poison gas attacks to name but a few. Common to the occurrence of nearly all disasters and combat is the likelihood of violent death and the presence of human remains - burned, dismembered, mutilated, or relatively intact. Exposure to mass death as well as single dead bodies are disturbing and sometimes frightening events. The nature of the stress of exposure to traumatic death and its relationship to posttraumatic stress disorder (PTSD) and other posttraumatic psychiatric illnesses is not well understood. Traumatic incidents and death constitute a significant part of the daily routine of forensic pathology officers (FPOs). The work environment of FPOs presents trauma since the bodies that are collected from different scenes are often in a very disturbing form for example charred, mutilated, infectious or decomposed and are of human beings that had once lived a normal life (National Code of Guidelines for Forensic Pathology Practice in South Africa, 2007:17).

A major hazard of being a FPO is the exposure to critical incidents in which human lives have been lost and often brutally killed, resulting in a traumatic experience for the officer. Involvement in such episodes is highly stressful. Tehrani (2004:31) mentions a case study of a research participant who declared that: "I have seen hundreds of dead bodies over the years but I cannot take it anymore."

To this end Forensic Pathology Service (FPS) management adopted the service need of contracting Employee Assistance Programme (EAP) service provider, and has a full-time onsite EA Professional to render EAP services to the employees of FPS as a supporting mechanism. Terblanche and Van Wyk (2014:28) mention that: "EAPs play a

pivotal role in the management of trauma in the workplace, and furthermore an EAP will be the first port of call if an employee experiences a crisis”.

The researcher believes that trauma management programmes are essential, and should be offered in the workplace for the well-being of employees in order that they are able to continue performing their required duties with reliance, dedication and commitment.

The researcher intends to explore and describe the experiences of FPOs regarding the role of the EAP in trauma management.

## **1.2 DEFINITIONS OF KEY CONCEPTS**

### **Employee Assistance Programme (EAP):**

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”. EAP is the workplace intervention programme designed to assist employees who experience problems that may affect their well-being.

### **Role:**

The concept of role is understood differently by various scholars. Keyser (2006:179) defines role as “a set of expected behaviour patterns attributed to someone or something”. The researcher defines the concept of a role as an activity or duty to be played by a person or thing.

**Experiences:**

Cambridge Learner's Dictionary (2013:253) defines experiences as "knowledge that you get from doing a job, or from doing, seeing or feeling something". The researcher defines experiences as the knowledge gained from life. These experiences can contribute towards intellectual, emotional and physical growth of a person depending on how they are perceived.

**Trauma:**

Trauma is an experience that involves actual injury or death, or the threat of injury or death. It is an intensely stressful event during which a person suffers harm, or threat of serious harm or death, or witnesses an event during which another person is killed, seriously injured or threatened (Van Heerden, 2005:201). The researcher defines trauma as an experience that is harmful and threatening to the well-being of the person.

**Trauma management:**

The Standards Committee of EAPA-SA (2010:11) defines trauma management as a response to traumatic situations in a timely fashion, as consistent with organisational policies through providing trauma-defusing, trauma-debriefing and crisis intervention programmes. The researcher defines trauma management as an intervention that provides an effective response for those affected by trauma in the workplace.

**Forensic Pathology Officer (FPO):**

A forensic pathology officer is referred to as such under the Department of Health, in terms of National Act 61 of 2003 (Standard Operations Procedure Manual for Forensic Pathology Service, 2014:3). Forensic pathology officers assist forensic pathologists (forensic medical practitioners) to perform effective and efficient forensic autopsies (post mortems) in accordance with set standards and guidelines (National Code of Guidelines

for Forensic Pathology Practice in South Africa, 2007:6). The requirements needed for forensic pathology officers are a senior certificate (grade 12), a minimum of 3 years' experience in the medico - legal field and they should be in possession of the driver's license.

### **Forensic Pathology Service (FPS):**

The Forensic Pathology Service (FPS) is a government institution under governance of the Department of Health (DoH) that renders medico-legal investigations of unnatural death services that in turn assists the judicial process. Unnatural death situations are, to name a few, gross mutilation, motor vehicle accidents (MVAs), poison, pedestrian vehicle accident (PVAs), decomposed and infectious human remains. (National Code of Guidelines for Forensic Pathology Practice in South Africa, 2007:5).

### **Post-mortem:**

Post-mortem is an examination of human remains in order to determine the cause of death (Merriam-Webster Dictionary, 2015). It further determines the nature of injuries and disease processes which may be present (Standard Operations Procedure Manual for Forensic Pathology Service, 2014:2).

### **Post traumatic stress disorder (PTSD):**

PTSD is the development of a cluster of symptoms following the exposure to an extremely traumatic stressor or involving direct personal experience of an event that involves actual or threatened death or serious injury or a threat to one's physical or emotional integrity as a direct victim. Symptoms involve a severe disruption in functioning through persistent re-experiencing of the event, persistent avoiding of stimuli associated with the event and increased arousal (National Institute Community Development and Management, 2010:37).



## 1.3 LITERATURE REVIEW

### 1.3.1 Trauma

Literature is an excellent source for selecting or focussing on a topic and refining the research question, as it reduces the chances of selecting an irrelevant or outdated topic/focus by investigating what has already been done in a particular area of enquiry (Fouché and Delpont, 2011:134). The researcher established that many studies have focussed on trauma experienced by police officials, fire fighters, rescuers, emergency medical service (EMS) personnel and soldiers but not FPOs. Furthermore, previous studies have examined the relationship between traumatic events and PTSD symptom as well as the psychological impact of trauma. However, no study has been conducted on the experiences of FPOs regarding the role of the EAP in trauma management by FPOs and subsequent coping strategies employed.

Tehrani (2004:50) mentions eight major occupational groups of workers affected by traumatic incidents, namely workers from military, transportation, EMS, finance, health care, off-shore oil and gas industries, the nuclear industry and other industries. The specialised nature of the work done by FPOs is not fully known in the public domain. Their work is unique and requires someone who has strength and courage to perform the post-mortems.

Lee (2002:1) focussed his study on the reactions experienced by persons who had been exposed to trauma, for example depression, anxiety, difficulty in responding to new situations and rigid thinking and he highlights that the effect of trauma is often underestimated by employers. Lee (2002:1) also indicates that trauma is caused by the combined effects of stressors such as demeaning work conditions, worker/job mismatch, prejudice, unclear job expectations, impossible workloads, abusive treatment by peers or superiors, emotionally draining interactions with difficult people and job insecurity.

Olifant (2014:1) cites a case study where the bodies of Thandeka Moganetsi, 14, and Chwayita Rathazayo, 15, were discovered in a stretch of veld on a Wednesday morning. It was alleged that these bodies had tattoos on the arms and they believed that these tattoos were linked to Satanism. FPOs had to collect these bodies from the scene and they also removed two axes from a house in Dobsonville as evidence in the case. Hosken (2016:11) reports in the article about FPOs work nature: “A grandmother lies on a steel gurney in the cold room after her human remains were found sprawled on the dusty ground in the backyard of her Bekkersdal home. Her bloodied white blouse had been ripped open, and her skirt was bunched around her waist. She had been there for several days as she lived alone”. One of the FPOs says handling these types of situations is tough especially when it comes to the brutal killing of old people. The next FPO who was interviewed by the reporter says it is the death of children that gets to him. The FPOs mentioned that they sometimes collect 14 bodies on one day. During the 2014-2015 financial year FPOs collected more than 18 000 murder victims. As a researcher reading this article it makes one realise that FPOs are facing extreme trauma in their day-to-day work. Rick, O’Regan and Kinder (2006:1) reiterate that “significant for many employers is the recognition that traumatic symptoms can be experienced as a result of exposure, not only to extreme events such as war, acts of terror or natural disaster, but also to more commonly experienced events which occur during the course of a working day (for example road traffic accidents).

### **1.3.2 PTSD**

Mitchell (2006: 10) mentions that PTSD is “the usual diagnosis that Mental Health Professionals apply to persons who have suffered severe trauma in their lives and develop certain symptoms as a result of the traumatic event”. Mitchell continues saying that PTSD is characterised by psychologically re-experiencing the event through nightmares, day dreams, flashbacks and/or intense distress when reminded of the original event”. Mitchell (2006:12) further stipulates that “any individual who has experienced trauma may suffer from these symptoms. Being in crisis, however, does

not mean the individual will develop PTSD". Wessely and Deahl (2003:12) argue that "there was a significant increase in the rates of PTSD in those who had received the intervention".

### **1.3.3 THE EAP'S ROLE IN TRAUMA MANAGEMENT**

The researcher is of the opinion that EAPs play a fundamental role in the management of trauma in the workplace. Trauma management forms part of EAP's scope offered to employees. Programmes for trauma management assist organisations to be able to address challenges experienced by the employees. Van Wyk (2011:143) highlights that "the role of the EAP is to provide a specialised service or to establish a working relationship with a specialised partner in the field of trauma management in order to be in a position to provide the best possible service to the clients".

"As part of an effective EAP's clinic service, trauma management should be offered. The goal of trauma management should be to respond to traumatic situations in time, in agreement with organisational policies and procedures. The objective of trauma management should be to provide trauma defusing services for the immediately affected employees, to provide debriefing for traumatised employees and to influence policies and procedures relating to trauma management" (Van Wyk, 2011:140). The rationale behind trauma management in the workplace is to support employees who have been exposed to trauma in order to be able to continuously live a normal life.

Hughes, Kinder and Cooper (2012:144-145) reiterate that the preferred approach to trauma support in the South African workplace involves two elements, a pre-trauma programme of trauma preparedness training, and a programme of post-trauma support and intervention. This two-pronged approach endeavours to create a supportive work environment that is aware of, and sensitive and responsive to, the impact of trauma on employees, particularly those employees who are vulnerable to trauma. It also introduces psychological expertise in the immediate aftermath of incidents of trauma in the workplace to facilitate trauma recovery and intervene where necessary. Trauma

debriefing is one of the intervention programmes in place for FPOs at FPS. This intervention programme is provided by an external service provider.

The researcher believes that workplace interventions are imperative to enable employees to build their own resilience and coping mechanisms in order to carry on with day-to-day work duties and alleviate absenteeism, resistance to the workplace and staff turnover. Trauma preparedness programmes are educational and informative in the workplace. Hughes, Kinder and Cooper (2012:145) highlight that “it is important to train staff on what to expect following exposure to trauma”. Employees who are confronted with trauma daily should have programmes in place prior to any incident to foster resilience, be psychologically prepared and be empowered with particular information. Most employers do not take such pro-active initiatives, instead they intervene after an incident has occurred (reactive management of trauma).

Tehrani (2004:78-87) explains the importance of post-trauma interventions, described as crisis management, for diffusing, debriefing and trauma counselling. Each is appropriate for use at a particular time following a traumatic incident. Following a traumatic experience, employees have certain expectations of their employers and if the organisation fails to live up to these it is likely that the employees will become more traumatised. Mitchell (2006:2-3) concurs with Tehrani by saying demobilisation, crisis management briefings, diffusing and debriefing are characterised as part of trauma management in the workplace.

#### **1.4 THEORETICAL FRAMEWORK OF THE STUDY**

The theoretical framework of the study is based on the person-centred-approach (PCA) by Carl Ransom Rogers (American Psychologist). The PCA is the theory based on understanding the personalities of human beings and believes that human beings have sufficient resources to deal with confronted challenges in their lives. This approach looks at human beings in totality. The researcher believes that this approach is suitable for this study since it caters for individuals, families, groups and communities, however,

it does not mean that it is the only theory that can be utilised by researchers or professionals. Furthermore, this approach allows the therapist to look at the client holistically by empowering and enabling a client to realise that he or she is in control of his or her life. The researcher is of the opinion that therapeutic intervention rendered to FPOs by the external service provider plays a significant role in their lives as they are able to identify their own strengths and coping mechanisms to deal with day-to-day work traumas.

Mbedzi (2011:25-27) pinpoints that there are four main basic conditions required by the PCA, namely congruence, unconditional positive regard, empathy and personal power. These basic conditions are also required to be part of the facilitator's belief system and philosophy of life before he or she will be able to practise them. The conditions must be integrated and form part of his/her being before the facilitator can start practising them.

- **Congruence**

Mbedzi (2011:26) reiterates that "to maintain congruence, one needs a high level of self-awareness, self-acceptance and self-trust and a commitment of being, rather than a superficial or false attempt to appear congruent".

- **Unconditional positive regard**

The facilitator should accept the clients the way they are and treat them with dignity and respect. All clients should be perceived as being equally important.

- **Empathy**

The facilitator can place himself or herself in the client's situation. Empathy strengthens trust between the facilitator and the client.

- **Personal power**

Mbedzi (2011:27) overemphasises that "facilitators can help clients tap their own sources of power and become, as fully as possible, the persons they are capable of being".

Grobler, Schenck and Du Toit (2003:3) state that Rogers' 19 propositions about humans and what possibly motivates people on various levels of consciousness, provide tentative guidelines for facilitators in their efforts to understand, think about, and make sense of what we observe in others, like what they say, do, and feel; when they encounter them". The scholars further say that the 19 propositions form part of the theory and are the foundation towards the understanding of a person in totality.

## **1.5 RATIONALE AND PROBLEM STATEMENT**

The researcher intends to explore the experiences of FPOs regarding the role of the EAP in trauma management. The study of this virtue has never been conducted before in the South African context therefore it will benefit the FPS as an entity (employees and management) in terms of understanding the experiences of FPOs regarding the role of the EAP in trauma management in order to identify gaps and come up with improvement plan in terms of whether the experiences of FPOs regarding the role of the EAP are found to be beneficial or not. Some of the FPOs have voiced that when they see the body of an infant they become so traumatised as they have their own children at home.

Fouché and De Vos (2011:92) state that in a qualitative study research questions may become more concrete, more focussed, narrowed and revised as the study progresses, but a research question must be formulated as clearly and unambiguously as possible. The researcher has formulated the question of the study as follows:-

The research question which will guide the study is formulated as: 'What are the experiences of FPOs regarding the role of the EAP in trauma management?'

## **1.6 GOAL AND OBJECTIVES**

### **1.6.1 GOAL AND OBJECTIVES OF THE STUDY**

The goal is to explore and describe the experiences of FPOs regarding the role of the EAP in trauma management.

### **1.6.2 OBJECTIVES OF THE STUDY**

To achieve the goals of the study, the following objectives were formulated:

- To theoretically conceptualise the concept of trauma and trauma management in the workplace
- To explore and describe the experiences of FPOs about trauma in the workplace
- To explore and describe the experiences of FPOs about the EAP service in terms of trauma management
- To describe the role of the EAP in the management of trauma experienced by FPO's in order to make recommendations about the possible improvement of EAP

## **1.7 RESEARCH APPROACH**

The researcher employed a qualitative approach to explore and describe the experiences of FPOs about the EAP service in terms of trauma management with the purpose of understanding the phenomenon from their own perspectives. The qualitative researcher seeks a better understanding of complex situations. The work of qualitative researchers is often exploratory in nature and holistic (Ivankova, Creswell & Plano, 2007:255). The mentioned approach is suitable for the description of the role of the EAP in the management of trauma amongst FPOs. The researcher was able to get an in-depth understanding and views of FPOs in terms of the role of the EAP when it comes to the management of trauma and to discover the areas for improvements.

This approach allowed the researcher to comprehend the experiences of FPOs as well as the role of EAP in trauma management. This type of research afforded FPOs to be

more descriptive during data collection and further suggested multiple perspectives and views on the areas of discussion.

## **1.8 TYPE OF RESEARCH**

Fouché and de Vos (2011:94) explain that both basic and applied research are complementary - the advancement of knowledge and the solution of problems are both scientific necessities. Applied research is motivated by a need to solve practical problems facing FPSs regarding programmes, projects, policies or procedures related to their area of work. This specific study is based on applied research, since its goal is to explore and describe the experiences of FPOs regarding the role of the EAP in trauma management and the results of the study will be able to guide and assist Forensic Pathology Service in terms of putting in place the improvement plan where gaps are identified for the betterment of employees' trauma management programmes and their wellbeing.

## **1.9 RESEARCH DESIGN**

The most suitable research design contemplated and applied for this study is a collective case study as it explores and describes the experiences of FPOs pertaining to the role of the EAP in trauma management (Fouché, 2005b:272).

A collective case study is descriptive in nature. As an instrument of inquiry the collective case study was utilised to explore and describe experiences of 12 individual cases of FPOs who have utilised the EAP services rendered by the service provider with the aim of managing trauma (Cresswell, 2007:73). The researcher had previously chosen the phenomenological design, however the researcher had to change the research design since the focus of the study is not on the concept of trauma entirely but on the experiences of FPOs regarding the role of the EAP in trauma management.



## **1.10 RESEARCH METHODS**

### **1.10.1 STUDY POPULATION AND SAMPLING**

According to Neuman (2011:241) study population is “the abstract idea of a large group of many cases from which the researcher draws a sample and to which results from a sample are generalised”. The total population of FPOs within the Gauteng Region on personnel records as derived from the persal system reflected on the updated staff establishment is 191. The population of study is comprised of all FPOs who are working at FPS facilities within the Gauteng Region. There are 11 facilities within the Gauteng Region wherein FPOs are stationed.

Strydom (2011:223) defines the research sample as the portion of the total population that represents the total of the study. The sample of this study is FPOs who made use of the EAP services rendered by the service provider.

In this study a purposive sampling strategy was used. Strydom (2011:232) mentions that “purposive sampling is based entirely on the judgment of the researcher, in that the sample is composed of elements that contain the typical attributes or characteristics of a representative or typical attributes of the population that serve the purpose of the study best”. The FPOs who met the criteria of the study were invited to voluntarily partake in the study.

Firstly, a poster with the title of the study, goal of the study, objectives of the study, criteria and ethical considerations of the study was designed with the aim of ensuring that the invited participants understood the criteria before volunteering. An invitation through email was sent to all FPOs who have access to email inviting them to participate in the envisaged study; a poster was attached to the email stipulating the criteria. The rest of the posters were printed and mounted on the notice boards in all 11 facilities for the rest of the FPOs who do not have access to email, inviting their voluntary involvement. The first 12 FPOs who responded to the invitation were interviewed. The interviews were conducted in English, fortunately all the participants who were interviewed were all able to converse in English. One of the participants

complained about being interviewed in English, however, she was able to answer the questions in English and gave valuable contributions. The demographic profile of the participants was obtained from Human Resources Management Section for accuracy.

A criterion for purposive sampling was:

- FPOs with at least five years of work experience as an FPO
- Participants who had previously made use of the EAP services offered by Forensic Pathology Service through the service provider
- Participants could be male or female
- Participants had to be stationed at one of the following depots: Johannesburg FPS, Pretoria FPS, Bronkhorstspuit FPS, Diepkloof FPS, Heidelberg FPS, Springs FPS, Germiston FPS, Carletonville FPS, Sebokeng FPS, Ga-rankuwa FPS and Roodepoort FPS

### **1.11 DATA COLLECTION**

As the approach of this study is qualitative in nature, semi-structured one-on-one interviews (Cresswell, 2013:146) were conducted to collect data of this nature. This method is preferable because the interviews allowed the researcher to communicate directly with the participants as the researcher orally gathered the experiences of FPOs and visually observed how their experiences had impacted on the participants in terms of their body language (Greeff, 2005:287). This enabled the researcher to unfold the meaning in peoples' experiences and to uncover their experiences prior to scientific explanation. The interview schedule afforded the researcher with the set of predetermined questions that guided all the interviews with the aim of engaging and soliciting the participants in an active way.

The semi-structured one-on-one interviews were conducted and organized around areas of particular interest while still allowing flexibility in scope and depth (Greeff, 2005: 292).

To maintain privacy, the interviews were conducted in a tranquil private office to minimize disruptions and facilitate open engagement with the participants. The researcher interviewed 12 participants based on the inclusion criteria. The researcher requested permission to utilize an audio tape recorder and to also transcribe field notes to ensure accurate capturing of the information. The informed consent letters were read before the inception of each and every interview and each participant signed in the presence of the researcher.

The duration of the interviews varied from one interview to the next interview. Some participants took longer than the other participants depending on how vocal and expressive they were in terms of their feelings. The maximum time length of the interviews was approximately 40 minutes.

The researcher applied facilitative communication skills for example active listening, clarifying, reflecting, probing, paraphrasing and summarizing to ensure that information gathered was accurate and to gather as much information as possible. Some participants were continuously probed and professionally reminded to focus on the questions asked as they would often deflect from the questions posed. Some of the participants would take the platform of the interview as a platform for venting about the poor systems and resources in the organization.

## **1.12 DATA ANALYSIS**

Chabalala (2005:13) contends that the researcher must sit down after an interview and jot down his/her impressions of the interview. An important point to remember is to keep all the field notes of the interview, as these can assist the researcher in remembering and exploring the process of the interview. Field notes are a written account of the things the researcher hears, sees, experiences and thinks about during the course of interviewing. Chabalala (2005:13) continues to say that by employing qualitative analysis, an attempt is made to capture the richness of themes emerging from the participant's words, rather than reducing the responses to quantitative categories. It is crystal clear that the researcher had to ensure that all

information gathered during the interviews was fully captured to be able to identify themes.

Schurink, Fouché and De Vos (2011:403-415) highlight the important stages of preparing and organizing the data extracted from the eight steps of Creswell’s (1998) analytic spiral of data analysis. The eight steps which Creswell (1989) used are discussed in Chapter 3.

### 1.13 CHAPTER OUTLINE

The research chapters are as follows:

**Table 1: Chapter Outline**

CHAPTER	DESCRIPTIONS
<b>Chapter One: Introduction of the study</b>	The researcher outlines a brief background of the study in the introduction. The Literature review and theoretical framework are discussed. The rationale and problem statement/research question, goal and objectives of the study are highlighted. The researcher explains the research design and research methodology comprehensively. The content of research report and limitations of the study are outlined.
<b>Chapter 2: Literature Review</b>	A literature study on the role of the EAP in the management of trauma experienced by FPOs is described and concluded with a summary.
<b>Chapter 3: Research methodology and empirical study</b>	The researcher discusses the research methodology used in the study. Analysis of data is discussed. The researcher describes detailed key findings of the study from the participants’ responses and further compares the key findings with the literature review. The Chapter is further summarised.

<b>Chapter 4: Key findings, Conclusions and Recommendations</b>	Key findings from the study are presented. Furthermore, conclusions are made from the objectives and key findings of the study. Recommendations are made in order for Forensic Pathology Service to improve trauma management programmes implemented for better improved service delivery and wellbeing of employees.
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#### **1.14 LIMITATIONS OF THE STUDY**

A research is bound to have its own limitations and short-comings due to many factors that are incorporated into the study. This study was successfully carried out, however, it was not a smooth sailing journey due to the following stumbling blocks:

- **Small sample size**

The sample size of the total population of the study was not a full representation of the FPOs. Only 12 participants were interviewed out of 191 FPOs in the entire workforce. The findings of the study are limited to only the 12 participants who volunteered first. Furthermore, some participants from other depots did not volunteer to partake in the study. The researcher had hoped to target all the depots.

- **Exclusion of employees**

The study excluded employees who had not made use of the EAP services offered by the Department of Health (FPS) through the service provider.

- **Reluctance of participation**

The participants took longer than expected to be willing to participate in the study. It therefore delayed the study. The participants had to be re-invited.

The next Chapter will discuss the literature review on the role of EAP in trauma management.

## CHAPTER 2

### LITERATURE REVIEW ON THE ROLE OF EAP IN TRAUMA MANAGEMENT

#### 2.1 INTRODUCTION

Literature is an excellent source for selecting or focussing on a topic and refining the research question, as it reduces the chances of selecting an irrelevant or outdated topic/focus by investigating what has already been done in a particular area of enquiry (Fouché and Delport, 2011:134). The researcher identified that many studies have focussed on trauma experienced by police officials, fire fighters, rescuers, emergency medical service (EMS) personnel and soldiers but none forensic pathology officers (FPOs). Furthermore, previous studies have examined the relationship between traumatic events and PTSD symptoms as well as the psychological impact of trauma. However, no study could be found on the experiences of FPOs regarding the role of the EAP in trauma management as experienced by FPOs and subsequent coping strategies employed.

Tehrani (2004:50) mentions eight major occupational groups of workers affected by traumatic incidents, namely workers from military, transportation, EMS, finance, health care, off-shore oil and gas industries, the nuclear industry and other industries. Work performed by FPOs have however not been mentioned, possibly due to the specialised nature of work done by FPOs which is not fully known in the public domain. Their work is unique and it requires someone who has strength and courage to perform post-mortems.

“We are currently living in a traumatized society where employees work and survive despite traumatic events” (Jonas, 2003:54). The Committee of EAPA-SA Standards (2010:11) indicates the importance of organizational policies and protocols relating to trauma management in the workplace.

“Employers’ duties of care under both common and statute law include the need to take reasonable care of the health and safety of the workforce. This includes both the moral and legal duties to consider the psychological needs of personnel following exposure to traumatic events related to the workplace. While this has been recognised within many high-risk occupations such as police, fire and rescue services and the military, the need for trauma management in the workplace is significant” (Regel, 2007:411-416). It is essential to offer trauma management in the workplace environment for the well-being of all employees, to be able to continue performing their required duties with reliance and to acquire strong coping mechanism skills.

The focus of this Chapter will be on the description of trauma, factors contributing to the trauma experienced by forensic pathology officers, the impact of post-traumatic stress disorder (PTSD) and the role of the Employee Assistance Programme (EAP) in trauma management.

## **2.2 TRAUMA**

Lee (2002:1) mentions that trauma is the experience of being psychologically overwhelmed. When traumatized, a person is rendered impotent. At that moment, they are incapable of coping either intellectually or emotionally. During this stage a person feels powerless and ineffective to control his or her life.

Hoffman (2014:2) and Van Heerden (2005:202) mention that there are many traumatic events that occur in the workplace. They include:

- Human-caused incidents – explosions, fires, violence from firearms or other weapons, rape, threats, robbery, assaults, domestic violence and stalking
- Deaths (including homicide/suicide) – on the job, away from the job, work-related, accidental, disease-caused, violence
- Natural disasters – the most common natural hazards are floods, tropical storms, tornadoes, severe windstorms, lightning, earthquakes, volcanoes and avalanches

- Accidental disasters – car, train, boat or airplane accidents, fires and explosions

In this instance FPOs have to deal with dissecting corpses during their day-to-day work routine and see bodies which have been mutilated, poisoned, disfigured due to fire, charred or decomposed, and those of people who have committed suicide or homicide. These employees are still expected to live a normal life and often don't realise the damage which occurs from the trauma that they experience on a daily basis due to the nature of their work.

Lee (2002:1) concurs with Botha, Watson, Volschenk and Van Zyl (2001:22) that reactions experienced by persons who have been exposed to trauma include depression, anxiety, difficulty in responding to new situations and rigid thinking and it is highlighted that trauma can often be underestimated by employers. Lee (2002:1) also indicates that trauma is caused by the combined effects of stressors such as demeaning work conditions, worker/job mismatch, prejudice, unclear job expectations, impossible workloads, abusive treatment by peers or superiors, emotionally draining interactions with difficult people, and job insecurity.

Significant for many employers is the recognition that traumatic symptoms can be experienced as a result of exposure, not only to extreme events such as war, acts of terror or natural disasters, but also to more commonly experienced events which occur in the course of a working day, e.g. a road traffic accident. In some instances, events such as physical or verbal assault, armed raids or even hostage taking situations occur precisely because of the nature of work being undertaken (Rick, O'Regan and Kinder, 2006:1). Some of the FPOs may experience physical, cognitive, emotional and behavioural symptoms at the scene, or sometimes weeks or months later. Van Heerden (2005:202-203) describes the following symptoms of trauma:

- Avoidance – anxiety about and avoidance of reminders of the trauma or not wanting to hear other people's stories
- Mortality awareness – becoming aware of one's mortality and the possibility of one's own death
- Sleep – troubled sleep, including nightmares



- Thoughts and images – thoughts or images of the distressing or terrifying experiences that pop into mind without trying to think of them and that cannot be easily dispelled
- Carelessness – apparent carelessness in ordinary tasks
- Concentration – difficulty concentrating or paying attention
- Depression – feelings of depression, loss, sadness and overwhelming hopelessness
- Fatigue – bodily fatigue, even without apparent reason
- Helplessness – feelings of helplessness, lack of control and powerlessness
- Irritability and anger – outbursts of irritability or anger, sometimes without apparent reason
- Numbness – feelings of numbness and lack of energy to tackle tasks

### **2.3 FACTORS CONTRIBUTING TO THE TRAUMA EXPERIENCED BY FPOS**

Trauma can be triggered by numerous events in the workplace but in this instance FPOs may experience a negative impact on the psychological wellbeing due to the nature of their work resulting in poor/low job performance. The articles from different sources explain the nature of FPOs' day-to-day work experiences.

Maxon (2014:3) mentions that Gauteng Forensic Pathology Service played a key role in repatriation of bodies from Nigeria. A total of 116 people died on 12 September 2014, when a guest house belonging to the Synagogue Church of all Nations in Lagos headed by preacher TB Joshua collapsed.

Tladi (2014:4) cites that one of the FPOs who was interviewed by a reporter defined his line of work as imperative because not only does the legal system rely heavily on the evidence and conclusions that they present on unnatural deaths (suicide, motor vehicle accidents and other trauma cases) but they also form an instrumental part in providing bereaved families closure on the deaths of their loved ones. He continues to add that though his work does have its unique challenges, it is indeed a challenging career path whereby examining an estimation of 40 bodies a day can be traumatizing and tiring at the same time.

Olifant (2014:1) cites a case study of Thandeka Moganetsi, 14, and Chwayita Rathazayo, 15, who were discovered in a stretch of veld on a Wednesday morning. It was alleged that these bodies had tattoos on the arms and they believed that these tattoos were linked to Satanism. FPOs had to collect these bodies from the scene and they also removed two axes from a house in Dobsonville as proof of evidence for the case on how these kids had been killed.

Mazibila (2015:7) mentions in the article “corpse found in river deepens water blues” that a decomposed body was found floating in the N’waritsi River, which had to be collected in order to be dissected in the post-mortem room.

Hosken (2016:10) reports in the article about FPOs work essence. “A grandmother lies on a steel gurney in the cold room after her human remains were found sprawled on the dusty ground in the backyard of her Bekkersdal home. Her bloodied white blouse had been ripped open and her skirt was bunched around her waist. She had been there for days, as she lived alone”. One of the FPOs says handling these types of situations is tough especially when it comes to the brutal killing of old people. The next FPO who was interviewed by the reporter says it is the death of children that gets to him and the statement is concurred by the study conducted at Emergency Medical Services which revealed that “a total of 27% of the participants indicated incidents involving children traumatize them the most” (Llizane, Suki and Lee, 2015:14). Hosken (2016:11) further cites that “Hillbrow mortuary is South Africa’s busiest. FPOs can collect as many as 14 bodies on one day. During the 2014-2015 financial year, FPOs collected more than 18 000 murdered victims and this figure does not include thousands of road accident victims, suicides, accidental deaths, dumped fetuses or those who die from unknown causes”. These factors contribute to the trauma experienced by FPOs at different facilities. Hosken (2016:10) reiterates the words of one of the FPOs who says “you cannot switch off. You constantly think of the dead, especially the unknown, those who have no names. You wonder who they were and where their families are”.

Another example was a young couple, where the husband and wife became involved in a fight, and the father got angry, picked up his baby and swung it against the wall (Hosken, 2016:10). The author mentions that this job is not only undertaken by men,

but by women as well. They work the graveyard shift to collect South Africa's human remains.

These articles indicate clear evidence that FPOs are exposed to traumatic events daily. The researcher is of the opinion that several people may do the same job but this does not necessarily mean that they all have the same resilience in terms of handling different cases of trauma.

## **2.4 DIAGNOSTIC CRITERIA FOR POST TRAUMATIC STRESS DISORDER (PTSD)**

PTSD is a specific syndrome in which trauma survivors are unable to get the traumatic event off their minds. Three symptom clusters are associated with PTSD: 1) 're-experiencing symptoms' refers to distressing images, unwanted memories, nightmares or flashbacks of the event that cause distress and physical symptoms such as palpitations, shortness of breath and other panic symptoms; 2) the 'avoidance of reminders of the event', includes avoiding people, places or things associated with the trauma and becoming emotionally numb, constricted or generally unresponsive to the environment; 3) 'hyper arousal' is reflected in physiological symptoms such as insomnia, irritability, impaired concentration, hyper vigilance and increased startle responses (Rick, O'Regan and Kinder, 2006:3; Rogers, 2002:13; Hughes, Kinder and Cooper, 2012:27). Mitchell (2006: 10) mentions that PTSD is "the usual diagnosis that Mental Health Professionals apply to persons who have suffered severe trauma in their lives and have developed certain symptoms as a result of the traumatic event.

Chabalala (2005:56) cites the distinction between post traumatic stress and post traumatic stress disorder. PTS characteristically differs from PTSD by the severity of the psychological symptoms and the time taken to recover. The PTS symptoms can generally influence a person's thoughts, feelings and reactions for 4-6 weeks following the traumatic event. If the symptoms prolong for up to 3 months, the person is likely to be suffering from acute PTSD. If the symptoms remain longer than 3 months, the person is probably suffering from chronic PTSD.

The diagnostic criteria for PTSD from DSM-V (American Psychiatric Association, 2013: 271-272) are explained as follows:

**A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:**

1. Directly experiencing the traumatic event(s)
2. Witnessing, in person, the event(s) as it occurred to others
3. Learning that traumatic event(s) happened to a close family member or close friend, the event(s) having been violent or accidental
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (for example first responders collecting human remains, police officers repeatedly exposed to details of child abuse)

In this instance FPOs are directly affected since they collect human remains from different scenes, working in conjunction with Emergency Medical Services (EMS) personnel who declare the body dead, as well as with the South African Police Services (SAPS).

**B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:**

1. Recurrent, involuntary and intrusively distressing memories of the traumatic event(s). Note: In children, older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s).  
Note: In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (for example flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.  
Note: In children, trauma-specific re-enactment may occur in play.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event(s).

5. Marked physiological reactions to internal or external cues that symbolise or resemble an aspect of the traumatic event(s).

Some of the FPOs in the study alluded that they used to have flashbacks of the incidents where they had discovered that the people collected from the death scenes were related to them.

**C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:**

1. Avoidance of, or efforts to avoid, distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)
2. Avoidance of, or efforts to avoid, external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)

For instance, avoidance of going to the butchery as it is a reminder of internal parts of a dead body.

**D. Negative alterations in cognitions and moods associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:**

1. Inability to remember an important aspect of the traumatic event(s), typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world, for example “I am bad”, “No one can be trusted”, “The world is completely dangerous”, “My whole nervous system is permanently ruined”
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

4. Persistent negative emotional state, for example fear, horror, anger, guilt or shame
5. Markedly diminished interest or participation in significant activities
6. Feelings of detachment or estrangement from others
7. Persistent inability to experience positive emotions, for example the inability to experience happiness, satisfaction, or loving feelings

Excessive consumption of alcohol is experienced by FPOs as the way of disassociating themselves from their day-to-day work.

**E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:**

1. Irritable behaviour and angry outbursts with little or no provocation, typically expressed as verbal or physical aggression toward people or objects
2. Reckless or self-destructive behaviour
3. Hyper vigilance
4. Exaggerated startle response
5. Problems with concentration
6. Sleep disturbance, for example difficulty falling or staying asleep or restless sleep

**F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.**

**G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

**H. The disturbance is not attributable to the physiological effects of a substance, for example medication, alcohol, or another medical condition.**

**With dissociative symptoms:** The individual's symptoms meet the criteria for post traumatic stress disorder and in addition, in response to the stressor, the individual experiences persisted or recurrent symptoms of either of the following:

1. **Depersonalisation:** Persistent or recurrent experiences of feelings detached from, and as if one were an outside observer of, one's mental processes or body, for

example feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly.

2. **Derealisation:** Persistent or recurrent experiences of unreality of surroundings, for example the world around the individual is experienced as unreal, dreamlike, distant, or distorted.

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance, for example blackouts, or strange behaviour during alcohol intoxication, or another medical condition like complex partial seizures.

Specify if:

**With delayed expression:** If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

## **2.5 THE ROLE OF THE EAP IN TRAUMA MANAGEMENT**

The researcher is of the opinion that EAPs play a fundamental role in the management of trauma in the workplace. Trauma management forms part of the EAP's scope of services offered to employees. Programmes for trauma management assist organisations to be able to address challenges experienced by the employees. Van Wyk (2011:143) highlights that "the role of the EAP is to provide a specialised service or to establish a working relationship with a specialised partner in the field of trauma management in order to be in a position to provide the best possible service to the clients".

"As part of an effective EAP's clinic service, trauma management should be offered. The goal of trauma management should be to respond to traumatic situations in time, in agreement with organisational policies and procedures. The objective of trauma management should be to provide trauma defusing services for the immediately affected employees, to provide debriefing for traumatised employees and to influence policies and procedures relating to trauma management" (Van Wyk, 2011:140).

The rationale behind trauma management in the workplace is to support employees who have been exposed to trauma so that they may continue to live normal lives.

### **2.5.1 PRE AND POST TRAUMA MANAGEMENT INTERVENTIONS**

Hughes, Kinder and Cooper (2012:144-145) reiterate that the preferred approach to trauma support in the South African workplace involves two elements, a pre-trauma programme of trauma preparedness training which is not limited to resilience, emotional intelligence, stress management, self-efficacy, strength based skills, self-management, and internal locus of control. Trauma preparedness training enhances performance by leveraging strength based skills rather than waiting until people need clinical care.

The researcher fully concurs with the authors that employees who are involved in the traumatic occupational environment should be fully trained on understanding the work dynamics, suicide training and stress management in preparation of the unforeseen circumstances. The pre-trauma training helps the employees who are working in traumatic environments to be psychologically ready for any incident that may occur. This applies to both the new and the old employees in the workforce. Van Wyk (2011:143) highlights that “the role of the EAP is to provide a specialised service or to establish a working relationship with a specialised partner in the field of CISM in order to be in a position to provide the best possible service to the clients”. He adds that an EAP with a specialised CISM service or a specialised partner should be able to deliver the following:

- Training, information and preparation to ensure best practice
- Consultation and assistance with contingency planning
- Access to tools, techniques and instruments
- Rapid access to trained and capable response staff

The second element is a programme based on post-trauma support and intervention. This approach endeavours to create a supportive work environment that is aware of, and sensitive and responsive to, the impact of trauma on employees, particularly those employees who are vulnerable to trauma. The mentioned approach also introduces



psychological expertise in the immediate aftermath of incidents of trauma in the workplace to facilitate trauma recovery and intervene where necessary. Trauma debriefing is one of the intervention programmes in place for FPOs at FPS.

The researcher believes that workplace interventions are imperative to enable employees to build their own resilience and coping mechanisms to carry on with their day-to-day work duties and to alleviate absenteeism, resistance to the workplace and staff turnover. Trauma preparedness programmes are educational and informative in the workplace. Hughes, Kinder and Cooper (2012:145) highlight that “it is important to train staff on what to expect following exposure to trauma”. Employees who are confronted with trauma on a daily basis should have programmes in place prior to any incident in order to foster resilience, be psychologically prepared and be empowered with particular information. Most employers do not take such pro-active initiatives, instead they intervene when an incident has occurred (reactive management of trauma). The current intervention programme rendered by the contracted service provider does not provide services covering trauma preparedness training.

Tehrani (2004:78-87) explains the importance of post-trauma interventions described as crisis management, for defusing, debriefing and trauma counselling. Each is appropriate for use at a particular time following a traumatic incident. Following a traumatic experience, employees have certain expectations of their employers and if the organisation fails to live up to these it is likely that employees will become even more traumatised. Tehrani (2004:78-87) concurs with Mitchell (2006:2-3) by saying that demobilisation, crisis management briefings, defusing and debriefing are characterised as part of trauma management in the workplace.

### **2.5.2 CRITICAL INCIDENT STRESS MANAGEMENT (CISM)**

Critical Incident Stress Management (CISM) is a comprehensive, integrated, systematic and multi-component approach to managing traumatic events (Mitchell, 2006:2). The author further discusses that CISM comprises of four tools used in a group settings.

1. Demobilisation – it is usually used in a large group to process information targeting emergency services like military or other operational staff who have been exposed to a significant traumatic event such as a disaster or terrorist event.
2. Crisis Management Briefings – this is a structured style focussing on a large community or organisational groups. It is designed to provide information about the incident, control rumours, educate about symptoms of distress, inform about basic stress management and identify resources available for continued support, if desired. This may be useful in response to community violence or terrorism.
3. Defusing, is described by Roos, Du Toit and Du Toit (2003:108) as “a short version of the debriefing process and is usually performed within few hours of a critical incident. The goal of defusing is to reduce the impact of the event and to assess the needs of the group”.
4. The process is brief and usually takes 20 to 45 minutes. Trauma defusing deals with traumatised employees or people on the scene of the incident or who were there immediately after the incident, with the aim of giving emotional support and ensuring a safe environment for the traumatised employees.

Trauma defusing can be described as ‘on-the-scene’ trauma management that is aimed at stabilising the situation directly after a traumatic event has taken place. Other elements that could be present and associated with the diffusing process are for instance supportive listening by the counsellor, the normalisation of a survivor’s or victim’s reactions as well as the teaching of recovery strategies to enable the survivor or victim to cope (Admin, 2011:1). The researcher believes that trauma defusing places its focus on providing for the safety of the survivor or victim both on a psychological as well as a physiological level, for example provision of blankets when it is cold and water for calming down the survivors or victims, and taking into cognisance supportive listening and normalising of the reactions.

5. Trauma debriefing, is described by Spiers (2001:8) as “an established multi-phase crisis intervention process that helps individuals to work through their

thoughts, reactions and symptoms followed by training in coping techniques. It involves a structured, time-limited discussion and explanation of the incident and its effects on individuals”. The author is reiterating that individuals should be helped to regain normal functioning in order to carry on with their normal lives having acquired a skill on how to handle the effects of trauma.

Debriefing promotes a group environment for describing experiences and bringing together the different perceptions in ways that may lessen distress and provide some shared sense of meaning (Raphael and Wilson, 2000:1). This process confirms to individuals who have been exposed to trauma that they are not alone hence they can learn from each other on how to decrease stress to move forward with their lives.

Trauma debriefing can be described as early interventions or non-clinical forms of secondary prevention for traumatised people. It is a process designed to enable the victim to re-experience the incident in a controlled and safe environment to make sense of, and become reconciled to, the traumatic event, (Victims Support Unit, {as}). Trauma debriefing is not a therapeutic intervention however it is process to help individuals regain their strength and resilience to live a normal life like before.

Mitchell (2006:3) and Richard, Emener and Hutchison (2009:282-283) differentiate between these tools used in CISM as follows:

**Table 2: CISM TOOLS**

<b>TYPE</b>	<b>DEMOBILISATION</b>	<b>CRISIS MANAGEMENT BRIEFING</b>	<b>TRAUMA DEFUSING</b>	<b>TRAUMA DEBRIEFING</b>
When	After Shift	Anytime post-crisis	It takes place within 12 hours after an incident	It takes places between 24 hours to 10 days

			has occurred	after an incident has occurred
Who	Large number of responders	Organisations, Communities	It is conducted in small groups for smooth management	It is facilitated in small groups for better management
Format	Passive-information is the focus	Semi-Active Information is shared, as are resources	It is loosely guided (informal)	It is very active – a structured team, with guided discussion through seven stages
Leader	Peer, Chaplain or Mental Health Professional	Peer, Chaplain or Mental Health Professional	Peer, Chaplain or Mental Health Professional	Trained Leader and one Mental Health Professional
Length	½ hour	1-1½ hour	20-45 minutes	It is facilitated for 1½ - 3 hours
Follow-up	Critical incident stress debriefing	Assessment needed for critical incident stress debriefing	Assessment needed for critical incident stress debriefing (CISD)	Closure or referral

The researcher is of the opinion that these tools are very efficient and effective when it comes to assisting employees who have been exposed to any form of trauma in the workplace. It is further arguable whether these tools are implemented effectively to empower traumatised employees.

### 2.5.3 AIMS OF TRAUMA DEFUSING

Roos, Du Toit and Du Toit (2003:109-111) discuss the aims of defusing as follows:

- **To ensure the safety of the survivors of the trauma**

To protect the survivors from being exposed to any harm that may trigger further traumatisation for example seeing the bodies or human remains. It is necessary for the survivors to be removed from the scene of the accident and to be kept in a private place where there is tranquillity.

- **Gaining the confidence of the survivors**

During this stage, it is important for the trauma diffuser to gain the confidence of the survivors and as much information as he/she can from the survivors. The attitude of the trauma diffuser must be positive in order to relate with the survivors. The trauma diffuser should develop a good rapport with the survivors by showing respect, calmness and emotional support.

- **Calm the survivors**

Trauma scenes are characterised by extreme emotions. The trauma diffuser should be prepared for reactions ranging from fierce, denial, panic and negative attitudes. The trauma diffuser should stay calm and reassure the survivors of their safety.

- **Provide practical assistance for physical needs**

The trauma diffuser can help to provide practical assistance in terms of making phone calls to the family members of the survivors, arranging water or tea, offering blankets to regulate temperature while their bodies are in shock and alert medical practitioners if a survivor needs medical assistance.

- **Provide emotional support**

Provision of emotional support to the survivors is very crucial at this stage as they may be feeling detached from the world and distracted due to what they have just experienced and witnessed. It is important to assist survivors to establish contact with their support systems, for example close family members, friends and colleagues, who will give them maximum support.

- **Provide clear information about the process**

It is prudent for the trauma diffuser to provide clear information of what will happen after the defusing so that the survivors will know exactly what the next step is. During this stage, most survivors may still be in shock therefore not able to absorb all the information given to them. It is advisable to communicate with their family members who will be able to keep on reminding them. The trauma diffuser should provide survivors with contact details of the trauma debriefer who will facilitate the trauma debriefing session.

This stage is very critical for trauma diffusers to ensure that the survivors are contained in a safe place and supported to the maximum best. During this stage, questions should be minimised to avoid overwhelming the survivors as they may still be in shock and disoriented due to the incident.

#### **2.5.4 STEPS OF TRAUMA DEFUSING**

These steps are explained by Raytheon Polar Services Company (2002:03), as follows:

- **Introduction**

The trauma diffuser introduces himself/herself and explains the reason for the gathering and explains defusing guidelines. Survivors are encouraged to support each other and participate during the discussions. Furthermore, the importance of confidentiality is emphasized during this stage. Van Wyk (2011:85) states that during this introduction the trauma diffuser should show by his/her feelings that he/she cares. This is a crucial phase where the diffuser must gain trust in the survivors and win their confidence. The trauma diffuser should take into cognisance

that this process is to ensure that survivors are contained and protected from any secondary trauma/s that might arise.

- **Exploration**

During this stage survivors are encouraged to discuss their experiences (disclosure of facts, cognitive and emotional reactions as well as symptoms of trauma). Van Wyk (2011:85) reiterates the importance of allowing the survivors to focus on the facts and express their feelings. Everyone is encouraged to talk. Van Wyk (2011:85) further pinpoints that showing empathy is prudent and nodding of the head is imperative to show that the trauma diffuser is listening attentively. The trauma diffuser may ask questions for the dialogues to proceed. The researcher is of the opinion that discussions may be encouraging, however, the survivors should not be coerced to talk since individuals are unique. Some may still be in shock, feeling numbness and be speechless. The trauma diffuser may wrap up the discussions thereafter.

- **Information**

The information which has been discussed in an exploration stage will be summarized and provided to the group. The reaction feelings should be normalized and all the questions should be answered. Van Wyk (2011:85) states that all the survivors should be clear in terms of the next step that will unfold and the trauma diffuser should ascertain information from survivors in terms of their support systems and other people they can confide in regarding their traumatic situation. Lastly, during this stage it is determined whether trauma debriefing will be necessary.

The researcher has established that there are different models used in the field of trauma or psychological debriefing. These models contribute enormously in ensuring that traumatised people are given the maximum support in order to be able to live normal lives by developing their own coping mechanisms. Chabalala (2005:30-31) elaborates on the pioneers who developed three different models namely Jeffery

Mitchell who was the first to introduce the concept of “Critical Incident Stress Disorder” (CISD) in 1983; the second pioneer was Dyregrov who further modified the model and called it “Psychological Debriefing” (PD). The last model is called “revised model”. Mitchell’s seven phases of debriefing model seems to have been adopted by numerous authors (Jonas, 2003:48-52; Chabalala, 2005:37; van Heerden, 2005:206-207; Richard et al., 2009:284).

## **2.5.5 MITCHELL’S SEVEN PHASES OF DEBRIEFING MODEL**

### **Phase 1: Introduction Phase**

Introduction is done by the debriefing team and group explaining the purpose, process, rules and establishment of confidentiality. Chabalala (2005: 32) states that “during this phase, the team leader together with his team strives to establish a supportive, non-critical atmosphere. The preceding discussion clearly indicates that during the introductory phase the debriefing team must aim to establish a good and positive rapport with the group”. The rules set should be such as:

- Turning off all distracting devices, for example cell phones and radios on cell phones
- Confidentiality should be overemphasised both inside and outside the session
- The facilitator does not need to speak very much
- Emphasis is placed on here and now
- Explain that the individual may feel worse to begin with, but that is normal
- Group members should only speak for themselves
- The debriefing is not a critique or a tribunal, nor is it a procedural debriefing
- Participation in trauma debriefing is voluntary
- Participants should be made aware of individual sessions rendered separately.



## **Phase 2: Fact Phase**

Richard et al. (2009:284) highlight that during this phase “the participants introduce themselves, describe their roles during the incident and identify facts surrounding their first experiences with the incident”. During this phase, it is critical for each and every participant to be given an opportunity to tell his or her story of what really transpired before, during and after the incident. The trauma debriefer must listen attentively and do little talking, however, the participants should be given a platform to vent their feelings. During this process the facilitator needs to be observant for body language, for example tears or eyes down as these may be signs of distress. This process includes seeking information and asking questions:

- Tell a story about the environment including sensory information based on what an individual saw, heard, smelled, touched and tasted.
- When did it happen?
- What were you expecting?
- What did you experience?
- Where were you?

## **Phase 3: Thought/Cognition Phase**

Jonas (2003:50) emphasizes that “this is the most excruciating process in that the debriefers must listen attentively to what is being said to gradually identify themes that apply to the crisis group. Actually, this is the time the debriefer tries to get into psychological analysis of what the survivors were thinking about and how that impacted on them during that specific period”. The researcher concurs that this phase requires a trained professional who will be able to categorise the thoughts of participants and to reflect them in an orderly way. Van Heerden, (2005:206-207) pinpoints that during this phase participants are encouraged to discuss their first thought during an incident. Questions focus on the following:

- What were your first words?

- What did you do? (Did you scream?)
- What were the responses of your internal organs, for example did you have butterflies in your stomach?
- What did you decide to do?
- The facilitator should be very alert to participants' reactions during this stage.

#### **Phase 4: Reaction Phase**

“The reaction phase allows participants to discuss the worst parts of an incident in a controlled environment that enhances venting thoughts and feelings associated with the event and prepares them for useful stress reduction” (Mitchell, 2006:8). This may be the longest process since feelings are incorporated and some participants may be very sensitive and emotional. Participants who are traumatized and might need further referral are identified by the facilitator during this phase. Chabalala (2005:34) reiterates that “emotional reactions can include feelings of guilt, fear, anger, frustration, helplessness, shock, sadness and despair”. Chabalala (2005:34) further adds that “it is important for the facilitator to encourage participants to express their genuine feelings regarding the event and to help normalize these reactions”.

#### **Phase 5: Symptom Phase**

“The group is asked to describe the stress symptoms felt at three different times: the first being those symptoms experienced during the incident; the second are those that appeared three to five days after the incident; and the last being symptoms that might still remain at the time of the debriefing” (Mitchell, 2006:8). This phase focuses on physical, emotional and behavioural symptoms experienced by the participants. In this phase, any signs of suffering and pain may be early signs of PTSD (intrusion, avoidance and increased arousal). The symptoms experienced may be sleepless nights, sweating, flash backs and fear. These symptoms may be normalised which may serve to reduce the frequency and intensity. Chabalala (2005:35) concludes by saying

that the virtue of group in sharing similar symptoms may help to navigate or reduce the feeling of loneliness and enhance the feeling of group solidarity.

### **Phase 6: Teaching/Educational Phase**

In this phase coping techniques of participants are discussed at length. Mobilisation of resources is essential. Group education is important based on diet, reading, resting, exercising, talking to the people whom they trust, supporting each other and avoiding alcohol and caffeine. Sharing of this information helps the individuals who are prone to PTSD to seek for professional help (Van Wyk, 2011:92). This process focuses on different strategies in terms of fast-tracking the recovery of participants. Chabalala (2005:36) explains that “it is good to remember that one coping strategy may work for some participants while failing to work for others due to their different personalities or life circumstances. Therefore, each coping strategy should be discussed in detail to establish if it matches with the individual”.

Richard et al. (2009:284) mention that “this phase is used to clarify any ambiguities, prepare for termination, facilitate closure and prepare the participants for re-entry into normal daily functioning. It also provides an opportunity to arrange for follow-up and/or additional services, if necessary”. The researcher is of the opinion that this phase plays a vital role in ensuring that the participants are well abreast with all the effects of trauma and how to handle future challenges through developing their own resilience. During this phase the facilitator further concentrates on follow-up activities that include post-debriefing feedback from the participants. An evaluation is done on the session in order to improve facilitation process/techniques in future, for the betterment of the participants’ lives. It is advisable that managers and supervisors should be part of the feedback report or recommendations to ascertain information from the facilitator about specific feedback based on the number of referrals for individual counselling/debriefing that is required. The debriefer summarises everything that has been discussed throughout the debriefing session and gives the participants an opportunity to ask questions for further clarity.

Futhermore, the participants should be confident in terms of where exactly they should go when they need further professional help. Contact details or brochures of the service provider or therapist should be distributed to all the participants. Trauma debriefing is essential as it gives the participants a platform to share their experiences and feelings of trauma. It affirms the participants that they are not alone instead they can learn from other people how to deal with life threatening events.

### **2.5.6 THE AIMS OF TRAUMA DEBRIEFING**

Chabalala (2005:29) and Wessely and Deahl (2003:12) mention the aims of trauma debriefing as follows:

- To help normal people deal with abnormal situations
- To provide immediate support after a traumatic incident
- To reduce acute emotional distress and to prevent the onset of post-traumatic psychiatric disorder
- To enable ventilation of initial thoughts and feelings in a contained and safe environment
- To help survivors make sense of their experiences by creating a better understanding of the nature of traumatic incidents and educating them on the normality and predictability of reactions
- To reduce stress and tension
- To focus on the future needs of survivors by not returning to what happened previously but rather building on the strengths of the each individual in the group.

Trauma debriefing is intended to assure survivors that they are human beings who have self-resilience and can live a normal life after any traumatic situation. Personal strengths are further rebuilt.

## 2.5.7 BENEFITS OF TRAUMA DEBRIEFING

Van Wyk (2011:79) highlights benefits of trauma debriefing as follows:

- It reduces the incidence of sickness and absenteeism
- It reduces personal marital and relationship problems
- It reduces work-related problems since employees feel cared for and supported by the employer
- It reduces anxieties for anyone who may feel threatened or embarrassed if he or she had to ask for help
- It reduces anxieties about stress and traumatic reactions being thought of as a sign of weakness
- Individuals regain control over their lives.

Van Wyk (2011:94-98) and Richard et al (2009:284) explain the importance of a trauma aftercare model/follow-up CISM or individual debriefing. This model focuses on clients who are distressed after the CISM or who indicate that they require further support. It is a short-term model focused on the client's needs and the process can be terminated if the client's symptoms are eased or controlled. This process is imperative to those participants who are prone to develop PTSD, show signs of suicide, avoidance, withdrawal or are uncontrollable. These types of people need to be treated individually with the monitoring plan in place in order to assess their progress.

Van Wyk (2011:97) mentions that during the therapy "factors such as single or multiple trauma, psychiatric history, substance abuse history, fragility, ego strength and co-morbidity should be considered". The main aim of this process is to empower the client to realize or identify his or her emotional strengths, accept the situation by tapping into his or her resources which will result in boosting his or her self-ego and self-determination.

In addition, Attridge (2012:442) mentions that "the goal of EAP programmes is to have a positive effect on restoring the health and well-being of the employee which, in turn, results in a return to higher productivity and improves overall organisational

performance”. Dysfunctional employees due to social, health and trauma problems may result in high rate of absenteeism in the workplace thereby compromising service delivery.

## **2.6 Summary**

The literature agrees that trauma and critical accidents are part of everyday life. Such incidents have a huge negative impact on the lives of employees and organizations at large. The severity of trauma is immeasurable and overwhelming at the same time. It is therefore important that each and every organization should have trauma management programmes in place to minimize or reduce workplace absenteeism and unplanned absences due to unhandled workplace trauma. The various kinds of trauma management strategies/programmes play a critical role in ensuring that employees are assisted to a maximum level.

The next Chapter focuses on research methodology and the results of the empirical study.

## **CHAPTER 3**

### **3. RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS ON THE ROLE OF THE EMPLOYEE ASSISTANCE PROGRAMME IN TRAUMA MANAGEMENT: EXPERIENCES OF FORENSIC PATHOLOGY OFFICERS IN THE GAUTENG PROVINCE**

#### **3.1 INTRODUCTION**

The literature review in Chapter 2 focussed on the conceptualisation of trauma, factors contributing to the trauma experienced by forensic pathology officers, diagnostic criteria for Post Traumatic Stress Disorder as well as the whole spectrum of the role of the EAP in trauma management. In Chapter 3, the researcher will describe and outline the research methodology used in the empirical study. It will further focus on data collection, instrument and data analysis employed in terms of the main themes and sub-themes identified during data analysis of the study. The themes identified will be supported by the verbatim quotes from participants during the semi-structured one-on-one interviews as well as presentation of graphs, tables and be further substantiated with literature.

A pilot study was conducted to test the semi-structured interview schedule and the importance of trustworthiness to ensure the quality of the findings of the research. The description of the research ethics was considered during the empirical study in order to take into cognisance the humane and sensitive treatment of research participants (Bless, Higson-Smith & Sithole, 2013: 28).

#### **3.2 GOAL AND OBJECTIVES**

##### **3.2.1 GOAL OF THE STUDY**

To explore and describe the experiences of FPOs regarding the role of the EAP in trauma management.

### **3.2.2 OBJECTIVES OF THE STUDY**

In order to achieve the goals of the study, the following objectives were formulated:

- To theoretically conceptualise the concept of trauma and trauma management in the workplace
- To explore and describe the experiences of FPOs about trauma in the workplace
- To explore and describe the experiences of FPOs about the EAP service in terms of trauma management
- To describe the role of the EAP in the management of trauma experienced by FPOs in order to make recommendations on the possible improvement of EAP

### **3.3 RESEARCH APPROACH**

The researcher employed a qualitative approach to explore and describe the experiences of FPOs regarding the EAP service in terms of trauma management with the purpose of understanding the phenomenon from their own perspectives. The qualitative researcher seeks a better understanding of complex situations. The work of qualitative researchers is often exploratory in nature and holistic (Ivankova, Creswell & Plano, 2007:255). The mentioned approach is suitable for the description of the role of the EAP in the management of trauma amongst FPOs. The researcher was able to acquire an in-depth understanding of the views of FPOs in terms of the role of the EAP when it comes to the management of trauma and to discover the areas for improvements.

This approach allowed the researcher to comprehend the experiences of FPOs as well as the role of EAP in trauma management. This type of research allowed FPOs to be more descriptive during data collection and further suggested multiple perspectives and views on the areas of discussion.



### **3.4 TYPE OF RESEARCH**

Fouché and de Vos (2011:94) explain that basic and applied research is complementary as the advancement of knowledge and the solution of problems are both scientific necessities. Applied research is motivated by a need to solve practical problems facing FPSs regarding programmes, projects, policies or procedures related to their area of work. This specific study is based on applied research, since its goal is to explore and describe the experiences of FPOs regarding the role of the EAP in trauma management and the results of the study will be able to guide and assist Forensic Pathology Service to introduce an improvement plan where gaps are identified, for the betterment of employees' trauma management programmes and their wellbeing.

### **3.5 RESEARCH DESIGN**

The most suitable research design contemplated and applied for this study is a collective case study as it explores and describes the experiences of FPOs pertaining to the role of the EAP in trauma management (Fouché, 2005b:272).

A collective case study is descriptive in nature. As an instrument of inquiry, the collective case study has been utilised to explore and describe experiences of 12 individual cases of FPOs who have utilised the EAP services rendered by the service provider with the aim of managing trauma (Cresswell, 2007:73). The researcher had previously chosen the phenomenological design, however the researcher had to change the research design since the focus of the study is not on the concept of trauma entirely but on the experiences of FPOs regarding the role of the EAP in trauma management.

### **3.6 RESEARCH METHODS**

#### **3.6.1 STUDY POPULATION AND SAMPLING**

According to Neuman (2011:241) study population is “the abstract idea of a large group of many cases from which the researcher draws a sample and to which results from a

sample are generalised.” The total population of FPOs within the Gauteng Region is 191 on personnel records as derived from the persal system and reflected on the updated staff establishment. The population of study comprises all FPOs who are working at FPS facilities within the Gauteng Region. There are 11 facilities within the Gauteng Region where FPOs are stationed.

Strydom (2011:223) defines the research sample as the portion of the total population that represents the total of the study. The sample of this study is FPOs who have made use of the EAP services rendered by the service provider.

In this study a purposive sampling strategy was used. Strydom (2011:232) mentions that “purposive sampling is based entirely on the judgment of the researcher, in that the sample is composed of elements that contain the typical attributes or characteristics of a representative or typical attributes of the population that serve the purpose of the study best”. The FPOs who met the criteria of the study were invited to voluntarily partake in the study.

Firstly, a poster with the title of the study, goal of the study, objectives of the study, criteria and ethical considerations of the study was designed with the aim of ensuring that the invited participants understood the criteria before volunteering. An invitation was sent via email to all FPOs who have access to email inviting them to participate in the envisaged study; a poster was attached to the email stipulating the criteria. The rest of the posters were printed and mounted on the notice boards in all 11 facilities for the rest of the FPOs who do not have access to email, inviting their voluntary involvement. The first 12 FPOs who responded to the invitation were interviewed. The interviews were conducted in English, fortunately, the rest of the participants who were interviewed were all able to converse in English. One of the participants complained about being interviewed in English, however, she was able to answer the questions in English. The demographic profile of the participants was obtained from Human Resources Management Section for accuracy.

A criterion for purposive sampling was:

- FPOs with at least five years of work experience as an FPO
- Participants who had previously made use of the EAP services offered by Forensic Pathology Service through the service provider
- Participants could be male or female
- Participants had to be stationed at any one of the following depots:  
Johannesburg FPS, Pretoria FPS, Bronkhorstspuit FPS, Diepkloof FPS, Heidelberg FPS, Springs FPS, Germiston FPS, Carletonville FPS, Sebokeng FPS, Ga-rankuwa FPS and Roodepoort FPS

### **3.6.2 DATA COLLECTION**

As the approach of this study is qualitative in nature, semi-structured one-on-one interviews (Cresswell, 2013:146) were conducted to collect data of this nature. This method is preferable because the interviews allowed the researcher to communicate directly with the participants as the researcher orally gathered the experiences of FPOs and visually observed how their experiences had impacted on the participants in terms of their body language (Greeff, 2005:287). This enabled the researcher to unfold the meaning in peoples' experiences and to uncover their experiences prior to scientific explanation. The interview schedule afforded the researcher with the set of predetermined questions that guided all the interviews with the aim of engaging and soliciting the participants in an active way.

The semi-structured one-on-one interviews were conducted, and organized around areas of particular interest while still allowing flexibility in scope and depth (Greeff, 2005: 292).

To maintain privacy, the interviews were conducted in a tranquil private office to minimize disruptions and facilitate open engagement with the participants. The researcher interviewed 12 participants based on the inclusion criteria. The researcher requested permission to utilize an audio tape recorder and to also transcribe field notes to ensure accurate capturing of the information. The informed consent letters were read

before the inception of each and every interview and each participant signed in the presence of the researcher.

The duration of the interviews varied from one interview to the next interview. Some participants took longer than the other participants depending on how vocal and expressive they were in terms of their feelings. The maximum time length of the interviews was approximately 40 minutes.

The researcher applied facilitative communication skills for example active listening, clarifying, reflecting, probing, paraphrasing and summarizing to ensure that information gathered was accurate and to gather as much information as possible. Some participants were continuously probed and professionally reminded to focus on the questions asked as they would sometimes deflect from the questions posed. Some of the participants would take the platform of the interview as a platform for venting about the poor systems and resources in the organization.

### **3.6.3 DATA ANALYSIS**

Chabalala (2005:13) contends that the researcher must sit down after an interview and jot down his/her impressions of the interview. An important point to remember is to keep all the field notes of the interview, as these can assist the researcher in remembering and exploring the process of the interview. Field notes are a written account of the things the researcher hears, sees, experiences and thinks about during the course of interviewing. Chabalala (2005:13) continues to say that by employing qualitative analysis, an attempt is made to capture the richness of themes emerging from the participant's words, rather than reducing the responses to quantitative categories. It is crystal clear that the researcher had to ensure that all information gathered during the interviews was fully captured to be able to identify themes.

Schurink, Fouché and De Vos (2011:403-415) highlight the important stages of preparing and organizing the data extracted from the eight steps of Creswell's (1998) analytic spiral of data analysis. The steps were implemented as follows:

### **Step 1: Planning for the recording of data**

The first step refers to how the researcher plans to “capture” the information that will be gathered for the analysis of the study (Schurink et. al., 2011:404). The researcher ensured that all relevant items were prepared in advance before the commencement of the data collection. The writing pads for field notes were prepared for capturing of the information furthermore, the audio tape recorder was also used to capture all the information orally and accurately, as articulated. Each recording was labeled separately for each and every interview conducted with the participants. This included the field notes thus ensuring that the dates and information gathered correspond with each participant. Permission from the participants was requested officially prior to the interviews. The informed consent letters were read prior to the commencement of each and every interview and the participants signed in the presence of the researcher. Data was secured safely in a lockable drawer by the researcher to avoid the loss or contamination of the information.

### **Step 2: Data collection and preliminary analyses**

Data analysis in qualitative inquiry necessitates a twofold approach which enabled the researcher to ensure that data analysis was done in the field during data collection as well as in the office following the period of data collection by transcribing the data from each interview (Schurink et. al., 2011:404). The verbatim transcriptions were typed on the computer and printed for better understanding.

### **Step 3: Managing the data**

According to Schurink et al. (2011:408) this is the first step in data analysis away from the field work of the study. The researcher managed the data by creating folders for each interview on the computer. A password was created which ensures that the data can only be accessed by the researcher. The researcher believes that it is prudent to have backup copies of all the participants’ data on a memory stick in a lockable drawer.

#### **Step 4: Reading and writing memos**

The researcher acquainted herself with the data by reading the data repeatedly in order to understand and make sense of the views and experiences of FPOs regarding the role of the EAP in trauma management. The researcher further reviewed the field notes taken from the interviews and compared them with what was recorded on the audio tape recorder. This process allowed the researcher to identify themes in a table form.

#### **Step 5: Generating categories themes and patterns**

In this regard the researcher made use of a process of open coding which entails naming and categorising of the phenomena (Schurink et al., 2011:412). The researcher generated categories from experiences narrated by the participants and identified general themes and sub-themes that re-occurred throughout the data. Objectives of the study were taken into consideration when data was analyzed.

#### **Step 6: Coding the data**

The researcher made use of different coloured highlighters to code and mark different categories and themes on the transcribed data. This helped the process to flow better and helped refine the information.

#### **Step 7: Testing emergent understandings and searching for alternative explanations**

Schurink et al. (2011:415) explains that during this stage the researcher began to challenge the understandings, search for negative instances of patterns and incorporates the larger constructs in order to evaluate the data for its usefulness. The researcher evaluated data for the usefulness and centrality of the study by reading other literature.

#### **Step 8: Presenting the data**

According to Schurink et al. (2011:418), "In this final stage the data is presented in the text, tabular and graphic form in a formal written research report with the findings of the

study as well as recommendations”. The data is compiled per the guidelines of the Department of Social Work and Criminology at the University of Pretoria in order to be accessed by the students.

### **3.7 TRUSTWORTHINESS**

Lietz, Langer and Furman (2006:441-458) emphasise the importance of establishing trustworthiness to ensure the quality of the research findings.

- **Member Checking**

“The member checking, also known as respondent validation, allowed FPOs to review findings from the data analysis in order to confirm or challenge the accuracy of the work and the strategy is used to establish trustworthiness as it gives authority to the FPOs’ perspectives therefore managing the threat of bias” (Lietz et. al., 2006:453).

The researcher applied **member checking** whereby the information gathered was further validated by participants on whether it was a true reflection of their experiences. The researcher gave each and every participant a transcript to validate their own quotes and inputs.

- **Reflexibility**

**Reflexibility** is defined as “an active acknowledgement by the researcher that her or his actions and decisions will inevitably impact upon the meaning and context of the experience under investigation” (Lietz et al., 2006:447). The researcher acknowledges that her personal views or biases might have negative contributions on the manner in which she collected the research data and interpreted the findings.

## **3.8 PILOT STUDY**

### **3.8.1 Feasibility of the study**

Chabalala (2005:14) states that “the acceptability of a research topic for study purposes may be judged by giving consideration to its feasibility and value. In a nutshell, feasibility of the study implies how possible it is to conduct research on the chosen topic. Furthermore, feasibility involves the availability of, and accessibility to, information/ data and subjects for the study”. The study seems to be feasible however, minor challenges may occur. FPOs are always available in their respective facilities from 08h00 in the morning to 16h00 in the afternoon, although some of them work night shifts. The participants were able to avail themselves for interviews after the completion of post mortem duties. Access to the information was not a problem since the authorization letter of conducting an empirical study was signed by both the Chief Executive Officer of FPS and Chief Director Employee Health and Wellness in the Gauteng Province.

Financial implications were borne by the researcher in terms of conducting the study. Administrative costs were not exorbitant as resources needed by the researcher were readily available, being a laptop, audio tape recorder and multi-functional photocopier.

### **3.8.2 Pilot testing**

Chabalala (2005:15) articulates that pilot testing involves the testing of the data collection method on a few people with the same characteristics as the participants. The pre-test of the data collection method would then give the researcher the latitude to check the relevancy of the questions, and to see if any amendments need to be done.

The researcher conducted an interview with the two FPOs who had responded first in order to determine the feasibility of the study. The pilot study served as a rehearsal of the actual study to detect flaws in the interview schedule and the effectiveness of the audio tape recorder. The participants who were involved in the pilot study were



excluded from the actual study. This exercise allowed the researcher to make improvements thereafter.

### **3.9 ETHICAL CONSIDERATIONS**

“An ethical issue is concerned with whether behaviour conforms to a code or a set of principles. Research ethics place an emphasis on the humane and sensitive treatment of research participants, who may be placed at varying degrees of risk by research procedures” (Bless, Higson-Smith & Sithole, 2013: 28). The study involves some sensitive and personal issues therefore it is imperative for the researcher to consider applying research practices throughout the research study. The following ethical issues were considered in the study.

#### **3.9.1 INFORMED CONSENT**

Bless et al. (2013:30) explain that participants need to be informed about the nature of the research project in which they are being asked to participate, so that they can make an informed decision about their participation. Thus, participants must be clear on risks, benefits, expected outcomes and alternatives before they agree to participate.

Before the study was conducted the researcher compiled an informed consent letter that incorporated the goal of the study, advantages and disadvantages of the study as well as procedures to be followed. Every participant was given an opportunity to voluntarily sign an informed consent letter. It was then upon the participant's choice to participate or withdraw from the study.

#### **3.9.2 VOLUNTARY PARTICIPATION**

Bless et al. (2013:32) mention that “the participants have a right to know what the research is about, how it will affect them, the risks and benefits of participation”. The researcher did not force FPOs to participate in the study. The decision to participate came from the participant's goodwill. The researcher ensured that voluntary participation of FPOs in this study was achieved by not enticing them through any form of reward or gift as incentive.

### **3.9.3 AVOIDANCE OF HARM**

Babbie (2007:27) states that everything we do in life can possibly harm someone and therefore researchers should always weigh the risks against the importance and possible benefits of the specific research project. The researcher acknowledges that this study poses a degree of potential risk of emotional harm to the participants. The researcher, as a professional social worker, educated the participants about emotional issues that may arise which include feelings of anxiety, worthlessness and anger. The researcher had planned to refer any participant who would have shown the need of being referred to an external service provider but there was no harm identified during the interviews.

### **3.9.4 DECEPTION OF RESPONDENTS**

The researcher had a clear defined goal and research questions to avoid misleading the participants about the details of the entire study. Each participant was given an information sheet that explained the purpose and process of the research as well as the role of the researcher in the form of an informed consent letter. This was explained to all participants during the pre-interview briefing and again when obtaining consent at the first interview.

### **3.9.5 VIOLATION OF PRIVACY/CONFIDENTIALITY**

Strydom (2011:119) indicates that violation of privacy, the right of self-determination and confidentiality can be viewed as being synonymous. In this study the researcher handled the information in a very confidential manner by treating the participants' data anonymously. The names of the participants will not be revealed in the final report. The researcher deliberately identified participants through a large system which protects their identity. The interviews were conducted in a tranquil area where there were no disturbances. Some of the interviews were disturbed by the ringing of the participants' mobile phones but they were politely told to put their mobile phones on silent. The information obtained is stored in a restricted office and secured inside a drawer that is lockable to avoid undue access.

### **3.9.6 ACTIONS AND COMPETENCE OF THE RESEARCHER**

The researcher is a professional social worker and had the opportunity to attend one week's training on research methodology at the University of Pretoria which enabled her to learn and acquire advanced skills in terms of how to conduct research based on issues of plagiarism, ethical issues and research methods. The researcher is under the supervision of a supervisor who is qualified and has extensive experience in the field of research. There is a mutual understanding of compliance to professional ethics to ensure the success of the study.

### **3.9.7 RELEASE AND PUBLICATION OF THE FINDINGS**

Bless et al. (2013:36) pinpoint that the participants (FPOs) from FPS will be informed of the results by receiving a copy of the final research study, furthermore FPS management will be given the findings of the study. The findings of the study will be made available at the University of Pretoria portal where the results will be accessible to the readers. The research findings will be released through the submission of an academic report to the University of Pretoria. The information gathered will not be manipulated; it will be a true reflection of the findings of the study.

### **3.10 EMPIRICAL FINDINGS**

The participants were briefed before the commencement of the interview which was a semi-structured one-on-one interview. The researcher explained to each and every participant the title of the study as well as the purpose of the study – **to investigate the experiences of FPOs regarding the role of the EAP in trauma management**. It was further explained to the participants that confidentiality will be highly maintained and no names of the participants will be incorporated into the study. The issue of no financial compensation was emphasised, confirming that the participation in the study was voluntary. The researcher thanked every participant for affording her the opportunity to interview them.

Biographical information of the participants was received from Human Resources Department within the Forensic Pathology Service. A letter of consent to conduct an

empirical study was provided as evidence that the researcher was indeed conducting a study. The information was requested to get accurate information of the profile of the participants. The participants were informed about this exercise.

### 3.10.1 BIOGRAPHICAL INFORMATION OF PARTICIPANTS

**Table 3: Biographical Profile of participants**

Code of the participant	Age	Gender	Education Level	Duration of employment	Name of facility
1	31	Male	National Senior Certificate	6 years	Diepkloof
2	36	Male	National Senior Certificate	7 years	Diepkloof
3	27	Male	National Senior Certificate	5 years	Springs
4	33	Female	National Senior Certificate	5 years	Carletonville
5	49	Male	National Senior Certificate	17 years	Carletonville
6	44	Female	National Senior Certificate	16 years	Ga-rankuwa
7	55	Male	National Senior Certificate	12 years	Ga-rankuwa
8	42	Female	National Senior Certificate	9 years	Germiston
9	34	Female	National Senior Certificate	12 years	Roodepoort
10	44	Male	School Certificate	12 years	Roodepoort

			grade 3		
11	35	Male	National Senior Certificate	17 years	Springs
12	40	Male	Certificate Statement	12 years	Springs

**Table 2:** The aforementioned table displays the biographical details of the participants who contributed to the study. The biographical details depicted in the above table are age, gender, education level, years of service and work facility. Forensic Pathology Service consists of 11 facilities under the auspices of Forensic Pathology Service Head Office stationed in Johannesburg Central. Only 6 facilities responded to the invitation and partook in the empirical study. These facilities are mentioned in the above table. Out of 12 participants who were interviewed 8 were males and 4 were females. One participant had the lowest education which is grade 3 whereas another participant had a certificate statement, meaning that that participant had not completed grade 12. The majority, being 10 participants, had completed National Senior Certificates.

**Figure 1: Age Range of participants**

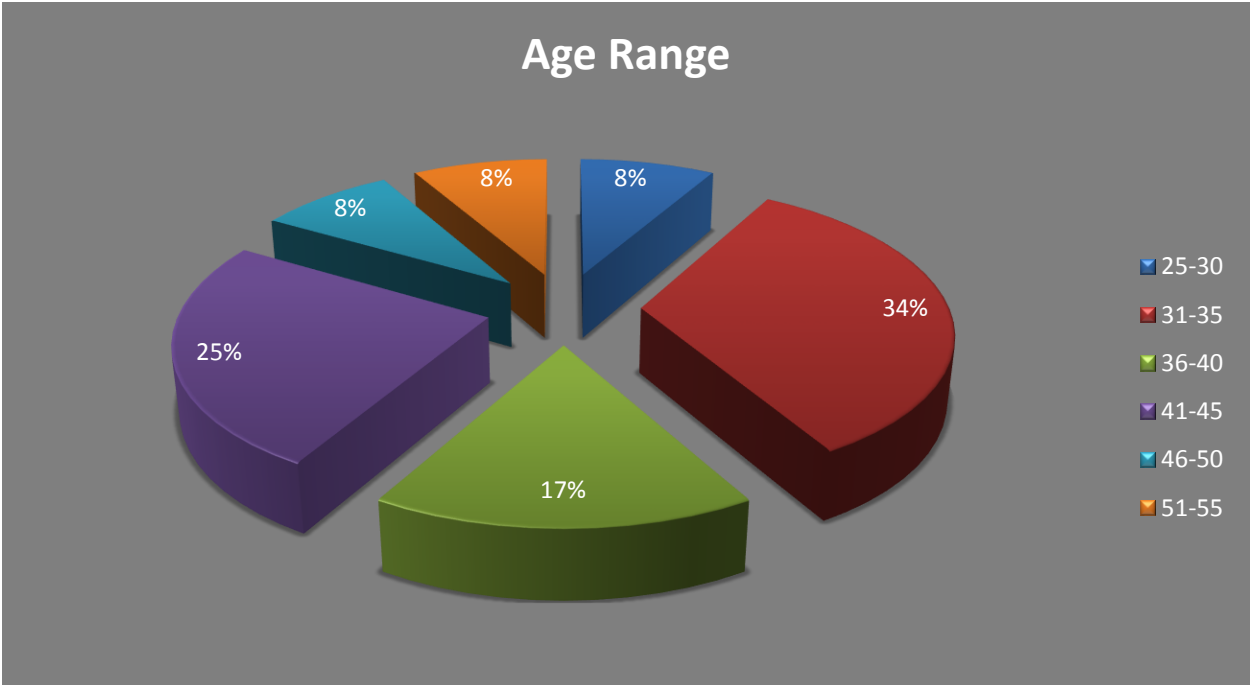


Figure 1 depicts that age does not play a major role when it comes to the impact of traumatic working circumstances. The pie chart graph clearly indicates that participants are human beings who are sensitive in nature. They are working in a traumatic work environment and thus they usually require the intervention of EAP in order to cope and live normal lives. Lee (2002:1) mentions that exposure to trauma leads to being psychologically overwhelmed irrespective whether a forensic pathology officer is young or old, therefore seeking a professional help is crucial.

**Figure 2: Gender Representation**

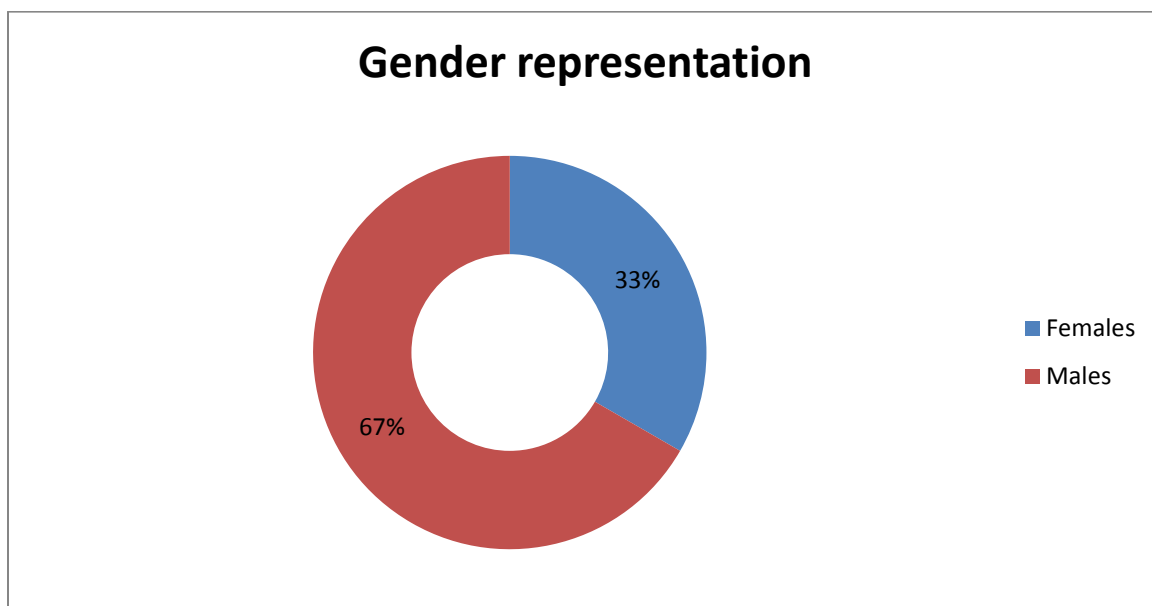


Figure 2 illustrates the role of gender in the context of the work undertaken by male forensic pathology officers in the Forensic Pathology Service entity and possible male participation in the EAP. Most men were more interested in being part of the research study. Furthermore, the staff establishment of the FPS workforce is predominately male. Hosken (2016:10) mentions that this job is not only undertaken by men, but women as well. They work graveyard shifts to collect human remains from various

scenes of death. The participants of this study further prove that men are no longer shy about asking for professional help. They are not scared of being judged or labelled that they are not strong enough.

**Figure 3: Years of service**

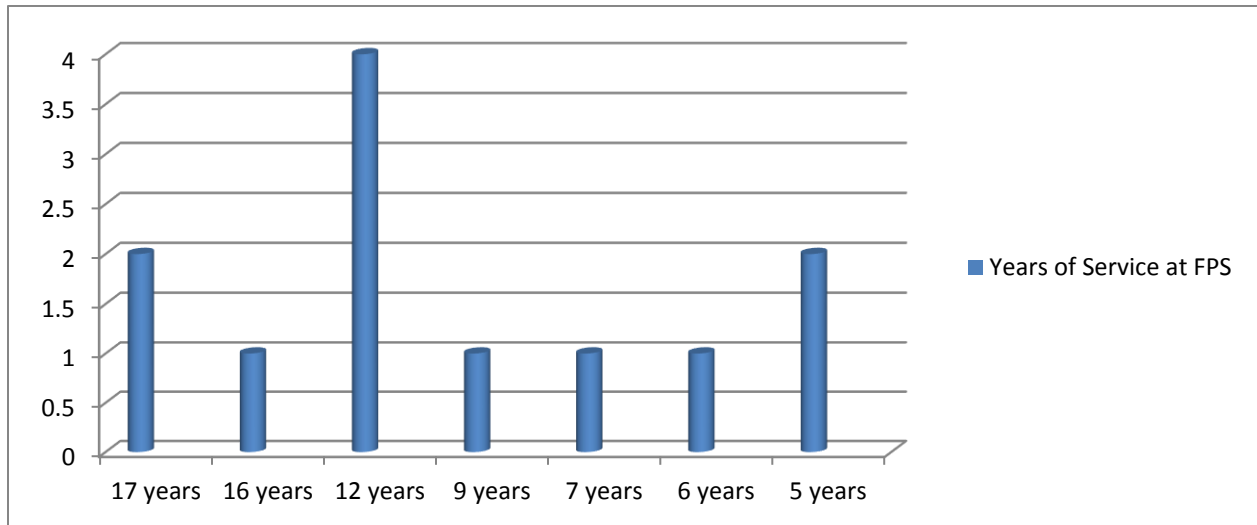


Figure 3 above shows that years of experience do not have an influence on the reaction of the participants to the working circumstances. The participants in the empirical study consulted with the service provider in order to be able to acquire coping strategies and adapt to the work environment. The study concludes that you may have extensive years of experience in the field but you may still have just one case that can adversely traumatise you.

Figure 3: Years of Service show that the participants have already spent more than 5 years in the field yet they continuously experience trauma irrespective of years of experience. Van Wyk (2011:261) explains that “a traumatic state can last for as long as the mind has a need to reorganise, classify and make sense of the traumatic event”.

### 3.10.2 THEMES AND SUB-THEMES

Table 4: Identified themes and sub-themes

<b>3.10.3 TRAUMA</b>	3.10.3.1 Exposure to trauma due to the nature of the tasks performed by FPOs
	3.10.3.2 The Most traumatising tasks
	3.10.3.3 Coping mechanisms
<b>3.10.4 POST TRAUMATIC STRESS DISORDER</b>	3.10.4.1 PTSD experienced by FPOs
<b>3.10.5 ROLE OF EMPLOYEE ASSISTANCE PROGRAMME (SERVICE PROVIDER)</b>	3.10.5.1 FPOs opinions based on the role of the EAP rendered at FPS <ul style="list-style-type: none"> <li>• EAP Support</li> <li>• Counselling</li> </ul>
	3.10.5.2 Personal experiences of the EAP at FPS <ul style="list-style-type: none"> <li>• Helpful</li> <li>• Need for counsellors to be knowledgeable and be acclimatised with FPS environment</li> <li>• Marketing of EAP</li> <li>• Limited</li> </ul>
<b>3.10.6 TRAUMA MANAGEMENT PROGRAMMES</b>	3.10.6.1 Pre-trauma management/trauma preparedness training offered to employees <ul style="list-style-type: none"> <li>• Lack of training provided before resuming the job</li> </ul>
	3.10.6.2 Expressed views on trauma management programmes in place for FPOs <ul style="list-style-type: none"> <li>• Helpful</li> <li>• Best Practices</li> </ul>



	<ul style="list-style-type: none"> <li>• Essential and Refreshing</li> <li>• Inadequacy</li> </ul>
	<p>3.10.6.3 Resilience developed due to trauma management programmes</p> <ul style="list-style-type: none"> <li>• Positive spirit and attitude</li> <li>• Cope better</li> <li>• Anger management</li> <li>• Negative experience of trauma management programmes</li> </ul>

**3.10.3 TRAUMA**

**3.10.3.1 EXPOSURE TO TRAUMA DUE TO THE NATURE OF THE TASKS PERFORMED BY FPOs**

In this section the researcher wanted to establish whether FPOs do become traumatised due to the nature of the tasks they are exposed to on daily basis. Out of 12 participants, 11 participants articulated that they do become traumatised due to the nature of work they do whereas 1 participant opted for “not always”.

- **COLLECTION OF BODIES FROM THE SCENES**

**Participant 1** *“I had to collect human remains of the family of 4 members. It was alleged that there was an argument between the couple which was aggregated by financial challenges. The setup of the scene where human remains were lying was traumatising due to the human blood that was splashed all over”.*

**Participant 3** *“I collect human remains and being exposed to trauma on daily basis is extremely traumatic. There are 6 million ways to die. It is really true because we deal with people who die in different ways for example electrification, anaesthetic during surgery procedure that was not properly administered or administered in a high dosage. Motor vehicle accidents, pedestrian accidents, train accidents, 3<sup>rd</sup> or 4<sup>th</sup> degree burns, decapitation and gunshot wounds”.*

**Participant 4** *“Witnessing human remains found in different conditions that are not pleasant is traumatising. It is traumatising to witness another woman lying down being dead due to rape and homicide”.*

**Participant 8** *“I could not stand in the ICU room where the dead body was supposed to be collected as this triggered recollection of my daughter who was once in the ICU room. My colleague had to take over the scene being assisted by the SAPS personnel”.*

### **Discussion of data:**

The responses of the participants portray a clear indication of trauma which they are exposed to on a daily basis. Collection of bodies from the scenes is one of the tasks that they have to undertake as stipulated in their job descriptions. Olifant (2014:1) mentions that one of the duties of FPOs is to collect bodies from the scenes. Hosken (2016:11) cites that FPOs can sometimes collect 14 bodies a day that are found in different forms and conditions. Furthermore, Lee (2002:1) concurs with Botha, Watson, Volschenk and Van Zyl (2001:22) that “reactions experienced by persons who have been exposed to trauma may vary from depression, anxiety, and rigid thinking to difficulty in responding to new situations”.

### **POST MORTEM PERFORMANCE PROCEDURES**

**Participants 2, 5, 6, 7, 8, 9, 10, 11 and 12** disclosed that they get traumatised due to assisting with the performance of post mortems.

**Participants 2 and 12** *“I get traumatised when I work on decomposed bodies in the post mortem room. I get severely affected by the smell of the decomposed bodies”.*

**Participants 5, 6, 7 and 11** *“Assisting with performance of post mortem on children is very traumatising for me”.*

**Participants 8 and 10** *“Cases that traumatise me that are done in the post mortem room involve people who were mutilated due to being hit by trucks”.*

**Participant 9** *“I often assist with the performance of post mortems on people that are known to me since I work in the same area where I reside”.*

**Discussion of data:**

Robert and James [Sa] reiterate that exposure to mass death as well as single dead bodies are disturbing and sometimes frightening events. Traumatic incidents and death constitute a significant part of the daily routine of FPOs. The researcher further identified that most participants are affected when dealing with children as they are parents themselves.

- **IDENTIFICATION OF DEAD BODIES BY BEREAVED FAMILIES**

**Participant 5** *“Helping bereaved families to identify deceased family members is disturbing, I feel powerless yet I have to be strong for them”.*

**Discussion of data:**

In support of the participants’ responses pertaining to the trauma they are exposed to on a daily basis, literature (Tladi, 2014:4) reiterates that this work may be traumatising and tiring at the same time but FPOs find it satisfying to provide bereaved families with closure on the deaths of their loved ones.

- **MOST TRAUMATISING TASKS EXPERIENCED BY FPOS**

The participants shared the nature of the most traumatising tasks that they are confronted with on a daily basis.

**TABLE 5: THE MOST TRAUMATISING TASKS**

**3.10.3.2 THE MOST TRAUMATISING TASKS**

KEY WORDS	NUMBER OF PARTICIPANTS
<ul style="list-style-type: none"> <li>Collection of dead bodies from the scenes</li> </ul>	
Babies and children Women	Participant number 4,5,6 Participant number 4
Collection of familiar people especially brutally murdered Mutilated bodies due to train accidents Suicide cases	Participant number 6 Participant number 6 Participant number 10
<ul style="list-style-type: none"> <li>Post mortem (dissection) performance procedures</li> </ul>	
Babies and children	Participant number 1,4,5,7,9,11,12
Women	Participant number 4
Post mortem performance on any dead body	Participant number 3
Decomposed bodies	Participant number 2,11,
Mutilated bodies (train accidents)	Participant number 10,
<ul style="list-style-type: none"> <li>Identification of the deceased bodies</li> </ul>	Participant number 5 and 8

**Participants 4, 5 and 6** *“Collecting babies and children from the scene of death can be very disturbing since I have children on my own. I would sometimes feel like running back home to check whether my kids are still alive”.*

**Participant 4** *“Collecting women traumatise me the most as I am a woman myself”.*

**Participant 6** *“I get traumatised the most when I have to collect a person that is known to me, particularly when a person was brutally murdered and mutilated bodies due to train accidents”.*

**Participant 10** *“Witnessing a person who committed suicide is very disturbing for me”.*

### **Discussion of data:**

The researcher observed that most participants who answered the question showed a sense of fear about their children and themselves, notably participants 4, 5 and 6. It is a constant thought that runs through their heads. They associate work with their normal lives as what they do on a daily basis cannot be disassociated from the fact that they are also human beings themselves.

**Participants 1, 4, 5, 7, 9, 11 and 12** all shared the same sentiments that, they are often reminded of their own children and nephews. **Participant 1** *“I often associate a child I would be working on with my own daughter. I usually get emotionally attached and would be inquisitive in terms of knowing the cause of death of the child. As it is I am very circumspect of people who have to feed my child since most cases I deal with are associated with food poison”.*

**Participant 7** *“I get traumatised the most when I have to deal with the children ranging between 10 and 15 years of age. The reason being I have my own children who are in the same age. It haunts me vigorously”.*

**Participant 12** *“Working with children is most traumatising since I have my own nephews. I end up visualising that it could have been one of them confronted with the same situation”.*

**Participants 2 and 11** *“I am most traumatised by working on the decomposed bodies”.*

## **Discussion of data:**

Hosken (2016:10) reports that it is the death of children that upsets the FPOs the most. This statement is concurred by Llizane, Suki and Lee (2015:14) in the study conducted at Emergency Medical Services which revealed that a total of 27% of the participants indicated that incidents involving children traumatise them the most. The table above displays that about 58% of participants are mostly traumatised when it comes to assisting with post mortem procedures on children. About 16% of participants are affected by decomposed bodies. Participant number 3 finds it difficult to work on women whereas participant number 4 finds it very traumatising working on any dead body irrespective of whether it is a child, woman or man. Participant number 10 disclosed that mutilated bodies are very disturbing.

### **3.10.3.3 COPING MECHANISMS**

In this part of the research, the researcher wanted to ascertain information pertaining to coping mechanisms of FPOs based on their day-to-day traumatic jobs. Botha et al. (2001:32) outline that “there are natural and normal methods people use to cope before, during and after the incident. These coping strategies are important because they are natural defence mechanisms which help individuals and groups to cope and survive”. The participants pinpointed various coping mechanisms as follows:

**Participants 1, 3, 4, 8 and 9** expressed that *“I often pray for myself and my family in order to get strength. I was brought up as a believer. I consult my pastor to pray for me when I experience weird dreams”*.

**Participants 1, 2, 4 and 8** *“Going out with my family members and friends to have some fun helps a lot in order to keep my mind preoccupied”*.

**Participant 1** *“I usually listen to other fellow colleagues when they have conversations about their own coping mechanisms. It gives me more strength to share my work challenges with other colleagues who are doing the same job”*.

**Participant 2** *“Attending counselling sessions helped me a lot since I was experiencing difficulties of dealing with decomposed bodies”.*

**Participants 2 and 8** *“Exercising keeps me distracted and going to the gym relieves stress tension”.*

**Participant 1** *“I used to starve myself due to association of decomposed bodies with meat”.*

**Participants 3, 9 and 11** *“Embarrassingly so alcohol abuse is a huge coping mechanism for me. I excessively consume alcohol almost every day since I deal with different forms of bodies every day”.*

**Participant 1** *“Joking about incidents that occur in the post mortem room”.*

**Participants 4, 7, 10 and 12** *“I completely forget about what happens in the post mortem room. I erase any thought in my mind. I block my emotions when I work on dead bodies and become numb”.*

**Participant 5** *“I usually talk to my wife whatever that I may be experiencing at work”.*

**Participant 6** *“To be honest I do not cope unless I get admitted to the hospital due to trauma I experience on daily basis”.*

#### **Discussion of data:**

Findings from the participants indicate that they believe that prayer and being believers give them the strength to cope with traumatic situations. Some of participants get distracted when they go out with family members and friends. Four (4) participants echoed that they erase what happens in the post mortem room from their minds. They block emotions and become numb. This type of coping mechanism is unique hence the researcher believes that it shows that the participants are not dealing with the trauma experienced in a correct way. the participants further indicated that they depend on alcohol. These findings have a clear indication that employees consume alcohol in

order to suppress any psychological thoughts they might have associated with their job. Van Wyk (2012:64) highlights that this is a sign of “avoiding thoughts, feelings, or conversations associated with the trauma”.

This observation is further supported by Attridge (2012:442) when he says that EAPs on alcohol issues related to employees are essential, and these should provide outreach to, identification of, and early intervention for employees struggling with alcohol-related problems. This approach led to the emergence of Occupational Alcoholism Programmes with the aim of assisting employees with alcohol problems.

Two (2) participants believe in exercising which is a good coping mechanism, thereby keeping your body fit and at the same time feeling revitalised.

Participant 2 believes that attending counselling sessions is a huge relief hence the participant finds strength to move on with life.

### **3.10.4 POST TRAUMATIC STRESS DISORDER**

In this section, the researcher will discuss the responses of participants pertaining to the PTSD experiences. Mitchell (2006:10) mentions that PTSD is “the usual diagnosis that Mental Health Professionals apply to persons who have suffered severe trauma in their lives and developed certain symptoms as a result of the traumatic event”.

#### **3.10.4.1 PTSD EXPERIENCED BY FPOS**

The study findings concluded with the following comments:

**Participant 1** *“I avoid going to the butchery as it reminds me of internal parts of a dead body and associate rice with maggots”.*



**Participants 1 and 4** *“My wife normally says I dream about helping bereaved family members but I do not recall of the dream when I wake up”. “I used to dream about eating dead bodies”*

**Participants 2, 6, 7, 9 and 11** *“I used to have flashbacks of the incident that I had to attend at the scene where I discovered that the person I had to collect from the death scene was my family member. I had to deal with the loss of my family member and at the same time had to undertake my work duties”.*

**Participants 3 and 8** *“I was told by people close to me that I am short tempered ever since I started working at FPS”.*

**Participant 8** *“A person close to me said my behaviour has changed and I speak loud”.*

**Participant 3** *“I feel that my job may haunt me unconsciously as I consume alcohol excessively”.*

**Participants 5, 10 and 12**

*“Not yet”. “I think being a Christian help me to live a normal life”.*

### **Discussion of data:**

The majority of the participants, 75% said they do experience PTSD and they shared their experiences at length whereas 25% of participants were not specific. Van Wyk (2012:63) explains that “What might be severely traumatic to one person might not be to another person. One person may develop PTSD as a result of a critical incident; the other person may only be traumatised. In defining critical incidents some authors focus on the actual event as being life threatening to the individual”.

The literature concurs with the statements made by the participants. The DSM-V American Psychiatric Association (2013: 271-272) states that PTSD occurs when

“avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s), occurs”.

### **3.10.5 ROLE OF EMPLOYEE ASSISTANCE PROGRAMME (SERVICE PROVIDER)**

#### **3.10.5.1 FPOS OPINIONS BASED ON THE ROLE OF THE EAP RENDERED AT FPS**

The researcher asked the participants for their own opinions on the role of the EAP services rendered by the service provider to the FPS staff. In this section the researcher wanted to ascertain the understanding and knowledge of the participants about EAP services rendered by the service provider.

The responses of participants were as follows:

- **EAP’s Support**

**Participants 1, 4, 5, 6, 7 and 8** *“EAP provides counselling however EAP’s support should start from when the employee is newly employed in order to be prepared psychologically in terms of the expectations of the job”.*

- **Counselling**

*“Counselling provided by the service provider is good however to make a huge impact in the lives of employees, there should be visibility of counsellors in the facilities for continuous counselling. The counsellors should not wait for employees to call them for assistance hence we experience trauma daily. Some employees do not have strong personalities of making calls”.*

*“Counselling sessions provided by the service provider should involve family members from the inception of the session. The family members should know that you are experiencing trauma at work in order to give you support. As an employee, you are bound to take problems to your family”.*

*“Service Provider provides counselling sessions however the sessions are limited. As an employee, you would feel that you need to consult further but you would be told by the counsellor that the 3 sessions are over”.*

*“Counselling rendered by the service provider is excellent however continuous reminder of EAP services should not be taken for granted. Further interaction with members is very important”.*

**Participants 2 and 11** *“A role played by EAP by providing one on one consultation is best medicine. You receive emotional support and able to live a normal life knowing very well that you are supported and advised in a positive way”.*

**Participant 3** *“One would attest that the function is there the state has shortage of resources yet intervention from Psychologists is needed”.*

**Participant 9** *“The role of EAP is to investigate and assist employees where help is needed not limited to work, family and personal issues. It is not necessarily related to work only since employees have both social and work problems”.*

**Participant 10** *“The role of EAP is to help employees cope with work challenges differently”.*

**Participant 12** *“To assist members with their personal and work related problems. To further offer professional help to members for trauma management in the workplace”.*

#### **Discussion of data:**

It can therefore be inferred from the above statements made by the majority of participants that the role of EAP is generally understood even though some of the participants are convinced that there are gaps that need improvements to the quality of the service. Some participants overemphasised that the role played by EAP is very supportive in terms of ensuring that they live a normal life. A few of the participants mentioned a very insightful point that EAP offers assistance for both personal and work related issues. Van Wyk (2011:143) highlights that “the role of the EAP is to provide a specialised service or to establish a working relationship with a specialised partner in

the field of trauma management in order to be in a position to provide the best possible service to the clients”.

### **3.10.5.2 PERSONAL EXPERIENCES OF THE EAP AT FPS**

In this section the researcher had the intention of comprehending the personal experiences of participants who have utilised the EAP service. The responses of participants are mentioned hereunder:

- **Helpful**

**Participants 1, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12** *“One on one service is helpful. Having to talk to a stranger works for me hence you open up about your personal challenges and get relieved being listened to.*

*“I have high regard for the experience and find it helpful to talk to someone. It helps in terms of coping better for both personal and work related challenges. I was given a reason to wake up in the morning based on the motivation received from the therapist”.*

*“I was able to talk openly to the counsellor about bad dreams I used to have and able to find remedy of dealing with my problem” . “The service offered was excellent hence I receive professional help”.*

**Participant 2** *“As an individual your personal strength is rebuilt and you gain self-confidence”.*

- **Need for counsellors to be knowledgeable and be acclimatised with the FPS environment**

**Participants 1, 6 and 7** *“I personally feel that having counsellors who have extensive background and knowledge about FPS could help a lot”.*

*“I felt that she did not understand the work environment and the severity of trauma I experience on daily basis”.*

- **Marketing of EAP**

**Participant 8** *“I have realised that my colleagues do not open up when they go through challenges it is therefore recommended that marketing of EAP services should be continuous and interaction with members is a way to go”.*

- **Limited**

**Participant 11** *“It is helpful but sessions are limited.”*

### **Discussion of data:**

Most participants attested that the service rendered by service providers is commendable. The service is helpful and the participants further cited different versions of their own experiences as stipulated in the above responses. It is clearly indicated that they benefit from the service offered hence they are able to cope better and rejuvenate their own strength. Van Wyk (2012:206) concurs with the responses made by the participants that “critical incident response services including individual therapy, when properly delivered, are helpful in reducing the symptoms of severe stress that affect individuals who have experienced a workplace trauma or other critical incidents”. The issue of having counsellors with the exposure and knowledge of FPS background was highlighted. A principled assertion made by one of the participants was the importance of continuation of the marketing of EAP services. The participant said that this statement should not be undermined.

### **3.10.6 TRAUMA MANAGEMENT PROGRAMMES**

#### **3.10.6.1 PRE-TRAUMA MANAGEMENT/TRAUMA PREPAREDNESS TRAINING OFFERED TO EMPLOYEES**

Hughes, Kinder and Cooper (2012:144-145) describe the importance of pre-trauma programmes for trauma preparedness training which is not limited to resilience,

emotional intelligence, stress management, self-efficacy, strength based skills, self-management and internal locus of control. Trauma preparedness training enhances performance by leveraging strength based skills rather than waiting until people need clinical care. In this section the researcher wanted to explore the availability of trainings of this nature.

- **Lack of training provided before resuming the job**

The following quotes from participants did not highlight the assertion mentioned above:

**Participants 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12** *“None whatsoever” “There was no training offered to me prior to my inception of my duties pertaining to preparing me psychologically due to the nature of work I do”.*

**Participant 8** *“I only attended resilience workshop during the time of my employment, it was never conducted prior to the inception of my job”.*

#### **Discussion of data:**

Hundred percent (100%) of participants concluded by citing that they have never received any training pertaining to pre-trauma preparedness. Pre-trauma training helps the employees who are working in the traumatic environment to be psychologically equipped for any incident that may occur. The researcher believes that employers do not take pro-active initiatives, instead they intervene when an incident has occurred (reactive).

#### **3.10.6.2 EXPRESSED VIEWS ON TRAUMA MANAGEMENT PROGRAMMES IN PLACE FOR FPOS**

- **Helpful**

**Participants 1, 2, 5 and 12** *“Trauma debriefing sessions in place are very helpful. It is organised in a way that gives employees a platform to share their own personal experiences in a group form”. “I was able to learn on how to control my anger”.*

- **Best practices**

**Participants 1, 2, 4, 5 and 8** *“Best practices are shared and one can benchmark in terms of how some people cope with traumatic events, furthermore extensive knowledge is shared and the debriefing sessions are conducted away from the work environment”.*

- **Sport as best practice**

**Participant 7** *“Sport activities are more debriefing for me than group debriefing”.*

- **Essential and refreshing**

**Participants 6, 7 and 8** *“Trauma debriefing sessions are essential and enjoyable”.*  
*“They play a vital role in our lives”. “These services make us feel relaxed and cared for due to the activities undertaken”. “However, the clinical part of debriefing should only be one to two hours. The rest of other hours should be more on team building exercises hence we do not want to be reminded of what we do on daily basis”.*

Participants 6 and 7 further stated that the number of days for group trauma debriefing should be increased.

**Participants 4, 9, 10 and 11** *“These debriefing sessions are refreshing even though you go back to the same work environment and be continuously exposed to trauma”.*

They are taken to a lodge for 1½ days where they engage with fellow colleagues.

- **Inadequacy**

**Participant 3** *“Group trauma debriefing is not adequate”.*

## **Discussion of data:**

Chabalala (2005:29) and Wessely and Deahl (2003:12) are in congruence with most of the responses shared by participants when they state their views on trauma debriefing as the following:

- Helps normal people deal with abnormal situations
- Provides immediate support after a traumatic incident
- Enables ventilation of initial thoughts and feelings in a contained and safe environment
- Builds on the strengths of each individual in the group
- Helps survivors to make sense of their experiences by creating a better understanding of the nature of traumatic incidents and educating them on the normality and predictability of reactions.

Most participants find group trauma debriefing sessions helpful whilst the other participants mentioned that the best practices are shared. The participants further cited that group trauma debriefing sessions are refreshing even though they go back to the same environment. The participants mentioned that these services are essential and enjoyable, whereas some participants reiterated that extensive knowledge is shared. Most of responses of participants serve as positive evidence on how they view group trauma debriefing sessions conducted in the organisation.

However, one participant argued in contrast to the above statement by saying that group trauma debriefing is not adequate. Some participants said that these services should be continuously done and further stated that these services should not be optional for the employees. Each FO should go for regular group trauma debriefing sessions due to the nature of the work. Furthermore, it was indicated that sports activities are more valuable for debriefing than group trauma debriefing sessions.



### **3.10.6.3 RESILIENCE DEVELOPED DUE TO TRAUMA MANAGEMENT PROGRAMMES**

In this section the researcher wanted to investigate the recovery of participants when it comes to psychological resilience based on the provision of trauma management programmes (group trauma debriefing). A sense of knowing oneself is very prominent in order to take charge of your life. The researcher is of the opinion that some employees who are constantly exposed to traumatic events do not acclimatise themselves with the true people they are. As a person, you choose how to react regardless of the situation. Resilience refers to your own ability to recover your strength, health, energy, spirit and motivation after experiencing a setback.

In response to this sub-theme, participants gave the following feedback:

- **Positive spirit and attitude**

**Participants 1, 7 and 8** *“One comes back with positive spirit and attitude. Improvement of work and punctuality is improved. I feel highly motivated and develop positive spirit”.*

- **Cope better**

**Participants 3, 4 and 10** *“I learn how to cope better with trauma”.*

- **Anger Management**

**Participants 5 and 7** *“I have developed anger management skills due to these programmes”.*

- **Negative experience of trauma management programmes**

**Participants 6 and 11** tend to differ from other participants' responses by saying that *“there is no change since these programmes do not fully bring any change rather facilitators tell them what they know and it awakens bad memories which they are trying to erase from their minds”.*

- **Alleviation**

**Participants 9 and 12** *“My mind is alleviated from home and work circumstances”.*

**Discussion of data:**

The findings show that a significant number of participants do develop resilience due to trauma management programmes that are in place. Van Wyk (2012:79) affirms that “individuals regain control over their lives”. They are able to render a service to the community members with courtesy as stipulated in Batho Pele principles. They come back to work feeling rejuvenated and willing to go the extra mile. They stated that they are able to cope better and recover even though the trauma is continuous. The most important thing to them is for the community members to find closure on the cause of death for their deceased members. This statement is quite intriguing as it shows work fulfilment. Some participants develop skills to manage their anger through the information shared during group debriefing sessions, whereas, other participants said that there was no change for them. Instead, it triggered bad memories for them.

### **3.11 GENERAL INFORMATION**

In this section the researcher gave participants an opportunity to share their thoughts on any issues pertaining to the subject matter that might have been overlooked during the interviews.

The majority of the members repeated what has been discussed in the previous sections but 2 participants said they did not have any comment.

**Participant 12** *“With regards to trauma, I would like to talk about workplace injuries which are huge factors relating to trauma. It carries a huge trauma as well when a member injures him/herself and has to go through Post Exposure Prophylaxis (PEP) not knowing whether the disease was contracted from the human remains or not. Proper supply of equipment should be provided to eliminate unnecessary injuries”.*

## **Discussion of data:**

The response of this participant was slightly different from the phenomenon of the study but it emanated from the fact that the employers don't always enable their employees to have a safe work environment and this may perpetuate the situation of being exposed to trauma in the workplace. The researcher is of the opinion that FPS (employer) is responsible for ensuring that its employees are safe. Occupational Health and Safety Act & Regulations (Department of Labour 2009:17) outlines the duties of the employer in terms of ensuring that employees are not exposed to hazards which would compromise their health and safety.

### **3.12 CONCLUSION**

Undoubtedly so, as has been proven by assertions extracted from participants, the researcher concludes that FPOs are indeed exposed to trauma daily due to the nature of their jobs. It is further highlighted that dealing with children is the most traumatising task. The study confirms that the participants experience PTSD through experiencing flashbacks and then try avoiding external reminders that would remind them of their work.

It can be inferred from the quotes of the participants that EAP plays a crucial role in assisting employees to manage their trauma. One-on-one counselling is one of the factors that contributes towards changing the lives of employees, however, gaps were identified which need further improvements for the betterment of the service to the employees. It emerged from the discussions that counselling is "helpful", however, there should be visibility of counsellors in the facilities for continuous counselling. It was further cited that "personal strength is rebuilt" and "you gain self-confidence" through these counselling sessions.

The participants testified that the role of EAP in trauma management is "helpful" hence they are able to learn the best practices on how to deal with day-to-day trauma incidents, and are able to cope better in life. It is recommended that these services should be continuous and be implemented on a regular basis irrespective of the limited resources in the Department.

It is therefore imperative to have sustainable trauma management programmes in the workplace to alleviate work stressors with the intention of developing positive coping mechanisms which were extensively described in the findings of the study even though some participants articulated that they indulge in alcohol to suppress their thoughts which is an ineffective coping mechanism.

The next chapter will elucidate conclusions and recommendations of the study.

## **CHAPTER 4**

### **KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY**

#### **4.1 INTRODUCTION**

Emanating from the research data analysis presented in chapter 3, key findings will be discussed, conclusions will be drawn and recommendations will be made, based on the goal and objectives of the study. This Chapter will determine the correlation between the results of the empirical study and objectives of the study. The recommendations of the study may be of great use for the Forensic Pathology Service (FPS) in order to improve current trauma management programmes thereof and for these programmes to be sustainable and beneficial to the workforce as a whole.

#### **4.2 GOAL AND OBJECTIVES OF THE STUDY**

The goal of the study was to explore and describe the experiences of FPOs regarding the role of the EAP in trauma management. The study was exploratory in nature and holistic. The rationale of conducting the study was based on the gaps identified by the researcher within the EAP portfolio as well as the lack of existing studies based on trauma management for FPOs in the Gauteng Province and the researcher was inquisitive to find out the experiences of FPOs regarding the role of EAP in trauma management.

The goal of the study was achieved through the following objectives:

- To theoretically conceptualise the concept of trauma and trauma management in the workplace
- To explore and describe the experiences of FPOs about trauma in the workplace
- To explore and describe the experiences of FPOs about the EAP service in terms of trauma management

- To describe the role of the EAP in the management of trauma experienced by FPOs in order to make recommendations on the possible improvements of EAP

### **4.3 KEY FINDINGS OF THE STUDY**

Despite this study being a qualitative, the researcher decided to reflect some percentages for accuracy to certain data.

- Figure 1 of Chapter 3 depicts that age does not play a major role when it comes to the impact of traumatic working circumstances. The literature mentions that exposure to trauma leads to being psychologically overwhelmed irrespective whether a forensic pathology officer is young or old, therefore seeking professional help is crucial.
- The study found 67% of males and 33% of females were utilizing EAP services and made the conclusion that males are now brave enough to seek professional help. They are not scared of being judged or labelled that they are not coping with day-to-day challenges.
- The study revealed that despite having extensive years of experience in a traumatic field, only one case is needed to adversely traumatize an employee. It is therefore prudent for the FPOs to have coping strategies to adapt to the work environment.
- Out of 12 participants, 11 participants articulated that they do get traumatized due to the nature of the work they do daily whereas 1 participant opted for “not always”. The participants confirmed that they are exposed to trauma due to performing the following tasks:
  - Collection of bodies from the scenes
  - Assisting with post mortem performance procedures

➤ Identification of dead bodies by bereaved families

The findings of the study revealed that traumatic incidents and death constitute a significant part of the daily routine of FPOs. Most participants are adversely affected by dealing with children as they are parents themselves.

- Table 3 displays that about 58% of participants are mostly traumatized when it comes to assisting with post mortem procedures on children. Sixteen percent (16%) of participants are affected by decomposed bodies.
- The outcome of the study indicated that 41% of the participants believe that prayer and being believers gives them strength to cope with traumatic situations, whereas 33% of participants get distracted when they go out with family members and friends. Twenty five percent (25%) of participants indicated that they depend on alcohol to suppress any psychological thoughts they might have associated with their job. Some participants indicated that exercising is a good coping mechanism as they feel revitalized thereafter. Other participants shared that attending counselling sessions is such a huge relief giving them strength to be able to carry on with life.
- Seventy five percent (75%) of the participants indicated that they do experience PTSD whereas 25% of the participants were not specific. The participants mentioned that flashbacks are triggered which remind them of the incidents that they had to attend to while on duty. The participants further cited that they avoid places like butcheries where they are reminded of the workplace trauma.
- The findings of the study show that most of the participants generally understand the role of EAP even though some of the participants are convinced that there are gaps that need improvements to enhance the quality of the service. Some of the participants emphasized that the role played by EAP is very supportive in terms of ensuring that they live normal lives. A few of the participants mentioned the very insightful point that EAP offers assistance for both personal and work

related issues. It was echoed that visibility of the counsellors in the facilities for continuous counselling should be considered as their visibility can allay the fears of the members who do not have the strength to make phone calls asking for EAP intervention. The participants cited that counselling sessions are limited irrespective whether an employee still feels the need for consulting. The counselling sessions are limited to 3.

- Most participants attested that the service rendered by the service provider is commendable based on their own personal experiences. The findings of the study clearly indicate that the participants benefit from the service offered hence they are able to cope better and rejuvenate their own strength. The emphasis on the need for counsellors to be knowledgeable and be acclimatized with the FPS environment was highlighted, in order to identify with their clients. A principled assertion was labelled as paramount in terms of the continuation of marketing of EAP services.
- Hundred percent (100%) of the participants confirmed that they have never received any training pertaining to pre-trauma preparedness prior to the commencement of the work duties. The responses of the participants indicated that these trainings should be done during introduction and orientation programmes. The findings of the study indicated, contrary to the literature, that the employees who are involved in the traumatic occupational environment should be fully trained to understand work dynamics, suicide training, trauma management and self-management in preparation for any unforeseen circumstances.
- The study findings support the assertion by literature that group debriefing sessions promote a group environment and implied organizational climate, by allowing participants to describe experiences and then bringing together the different perceptions in ways that may lessen distress and provide some shared sense of meaning. The participants cited that group debriefing sessions are



helpful, refreshing, essential, enjoyable, provide extensive knowledge and the best practices are shared even though they return to the same environment. Some participants shared that sports activities are more beneficial than debriefing. They further pinpointed that such programmes should be continuous and should not be optional to employees. The participants reiterated that clinical trauma debriefing should only be one to two hours and the rest of the hours should focus on team building exercises to avoid being reminded of the traumatic workplace. The research concluded that the number of days for group debriefing sessions should be increased.

- The study findings correlate with responses of the participants that resilience is developed due to trauma management programmes. The participants come back to work feeling rejuvenated and willing to go the extra mile. They stated that a positive spirit and attitude is developed and they are able to cope better and recover faster even though the trauma is continuous. The most important thing to them is for the family members to find closure on the cause of death of their deceased members. This statement is quite intriguing as it shows work fulfilment. Some participants learn how to manage their anger through the information shared during group debriefing sessions, whereas some participants said that there was no change for them. Instead, the debriefing sessions triggered bad memories for them.

#### **4.4 CONCLUSIONS**

- The key findings of the study concluded that the participants find trauma management programmes helpful and these programmes assist in enabling FPOs to live a normal life through finding the best coping strategies. FPOs' resilience is built and the participants feel proud of the outstanding job they do for different communities. The literature review concurs with the responses of the participants when it narrates the importance of having such trauma management programmes in place

because of the positive benefits thereof. However, some participants disagreed saying that these programmes did not change their lives, but instead they were reminded of their day-to-day work.

- The literature review in Chapter 2 allowed the researcher to conceptualise the notion of trauma and trauma management in the workplace to draw conclusions on the correlation between the literature and the experiences of FPOs who are in the field of FPS regarding the effectiveness of the trauma management programmes currently in place. The literature revealed that FPOs are exposed to trauma on a daily basis due to the nature of their work. It was further explored that trauma management in the workplace is imperative to ensure that employees' wellbeing is at its best and that FPOs are able to adapt to the work environment for the continuation of good service delivery. The literature reiterated the value of employee assistance programme (EAP) and return on investment (ROI) in the workplace. The literature review in Chapter 2 made it very clear that there is a service provider that renders such services for employees of FPS to minimize absenteeism and PTSD.
- The study successfully explored and described the experiences of FPOs regarding the role of the EAP in trauma management. The findings of the study provide future recommendations that may improve EAP services in trauma management. Furthermore, FPS management will be able to strategize in ensuring that these services are of a high quality for the betterment of the wellbeing of employees to be able to perform at their maximum capacity as well as to strike a good balance between work and life. The outcome of the study indicates that these programmes require adequate budgeting and planning for sustainability.

## 4.5 RECOMMENDATIONS

4.5.1 The following recommendations are made from the key findings of the study:

- Needs assessment should be conducted to ascertain the needs of the employees who are exposed to traumatic environments. This recommendation is deduced from the responses of the participants when they highlighted that they prefer teambuilding exercises instead of the facilitator dwelling on clinical debriefing as this triggers their day-to-day trauma.
- Counsellor acclimatization with FPS work environment entails that counsellors should become familiarized with the FPS work environment to have full insight into what FPOs are experiencing daily.
- Visibility and accessibility of the counsellors should be drawn closer to the source of trauma, for instance inside facilities. Onsite counselling is recommended whereby counsellors are visible and employees can easily seek their professional help.
- Case monitoring should be implemented to track the number of sessions offered to the employees. Employee satisfaction surveys can be completed at the end of a cycle of sessions.
- Continuous marketing of EAP to employees should not be taken for granted. It is preferable that EAP presentations be done continuously rather than only mounting posters and pamphlets. Most employees do not prefer reading therefore engaging with the person seems to be more effective, whereby employees are given a platform to ask questions.

- Involvement of family members during counselling sessions of the employees is recommended to ensure further support.
- Pre-trauma preparedness training (pro-active programme) should be developed and implemented prior to the inception of work duties for employees to acquire resilience and be psychologically immune to the traumatic work environment. This should be done during introduction and orientation programmes.
- Trauma management programmes should be implemented regularly and be continuous in a traumatic environment to minimize development of PTSD and absenteeism in the workplace and to promote dedicated and committed employees. These programmes should be readily available and be budgeted for.
- Management support is inevitable to support employees who are exposed to trauma. This can be achieved through educating managers on trauma management in the workplace.
- In the development of policies and protocols for trauma management should involve consultation with trauma specialists inclusive of a psychologist and psychiatrist.

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# **APPENDICES**



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Department of Social Work & Criminology

## APPENDIX 1: REQUEST TO PERFORM EMPIRICAL STUDY

19/01/2016

Our Ref: Prof L S Terblanche

Tel: (012) 420-3292

E-mail: [lourie.terblanche@up.ac.za](mailto:lourie.terblanche@up.ac.za)

Ref. Nomfundo Mwelase 13385781

Tel. (011) 6895554

Fax. 0864032446

E-mail: [nomfundo.mwelase@gauteng.gov.za](mailto:nomfundo.mwelase@gauteng.gov.za) or [nomfundomwelase@gmail.com](mailto:nomfundomwelase@gmail.com)

FOR ATTENTION: DR L R R LEBETHE

The Chief Executive Officer

Forensic Medical Services (Forensic Pathology and Medical Services)

Johannesburg

Dear Dr Lebethe

### **REQUEST FOR PERMISSION TO PERFORM EMPIRICAL RESEARCH NOMFUNDO MWELASE STUDENT NUMBER 13385781**

I am a registered student for the following programme at the Department of Social Work, University of Pretoria: **MSW (EAP)**.

I am required to write a **mini-dissertation**, resulting from a research project, under the supervision of Professor L.S. Terblanche. The research will only proceed once a departmental Research Panel, the Faculty Research Proposal and Ethics Committee have approved the proposal and data collection instrument(s). The following information from the research proposal is shared with you, although a copy of the **research proposal** will be provided to you if needed:

The envisaged **title** of the study is '**The role of the Employee Assistance Programme (EAP) in trauma management with forensic officers in the Gauteng Province.**'

The **goal** of the study is to explore and describe the role of the EAP in the management of trauma experienced by forensic officers in the Gauteng Province.

The **objectives** of the study is to theoretically conceptualise the concept of trauma, to explore and describe experiences of forensic officers who collect dead bodies from the scenes, perform post-mortem and help families with the identification of dead bodies, to explore and describe the role of the EAP in the management of trauma experienced by forensic officers, to determine work-related aspects that may create more trauma for forensic officers and describe coping mechanisms/support structures of forensic officers.

The **envisaged target group** of the study is forensic officers with at least five years of work

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Department of Social Work & Criminology  
Room 10-21.1, Level 10, Building  
University of Pretoria, Private Bag X20  
Hatfield 0028, South Africa  
Tel +27 (0)12 420 2325/2030  
Fax +27 (0)12 420 2093  
Email [Antoinette.lombard@up.ac.za](mailto:Antoinette.lombard@up.ac.za)

Fakulteit Geesteswetenskappe  
Lefapha la Bomotheo

experience as a forensic officer, participants must have made use of the EAP services, participants may be male or female and participants must be stationed at any of the 11 depots of Forensic Pathology Service.

I intend to do the empirical part of the study through means of:

- a phenomenological design utilising the unstructured one to one interview as a way of collecting data.

This request will not result in any demands from you or your staff.

No **costs** will be incurred by this request from the organisation.

Possible benefits for your organization can be summarised as follows:

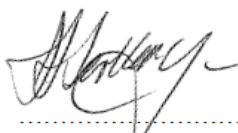
- Forensic Officers, management of Forensic Pathology Service (FPS) as well as the communities within Gauteng Province will benefit from this study by understanding the sensitivity of the work done by forensic officers and the role of effective support structures like EAP, in order to empower forensic officers to deal with their day-to-day work duties.

I undertake responsibility to provide you with a copy of the final report – if required.

It would be appreciated if you will consider this request and **grant written permission** (on an official letter head of your agency) to proceed with the project, at your earliest convenience.


Kind regards

.....  
STUDENT



.....  
SUPERVISOR/PROMOTER

Kind regards,



**PROF L S TERBLANCHE**  
**PROMOTER**



APPENDIX 2: LETTER OF  
ETHICAL CLEARANCE



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Humanities  
Research Ethics Committee

18 January 2018

Dear Ms Mwelase

**Project:** The role of the Employee Assistance Programme in trauma management. The experience of the forensic pathology officers in the Gauteng Province

**Researcher:** N Mwelase

**Supervisor:** Prof L Terblanche

**Department:** Social Work and Criminology

**Reference number:** 13385781 (GW0170822HS)

Thank you for your response to Committee's correspondence of 2 October 2017.

I am pleased to inform you that the above application was **approved** by the **Research Ethics Committee** at an ad hoc meeting held on 17 January 2018. 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.

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**

CC: Prof L Terblanche (Supervisor)  
Prof A Lombard (HoD)

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Dr L Blokland; Ms A dos Santos; Dr R Fasselt; Ms KT Govinder; Dr E Johnson; Dr C Panebianco; Dr C Puttergill; Dr D Reyburn; Dr M Taub; Prof GM Spies; Prof E Taljard; Ms B Tsebe; Dr E van der Klashorst; Dr G Wolmarans; Mr V Sithole

## APPENDIX 3: LETTER OF PERMISSION TO CONDUCT EMPIRICAL STUDY FROM DEPARTMENT OF HEALTH



DEPARTMENT OF HEALTH  
Enquiries: Dr S. Senabe  
Cell:0795149777

Email address: [sipho.senabe@gauteng.gov.za](mailto:sipho.senabe@gauteng.gov.za)

### REQUEST FOR FINAL APPROVAL TO PERFORM EMPIRICAL RESEARCH AND CONFIRMATION LETTER FROM CAREWAYS TO DEBRIEF PARTICIPANTS

#### 1. PURPOSE

- 1.1 The purpose of this submission is to request for final approval to perform empirical research at Forensic Pathology Service under Department of Health and to receive a formal written confirmation letter from Careways granting me permission to refer participants that will be part of my research study for emotional support should they need psycho-social intervention due to sensitive issues that might affect them during collection of data in my empirical study.

#### 2. BACKGROUND

- 2.1 My name is Nomfundo Mwelase currently employed at Forensic Pathology Service under Department of Health. I am an Employee Assistance Programme (EAP) Masters student at University of Natal in a process of conducting my empirical study at Forensic Pathology Service. My research title is **"The role of EAP in trauma management: the experiences of the forensic pathology officers in the Gauteng Province"**.
- 2.2 The University of Pretoria has provisionally approved my research study pending a formal written letter from Careways conforming their debriefing services that will be offered should the need arise from the 12 participants that will be interviewed by myself and final approval from Department of Health.
- 2.3 The population of the study is comprised of forensic pathology officers who are working at Forensic Pathology Service within Gauteng Region. The sample of this study will be forensic pathology officers whom had made use of the EAP rendered by the external service provider.

## **REQUEST FOR FINAL APPROVAL TO PERFORM EMPIRICAL RESEARCH AND CONFIRMATION LETTER FROM CAREWAYS TO DEBRIEF PARTICIPANTS**

An invite through email will be sent to all forensic pathology officers to participate in the envisaged study, stipulating the criteria. The first 12 officers responding to the invitation will be interviewed.

Criteria for purposive sampling would be:-

- Forensic Officers with at least five years of work experience as a forensic officer;
- Participants must have made use of the EAP services offered by the Department of Forensic Pathology Service through utilization of the services rendered by the service provider;
- Participants may be male or female;
- Participants must be stationed at any of the following depots of Forensic Pathology Service which are Johannesburg FPS, Pretoria FPS, Bronkhorstspuit FPS, Diepkloof FPS, Heidelberg FPS, Springs FPS, Germiston FPS; Carletonville FPS, Sebokeng FPS, Ga-rankuwa FPS and Roodepoort FPS;
- Participants whom have responded voluntary on an in-house advert to all employees, to participate.

### **3. MOTIVATION**

3.1 Ms N. Mwelase has taken the initiative of developing herself in her specialty of the field of EAP in order to be highly abreast with the new trends and further gain an in depth understanding of EAP hence EAP is continuously evolving from traditional methodology to a broader spectrum.

3.2 Furthermore, the research has never been conducted at Forensic Pathology based on EAP services rendered to employees. The findings of the research will not only benefit the researcher but the entire organization as a whole.

### **4. FINANCIAL IMPLICATIONS**

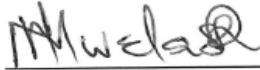
4.1 Financial implications will be borne by Careways since Department of Health signed a three year contract for employees of Department of Health to be referred for any psycho-social intervention. A contractual agreement was signed by both parties (Department of Health and Careways) in order to ensure the well-being of employees and be able to strike the balance between work and life.

**REQUEST FOR FINAL APPROVAL TO PERFORM EMPIRICAL RESEARCH AND  
CONFIRMATION LETTER FROM CAREWAYS TO DEBRIEF PARTICIPANTS**

**5. RECOMMENDATION**

5.1 It is recommended that final approval to perform empirical research at Forensic Pathology Service and formal written confirmation letter from Careways be granted in order for Ms N. Mwelase to continue with data collection.

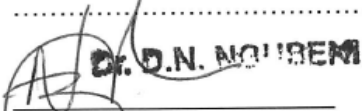
Regards



N. Mwelase  
EHW Coordinator  
Forensic Pathology Service  
Date: 13/11/2017

Supported/Not supported/Supported as amended

*Ms N Mwelase to come and present her findings  
when done with the research.*



Dr. D. Ngubeni  
Acting Director: EHW  
Department of Health  
Date: 13/11/2017

Approved/Not approved/Approved as amended



Dr. S. Senabe  
Chief Director: HRD/EHW  
Department of Health  
Date: 17/11/2017



## APPENDIX 4: LETTER OF INFORMED CONSENT

Faculty of Humanities  
Department of Social Work and Criminology

31/10/2016

Our Ref: Prof L S Terblanche  
Tel: (012) 420-3292  
E-mail: [lourie.terblanche@up.ac.za](mailto:lourie.terblanche@up.ac.za)

Participant's Name: .....  
Date: .....

Principal Investigator  
Name: Ms N Mwelase  
Institution: Forensic Medical Services Department of Health

### INFORMED CONSENT LETTER

**Title of Study:** The role of the EAP in trauma management: experiences of forensic pathology officers in the Gauteng Province.

- Purpose of the Study:** The purpose of this study is to investigate the experiences of FPO's regarding the role of the EAP in trauma management.
- Procedures:** The interview will take approximately 60 minutes. All interviews will be scheduled at the convenience of the participant and the researcher.
- Risks and Discomforts:** There are no known risks associated with this project.
- Benefits:** The researcher understands that there are no known direct benefits for participating in this study. However, the results of the study may help researchers gain a better understanding of trauma experienced by forensic pathology officers and how such trauma should be managed.
- Participant's Rights:** Any participant may withdraw from participating in the study at any time, without any negative consequences.
- Financial Compensation:** There will be no financial compensation offered for participation in the research.
- Confidentiality:** In order to record exactly what is said during the interview, a voice recorder will be used. The records will be listened to only by the Principal Investigator and authorized members of the research team at the University of Pretoria. No identifying details will be included in the final report.
- The results of the study will be kept confidential and will only be released if requested by the participant.** The results of this study may be published in professional journals or presented at professional conferences, but no identifying records will be revealed unless required by law.

I understand my rights as a researcher subject, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form. I am also aware that all raw data generated through this study will be stored at the University of Pretoria for a period of 15 years for archival and possible future research.

Room 15, Level 10, Humanities Building  
University of Pretoria, Private Bag X20  
Hatfield 0028, South Africa  
Tel +27 (0)12 420 3292  
Email [lourie.terblanche@up.ac.za](mailto:lourie.terblanche@up.ac.za)  
[www.up.ac.za](http://www.up.ac.za)

Fakulteit Geesteswetenskappe  
Departement Maatskaplike Werk en Kriminologie  
Lefapha la Bomotho  
Kgoro ya Modiro wa Leago le Bosenyi

If I have any questions of concerns, I can call Ms N. Mwelase on 0731851460 at any time during the day.

\_\_\_\_\_  
Signature of the participant

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Investigator

Kind regards



**PROF L S TERBLANCHE**  
**SUPERVISOR**



**CAREWAYS**

The way to wellness

21 November 2017

**APPENDIX 5: LETTER OF DEBRIEFING FROM CAREWAYS**

To whom it may concern,

Careways will accept referrals for psychosocial counselling as per the service levels and contractual agreement in place between Careways and GPG: Department of Health. Careways is a leading South African employee health and wellness service provider, and provides telephonic and face to face counselling 24-7-365.

Should you have any questions, please do not hesitate to contact me on the details provided below

**Dr Leanne Mandim**  
**Head: Employee Health and Wellness Solutions**



Tel: 011 219 9144  
Mobile: 083 375 6621  
Email: [leanne.mandim@lifehealthcare.co.za](mailto:leanne.mandim@lifehealthcare.co.za)

Careways Wellness Proprietary Limited trading as Careways  
A subsidiary of Life Occupational Health Proprietary Limited  
Reg. no. 2013/064412/07 Registered address Oxford Manor, 21 Chaplin Road, Illovo 2196, Private Bag X13, Northlands 2116  
[www.carewaysgroup.com](http://www.carewaysgroup.com) T: +27 11 219 9000 F: +27 11 219 9001  
Directors: YM Motsisi, T Naidoo



## APPENDIX 6: LETTER OF MANAGEMENT OF SUBJECTIVITY

Prof. Maxi Schoeman  
Deputy Dean: Postgraduate Research and Ethics  
Faculty of Humanities  
University of Natal

### **MANAGEMENT OF SUBJECTIVITY DURING THE PERFORMANCE OF EMPIRICAL STUDY**

**TITLE OF THE RESEARCH: The role of Employee Assistance Programme in trauma management. The experience of the forensic pathology officers in the Gauteng Province**

Ms N. Mwelase (researcher) is an Employee Health and Wellness Coordinator at Forensic Pathology Service under Gauteng Department of Health. She is stationed at Head Office (Central of Johannesburg) where she is actively involved in the coordination of wellness programme. She works closely with the service provider that renders clinical individual counselling and trauma debriefing services to the forensic pathology officers. She further plays a role of organizing annual events for the workforce.

The anticipated participants are stationed at different facilities within Gauteng Province. The participants will be the employees who are stationed at different facilities who have made use of EAP services provided by the service provider.

The study will be conducted in this manner:-

An invite through email will be sent to all forensic officers to participate in the envisaged study, stipulating the criteria. The first 12 officers responding to the invite will be interviewed.

Criteria for purposive sampling would be:-

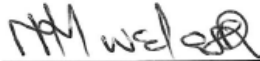
- Forensic Officers with at least five years of work experience as a forensic pathology officer;
- Participants must have made use of the EAP services offered by the Department of Forensic Pathology Service through utilization of the services rendered by the service provider;
- Participants may be male or female;



**MANAGEMENT OF SUBJECTIVITY DURING THE PERFORMANCE OF EMPIRICAL STUDY**

- Participants must be stationed at any of the following depots of Forensic Pathology Service which are Johannesburg (Hillbrow) FPS, Pretoria FPS, Bronkhorstspuit FPS, Diepkloof FPS, Heidelberg FPS, Springs FPS, Germiston FPS, Carletonville FPS, Sebokeng FPS, Ga-rankuwa FPS and Roodepoort FPS;
- Participants whom have responded voluntary on an in-house advert to all employees, to participate.

Yours sincerely,



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Nomfundo Mwelase  
EHW Coordinator  
Forensic Pathology Service  
Date: 28 September 2017

## **APPENDIX 7: SEMI-STRUCTURED INTERVIEW SCHEDULE**

### **TITLE OF THE STUDY:**

**The role of the Employee Assistance Programme in trauma management: the experiences of forensic pathology officers in the Gauteng Province**

### **SECTION 1: BIOGRAPHICAL INFORMATION**

<b>AGE</b>	
<b>GENDER</b>	
<b>EDUCATION LEVEL</b>	
<b>DURATION OF EMPLOYMENT</b>	
<b>NAME OF FACILITY</b>	

### **SECTION 2: TRAUMA**

1. Do you get traumatised due to the nature of the tasks that you are performing as a forensic pathology officer, please share such information?
2. What specific tasks traumatise you the most?
3. How do you cope with the trauma that you experience?

### **SECTION 3: POST TRAUMATIC STRESS DISORDER (PTSD)**

4. Have you ever suffered from PTSD due to the specific tasks that you need to perform as part of your work? Please elaborate.

### **SECTION 4: THE ROLE OF EMPLOYEE ASSISTANCE PROGRAMME (EAP)**

5. What is your opinion of the role of the EAP services being rendered to the Forensic Pathology Service staff?
6. What are your own personal experiences of the EAP at Forensic Pathology Service?

## **SECTION 5: TRAUMA MANAGEMENT PROGRAMMES**

7. Are any pre-trauma programmes/trauma preparedness training being offered to employees? Please elaborate.
8. Share your views on trauma management programmes that are in place for forensic pathology officers.
9. Do you think these programmes are changing the lives of forensic pathology officers in order to develop resilience? Please motivate your answer.

## **GENERAL INFORMATION**

- What are your own recommendations in terms of the service of the EAP at Forensic Pathology Service?
- Please share any information on the subject under discussion – not covered to this point.



**APPENDIX 8: DATA STORAGE FORM**

FACULTY OF HUMANITIES  
 RESEARCH ETHICS COMMITTEE

**Declaration for the storage of research data and/or documents**

I/ We, the principal researcher(s) **Nomfundo Mwelase**

and supervisor(s) **Prof. L. S. Terblanche**

of the following study, titled **The Role of the Employee Assistance Programme in Trauma Management: the experiences of forensic pathology officers in the Gauteng Province**

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

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

Start date of study: **02 February 2015**

Anticipated end date of study: **31 August 2018**

Year until which data will be stored: **31 August 2033**

Name of Principal Researcher(s)	Signature	Date
Nomfundo Mwelase		31 August 2018

Name of Supervisor(s)	Signature	Date
Prof. L.S. Terblanche		

Name of Head of Department	Signature	Date