

CHAPTER ONE

GENERAL ORIENTATION

1.1 INTRODUCTION

Employees do not leave their problems at home as they turn to face their working day. They do not shed them as they do with their coats when they enter the door of the organisation. Problems stay with them, haunt them and interfere with their productivity (Carroll, 1996:3). There are various reasons as to why employers turn to counselling as one of the methods to care for their workforce (Carroll, 1996:3). Employers have a responsibility towards their employees, a duty to care. Individuals need support to cope with their psychological and social problems.

According to the EAPA an Employee Assistance Program is defined as *“a work-site based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, but not limited to: health, marital, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance”* (The Standard Document, EAPA-SA: 1999:4).

Gathered from the definition above it can be stated that the goal of an Employee Assistance Program (EAP) is to identify troubled employees in the early stages of deteriorating performance resulting from personal and/or work-related problems whereas the aim of the EAP is to enhance productivity and social functioning. It is a resource for both the employer and the employee and supports good management practices such as early identification and action when job performance concerns arise. The personal and work-related problems of employees can be addressed and resolved if assistance is offered at an early stage and referral is made to an appropriate resource.

Health care workers in hospitals are constantly confronted, either directly or indirectly, with death or crises of one sort or another. As the focus of the health care worker is on the patient and the provision of high quality care, the situation in a hospital, characterised by constant shift changes, extended working hours and relocation of duties, can lead to stress and the risk for chemical dependency. A healthy state of mind is essential for the provision of quality patient care and coping with work at hand and a mechanism for determining that all employees are physically and emotionally capable of performing their assigned tasks, must be provided. Since hospital employees deserve the best support system that can be devised an EAP is considered a major contributor towards meeting this requirement.

The focus of this study was to explore the need for EAP services at Kalafong Hospital. The researcher set out to explore the employees' feelings, expectations and needs regarding the lack of an EAP in their workplace.

This chapter will provide a general orientation and discussion on the research methodology used in this study. Although subjects are predominantly addressed in the male form ("he") it is in no way intended to be discriminatory but mainly used for practical reasons.

1.2 MOTIVATION FOR THE CHOICE OF THE STUDY

The researcher has been employed by Kalafong Hospital for the past nine years. For the first seven years she was employed as an administration clerk and for the last two years she occupied the position of social worker tasked to provide social work services to the patients of this hospital. The study was first of all motivated by the difficulties social workers experience when they have to turn away hospital employees who seek their professional services. As a result, the social workers have compiled a list of resources that are available in the community and surrounding areas that employees can turn to should they experience any personal or social problems. The second concern of the researcher was to get an understanding of the difficulties faced by employees in seeking social work services outside the organisation whilst the services available in the hospital

are not accessible to them. In the third instance the researcher was convinced that a study of this nature could bring about an awareness of the problem to the management of the hospital and hopefully lead to EAP services being rendered to employees.

All three factors mentioned above urged the researcher to undertake this study and were the sole motivation behind the project.

1.3 PROBLEM FORMULATION

Provision of an EAP is important for the well being of all employees and based on the scenario sketched above, includes employees of hospitals. Although not currently the case it would be expected that a public hospital of the magnitude of Kalafong Hospital near Pretoria, with its close on 2 000 employees, would provide an EAP to its employees.

The Department of Health did however create a structure whereby social work services are provided to patients in public hospitals such as Kalafong Hospital. In carrying out their duties to patients, the researcher and her colleagues are constantly approached by individual staff members seeking professional help. Not only does this state of affairs make it difficult for social workers at Kalafong Hospital to provide services to the patients they have been assigned to, but to prioritise such services. Of the problems encountered by employees include financial, marital and parent/child relationship problems, alcohol and drug abuse and assault by marriage partners.

As the provision of social work services in hospitals traditionally focus on the patient the question remains: 'Where do employees turn to, to resolve their crises?' Although it is generally acceptable to the Department of Social Work at Kalafong Hospital for social workers to provide professional intervention to employees of this hospital provided it is not at the expense of the patients, this adds to the already high workload of cases handled by social workers on a daily basis. Not only did the Department of Social Work at Kalafong Hospital make the management of the hospital aware of the problem, but a list of available resources in the community and the surrounding areas for employees to

use in case they experience any personal or social problems, were compiled and distributed.

1.4 RESEARCH QUESTION FOR THE STUDY

De Vos (1998:116) describes the research question as the one that can be answered by collecting data and whose answers cannot be foreseen prior to the collection of the data. He also states that an exploratory study using qualitative methods usually does not have a precise hypothesis as its purpose is to discover processes and relationships, and not to test them.

Arkava & Lane (1983:26) describe the hypothesis as a prediction of what is expected. Since a qualitative approach was used in this study and the research design was exploratory, no predictions or preconceived ideas were made and therefore no hypothesis was developed. The research question was used and was formulated as follows:

Is there a need for EAP services at Kalafong Hospital?
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1.5 GOAL AND OBJECTIVES OF THE STUDY

The concepts of 'goal' and 'objectives' cannot be better explained than by the description provided by De Vos, Schurink and Strydom (1998:7). They define the 'goal' as the dream and the 'objectives' as the steps one has to take, albeit one by one, in order to obtain that dream.

1.5.1 Goal

The goal of the study is to explore the need for EAP services at Kalafong Hospital.

1.5.2 Objectives

Above stated goal will be attained through the achievement of the following objectives:

- To describe the theoretical framework of an EAP as a service
- To explore employees' needs, feelings and expectations for an EAP through an empirical study
- To provide recommendations for the development of an EAP for Kalafong Hospital

1.6 RESEARCH APPROACH

A qualitative research approach was used in this study. Fouché & De Vos (1998:70) define one of the characteristics of a qualitative approach as an attempt to gain a first-hand and holistic understanding of the phenomenon of interest by means of a flexible strategy of problem formulation and of data collection.

Qualitative research attempts to determine what kind of things people are doing, what kind of processes are at work, what kind of meaning are being constructed and what kind of problems, constraints and contingencies they see in the world they occupy (Guy, Edgley, Arafat & Allen (1987:256).

The study is aimed at exploring the feelings, expectations and needs of the employees with regard to an EAP at Kalafong Hospital. The researcher thus aimed to gain first-hand information and a holistic understanding of the problem by means of semi-structured interviews as the data collection method.

1.7 TYPE OF RESEARCH

Arkava and Lane (1983:12) say that applied research is a scientific planning of induced change in a troublesome situation. The undertaking of applied research is, according to Babbie (1992:44), a plan to determine future courses of action on the basis of research

results. Applied research offers guidance with regard to practical matters on daily social life as it focuses on the development of solutions or the solving of problems.

Bailey (1994:26) share the same views as Arkava & Lane and Babbie by defining applied research as a study that is helpful in solving social problems whilst at the same time making a valuable contribution to the theoretical social science literature. For the purpose of this study, the researcher utilised applied research under the belief that not only will a solution to the employee assistance problem at Kalafong Hospital be found, but that the study will make a valuable contribution to the solution of the problem.

1.8 RESEARCH DESIGN

Research design is a plan of procedures for data collection and analysis that are undertaken to evaluate a particular theoretical perspective (Guy *et al.*, 1987:92). Bless and Higson-Smith (1995:63) define research design as a program to guide the researcher in collecting, analysing and interpreting observed facts. In this sense, the research design is a detailed plan of how a research study is to be conducted. It offers a framework according to which the data is to be collected, the research question is to be investigated, how the results should be analysed and how it should be interpreted.

The type of research design that was used in this study was an exploratory design. The purpose of the exploratory research is to gain insight into a situation or a phenomenon, and the need for such study could rise out of lack of basic information on a new area of interest (Bless & Higson-Smith, 1995:42). Exploratory research according to Alston and Bowles (1998: 34) is a study undertaken when little is known about an area.

Guy *et al.* (1987:103) list the following four reasons for undertaking an exploratory study:

- To satisfy the researcher's curiosity and desire for a better understanding;
- To test the feasibility of undertaking a more comprehensive study;
- To develop methods to be used in a more comprehensive study; and
- To formulate a problem for more precise investigation or for developing hypothesis.

The researcher used an exploratory study to gain insight and/or a better understanding of the situation. Based on the facts that the research problem has never been researched before in this environment and the respondents' needs, feelings and expectations were explored, the research can be classified as exploratory in nature. Literature on employee programs of hospitals was limited and the little that was available centred on the experiences of employees in their work setting in general and not on hospital employees specifically. It was therefore a new subject of interest and this particular study was relatively new and unstudied.

1.9 RESEARCH PROCEDURE AND STRATEGY

Data was collected by means of semi-structured interviews based on an interview schedule (see Annexure C). Although the questions were not asked in a particular sequence all relevant topics were covered during the interviews. Bailey (1994:174) lists the following advantages of utilising an interview schedule:

- **Flexibility** – Interviewers can repeat question when the response indicates that the respondent misunderstood the question.
- **Response rate** – Compared to mail questionnaires the interview has a better response rate as people who are unable to read and write can still participate in the study.
- **Non-verbal behaviour** – The interviewer is present to observe non-verbal behaviour and to assess the validity of the respondent's answer.
- **Respondent alone can answer** – The respondent is unable to cheat by receiving answers from others, or by having others completing an entire questionnaire for him.
- **Completeness** – The interviewer can ensure that all the questions are answered.
- **Time of interview** – The interviewer can record the exact time, date and place of the interview. Thus, if some important event has occurred during the interview that may impact on the data, the researcher can make those adjustments.

For purposes of data collection a semi-structured interview schedule was used. Not only did this serve as guideline for the researcher, but also ensured that all questions and themes that are important to the research were covered during an interview. With the

permission of the respondents a tape recording of the interview was made to facilitate data collection and to recall information.

According to De Vos & Fouché (1998:90) the analysis of qualitative research data is a challenging and highly creative process. Not only do they maintain that it starts with the data that are generated, but that data management forms an integral part of data analysis. Data management consists of those activities aimed at achieving a systematic manner of data collection, storage and retrieval. Data in qualitative research are usually in the form of transcribed interviews, field notes and reflections. As part of data management, a system for storage and retrieval must be designed prior to actual data collection.

This study utilised the following approach in data management and was decided on prior to the commencement of data collection:

- The researcher listened to all the interviews and jotted down ideas as they come to mind.
- Themes were extracted from the questions as respondents answered them.
- Quotations are identified by the respondent's number and provided in numerical order.
- In cases where more than one respondent made the same comment they are identified as such by providing the relevant respondent's numbers next to the quotation.

1.10 PILOT STUDY

The purpose of a pilot study is to improve on the effectiveness and the success of the investigation and thus forms an integral part of the research process (Strydom, 1998(a):182). The functions of a pilot study are to ensure that the research problem is formulated accurately, to assist with the tentative planning of the *modus operandi* and to demarcate the range of the investigation.

1.10.1 Literature study

The main purpose of performing a literature study during the pilot study phase is to provide the prospective researcher with a broad orientation on the forthcoming investigation and to alert him to certain matters that might arise during the investigation (Strydom, 1998(a):180). Alston & Bowles (1998:74) argue that the literature study helps the prospective researcher to determine what studies have already been done in this field, to discover what knowledge is already available about the issue and to determine how the study will differ from the existing work.

In this study the literature review concentrated on the most recent literature because it is the source of recent findings. The researcher not only accessed the library of the University of Pretoria for books, journals, theses and other documents which contain the most recent information on the subject, but also consulted other libraries such as those of the University of South Africa, the CSIR, and the Pretoria City Council.

1.10.2 Consultation with experts

Strydom (1998(a):180) states that in spite of the wealth of available literature it usually only represents a section of the knowledge of the people who are involved in a specific field on a daily basis. He acknowledges the advantages of involving people (experts) who have been trained in a specialised area, who have undertaken research and who have been active in that specific area for many years. Celliers (in Strydom, 1998(a):180) provides a further advantage of utilising experts in that they can help the researcher to gain valuable information on the technical and practical aspects of the prospective research endeavour.

The researcher found that talking to other knowledgeable people in the hospital who have done research on related issues elicited current material and ideas that contributed to the research topic. This also helped to obtain information on the suitability of certain

procedures and obstacles that the researcher could have encountered during the main investigation.

Experts that were consulted during the pilot study include the following people:

- Mrs. S. Mashilo, an Assistant Director of the casualty section in the Nursing Department at Kalafong Hospital. She has been practicing as a matron in the hospital for more than twelve years.
- Mrs. S.G. Lemao, an Assistant Director in charge of Nurses Staff Development and Training at Kalafong Hospital for more than thirteen years.
- Mrs. R.E.M. Kekana, an Assistant Director in the Department of Social Work at Kalafong Hospital. She has practiced as a social worker for twenty years and has since volunteered to provide professional help to employees of Kalafong Hospital.
- Mrs. G.T. Mthombeni, an EAP Practitioner at Ga-Rankuwa Hospital for two years.

Experts have indicated that Kalafong Hospital has a very large number of employees who experience all sorts of problems and that initiatives, such as 'Care of the Carers', attempting to help those employees who experience problems has failed. Although one of the main stumbling blocks experienced by the experts is the reluctance of employees to confide in them, those employees who do consult with them reported problems related to family and financial matters and drug and alcohol abuse amongst children. One of the experts said that, on occasion, employees seek advice about HIV/AIDS issues, a subject that is only breeched once they have gained her trust and confidence. The experts were however very positive that the proposed research will bring about an awareness of the problem to the management of the hospital.

1.10.3 Feasibility of the study

Before commencing with the actual research a researcher should ensure the feasibility of the study. Guy *et al.* (1987:59) dealt with the issue of feasibility by developing the following questions:

- **How much time is required?**

Time posed no threat to the feasibility of the study as the respondents were readily available in their places of work and could be contacted at a time that was convenient for both the researcher and the respondents.

- **How much money is required?**

As travelling costs, printing of documents and stationary were the only expenses encountered to conduct the study this did not threaten the feasibility of the research and could be managed by the researcher.

- **Will subjects cooperate?**

The superintendent of the hospital granted permission to conduct the research (see Annexure A). Not only did this help the researcher to gain access to certain controlled information about the organization and its policies, statistical information and other information relevant to the study, but helped to ensure the cooperation of the respondents.

- **Is the research question ethical?**

The researcher took care to ensure that the topic that was studied and that the research methods used did meet the ethical guidelines of the organisation.

1.10.4 Pilot testing of the measuring instrument

According to Strydom (1998(a):183) the pilot study offers the researcher the opportunity to test the interview schedule with the kind of respondent that will be used in the main investigation. Bailey (1994:144) also states that the pre-test should be conducted in the same manner as the final study. If it is an interview study, the pre-test should be an interview.

Since the study was exploratory in nature and the data were collected during interviews, the researcher designed a semi-structured interview schedule that was used as a guideline during the interview. The interview schedule used for the pilot testing contained questions relevant to the topic(s) that were to be covered during the main investigation. The purpose of the pilot test was to determine the effectiveness of the measuring

instrument and whether certain modifications had to be made for the main investigation. A sample of four respondents, who were not included in the main investigation, was involved in the pilot testing of the instrument. As a result of the pilot testing some of the questions were left as they were whilst others were re-phrased. Respondents felt that question 5.1 was covered in two other questions and question 3.4 was a duplication of one other question. The interview schedule used during the main investigation was adjusted to reflect these changes.

1.11 DESCRIPTION OF THE RESEARCH POPULATION, BOUNDARY OF SAMPLE AND SAMPLING METHOD

1.11.1 Research population

Kidder (1984: 419) describes the population as the aggregate of all cases that conform to some designated set of specifications. Rosenthal & Rosnow (1996:411) define it much simpler as the universe of elements from which sample elements are drawn, or the universe elements to which we want to generalize. The research population is thus the set of elements that the researcher focuses upon and for which the results obtained by studying the sample should be generalized.

The population for this study is all non-managerial staff of Kalafong Hospital. Since stratified random sampling was used, inclusion of management would have implied a doubling of the sample size in order to ensure representation of all the different departments and thus fell beyond the scope of this study.

1.11.2 Boundary of sample

A sample, according to Arkava and Lane (1983:27), refers to that element of the population considered for actual conclusion in the study. The sample should represent, be similar to, or have the same characteristics as the population relevant to the research in question.

In demarcating the boundary of the sample four groups or categories (strata) were identified and from which five respondents representing each group were drawn, thus bringing the total number of respondents to 20. The categories selected were found to be the most representative of all the personnel in the hospital. The categories consisted of: (1) nurses and included all nursing categories, i.e. professional nurses, auxiliary nurses and assistant nurses; (2) clerks; (3) paramedics, which comprised of occupational therapists, physiotherapists, pharmacists, social workers, dieticians and radiographers; and (4) general assistants.

1.11.3 Sampling method

Because the population of Kalafong Hospital is of a heterogeneous nature, it was decided to use stratified random sampling as sampling method. As described above, four sections were identified and each section was regarded as a stratum. The principle behind stratified random sampling is to divide a population into different groups, called strata, so that each element of the population belongs to one and only one stratum (Bless & Higson-Smith, 1995:91).

Once the categories or strata were identified, the respondents were selected through systematic random sampling by selecting every fifth person on the list from each category or stratum. The list used was of the population, comprising of non-managerial staff, as supplied by the personnel department. The systematic random sampling was used to ensure that different groups of the hospital's population were sufficiently represented in the sample.

1.12 ETHICAL ISSUES

Despite existing ethical guidelines and committees that may support the researcher in his decision making, the final responsibility for ethical conduct rests squarely on the shoulders of the researcher (Strydom, 1998(b):23) and implies that he alone will be

accountable for the positive and negative consequences of every decision. Guy *et al.* (1987:60) also argues that an individual, who agrees to participate in any research endeavour, is placing trust in the researcher and the researcher in turn should not violate that trust.

Ethical issues that were taken into consideration during this study are as follows:

- **Protecting respondents from emotional harm**

Respondents were informed beforehand of the impact of the study, its goal and its objectives. This disclosure offered respondents the opportunity to continue or withdraw from the study.

- **Obtaining informed consent**

Adequate and relevant information on the goal of the study, the procedure that was to be followed during the study and the possible advantages and disadvantages which respondents may be exposed to were rendered to potential respondents. This information helped the respondents to make informed decisions about their possible participation. They were also informed that they are at liberty to withdraw from the study at any time should they so wish. Informed consent was obtained from all participants before the commencing with the study (see Annexure B).

- **Deception**

No form of deception was deliberately inflicted on respondents unless it crept into the investigation unwittingly. In such cases it was discussed with the respondents immediately.

- **Sensitivity to privacy**

Respondents were informed that their participation in the research is voluntary and they can refuse to divulge certain information about themselves.

- **Confidentiality**

Respondents were assured that the information given would be treated with confidentiality. They were also assured that the data will only be used for the stated purpose of the research and that no other person will have access to the collected data.

- **Competency of the researcher**

No value judgements about the respondents' actions and points of views were made under any circumstances even if they conflicted directly or indirectly with those of the researcher. The researcher is trained not to impose her personal value system on clients and this was pulled through to the respondents. The researcher is also adequately qualified, skilled and competent to undertake an investigation of this nature.

- **Release of the findings**

Respondents were informed of the findings in an objective manner without offering too many details or impairing the principle of confidentiality. This was done to show gratitude and recognition to respondents. The report was compiled as accurately and objectively as possible and submitted to the management of the hospital.

1.13 DEFINITION OF KEY CONCEPTS

Babbie (1990:119) states that many social work terms communicate vague and unspecified meanings and a researcher should therefore specify exactly what is meant by the terms used to describe the elements of the study. The concepts that were used in this study are as follows:

- **Employee**

The Concise Oxford Dictionary (1988:316) defines 'employee' as the person who is being employed for wages. Barker (1991:74) defines 'employee' as a person whose services are used in exchange for wages. For the purpose of this study, 'employees' mean people who are working for Kalafong Hospital.

- **Employee Assistance Program (EAP)**

Dickman, Challenger, Emener and Hutchison (1988:101) define an Employee Assistance Program as a set of program procedures by which a work organization legitimately intervenes in identifying and treating problems of employees that impact and have the capacity to impact on job performance.

The Standard Document (EAPA-SA: 1999:4) defines an Employee Assistance Program as a work-site based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, but not limited to: health, marital, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance.

For the purpose of this research, 'Employee Assistance Programs' will mean the counselling service provided directly to employees and their dependants. Its goal is to identify employees whose personal, work or health problems interfere with their job performance. It is a program that an organization uses to serve the needs of troubled employees.

Needs assessment

The Concise Oxford Dictionary (1988:677) defines needs as circumstances requiring some course of action. Sredl and Chesney (1992:31) define needs as opportunities for improvement based on gaps between what is and what should be, between the real and ideal, between current conditions and desirable criteria, between optimal and actual performance in products, outputs, and/or outcomes.

Assessment is a subjective process for determining the amount of something (Sredl & Chesney, 1992:).

Needs assessment is a subjective process that determines opportunities for performance improvement based on gaps between what is and what should be (Sredl & Chesney (1992:).

For the purpose of this research needs assessment will mean assessing the needs of Kalafong Hospital employees by exploring their feelings and experiences with regard to the lack of Employee Assistance Programs at the hospital.

1.14 LIMITATIONS OF THE STUDY

Hospital employees, particularly nurses, work rotating day and night shifts. One of the difficulties experienced by the researcher was tracking down the randomly selected respondents during the day. As the selected respondents were either on night duty or on leave the researcher repeatedly had to go through the process of randomly selecting respondents who would be available during the day over the period for which the research was scheduled.

Another problem experienced by the researcher was with respondents whose level of education was below that of standard eight. This impacted on their understanding of English and since this was the language used to construct the questions, the researcher had to translate the questions into a language with which the respondents were well versed. This procedure led to the fact that interview took longer than expected to complete.

1.15 CONTENTS OF THE RESEARCH REPORT

Chapter one provided a general orientation and overview of the study and the description of the research methodology. In chapter two a literature review on an Employee Assistance Program (EAP) and the discussion about its relevance to the present situation at Kalafong Hospital will be presented. Chapter three will provide the results of the empirical study that entailed the needs assessment for an EAP at Kalafong Hospital. Interpretation of the empirical study and findings are presented by means of themes and quotes. In chapter four a summary of the research results, conclusions drawn from the findings and recommendations will be presented.

The following chapter focuses on literature about an EAP and will address the historical development of an EAP, the definition and goals of an EAP, how an EAP functions, the factors which influence EAP effectiveness, the criteria and benefits for utilising an EAP and the responsibilities of an EAP.

CHAPTER TWO

LITERATURE REVIEW ON EMPLOYEE ASSISTANCE PROGRAMS

2.1 INTRODUCTION

Every employee's problem cost an organization in time, productivity, morale and in money. Drugs, alcohol, family problems, and mental health problems all hurt the organisation, the employee and the supervisor (Chiabotta, 1987:1). Traditionally these problems were thought of being the employee's problem and such employees were dismissed. Today though, more and more organizations realise that the problem is theirs as well and helping employees with problems is the organisation's business, because it is good for the business.

This chapter will explore deeper into the EAP and its origin, provide a definition of an EAP, its goals, functioning, factors that influence the effectiveness thereof, criteria for the selection of an EAP, the benefits of using an EAP, the hospital's responsibility for the program, the role of a hospital Union and benefits of an EAP in a hospital setting.

2.2 HISTORICAL DEVELOPMENT OF EMPLOYEE ASSISTANCE PROGRAMS

Employee Assistance Programs (EAPs) emerged in South Africa during the early 1980's. They are modelled after programs found in the United States of America and were introduced into South African work organisations by social workers and psychologists who had studied the programs in the United States (Terblanche, 1992:2). Opinions on the historical development of EAPs differs from author to author although there seems to be consensus that origin of EAPs lie in the social movements and

industrial alcoholism programs that developed in the United States during the 1940's. According to Googins & Godfrey (1987:112), Occupational Alcoholism Programs (OAPs) is the predecessor of the EAP.

Over the years, the nature of these programs changed and came to be described as 'broad brush' implying that the assistance was extended beyond alcohol dependence to include a wide range of personal problems. The main reason for this change can be found in the stigma attached to the OAP and the fact that not all problems are as a direct or indirect result of alcohol. EAPs were initially formulated in an attempt to assist employees with deteriorating job performance or to resolve behavioural problems related to alcohol abuse or alcoholism.

Today EAPs deal with a wide range of human problems, which if left unattended, often result in unsafe work practices, poor work performance and poor work attendance. Since an employee's preoccupation with problems experienced by a family member can also disrupt work performance or personal well-being, the program is accessible to family members as well.

2.3 EMPLOYEE ASSISTANCE PROGRAMS DEFINED

Dickman *et al.* (1988:101) define an EAP as a set of program procedures by which a work organisation legitimately intervenes in identifying and treating problems of employees that impact or have the capacity to impact on job performance.

EAPA-SA (1999:4) defines an EAP as a work-site based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, but not limited to: health, marital, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance.

According to Blair (1985:5), an EAP is a system designed to provide professional care to employees whose job performance is or may be adversely affected by personal

problems such as alcoholism, emotional difficulties, stress, drug dependency, financial troubles, legal complications or family discord.

Blair (1985:5) discusses the following key components in the definition of an EAP:

- First of all an EAP utilises a **systematic** approach in dealing with employees' personal problems. EAPs offer an organised and consistent method for helping both supervisors and employees.
- Secondly, an EAP offers referrals for **professional care**. EAPs offer confidential referrals to professionals who do not work closely with the employee in question. Also, because of their experience with a number of referrals to a variety of treatment professionals, the EAP practitioner is able to recommend a treatment provider most suited to the needs of the individual employee.
- Thirdly, management referrals to an EAP are based on observed behaviour affecting **job performance**. An EAP policy strictly limits management's involvement in an employee's personal life to situations where an employee requests EAP assistance or in which job performance is adversely affected. A clear statement of the EAP policy and intent not only helps to eliminate concerns that the EAP may be used inappropriately to pry in an individual's personal life but furthermore provides useful guidance to management as to when and how to intervene in a particular situation.
- In the fourth instance an ideal EAP is designed to deal with **alcoholism, emotional difficulties, stress, drug dependence, financial problems, legal complications, family discord and other personal problems**. Many of these problems are progressive, even life threatening conditions. Others are less serious, but nevertheless can have a negative impact on an individual's job performance.
- Finally, **confidentiality** is the foundation of a successful EAP. Of great importance to the ultimate success of the program, the EAP must guarantee confidential assessment and referral in order to instil trust among employees and encourage both supervisory and self-referrals (Blair, 1985:5).

The EAP is thus a resource available to both the employer and the employee. It supports management practices such as the early identification of troubled employees and the action required when job performance deterioration arises. Of importance is the trust it instils in employees through its guarantee of confidentiality.

2.4 GOALS OF AN EAP

The primary goal of an EAP is to provide help for troubled employees and their family members (Chiabotta, 1987:13). This help is in the form of problem identification, needs assessment, referral and follow-up services and education. According to Dickman *et al.* (1988:246) four goals have been identified in an EAP namely:

- To identify employees whose personal, health or work problems are interfering with their job performance;
- To motivate those troubled employees to seek and accept appropriate help;
- To assist both managers and employees in achieving productivity; and
- To address underlying stressors in the workplace.

In essence an EAP is not a service that employers can use to facilitate the dismissal of a troubled employee but is a structure that an organisation can use to serve the needs of such employees. Its implementation demonstrates to employees that their employer or organisation cares about them and is willing to go an extra mile.

2.5 HOW AN EAP FUNCTIONS

There are three ways in which an employee can use the EAP i.e. self-referral, informal suggestion and supervisor or management referral. Blair (1985:11) discusses how a typical EAP functions.

2.5.1 Self-referral

When an employee experiences problems he contacts the EAP at his own initiative to seek personal assistance. This is known as self-referral as the employee himself presents a problem or a request for service. The EAP personnel will conduct a preliminary assessment of the employee's problem and then recommend a course of action, which may include a referral to an external resource for treatment. The entire

transaction is confidential and management is informed of the visit only at the employee's specific written consent.

2.5.2 Informal suggestions

Blair (1985:11) continues to say that a friend, co-worker or someone from a department such as human resources or the health worker can also initiate a self-referral as a result of an informal suggestion. Although a supervisor can also informally encourage an employee to contact the EAP, a formal supervisory referral is the preferred mechanism when job performance indicators have been identified. In such a case it remains the prerogative of the individual whether to contact the EAP or not. Confidential issues are treated the same as in a self-referral and even the person who suggested the referral will not be informed by the EAP staff whether the employee used the EAP without the employee's specific written consent.

2.5.3 Supervisor or management referral

Blair (1985:11) stated that this type of referral constitutes a unique feature of an EAP. The formal supervisory referral is based on a pattern of declining job performance that is observed over a period of time. It is utilized when a supervisor's normal attempts to correct the situation, such as reaffirmation of performance expectations, offering job training, changing the work situation, improving communication and/or making similar managerial interventions, do not result in improved or desired performance. It is likely that, in such cases, an unresolved personal problem may be impeding the employee's ability to perform at the required level.

2.6 FACTORS THAT INFLUENCE THE EFFECTIVENESS OF AN EAP

According to Myers (1984:74-82) there are two reasons why employees are not utilising EAP services effectively in the organization where such services are available. The reasons that affect the effective utilisation of the EAP are associated with human factors and program management factors.

2.6.1 Human factors

The human factors that impact on the effective utilisation of EAP services are as follows.

- **Ease of Access**

According to Bruce (1990:132) ease of access refers to the location and availability of the EAP and access is usually constrained should the EAP officer choose to locate the EAP at a remote site. Where the EAP is located will determine its effectiveness to its potential users. Terblanche (1992:132) agrees with this when he indicates that the program and its personnel should be located in such a way so as to ensure visibility and accessibility without losing sight of the requirements for confidentiality.

- **Confidentiality**

Myers (1984:75) states that confidentiality assures that neither a client's name nor anything discussed during the counselling sessions will be disclosed by the EAP counsellor without the client's written permission. Myers (1984:75) is further of the opinion that the fear of employees are based on the presumption that breaking confidentiality may result in co-workers learning about their problems and that management might use the information to make unfair decisions against them. EAP practitioners consider the aspect of confidentiality as an absolute requirement for the success of the EAP.

- **Counsellor advocacy**

The EAP counsellor must ensure that clients (employees) are treated fairly and that their rights are protected. The counsellor must make sure that counselling is not biased and that supervisory pressure is not used to influence the employees' decision to participate in the program (Meyers, 1984:75).

- **Management acceptance**

The management's cooperation with the EAP is essential in order to avoid managers' suspicion that employees are overly protected. Management has failed to accept the EAP because amongst other reasons, they resent the secrecy that often surrounds the EAP. Some resent the fact that they are not informed about the details of what is happening to employees. Their cooperation and commitment to the EAP will lead to the effective utilisation of the program (Myers, 1984:76).

- **Problem managers**

According to Myers (1984:77) personal problems experienced by managers often go undetected because they have a considerable amount of personal control over their own attendance and performance. Managers experiencing problems receive less EAP assistance than their subordinates. Self-referral is difficult for such managers, as they fear that they will lose their top positions as a result of disclosing their problems to the EAP counsellor. They also fear that utilising the services of the EAP counsellor will be an admittance that they have problems and is therefore unfit to occupy their positions.

- **Covering-up for employees**

Chiabotta (1987:124) describes the supervisor's responsibility to confront the troubled employee as the most difficult task and accounts for the failure of the supervisor to take any action until the problem is so serious that it can no longer be overlooked. By that time irreparable damage may have been done to the employee's body and mind, the employer's reputation and/or even to the organisation's image. In covering for the subordinates such supervisors deny employees the opportunity for assistance through early prevention or treatment of the problem by the EAP.

2.6.2 Program management factors

Bruce (1990:133) defines program management factors as policies and procedures of the EAP that guide the way its staff will deal with the organisation in general and the specific clients who are referred for services. These factors include confrontation support, program flexibility, conflict of interest, management control and aspects of prevention. Bruce (1990:133-135) discusses the program management factors as follows:

- **Confrontation Support**

According to Bruce (1990:133), for a supervisor to refer an employee for services to an EAP, he must be able to confront that employee with the reality that his or her on-the-job behaviour is unacceptable. If the supervisor is using a performance monitoring system, this will be easier. An effective EAP will ideally offer training to supervisors on how to confront an employee and how to deal with the employee's reaction to the confrontation. An EAP will be successfully utilised if the supervisor not only identifies a problem employee but also assumes responsibility to confront or refer the employee to seek assistance from the EAP.

- **Economics**

According to Bruce (1990:134) EAPs can be expensive and he suggests that in evaluating the economic implications of the EAP, the employer should take cognisance of the following:

- The costs the organization can expect to incur for the services;
- Marginal costs of adding additional services to employees;
- Methods of pricing;
- The costs in relation to the size of the workforce;
- Procedures required for monitoring and evaluation of the costs; and
- Who will pay for the EAP – the employer, the employee or a third party?

- **Program flexibility**

Bruce (1990:134) further suggests that the employer also needs to consider how easily the existing EAP structure, methods, personnel and payment requirements can adapt to the changing needs of his organization. The employer has the right to

expect continuity as well as an ability of the EAP to adapt to emerging needs that were not identified at the time it was originally organised and implemented. In selecting the EAP the employer needs to be clear about his expectations from the onset.

- **Conflict of interest**

To avoid the possibility of conflict of interest the EAP personnel must be fully informed about the organisational goals, procedures, policies and reporting relationships regarding the program. They need to know the strengths and weaknesses of various members of the organisational hierarchy (Bruce, 1990:135). For an EAP to be successful it must be in partnership with the organisation with the purpose of assisting the employees to reach their full potential.

- **Management control**

According to Bruce (1990:135) the coordination between the organisation and the EAP is very important. The employer needs to know what procedures are in place for referral to the EAP, what amount and type of response he can expect from the EAP, what assistance the EAP will provide to managers who refer employees and how the use of the EAP by referred employees will be enforced. The employer will also want procedures in place for terminating the services of the EAP if managers in his organisation determine that it is ineffective, inefficient or not needed.

- **Prevention aspect**

Bruce (1990:135) also suggests that, in addition to working with problem employees who are referred, the EAP should also maintain a prevention component that utilises information, education and training in a pro-active manner to prevent employees from experiencing problems in the first place. If the prevention aspect is successful the need for other services will be minimised and the EAP should therefore exert a substantial effort on problem prevention.

2.7 CRITERIA FOR SELECTION OF AN EAP

It is important for the organization to be *au fait* with the characteristics of an ideal EAP to facilitate the evaluation of an existing EAP or for deciding which EAP model is best suited to the organisation if it plans to sub-contract services. Bruce (1990:124-130) identifies several key characteristics that are designed to meet specific goals and that require that both the EAP staff and the employees of the company that utilises the EAP perform specific activities. These are:

2.7.1 Written policy

As is the case in any formal organisation, an EAP should have a written policy and a set of procedures. The policy should outline the procedures to be followed when referring the problem employee and be clear about the services to be offered by the EAP staff. It should also delineate the rights and responsibilities of both supervisors and employees and outline the role of the EAP staff in relation to the organization (Bruce, 1990:124). If the organisation has a union it is important to involve union representatives in policy development. Most unions are pleased to see the organisation utilise an EAP, as this is a means of protecting the jobs of members who might otherwise be in danger of termination.

2.7.2 Prerequisite attitude

According to Bruce (1990:124) an employee who exhibits disruptive behaviour or inadequate job performance should be seen as a human being with a problem that can be resolved, rather than a troublemaker to be dismissed. The pervasive value should be one of caring and the expectations must be that people can and will be helped.

2.7.3 Early identification

The ideal EAP should provide for early identification of problems and the choice of an EAP should fall on one that is pro-active rather than reactive (Bruce, 1990:125). The ideal EAP should spend time and effort on educating all employees and supervisors in the skills required to identify problems and make appropriate referrals. Bruce (1990:127) also states that while an EAP will be available to assist employees to resolve many of their problems, both the EAP counsellor and organisation's supervisors must focus on job performance. When job performance deteriorates beyond the supervisor's ability to facilitate change, a referral to an EAP counsellor must be made. The organisation has the right to expect from EAP staff to work with the employee to improve performance.

2.7.4 Choice

For an EAP to be effective the employee must not only be given a choice between accepting EAP services and facing the risk of disciplinary action that could lead to termination, but must be made aware of the fact that he has a choice. The right to choose and the consequences of each choice must be clearly spelled out in the EAP policies and procedures. Ideally the EAP will not put the organisational supervisors in a position of having to defend the consequences of an employee's choice and should thus not be used as a substitute for disciplinary action (Bruce, 1990:127).

2.7.5 Self-referral

Bruce (1990:127) continues to say that the EAP will be more successful if it establishes a program of information that encourages employees to self-refer before the problem become unmanageable. As employees will be more likely to readily accept help if they choose to seek it themselves an ideal EAP should make provision for employees to make self-referrals. These self-referrals will be kept in confidence unless the employee requests that the supervisor be informed.

2.7.6 Confidentiality

To be accepted by employees an EAP must be viewed as a legitimate and confidential source of help (Bruce, 1990:127). Employee acceptance may be dependent on members of the EAP staff being perceived as competent and having a history of maintaining confidentiality. An EAP must provide safekeeping of all records regarding employee treatment. If an employee makes a self-referral no hint of that information should come back to the organization unless the employee gives his written consent to the counsellor to do so. If an employee is referred to the EAP because his job might be in jeopardy the only information the supervisors can expect is a conformation that the employee accepted treatment. All other information must be kept in strict confidence. If the employee is in the unfortunate position to work for more than one supervisor only the referring supervisor should be informed of the employee's participation in the EAP. If others should know about the employee's participation because it could be to his benefit, the employee should be asked to give written permission for sharing such information.

2.7.7 Guarantee of clean slate

The employee who utilizes the services of an EAP must be given the guarantee that the participation in the EAP will not jeopardise future career opportunities after successfully undergoing treatment by the EAP. The guarantee of a clean slate should be publicised. Such publication and subsequent adherence to the clean slate promise will increase employees' trust in both the EAP and the counsellor and will lead to increased utilisation (Bruce, 1990:129).

2.7.8 Program monitoring and accountability

According to Bruce (1990:130) the EAP counsellor should ideally maintain service statistics and report them to the EAP manager on a systematic and regular basis, preferably quarterly and yearly. A well-managed EAP will also provide a means to monitor employees and organisational activities and plan for future services.

2.7.9 Follow-up

The final component that Bruce (1990:30) identified for an ideal EAP is the requirement that it must make provision for follow-up on employees so that changed behaviour will be positively reinforced.

2.8 BENEFITS OF UTILIZING THE EAP

Dickman *et al.* (1988:122-131) discuss the following benefits of utilizing the EAP:

2.8.1 Benefits to the organization

- **Cost effectiveness**

The EAP is viewed as a means of curbing costs by decreasing absenteeism, tardiness, accidents, error and judgement. By initiating the EAP the organisation institutes a cost saving program that will, among other things, improve bottom line profits.

- **Aid to management**

Dickman *et al.* (1988:122) state that the ultimate success of the EAP is contingent upon mutual cooperation between management and the union. Because employers are concerned with the control of job performance standards, the EAP provides a supplemental mechanism that reinforces basic management practices.

- **Enhanced corporate image**

The EAP provides a variety of image messages both for the organisation and to the outside community. One of these messages relates to the qualities of an EAP and especially those of a caring concern and well-being. The EAP can serve as a symbol through which the organisation can communicate its active willingness to provide for and protect those employees who are experiencing personal problems. In attending to the needs of the employees the EAP sends a signal of positive concern for the well-being of the workforce and a recognition of their role in the organisation. This image may be equally effective in the outside community as an organisation that is perceived as creating a healthy climate for its employees, enhances its public image and attractiveness to the consumer.

- **Increased cooperation**

The EAP involves key personnel in supervisory training. Apart from reviewing organisational policies and procedures the training will typically focus on intervention techniques, referral procedures and signs to look for in the troubled employee. As supervisors and management representatives are trained together this will facilitate closer co-operation and nurture a feeling of togetherness among leaders within the organisation, which is good for the organization (Dickman *et al.*, 1988:125).

- **Enhanced morale**

Dickman *et al.* (1988:125) states that when the union and management cooperatively work together to help troubled employees and their families by means of the EAP, worker morale tends to increase and become more positive.

- **Increased alternatives and options to problem solving**

The EAP provides an alternative to disciplinary action regarding a troubled employee (Dickman *et al.*, 1988:126). Employees who require disciplinary action and arbitration are often troubled in some way and in some instances it is better and more effective to explore a helping alternative via the EAP than to immediately opt for disciplinary action.

2.8.2 Benefits to employees

- **Stigma reduction**

When management communicates and demonstrates that, to be troubled is to be human, a much more trusting environment will prevail and employees will tend to feel more comfortable asking for and accepting assistance. It is not easy for employees to admit that they need help. Cultural stigmas, which suggest that people should be able to solve their own problems without help from others, influence the troubled employee to be very reluctant to seek assistance. When a supervisor however recommends that the employee seek help from EAP, an atmosphere that will ultimately be much more helpful to the troubled employee will develop (Dickman *et al.*, 1988:122).

- **Affordable access to help**

One of the reasons why employees seek help and assistance from the EAP before problems get out of control is that they can afford to (Dickman *et al.*, 1988:130). Affordability in this sense has two meanings, i.e. that employees can seek assistance without immediate fears that it could cost them their jobs, benefits or opportunities for promotion and secondly that utilisation of the EAP services are free of charge to employees in some organizations.

2.8.3 Benefits to the union

The primary stated purpose of both the union and the EAP is to provide help to its members. Thus, when a union supports the efforts of an EAP, it is doing what is primarily designed to do – helping employees (its members). A union has a vital obligation to cooperate and show care for its members.

2.8.4 Benefits to the EAP

- **Increased probability to success**

The active and mutual cooperative involvement of both the union and management with an EAP increases the program's probability for success. If the managers, supervisors and local union of an organisation do not support the EAP and are not willing to be actively involved in leadership, the chances of success are limited.

- **Increased referrals**

A well-run and effective EAP will have a high penetration rate of referrals. An EAP must be postured to respond to the needs of its constituency (the employees) and must facilitate their demand for it.

- **Freedom of movement in the plant and the Union hall**

Dickman *et al.* (1988:127) states that in situations where the EAP enjoys active, mutual, whole-hearted and supportive involvement of both the union and management, the result is that the EAP official or manager is allowed free movement throughout the plant and access to union meetings. This benefit of full and free visitation greatly enhances the marketing of an EAP and employees' perception of the program.

2.9 THE RESPONSIBILITY OF THE HOSPITAL WITH REGARD TO THE PROGRAM

2.9.1 Organizational placement

According to Blair (1985:43) it is best to ensure that the EAP has a prominent position within the hospital hierarchy and to designate the person to whom the EAP reports at the highest level possible. She suggests that, because the EAP is a unique program, it may not seem to fit readily within the existing organisational chart and it is therefore important for the hospital to be flexible when assigning responsibility for the EAP. This may imply modifications to the organisational chart in order to accommodate the EAP in a separate

structure. The EAP manager, whether in-house or external, should at least be on the level of a departmental director as the stature associated with this position will inspire the trust of mid-level to upper-level managers, such as head nurses and administrators.

A variety of organisational placements for the EAP may also be considered. In some cases a special EAP position that reports directly to the chief executive officer of the hospital may be created. A disadvantage of such an arrangement may be that certain staff members within the hospital may resent the EAP for their special accessibility to the top administration. For example, nurses may be reluctant to use the program if the EAP is viewed as being too closely connected with the top nursing administration.

A number of other reporting relationships are possible. The responsibility for the EAP can be placed under the authority of either a single department or an administrator responsible for a group of departments. A hospital may consider placing the EAP within an existing patient care department such as, social work, or psychiatry. The hospital may also consider placing the EAP within the department of Human Resources (HR), or within one of its branches such as employee health or employee relations.

There is no single recommended placement of the EAP within the organisational chart and each situation should be considered separately. The important issues to consider when determining the level and administrative responsibilities for the EAP are visibility, authority, confidentiality and the need for a supportive attitude toward the program.

2.9.2 Physical location of the office

The physical location and interior of the EAP office are also important factors that will determine the success of the program. Because some EAP clients may be reluctant to contact the office it is important to reduce any perceived barriers to program participation. Not only should the office be attractive and comfortable but should convey an atmosphere of welcome and warmth to provide a positive first impression to a hesitant client and create a feeling of trust in the program as a whole.

As health care is predominantly crises oriented it will be to the advantage of the EAP to be conveniently located and accessible when a crisis occurs. In contrast to an off-site location, locating the office in the hospital can help to increase the visibility of the EAP and reduce the time required by hospital staff to visit the EAP office.

If an on-site location is selected, it should be situated to encourage visits yet protect confidentiality. The EAP office should be easy to find but not be on a main thoroughfare, next to the administrator's office or in a similarly intimidating location where confidentiality would be almost impossible to maintain.

2.9.3 Relationship with the Human Resource Department

Blair (1985:47) emphasizes that the relationship between the EAP and the Human Resource (HR) Department is critical for the effectiveness of the program. This relationship involves many complex issues and requires alternative methods of dealing with them. Although both the EAP and the HR Department share a common desire to aid employers and employees to resolve problems, divergences can occur when different points of views or approaches to a particular problem is left unresolved. The following discussion highlights some of the areas of potential cooperation between the EAP and the HR department and identifies ways in which misunderstandings may be minimized.

2.9.4 Referrals

The first issue likely to arise involves the defining of an appropriate EAP referral. HR staff may have justifiable concerns that employees view the EAP as an escape route from the responsibility of performing their jobs. They may also be concerned that managers will be tempted to refer all problem employees to the EAP, rather than exercising their supervisory responsibility of dealing with the employee who is simply unmotivated or unqualified. On the other hand, EAP staff may fear that employees with personal problems will be disciplined rather than encouraged to contact EAP.

The EAP staff can alleviate the concerns of the HR staff by stressing that a pattern of declining job performance that does not respond to normal supervisory intervention is the basis for a formal management referral to the EAP. A referral to the EAP is only considered after the supervisor has analysed potential reasons for the performance problems, discussed these with the employee, and made attempts to correct the situation.

For their part, the HR staff should attend to the ongoing problem situations that do not seem to improve. Some HR staff develops memorandums to encourage the manager to consider a variety of solutions, such as consultation with the human resources specialists and/or the EAP staff, to the ongoing problem. Both the EAP and the HR staff need to feel comfortable with making recommendations that managers consult with either function as this will result in the development of a mutually supportive referral process.

2.9.5 Disciplinary procedures

Because a manager or supervisor may seek advice about a particular disciplinary situation from both the EAP and HR staff simultaneously, it is in the best interest of both functions to cooperate in helping the supervisor solve the dilemma. In the ideal situation personnel from each of the functions should encourage the supervisor to contact the other for guidance concerning the situation. This level of complete trust and cooperation requires that prior agreement concerning policies, procedures and areas of responsibility are reached.

Specific policies on when to enforce or forgo discipline should be discussed in advance. The policies should outline a general approach that is acceptable to both the EAP and HR staff, but should not be so restrictive that it inhibits individual case-by-case solutions. The EAP and HR staff should therefore anticipate and discuss a variety of situations and agree on a recommended course of action prior to an actual crisis.

2.9.6 Confidentiality and management consultation

It is vital for the integrity and effective operation of the EAP that no personal information about the employee is revealed without the employee's written consent. In such complex situations it is the responsibility of the EAP staff to determine whether the employee should be requested to give his written consent that information is released to the HR staff. The EAP should be very specific about the purpose of the release and the limits to which such information will be exchanged. Dealing with the confidentiality aspects of the EAP requires an exchange of trust between the EAP and HR staff and a confidence in the other function.

2.10 THE ROLE OF A HOSPITAL UNION

To ensure management and union support for the EAP it is imperative to include officials from both in the early stages of the planning process. There are a number of ways a union can affect the operation of the EAP as union officials can serve on the advisory committee, offer advice regarding program design and assist in interviewing potential members. It is also important to reassure the union representatives that the supervisor will not have access to confidential information about the employee's situation without the employee's written consent.

Union officials should be encouraged to participate in the EAP training sessions conducted for supervisors and managers, as this will create an understanding of the EAP goals and procedures for initiating a formal management referral with union officials. Familiarity with the formal management referral process will help union representatives to view the EAP as supportive of employees rather than threatening.

2.11 BENEFITS OF A HOSPITAL EMPLOYEE ASSISTANCE PROGRAM

According to Blair (1985:9) the benefits of having an EAP in a hospital can be both tangible and intangible. The tangible benefits include a decrease in performance problems and an improvement of productivity of those employees who utilise the program. The tangibility of the benefits can be measured as cost savings due to reduced absenteeism and tardiness, fewer accidents, fewer medication errors, reduced numbers of grievances, improved performance, decreased worker's compensation payments, decreased costs for health benefits and lower turnover of employees. The extent of the tangible benefits to a specific hospital will depend on the number of employees utilising the EAP, the types of personal problems presented and the effectiveness of the recommended model.

In addition to the collective benefits that accrue to the hospital from having an EAP, Blair (1985:10) states that individual employees often experience the most direct and immediate benefits. There is the opportunity to receive confidential and professional help for problems that, if left unresolved, might otherwise continue to cause difficulties for the employee. The employee with a problem has a chance to improve his performance and retain a valued job whilst for the employee who does not have a problem at the moment the EAP provides reassurance that help is available if needed.

Hospitals with successful EAPs define the benefits of the program in both aggregate and individual terms (Blair, 1985:10). In aggregate terms, the benefits may be calculated as cost savings or overall return on investment in operating the EAP. On an individual basis the benefits are more personal, such as one suicide prevented, one alcoholic on the way to recovery or one employee's child free from addictive drugs. Each individual success demonstrates and reinforces the value and the benefits of the EAP.

2.12 SUMMARY

Social problems such as emergency absences, abuse of sick leave and substance abuse present a serious problem when they manifest in any work organization but more so in a hospital where patients are supposed to be treated with patience, conscientiousness, and courtesy. Although the EAP is generally an accepted professional procedure, each EAP must be adapted and modified to suit the needs of the employees. Implementation of an EAP in a hospital requires special considerations in its approach. The hospital employees consist of a large number of professionals as well as a significant portion of unskilled employees. The professional hospital employees may resist consultation with the EAP as many of them may assume that they are experts and can sort out their problems on their own.

An EAP that is well-designed and managed properly play a vital role in a hospital. Its effectiveness will however depend on the referral system, referral procedures, model chosen, the cooperation between different departments in a hospital setting, training of supervisors, managers and union officials and the administration of the program.

In order to ensure that the program is adapted to suit the needs of both the employee and the employer it is imperative to conduct a proper needs assessment for an EAP. Although this is applicable to any organisation, it is especially applicable to a complex environment such as a hospital.

The next chapter will focus on the analysis and interpretation of the data that was collected from employees of Kalafong Hospital with regard to the need for an EAP in this hospital.

CHAPTER THREE

EMPIRICAL INVESTIGATION INTO A NEEDS ASSESSMENT FOR AN EAP AT KALAFONG HOSPITAL

3.1 INTRODUCTION

This chapter aims at analysing and interpreting data collected from the employees of Kalafong Hospital. The collected data assisted the researcher in analysing the actual situation in this hospital with regard to the need for an EAP. The research findings are also interpreted in this chapter.

3.2 PRIOR TO INTERVIEWS

Consent forms explaining the purpose of the study, the interview procedures, the respondent's rights with regard to participation in the study and how confidentiality will be maintained were given to respondents prior to the actual interview. Although simple English was used to assist with the understanding of the contents, some respondent's understanding of English necessitated that the researcher explain the contents in their language of preference. Following this the respondents were required to sign the consent forms as establishment of proof of informed consent to the interviews (see Annexure B). Interviews were mainly scheduled and conducted during lunch breaks, as this was the time most convenient to the respondents.

The interview schedule was divided into the following sections:

- SECTION 1: Profile of the respondents;
- SECTION 2: The goals of and the need for an EAP;
- SECTION 3: Factors which influence the effectiveness of the EAP;

- SECTION 4: Criteria for selecting an EAP;
- SECTION 5: The benefits of an EAP for employees;
- SECTION 6: Responsibilities of a Hospital EAP; and
- SECTION 7: Benefits of a Hospital EAP.

3.3 DESCRIPTION OF THE EMPIRICAL STUDY

3.3.1 Procedure

A letter to request permission to conduct the research study was submitted to the Superintendent of the hospital (see Annexure A). After receiving approval from the Superintendent, the researcher started with the interviews. The data was gathered from employees of Kalafong Hospital by means of a semi-structured interview based on a schedule (see Annexure C). With the consent of the respondents the interview was recorded on tape to ensure that an exact record of the responses were kept for later analysis and interpretation.

As an introduction to every interview a definition of an EAP was provided to ensure that the respondents understood what the research was all about and thus be able to give relevant answers to the questions.

3.3.2 Target Group

The target group consisted of four different categories of Kalafong Hospital employees. As was indicated in Chapter 1 this was done because it was found that these four categories were the most representative of the population, i.e. the entire hospital staff. The four categories were:

- Nurses;
- Clerks;
- Paramedics; and
- General Assistants.

3.3.3 Sampling Procedure

Stratified random sampling was used to select a sample of five individuals from each category for participation in the study. The personnel office provided the researcher with the list of non-managerial employees from the four different categories identified in section 3.3.2 above. Since each category was regarded as a stratum, the respondents were selected through systematic random sampling by selecting every fifth person on the list from each stratum. A total number of 20 employees were requested to participate in the research study. The systematic random sampling was used to ensure that different groups of the hospital's population were sufficiently represented in the sample.

3.4 INTERPRETATION OF THE DATA

3.4.1 Section 1: Profile of the Respondents

Respondent 1: A 35-year-old single male who is in possession of a Standard 10 certificate. At the time of the interview he has been employed by Kalafong Hospital as a cleaner (general assistant) for nine months.

Respondent 2: A 55-year-old divorced female who has a Degree in Social Science. She is employed as a social worker (paramedic).

Respondent 3: A 40-year-old married female who has a Diploma in Human Nutrition. She is employed as a dietician (paramedic).

Respondent 4: A 38-year-old married male who is in possession of a Standard 8 certificate and is employed as a driver (general assistant).

Respondent 5: A 30-year-old married female who has a Degree in Physiotherapy and is employed as a physiotherapist (paramedic).

Respondent 6: A 40-year-old married female who has a Diploma in Public Administration. She is employed as an Administration Clerk (clerk).

Respondent 7: A 45-year-old single female who is in possession of a Standard 10 certificate. She is employed as an enrolled nurse (nurse).

Respondent 8: A 28-year-old single female who is in possession of a Standard 10 certificate. She is employed as an assistant nurse (nurse).

Respondent 9: A 32-year-old married female who has a Diploma in Nursing Science. She is employed as a professional nurse (nurse).

Respondent 10: A 50-year-old married female who is in possession of a Standard 6 certificate. She is employed as a messenger (general assistant).

Respondent 11: A 34-year-old married female who is in possession of a Standard 9 certificate. She is employed as a messenger (general assistant).

Respondent 12: A 36-year-old married female who has a Degree in Physiotherapy. She is employed as a physiotherapist and is a supervisor in the Department of Physiotherapy (paramedic).

Respondent 13: A 41-year-old single male who is in possession of a Standard 10 certificate and has undergone three years of tertiary education (incomplete). He is employed as a Chief Administration Clerk and is a supervisor for General Assistants (clerk).

Respondent 14: A 46-year-old single female who is in possession of a Standard 5 certificate. She is employed as a cleaner (general assistant).

Respondent 15: A 40-year-old single female who is in possession of a Standard 10 certificate and has undergone two years of tertiary education (incomplete). She is employed as a Senior Administration Clerk (clerk).

Respondent 16: A 43-year-old married male who is in possession of a Diploma in Human Resource Management. Despite this qualification he is employed as a Chief Administration Clerk (clerk).

Respondent 17: A 38-year-old single male who is in possession of a Standard 10 certificate and has undergone three years of tertiary education (incomplete). He is employed as a Senior Administration Clerk (clerk).

Respondent 18: A 49-year-old married female who has a Diploma in Nursing Science. She is employed as a Professional nurse (nurse).

Respondent 19: A 43-year-old married female who has a Degree in Social Science. She is employed as a social worker (paramedic).

Respondent 20: A 48-year-old divorced female who is in possession of a Standard 6 certificate. She is employed as an Assistant Nurse (nurse).

Of the 20 respondents interviewed 15 were female and five were male and since the sample was drawn to represent the population it can be concluded that the majority of the employees of the hospital are female. The age of respondents ranged between 28 and 55 years of age. There are a very small number of employees above the age of 55 employed at Kalafong Hospital since such employees are fast approaching the compulsory retirement age of 60. Of the 20 respondents 11 are married, seven are single and only two are divorced. Nine of the 20 respondents are in possession of a tertiary education, three have uncompleted their tertiary education although they are still studying and eight have no tertiary education. Each employment category (nurses, clerks, paramedics, and general assistants) was equally represented to ensure that the different groups of the population were sufficiently represented in the sample. As the four categories selected were found to be the most representative of the population, it can be postulated that the sample too represented the wider population of the Kalafong Hospital employees.

In the following sections themes will be extracted from the questions as respondents answered them and the quotations will be presented in chronological order based on the

number of the respondent. In cases where more than one respondent made the same comment this will be reflected by specifying the number of the respondents next to the quotation.

3.4.2 Section 2: The goals of and the need for an EAP

3.4.2.1 EMPLOYEES' EXPERIENCE OF PERSONAL OR WORK RELATED PROBLEMS

On the question whether they experienced any personal or work related problems the respondents had the option to answer either "Yes" or "No". Except for Respondent 1 all of the remaining respondents confirmed that they have experienced personal and/or work related problems. Based on this response it can be concluded that there is a great need for an EAP to assist the employees of the hospital with their problems.

3.4.2.2 TYPES OF PROBLEMS EXPERIENCED

Respondents were asked to indicate the type of problems they experienced as employees. The following were the problems experienced by the respondents:

- **No problems yet:** (Respondent 1)
- **Family problems:** (Respondents 2, 3, 6, 7, 10, 12 & 17)
- **Financial problems:** (Respondents 2, 7, 13, 14 & 15)
- **Stress:** (Respondents 6, 7, 20 & 13)
- **Alcohol:** (Respondents 6 & 11)
- **Work-related problems:** (Respondents 4, 5, 8, 9, 12, 15 & 16)

The seven respondents (Respondents 2, 3, 6, 7, 10, 12 & 17) who reported to have experienced family problems indicated the husband's health, husbands with alcohol problems, problematic children, family conflicts and marital problems as the origin of their problems. Seven other respondents (Respondents 4, 5, 8, 9, 12, 15 & 16) reported to have experienced work-related problems and indicated absenteeism, tardiness, incomplete assignments, workplace conflicts and being overworked and under-staffed as the nature of their problems. Only one respondent (Respondent 1) reported to have, as

yet, not experienced any problems at work and might be because he has only been employed by the organisation for nine months (since January 2002).

In conclusion it can be summarised that the majority of the employees associated with this hospital experience personal or work-related problems or both and could be an indication of the prevalence of problems of the entire hospital staff. It can therefore be concluded that there is a need for an EAP in this hospital to assist troubled employees.

3.4.2.3 EFFECT OF PROBLEMS ON JOB PERFORMANCE

Respondents were asked whether the personal and/or work-related problems they have experienced affect their job performance. Of the 20 respondents, 18 respondents (Respondents 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 & 20) agreed that their problems do affect their job performance. Ignoring Respondent 1, who has as yet not experienced any problems, only one other respondent (Respondent 3) said that her problems did not affect her job performance.

3.4.2.4 WAYS IN WHICH PROBLEMS AFFECT JOB PERFORMANCE

Nine of the 20 respondents (Respondents 1, 3, 4, 9, 11, 13, 14, 15 & 16) said that absenteeism has the biggest affect on their job performance and a transcription of their answers is provided below.

- **“When my husband is sick, I don’t come to work until he is able to go back to work”** (Respondent 3).
- **“During month end, when I have money, I drink the whole weekend, and I don’t come to work on Monday, every month”** (Respondent 4).
- **“People do not come to work due to shortage of staff and being overworked”** (Respondents 9 & 15).
- **“There is month-end absenteeism amongst employees especially in this department”** (Respondent 1, 11 & 13).
- **“I become absent from work due to lack of transport money towards the end of the month”** (Respondent 14).
- **“I become stressed and sick and therefore stay at home”** (Respondent 16).

Four respondents (Respondents 2, 12, 16 & 19) said that arriving late for work affect their job performance because as a result they cannot finish their work.

- **“Because of the problem with the transport that I use, I come late at work and end up not finishing my work and writing reports late”** (Respondent 2)
- **“Due to late coming, people do not finish their work** (Respondent 12,16,19).

Respondents 5, 7, 8, 9, 10 & 18 indicated that they are overworked and become too tired to do their job effectively.

- **“There is shortage of staff in this department. We are overworked. We sometimes postpone patient’s appointments to the next day, especially with in-patients,”** (Respondent 5)
- **“People are overworked and they become tired to do their job”** (Respondents 7, 8, 9 & 18).
- **“There are only two messengers in this section for the whole hospital. We are over-worked and become tired. There is a lot to do”** (Respondent 10).

Respondents 6, 17, & 20 said that, due to their family problems, they become stressed and sleep at work.

- **“I become stressed up and sleep at work due to my family problems”** (Respondents 6 & 17).
- **I have too much stress and my colleagues have been complaining for sleeping at work even though I sleep during lunch hours. Sometimes I over sleep”** (Respondent 20).

In summary it is clear that the job performance of the respondents is unfavourably affected by problems such as absenteeism, coming late for work, sleeping at work, stress, incomplete assignments and tiredness. Blair (1985:5) says that the EAP is a system designed to provide professional care to employees whose job performance is or may be adversely affected by personal problems such as alcoholism, stress, financial problems and family discord. These responses therefore depict a serious need for an EAP in this organisation.

3.4.2.5 REACTION TO PROBLEMS EXPERIENCED

Respondents were asked to elaborate on the course of action taken when experiencing problems upon which the answers indicated that a variety of actions are taken for a variety of problems. Respondents 1, 2, 3, 4, 5, 7 & 18 said that they normally discussed

work-related problems with their supervisors while Respondents 2, 3 & 4 also said they discussed family problems either with family or with colleagues. Respondents 12 & 13 said that they first try to resolve the problems and then refer the subordinates to social workers. Said respondents added that should the problem be of a non-personal nature, they consult with management. Respondents 9, 10, 11, 16, 17 & 19 said they discussed both personal and work-related problems with colleagues. Respondents 6, 8 & 15 said they do nothing when they have problems and only one respondent (Respondent 14) indicated that she stays at home when she has problems. It is interesting to note that only Respondent 20 acknowledged that she consulted the social worker when she has problems. The following statements support the above summary of the responses:

- **“I discuss my work related problems with my supervisor”** (Respondents 1, 5, 7 & 18).
- **“I discuss my personal problems with family or colleagues. I only discuss work related problems with my supervisor”** (Respondents 2, 3 & 4).
- **“As a supervisor, I try and resolve the problems. If subordinates’ problems are not personal and are beyond my capabilities to solve them, I consult management** (Respondents 12 & 13)
- **“I discuss my problems with colleagues, both personal and work related”** (Respondents 9, 10, 11, 16, 17 & 19).
- **“I do nothing, I leave them like that, because I don’t think a supervisor, colleague or friends, will do anything to resolve them** (Respondents 6, 8 & 15).
- **“I do nothing, I stay at home”** (Respondent 14).
- **“I consult the social worker”** (Respondent 20).

In summary it is evident that supervisors and colleagues play a very supportive role in helping employees to deal with problems that they experience regardless of whether the problems are of a personal or work related nature. Upon probing those respondents who said they did nothing about their problems it became clear that they lack confidence that their problems will be resolved. This is a further indication of the need for an EAP to deal with the problems of the troubled employees in a professional manner and with absolute confidence.

3.4.2.6 DISCUSSING PERSONAL PROBLEMS WITH SUPERVISORS

Respondents were asked if they are free to discuss their personal problems with their supervisors upon which seven respondents (Respondents 1, 2, 3, 4, 10, 11 & 16) indicated that they were. The remaining 13 respondents (Respondents 5, 6, 7, 8, 9, 12, 13, 14, 15, 17, 18, 19, 20) said that they were not free to discuss their personal problems with their supervisors.

3.4.2.7 MOTIVATION FOR PREVIOUS ANSWER

Respondents were asked to motivate why they felt they were or were not free to discuss their personal problems with their supervisors. Respondents who stated that they were not free to discuss their personal problems with their supervisors supported their answers with the following statements:

- **“Some of my problems are very confidential. I don’t trust that she can solve my personal problems and I don’t know how is she going to handle my problems”** (Respondents 5, 6, 7 & 8).
- **“There is no confidentiality, you can’t trust them, they also have problems”** (Respondents 14, 15, 17 & 20).
- **“There is fear that he is your senior, if it is work-related, yes, but not with personal problems** (Respondents 9 & 13).
- **“We don’t have that relationship”** (Respondent 12).
- **“I do not discuss my personal problems with my supervisor. If I do, I discuss with him as a colleague and not as a supervisor”** (Respondent 16, 18 & 19).

It is clear from the above quotations provided by the respondents who felt they were not free to discuss their personal problems with their supervisors that they were concerned that their problems will not be handled in confidentiality. Said respondents also felt they were not free to discuss their personal problems with their supervisor as supervisors, but rather as colleagues. Those respondents (Respondents 1, 2, 3, 4, 10, 11 & 16) who did discuss their personal problems with their supervisors stated that they felt free to do so as their supervisors are supportive of them when they have personal problems.

The researcher is of the opinion that the support of supervisors can be enhanced through training offered by the EAP on the identification, support and referral of troubled employees. The respondents who do not feel confident to discuss their personal

problems with their supervisors indicated the need for an EAP in order to deal with the personal problems of troubled employees with absolute confidence and trust.

3.4.2.8 PROVISION OF ASSISTANCE

Respondents were asked to indicate whether a **colleague, supervisor, social worker, manager** or **no one** provided them with assistance when they have problems and again a variety of answers were received. As Respondent 1 indicated that he did not have any problems at present he could not provide an answer to the question. Respondents 2, 8 & 9 said that their colleagues provided them with assistance when they have problems. Respondents 12 & 13 qualified the answer by saying that if the problem is work-related their supervisors were approached for assistance and in the case of a personal problem no one provided assistance. Respondents 18 & 19 indicated that they get assistance from their supervisors but did not indicate whether this was the case for personal or work-related problems. Respondents 3, 11, 6, 14, 17 & 20 said that they get assistance from the social workers and Respondents 4, 5, 7, 10, 15 & 16 said that no one provided them with assistance.

If Respondents 12 & 13 were included in the last group the majority of the respondents indicated that no one provided them with assistance when they have problems. Although social workers are not appointed to render services to employees a number of respondents none the less indicated that they are assisted by social workers when they have problems. The reason for this is that social workers do not refuse assistance to employees and this practice does however not alleviate the need for an EAP as social workers in this hospital are specifically appointed to render services to the patients of this hospital and not to the employees.

The utilisation of social workers by employees is an indication that they have a need for professional help when they have problems and that the Social Work Department is willing to oblige. The reason for this is that hospital employees perceive the social workers as experts who treat all matters with the strictest of confidence. This practice is a further clear indication of the need for an EAP that will respond to the needs of the employees to assist them with their personal problems in an employee-centred manner.

3.4.2.9 LEVELS OF SATISFACTION

Respondents were asked to indicate whether they were satisfied with the way in which their problems were handled. Four respondents (Respondents 3, 11, 13 and 14) said they were satisfied with the way in which their problems were handled. Upon the request to elaborate on their answers, the following statements were provided:

- **“We sit down and discuss the problem. I get advice”** (Respondents 3 & 11).
- **“We sit down and find a way to solve it”** (Respondent 14).
- **“With work-related, my supervisors attend the problems the way I want”**(Respondent 13).

Respondents 2, 5, 6, 7, 8, 9, 12, 15, 16, 17, 18, 19 & 20 felt unhappy with the way in which their problems were handled and made the following statements when asked to elaborate:

- **“They don’t care”** (Respondents 2, 6, 15 & 16).
- **“There is discrimination. Supervisors are biased. Other people’s problems are not attended”** (Respondent 5).
- **“There is lack of confidentiality. Colleagues and supervisors are negative. They gossip about our problems”** (Respondents 7, 8, 9, 17, 18, 19 & 20).
- **“There is no support for supervisors”** (Respondent 12).

Only one respondent (Respondent1) could not answer the question because he had not experienced any problems.

Most of the respondents are not satisfied with the way in which their problems are handled due to a lack of confidentiality and support and discrimination, especially from the side of the supervisors. Some employees have indicated that they are not satisfied with the way in which their problems are handled because they feel that the management of the hospital does not care about their well-being as employees. The majority of employees who are dissatisfied expressed a need for an EAP to assist supervisors and train them on how to support troubled employees and maintain confidentiality.

3.4.2.10 WAYS OF ASSISTANCE

As exhibited by the following statement the respondents had different opinions as to how they would like to be assisted when they have problems.

- **“I should know where to take my problems. Someone to give me guidance about what must I do when I have problems”** (Respondent 1).
- **“I want somebody who will listen productively and make my circumstances better”** (Respondent 2).
- **“I want to be released to go home and rest”** (Respondent 3).
- **“We must be able to discuss our problems with our managers”** (Respondent 4).
- **“I want a neutral person to intervene, somebody who can deal with personal problems”** (Respondent 5).
- **“The idea of an EAP will be good to assist employees with both personal and work-related problems”**(Respondents 6, 16, 18 & 19).
- **“Get somebody professional whom I can share my problems with ”** (Respondents 7 & 14).
- **“I want my problems to be understood”** (Respondent 8).
- **“I want someone who will assist with employees’ problems, someone who will maintain confidentiality** (Respondents 9, 12 & 13).
- **“We need our own social worker to attend to our problems”** (Respondents 10, 11, 14, 17 & 20).
- **“I want somebody who will consider constraints to our work”** (Respondent 15).

The statements indicated that some employees see the social worker in the hospital as the most suitable person equipped to deal with their problems. This is because the concept of an EAP is still new to them and they do not yet comprehend what it entails. Another reason is that they are confusing the role of a social worker with that of an EAP and they see social workers to be rendering services that are more or less similar to that of an EAP. Some respondents (Respondents 6, 16, 18 & 19) seemed to understand what an EAP entails since they felt that it would be a good thing to have an EAP to assist them with their problems.

The statements is also and indication that confidentiality and competency are the most important qualities required of an EAP professional and that the employees need

someone who will deal with their problems in a professional manner. The conclusions drawn are a clear indication that there is a need for an EAP in this hospital.

3.4.3 Section 3: Factors which influence the effectiveness of the EAP

In this section respondents had to describe factors that influence the effectiveness of an EAP and consisted of four sub-sections.

3.4.3.1 ELEMENTS OF EAP SERVICES

Respondents were asked to indicate what elements should be included in EAP services and the following responses were received:

- **“Counselling of troubled employees”** (Respondents 1, 4, 5, 6, 7, 10, 11, 12, 13, 14 & 19).
- **“EAP must play a supportive role to employees”** (Respondents 2, 12 & 19).
- **“Office accessible to employees”** (Respondents 2 & 16).
- **“Developing programs by identifying common problems”** (4, 9, 13 & 16).
- **“Advocate, advise and mediate between employees and management when there are problems”** (Respondents 14 & 15).
- **“Guaranteed confidentiality”** (Respondents 3, 8, 17, 18 & 20).

Although the majority of the respondents identified counselling as the most important element required of an EAP it does not lessen the importance of the other elements identified by the respondents. All of the above mentioned elements (supportiveness, program development, advocacy, advisor, mediation and guaranteed confidentiality) are very important roles that the EAP must fulfil or that the EAP must consist of. Meyers (1984:75) also mentions counsellor advocacy (as did Respondents 14 & 15), as one of the elements of EAP services.

3.4.3.2 A SUCCESSFUL EAP

Respondents 2 & 13 said that the success of an EAP would depend on availability of programs for employees. Respondent 13 also added that the programs should be identified by employees or by supervisors when they detect common problems as a result of referrals. Respondents 2, 4 & 16 said that the EAP would be successful when it is able to play an active role in identifying problem areas. Most respondents (Respondents 3, 6, 10, 11, 14, 15, 17, 18 & 19) believed that the EAP would be successful when there are changes in employees' performance and behaviour in terms of absenteeism, respect, coming late and finishing their assignments or work. Respondents 9 & 16 said the involvement of management and acknowledgement of the EAP would give rise to a successful EAP. Respondent 12 cited the availability of support and training of supervisors on how to identify troubled employees and the establishment of support groups or a buddy system for peer groups with similar problems as factors that would make an EAP successful. A number of respondents (Respondents 1, 5, 7, 8, 9, 10, 11 & 20) said that a decrease in absenteeism would make the EAP successful. The following statements support the above summary:

- **“Availability of programs for employees** (Respondents 2 & 13).
- **“Supervisors must be able to identify common problems from the referrals they get”**(Respondent 13).
- **“The EAP must be able to play an active role in identifying problem areas”**(Respondent 2, 4 & 16).
- **“We must be able to see changes in employees work performance”**(Respondents 3, 6, 10, 11, 14, 15, 17, 18 & 19).

The researcher is of the opinion that the respondents are aware of the negative effect of problems on job performance and that the success of the EAP will be evident in the improvement of the employees' job performance and behaviour. A number of employees also stated that a decrease in absenteeism would constitute a successful EAP as this has been indicated as the dominant problem amongst employees. If this situation is not rectified it will mean that the EAP has failed to assist employees with personal or work-related problems that affect their job performance.

3.4.3.3 FACTORS THAT CAN INFLUENCE THE SUCCESS OF THE EAP

The majority of the respondents (Respondents 3, 6, 8, 9, 10, 11, 13 & 16) were of the opinion that the guarantee of confidentiality was the most important factor that could influence the success of the EAP. It is understandable that this element was singled out since the employees stated to have problems with their supervisors who are unable to maintain confidentiality and was thus not able to come forward with their problems. Other factors that respondents cited were: the need for management to support the EAP (Respondents 1, 9, 13, 15 & 16); a well marketed and utilised EAP (Respondents 5, 8, 12, 16 & 19); solutions to employees' problems (Respondents 3, 7, 14 & 20); conducive environment (Respondent 2); free services (Respondent 4); availability of EAP policy (Respondent 19); visible and easy access to EAP office (Respondents 2, 17 & 18) and evaluation of the EAP program (Respondent 13).

The following statements support the above:

- **“When there is guaranteed confidentiality and employees trust the counsellor with the information”** (Respondents 3, 6, 8, 9, 10, 11, 13 & 16).
- **“Management must support EAP by encouraging employees to utilize the program as it (management) will also benefit from the program”** (Respondents 1, 9, 13, 15 & 16).
- **“When there is awareness amongst the people of the availability of EAP so that it can be utilized”** (Respondents 5, 8, 12, 16 & 19).
- **“When we see the EAP attending to our problems and employees personal and work-related problems solved”** (Respondents 3, 7, 14 & 20).
- **“The environment must be conducive, no obstructions and no hindrance. The counsellor must be receptive and reliable”** (Respondent 2).
- **“EAP must have a policy. Its success depends on employees' adhering to its policies”**(Respondent 19).
- **“Treat services as employee benefits, they must be free”** (Respondent 4).
- **“Visible and easily accessible office where employees can consult the EAP professional”** (Respondent 2, 17 & 18).
- **“The evaluation of the program. After some time, we can evaluate the program, for example, evaluate the rate of absenteeism”** (Respondent 13).

Terblanche (1992:132) indicated that the EAP and personnel should be located in a way that is visible and accessible without compromising the requirements of confidentiality. The accessibility of the EAP office will therefore determine the effectiveness of the program to its potential users. Meyers (1984:75) also states that employees fear that breaking of confidentiality may result in co-workers learning about their problems. This means that the respondents consider the aspect of confidentiality as the absolute requirement for the success of the EAP.

3.4.3.4 MAINTAINING CONFIDENTIALITY

Respondents were asked to share their views on how do they think confidentiality should be maintained during counselling. Most respondents (Respondents 1, 2, 4, 5, 7, 8, 10, 11, 13, 14, 17, 19 & 20) were of the opinion that confidentiality should be maintained by keeping information between the employee and the counsellor unless the transferring of information is to the benefit of the employee. Another large number of respondents (Respondents 2, 6, 7, 12, 13 & 16) thought that confidentiality should be maintained by keeping all records, especially employee files, in a locked cabinet to which only the EAP counsellor has access. Two respondents (Respondents 3 & 16) saw the training of the EAP counsellor and the secretary on aspects of confidentiality as important and as a means of maintaining confidentiality. Respondents 9 & 18 were not in favour of hierarchical involvement in their personal problems and felt that they needed direct access to the EAP counsellor. Respondents 12 & 15 said the keeping of records in a cabinet located in the EAP office does not guarantee confidentiality and would prefer that information be kept in an office away from the hospital so that access is restricted.

The following statements support the respondents' answers:

- **“Records must be kept safely in locked cabinets”** (Respondents 2, 6, 7, 12, 13 & 16,).
- **“Whatever we talk about, it must be confidential, no transferring of information, you cannot quote names”** (Respondents 1, 2, 4, 5, 7, 8, 10, 11, 13, 14, 17, 19 & 20).
- **“If the EAP counsellor and his or her secretary are trained to maintain confidentiality, they will be able to maintain confidentiality”** (Respondents 3 & 16).

- “No hierarchy involvement, we need direct consultation with the EAP” (Respondents 9 & 18).
- “Files must be kept somewhere not in Kalafong, so that they don’t talk about our problems. No one must have access of files” (Respondents 12 & 15).

The researcher is of the opinion that the lack of confidentiality is the one aspect that needs to be addressed, as it seems to be the dominating concern. Employees are not in favour of having the hierarchy involved in a strategy to address their problems. This is because reporting to supervisors and discussing personal matters that interfere with job performance is not recommended especially since the supervisors lack training about confidentiality and the importance of maintaining it.

3.4.4 Section 4: Criteria for selecting an EAP

3.4.4.1 EAP POLICY

Respondents were asked to indicate whether they thought the hospital should have a written EAP policy and was confirmed by 19 respondents. Only respondent (Respondent 9) felt that there is no need for a written policy. Respondents were not asked to elaborate on their answers. It is evident that the majority of employees in this hospital think that the hospital needs a written hospital policy.

3.4.4.2 IDENTIFICATION OF TROUBLED EMPLOYEES

Respondents were asked to indicate how troubled employees of the hospital should be identified. Respondents 2, 3, 4, 5, 6, 9, 14 & 15 felt that **absenteeism** is an indicator of a troubled employee. The respondents stated that this pattern of behaviour is the result of abuse of alcohol, financial problems (having no money for transport to work) and abuse of sick leave. Respondents 4, 8, & 12 felt that **coming late frequently** was the indication that an employee has problems. Respondents 4, 7, 8, 13 & 16 mentioned **incomplete assignments** and **non-productiveness** as indicators of a troubled employee. **Consultation with social workers** was another indicator mentioned by Respondents 2, 19 & 20. Respondents 1, 10, 11, 17 & 18 felt that no one identifies troubled employees because their problems are ignored.

The majority of the employees regarded absenteeism as the most common indicator that can be used to identify troubled employees. Another behavioural pattern, which was observed by employees as a sign of an employee with personal problems, is observing employees consulting with social workers. Employees themselves identified these indicators of a troubled employee as they have stated that no one is responsible for identifying troubled employees in the hospital. Based on these findings it can be deduced that not only is there a need for an EAP but for the EAP to spend time and effort to educate all employees and supervisors of this hospital the required skills to identify problems and to make appropriate referrals.

3.4.4.3 FOLLOW-UP PROGRAM

Respondents were asked to indicate whether they would like the hospital to have a follow-up program. All of the respondents felt that they would like the hospital to have a follow-up program for troubled employees.

3.4.4.4 DEVELOPING AND MONITORING PROGRAMS

Respondents were asked if they would like the hospital to develop relevant programs for the employees and to monitor such programs. All of the respondents agreed that it is necessary to develop and monitor programs for troubled employees.

3.4.5 Section 5: The benefits of an EAP for employees

3.4.5.1 SERVICES OFFERED

Respondents were asked if the hospital offered any services to troubled employees upon which Respondents 1, 2, 9 & 16 said they were not aware of any services being offered to troubled employees. Although the majority of the respondents (Respondents 3, 4, 6, 7, 8, 10, 11, 14, 15, 17 & 18) said that there were no services rendered to troubled employees, three respondents (Respondents 12, 13 & 19) acknowledged that troubled employees are referred to social workers. Only one respondent (Respondent 5) mentioned the services of the Staff Support Centre but added that he felt that the problems of employees usually only ended-up with the supervisors and that they were

never referred for further assistance (The Staff Support Centre provides psychological counselling services to employees of Kalafong Hospital. Psychologists, psychiatrists and spiritual counsellors staff the centre and employees are consulted by appointment only.)

While the majority of the respondents said that the hospital offered no services to troubled employees, it is clear that some respondents were unaware of the services that Kalafong Hospital did offer to the trouble employees. The fact that only one respondent mentioned the services offered by the Staff Support Centre could be due to the fact that the Centre and its services were only introduced during the middle of 2002 and the interviews were conducted during October of the same year.

These responses indicate that, although there is a serious need for an EAP, the troubled employees of the hospital do not have access to proper services. If adequate resources for alleviating the stress of hospital employees do not exist, the employees may suffer from burnout and the patients may be prejudiced as a result of the decreased levels of care. The responses are also a clear indication that the marketing of the EAP services will have to be properly done.

3.4.5.2 HOSPITAL ASSISTANCE TO TROUBLED EMPLOYEES

Respondents were asked to indicate how they would like the hospital to assist troubled employees. Respondents 1 & 13 said that they would like employees to receive counselling and support when they have problems. Only one respondent (Respondent 12) felt that she would like the hospital to develop different programs for troubled employees. Some respondents (Respondents 8, 10, 14, 17, 18 & 20) felt that they would like to be assisted by being referred to professionals like psychologists and social workers. The majority of the respondents (Respondents 2, 3, 4, 5, 6, 7, 9, 11, 15, 16 & 19) however said that they would like to be assisted by being referred to an EAP.

It is clear from the above that the preferred method of assistance is referral to an EAP and may be due to the fact that respondents were beginning to understand the EAP concept as the interview progressed and thus developed an appreciation for the role played by an EAP in an organisation. It can be postulated that those respondents who chose to be referred to a professional person could not differentiate between an EAP, a

psychologist and a social worker because of role ambiguity and is really only a cry for any professional assistance.

3.4.5.3 THE ROLE PLAYED BY THE UNION

Respondents were asked if the union plays any role in addressing their personal or work-related problems upon which seven respondents (Respondents 1, 2, 5, 6, 7, 9 & 18) said that the union only attends to work-related problems. While Respondents 3, 8, 10, 11 & 15 said the union does not play any role, Respondents 14, 16, 19 & 20 said the union only plays a role when one of its members has died in that they assist with the paying of the funeral. Only Respondent 17 stated that the union plays a major role when there is a dispute in employment criteria and in the negotiation of salaries. Only Respondents 4, 12, & 13 stated that the union does play a role in addressing the problems of employees. The following statements confirm the above summary:

- **“The union is not addressing the problems it is suppose to address. In fact it is as if it does not exist”** (Respondents 3, 8, 10, 11 & 15).
- **“The union only attends to work-related problems, not to personal problems”** (Respondents 1, 2, 5, 6, 7, 9 & 18).
- **“The union represent a large sector of employees. They have confidence in the union. It does address employees’ problems if a person has a grievance. It plays a role of an advocate and a mediator between employer and employee”**(Respondents 4, 12 & 13).
- **“The union plays its role when there is dispute in employment criteria and salary negotiations”**(Respondent 17).

Although these responses indicate that the union plays a significant role in addressing work-related problems of employees, they do very little or nothing about their personal problems. The fact that some problems are referred for the attention of a social worker and others for the attention of management is another indication of the need for an EAP to attend to both personal and work-related problems of employees.

3.4.6 Section 6: Responsibilities of a hospital EAP

3.4.6.1 THE REFERRAL PROCEDURE IN THE HOSPITAL

Respondents were asked to elaborate on the referral procedure that is applicable in the hospital when employees experience problems. Respondents 1, 7 & 17 said that they did not know of any such procedure in the hospital. Some respondents (Respondents 2, 4, 8, 9, 13, 15, 16 & 19) said that troubled employees are referred to their supervisors while Respondents 3, 6, 10, 11, 14, 18 & 20 said that there is no referral procedure and subsequently no referrals of employees who experience problems. Only two respondents (Respondents 2 & 5) mentioned that the employees who experience problems are referred to the Staff Support Centre. Respondents 12 & 19 mentioned that it depends on the problem and if it is a problem that the supervisor cannot solve, the employee is referred to the social worker.

The following statements confirm their dissatisfaction with the current procedure in use:

- **“You tell your supervisor. No one helps you with personal problems, there are no referrals made. We need EAP to lecture employees and supervisors about referral procedures”** (Respondent 4).
- **“You are sent to your supervisor, nothing happens after. At the end of the day, you have not been assisted”** (Respondent 8).
- **“It starts with the supervisor. They discuss it with colleagues. You never know what was the outcome. You wait and wait and just go on with your work, nothing further”** (Respondent 9).
- **“If I have a problem, I tell my supervisor. Nowadays they refer to Staff Support Centre, but I don’t know how it works”** (Respondent 2).

What is indicated here is that there is no formal referral procedure or policy to guide supervisors or management on who should be referred to whom, when and how the employee should be referred. Even those respondents (Respondents 4, 8 & 9) who said troubled employees are referred to supervisors were not happy about how they are handled. They complained that their problems usually ended at the supervisors and if supervisors are unable to deal with a particular problem they are never referred for further assistance. Those respondents (Respondents 2 & 5) who said that employees

who experience problems are referred to the Staff Support Centre acknowledged that they did not know how the Staff Support Centre operates.

3.4.6.2 FEELINGS OF EMPLOYEES ABOUT THE REFERRAL PROCEDURE

Respondents were asked how they feel about the referral procedure used in the hospital. For those respondents who said there was no referral procedure were questioned about their feelings regarding the lack of such a procedure. The following statements confirm their feelings:

- **“I don’t know how I feel because I don’t know if there is any”** (Respondent 1).
- **“How do I feel? Mrs K is not a social worker for employees. There should be an EAP and concentrate on employees. I hate it”** (Respondent 2).
- **“I feel sad. We spend more hours at work. It is where we are supposed to get help”** (Respondent 3).
- **“It is not right. We must have EAP so we can be referred”** (Respondent 4).
- **“It is not right. Some people are not helped even if they report their problems to supervisors”** (Respondents 5, 7, 8, 10 & 11).
- **“I am not happy. There is no confidentiality. There is no guarantee that you will be helped after so many people know your problems. Supervisors discuss our problems with their colleagues”** (Respondents 6, 15 & 16).
- **“I am not happy. It might take two months whereas you are desperate”** (Respondent 9).
- **“I feel like they don’t care for us as workers”** (Respondents 17 & 19).
- **“Not happy. How can we look after patients if they don’t look after us”** (Respondent 11).
- **“I am not satisfied. There is no written policy. As a supervisor, you know you have done something, but there is no feedback”** (Respondent 12).
- **It’s sad. By telling the supervisor, obviously he will know what is happening in your life. It will affect the organization”** (Respondent 13).
- **“Its bad. We’ve lost so many employees because their problems were not attended to”** (Respondent 14)
- **“It is insensitive”** (Respondent 18).
- **“It causes me stress”** (Respondent 20).

It is clear from the responses that the employees of Kalafong Hospital are not happy about the referral procedure used. Respondent 12 stated that there is no written policy regarding the referral procedure used at Kalafong Hospital and is an indication of the need for an EAP and a written policy that will give guidelines about the referral procedure to be followed when referring troubled employees. Similar to any other formal organisation an EAP should also have a written policy and set of procedures. The policy should outline the procedures to be followed by the organisation when referring the problem employee (Bruce 1990: 124).

3.4.6.3 ASSISTANCE PROVIDED BY THE HOSPITAL

Respondents were asked to indicate the kind of assistance the hospital provided to employees who experience problems. The following are the responses of respondents:

- **“I don’t know”** (Respondent 1, 16 & 18).
- **“They send you from pillar to post not even knowing where you should go”** (Respondent 2).
- **They care about me. They are concerned”** (Respondent 3).
- **“Nothing”** (Respondent 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15 & 20).
- **“The only assistance that is available is for work-related problems, nothing for personal problems”**(Respondent 13).
- **“You are only referred to the supervisor. Depending on the problem, sometimes they involve the union”** (Respondent 17).
- **“In my department my supervisor gives me support. I have a husband who is ill”** (Respondent 3).
- **“Staff is referred to Staff Support Centre”** (Respondent 19).

While the majority of the respondents said that the hospital provided no assistance to employees when they have problems others were unaware of any assistance that was available to troubled employees. As it is unrealistic to think that health care workers arrive at work free of problems it is imperative that there should be a mechanism to help them deal with those problems. The above responses are a further indication of the need for an EAP in this hospital.

3.4.6.3 FEELINGS OF RESPONDENTS ABOUT HANDLING OF PROBLEMS

Respondents were asked to express their feelings about the way they are handled when they have problems and the responses were as follows:

- **“I don’t know”** (Respondent 1).
- **“I hate it”** (Respondent 2).
- **“I am happy”** (Respondent 3).
- **“Not happy”** (Respondents 4, 6, 7, 8, 9, 10, 13, 17 & 20)
- **“It frustrates me”**(Respondent 5).
- **“It makes me angry”** (Respondents 14 & 16).
- **“I feel ignored”** (Respondent 11).
- **“I am not satisfied”** (Respondents 12 & 18).
- **“I am disappointed”** (Respondent 15).
- **“It’s better than nothing”** (Respondent 19).

These responses indicate a general feeling of discontent amongst the employees of this hospital about the way they are handled when they have problems. Only one respondent (Respondent 3) felt happy about the way she is handled whilst another (Respondent 19) felt that whatever way the employees are handled, it is better than no help at all. These responses must be seen against the fact that there is a Staff Support Centre available in the hospital to assist employees albeit the majority of the employees were unaware of its existence.

3.4.6.4 ACCESSIBILITY OF THE EAP OFFICE

The respondents were asked to indicate whether they thought the EAP office (should there be one) should be located where it is easily accessible and all respondents agreed that it should be located in such a manner so as to ensure accessibility. Although the respondents were only required to provide a “yes” or “no” answer some did qualify their responses and the quotations below is a verbatim report thereof.

- **“Yes, otherwise it won’t be utilized”** (Respondent 1).
- **“Yes, everybody must know where to find the office”** (Respondent 2).
- **“Yes, it must be easily accessible but private. People have serious problems. They don’t want to be exposed”** (Respondent 3 & 17).

3.4.6.5 VISIBILITY OF THE EAP OFFICE

Respondents were asked to indicate whether they thought the EAP office (should there be one) should be located where it is highly visible. All of the respondents confirmed that the office should be located in such a manner so as to ensure its visibility. Although the respondents were not required to elaborate on their answers two respondents (Respondents 3 & 17) did qualify their answer by saying it should be **“visible but private”**. This is another indication that the employees not only have a need for the EAP office but that it should be located where it is visible and accessible, but with due regard to the requirements of confidentiality.

3.4.7 Section 7: Benefits of a hospital EAP

3.4.7.1 BENEFITS FOR THE HOSPITAL.

Respondents were asked to express their opinion about what they thought the benefits to the hospital of an EAP at the hospital would be. Respondents 1, 2, 3, 4, 7, 8, 9, 10, 15 & 20 said there would be a **“decrease in absenteeism”** as problems will be solved at work whilst Respondents 5, 6, 13, 14, 16 & 17 said there will be **“improved production”**. Respondents 11, 12, 18 & 19 said an EAP at the hospital would help to **“improve employees’ morale and work performance”**. As a result of the above perceived benefits identified by the respondents it can be postulated that the employees have a good comprehension of the potential benefits of an EAP and that the program signals a positive concern for their well-being.

3.4.7.2 BENEFITS FOR THE EMPLOYEE

Respondents were asked to express their opinion about how they thought the employees of the hospital could benefit from an EAP at the hospital. The following statements were made:

- **“Employees will know that their problems are attended to at work. General behaviour of employees will improve. Absenteeism will decrease because resources are in the workplace”** (Respondent 2).
- **“There will be decrease in absenteeism because problems will be solved at work”** (Respondents 1, 9, 10 & 20).

- **“There will be improved work performance”** (Respondents 4, 8, 11, 12, 17, 18 & 19)
- **“Productivity will increase”** (Respondents 3, 5, 13 & 14).
- **“Less stress”** (Respondents 13 & 16).
- **“We will have a motivated workforce, high and improved morale of employees”** (Respondents 6, 7, 8, 12 & 19).
- **“There will be cooperation between employer and employee. Employees will feel cared for. Unnecessary dismissals will be avoided”** (Respondent 15).

As improved work performance was identified by the majority of the respondents it can be viewed as the most important benefit that can be achieved by employees should an EAP be made available. Of the other benefits such as a decrease in absenteeism, increased productivity, improved morale and a motivated workforce is a further indication of the necessity to have an EAP in the hospital as it is evident that employees are of the opinion that they can benefit from the availability of an EAP.

3.4.7.3 BENEFITS FOR THE UNION

Respondents were asked to express their opinion about how they thought the union could benefit from the hospital EAP. The following statements were extracted from the responses:

- **“I don’t know if it will benefit”** (Respondent 1).
- **“There will be less cases (decrease in case load), they will refer to EAP”** (Respondents 2, 4, 6, 7, 8, 9, 10, 12, 13, 14 & 16).
- **“The union will not benefit”** (Respondents 3, 11, 17 & 20).
- **“The union will get the advice from the EAP on conflict resolution”**(Respondents 4 & 5).
- **“The union will get support from the EAP, cooperative and productive members”** (Respondent 15, 16 & 19).
- **“The union will benefit from the training by the EAP, from the workshops** (Respondent 18).

Respondents have indicated that the union will have other things to attend to as the availability of EAP will imply a decrease in cases to handle and solve. When the union

supports the efforts of an EAP it will be doing what it is primarily designed to do, i.e. helping its members (employees). These statements confirm that the union can benefit tremendously from the EAP.

3.5 SUMMARY

In this chapter an analysis and interpretation of the data collected from employees of Kalafong Hospital with regard to the need for EAP in this hospital was presented. The research results indicate that there is a need for an EAP at Kalafong Hospital as the methods that are currently used to help troubled employees with their problems are insufficient. It is also clear that with the availability of an EAP will benefit both the employer as the employee. The program will also result in an increase of the quality of service delivered to the patients of this hospital and the community at large.

In the next chapter conclusions, recommendations and a concluding statement will be presented.

CHAPTER FOUR

CONCLUSIONS, RECOMMENDATIONS AND CONCLUDING STATEMENT

4.1 INTRODUCTION

The main purpose of this study was to assess the need for an EAP at Kalafong Hospital. This was achieved through firstly describing the theoretical framework of an EAP as a service by consulting available literature in order to unlock the knowledge that is readily available with regard to the particular investigation where after the feelings, expectations and needs of the employees with regard to an EAP were explored by means of an empirical investigation.

The preceding chapter (Chapter 3) presented an analysis, interpretation and discussion of the empirical investigation. In this chapter the conclusions, recommendations and concluding statement will be presented.

4.2 CONCLUSIONS

The following conclusions are based on an analysis and interpretation of the data as is presented in the preceding chapter.

- It is evident that employees in this hospital experience both personal problems such as family, marital and financial problems, stress and abuse of alcohol and work-related problems such as supervisor-subordinate conflict, staff shortage, incomplete assignments, coming late for work, leaving early and abuse of sick leave. These problems are costly to this hospital as they lead to poor production and therefore poor quality of service to the patients.

- The research has shown that the majority of the employees turn to their fellow employees for help when they have problems although a smaller number of employees turn to their supervisors when they experience work-related problems. While the union representatives mainly focus on unfair labour practice and disregard personal problems there were some reports of assistance provided by the union in case of a death of a member. This state of affairs is an indication that the problems experienced by employees are partially attended to by untrained personnel and therefore has little or no effect on employees' work performance. This in itself is an indication of the need for an EAP in this hospital to ensure that employees' personal problems receive professional attention.
- It is evident that most employees are aware of deteriorating work performance due to problems they experience. Responses cited by respondents indicate that the effectiveness of an EAP can be influenced by factors such as the availability of programs for troubled employees, training and support for supervisors regarding the identification and assisting of troubled employees, counselling services and a guarantee of confidentiality. Unavailability of the above mentioned factors have the implication that troubled employees of this hospital are often given little or no help when experiencing personal problems. Employees often turn to their colleagues for help when they experience problems and little help, especially with regard to personal problems, is received from supervisors.
- Employees would like the hospital to have a written EAP policy that would guide every stakeholder to assist troubled employees. All the respondents agreed with the concept of developing relevant topics for employees and that these programs should be monitored to track any progress. These needs are another indication of the need for an EAP in this hospital as the developing of programs for troubled employees and the formulating of an EAP policy are very important components of an EAPs responsibility.
- The employees have indicated that there are no services offered to troubled employees by the hospital. Only two respondents mentioned the existence of the Staff Support Centre (SSC) and its role in assisting troubled employees. Based on the information gathered from the respondents the implementation of EAP can be very beneficial to employees of this hospital.
- There is no formal referral procedure in place to assist troubled employees with their problems. It is also clear that employees are unhappy with the way in which their

problems are handled. The majority of respondents have indicated that the union disregards personal problems and only attend to work-related problems such as problems relating to unfair labour practice.

- With the availability of an EAP it is more than likely that absenteeism would decrease and that there will be an improvement in work performance. The respondents were also of the opinion that there would be fewer cases demanding the attention of the union.

4.3 RECOMMENDATIONS

Based on the data obtained and the conclusion drawn the researcher recommends the following:

- In order to benefit the employees of this hospital an EAP must be established. It is a known fact that only when the employees benefit from the program will the employer also benefit.
- The hospital must make provisions to ensure that an EAP professional is appointed to provide professional help to troubled employees of this hospital. This will serve to increase the morale of employees and improve work performance and therefore lead to the delivery of quality services to patients and the community.
- The EAP must be available to all employees and their dependents since family problems adversely affect the work performance of employees.
- Supervisors must receive training on the identification of and provision of assistance to troubled employees. They must be tasked with the responsibility of identifying troubled employees as they work directly with employees and have the opportunity to refer them for proper assessment, organise for early intervention and assist to find a possible solution to their problems. Based on common problems identified suitable programs can be developed and assessed for effectiveness.
- There should be a formal EAP policy regarding the assistance of troubled employees.
- A documented system of observed deteriorating performance must be established and implemented.

- Management must be actively involved in the EAP and in the providing of support to troubled employees.
- Management, supervisors, union officials and employees must be trained on the issue of confidentiality.

4.4 CONCLUDING STATEMENT

It can be concluded that the prevalence of social problems amongst employees confirms the necessity for the EAP. The help currently provided to employees is not sufficient due to the lack of training for supervisors and union representatives. The little help that is provided to employees only focus on work-related issues while social and personal problems are ignored thus causing the delivery of quality services to suffer. There are no programs specially designed to deal with identified common or personal problems. The unstructured methods used are not effective in aiding the troubled employees and there is a general lack of confidentiality on the part of those who use it.

4.5 RECOMMENDATIONS FOR FURTHER RESEARCH

The following areas could form the basis for further research:

- The extent of social problems in this hospital
- The extent to which job performance is affected by employees' personal problems
- The level of understanding of the concept 'Employee Assistance Programs'
- The attitude of union representatives towards the implementation of an EAP
- Models of EAPs that will be most suitable to serve the employees of this hospital.

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ANNEXURE A

1 SEPORO STREET
ATTERIDGEVILLE
0008

13 MARCH 2002

THE SUPERINTENDENT
KALAFONG HOSPITAL
PRIVATE BAG X 396
PRETORIA

DEAR DR CHALLA

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I hereby request permission to conduct a study at Kalafong Hospital. I have enrolled with the University of Pretoria as a Masters student in Employee Assistance Programs (EAP) and the research in an EAP related subject is a requirement by the university.

I am presently employed by Kalafong Hospital as a social worker. In carrying out my duties in this hospital, I have encountered individual staff members who consulted me for professional help. The social work services available in the hospital are only meant for patients.

The purpose of the study is to find out if there is a need for an Employee Assistant Program (EAP) at Kalafong Hospital. This will be done by conducting the research to ascertain the feelings, experiences and the needs of the employees due to lack of an EAP in their workplace.

I am convinced that the research will bring about the awareness of the problem to the management of the hospital. The information obtained from the respondents will be treated with utmost confidentiality. The outcome of the study that I propose to conduct will be made available to the management of the hospital.

I can be contacted at the following numbers for any inquiries: (Work Tel): 012 3186610; 082 9048118. My supervisor is Dr Taute of University of Pretoria, Department of Social Work. She can be contacted at the following numbers for further inquiries: Tel: 012 4204847.

Yours faithfully

EFFIE MOLEFE (MRS)
(SOCIAL WORKER)

ANNEXURE B

RESPONDENT'S INFORMED CONSENT

RESEARCHER'S NAME:
INSTITUTION:
ADDRESS:

EFFIE MOLEFE
KALAFONG HOSPITAL
PRIVATE BAG X 396
PRETORIA

TITLE OF THE STUDY

THE NEED ASSESSMENT OF EMPLOYEE ASSISTANCE PROGRAMS (EAP) AT KALAFONG HOSPITAL

THE PURPOSE OF THE STUDY

The purpose of the study is to find out if there is a need for an Employee Assistance Program at Kalafong Hospital

PROCEDURES

I will be interviewed, and the conversation between myself and the researcher will be recorded in order for the researcher to remember the information gathered. An interview session will be scheduled at my convenience.

BENEFITS

I understand that there are no financial gains for me for participating in this study. However, the results of the study may help the researcher to gain understanding of how we, as employees, feel about the lack of EAP services in the hospital and what are our experiences and needs regarding those services.

RESPONDENT'S RIGHT

I understand that I may withdraw from participating in the study at any time.

CONFIDENTIALITY

In order to record exactly what I say in the study, the researcher will use a tape recorder. The researcher will be the only person listening to the recorded interview.

CONCERNS

If I have any questions or concerns, I can call the researcher at 012-3186610 or 0829048118.

I understand my rights as a respondent, and 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.

RESPONDENT'S SIGNATURE

RESEARCHER'S SIGNATURE

DATE:

ANNEXURE C

NEED ASSESSMENT FOR AN EMPLOYEE ASSISTANCE PROGRAM AT KALAFONG HOSPITAL

GUIDELINE QUESTIONS FOR INTERVIEWS

1. DEMOGRAPHICAL DETAILS

1.1 Gender

FEMALE	
MALE	

1.2 Age

20-30	
31-40	
41-50	
51+	

1.3 Marital Status

SINGLE	
MARRIED	
SEPERATED	
WIDOWED	
DIVORCED	

Other (specify) _____

1.4 Highest Educational Qualification

Std 5-7	
Std 8-10	
Std 10+	
Tertiary Education	

1.5 Type of Employment

Nurse	
Clerk	
Paramedic	
General assistant	

2 THE GOALS AND THE NEED FOR EAP.

2.1 Do you as an employee, experience personal or work- related problems?

Yes	
No	

If yes, what kind of problems have you experienced?

2.2 Did the problems that you experienced affect your job performance?

Yes	
No	

If yes, in what way?

2.3 What do you do when you have problems?

2.4 Are you free to discuss your personal problems with your supervisor?

Yes	
No	

2.4(a) Motivate your answer

2.5 Who provides you with assistance?

Supervisor	
Colleagues	
Social worker	
Manager	
No one	

2.6 Are you satisfied with the way in which your personal and work problems are handled?

Yes	
No	

2.6(a) Motivate your answer

2.7 How would you like to be assisted at work?

3. FACTORS WHICH INFLUENCE THE EFFECTIVENESS OF THE EAP

3.1 What do you think EAP services must consist of?

3.2 What in your opinion would make a successful EAP?

3.3 What factors can influence the success of the EAP?

3.4 How must confidentiality be maintained during counseling?

4. CRITERIA FOR SELECTING EAP

- 4.1 Do you think the hospital needs a written EAP policy?
- 4.2 How is the identification of troubled employees done?
- 4.3 Would you like the hospital to have a follow-up program for troubled employees?
- 4.4 Would you like the hospital to develop and monitor programs on relevant topics for employees?

5. THE BENEFITS OF EAP FOR EMPLOYEES

- 5.1 What services are offered by the hospital for troubled employees?
- 5.2 How would you like the hospital to assist troubled employees?
- 5.3 If you belong to a union, what role does it play in addressing your personal and work related problems?

6. RESPONSIBILITIES OF HOSPITAL EAP

- 6.1 What is the referral procedure in the hospital?
- 6.2 How do you feel about the referral procedure?
- 6.3 What kind of assistance does the hospital provide you when you experience problems
- 6.4 How do you feel about the way you are handled when you have problems?
- 6.5 If there is an EAP office in the hospital, do you think it should be located where it is easily accessible?
- 6.6 Do you think an EAP office should be easily visible to employees?

7: BENEFITS OF A HOSPITAL EMPLOYEE ASSISTANCE PROGRAM

- 7.1 How, in your opinion, can the hospital benefit from an EAP?
- 7.2 How in your opinion, can the employee benefit from an EAP?
- 7.3 How in your opinion, can the union benefit from an EAP?