THE NEED FOR AN EMPLOYEE ASSISTANCE PROGRAMME AT THE DEPARTMENT OF HEALTH

BY

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ABSTRACT

Many organizations are beginning to realize the value of their employees. Employees are to a large extent the engine of the organization. It is through the employees that organizations can realise their objectives. It thus makes sense that organizations invest in and support their employees.

Today's employees are under a lot of pressure and stress from home and at the workplace. The Department of Health, just like any other organization, is faced with the challenges of dealing with personal as well as work-related problems. These problems have an effect on job performance. An Employee Assistance Programme (EAP) is a programme that is utilized to resolve personal and work-related problems. An EAP can be defined as a programme that is designed to deal with the personal and work-related problems of employees and their family members, which may be impacting on productivity and social functioning. EAP has to be based on the special needs and interests of employees, who will be served by such a programme. Needs assessment is important to ensure that the EAP closely matches the needs of the employees. Since the Department of Health has embarked on the development of EAP, it is important that an assessment of the needs of employees precedes such a development.

The aim of this research study was to conduct a needs assessment for an EAP in the Johannesburg and West Rand Health Region, Region A, Cluster B. The objectives of the study were (a) to identify employee personal problems, (b) to determine the level of employee work related problems and job satisfaction and (c) to make recommendations which would contribute towards an appropriate and relevant EAP for Johannesburg and West Rand Health Region, Region A. The findings of this study showed that the personal problems that needed the particular attention of the EAP practitioner are traumatic life events, health and financial problems. It was also found that respondents are experiencing work-related problems as well as problems with job satisfaction to a moderate extent. The majority of respondents indicated that there is a need for an EAP in the Johannesburg and West Rand Health Region, Region A, Cluster B. It was recommended that an EAP be introduced for Johannesburg and West Rand Health Region.

OPSOMMING

Baie organisasies begin die waarde van hulle werknemers te besef. Die werknemers is in 'n groot mate die werktuig van die organisasie. Dit is deur die werknemers dat organisasies hul mikpunte kan verwesenlik. Dit maak dus sin dat organisasies in hul werknemers belê en hulle ondersteun.

Vandag se werknemers verkeer onder geweldige druk en spanning, sowel tuis as by die werkplek. Die Departemet van Gesondheid staar, net soos enige ander organisasie, die uitdaging om persoonlike en werksverwante probleme te hanteer, in die gesig. Hierdie probleme het 'n uitwerking op werksverrigting. Die Werknemershulpprogram (WHP) [Engels: Employee Assistance programme (EAP)] is 'n program wat gebruik word om persoonlike en werksverwante probleme op te los. WHP kan gedefinieer word as 'n program wat ontwerp is om persoonlike en werksverwante probleme van werknemers en hulle familielede wat 'n uitwerking op produktiwiteit en sosiale funksionering mag hê, te hanteer. WHP moet op die spesiale behoeftes en belangstellings van werknemers wat bedien word, gebaseer word. Die raming van behoeftes is belangrik om te verseker dat WHP streng met die behoeftes van werknemers ooreenstem. Aangesien die Departement van Gesondheid die ontwikkeling van WHP onderneem het, is dit belangrik dat 'n raming van die behoeftes van werknemers so 'n ontwikkeling voorafgaan.

Die oogpunt van hierdie navorsingstudie was om 'n behoefteraming vir WHP in Johannesburgse en die Wes-Randse Gesondheidsgebied (Gebied A, Groep B) uit te voer. Eerstens was die mikpunt om 'n vraelys vir die insameling van kwantitatiewe gegewens wat verband hou met die werknemer se persoonlike en werksverwante probleme, asook werknemersbevrediging, te ontwikkel. Die vraelys is dus ontwikkel. 'n Literatuuroorsig is as 'n teoretiese basis in die ontwikkeling en ontwerp van die vraelys gebruik. Die tweede mikpunt was om die behoeftes van werknemers deur middel van data-analise te beskryf. Die bevindings van die studie het getoon dat persoonlike probleme wat meer aandag van die WHP-praktisyn verlang, traumatiese lewensgebeure, gesonheids- en finansiële probleme skyn te wees. Dit is ook gevind dat respondente werksverwante probleme, asook werkssatisfaksie in 'n sekere mate ondervind. Die meerderheid respondente het aangedui dat daar 'n behoefte vir WHP in die Johannsburgse en die Wes-Randse Gesondheidsgebied (Gebied A, Groep B) is. Dit was aanbeveel dat WHP in die Johannsburgse en die Wes-Randse Gesondheidsgebied ingestel word.

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ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The time has come for organizations to address the rising incidence of personal and work-related illnesses or problems, which may be impacting on productivity and the social functioning of employees. Failure to address this will be reflected in increased absenteeism, low productivity, demotivated employees, high telephone bills and low morale. As more employees find it difficult to cope with the demands of a highly pressured modern lifestyle, there is an increasing need for organizations to provide support for employees in the workplace. This support can be provided through an Employee Assistance Programme (EAP).

The services provided by EAP's vary substantially from place to place. No EAP has the resources to meet every need, and so decisions have to be made as to how their resources can best be allocated (Smewing and Cox, 1998). Such decisions will be influenced by the type, size, nature and characteristics of the institution to be served and the people within it, available resources, etc. Needs assessment is important to help the organization develop the most appropriate methods of providing EAP services.

One of the principles of social work assessment is "beginning where the client is". Much of this involves assessing the expectations and needs of the client system concerning the EAP (Googins and Godfrey, 1987). Needs assessments are thus shaped by and take their characteristics from their specific contexts (Witkin and Altschuld, 1995). They have to benefit individuals with the needs. Needs assessment also ensures the development of an integrated, useful, legitimate and viable EAP.

Since the Department of Health has embarked on the development of EAPs within its institutions, it is important that a formal assessment of the problems and needs of the employees precede implementation of the programme. Needs assessment will also allow the EAP practitioner to more accurately identify and respond to the requirements of the organization and its employees.

It is also important that organizations which are in the process of setting up EAP determine the needs that EAP is expected to address. This would ensure that the EAP will be relevant to a particular organization. In order to define or redefine the specific issues the EAP must address a broad-based knowledge of how multiple levels of staff view the system and its human service needs, because there can be major differences between managers' perceptions and those of the rank and file employees (Cunningham, 1994:25). The participation of employees in assessment of needs gives them a realistic sense of ownership in the programme and in the delivery of EAP services. An assessment of needs can also identify different issues that cannot be dealt with by EAP alone. Other issues may require a broad-based effort on the part of the human resource department and management – e.g. communication problem between management and employees.

The research study will focus on the needs of employees for the introduction of EAP in Johannesburg and West Rand Health Region, Region A. Now that the introduction has been done, the motivation for the study will be looked at.

1.2 MOTIVATION FOR THE STUDY

According to Bless and Higson-Smith (1995), nowadays topics of research are strongly influenced by social conditions. This particular research topic has been chosen at this time because of the development of EAP within the Gauteng Department of Health. Health

workers and employees within the health sector are particularly susceptible to developing stress-related illnesses because of the nature of their work.

EAPs have to be part of the Health Care System. The establishment of EAP in the Gauteng Health Department has come at the right time so that the Department can set a practical example of valuing both the mental and physical health of its employees. Health workers who are stressed place the lives of their patients at risk. According to Litchfield (1995:111), maintaining the health of staff and managing stress positively is likely to improve productivity, reduce errors, increase creativity, improve decision-making and lead to enhanced job satisfaction. This will be realized through the establishment and implementation of EAP within the Department of Health.

The second reason that prompted the study conforms to what Brown in Fouché and De Vos (1998:51) has cited as day-to-day activities and interactions in the work situation. The researcher is a Social Worker in a Community Health Care Centre and gets referrals of troubled employees. Their problems range from alcohol abuse and insubordination to various family problems. HIV/AIDS has also been added to this list. As no research has been done in Johannesburg and West Rand Health Region, Region A, on the needs assessment for development of an EAP, the researcher is convinced that the results would make knowledge available that would promote a useful and relevant EAP for the region. The aim and objectives of the study are discussed under the next point.

1.3 AIM AND OBJECTIVES OF THE STUDY

The aim of this research study is to conduct a needs assessment for an EAP in Johannesburg and West Rand Health Region, Region A, Cluster B.

1.3.1 OBJECTIVES OF THE STUDY

- To identify employee personal problems.
- To determine the level of employee work related problems and job satisfaction.
- To make recommendations which would contribute towards the introduction of an appropriate and relevant EAP for Johannesburg and West Rand Health Region, Region A.

Based on these objectives the hypothesis for this research study is;

HYPOTHESIS: Employees of Johannesburg and Westrand Health Region, Region A, Cluster B have a need for EAP

1.4 RESEARCH PLAN

In this research, quantitative–descriptive cross-sectional design will be used. The researcher will utilize a randomised cross-sectional survey design for the needs assessment for EAP in Johannesburg and West Rand Health Region, Region A, Cluster B. The first step will be to identify the research population, which is defined as all employees of the Johannesburg and West Rand Health Region, Region A, Cluster B. A total number of employees will be requested from personnel office in this region. From this a stratified random sample will be drawn. Stratified random sample is mainly used to ensure that the different groups or segments of a population acquire sufficient representation in the sample (Chadwick et al, Nachmias and Nachmias in Strydom and De Vos (1998:197)). This would involve dividing employees into

medical/allied professionals and management staff, and support staff. Questionnaires will be issued to this sample. Quantitative data gathering methods will be used.

1.5 DEFINITION OF CONCEPTS

According to Neuman (1997:133), at the beginning of the measurement process a researcher conceptualizes and operationalizes each variable in a hypothesis. Conceptualization is the process of taking a construct or concept and refining it by giving it a conceptual or theoretical definition. Conceptual definitions have to be consistent with the researcher's meaning of the concept.

Operational definition, on the other hand, is a definition in terms of specific operations, measurement instrument or procedures (Neuman, 1997:136). The following definitions will be used in the study.

1.5.1 EMPLOYEE ASSISTANCE PROGRAMME

Hall and Fletcher in EAPA SA (1999:1) have defined EAP as a programme which has the explicit aim of improving the quality of life of all its employees and their families by providing greater support and helping to alleviate the impact of everyday work and personal problems.

In this study EAP is defined as a programme designed to assist employees and their families with personal and work-related problems, which may be impacting on productivity and social functioning.

1.5.2 EMPLOYEE

EAPA SA (1999:5) has defined employee as a person legally employed by an employer, whether part-time, full-time or temporarily. For the purpose of this study, the term employee will refer to all persons employed by the Department of Health, Johannesburg and West Rand Health Region, Region A, Cluster B whether part-time, full-time or temporary.

1.5.3 NEEDS ASSESSMENT

Needs assessment is a systematic set of procedures undertaken for the purpose of setting priorities and making decisions about programme or organizational improvement and allocation of resources. The priorities are based on identified needs (Witkin and Altschuld, 1995:4). In this study the term "needs assessment" refers to the task of gathering information, analyzing it and incorporating the results of the analysis into the overall strategy and operation of the EAP.

1.5.4 NEED

A need is generally considered to be a discrepancy or gap between "what is" or the present state of affairs in regard to the group and situation of interest and "what should be", or a desired state of affairs" (Witkin and Altschuld, 1995:4). For the purpose of this research study the term "need" will refer to the state of wanting or desiring something from an EAP.

1.6 LIMITATIONS OF THE STUDY

The population in the study consists of highly skilled, skilled, semi-skilled and unskilled employees. A group questionnaire will be

administered to those respondents who are unable or have difficulty in filling in the questionnaire. This may influence their response.

Needs assessment relates to particular needs of the employees at a particular time. This means that needs assessment has to be done on a regular basis to ensure the relevancy of EAP. Keeping these limitations in mind, the content of chapters in this research study can now be discussed.

1.7 CONTENT OF CHAPTERS

The dissertation will be divided as follows:

Chapter 1 – Orientation of study

This chapter involves a brief summary of the following: introduction, motivation of the study, aim and objectives of the study, research plan, definition of concepts, limitation of the study and content of chapters.

Chapter 2 – Literature review

This chapter involves a theoretical orientation to the study. This will involve a brief discussion of the following: history and background of EAP, essential ingredients of EAP, stress, work-related problems, personal problems and wellness programmes.

Chapter 3 – Research methodology

This involves a brief discussion of the following: research design, data collection method, questionnaire, sampling and data analysis.

Chapter 4 – Data analysis and interpretation

This chapter will involve analysis and interpretation of data gathered from respondents.

Chapter 5 – Recommendations and conclusions

The study is concluded in a summary form and recommendations are made for the development of appropriate and relevant EAP for Johannesburg West Rand Health Region.

1.8 CONCLUSION

In this chapter the study was introduced by discussing the aim and objectives for undertaking this research study. Now that the orientation of the study has been done, the next chapter i.e. Literature Review, will be discussed next.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Work plays a very important part in one's life. It has a dominant influence in people's lives. It has been defined as "purposeful and meaningful" activities which people execute in order to meet and fulfil various physical and psychosocial needs (Bergh and Theron, 1999: 471). People define themselves in terms of their work. Work has also been found to contribute to general life satisfaction. Work and workplace are important factors in the person-in-environment construct that is so important in EAP. Social work strives to view the client and his or her social functioning within an environmental context by recognizing the multitude of factors that affect individuals (Sheafor, Horejsi and Horejsi, 1994). In practice, an EAP practitioner strives to be conscious of the employee as a whole person and conscious of the employee's total environment.

Employees do not leave their personal problems at home. Likewise, they do not leave their work-related problems at work. Both personal and work-related problems have adverse effects on job performance. Because people spend most of their time at work – i.e. eight hours in a day and five days in a week – work will thus play an important role in their lives.

The researcher will focus on a needs assessment for EAP in Johannesburg and West Rand Health Region, Region A, Cluster B.

From this introduction, the definition of concepts will be discussed.

2.2 DEFINITION OF CONCEPTS

- Employee Assistance Programme (EAP) has been defined in many different ways. Myers (1984: 2) defines it as "a generic term denoting more or less structured programs that utilize technical, administrative and professional human services and personnel people, on either a contractual or employment basis, to meet the needs of troubled employees."

Sonnenstuhl and Trice in (Carol,96:9) have defined EAP as "a job-based programme operating within a work organization for the purpose of identifying troubled employees, motivating them to resolve their troubles and providing access to counselling or treatment for those employees who need such services"

- A troubled employee, on the other hand, has been defined as "an employee who is suffering from any one or combination of problems which may or may not result in performance deficiencies on the job" (Myers, 1984, 12).

- Health promotion has been defined as "the systematic efforts of an organization to enhance the wellness of its members through education, behavioural change and cultural support" (Association for fitness in Business, 1992, viii).

William in Mac Partland, (1991:2) has described health as "that condition of the individual that makes possible the highest enjoyment of life, the greatest constructive work and that shows itself in the best service to the world … Health as freedom from disease is a standard mediocrity; health as a quality of life is a standard of inspiration and increasing achievement"

- The World Health Organization in Mac Partland, (1991:2) defines health as a stage of complete physical, mental and

social well-being and not merely the absence of disease or infirmity. The four factors that influence it are: (1) human biology (genetic predisposition, level of susceptibility resistance), (2) environment (social–psychological as well as physical), (3) health promotion and restoring systems and (4) human behaviour or lifestyle.

Now that the definition of concepts has been done, the history of EAP can be explored.

2.3 HISTORY AND BACKGROUND OF EAP

Employee Assistance Programs developed out of the concept of occupational alcoholism programs (OAPs), which began in the 1940's (Masi, 1992:3). These initial interventions occurred around alcohol and substance abuse. As OAPs developed, the need for other kinds of counselling rapidly developed. The focus changed from alcohol to job performance. This marked the birth of the modern employee assistance programme (Masi, 1992:3). EAP supervisors were trained to focus on employees' job performance. The 1980's was marked by the emergence of drug abuse at the workplace. This encouraged many companies to implement EAPs. EAPs have since grown dramatically. This form of intervention has been growing not only in the United States but also in other countries as well.

In South Africa, structured assistance programs only developed since the early eighties (EAPA SA, 1999:18). The Chamber of Mines of South Africa led the process of developing Occupational Social Work and was involved in assisting returning Second World War soldiers in the mid-forties (EAPA SA, 1999:18). Other institutions then followed in the implementation of EAP – i.e. South African Railways, Iscor, and the South African Defence Force. The Chamber of Mines also initiated the

beginning of EAP. Since then there has been a growing need for EAPs in South Africa.

In South Africa, the history of oppression and the current transformation process have brought unique problems that impact on the workplace – e.g. managing change, affirmative action, capacity building, cultural diversity etc. South African EAP has thus incorporated the country's unique cultural, political, social and economic values into the EAP field of practice (Maiden, 1999:12). There is no history of occupational alcoholism programs in South Africa. According to Maiden (1999:13), many EAP practitioners are reluctant to emphasize alcohol and other drug dependence in their programs as this would stigmatize the EAP and decrease utilization. A survey done showed that the EAPs of most companies in South Africa were involved in employee development, mental and bio-psychosocial health prevention and promotion and workplace issues (Maiden, 1999:13). This research highlighted that the EAPs of many top South African organizations are managing the issues of the day such as affirmative action, transformation, restructuring, training and development and violence prevention. These EAPs have a dual focus on the employee and the organization as a client. They are thus also involved in providing workshops and consultations.

Although EAP is a relatively new concept to some organizations, it is fully functional in others. Government institutions are beginning to realise the need for EAP. The Department of Health is no exception. A wake-up call in these government institutions has been poor productivity, lateness at work, high staff turnover, labour disputes and many other problems. Hospitals and clinics have been subject to demands for increased efficiency, greater accountability, cost-effectiveness and improvements in the overall quality care. This places more pressure on health care workers who are expected by their superiors to meet these demands. In order for these institutions to

meet these demands and achieve their aims and objectives, they require employees who are sufficiently healthy – i.e. mentally, physically, socially and spiritually – so that they can contribute their optimal capacities towards service delivery.

Health workers, like other employees, experience personal as well as work-related problems which may affect their work performance and social functioning. Troubled and dissatisfied health care workers can negatively impact patient care. Unhappy and worn-out health care workers lose their ability to be warm and caring to their patients, which is essential to the provision of quality care. This also places the lives of their patients in danger.

An EAP has been proven to be an effective strategy for assisting employees and their families with personal and work-related problems. It is based on the concern for the high human and financial costs to organizations of these problems. By offering employees and their family members the opportunity to obtain EAP services, difficulties and problems can be resolved before they impact employees' work performances.

EAPA SA (1999:3) has defined EAP as a work-site based programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including, but not limited to health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal concerns which may adversely affect employee job performance. The ultimate concern according to this definition is identifying and treating personal problems that adversely affect job performance. According to Masi (1992:1), traditionally employers felt that employee problems were supposed to be dealt with privately. However, with the development of EAPs, the workplace was viewed as a source of help. EAP in a health care setting is thus not only going to benefit the employees and their

organizations but also the patients they serve and the community as a whole. Having discussed the history and background of EAP, EAP models will now be explored.

2.4 EMPLOYEE ASSISTANCE PROGRAMME MODELS

The choice of a particular programme model should reflect the resources available to the organization, the needs of its employees and the size of the organization (Cooper and Williams, 1994:222). EAP models should thus be designed to meet the needs of the organization as a whole.

According to Gould and Smith (1988:36), EAP models are divided into four categories.

Table 2.1: EAP Models (Gould and Smith, 1988:36)

IN-HOUSE MODELS: 1 AND 2

Model 1: Providing a limited range of services

Target population: Employees only

Range of services: Limited to diagnostic assessment and referral to community resources; special focus on substance abuse problems; and periodic training of supervisors in procedures for referring troubled and troubling employees.

Administrative considerations: Sponsored by the corporation, under the auspices of the human resources, personnel, or medical departments. The EAP may be sponsored jointly by labour and management without requiring a change in the definition of any of the other components.

Table 2.1: EAP Models (Gould and Smith, 1988:36).....Continued

Model 2: Providing a comprehensive range of services
Target population: Extended to include family members

Range of services: Crisis intervention; short-term counselling; rehabilitation programs; special focus on substance-abuse problems; preventive interventions such as wellness workshops, support groups, and educational seminars; training of supervisors (and shop stewards) in referring employees; and consultation with management (and union and association representatives) concerning organizational stress factors.

Administrative considerations: Sponsorship and auspices may be the same as projected in Model 1.

EXTERNAL CONTRACTOR MODELS: 3 AND 4

Model 3: Providing a limited range of services
Target population: Employees only, same as Model 1

Range of services: Diagnostic assessment and referral; focus on substance abuse; periodic training of supervisors, same as Model 1.

Administrative considerations: Sponsorship by corporation only or jointly with labour. Under the auspices of external contractor (i.e., family service agency, hospital, community mental health center, or private consulting firm). Services are provided in-house and/or off-site, preferably close to the workplace. Joint sponsorship with labour does not require a change in the definition of any of the components.

Model 4: Providing a comprehensive range of services
Target population: Extended to include family members, same as Model 2.

Range of services: Crisis intervention, short-term counselling, etc., same as Model 2.

Administrative considerations: Sponsorship and auspices may be the same as projected in Model 3.

EAP objectives will now be explored.

2.5 EAP OBJECTIVES

EAPs developed with different purposes in mind will have different goals and objectives. The programmes will thus vary widely in their specific objectives, depending on how the programme originated. Early programmes developed as a means of dealing with alcohol-related problems. These programmes focused specifically on alcoholism and the programme was handled by experienced or interested lay persons within the organization (Trice and Schonbrunn, in Cooper and Williams, 1994:221). Other programmes focused on counselling employees with a wider range of problems. These are usually done by professionals such as psychologists or social workers. In many cases the initial objectives of a programme are determined by the particular individuals within the company who establish it, often a person or group, and by the reasons they have for wishing to do so (Cooper and Williams, 1994:221).

The objectives of the programme are often determined by its design. They influence which activities are included, what kind of staffing arrangement is required and the distributor of activities within the commissioning organization and or external provider (Cooper and Williams, 1994:221).

According to EAPA SA (1990), the general guidelines for EAP objectives are:

a) To serve the organization, its employees and their families, by providing a comprehensive system from which employees can obtain assistance in addressing personal problems which may affect their work performance.

b) To serve as a resource for management and labour when they intervene with employees whose personal problems affect job performance.

Other goals that have been identified by EAPA SA (1999:6) are the enhancement of productivity and social functioning. Having explained EAP objectives, the essential ingredients of EAP will now be discussed.

2.6 ESSENTIAL INGREDIENTS OF AN EAP

There are a number of activities that have been found to be critically important to ensure an effective EAP. Before discussing these essential ingredients, it is important to note that a good EAP needs teamwork. This teamwork should include representatives from management, unions, cross-section of employees, health service personnel – e.g. psychologists, psychiatrists, doctors, social workers, nurses, etc. – and referral agents.

2.6.1 Policy Statement

According to Masi (1992:7) the written policy statement defines the purpose of the program, organizational and legal mandates, employee eligibility, the roles and responsibility of various personnel in the organization and procedures. The availability of a written policy statement eliminates confusion. It is important that confidentiality be part of the policy statement to ensure that it is not breached. According to EAPA SA (1999:11) the policy statement should include the following:

a) **Physical and mental health**
Employee wellness has to be taken care of as this will be in the best interests of the organization as a whole.

b) **Referral procedure**

Employees who need EAP can voluntarily seek assistance or can be referred to EAP based on job performance difficulties.

c) **Record keeping and confidentiality**

All records shall be kept strictly confidential.

2.6.2 Service Delivery Systems

It is important to determine how narrow or broad-brush the programme is to be (Gould and Smith, 1988:33). An EAP may just provide information and then refer to outside resources or it may be a broad-brush programme, which includes counselling and training for supervisors and managers. The size and distribution of a workforce, the mission of an organization and its prevailing organization / culture climate as well as the amount of resources allocated to the endeavour, will influence the model that is selected (Gould and Smith, 1988:31). Organizations vary in the size of the workforce. Those with fewer employees may be unable to support their EAP. The distribution of the workforce also determines the model to be selected. A company whose employees are concentrated in one location is likely to opt for a different model, than a company whose employees are dispersed over a wide geographic area (Gould and Smith, 1988:32).

The mission of an organization will also influence the choice of an EAP model. The cultural climate of the organization is another factor that determines the model to be used. Unless the cultural climate of an organization is conducive, the realization that troubled employees cost millions in health care and lost productivity will not lead to the implementation of an EAP (Gould 1988:32). Managers must realize the importance of EAP in work performance for it to be effective. The allocation of

resources will also determine the model to be used. If enough funds are allocated, a comprehensive service can be provided by EAP staff. In some cases it may be necessary for only a few of the services, e.g. counselling only, to be provided.

2.6.3 Staffing Level and Criteria

It is important that an appropriate number and level of EAP professionals be available to achieve the stated goals and objectives of the programme (EAPA SA, 1999:15). For EAP to be effective a minimum number of staff is necessary to manage and administer EAP. For a more comprehensive service to be provided, there must be appropriate number of employee assistance professional staff. EAP professionals should be suitably qualified to perform their duties, gain credibility within the organization, create better communications with the management and improve relations with employees. The EAP staff have to be skilled communicators and trainers (Cooper and Williams, 1994:230).

The effective implementation of an EAP depends critically upon the clarity of communication to the entire workforce and effective liaison between the EAP provider and the company entails a considerable educational effort in keeping supervisory staff abreast of relevant new information and techniques (Cooper and Williams, 1994:231). For the programme to be successful, the EAP staff must be competent.

2.6.4 Confidentiality

As stated earlier, confidentiality needs to be part of policy statement. The EAP's success and credibility depends on the maintenance of confidentiality (EAPA SA, 1999:18). For an EAP to be well received and utilized, it must gain the employee's

confidence that his or her privacy will be respected, irrespective of other company interests (Cooper and Williams, 1994:228). It is thus important that employees are assured that all information will be treated with strict confidentiality. Managers and supervisors may not always realize the importance of confidentiality. According to Gould and Smith (1988:37), seminars explaining the purpose and function of the EAP, training to demonstrate the use of work performance evaluations as a means of identifying troubled employees and education in procedures for making referrals are essential to the protection of confidentiality. It is important to clarify situations where confidentiality needs to be breached – i.e. state regulations governing confidentiality. Written consent is necessary in such situations.

2.6.5 Record Keeping

According to Masi (1992:8), secure records and training for professional and support staff are essential. Everyone needs to understand the importance of confidentiality for participation of employees in the programme. Files should be locked, access should be limited and monitored and identifying information kept to a minimum (Masi, 1992:8). Record keeping systems must be devised to protect the employee–client's identity (Gould and Smith, 1988:37). This can be applied by using code numbers on all records relating to employees.

2.6.6 A Community Resource Referral Network

One of the EAP's responsibilities is to evaluate community resources for appropriate employee referrals and keep the list up to date (Masi, 1992:9). Important factors to be considered in identifying and evaluating these resources include availability, accessibility, co-ordination with the EAP, knowledge of work environments, responsiveness, protection of client's rights, services delivery procedures, geographic location, professional capability, cost and payment systems, financial relationship to the EAP, references from former clients (EAPA SA, 1999:35). An effective network of professional resources will ensure effective EAP. There must be regular contact between the EAP practitioner and such external resources for mutual co-operation between the EAP practitioner and such external resources. It is important for the EAP practitioner to verify the external provider's professional credentials.

2.6.7 Training of Managers, Supervisors and Worker Representatives

Training for managers, supervisors and worker representatives is important in order to give them an understanding of EAP objectives, procedures for referring employees experiencing job performance problems to EAP and the impact of the programme on the organization (EAPA SA, 1999:30). Such training will also equip supervisors with skills to identify performance rather than make clinical diagnoses. They will also be able to encourage employees to use EAP services. It is also important that the supervisor is trained to view the referral as a service that helps rather than one that will embarrass or humiliate the employee (Masi, 1992:11). The importance of confidentiality of the programme should be included.

2.6.8 Programme Promotion / Marketing

If EAP is to be effective, employees must be informed of its availability and services (Masi, 1992:11). This will ensure utilization of the programme. Programme promotion should be offered regularly to all levels of the organization. This will increase awareness of the programme and factors that affect their personal well-being and impact on job performance (EAPA SA, 1999:32). Promotion of EAP can include memos, posters, workshop, awareness campaign or anything that can be utilized to inform employees about the existence of EAP.

2.6.9 Programme Evaluation

All EAPs should be evaluated to justify their existence and demonstrate their effectiveness (Masi, 1992:12). The evaluation of EAP is important for several reasons (Masi (Vol 7), 1997:1):

a) It allows the company to assess whether its objectives are being reached and to find ways of improving the effectiveness of the programme and whether it requires change.

b) It is also essential to evaluate whether the company's investment in the EAP is actually helping its employees.

c) It is also important for the company to ascertain whether the programme is reaching and serving all levels of the employee population: men, women, all managerial levels, families, minorities and so forth.

d) A company should also determine whether the appropriate range of the problem categories is being properly diagnosed.

e) An evaluation can determine the EAP's cost-effectiveness, which in turn is often closely connected to the programme's continuation.

f) An evaluation provides legal protection for the employer and shows a good faith effort to ensure that programme standards are being met.

It is important for an organization to have measurable objectives so that it is possible to measure the progress and usefulness of the programme. According to EAPA SA (1999:39), the following guidelines are important for programme evaluation:

a) Evaluation plan including specifics on survey and interviews about services rendered.
b) Detail on survey to determine awareness level of the programme.
c) Detail on measurement to evaluate the impact of training courses.
d) Evaluation activities should be on-going.
a) Consider the utilization of an external evaluator / consultant in order to maximize the objectivity of evaluation procedures.

From the discussion of the essential ingredients of EAP, stress will now be.

2.7 STRESS

Stress has been described as a phenomenon like love or electricity – unmistakable in experience but hard to define (Cooper and Williams., 1994:139). Selye in Fraser (1983:4) on the other hand sees stress as something which tends to disturb homeostasis. It is seen as a highly individual phenomenon. It arises as a result of an imbalance between the person's perceptions of the demands made of him and his perception of his ability to cope (Fraser, 1983:4). Corbin, LIndsey and Welk (2000: 349) have defined stress as the non-specific response

(generalized adaptation) of the body to any demand made upon it in order to maintain physiological equilibrium. It is a normal part of life. The body has built-in mechanisms that help it to deal with or respond to stress. According to Kogan (1997:115) stress is a response to the perceived relationship between the demand on us and our ability to cope. It is a necessary and integral part of life. The right amount is useful to the individual, leading to good motivation, contentment and a good use of time (Litchfield, 1995: 102). Organizations and individuals with the right amount of stress are said to be productive and profitable. Stress can have negative or positive effects; lack of stress can lead to boredom, apathy or the inability to operate at an optimum level. We need a certain amount of stress to perform at our best. The excessive level of stress that compromises our function and well-being is known as distress (Corbin *et al*., 2000:348).

As stated earlier, stress is highly individual. What one person finds stressful may not be stressful to another person. It affects people differently. Stress has a variety of sources. These can be divided into firstly environmental stressors (e.g. heat, noise, overcrowding, climate and terrain), secondly physiological stressors (e.g. drugs, caffeine, tobacco, injury, infection or disease and physical effort) and thirdly emotional or psychosocial stressors which include life-changing events such as a change in work hours or line of work, family illnesses, problems with superiors, deaths of relatives or friends and increased responsibilities (Corbin *et al*., 2000:349). Financial problems can also be a source of stress.

Excessive stress can be harmful to an employee physically, emotionally, socially and psychologically. Stress can manifest itself in subjective reactions, behavioural reactions, cognitive reactions, physiological reactions and organizational reactions. Reactions to stress have been discussed as follows by Bellingham and Cohen, (1987:171).

2.7.1 REACTIONS TO STRESS

Table 2.2: Reaction to Stress **(**Bellingham and Cohen (1987:171))

Type of Reaction	***Manifestations***
Subjective reactions:	Anxiety, depression and low self-esteem.
Behavioural reactions:	Accident proneness; excessive eating, drinking, or smoking, impulsive behaviour, and drug abuse.
Cognitive reactions:	Inability to concentrate or make decisions, frequent, forgetfulness, and hypersensitivity to criticism.
Physiological reactions:	Increased blood and urine catecholamines and corticosteroids, increased blood glucose levels, increased heart rate and blood pressure, sweating, dryness of the mouth, dilation of the pupils, dizziness, diarrhoea, headaches, ulcers, and coronary heart disease.
Organizational reactions:	Absenteeism, poor productivity, high labour turnover rates, poor organizational climate, job dissatisfaction, high accident rates, and antagonism at work, organizational stressors, the causes of which are role conflict, the nature of the job, organizational space and layout, design of work flow, compensation policies, absence of organizational support, the nature of employees and organizational decision making

According to Caroll (1996:1) the modern workplace seems to demand more employee time than ever before. More and more employees are suffering from presenteeism – i.e. needing to be seen to be at work while overstressed doing the job. Levels of stress seem to be at an all-

time high (Caroll, 1996:1). As employees struggle to cope, more and more employers are struggling to find new ways of managing workplace stress and its inevitable implications.

According to Caroll (1996:2) there are several reasons why employers should be closely involved in the physical and mental well-being of employees. It makes sense to have a healthy and high-performing workforce as it creates happier individuals who provide quality service. A healthy workforce is productive. Illness and productivity do not go together. Furthermore, the legal and ethical responsibilities for managing the welfare of employees have come to the fore. If employers do not adhere to this, there may be an increase in the number of employees making stress-related claims against employers. It is important that employers deal with the issues of stress and mental and physical illness in the workplace. This can be done through providing facilities and programmes to help employees reduce these problems. These may include an Employee Assistance Programme (EAP), which may incorporate wellness programmes, counselling, legal and financial services, information and advice.

2.7.2 RESTRUCTURING V/S STRESS

There are a lot of changes taking place in most organizations – especially in government institutions (see Appendix A for background information re: Johannesburg and West Rand Health Region, Region A). Change and restructuring is never easy. It causes disruptions, stress and sometimes conflict. It is important that employees be given support as restructuring is managed. EAP can be utilized for supporting employees as they cope with organizational change. Any change to the status quo can be seen as a threat to stability. It is thus important that any change that is taking place be communicated with the employees because if people understand why change is happening, they will be able to adapt easily. The ecological

perspective views the individual as being in continuous transaction with the environment (Maiden, 1999:65). An EAP practitioner having this understanding in mind can play a significant role in the transformation process.

Health Care Professionals need to be encouraged to take good care of themselves and acknowledge when they are tired, exhausted and in need of help. Overwork is the most common problem among health care workers and may lead to stress. Stress may affect the quality of care that is provided, increased irritability may result in frustration and intolerance and this might lead to a less sympathetic approach to patients and their families. Finally, the reduced productivity of stress can lead to a substantial loss in financial revenue for the employers.

Attempts to resolve the problem of stress in health care workers may require a variety of specific efforts such as introduction of EAP. EAP should not only aim to encourage the prompt recognition and effective treatment of troubled employees but also attempt to facilitate a working environment which is conducive to prevention of job stress and other forms of mental illness. These initiatives would contribute towards the improvement of individual employees, reduce costs incurred by sickness absence and enhance overall performance of health care centres.

Now that an overview of stress has been discussed, work-related stress/occupational stress will follow.

2.8 WORK-RELATED STRESS / OCCUPAT IONAL STRESS

There are various work-related issues that affect work performance. Some authors define this as occupational stress, which can mean either the pressure that work puts on individuals or the effect of that pressure (Cooper and Payne, 1988:115). Stress associated with new technology can be a major source of occupational stress – e.g. the introduction of computers. Any change may result in stress. The change to new technology may be stressful as it is new and unknown to the user. In addition, long-term fears about changes in work practices and work conditions will contribute to the response to computer systems: the loss of old skills and the demands of learning new ones; possible redundancy; lowering of status; greater supervision (Cooper and Payne, 1988:122).

Another example of occupational stress is economic slowdown, lay-offs and budget cuts. This affects private as well as public sector alike. More organizations are working towards balanced budgets and fiscal responsibility becoming "learner and meaner" Levine, in (Cooper and Payne, 1988:115). This affects work-related stress. Employees undergoing cutbacks will be subject to various sources of stress – i.e. role confusion, job insecurity, work overload, career plateau, poor incentives, office politics and conflict, lack of participation in decision making, tense organizational climate, ideological disagreement, and job and personal life conflicts (Cooper and Payne, 1988:95). This can also affect the health of employees.

Other sources of occupational stress are:

a) heavy work and other physical conditions such as heat, noise, dust, presence of toxic substances
b) paced, and/or repetitive work, demand for speed, work which is monotonous, requires no skill or over which there is no control

c) tasks characterized primarily by various types of information processing activities and decisional complexity, often performed under time constraints (Cooper and Payne, 1988:58).

Ramathan (1992), on the other hand, has stated that job conditions and related mental strain can be damaging to workers – e.g. it has been found that low participation in decision making, ambiguity about job security, poor use of job skills and lack of social support from co-workers contribute to psychological strain on employees.

The workplace is a very stressful institution. No employee, regardless of job title, is entirely immune from job-related stress. The demand for higher productivity has brought along a lot of stress to the workforce. Work-related stress can lead to serious problems such as health, and interpersonal problems, a decrease in productivity and increased cost to the workplace.

Organizational problems which may result from workers' stress include reduced morale and employee performance, poor employee and customer relations, high rates of turnover, frequent absenteeism, accidents and injuries, disability and excessive health care costs (Nissly and Mennen, 2002:16). Because of these problems, it is important that job stress be dealt with effectively. Employee assistance programmes are important in preventing and ameliorating the adverse outcomes of job stress.

2.8.1 Theory informing job stress interventions

Intervention for job stress requires that there be an understanding of the phenomenon of stress. The model explaining the phenomenon of stress is that of Lazarus and Folkman in (Nissly and Mennen, 2002:18). According to this theory stress occurs when an individual appraises a situation as

taxing his or her resources and threatening well-being. It is not the event or situation itself which causes stress, but rather the individual's perception of the event. Because stress is not a unitary concept but composed of numerous variables and processes, its response must be examined in the context of its antecedents, processes and outcomes, and the individual within his or her social environment (Nissly and Mennen, 2002:18). One's response to a stressor is said to be influenced by several key factors, including appraisal, coping and social support.

Appraisal is a process in which an individual evaluates a transaction between him or herself and the environment and determines why and to what extent it is stressful (Nissly and Mennen, 2002:18). It relates to the meaning of an event to an individual, involving continuous re-evaluation. Appraisal varies across individuals. Thus one's appraisal of a potential stressor is determined by individual factors and situational factors.

One's efforts to resolve a stressful situation through dynamic thoughts and actions is known as coping (Nissly and Mennen, 2002:18). Coping is not an automated response but an active process of managing stress. It does not necessitate mastery as an outcome.

Coping means that an attempt is made to control a situation. A coping response can either be problem or emotion focused. Problem-focused coping involves seeking the causes of a stressor in order to remove or modify it and emotion-focused coping deals with the unpleasant thought and feelings that arise from the stressor rather than the stressor itself (Nissly and Mennen, 2002:18). The individual's response to a stressor is also seen as being influenced by the social support that the

individual has. This includes the individual and environmental resources that can be utilized by the individual.

2.8.2 Recommendations for helping Professionals

The following are nine key recommendations provided by Nissly and Mennen (2002:18) to consider when assisting a client seeking help for job stress-related concerns:

(1) Conduct a thorough assessment to determine the specific types of stress the client is experiencing. This can be done through the use of more standardized instruments as part of psychosocial assessment. This will assist in identifying the ways in which job-related and other stressors are contributing to the client's distress.

(2) Employ a variety of research-supported interventions. A combination of different techniques is most important since each intervention works in a different way and targets different outcomes (Nissly and Mennen, 2002:25).

(3) Choose interventions based on clients' needs and preferences. It is important to explore each client's values and interests to find those tools that will work best for him or her.

(4) Focus on empowerment. It is important that workers be empowered to develop increased meaning, self-efficacy, self-determination and impact (Nissly and Mennen, 2002:25). This would lead to an increased sense of influence over their job and work situation.

(5) Use a strengths-based, solution-focused approach. This involves identifying inherent strengths and capacities in each client. This is crucial to successful coping. Other important issues include the type of social support available, the client's personality, value system and his or her approach to problem-solving that would help client develop effective coping solutions.

(6) Make appropriate referrals as needed. If the client's problem is such that a speciality service is needed that cannot be provided in an EAP setting, a specific community referral can be helpful.

(7) Offer mutual aid as well as individual assistance. Workers who share common experiences and goals can benefit by being together. In such a situation, workers are able to assist one another.

(8) When possible, make efforts to change the work environment. Interventions do not have to be targeted solely at the worker, but also at the worksite. EAPs can sometimes interact with the employing institution on behalf of the client. This intervention can focus on changing the employee environment interface. Such interventions can include teambuilding, development of increased peer support, specific skills training and assessment of worker – job compatibility (Nissly and Mennen, 2002:27).

(9) Think in terms of prevention. In addition to providing interventions to alleviate existing problems, efforts must also be directed at preventing future problems. This can be done through providing ongoing job stress management seminars that are aimed at health promotion.

2.8.3 Organizational costs of stress

It has been estimated that stress-related illnesses are responsible for more absenteeism from work than any other single cause (Litchfield, 1995:91). Research that was done in the UK found that absence through illness is not the only consequence that can be costed because of stress. It also found that nearly a third of health service staff were on some kind of medication linked to stress (Litchfield, 1995:91). Health service staff were also likely to turn to alcohol and cigarettes as

a way of coping with pressure. According to Litchfield (1995:91) health workers are particularly susceptible to developing stress-related illness because of the nature of their work. Health care professionals face occupational stressors which are different from most occupations as they routinely deal with people in situations which have profound implications such as death and suffering. Warr in (Litchfield, 1995:91) identified the employment characteristics which have a strong influence on stress levels. These are:

1. Low job discretion
2. Low use of skills
3. Low or high work demands
4. Low task variety
5. High uncertainty
6. Low pay
7. Poor working conditions
8. Low interpersonal support
9. Low value in society

The issue of occupational stress has been explored. The next discussion will focus on personal problems.

2.9 PERSONAL PROBLEMS THAT AFFECT WORK PERFORMANCE

People do not work in a vacuum. Behaviour on the job is influenced by experiences in other areas of life. Man is a component of many systems. Man can be regarded as a system composed of many systems and subsystems Fraser (1983:5). Man exists within the environment and interacts with it. Most of the problem that an EAP practitioner is faced with are problems that the employee encounters as he interacts with his or her environment. The range of issues presented at counselling covers the broad spectrum of human emotions and interactions. Man as a system functions in a dynamic

equilibrium. When balance is disturbed beyond permissible limits (which may vary from time to time and circumstance to circumstance) an overload or stress will exist (Fraser, 1983:5). The source of the overload may lie in personal or work-related problems. When feelings engendered at home are later expressed at work, the effects may be observed in an employee's motivation and job performance as well as in the interpersonal realm (Cooper and Payne, 1988:143). This has been defined as spillover, a process in which an affective state generated in one setting spills over into the other setting Piotrkowski and Repetti, in (Cooper and Payne, 1988:143). An example of this is an employee who has a marital problem as a result of which her job performance deteriorates. Another issue that can be discussed is socialization processes: the values, skills and attitudes learned at home influence an employee's behaviour within the job setting. An example is of daughters not being prepared to exercise power or to express their feelings when they are small. When they are employed they become too submissive and are unable to exercise power, a skill necessary for management position. Presenting issues tend to falling into two broad categories – i.e. personal and work-related issues. Personal issues will be discussed first.

Previously organizations avoided employees who had personal problems. Most managers did not want to interfere with employees' personal lives. Most organizations used to dismiss these employees with personal problems. In recent years, however, cost considerations, unions and government legislation changed this approach to employees with personal problems. Personal problems have now become a matter of concern for organizations, especially when they begin to affect job performance. These personal issues, which are often called non-work factors, include emotional, family and relationship problems, and financial, health, legal, interpersonal, lifestyle problems, etc. Troubled employees with these problems cause the majority of performance deficiencies in attendance, conduct

safety and work quality and quantity (Myers, 1984:1). These troubled employees are also costly to the organization in terms of theft, sabotage, accidents, insurance claims and disability benefits. In order to deal with these problems, organizations are increasingly implementing EAP. According to Myers (1984:1) organizations which have not implemented such programmes still emphasize an old-fashioned personnel practice, which focuses on job performance without consideration of personal problems that might be causing employee deficiencies. Management is thus faced with challenges of dealing with the problems of troubled employees.

According to Byars and Rue (2000:474), personal problems that are brought to the workplace lead to reduced productivity. Absenteeism and tardiness also tend to increase. Lower morale, more friction among employees, more friction between supervisors and employees and more grievances also result from troubled employees (Byars and Rue, 2000:474). Another cost associated with troubled employees is loss of business and a damaged public image. Rodriguez and Borgen in Lawrence, Boxer and Tarakeshwar (2002:3) on the other hand have stated that employees with personal problems take more sick leave, are less productive, show more absenteeism, make more errors at work and have more interpersonal conflicts.

Alcohol and drug abuse is another example of personal problem that may affect work performance. This affects the employee's ability to get the job done. Alcohol and drug abuse has serious implications for the organization, society and the employee himself or herself. Excessive absenteeism is associated with this. Organizations suffer as a result of employee alcohol and drug abuse. Safety, security, profitability and illegal activity overlay concerns about wasted human potential and loss of valued employees (Masi., 1992:117). The treatment of alcoholism in the workplace is vital, as the relationship between the employer and employee provides a legitimate reason for confrontation and

intervention when deteriorating job performance is documented, since the employee is contracted to perform a specific job (Masi., 1992:73). If the employee fails to perform his duties as expected, the employer has a right to take action.

HIV/AIDS affects employees the same way as it does other members of the community. When employees are directly affected by HIV/AIDS, services, skills and financial resources are adversely affected. In terms of the Occupational Health and Safety Act, 1993 in The Gauteng Workplace AIDS Programme (2003:77), every employer is obliged to provide a safe and healthy working environment for all employees as far as is reasonably practicable. Thus reasonable measures have to be taken to reduce the risk of exposure in the work environment through safe work procedure and adhering to measures and regulations with regard to work safety and prevention of accidents. Thus where there may be an occupational risk of acquiring or transmitting HIV infection, an appropriate precautionary measure should be taken to reduce such a risk.

2.9.1 HIV/AIDS Strategy for the Workplace (Gauteng Workplace Aids Program 2003)

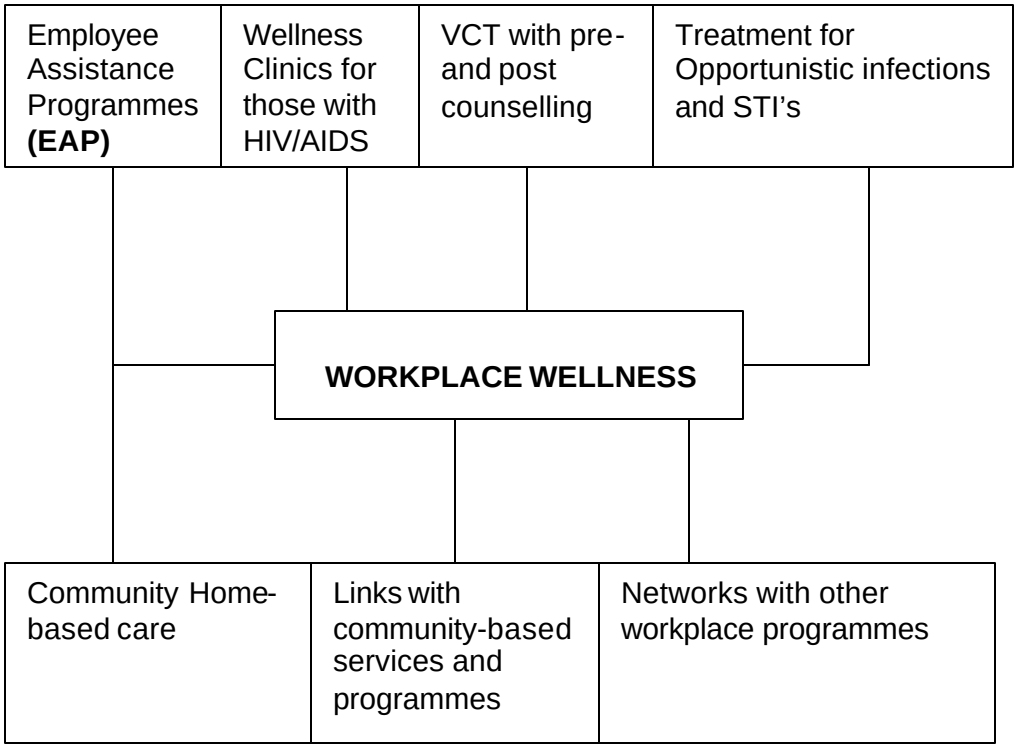
This strategy has been divided into awareness, prevention and care and support. Awareness can be done through campaigns, workshops, pamphlets, posters, training, etc. It can also be done through making the basic rights of employees known: i.e. elimination of unfair discrimination and promoting a non-discriminatory workplace environment, employees knowing their rights on HIV/AIDS testing and making behavioural changes.

Prevention can be done through the supply and distribution of free condoms, managing STI, and introducing VCT. Care and support include wellness programmes in the workplace,

occupational safety, compensation for occupational infection with HIV, employee benefits resources, care and support of the infected and affected employee and involvement or introduction of EAP. The crucial aspect of any EAP is confidentiality, accessibility, availability, visibility and voluntarism (The Gauteng Government Workplace AIDS Programme, 2003:48). EAP should provide counselling and advice and prevention. Other services will include social support as well as information on relevant rights and obligations. The following table demonstrates the concept of wellness in the workplace.

Table 2.3: Wellness in the workplace. (Gauteng Government. Workplace Aids Programme 2003:49)

"Wellness" simply means to be healthy and to maintain good health.



The various types of personal problems have been explored, and it is appropriate now to turn to a discussion of wellness programmes.

2.10 WELLNESS PROGRAMMES / HEALTH PROMOTION

Wellness has been defined as the integration of many different components (mental, social, emotional, spiritual and physical) that expand one's potential to live (quality of life) and work effectively and to make a significant contribution to society (Corbin *et al.*, 2000:4).
Corbin *et al.*, (2000:4) have described health and wellness as multidimensional – i.e. they include the emotional (mental), intellectual, physical, social and spiritual. In order for a person to be "well", he or she must have a positive total outlook on life.

According to Finkelstein and Frissel (1990:26), Dr John Travis established the first Wellness Center and defined it as an integrated method of functioning which is oriented towards maximizing the potential of individuals within the environment where they are functioning. Wellness programmes make workers healthier, happier and more productive. Promotion of wellness involves the creation of a healthy work environment, encouraging positive attitudes, rewarding good behaviour and building the self-esteem of employees (Finkelstein and Frissel, 1990:28). The benefits of wellness programme are said to include greater tolerance for stress, more vitality, fewer total sick days, less substance abuse, fewer accidents and less interpersonal conflict.

It is important that wellness programmes be designed for all employees i.e. those with serious problems and those employees who are generally well. The results of these programmes often take a long time to be evidenced as people require a lot of time to undo unhealthy habits such as smoking, alcohol and drug abuse, inactivity.

A healthy organization realizes that employees are its most important assets and does everything possible to promote their well-being. There are financial benefits to the organization for the good health of its employees. A healthy workforce is productive and this leads to the

success of the organization. Wellness programmes lead to a more creative, committed, enthusiastic and involved workforce. On the other hand, an unhealthy, stressful workforce is costly in both human and financial terms. Alcohol, for example, if misused can have serious physical and social consequences in many areas of life including the workplace. It affects performance at work and poses physical harm when operating machinery or driving.

An unhealthy workforce results in substantial occupational problems, such as reduced productivity, high staff turnover, poor concentration and judgement, and a high rate of absenteeism.

Employees need to understand more about the risks involved in every aspect of life including the dangers of alcohol and drug abuse, stress at work and at home, unhealthy eating, etc.

The increasing cost of health care has a tremendous impact on employers who pay their employees' avoidable problems in increased absenteeism and decreased productivity (Mac Partland, 1991:1). Poor health can also lead to poor employee morale. In order to deal with these problems, organizations can implement wellness programmes. What is more important is for employees to modify their entire lifestyle and not just their behaviour at work. Hence the participants must be taught health behaviour and how to apply it to their lives (Mac Partland, 1991:1).

Workplace health promotion is beneficial to both the employer and employee. Conditions such as obesity, hypertension, alcoholism and stress may limit employees' effectiveness and predispose them to illness. These conditions can be detected and improved in a worksite health promotion programme. All organizations are in the people business. No services can be accomplished without people. The goals and objectives of organizations are directly related to the

productivity of their employees. A sick or absent employee decreases the organization's level of productivity. With decreased productivity comes payment of sick days. In both cases the organization is a loser. Putting an emphasis on the employee will benefit not only the employee but also the employer.

A wellness programme, according to Erfurt and Foote (1992:3), focuses on reducing a variety of health risks and achieving or maintaining general health. A wellness system approach moves beyond striving for the absence of disease and emphasizes self-responsibility (Cooper and Payne, 1988:269). The individual is thus responsible for his or her achievement of health. Professionals are there to assist the individual. Wellness programmes have to be designed for all employees, whether it be to improve the health of those with serious health problems or to assist those employees who are generally well to maintain their good health.

Health promotion programmes and activities require a long-term approach. This is due to the fact that unhealthy habits will require commitment on the part of the individual in order to break the habit. The types of wellness / health promotion activities that can be implemented within an organization are numerous and target different aspects of an individual's physical, emotional and social environment. Some examples of health promotion or wellness activities are:

a) creation, promotion and maintenance of organizational occupational Health and Safety Committees
b) workshops / seminars on HIV/AIDS in the workplace, dealing with stress in the workplace, dealing with alcohol and drug abuse
c) promotion of an EAP
d) flu immunization and blood donor clinics

e) promotion of a healthier lifestyle by encouraging employees to walk, run or jog
f) enforcement of a smoke-free work environment, etc.
g) nutrition and healthy dietary practices
h) general health education approaches

According to Erfurt and Footer, (1992:5), there is a need for linking EAP and worksite wellness programme activities. This is seen as a method of solving problems and bringing needed follow-up procedures into the world of employee assistance programming. This method combines the services of EAPs and worksite wellness programmes to form "megabrush" – an overall employee health and assistance programme (Erfurt and Footer, 1992:5),. This linkage is said to facilitate continuous follow-up with EAP clients.

Secondly, very little stigma is associated with the content of wellness programme activities and therefore the EAP client will not be reluctant or embarrassed to visit the wellness office and interact with the wellness counsellor. No one will assume that a person who goes to the wellness office has a substance abuse or mental health problem, since employees go there for a myriad of non-stigmatic wellness activities such as blood pressure checks, cholesterol checks and health improvement programme sign-ups (Erfurt and Footer, 1992:5).

Thirdly, wellness counsellors can address all of the EAP client's problems and health risks, thus dealing holistically with the client's overall health needs .

Having discussed wellness programmes, job satisfaction can receive attention next.

2.11 JOB SATISFACTION

Job satisfaction has been defined as a predominantly positive attitude towards the work situation (Bergh. and Theron, 2003:172). An individual may be dissatisfied with some aspects for his/her work and satisfied with others, but if he or she thinks positively about relatively more aspects, we can deduce there is a general factor that can be labelled job satisfaction.

The components of attitudes in general, the cognitive, emotional and behavioural components, are also involved in job satisfaction. The behavioural component is not necessarily very strong, as an individual may have feelings or views about an issue without revealing it in his/her behaviour (Bergh. and Theron, 2003:172).

The following factors have been found to be conducive to job satisfaction (Bergh. and Theron, 2003)

1. Mentally challenging work involving a fair amount of variety, freedom, utilizing one's skills and abilities and receiving feedback on one's work.
2. Equitable rewards such as pay and promotion policies and practices that workers perceive as fair, based on the demands of a job, the individual's skills and industry pay standards. Fairness is vitally important, not the level of payment. Many people are prepared to work for less money if their work has other rewards.
3. Working conditions that are conducive to doing one's job well, including safety and comfort, a clean environment, relatively modern facilities and adequate equipment.
4. Working with co-workers and bosses who are friendly and supportive. The type of supervisor who facilitates job satisfaction is one who shows an interest in workers, offers praise for good performance and listens to workers' opinions.

Kornhauser's criteria in (Bergh. and Theron, 2003:424) for job satisfaction are:

1. Observable anxiety and emotional stress
2. Positive or negative feelings towards the self
3. Feelings of hostility or confidence in accepting other people
4. Sociability and friendship as opposed to withdrawal
5. Contentment with life in general
6. Good personal morale or self-confidence, in contrast to alienation and despair

Job intent has been found to be related to motivation and job satisfaction. It is generally associated with internal motivation, stemming from needs intrinsic to the individual. The significance of job content in motivation is illustrated in Hertzberg's Motivation/Hygiene Theory Hertzberg *et al*. in (Bergh. and Theron, 2003),. He found that two different variables were related to job satisfaction and job dissatisfaction. Job satisfaction was deduced from factors in the research subjects' work about which they felt positive. These factors were all related to job content and included responsibility, achievement, recognition and growth. Hertzberg in (Bergh. and Theron, 2003) called them motivators and motivators were seen as intrinsic factors, in that the subjects saw them as characteristics of themselves in doing their work.

Job dissatisfaction was deduced from factors about which subjects felt negative. These were not factors intrinsic to the individual, but external factors such as physical working conditions, company policy, salary, supervision and relationships with co-workers. Hertzberg called them hygiene factors, because if they were not adequate subjects would be dissatisfied with their work. Their being adequate, however, did not make subjects satisfied with their work, because satisfaction was

derived from motivators. If motivators were inadequate, subjects did not feel job dissatisfaction, and neither were they motivated.

Byars and Rue (2000:301) have defined job satisfaction as an employee's general attitude towards the job. They see the organizational reward system as having an impact on the level of employee job satisfaction. The manner in which these rewards are dispersed also has an impact on employee satisfaction. If, for example, an employee is rewarded according to his performance, this will make him or her to experience feelings of accomplishment and satisfaction. However, if everyone receives an across-the-board increment, it is not easy to derive any feelings of accomplishment from the reward.

Five major components of job satisfaction have been defined as: (a) attitude towards the work group, (b) general working conditions, (c) attitude towards the company, (d) monetary benefits and (e) attitude towards management (Byars and Rue, 2000:302). Other components include an employee's state of mind about the work itself and life in general. Factors that can influence job satisfaction are stated as health, age, level of aspiration, social status and political and social activities (Byars and Rue, 2000:303).

2.11.1 The Satisfaction-Performance Controversy

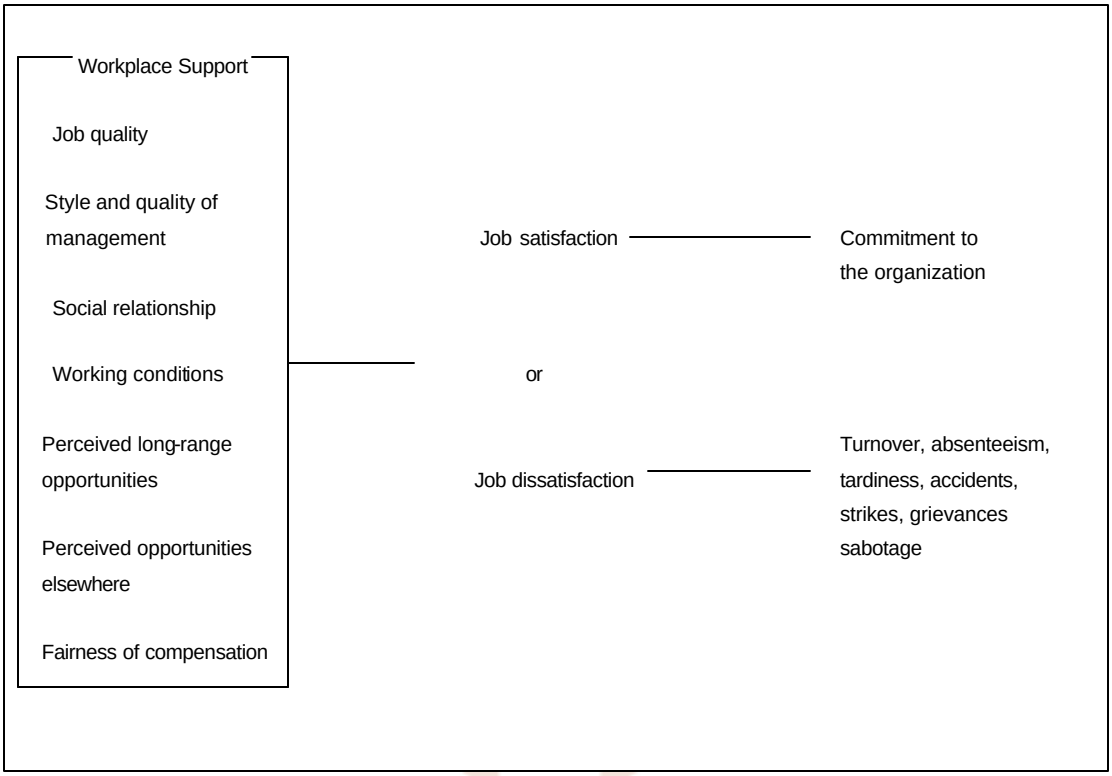
There is the traditional view that satisfaction causes performance. The second proposition is that satisfaction is the effect rather than the cause of performance and thus performance leads to rewards that result in a certain level of satisfaction. Another proposition considers both satisfaction and performance to be functions of rewards. According to Byars and Rue (2000:303) research evidence rejects the more popular view that satisfaction leads to performance. However, it supports the view that performance leads to satisfaction. It also

indicates that (a) rewards constitute a more direct cause of satisfaction than does performance, (b) rewards based on current performance enhance subsequent performance. Studies have also been shown that job satisfaction does have a positive impact on turnover, absenteeism, tardiness, accidents, grievances and strikes.

2.11.2 Other Factors Affecting Job Satisfaction

Figure 13-1 summarizes the other factors that determine an employee's level of satisfaction or dissatisfaction. The total impact of these factors causes employees to be either satisfied or dissatisfied with their jobs. Employees who are satisfied with their jobs tend to be committed to the organization and are more likely to be very loyal and dependable (Byars and Rue, 2000:304). On the other hand, employees who are dissatisfied with their jobs tend to behave in ways that are detrimental to the organization. Such organizations are more likely to experience higher rates of turnover, absenteeism, tardiness and more accidents, strikes and grievances.

Table 2.4 Determinants of Employee Satisfaction and Dissatisfaction (Byars and Rue, 2000:304)



2.12 CONCLUSION

This chapter focuses on the main elements that form the basis of EAP in Johannesburg and West Rand Health Region, Department of Health. The need for EAP in this department was highlighted. The Johannesburg and West Rand Health Region has three strategic priorities that it has set for itself – i.e. (a) to improve the Health of the People of Gauteng, (b) to provide better Health Care Services and (c) to secure better value for money and effective organization. These strategies cannot be realized without the involvement and co-operation of its employees. They can only be realized if employees are effectively, appropriately and holistically managed. This holistic approach to managing employees requires this department to, among other things, introduce a broad-based EAP.

As has been discussed in this chapter, failure to adopt an EAP will inevitably lead to escalation of absenteeism, costs to the organization and deterioration of organizational performance. The impact of personal and work-related problems and stress on job performance was also noted. Health care workers in particular were noted to be more prone to stress due to the pressure of their work. There is also an increasing demand to provide better service to the community. This increased pressure is transferred to the employee, who is expected to work under pressure. Because of these problems, it is important that EAP be given serious consideration by the Johannesburg and West Rand Health Region. This would prevent and ameliorate the adverse outcomes of these problems on organizational performance.

It has been clearly outlined in this chapter that it is important to determine the needs and views of employees if EAP is to be effective. This can only be done through a needs assessment. If this is not done there may be a possibility that EAP will not match the needs of the employees.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology has been defined as an operational framework within which the facts are placed so that their meaning may be seen more clearly (Leedy, 1989:91). Grinnell, (1993:179)on the other hand has defined research methodology as a plan or design for the process of finding a solution to the research problem. As stated in the previous chapters, the aim of this research study is to conduct a needs assessment for an EAP in Johannesburg and West Rand Health region, Region A, Cluster B.

The objectives of this study are as follows:

- To identify employee personal problems.
- To determine the level of employee work related problems and job satisfaction.
- To make recommendations which would contribute to the introduction of an appropriate and relevant EAP for the Johannesburg and West Rand Health Region.

The research methodology will then be the plan or design for finding a solution to these objectives. This chapter will discuss the research design, data collection method, sampling and data analysis. The next discussion will thus be on research design.

3.2 RESEARCH DESIGN

A research design has been defined as a set of guidelines and instructions to be followed in addressing the research problem (Mouton , 1996:17). Mouton goes on to state that the main function of a

research design is to enable the researcher to anticipate what the appropriate research decisions should be so as to maximize the validity of the eventual results. He also views a research design as a "blueprint" of the research project that precedes the actual research process (Mouton, 1996:17).

Huysamen in De Vos and Fouché (1998:123) has defined research design as the plan or blueprint according to which data is collected. Research design can thus be seen as a plan or guidelines on how the researcher is to conduct a research study.

Every project requires a research design that is carefully tailored to the exact needs of the researcher as well as the problem (Bless and Higson-Smith, 1995:67). Research design may be qualitative or quantitative. Qualitative and quantitative research design differ in that, in the former the researcher's choices and actions will determine the design while in the latter the design determines the researcher's choices and actions (De Vos and Fouché, 1998:80). For the purpose of this study, only quantitative research design will be discussed.

TABLE 3.1: Research design (De Vos and Fouché, 1998:78)

Pre-experimental/hypothesis-developing/exploratory designs

- The one-shot, or cross-sectional case study
- The one group post-test-only design
- The multi-group post-test-only design
- The longitudinal case study

Quantitative-descriptive (survey) designs

- Randomized cross-sectional survey
- Replicated randomized cross-sectional survey
- Randomized longitudinal survey

Quasi-experimental/associative designs

- Randomized one-group post-test-only
- The one-group pre-test–post-test design
- The static-group comparison or comparison group post-test-only
- Comparison group pre-test–post-test
- Interrupted time-series
- Single-system designs

True experimental/cause-effect/explanatory designs

- Randomized pre-test–post-test control group design (classical experiment)
- Randomized Solomon four-group design
- Randomized post-test-only control group design

The research design that will be used in this study is the quantitative–descriptive design. These designs are often of a more quantitative nature and require questionnaires as a method of collecting data. According to (De Vos and Fouché, 1998:78) respondents are ideally selected by means of randomized sampling methods. Randomized cross-sectional survey designs are utilized for needs assessment ((De Vos and Fouché, 1998:78). Williams, Tutty. and Grinnell (1995:67) have stated that the purpose of doing a descriptive research study is to gather facts. The "why" belongs to an explanatory study. A descriptive study only determines the "what" (Williams *et al*., 1995:67). The objective of this research study is to determine the needs of employees

regarding EAP in the Johannesburg and West Rand Health Region. The hypothesis in this study is that Employees of Johannesburg and Westrand Health Region , Region A, Cluster B have a need for EAP. Hence this research study will utilize quantitative-descriptive design.

3.3 DATA COLLECTION METHOD

There is a difference between data-gathering methods and research designs. Research design is the guideline within which a choice about data collection methods has to be made whereas data collection methods are the ways in which the data are actually obtained (De Vos and Fouché, 1998:82). Mouton (1996) on the other hand refers to the data collection method as involving applying the measuring instrument to the sample or cases selected for the investigation. Data collection methods are also divided into quantitative and qualitative methods. For the purpose of this study, only the quantitative data collection method will be discussed. The types of data collection methods relevant to the quantitative approach are questionnaires, checklists, indexes and scales. The method used by the researcher in this research study is questionnaires. A questionnaire has been defined by De Vos and Fouché (1998:89) as an instrument with open or closed questions, or statements to which a respondent must react.

A pilot study was conducted by the researcher in which ten questionnaires were distributed among different categories of staff (medical, allied health professionals, management and support staff). From the responses received it was clear that no problems were experienced in completing the questionnaires. The responses were in line with the researchers expectations.

The next topic will focus on the questionnaire that the researcher developed.

3.4 QUESTIONNAIRE

Questionnaires were handed out to respondents from different strata. The following ethical issues will be adhered to:

a. anonymity and confidentiality
b. informed consent
c. feedback on findings

Permission to conduct research within the Johannesburg and West Rand Region, Cluster B, was sought from management (see Appendix C). Williams *et al.* (1995:284) state that it is important to request permission as this is a method of protecting people who are asked to participate in the research study. This also makes it possible for the employees to co-operate in the study if they realize that it is official.

3.4.1 Development of a questionnaire on a needs assessment for an Employee Assistance Programme in the Johannesburg and West Rand Health Region, Region A, Cluster B

This questionnaire, using the quantitative data collection method, has the objective of collecting data pertaining to employee satisfaction, personal and work-related problems.

The main themes in the chapter on the literature review were captured and used in designing the questionnaire. These themes are as follows: personal problems, work-related problems, stress (personal and work-related) and job satisfaction. The main points under these issues were then turned into questions.

A needs assessment for an Employee Assistance Programme in the Johannesburg and West Rand Health Region, Region A, Cluster B questionnaire was designed as follows:

Appendix C. An approval to conduct research s tudy.

Appendix D. A request for participation in the study, including instructions on how to complete questionnaire and ethical measures. Informed consent was received from respondents.

Appendix E. Section A: Demographic details

Section B: Personal problems, comprising types of personal problems experienced, the extent to which they affect work performance and assistance received from employer concerning these personal problems.

Section C: Work-related problems, comprising questions assessing whether the respondent is experiencing work-related problems and whether he/she has ever been reprimanded for these work-related problems.

Section D: Stress and job satisfaction, which explores whether the respondent is experiencing or has experienced these problems i.e. personal stress, work-related stress and whether he/she has job satisfaction or not. (question taken from MPSI - Multi Problem Screening Inventory and IJS – Index Of Job Satisfaction, Perspective Training College)

Section E: Employee Assistance Programme, which explored the issues around the referral system and whether the respondent feels that there is a need for the provision of EAP.

Copies of the questionnaire are attached (see Appendix E).

Clarity having been given on the data collection method, sampling will be discussed next.

3.5 SAMPLING

Seaberg in Strydom and De Vos (1998:191) defines sampling as a small portion of the total set of objects, events or persons which together comprise the subject of a study. A good sampling implies firstly a well-defined population, secondly an adequately chosen sample and thirdly an estimate of how representative of the whole population the sample is, i.e. how well in terms of probability the sample statistics conform to the unknown population parameters (Bless and Higson-Smith, 1995:87).

Population on the other hand has been defined as the entire set of objects and events or group of people which is the object of research and about which the researcher wants to determine some characteristics (Bless and Higson-Smith, 1995:85). Strydom and De Vos (1998:190) has defined population as the totality of persons, events, organization units, case records or other sampling units with which the research problem is concerned. It is seen as a study of the whole. In this study, a population includes all employees of the Johannesburg West Rand Health Region, Cluster B.
The total population is 1107 and has been divided according to the following categories:

i) Medical / Allied Professionals, Management = 682 (68)
ii) Support staff = 425 (42)

Seaberg in Strydom and De Vos (1998:192) has stated that in most cases a 10% sample should be sufficient for controlling sampling errors. The size of the sample in this study is 110.

Sampling theory distinguishes between probability or random sampling and non-probability sampling. Probability or random sampling occurs when the probability of including each element of the population can be determined (Bless and Higson-Smith, 1995:88). Non-probability sampling refers to the case where the probability of including each element of the population in a sample is unknown (Bless and Higson-Smith, 1995:88). For the purpose of this study, only probability sampling will be discussed. Probability sampling includes simple random sampling, interval or systematic sampling, stratified random sampling and cluster or multi-stage sampling. The stratified random sampling was used to select employees for this study. This kind of sample is mainly used to ensure that the different groups or segments of a population acquire sufficient representation in the sample (Chadwick et al, Nachmias and Nachmias in Strydom and De Vos 1998:197). The researcher can then select the desired number of persons within each different stratum.

In this research study the different strata will be: (a) medical staff, allied professionals and management and (b) support staff which includes porters, general assistants, clerks, food service staff, drivers. A simple random sampling from each stratum will be used to select respondents. A list of all the employees within Cluster B (Region 10 and 11) will be used. This list consists of employees in different clinics within Region 10 and 11 in Cluster B. In order to achieve simple random sampling, every first and second page of each clinic (in this list) will be selected for respondents to be included in the sample. According to Williams *et al*. (1995:233), usually a sample size of one-tenth of the population is considered sufficient to provide reasonable control over sampling error. The same one-tenth conversion also applies to categories of the population: one-tenth of each category can be included in the sample (Williams *et al*., 1995:233). Thus 10% of each stratum was chosen – i.e. the total number of the population is 1107. The medical / professional / management staff has 682 employees, with 10% yielding

68 employees in this category. The support staff has 425 employees, and 10% of this number is 42. For the purpose of this study, 110 respondents will be randomly selected, 68 being from medical / professional / management staff and 42 being from support staff.

Now that the sampling method has been discussed, data analysis can be looked at briefly.

3.6 DATA ANALYSIS

Quantitative data can be analysed manually or by computer. The researcher will use SPSS to analyse data. Data analysis entails that the analyst breaks down data into constituent parts to obtain answers to research questions and to test research hypotheses (De Vos and Fouché,1998:203). Data analysis on its own is not enough. Interpretation of the data is necessary. Once the data has been analysed and the findings stated on the basis of quantitative and qualitative analyses, these findings as well as the whole procedure leading to them must be thoroughly and critically reviewed to detect errors of measurement, bias, mistakes which could have distorted the description of the aspect of social reality under study (Bless and Higson-Smith, 1995:143).

3.7 CONCLUSION

This chapter discussed the research methodology in terms of a research design, data collection method, sampling and data analysis. The next chapter will focus on data analysis and interpretation.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The previous chapter dealt with research methodology that was used in the collection of data for this study. Data was collected using personal questionnaires. The questionnaires were delivered by hand to facility co-ordinators in different clinics. They were then handed out to respondents by the facility co-ordinators. A letter of approval to conduct the study and a covering letter explaining the research were attached to the questionnaire. The deadline for the completion of the questionnaires could not be met. The researcher allocated two weeks for the return of questionnaires. After this period many questionnaires had not been returned. The researcher had to go personally to remind and encourage respondents to complete the questionnaires. A sample of 110 was realized.

This chapter will focus on the analysis and interpretation of data that was collected for this study. According to De Vos and Fouché, 1998:203 data analysis entails that the analyst breaks down data into constituent parts to obtain answers to research questions and to test research hypotheses. The analysis of research data does not in its own provide the answers to research questions. Interpretation of the data is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied, tested and conclusions drawn. On the other hand when the researcher interprets the research results, he/she studies them for their meaning and implication (De Vos and Fouché, 1998:203

The reporting of results will follow the format of the questionnaires administered (Bowen, 1997:45).

4.2 DESCRIPTION OF THE SAMPLE

As stated in the previous chapter, the quantitative descriptive design was utilized in this research. A randomized cross-sectional survey design was used. The population in this study was employees from Gauteng and West Rand Health Region, Region A, Cluster B. A total of 110 questionnaires were received, of which 68 were from medical, allied professionals and management staff, and 42 from support staff.

The next section consists of the main results.

4.3 MAIN RESULTS

DEMOGRAPHIC DETAILS

4.3.1 GENDER OF RESPONDENTS

Table 4.1 Gender

	FREQUENCY	PERCENT
Male	25	22.9
Female	84	77.1
TOTAL	109*	100.0

* Total due to one missing case

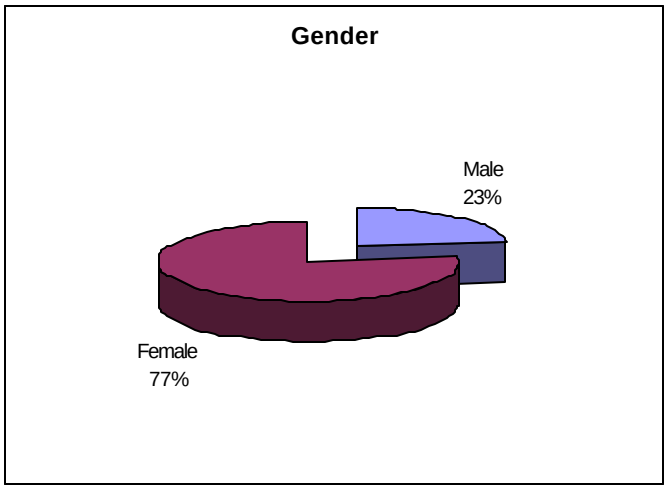


Figure 1

Table 4.1 presents the gender distribution of 109 respondents. From this table it is clear that women are in the majority (77.1%). This

implies that EAP will have to give special attention to the needs of women.

4.3.2 AGE OF RESPONDENTS

Table 4.2 Age distribution of respondents

AGE	FREQUENCY	PERCENT
18 – 40	38	34.5
41 – 50	51	46.4
51+	21	19.1
TOTAL	110	100.0

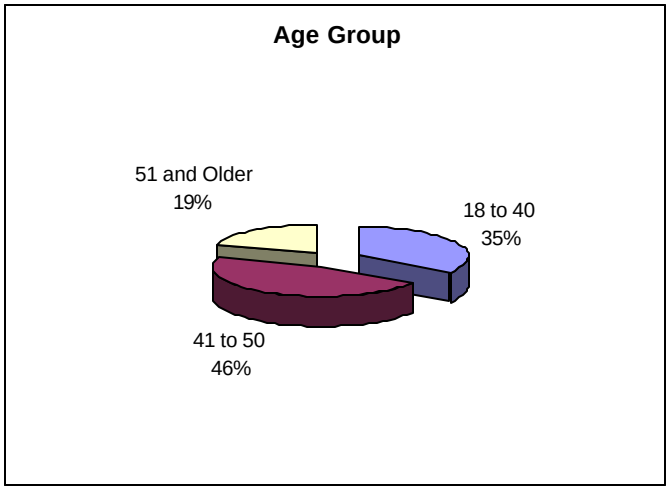


Figure 2

Table 4.2 shows the age distribution of 110 respondents. Only 34.5% of the respondents are between 18 to 40 years of age. The majority of the respondents are 41 years and older (65.5%). Since a significant number of the respondents are 41 years and older, an EAP will have to take into account the unique needs of this developmental life stage. Seminars or workshops on retirement would be necessary.

4.3.3 MARITAL STATUS OF RESPONDENTS

Table 4.3 Marital status of respondents

	FREQUENCY	PERCENT
Single	35	32.1
Married	50	45.9
Living together	4	3.7
Others	20	18.3
TOTAL	109*	100.0

* Total due to one missing case.

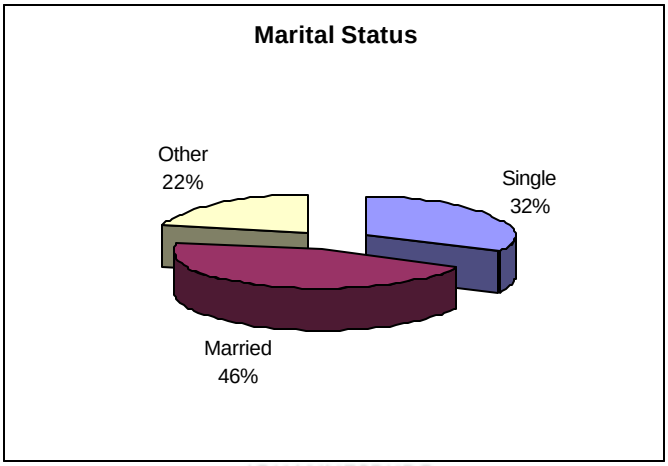


Figure 3

The marital status of respondents is reflected in Table 4.3 and Figure 3. Of the 109 respondents, 49.6% are either married or living together, 32.1% are single and 18.3 % divorced, widowed or separated. EAP would then need to address issues around intimate relationships since about half of the respondents are involved in such relationships.

4.3.4 JOB CLASSIFICATION OF RESPONDENTS

Table 4.4 Job classification of respondents

	FREQUENCY	PERCENT
Medical, Allied Health Professionals and Management	68	61.8
Support Staff	42	38.2
TOTAL	110	100.0

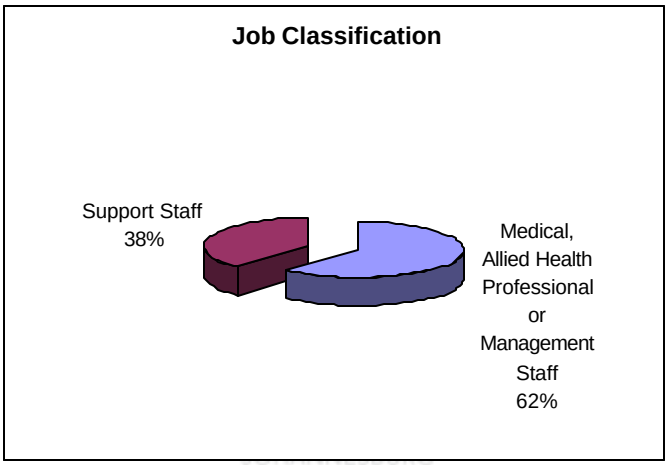


Figure 4

Table 4.4 represents the job classification of 110 respondents. The medical staff, which includes allied health professionals and management has the highest percentage (61.8%). The support staff, which includes clerks, drivers, cleaners, porters etc., has 38.2%. These figures were arrived at by using stratified random sampling. Ten percent of each stratum was taken – hence 61.8% and 38.2% respectively. This figure has implications for EAP, as the majority of staff are professionals i.e. medical, allied health and management staff.

4.3.5 HIGHEST EDUCATIONAL QUALIFICATIONS OF RESPONDENTS

Table 4.5 Highest Educational Qualifications

	FREQUENCY	PERCENT
Grade 11 or lower	24	22.0
Grade 12	43	39.4
Post-matric diploma or certificate	29	26.6
Bachelor's degree or higher	13	11.9
TOTAL	109	100.0

***** Total due to one missing case.

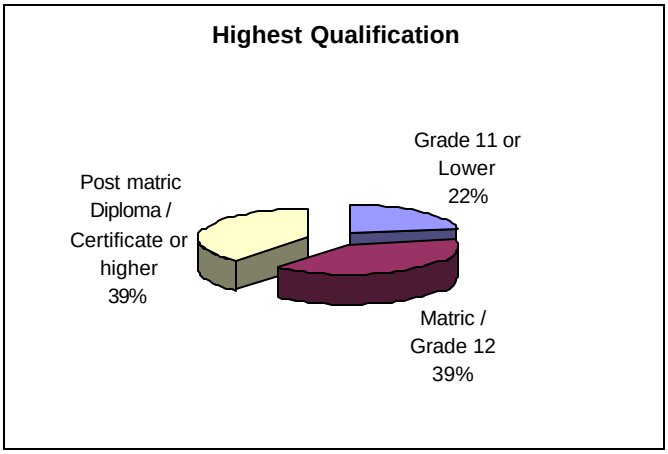


Figure 5

From Table 4.5, it is clear that only 22% of respondents have grade 11 or lower. Thirty nine and four over ten percent (39.4%) of respondents have grade 12. Thirty eight and half percent (38.5%) of the respondents have a post-matric diploma or bachelor's degree or higher.

4.3.6 HOUSEHOLD SIZE OF RESPONDENTS

Table 4.6 Household size of respondents

	FREQUENCY	PERCENT
1 – 5	75	69.4
6 or more	33	30.6
TOTAL	108*	100.0

* Total due to two missing cases.

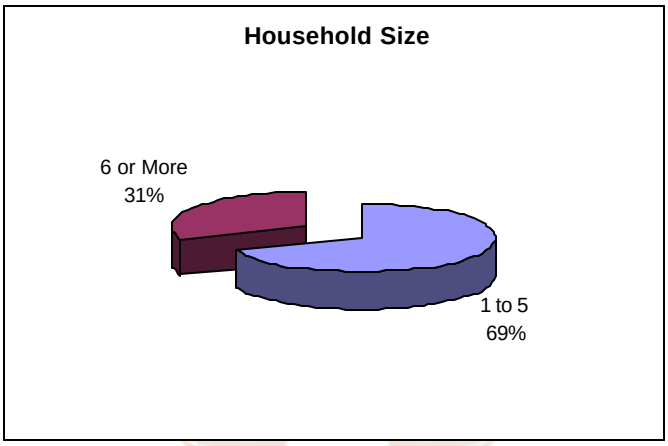


Figure 6

Table 4.6 shows the distribution of household size amongst 108 respondents. The majority of respondents have a household size of 1 to 5 (69.4%).

4.3.7 LENGTH OF EMPLOYMENT

Table 4.7 Length of employment

	FREQUENCY	PERCENT
10 years or less	24	21.8
11 to 20 years	57	51.8
21 years or more	29	26.4
TOTAL	110	100.0

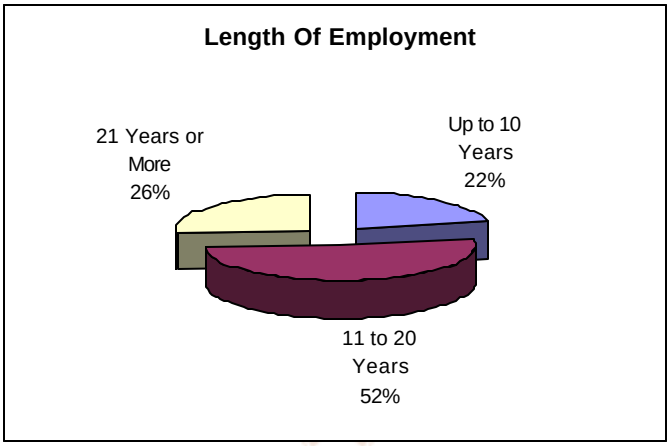


Figure 7

Table 4.7 shows the distribution of length of employment in the Department of Health. The majority of respondents (78.2%) have more than 10 years' experience in the Department of Health.

4.3.8 NAME OF REGION OF RESPONDENTS

Table 4.8 Name of Region

	FREQUENCY	PERCENT
Region 10	71	67.0
Region 11	35	33.0
TOTAL	106*	100.0

* Total due to four missing cases.

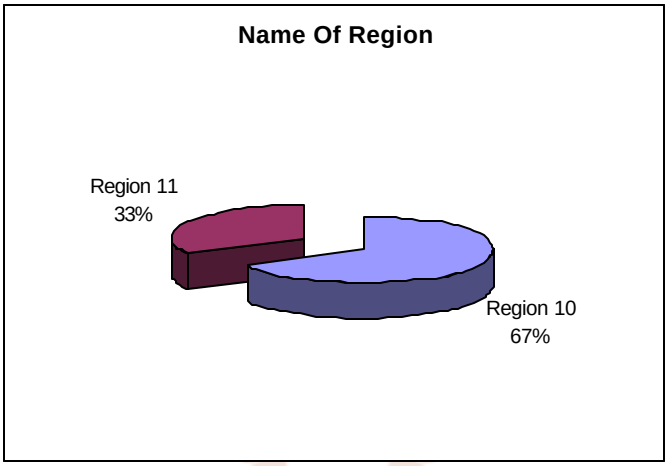


Figure 8

From Table 4.8, it is clear that the majority of respondents (67%) are from Region 10.

4.4 PERSONAL PROBLEMS

4.4.1 PERSONAL PROBLEMS CURRENTLY EXPERIENCED BY RESPONDENTS OR MEMBERS OF THEIR HOUSEHOLD

Table 4.9 Personal problems currently experienced by respondents or members of their household

	YES	NO	TOTAL
Marital/partner conflict	31 (29.5%)	74 (70.5%)	105 (100%)
Abuse of alcohol	8 (7.6%)	97 (92.4%)	105 (100%)
Abuse of drugs	27 (27.0%)	73 (73.0%)	100 (100%)
Financial/Debt problems	34 (33.7%)	67 (66.3%)	101 (100%)
Health problems	38 (35.5%)	69 (64.5%)	107 (100%)
Other relationship problems	5 (5.0%)	95 (95.0%)	100 (100%)
Family problems	14 (13.6%)	89 (86.4%)	103 (100%)
Traumatic life events e.g. divorce, death of a loved one	38 (36.5%)	66 (63.5%)	104 (100%)

Table 4.9 lists the frequencies of respondents or their household members that are currently experiencing personal problems. The majority of respondents or their household members are experiencing traumatic life events 38 (36.5%), health problems 38 (35.5%) and financial / debt problems 34 (33.7%). Marital / partner problem is still high at 31 (29.5%). This is followed by abuse of drugs 27 (27%) then family problems at 14 (13.6%), Abuse of alcohol is 8 (7.6%) and the least experienced personal problem is other relationship problems at 5 (5%). An EAP programme will thus have to take these personal problems into account, especially the ones that are in the majority – i.e. traumatic life events, health problems and financial debt problems.

4.4.2 PERSONAL PROBLEMS EXPERIENCED BY RESPONDENTS OR MEMBERS OF THEIR HOUSEHOLD IN THE PAST FIVE YEARS

Table 4.10 Personal problems experienced in the past five years

	YES	NO	TOTAL
Marital/partner conflict	19 (18.1%)	86 (81.9%)	105 (100%)
Abuse of alcohol	60 (58.3%)	43 (41.7%)	103 (100%)
Abuse of drugs	25 (25.5%)	73 (74.5%)	98 (100%)
Financial/Debt problems	47 (44.8%)	58 (55.2%)	105 (100%)
Health problems	20 (19.0%)	85 (81.0%)	105 (100%)
Other relationship problems	57 (55.9%)	45 (44.1%)	102 (100%)
Family problems	21 (20.8%)	80 (79.2%)	101 (100%)
Traumatic life events e.g. divorce, death of a loved one	34 (32.4%)	71 (67.6%)	105 (100%)

From Table 4.10, which shows the frequencies of respondents or their household members that experienced personal problems in the past five years, it is clear that the majority of respondents or their household members were experiencing problems of alcohol abuse 60 (58.3%), other relationship problems 57 (55.9%) and financial / debt problems 47 (44.8%). Other problems that follow are traumatic life events 34 (32.4%), abuse of drugs 25 (25.5%), family problems 21 (20.8%), health problems 20 (19.0%) and marital/partner relationship problems, at 19 (18.1%). These figures have implications for EAP as most of the problems experienced in the past five years have currently increased – e.g. health problems, abuse of drugs, family problems and traumatic life events.

4.4.3 TO WHAT EXTENT HAVE PROBLEMS EXPERIENCED BY YOURSELF OR MEMBERS OF YOUR HOUSEHOLD AFFECTED YOUR WORK PERFORMANCE DURING THE PAST FIVE YEARS?

Table 4.11 To what extent have problems experienced by yourself or members of your household affected your performance during the past five years?

	FREQUENCY	PERCENT
To no extent	20	19.0
To a small extent	25	23.8
To a moderate extent	30	28.6
To a large extent	18	17.1
To a very large extent	12	11.4
TOTAL	105	100.0

From Table 4.11 it is clear that, of the 105 respondents, 85 (81%) of the respondents were affected by personal problems – i.e. their work performance was affected by personal problems. Fifty seven and two over ten percent (57.2%) stated that these personal problems affected their work performance from a moderate to a very large extent. This has implications for EAP as it is concerned with personal problems affecting work performance.

4.4.4 HOW OFTEN HAVE YOU RECEIVED ASSISTANCE FROM YOUR EMPLOYER ABOUT YOUR PERSONAL PROBLEMS?

Table 4.12 Assistance from employer about personal problems

	Never	Sometimes	Half the time	Often	Always	Total
Referred for professional assistance e.g. social worker	91 (87.5%)	9 (8.7%)	2 (1.9%)	1 (1%)	1 (1%)	104 (100%)
Assisted or referred to union	89 (92.7%)	4 (4.2%)	1 (1%)	-	2 (2.1%)	96 (100%)
Assisted by your supervisor	66 (64.7%)	26 (25.5%)	3 (2.9%)	5 (4.9%)	2 (2%)	102 (100%)
Given leave to solve your problems	65 (64.4%)	31 (30.7%)	2 (2%)	1 (1%)	2 (2%)	101 (100%)

From Figure 4.12, it is clear that, of the 104 respondents, only 13 (12.6%) were referred for professional assistance for their personal problems – this figure ranging from sometimes to always. Only 7 (7.3%) of the 96 who responded were assisted or referred to the union. Thirty five and three over ten percent (35.3%) of the 102 respondents were assisted by their supervisors. Thirty five and seven over ten percent (35.7%) of the 101 respondents were given leave to solve their problems. From these figures, it is clear that most of the respondents who had personal problems were either assisted by their supervisors or given leave to solve their problems. Only 13 (12.6%) were referred for professional assistance. This is not surprising as presently there is no EAP to deal with the personal problems of employees.

4.5 FACTOR AND ITEM ANALYSIS RESULTS

Factor analysis was conducted on questions related to: (a) work-related problems; (b) personal stress; (c) work-related stress; (d) job satisfaction; (e) referral system and (f) provision of EAP – i.e. question C11, q C12, q D 13 and q E14. Factor analysis was used as it helps the researcher to reduce the number of questions to a few interpretable factors or dimensions and it enables the researcher to describe the results of survey in a concise manner by concentrating on the factors rather than the individual questions (Eiselen and Uys , 2002:98).

The factor analysis yielded 7 factors, i.e.:

a) Extent of experiencing work-related problems
b) Extent of being reprimanded in past five years
c) Extent of experiencing personal stress
d) Extent of experiencing job commitment
e) Extent of experiencing job satisfaction
f) Extent of need for referral system
g) Extent of need for EAP

The item reliability (coefficient alpha) of these factors, henceforth referred to as above, are:

a) Extent of experiencing work-related problems (0,813)
b) Extent of being reprimanded in past five years (0,85)
c) Extent of experiencing personal stress (0,88)
d) Extent of experiencing job commitment (0,74)
e) Extent of experiencing job satisfaction (0,69 and 0,74)
f) Extent of need for referral system (0,74)
g) Extent of need for EAP (0,84)

All these factors are considered reliable because Cronbach's alpha are more than 0,7. This means that these instruments can be used in future for similar studies.

Table 4.13 Descriptive Statistics

	N	Minimum	Maximum	Mean	Std Deviation
Extent of experiencing work-related problems	110	1.14	5.00	2.7904	.94057
Extent of being reprimanded in past five years	108	1.00	4.17	1.2701	.51230
Extent of experiencing personal stress	109	1.00	4.44	2.3104	.91764
Extent of experiencing job commitment	110	1.50	5.00	3.8576	.81638
Extent of experiencing job satisfaction	109	1.29	5.00	3.3065	.81292
Extent of need for referral system	109	1.00	5.00	3.0650	.94726
Extent of need for EAP	110	1.00	5.00	4.5508	.62024
Valid N (listwise)	106				

From the above Table 4.13, it is clear that the sample average for factor (a) the extent of experiencing work-related problems, equals 2,79 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 3 i.e. experiencing work-related problems to a moderate extent.

The sample average for factor (b) the extent of being reprimanded in the past five years, equals 1,27 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 1 – i.e. being reprimanded in the past five years to no extent.

The sample average for factor (c) the extent of experiencing personal stress, equals 2,31 with a minimum of 1 (to no extent) and the

maximum equal to 5 (to a very large extent). The average thus lies close to 2 – i.e. experiencing personal stress to a small extent.

The sample average for factor (d) the extent of experiencing job commitment, equals 3,86 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 4 – i.e. experiencing job commitment to a large extent.

The sample average for factor (e) the extent of experiencing job satisfaction, equals 3,31 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 3 – i.e. experiencing job satisfaction to a moderate extent.

The sample average for factor (f) the extent of need for referral system, equal 3,07 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 3 – i.e. experiencing a need for a referral system to a moderate extent.

The sample average for factor (g) the extent of need for EAP equals 4,55 with a minimum of 1 (to no extent) and the maximum of 5 (to a very large extent). The average thus lies close to 5 – i.e. experiencing a need for EAP to a very large extent.

4.6 DISCUSSION OF DIFFERENCES BETWEEN GROUPS

To detect possible differences between groups as far as (a) the extent of experiencing work-related problems; (b) the extent of being reprimanded in the past five years; (c) the extent of experiencing personal stress; (d) the extent of experiencing job commitment; (e) the extent of experiencing job satisfaction; (f) the extent of need for referral system and (g) the extent of need for EAP, are concerned, t-tests as well as ANOVAS were conducted (with factors a, b, c, d, e, f, and g being the dependent variables). The following results were obtained:

- There is no statistically significant difference between males and females as far as the average (a) extent of experiencing work-related problems; (b) the extent of being reprimanded in the past five years; (c) the extent of experiencing personal stress; (d) the extent of job commitment, (e) the extent of job satisfaction; (f) the extent of need for EAP, are concerned. The p-values are equal to 0,961; 0,550; 0,456; 0,926; 0,186 and 0,209 respectively. However, there is a statistically significant difference between males and females as far as the average extent of need for referral system (p-values = 0,036). The females on average have a greater need for a referral system (mean = 3,172) than males (mean = 2,72).

- There is no significant difference between age groups 18 to 40, 41 to 50 and 51 or older as far as the average (a) extent of experiencing work-related problems (p-value = 0,154); (b) the extent of being reprimanded in the past five years (p-value = 0,965); (c) the extent of experiencing personal stress (p-value = 0,410); (d) the extent of experiencing job commitment (p-value = 0,103) and (g) the extent of need for EAP (p-value = 0,161), are concerned. However, there is a statistically significant difference between age groups 18 to 40, 41 to 50 and 51 or older as far as the average (e) extent of experiencing job satisfaction (p-value = 0,009) and (f) the extent of need for referral system (p-value = 0,003) are concerned. Age groups 18 to 40 year olds differ significantly from 51 year olds or older with respect to (e) extent of experiencing job satisfaction. 18 to 40 year olds experience less job satisfaction (mean = 3,038) than 41 to 50 year olds (mean = 3,34) and 51 year olds or older (mean = 3,7032). The reason might be that 51 year olds or older are nearing pension and thus have nothing to complain about but are just looking forward to their day of retirement.

Age groups 51 years or older, 41 to 50 and 18 to 40 year olds differ significantly as far as (f) the extent of the need for a referral system is concerned. 41 to 50 year olds have a greater need for a referral system (mean = 3,31) than 18 – 40 year olds (mean = 2,66) and 51 years or older (mean = 3,23).

- There is no statistically significant difference between single, married and others as far as the average extent of (a) experiencing work-related problems (p-value = 0,768); (b) being reprimanded in the past five years (p-value = 0,532); (c) experiencing personal stress (p-value = 0,566); (d) experiencing job commitment (p-value = 0,696); (e) experiencing job satisfaction (p-value = 0,365) and (g) need for EAP (p-value = 0,644) are concerned.

- There is no statistically significant difference between two groups of job classification i.e. medical/allied health professionals or management and support staff as far as the average extent of (a) experiencing work-related problems (p-value = 0,695); (b) being reprimanded in the past five years (p-value = 0,099); (e) experiencing job satisfaction (p-value = 0,881); (f) need for referral system (p-value = 0,708) and (g) need for EAP (p-value = 0,489) are concerned. However, there is a significant difference between medical/allied health professionals or management and support staff as far as the extent of (c) experiencing personal stress (p-value = 0,015) and (d) experiencing job commitment (p-value = 0,022) are concerned. Medical/allied health professionals and management staff are less likely to experience stress, personal stress (mean = 2,15) than support staff (mean = 2,58). This might be due to financial constraints experienced by support staff. Again, medical/allied professionals or management staff are more likely to experience job commitment (mean = 3,997) than support staff (mean = 3,63). This might also be related to difference in income between the two groups.

- There is no significant difference between the three groups of academic qualifications – i.e. grade 11 or lower, grade 12 and post-matric diploma/certificate or higher as far as the average extent of (a) experiencing work-related stress (p-value = 0,472); (b) being reprimanded for the past five years (p-value = 0,056); (d) experiencing job commitment (p-value = 0,174) are concerned. However, grade 11 or lower, grade 12 and post-matric diploma/certificate or higher differ significantly as far as the average extent of (c) experiencing personal stress (p-value = 0,01) Scheffe test, (f) need for referral system (p-value = 0,033) Scheffe test; (e) experiencing job satisfaction (p-value = 0,030) Scheffe test and (g) need for EAP (p-value = 0,002) Dunnett's post-hoc test, are concerned. Those with grade 11 or lower are more likely to experience personal stress (mean = 2,913) than both grade 12/matric (mean = 2,069) and post-matric diploma/certificate or higher (mean = 2,22). Those with grade 11 or lower are more likely to experience job satisfaction (mean = 3,591) than those with grade 12/matric (mean = 3,069) and post-matric diploma/certificate or higher (mean = 3,38).

  In the case of the need for a referral system, those with a post-matric diploma/certificate or higher are less likely to experience the need for a referral system (mean = 2,87) than both grade 11 or lower (mean = 3,49), and matric/grade 12 (mean = 3,07). The Dunnett T3 Post Hoc Test show that all three groups differ significantly in terms of the need for EAP. Those with grade 11 or lower are more likely to experience the need for EAP (mean = 4,896) than those with matric/grade 12 (mean = 4,36) and those with post-matric diploma/certificate or higher (mean = 4,54).

- Households size 1 to 5 and households size 6 or more differ significantly as far as the average extent of experiencing personal stress is concerned (p-value = 0,13). Households size of 1 to 5 are on average more likely to experience personal stress (mean = 2,47) than

households of 6 or more (mean = 1,99). This might be due to social support that is available in bigger families. However, as far as the average (a) extent of experiencing work-related problems (p-value = 0,97); (b) extent of being reprimanded in the past five years (p-value = 0,763); (d) extent of experiencing job commitment (p-value = 0,128); (e) extent of experiencing job satisfaction (p-value = 0,381); (f) extent of need for referral system (p-value = 0,937) and (g) extent of need for EAP (p-value = 0,817) are concerned, there is no statistically significant difference between households size 1 to 5 and households size 6 or more.

- There is no statistically significant difference between those with experience of up to 10 years, 11 to 20 years and 21 years or more as far as the average (a) extent of experiencing work-related problems (p-value = 0,800); (b) extent of being reprimanded for the past five years (p-value = 0,443); (c) extent of experiencing personal stress (p-value = 0,154); (d) extent of experiencing job commitment (p-value = 0,055); (e) extent of experiencing job satisfaction (p-value = 0,250); (f) extent of need for referral system (p-value = 0,054) and (g) extent of need for EAP (p-value = 0,391) are concerned.

- There is no statistically significant difference between Region 10 and Region 11 as far as the average extent of (a) experiencing work-related problems (p-value = 0,219); (b) being reprimanded in the past five years (p-value = 0,921); (c) experiencing personal stress (p-value = 0,136); (d) experiencing job commitment (p-value = 0,246); (e) experiencing job satisfaction (p-value = 0,536); (f) need for referral system (p-value = 0,189) and (g) need for EAP (p-value = 0,627) are concerned.

Now that we have discussed the differences between groups in terms of different scales, the next discussion will focus on analysis of variance (ANOVA) in order to determine the significance of difference

between the mean scores obtained in seven scales individually. The purpose of analysis of variance (ANOVA) is to test if there is a statistically significant difference in the population means of more than two groups (Eiselen and Uys, 2002:116).

4.7 ANOVA; SCHEFFE: 18 YRS TO 40 YRS, 41 YRS TO 50 YRS, 51 OR MORE

4.7.1 Goal of Investigation

The goal of this study is to determine the significance of difference between mean scores obtained in the seven scales of personal and work-related functioning and the following groups of respondents:

18 years to 40 years
41 years to 50 years
51 years or more

A number of hypotheses are formulated in respect of the above goal.

4.7.2 Hypothesis Formulation

The hypotheses that will be analysed empirically are as follows:

4.7.2.1 i) Nil-hypothesis

HoA: There are no statistically significant differences between the mean scores of respondents for the three age groups: 18 – 40 yrs, 41 – 50 yrs and 51 yrs or more (A, B, and C) in respect of each of the seven scales of personal and work-related functioning measured individually, namely:

HoA 1: Extent of experiencing work-related problems
HoA 2: Extent of being reprimanded in the past five years

HoA 3: Extent of experiencing personal stress

HoA 4: Extent of experiencing job commitment

HoA 5: Extent of experiencing job satisfaction

HoA 6: Extent of need for referral system

HoA 7: Extent of need for EAP

ii) Alternative Hypothesis

There are statis tically significant differences between the mean scores of respondents for the three age groups: 18 – 40 yrs, 41 – 50 yrs, 51 yrs or more (A, B, and C) in respect of the seven scales of personal and work-related functioning measured individually, namely:

HaA 1: Extent of experiencing work-related problems

HaA 2: Extent of being reprimanded in the past five years

HaA 3: Extent of experiencing personal stress

HaA 4: Extent of experiencing job commitment

HaA 5: Extent of experiencing job satisfaction

HaA 6: Extent of need for referral system

HaA 7: Extent of need for EAP

HoS: There are no statistically significant differences between paired (A vs B, A vs C, B vs C) mean scores of respondents for the three groups: 18 – 40 yrs, 41 – 50 yrs and 51 yrs or more (A, B, and C) in respect of each of the seven scales of personal and work-related functioning, namely:

SCALES	PAIRED GROUPS		
Extent of experiencing work-related problems	HoS.AB.1	HoS.AC.1	HoS.BC.1
Extent of being reprimanded in the past five years	HoS.AB.2	HoS.AC.2	HoS.BC.2
Extent of experiencing personal stress	HoS.AB.3	HoS.AC.3	HoS.BC.3
Extent of experiencing job commitment	HoS.AB.4	HoS.AC.4	HoS.BC.4
Extent of experiencing job satisfaction	HoS.AB.5	HoS.AC.5	HoS.BC.5
Extent of need for referral system	HoS.AB.6	HoS.AC.6	HoS.BC.6
Extent of need for EAP	HoS.AB.7	HoS.AC.7	HoS.BC.7

HaS: There are statistically significant differences between paired (A vs B, A vs C, A vs C) mean scores of respondents for the three age groups: 18 – 40 yrs, 41 – 50 yrs and 51 yrs or more (A, B, and C) in respect of each of the personal and work related functioning, namely:

SCALES	PAIRED GROUPS		
	A vs B	A vs C	B vs C
Extent of experiencing work-related problems	HaS.AB.1	HaS.AC.1	HaS.BC.1
Extent of being reprimanded in the past five years	HaS.AB.2	HaS.AC.2	HaS.BC.2
Extent of experiencing personal stress	HaS.AB.3	HaS.AC.3	HaS.BC.3
Extent of experiencing job commitment	HaS.AB.4	HaS.AC.4	HaS.BC.4
Extent of experiencing job satisfaction	HaS.AB.5	HaS.AC.5	HaS.BC.5
Extent of need for referral system	HaS.AB.6	HaS.AC.6	HaS.BC.6
Extent of need for EAP	HaS.AB.7	HaS.AC.7	HaS.BC.7

4.7.3 Results of Investigation

4.7.3.1 Results in respect of the total group under investigation

The following can be concluded from Table 4.14

Table 4.14 One-way analysis of variance (ANOVA) of the three age groups A, B and C for each of the seven personal and work-related functioning separately

VARIABLES	SSB	SSW	MSB	MSW	F	P
Extent of experiencing work-related problems	3.319	93.111	1.659	0.870	1.907	0.154
Extent of being reprimanded in the past five years	0.019	28.063	0.010	0.267	0.036	0.965
Extent of experiencing personal stress	1.5.6	89.427	0.758	0.844	0.896	0.410
Extent of experiencing job commitment	3.018	69.624	1.509	0.651	2.319	0.103
Extent of experiencing job satisfaction	6.023	65.348	3.012	0.616	4.885	** 0.009
Extent of need for referral system	9.869	87.038	4.935	0.821	6.010	** 0.003
Extent of need for EAP	1.405	40.527	0.703	0.379	1.85	0.161

* Significance at the 5% confidence level

** Significance at the 1% confidence level

SSB: Sum of squares between groups

SSW: Sum of squares within groups

MSB: Mean square between groups

MSW: Mean square within groups

A statistically significant difference exists between the mean scores for each of the three age groups: 18 to 40 years, 41 to 50 years and 51 years or more (A, B, and C) in respect of the following scales for personal and work-related functioning.

HaA.5: Extent of experiencing job satisfaction

HaA.6: Extent of need for referral system

The Nil-Hypothesis is rejected for scales HoA 5 and HoA 6, whilst the alternative hypothesis is supported (see paragraph 4.7.2.1).

From Table 4.15 the following can be concluded regarding the choice of technique.

Table 4.15 Test of homogeneity of variance for each scale of personal and work-related functioning

VARIABLE	LEVENE STATISTIC	SIGNIFICANCE	TEST CHOICE
Extent of experiencing job satisfaction	0.720	0.489	**
Extent of need for referral system	0.180	0.835	**

** Significance > 0.05; Scheffè

From Table 4.16 the following can be concluded.

Table 4.16 Scheffè test; Paired comparisons of the three age groups A, B and C in respect of each scale of personal and work-related functioning separately

Variables	Mean Scores			Groups		
	Group A	Group B	Group C	A–B	A–C	B-C
	N = 38	N = 51	N = 21			
Extent of experiencing job satisfaction[1]	3.04	3.34	3.70		*	
Extent of need for referral system[1]	2.66	3.31	3.23	*	*	

* Significance at the 5% confidence level

[1] Scheffè test

The Scheffè test rendered a number of homogenous subsets

Table 4.17 Scheffè test – Homogeneous Subsets. Extent of experiencing job satisfaction

EXTENT OF EXPERIENCING JOB SATISFACTION

		N	Subset for alpha = .05	
	Age group		1	2
Scheffe(a,b)	18 to 40	37	3.0380	
	41 to 50	51	3.3380	3.3380
	51 or older	21		3.7032
	Sig.		.317	.184
Means for groups in homogeneous subsets are displayed.				
a Uses Harmonic Mean Sample Size = 31.829.				
b The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.				

Table 4.18 Scheffè test – Homogeneous subsets. Extent of need for referral system

EXTENT OF NEED FOR REFERRAL SYSTEM

		N	Subset for alpha = .05	
	Age group		**1**	**2**
Scheffe(a,b)	**18 to 40**	38	2.6557	
	51 or older	20		3.2250
	41 to 50	51		3.3072
	Sig.		1.000	.938
Means for groups in homogeneous subsets are displayed.				
a Uses Harmonic Mean Sample Size = 31.275.				
b The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.				

Table 4.19 Mean scores obtained in the seven scales of personal and work-related functioning re: different age groups

Descriptives

		N	Mean	Std. Deviation
EXTENT OF EXPERIENCING WORK-RELATED PROBLEMS	18 to 40	38	3.0284	1.06315
	41 to 50	51	2.6514	.84038
	51 or older	21	2.6973	.89383
	Total	110	2.7904	.94057
EXTENT OF BEING REPRIMANDED IN PAST 5 YEARS	18 to 40	37	1.2541	.40880
	41 to 50	51	1.2732	.59251
	51 or older	20	1.2917	.48629
	Total	108	1.2701	.51230
EXTENT OF EXPERIENCING PERSONAL STRESS	18 to 40	37	2.4748	1.01163
	41 to 50	51	2.2272	.91338
	51 or older	21	2.2226	.73724
	Total	109	2.3104	.91764
EXTENT OF EXPERIENCING JOB COMMITMENT	18 to 40	38	3.6316	.94928
	41 to 50	51	3.9595	.76374
	51 or older	21	4.0190	.59652
	Total	110	3.8576	.81636
EXTENT OF EXPERIENCING JOB SATISFACTION	18 to 40	37	3.0380	.86025
	41 to 50	51	3.3380	.72768
	51 or older	21	3.7032	.78200
	Total	109	3.3065	.81292
EXTENT OF NEED FOR REFERRAL SYSTEM	18 to 40	38	2.6557	.89735
	41 to 50	51	3.3072	.91522
	51 or older	20	3.2250	.89920
	Total	109	3.0650	.94726
EXTENT OF NEED FOR EAP	18 to 40	38	4.5789	.52987
	41 to 50	51	4.4477	.73842
	51 or older	21	4.7500	.37914
	Total	110	4.5508	.62024

There are statistically significant differences between mean scores for 18 to 40 years olds and 51 year olds or older in respect of extent of experiencing job satisfaction scale of personal and work-related functioning. The Nil-Hypothesis is rejected in respect of the extent of

experiencing job satisfaction (see paragraph 4.7.2.1). The alternative hypothesis is supported.

There are statistically significant differences between the mean scores for 18 to 40 year olds and 51 years olds or older and 18 to 40 year olds and 41 to 50 year olds in respect of the extent of need for referral system scale of personal and work-related functioning. The Nil-Hypothesis HoS is rejected (see paragraph 4.7.2.1). The alternative hypothesis is supported.

4.7.4 Discussion of Results

The results of this study suggest that there are significant differences among paired age groups on the extent of experiencing job satisfaction and extent of need for referral system scales of personal and work-related functioning. These differences exist between 18 to 40 year olds and 51 year olds or older in respect of extent of experiencing job satisfaction scale and also between 51 year olds or older and 41 to 50 year olds collectively and 18 to 40 year olds in respect of the extent of need for referral system scale (see Table 4.17 and 4.18).

Significant differences were noted where the 51 year olds or older obtained higher mean scores than the 18 to 40 year olds in respect of extent of experiencing job satisfaction. The conclusion that can be reached is that age difference is an important determinant that can be associated with job satisfaction of respondents. The difference between 51 year olds or older and 18 to 40 year olds respondents in respect of extent of experiencing job satisfaction suggests that 51 year olds or older are more likely to experience job satisfaction than 18 to 40 year olds and even 41 to 50 year olds. It should be remembered that 51 year olds or older are close to retirement. They no longer worry a lot about career development or aspiring to get a better job. They are satisfied about their jobs and start thinking about what they will do

when they retire. Eight to fourty (18 to 40) year olds on the other hand know that their career life has a long way to go and thus are critical about issues around their jobs. They worry about career development, promotions, incentives, etc. as these may bring better prospects for their career and ultimately job satisfaction. It is then concluded that older employees – i.e. those nearing pension – are more likely to experience job satisfaction than other age groups.

Again significant differences were noted where the 51 year olds or older and 41 to 50 year olds collectively obtained higher mean scores than the 18 to 40 year olds in respect of extent of need for referral system. The conclusion that can be reached is that age difference is an important determinant that can be associated with a referral system in EAP. The difference between 51 year olds or older and 41 to 50 year olds collectively and 18 to 40 year old respondents in respect of the extent of need for referral system suggests that respondents older than 40 years are more likely to need a referral for EAP than respondents younger than 41 years. It is important to keep in mind that older employees have been through life for a longer time and have gone through many problems. They have learned through time and experience to be more open about their problems and seek advice. They also have more responsibilities – i.e. their own, their children's and those of their grandchildren. They therefore lose nothing but gain a lot by discussing their problems with other people. Younger employees on the other hand are still secretive and think that they can fix their problems by themselves. Because of peer pressure they want to be seen to be coping with their problems. They don't want to be seen as weaklings. It is thus concluded that older employees, those above 40 yrs, are more likely to need a referral system for EAP than younger employees.

Although statistically insignificant, the difference between 18 – 40 year olds and 41 to 50 year olds and 51 or older collectively in respect of

extent of experiencing work-related problems, extent of experiencing personal stress and extent of job commitment scales, shows that 18 to 40 year olds experience more work-related problems, more personal stress and less job commitment (see Table 4.19). It is concluded that 18 to 40 year olds are more likely to present with personal stress, work-related problems and less job commitment than any other age group.

4.8 ANOVA; SCHEFFE AND DUNNETT T3 TESTS: GRADE 11 OR LOWER; MATRIC/GRADE 12; POST-MATRIC DIPLOMA/CERTIFICATE OR HIGHER GROUPS

4.8.1 GOAL OF INVESTIGATION

The goal of this study is to determine the significance of difference between mean scores obtained in the seven scales of personal and work-related functioning and the following groups of respondents:

Grade 11 or lower
Matric/Grade 12
Post-Matric Diploma/Certificate or Higher

A number of hypotheses are formulated in respect of the above goal.

4.8.2 HYPOTHESIS FORMULATION

The hypotheses that will be analysed empirically are as follows:

4.8.2.1 ANOVA

i) Nil-hypothesis

HoA: There are no statistically significant differences between the mean scores of respondents for the three highest educational qualification groups: Grade 11 or lower, Matric/Grade 12 or Post-Matric Diploma/Certificate

or higher (A, B, C) in respect of each of the seven scales of personal and work-related functioning measured individually, namely:

HoA 1: Extent of experiencing work-related problems
HoA 2: Extent of being reprimanded in the past five years
HoA 3: Extent of experiencing personal stress
HoA 4: Extent of experiencing job commitment
HoA 5: Extent of experiencing job satisfaction
HoA 6: Extent of need for referral system
HoA 7: Extent of need for EAP

ii) Alternative Hypothesis

HaA: There are statistically significant differences between the mean scores of respondents for the three highest educational qualifications: Grade 11 or lower, Matric/Grade 12 or Post-Matric Diploma/Certificate or higher (A, B and C) in respect of each of the seven scales of personal and work-related functioning measured individually, namely:

HaA 1: Extent of experiencing work-related problems
HaA 2: Extent of being reprimanded in the past five years
HaA 3: Extent of experiencing personal stress
HaA 4: Extent of experiencing job commitment
HaA 5: Extent of experiencing job satisfaction
HaA 6: Extent of need for referral system
HaA 7: Extent of need for EAP

HoS: There are no statistically significant differences between paired (A vs B, A vs C, B vs C) mean scores of respondents for the three highest educational qualification groups: Grade 11 or lower, Matric/Grade 12 or Post-Matric Diploma/Certificate or higher (A, B and C) in respect of each of the seven scales of personal and work-related functioning, namely:

SCALES	**PAIRED GROUPS**		
	A vs B	**A vs C**	**B vs C**
Extent of experiencing work-related problems	HoS.AB.1	HoS.AC.1	HoS.BC.1
Extent of being reprimanded in the past five years	HoS.AB.2	HoS.AC.2	HoS.BC.2
Extent of experiencing personal stress	HoS.AB.3	HoS.AC.3	HoS.BC.3
Extent of experiencing job commitment	HoS.AB.4	HoS.AC.4	HoS.BC.4
Extent of experiencing job satisfaction	HoS.AB.5	HoS.AC.5	HoS.BC.5
Extent of need for referral system	HoS.AB.6	HoS.AC.6	HoS.BC.6
Extent of need for EAP	HoS.AB.7	HoS.AC.7	HoS.BC.7

HaS: There are statistical differences between paired (A vs B, A vs C, B vs C) mean scores of respondents for the three highest educational qualification groups: Grade 11 or lower, Matric/Grade 12 and Post-Matric Diploma/Certificate or higher (A, B and C) in respect of each of the seven scales of personal and work related functioning, namely:

SCALES	**PAIRED GROUPS**		
	A vs B	**A vs C**	**B vs C**
Extent of experiencing work-related problems	HaS.AB.1	HaS.AC.1	HaS.BC.1
Extent of being reprimanded in the past five years	HaS.AB.2	HaS.AC.2	HaS.BC.2
Extent of experiencing personal stress	HaS.AB.3	HaS.AC.3	HaS.BC.3
Extent of experiencing job commitment	HaS.AB.4	HaS.AC.4	HaS.BC.4
Extent of experiencing job satisfaction	HaS.AB.5	HaS.AC.5	HaS.BC.5
Extent of need for referral system	HaS.AB.6	HaS.AC.6	HaS.BC.6
Extent of need for EAP	HaS.AB.7	HaS.AC.7	HaS.BC.7

4.8.3 RESULTS OF THE INVESTIGATION

4.8.3.1 Results in respect of the total group under investigation

The following can be concluded from Table 4.20

Table 4.20 One-way analysis of variance (ANOVA) of the three highest educational qualification groups, A, B and C for each of the seven scales of personal and work-related functioning separately

VARIABLES	SSB	SSW	MSB	MSW	F	P
Extent of experiencing work-related problems	1.344	94.225	0.672	0.889	0.756	0.472
Extent of being reprimanded in the past five years	1.510	26.499	0.755	0.255	2.963	0.56
Extent of experiencing personal stress	11.187	79.694	5.594	0.759	7.37	* 0.01
Extent of experiencing job commitment	2.355	70.266	1.178	0.663	1.776	0.174
Extent of experiencing job satisfaction	4.594	66.739	2.297	0.636	3.614	* 0.030
Extent of need for referral system	5.920	88.516	2.960	0.843	3.511	* 0.033
Extent of need for EAP	4.481	37.248	2.240	0.351	6.376	** 0.002

* Significance at the 5% confidence level

** Significance at the 1% confidence level

SSB: Sum of squares between groups

SSW: Sum of squares within groups

MSB: Mean square between groups

MSW: Mean square within groups

A statistically significant difference exists between the mean scores for each of the three highest educational qualification groups: Grade 11 or lower, Matric/Grade 12 and Post-Matric Diploma/Certificate or higher (A, B and C) in respect of the following scales for personal and work-related functioning.

HaA 3: Extent of experiencing personal stress
HaA 5: Extent of experiencing job satisfaction
HaA 6: Extent of need for referral system
HaA 7: Extent of need for EAP

The Nil-hypothesis is rejected for scales HoA 3, HoA 5, HoA 6 and HoA 7 whilst the alternative hypothesis is supported (see paragraph 4.8.2.1).

From Table 4.21 the following can be concluded regarding the choice of technique:

Table 4.21 Test of homogeneity of variance for each scale of personal and work-related functioning

VARIABLES	LEVENE STATISTIC	SIGNIFICANCE	TEST CHOICE
Extent of experiencing personal stress	2.320	0.103	**
Extent of experiencing job satisfaction	2.421	0.094	**
Extent of need for referral system	0.252	0.778	**
Extent of need for EAP	5.102	0.008	*

* Significance < 0,05; Dunnett T3

** Significance > 0,05; Scheffè

From Table 4.22 the following can be concluded:

Table 4.22 Dunnett T3 test and Scheffè test; paired comparisons of the three highest educational qualification groups A, B and C in respect of each scale of personal and work-related functioning separately

Variables	Mean Scores			Groups		
	Group A	Group B	Group C	A – B	A – C	B – C
	N = 24	N = 43	N = 42			
Extent of experiencing personal stress[1]	2.91	2.07	2.22	*	*	
Extent of experiencing job satisfaction[1]	3.59	3.07	3.38	*		
Extent of need for referral system[1]	3.49	3.06	2.87		*	
Extent of need for EAP[2]	4.90	4.36	4.54	*		

* Significance at the 5% confidence level

[1] Scheffè test

[2] Dunnet T3 test

The Scheffè Test and Dunnet T3 test rendered a number of homogeneous subsets.

Table 4.23 Scheffè test – Homogenous Subsets

Extent of experiencing personal stress

EXTENT OF EXPERIENCING PERSONAL STRESS

		N	Subset for alpha = .05	
	HIGHEST QUALIFICATION RECODED		**1**	**2**
Scheffe(a,b)	**MATRIC / GRADE 12**	43	2.0692	
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	42	2.2214	
	GRADE 11 OR LOWER	23		2.9130
	Sig.		.777	1.000
Means for groups in homogeneous subsets are displayed.				
a Uses Harmonic Mean Sample Size = 33.133.				
b The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.				

Table 4.24 Scheffè test – Homogeneous Subsets

Extent of experiencing job satisfaction

EXTENT OF EXPERIENCING JOB SATISFACTION

		N	Subset for alpha = .05	
	HIGHEST QUALIFICATION RECODED		1	2
Scheffe(a,b)	MATRIC / GRADE 12	43	3.0699	
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	41	3.3833	3.3833
	GRADE 11 OR LOWER	24		3.5913
	Sig.		.278	.566

Means for groups in homogeneous subsets are displayed.

a Uses Harmonic Mean Sample Size = 33.590.

b The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Table 4.25 Scheffè test – Homogenous Subsets

Extent of need for referral system

EXTENT OF NEED FOR REFERRAL SYSTEM

		N	Subset for alpha = .05	
	HIGHEST QUALIFICATION RECODED		1	2
Scheffe(a,b)	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	42	2.8690	
	MATRIC / GRADE 12	42	3.0556	3.0556
	GRADE 11 OR LOWER	24		3.4896
	Sig.		.708	.158

Means for groups in homogeneous subsets are displayed.

a Uses Harmonic Mean Sample Size = 33.600.

b The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Table 4.26 Dunnett T3 test – Homogeneous Subsets Extent of need for EAP

EXTENT OF NEED FOR EAP

		N	Subset for alpha = .05	
	HIGHEST QUALIFICATION RECODED		1	2
Scheffe(a,b)	MATRIC / GRADE 12	43	4.3566	
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	42	4.5417	4.5417
	GRADE 11 OR LOWER	24		4.8958
	Sig.		.441	.053

Means for groups in homogeneous subsets are displayed.

a Uses Harmonic Mean Sample Size = 33.810.

b The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Table 4.27 Mean scores obtained in the seven scales of personal and work-related functioning re: different educational qualification groups

Descriptives

		N	Mean	Std. Deviation
EXTENT OF EXPERIENCING WORK RELATED PROBLEMS	GRADE 11 OR LOWER	24	2.9129	.79730
	MATRIC / GRADE 12	43	2.6481	.92833
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	42	2.8441	1.02896
	Total	109	2.7819	.94069
EXTENT OF BEING REPRIMANDED IN PAST 5 YEARS	GRADE 11 OR LOWER	23	1.4855	.57056
	MATRIC / GRADE 12	43	1.2597	.58538
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	41	1.1667	.35158
	Total	107	1.2726	.51403
EXTENT OF EXPERIENCING PERSONAL STRESS	GRADE 11 OR LOWER	23	2.9130	.89516
	MATRIC / GRADE 12	43	2.0692	.75819
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	42	2.2214	.96173
	Total	108	2.3081	.92161
EXTENT OF EXPERIENCING JOB COMMITMENT	GRADE 11 OR LOWER	24	3.5847	.88836
	MATRIC / GRADE 12	43	3.9643	.79683
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	42	3.9008	.78783
	Total	109	3.8563	.82001
EXTENT OF EXPERIENCING JOB SATISFACTION	GRADE 11 OR LOWER	24	3.5913	.82690
	MATRIC / GRADE 12	43	3.0699	.71379
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	41	3.3833	.86044
	Total	108	3.3047	.81650
EXTENT OF NEED FOR REFERRAL SYSTEM	GRADE 11 OR LOWER	24	3.4896	.84210
	MATRIC / GRADE 12	42	3.0556	.96178
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	42	2.8690	.91438
	Total	108	3.0795	.93946
EXTENT OF NEED FOR EAP	GRADE 11 OR LOWER	24	4.8958	.28473
	MATRIC / GRADE 12	43	4.3566	.57773
	POST MATRIC DIPLOMA/CERTIFICATE OR HIGHER	42	4.5417	.72186
	Total	109	4.5466	.62159

There are statistically significant differences between mean scores for Matric/Grade 12 and Post-Matric Diploma/Certificate or higher

educational qualification groups collectively and Grade 11 or lower in respect of the extent of experiencing personal stress. The Nil-hypothesis HoS is rejected in respect of the scale of extent experiencing personal stress (see paragraph 4.8.2.1). The alternative hypothesis is supported.

4.8.4 DISCUSSION OF RESULTS

The results of this study suggest that except for the extent of experiencing work-related problems, extent of being reprimanded in the past five years and extent of experiencing job commitment scales, there are significant differences among paired highest educational qualification groups on all other scales. These differences exist between Grade 11 or lower and both Matric/Grade 12 and Post-Matric Diploma/Certificate or higher.

Significant differences were noted where the Grade 11 or lower obtained higher mean scores than both Matric/Grade 12 and Post Matric Diploma/Certificate or higher group in respect of extent of experiencing personal stress; extent of experiencing job satisfaction; extent of need for referral system and extent of need for EAP (Table 4.23, 4.24, 4.25 and 4.26). This means that Grade 11 or lower respondents are more likely to experience personal stress, need for referral system and EAP. They are also more likely to experience job satisfaction. It can be concluded that educational qualification is an important academic status determinant that can be associated with more personal stress, need for referral system and thus a need for EAP. It can also be concluded that educational qualification can be associated with job satisfaction.

In respect of all other scales, there were no significant differences between Matric/Grade 12 and Post-Matric Diploma/Certificate or higher (see Table 4.27). There were insignificant differences between Grade 11 or lower and Matric/Grade 12 and Post Matric Diploma/Certificate

collectively in respect of extent of experiencing work-related problems, extent of being reprimanded in the past five years and extent of experiencing job commitment. Although statistically insignificant, the difference between Grade 11 or lower and Matric/Grade 12 and Post Matric Diploma/Certificate or higher collectively, suggests that Grade 11 or lower respondents are more likely to experience work-related problems, more likely to be reprimanded and less committed to their job. It should be remembered that the Grade 11 or lower are the least educated and at the lower end of the salary scales. Because of this low socio-economic status in the Health Department, the Grade 11 or lower are more likely to be severely affected in terms of personal and work-related functioning. It is concluded that Grade 11 or lower are more likely to present with personal and work-related problems / stress and thus more likely to need EAP than any other educational qualification group.

4.9 CONCLUSION

The main results of the study are summarized as follows:

- There is statistically significant difference between males and females as far as the need for referral system is concerned. Females, on average, have a greater need for a referral system than males.

- Age difference is an important determinant that can be associated with job satisfaction and referral system. 51 year olds or older are more likely to experience job satisfaction than younger age groups.

  Respondents older than 40 years have a greater need for a referral system than younger age groups.

- Job classification is an important determinant that can be associated with personal stress and job commitment.
  Medical/Allied Health Professionals and Management staff are less likely to experience personal stress than support staff.

  Medical/Allied Health Professionals and Management staff are more likely to experience job commitment than support staff.

- Educational qualification is also an important determinant that can be associated with personal stress, need for referral system, job satisfaction and need for EAP.
  Grade 11 or lower respondents are more likely to experience personal stress, need for referral system and have greater need for EAP. They are also more likely to experience job satisfaction.

- There is also a statistically significant difference between households sized 1 to 5 and households of 6 or more as far as personal stress is concerned.
  Smaller households of 1 to 5 are more likely to experience personal stress than bigger households of 6 or more.

The main results of the study have been discussed. The next chapter will formulate recommendations and draw the study to a conclusion.

CHAPTER 5

CONCLUSION AND RECOMMENDATION

5.1 INTRODUCTION

In Chapter One it was stated that it is important that the needs of employees be assessed before implementation of an Employee Assistance Programme. This will allow the EAP practitioner to more accurately respond to the needs of the organization and its employees. The participation of employees in assessment of needs also gives them a realistic sense of ownership in the programme. To be able to assess the needs of employees in Region A, Cluster B, the researcher formulated the aim and objectives of the study. The motivation for the study and limitations for the study were also discussed.

Chapter Two dealt with the literature review. It focused on background information on EAP, stress, wellness programmes and job satisfaction. The impact of personal as well as work-related problems on job performance was also discussed.

Chapter Three focused on the research methodology used in the study. This was done through discussion of research design, data collection method and sampling.

Chapter Four focused on data analysis and interpretation. This was done through the use of frequency tables, factor analysis, discussion of differences between groups, determining the significance of difference between mean scores and discussion of the results.

The purpose of this final chapter is to summarize the findings of this study and to propose recommendations to be implemented in the introduction of EAP in the Johannesburg and West Rand Health Region, Region A.

This discussion will follow the format of the aim of the study and the three objectives of this study as identified in Chapter One, namely:

- To identify employee personal problems.

- To determine the level of employee work related problems and job satisfaction.

- To make recommendations which would contribute towards the introduction of an appropriate and relevant EAP for Johannesburg and West Rand Health Region.

The aim of the study was to conduct a needs assessment for EAP in Johannesburg and West Rand Health Region, Region A, Cluster B. This study succeeded in achieving this aim as a needs assessment was conducted in Johannesburg and West Rand Health Region, Region A, Cluster B.

5.2 CONCLUSION

5.2.1 TO IDENTIFY EMPLOYEE PERSONAL AND WORK RELATED PROBLEMS

From the questionnaire that was administered to respondents, a picture was formed of the problems encountered by the employees of the Johannesburg and West Rand Health Region, Region A, Cluster B. The following is a summary of the problems/needs of respondents.

5.2.1.1 Needs in relation to personal problems

From the information gained from the questionnaire, it is clear that the majority of respondents or their household members 38

(36.5%) are currently experiencing traumatic life events – i.e. death of a loved one, divorce etc. The pandemic of HIV and AIDS might be playing a part in this problem. This figure increased from 34 (32.4%) as compared to the figure on traumatic life events experienced in the past five years. This means that there is a need for trauma debriefing as part of EAP.

Thirty eight (35.5%) of the respondents or their household members are experiencing health problems. This figure increased from 20 (19%) to 38 (35.5%) as compared to health problems experienced in the past five years. This may also be partly due to HIV and AIDS. This means that there is need for intensive campaigns on the prevention of HIV and AIDS and implementation of Gauteng HIV/AIDS in the workplace policy. Again because of this high percentage of health related problems, there is a need to link EAP to Wellness Programme activities

Thirty four (33.7%) of respondents or their household members are currently experiencing financial problems. This figure decreased from 47 (44.8%) as compared to the past five years but is still high. This means that part of the needs of employees in terms of EAP is seminars/workshops on financial management.

Marital/partner problems are still high at 31 (29.5%). This figure has increased over the past five years from 19 (18.1%). Marital/partner relationships are also identified as a cardinal area that needs to be addressed by EAP.

Abuse of drugs is unacceptably high at 27 (27%). This figure increased from 25 (25.5%) as compared to the past five years. This means that there is a need for education and prevention of

drug abuse as part of EAP seminars/workshops. Intervention programmes will also be important.

Family problems decreased from 21 (20.8%) to 14 (13.6%) as compared to the past five years. These problems, however, still need the attention of EAP within this organization.

Alcohol abuse decreased from 60 (58.3%) to 8 (7.6%) as compared to the past five years. This might be due to attention that is given to this problem by supervisors due to accidents made or productivity being affected by this problem. The EAP will then need to include prevention and intervention programs on alcohol.

The least experienced personal problem is other relationship problems which may include problems with neighbours, friends, colleagues, etc. This relationship problem decreased from 57 (55.9%) to 5 (5%) as compared to the past five years. This decrease might be due to respondents concentrating on other important problems, like traumas, health and financial issues. Again, it might be that serious personal problems are bringing employees together, more than ever before.

5.2.1.2 Description of needs in terms of different factors/scales

a) <u>Extent of experiencing work-related problems</u>

The mean for this factor – i.e. experiencing work-related problems – is 2,79 with a minimum of 1 (to no extent) and maximum 5 (to a very large extent). The mean lies close to 3 meaning that on average the respondents experience work-related problems to a moderate extent. The EAP practitioner would thus need to give attention to

these work-related problems. With the introduction of EAP, the mean for this factor would decrease, so that the majority would not experience work-related problems.

It was also found that 18 to 40 year olds are more likely to experience work-related stress than any other age group. This trend was also found in educational qualification group, where the grade 11 or lower group was more likely to experience work-related stress than any other educational qualification group. EAP will thus have to give special attention to these two groups when it comes to work-related problems.

b) Extent of being reprimanded in the past five years

The mean for this factor is 1,27 with a minimum of 1 (to no extent) and maximum of 5 (to a very large extent). The mean thus lies close to 1, which means that on average the respondents were not reprimanded in the past five years for work-related problems. It was also found that the grade 11 or lower academic qualification group are more likely to be reprimanded for work-related problems. EAP will thus need to give special attention to this group.

c) The extent of experiencing personal stress

The mean for this factor is 2,31 with a minimum of 1 (to no extent) and maximum of 5 (to a very large extent). The mean thus lies close to 2, which means that the average employee is experiencing personal stress to a small extent. It was found that support staff experience more personal stress (mean = 2,58) than the

medical/allied health professionals and management (mean = 2,15). This might be due to low income as compared to medical/allied health and management staff. The trend was similar with academic qualifications as the respondents with grade 11 or lower are experiencing more personal stress (mean = 1,49) than respondents with matric/grade 12 (mean = 1, 36) and post-matric diploma/certificate or higher (mean = 1,17). Respondents with 1 to 5 household members are also experiencing more personal stress (mean = 2,47) than respondents with 6 or more household members (mean = 1,99). This might be due to the social support that is available with bigger families. 18 – 40 year olds were also found to be experiencing more personal stress than any other age group. An EAP will thus have to give special attention to support staff, grade 11 or lower group employees with smaller households and younger employees i.e. 18 – 40 years in terms of personal problems.

d) <u>Extent of experiencing job commitment</u>

The mean for this factor is 3,86 with a minimum of 1 (to no extent) and the maximum of 5 (to a very large extent). The mean thus lies close to 4, which means that on average respondents experience job commitment to a large extent. This figure can also be increased (on average respondents experience job commitment to a very large extent) with the introduction of EAP. Support staff experiences less job commitment (mean = 3,63) than medical/allied health professionals and management staff (mean = 3,998). This might be due to the low income of support staff as compared to medical/allied health professionals and management staff. 18 to 40

year olds were also found to be experiencing less job commitment than any other age group. EAP will thus have to concentrate on these two groups when dealing with issue of job commitment.

e) Extent of experiencing job satisfaction

The mean for this factor is 3,31 with a minimum of 1 (to no extent) and maximum of 5 (to a very large extent). The mean thus lies close to 3 which means that, on average, respondents experience job satisfaction to a moderate extent. This figure can improve with the introduction of EAP as this programme will deal with work-related problems of employees. Differences exist between different age groups in terms of the extent of experiencing job satisfaction. 18 to 40 year olds differ significantly from 51 year olds and older. 51 year olds and older experience more job satisfaction (mean = 3,70) than 18 to 40 year olds (mean = 3,04). This might be due to the fact that 51 year olds and above are close to retirement and no longer have anything to complain about. Again those with grade 12/matric experience less job satisfaction (mean = 3,07) than those with post-matric diploma/certificate or higher (mean = 3,38) and those with grade 11 or lower (mean = 3,59). This might be due to the fact that respondents with matric still want more career development as they have only matric. EAP will thus have to give special attention to these two groups when addressing issues of job satisfaction.

f) Extent of need for referral system

The mean for this factor is 3,07 with a minimum of 1 (to no extent) and maximum of 5 (to a very large extent). The mean thus lies close to 3, which means that on average respondents are experiencing a need for referral system to a moderate extent. This figure can increase with the introduction of EAP as employees would be educated on the importance of EAP and how it will increase their job performance. Females on average have a greater need for a referral system (mean = 3,17) than males (mean = 2,72). This may be due to the fact that females are generally more open about their problems than males. 51 year olds and older (mean 3,23) and 41 to 50 year olds (mean = 3,31) have a greater need for a referral system than 18 to 40 year olds (mean = 2,66). This may be due to the fact that the 41 to 50 year olds and 51 year olds and older are more mature and thus open about their problems than 18 to 40 year olds who are still not yet open to discuss their problems. Those with grade 11 or lower have a greater need for a referral system (mean = 3,49) than respondents with matric/grade 12 (mean = 3,06) and those with post-matric diploma/certificate or higher. This might be due to the fact that professional people usually prefer to be known as being able to cope with their problems than people from lower categories. When marketing EAP, special attention must be given to younger employees – i.e. 18 to 40 year olds – and employees with post-matric diploma/certificate so that they understand the functions and importance of EAP.

g) Extent of need for EAP

The mean for this factor is 4,55 with a minimum of 1 (to no extent) and maximum of 5 (to a very large extent). The mean thus lies close to 5 – i.e. experiencing a need for EAP to a very large extent. This means that on average respondents have a need for EAP to a very large extent. This figure shows an overwhelming need for EAP for the Johannesburg and West Rand Health Region, Region A, Cluster B. Respondents with grade 11 or lower on average have a greater need for EAP (mean = 4,9) than those with post-matric diploma/certificate or higher (mean = 4,54) and those with matric/grade 12 (mean = 4,36). This result is not surprising as the respondents with grade 11 or lower were found to be in greater need for referral system than the other two groups.

Based on the above mentioned results, it can be concluded that employees of Johannesburg and Westrand Health Region, Region A have a need for EAP and therefore the hypothesis stated at the beginning of the study is supported.

5.3 RECOMMENDATIONS

One of the objectives of this research study is to make recommendations that would contribute to the introduction of an appropriate and relevant EAP for the Johannesburg and West Rand Health Region, Region A. It was stated in Chapter One that organizations which are in the process of setting up EAP should determine the needs that EAP is expected to address through needs assessment. In view of the research findings and results of the data gathered, the following recommendations are made:

It is recommended that:

- Since women are in the majority (77.1%) EAP should make special provision for the needs of women. This can be done through workshops which address women's issues like child rearing, women empowerment, single parenting etc.
- Since the majority of the respondents (65.5%) are 41 years and older, EAP should take into account the unique developmental life stage of this age group. Intervention programmes should include seminars/workshops addressing issues of retirement, mid life crisis etc.

- Since 49.6% – about half of the respondents – are either married or living together, it is important that EAP give special attention on issues around building healthy relationships. This can be done in the form of workshops/seminars and individual and group therapy.

- Since 50.4% of the respondents are single, divorced, widowed or separated, EAP should offer seminars/workshops dealing with issues of divorce, single parenting or being single. This can also be done through individual or group therapy.

- Since 38.5% of the respondents have a post-matric diploma/certificate and higher qualification and 22% have grade 11 or lower, it is clear that the respondents were composed mostly of two different categories – i.e. educated and un-educated. The EAP should thus take this into account and seminars and workshops should cater for the two groups (the educated and the uneducated). The presentations should also take into account these qualification differences.

- The majority of respondents (78.2%) have more than 10 years' experience. Any investment in employees in terms of EAP would mean that the organization would have long-term benefits as the average employee has more than 10 years' experience. EAP is thus recommended.

As indicated in the analysis of data the majority of respondents are currently experiencing the following problems: traumatic life events, health problems, financial problems, marital/partner relationship problems, family problems and alcohol and drug abuse problems. It is recommended that EAP give special attention to these problems. The intervention strategies should include workshops/seminars aiming at prevention and education, individual as well as group therapy. The increase in the figures of traumatic life events and increase in health problems may be an indication that priority will have to be given to HIV/AIDS. Gauteng's HIV/AIDS in the workplace policy will have to be central to the implementation of EAP.

- On average, respondents experienced work-related problems to a moderate extent. It is recommended that the EAP practitioner give special attention to these work-related problems as this will have a positive effect on job commitment, job satisfaction and productivity. Special attention must be given to 18 to 40 year olds and the grade 11 or lower group.

- EAP has to give attention to personal stress, as on average respondents experience this problem to a small extent. This can be reduced. Special attention needs to be given to support staff and employees with smaller household members.

- Since respondents experience job satisfaction to a moderate extent, the EAP practitioner should give attention to issues that make employees dissatisfied with their jobs. Special attention

should be given to 18 to 40 year olds as they experience less job satisfaction and employees with grade 12/matric.

- Since the majority of employees have a need for EAP – on average employees experience a need for EAP to a very large extent – it is recommended that EAP be introduced for the Johannesburg and West Rand Health Region, Region A.

- It is recommended that the findings of this research be generalized to other Clusters within the Johannesburg and West Rand Health Region, Region A.

- It is recommended that further discussion and research on Employee Assistance Programmes be done in the Department of Health.

5.4 CONCLUSION

With these recommendation the research study is concluded. The study focused on needs assessment for an Employee Assistance Programme in the Johannesburg and West Rand Health Region, Region A, Cluster B. This was done through the development of a questionnaire. The needs of employees were described through analysis of data. An overwhelming majority of respondents indicated that there is need for an EAP in the Johannesburg and West Rand Health Region. The study succeeded in achieving its aim – i.e. to conduct a needs assessment for EAP in the Johannesburg and West Rand Health Region, Region A, Cluster B.

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APPENDIX A

BACKGROUND INFORMATION RE: JOHANNESBURG AND WEST RAND HEALTH REGION, REGION A

A new approach to health has been established for this country. It is based on the principles of Primary Health Care approach and the District Health System. This is a difficult time for health workers as this has brought many changes in their work situation. Health workers are frustrated because health systems have been undergoing a lot of changes. Lack of clarity is also a frustrating factor. The old apartheid health system was unequal, fragmented and medicalised. It emphasized curing disease rather than preventing it. It also focussed on hospital-based medicine and the use of advanced technology (Nicholson J, 2001, p. 25).

Problems inherited from the apartheid system were enormous but efforts have been made to meet these challenges and overcome them. Restructuring the health sector has the following aims (Nicholson J, 2001, p. 25):

a) To unify the fragmented health services at all levels into a comprehensive and integrated national health system
b) To reduce inequalities in health service delivery
c) To mobilise all partners, including the private sector, non-governmental organizations and communities in support of an integrated National Health System. The National Health Plan (NHP) was developed in response to problems inherited from the past. The emphasis of the NHP on broader community development is embodied within the Primary Health Care (PHC) approach. PHC means "taking a more developmental approach to health, where communities could be partners in health care, resources and finances would shift away from high-tech, tertiary hospitals to primary level services and specialist doctors would play a more supportive role to nurses working in clinics. This would be a critical move towards health equity" (Nicholson J, 2001, p. 27).

The Primary Health Care approach requires a different system of health delivery to the one that was used in the past. The District Health System is this new vehicle for delivery. It is organised around areas and their populations. The reasoning behind health districts is to allow communities to interact with the people who manage health and to allow health workers to interact with people in other sectors that affect health, such as Water Affairs. Government health workers have also to work with non-governmental workers and with private health workers. All these changes have a lot of impact on health care workers, who have to adapt to the new system. One of the basic principles of primary health care policy is that a comprehensive health programme should provide promotive, preventive, curative, rehabilitative and emergency care appropriate to address the main health problems in the community. The establishment of such programmes, requires a shift in the orientation of health personnel, who have mostly been curative oriented. This calls for the development of appropriate training, supervision, referral and administration for the effective implementation of Primary Health Care. Thus implementation of PHC will be successful with the support, commitment and development of health personnel. This development of district health system has to be accompanied by a process of devolution whereby local governments are expected to take on some of the provinces' responsibilities for the delivery of health care. This would mean the transfer of health workers from one employer to another. There is still uncertainty around this issue. There are discrepancies on salaries and working conditions between provincial and municipality staff. Such issues still have to be settled. Again there are many questions and concerns around these issues. In the meantime, health workers are expected to work under these uncertainties and provide quality care to the community.

The area under study falls under the Johannesburg and West Rand Health Region, Region A, Cluster B. This area – i.e. Cluster B – is divided into two Regions – i.e. Region 10 and 11. This region has a population of ± 680 000. This gives an indication that it is a large area. It is characterised by

overcrowding and many informal settlement. Cluster B has ± 21 clinics. This includes health care centres and smaller clinics. High priority programmes in this cluster, amongst others are HIV/AIDS and STI management, prevention of the spread of TB, mother/child and reproductive health, health promotion, customer care and professional development.

Some of the problems that are characteristic of this cluster, and which impact on employee performance, are overcrowding, informal settlements, HIV/AIDS, crime and unemployment.

Accessible health services are one of the essential principles of PHC. PHC must be delivered to all people in the area. An emphasis is placed on an accessible, user-friendly district health service.

However, this has been accompanied by long queues. The community is complaining of long queues and queuing time. It has also created problems between the community and staff. Productivity has been affected by this increase in workload. Customer care is also affected by this problem. There are also many informal settlements in this district. The highest risk factor that comes along with informal settlement is illegal dumping, which has health implications for the surrounding communities. Again, people in informal settlement are very unstable and this affects the monitoring and curing of diseases.

HIV/AIDS is another major problem in this district. This problem has an impact on health workers who deal with very sick people and long queues, which are partly impacted by HIV/AIDS. Workload is also affected by this problem of HIV/AIDS. Crime and unemployment are rife in this district. This results in car hijackings, violence, etc. This also affects health workers as they are part of this community. Crime and violence affects them personally and even their workload – i.e. they are at times victims of crime and they also have to assist victims of crime when they come to the clinic for medical attention.

APPENDIX B

Social Work Dept.

Johannesburg West Rand Health Region
Private Bag X 21
Johannesburg
2000

22/04/03

Dr G.M.O. Mazizi
Chief Director
Johannesburg West Rand Health Region
Johannesburg

RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY IN JOHANNESBURG WEST RAND HEALTH REGION

I, Johanna Joja, a Chief Social Worker employed by Johannesburg West Rand Health Region, stationed at Lillian Ngoyi Clinic – Cluster B, hereby request to conduct a research study to assess the need for Employee Assistance Programme (EAP) in the Johannesburg West Rand Health Region. I am a registered student at Rand Afrikaans University (RAU) doing Masters Degree in Social Work (Clinical).

My research topic is "Needs Assessment for Employee Assistance Programme in Johannesburg West Rand Health Region". This research is partial fulfilment for the Masters Degree in Social Work (Clinical) at RAU.

Briefly explained, Employee Assistance Programme (EAP), is a programme designed to assist employees with personal and work-related problems which may be impacting on work productivity and social functioning. This programme will benefit both the employer (organization) and the employees as it would result in increased productivity, better work performance, high commitment and high level of loyalty and morale amongst employees.

Your permission is therefore requested to assess the needs of the following personnel:

i) Management
ii) Professional Staff
iii) Administration staff and
iv) General workers

in your region.

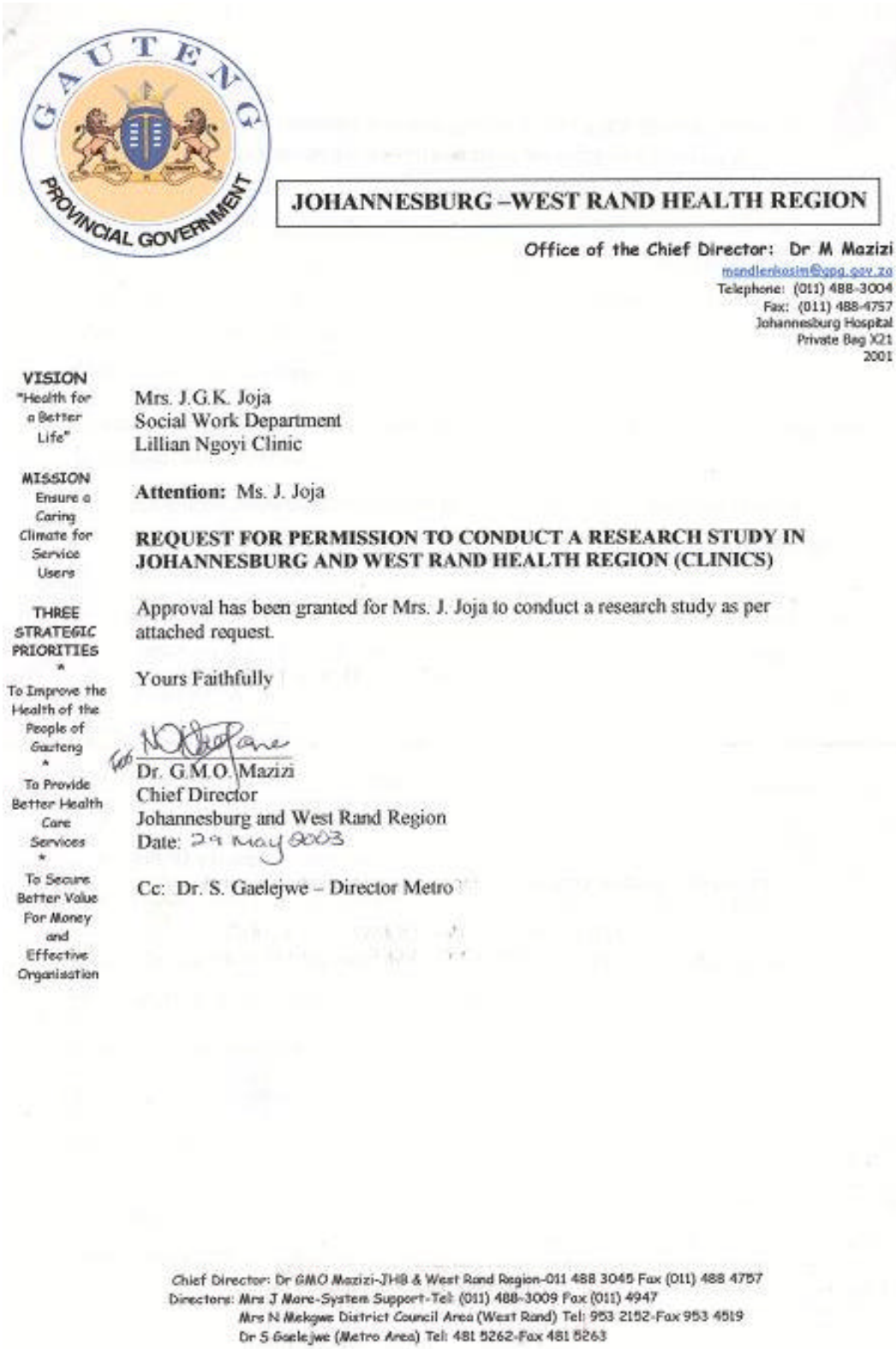
A final copy of this research study will be forwarded to you.

Thanking you in advance for your positive response.

Yours faithfully

JOJA J.G.K. (Mrs)
Tel: (011) 933-8196 (W)

APPENDIX C



GAUTENG PROVINCIAL GOVERNMENT

JOHANNESBURG –WEST RAND HEALTH REGION

Office of the Chief Director: Dr M Mazizi
mandlenkosim@gpg.gov.za
Telephone: (011) 488-3004
Fax: (011) 488-4757
Johannesburg Hospital
Private Bag X21
2001

VISION
"Health for a Better Life"

MISSION
Ensure a Caring Climate for Service Users

THREE STRATEGIC PRIORITIES
*
To Improve the Health of the People of Gauteng
*
To Provide Better Health Care Services
*
To Secure Better Value For Money and Effective Organisation

Mrs. J.G.K. Joja
Social Work Department
Lillian Ngoyi Clinic

Attention: Ms. J. Joja

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY IN JOHANNESBURG AND WEST RAND HEALTH REGION (CLINICS)

Approval has been granted for Mrs. J. Joja to conduct a research study as per attached request.

Yours Faithfully

Dr. G.M.O. Mazizi
Chief Director
Johannesburg and West Rand Region
Date: 29 May 2003

Cc: Dr. S. Gaelejwe – Director Metro

Chief Director: Dr GMO Mazizi-JHB & West Rand Region-011 488 3045 Fax (011) 488 4757
Directors: Mrs J More-System Support-Tel: (011) 488-3009 Fax (011) 4947
Mrs N Mokgwe District Council Area (West Rand) Tel: 953 2152-Fax 953 4519
Dr S Gaelejwe (Metro Area) Tel: 481 5262-Fax 481 5263

APPENDIX D

A NEEDS ASSESSMENT FOR EMPLOYEE ASSISTANCE PROGRAMME AT JOHANNESBURG WESTRAND HEALTH REGION, CLUSTER B.

You are cordially invited to participate in a research study to assess the need for Employee Assistance Programme (EAP) in Johannesburg West Rand Health Region, Cluster B. The researcher is a Social Worker stationed at Lillian Ngoyi Clinic, Cluster B. This study is conducted in fulfilment of the requirement for Masters Degree In Social Work (C linical) at the Rand Afrikaanse University (RAU).

To enable the respondent to understand the questionnaire, the following key concepts will be defined:

1. Employee Assistance Programme (EAP) is a programme designed to assist employees with personal and work-related problems that may be impacting on work productivity and their social functioning.
2. A Troubled Employee refers to an employee whose work performance and social functioning has been negatively affected by personal and/ or work related problems.

Kindly note the following:

- The questionnaire is completed anonymously and confidentiality is guaranteed.
- The questionnaire should not take more than 20 minutes to complete.
- Please answer all questions as honestly as possible.
- Indicate your choice of answer by ticking (√) in the appropriate block(s).

Participants who wish to have feedback from this study are welcome to contact the researcher at the following number (011) 933-8196 (w). Thanking you for your willingness to participate in this research study.

Ms J.G.K. Joja
Social Work Department
Lillian Ngoyi Clinic
Private Bag X21
Johannesburg
2000

APPENDIX E

Needs Assessment For An Employee Assistance Programme For Johannesburg and West Rand Health Region, Cluster "B"

A. DEMOGRAPHIC DETAILS

Please answer each of the following questions by ticking(√) the appropiate block

1. Your Gender?

Male	1
Female	2

2. Your Age group?

18 – 30	1
31 – 40	2
41 – 50	3
51 – 60	4
60+	5

3. Your Marital Status?

Single	1
Married	2
Living together	3
Divorced	4
Widowed	5
Separated	6

4. Your Job Classification?

Medical e.g. nurses, nursing assistants, doctors	1
Allied Health Professionals e.g. Physio's, OT's, Radiographers, Social Workers and Assistants of these categories	2
Support Staff e.g. Porters, General Assistants, Clerks, Admin officers, Food Service Staff and Drivers	3

5. Your Highest Educational Qualification?

Never attended school	1
Standard 9 (Grade11) or lower	2
Standard 10 (Grade 12)	3
Post Matric Diploma / Certificate	4
Bachelor's Degree(s)	5
Honours Degree(s)	6
Masters Degree(s)	7
Doctorate	8

6. Size of your household (number of people living in the same house as you)?

1 - 2	**1**
3 - 5	**2**
6 - 10	**3**
11 – 15	**4**
16+	**5**

7. Length of employment in the Dept of Health?

Less than 1 year	**1**
1 - 10	**2**
11 - 20	**3**
21 – 30	**4**
31+	**5**

B. PERSONAL PROBLEMS

8. Please indicate whether you or a member of your household is experiencing each of the following problems? Also indicate whether you or a member of your household has experienced each of the following problems in the past 5 years?

	Currently		**In the past 5 Years**	
	Yes	**No**	**Yes**	**No**
Marital/partner conflict	1	2	1	2
Abuse of alcohol	1	2	1	2
Abuse of drugs	1	2	1	2
Financial/debt problems	1	2	1	2
Health problems e.g. HIV/AIDS, cancer etc.	1	2	1	2
Other relationship problems	1	2	1	2
Family problems	1	2	1	2
Traumatic life events e.g. death of a loved one, divorce etc.	1	2	1	2

If you answered "Yes" to anyone of the questions above please answer the following question, if not kindly proceed to question 10.

9. To what extent have problems experienced by members of your household or yourself affected your work performance during the past five years?

To no extent	1
To a small extent	2
To a moderate extent	3
To a large extent	4
To a very large extent	5

9. How often have you received assistance from your employer about your personal problems?

	Never	Sometimes	Half the time	Often	Always
Referred for professional assistance, e.g. Social Worker / Psychologist	1	2	3	4	5
Assisted by or referred to union	1	2	3	4	5
Assisted by your supervisor	1	2	3	4	5
Given leave to solve your problems.	1	2	3	4	5

Other assistance provided by your employer, please specify :

_____

_____.

C. WORK-RELATED PROBLEMS

11. How often do you experience each of the following work -related problems ?

	Never	Sometimes	Half the time	Often	Always
Work pressure	1	2	3	4	5
Unclean or unhealthy work environment	1	2	3	4	5
Changes at work	1	2	3	4	5
Lack of support from management	1	2	3	4	5
Lack of support from co-workers	1	2	3	4	5
Role confusion i.e. not knowing exactly what to do	1	2	3	4	5
Job dissatisfaction	1	2	3	4	5

12. How often have you been reprimanded in the past five years for each of the following work related problems?

	Never	Sometimes	Half the time	Often	Always
Errors or accidents made at work	1	2	3	4	5
Taking too much sick leave	1	2	3	4	5
Being absent from work without reporting	1	2	3	4	5
Being in conflict with co-workers	1	2	3	4	5
Failing to meet due dates	1	2	3	4	5
Being unproductive	1	2	3	4	5
Poor performance	1	2	3	4	5

D. STRESS AND JOB SATISFACTION

13. To what extent do you agree with each of the following statements?

		Totally disagree	Disagree	Neutral	Agree	Totally agree
	PERSONAL STRESS					
a.	I feel that I am losing control of my life	1	2	3	4	5
b.	I feel that I am near a breaking point	1	2	3	4	5
c.	I feel that I cannot keep up with all the work demands on me.	1	2	3	4	5
d.	I feel behind in my work	1	2	3	4	5
e.	I feel tense and angry with those around me	1	2	3	4	5
f.	I feel that I just cannot keep up with everything	1	2	3	4	5
g.	I feel confident in doing all that I am supposed to do	1	2	3	4	5
h.	I feel that I am coping with my work	1	2	3	4	5
i.	I feel positive about my work	1	2	3	4	5
j.	I feel confident about the future	1	2	3	4	5
	WORK RELATED STRESS					
a.	My job is boring	1	2	3	4	5
b.	I hate my job	1	2	3	4	5
c.	I do not get along with my supervisor	1	2	3	4	5
d.	I like my job	1	2	3	4	5
e.	I am good at my job	1	2	3	4	5
f.	I get to work on time	1	2	3	4	5
g.	The best part of my job is tea breaks, lunch and leave	1	2	3	4	5
h.	I work very hard in doing my work	1	2	3	4	5
i.	I enjoy doing my work	1	2	3	4	5
j.	I enjoy telling people about my job	1	2	3	4	5
	JOB SATISFACTION					
a.	My job is interesting to me	1	2	3	4	5
b.	If I won the lottery, I would quit this job	1	2	3	4	5
c.	I enjoy thinking about my job when I am not at work	1	2	3	4	5
d.	My job is just a way to make a living	1	2	3	4	5
e.	I am looking for another job	1	2	3	4	5
f.	My boss doesn't appreciate the work I do	1	2	3	4	5
g.	My organization does not support my work	1	2	3	4	5
h.	I can depend on my supervisor to back me up	1	2	3	4	5
i.	I get personal rewards from the work I do.	1	2	3	4	5
j.	I enjoy thinking of ways to improve my work	1	2	3	4	5

E. EMPLOYEE ASSISTANCE PROGRAMME

To what extent do you agree/disagree with each of the following statements?

		Strongly disagree	Disagree	Not disagree nor agree	Agree	Strongly agree
	REFERRAL SYSTEM					
a	My supervisor has the ability to realise when an employee is experiencing a problem.	1	2	3	4	5
b	I can confide in my supervisor when I have a problem.	1	2	3	4	5
c	My supervisor effectively handles the problems experienced by employees.	1	2	3	4	5
d	My supervisor needs to be trained on identifying troubled employees.	1	2	3	4	5
	PROVISION OF EAP					
e	My employer should provide assistance to employees with personal problems.	1	2	3	4	5
f	My employer should provide assistance to employees with work related problems.	1	2	3	4	5
g	My organisation should take the responsibility of assisting troubled employees.	1	2	3	4	5
h	My organisation should introduce an EAP.	1	2	3	4	5

THANK YOU FOR YOUR CO-OPERATION IN COMPLETING THIS QUESTIONNAIRE