UTILISING EMPLOYEE ASSISTANCE PROGRAMMES TO REDUCE ABSENTEEISM IN THE WORKPLACE

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ABSTRACT

Absenteeism in the organisation is a major problem for many South African organisations and it is a financially crippling factor. It is made worse by the fact that organisations have no proper mechanisms in place to deal with the problem of absenteeism.

The goal of the study is to show that the utilisation of an EAP programme will effectively manage and reduce absenteeism for organisations. Use was made of a literature review.

Recommendations are made on how to implement and manage EAPs in the organisation in order to reduce absenteeism.
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS .................................................................................................................. 0
ABSTRACT ........................................................................................................................................ 2
LIST OF FIGURES .......................................................................................................................... 7
CHAPTER ONE ................................................................................................................................... 8
  1 OVERVIEW OF THE STUDY ...................................................................................................... 8
    1.1 INTRODUCTION AND BACKGROUND ............................................................................. 8
    1.2 SUMMARY ASSUMPTIONS .............................................................................................. 11
    1.3 PROBLEM STATEMENT ..................................................................................................... 11
    1.4 RESEARCH OBJECTIVES ................................................................................................. 12
    1.5 DEFINITIONS ..................................................................................................................... 12
    1.6 RESEARCH METHODOLOGY ........................................................................................... 13
    1.7 LIMITATIONS OF THE STUDY ......................................................................................... 13
    1.8 CONTENTS OF THE STUDY ............................................................................................... 13
CHAPTER TWO ................................................................................................................................ 15
  2 LITERATURE STUDY ................................................................................................................... 15
    2.1 BACKGROUND AND ORIGIN OF ABSENTEEISM ......................................................... 15
    2.2 WHAT IS ABSENTEEISM? ................................................................................................. 15
    2.3 CAUSES OF ABSENTEEISM ............................................................................................. 16
      2.3.1 Job satisfaction ............................................................................................................ 16
      2.3.2 Personality .................................................................................................................. 18
      2.3.3 Cognition .................................................................................................................... 19
      2.3.4 Ill health ..................................................................................................................... 20
      2.3.5 Depression .................................................................................................................. 21
      2.3.6 Substance abuse ......................................................................................................... 22
      2.3.7 Stress .......................................................................................................................... 22
      2.3.8 Social influence ......................................................................................................... 23
    2.4 HOW ARE ORGANISATIONS AFFECTED BY ABSENTEEISM? ................................ 25
    2.5 GLOBAL PERSPECTIVE ON ABSENTEEISM ............................................................... 27
    2.6 HOW ORGANISATIONAL PROCESSES IMPACT ON ABSENTEEISM .................... 29
    2.7 THE NEED FOR ABSENTEEISM MANAGEMENT POLICIES .................................... 30
4.4.5 Staffing levels

4.4.6 Staffing criteria

4.4.7 Community resource referral network

4.4.8 Costing/funding

4.4.9 Union support

4.4.10 Management training

4.4.11 Marketing the EAP

4.5 SUCCESS CRITERIA FOR EAP SERVICES

4.5.1 Review

4.5.2 Risk management

4.5.3 Professional ethics

4.5.4 Supervisory application

4.5.5 Communication

4.5.6 Capacity

4.5.7 Design and consultation

4.5.8 Positioning

4.6 MANAGEMENT OF THE EAP PROGRAMME

4.7 Advisory committee

4.7.1 Needs assessment

4.7.2 Service delivery systems

4.7.3 Implementation plan

4.7.4 Programme procedures

4.7.5 EAP consultation and case supervision

4.7.6 Record keeping

4.7.7 Professional liability cover/insurance

4.7.8 Crisis intervention

4.7.9 Short-term interventions

4.7.10 Monitoring

4.7.11 Follow-up

4.7.12 Training of managers, supervisors and worker representatives

4.7.13 Supervisors/managers/worker representative consultation

4.7.14 Promotion and marketing
4.7.15  Internal organisational activities......................................................... 60
4.7.16  External community organisations and resources.............................. 60
4.7.17  Professional organisations .................................................................... 61
4.7.18  External agencies .................................................................................... 61
4.7.19  Evaluation ........................................................................................... 61
4.8  CONCLUSION ......................................................................................... 61

CHAPTER FIVE ..................................................................................................... 63
5  CONCLUSION AND RECOMMENDATIONS ...................................................... 63
5.1  CONCLUSION ........................................................................................... 63
5.2  RECOMMENDATIONS ............................................................................... 63

BIBLIOGRAPHY ..................................................................................................... 65
LIST OF FIGURES

Figure 4-1 Facets of an EAP (Hopkins, 2003b) ........................................43
CHAPTER ONE

1 OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

South Africa has been very visible on the world map since 1994 when it found itself participating in the economic global marketplace. South African organisations experienced high absenteeism rates in the pre-democracy era due to a number of factors, including labour unrest. This phenomenon was crippling the economy, and the period was characterised by labour unrest which was used as a tool to bring the old regime to its knees.

The "stay-aways" had far reaching consequences in the sense that essential services such as transport were affected, thus contributing to greater levels of absenteeism (Matlhape, 2001). Organisations moved their factories to neighbouring countries to escape the labour upheavals of South Africa. An example is Hyundai, which relocated its plant to Botswana. Griffin, O'Leary, Kelly and Collins (1998) are of the opinion that absenteeism is very costly to organisations.

In more recent years, the increasing rate of absenteeism has been attributed to physical and socio-emotional conditions in South Africa as reflected in, amongst other factors, the continuing increase in crime and violence, the rising rate of substance abuse, and the growing rate of depression and anxiety-related conditions due to work-related stress (www.worldhealthorganisation/htt/2000/com).

In addition, South African organisations are currently experiencing devastating levels of absenteeism due to HIV/AIDS.
Most organisations have still not acknowledged HIV/AIDS as a reality deserving of their attention and have thus not put in place any measures to deal with the problem. Unfortunately HIV/AIDS has already taken its toll on a significant number of skilled workers.

Moreover, further losses of productive labour result in work absence due to both sick employees and those in good health who have to take care of sick relatives or arrange and attend funerals (Whiteside and Sunter, 2000).

Absenteeism in the workplace has a negative economic impact on revenues which could be lessened with more control over absenteeism. According to Rabe (2001), employees with mental and emotional issues account for 70% of the reasons given for sick leave. The annual loss to the South African economy caused by absenteeism is in excess of R2 billion. In 2002 the cost of lost work due to absenteeism in the USA (United States of America) was about $40 billion. It is estimated that over 400 million person days are lost each year as a result of employee absenteeism. Studies further confirm that employees who test positively for drugs and alcohol at the workplace experience higher levels of absenteeism and use sick leave to a far greater extent than non-users (Raskin, 1993). It is further reported that absenteeism, amongst current users of cocaine and marijuana, is 50% higher than amongst non-users.

Workplace stress is another current economic activity. At best, work stress can be a source of great excitement and a stimulus for achievement. At worst, it can seriously impair people’s quality of work life, and reduce both their personal and job effectiveness. In fact, the increasing competition in the corporate sector, both locally and globally, is a major contributory factor to work stress (Matlhape, 2001). Hence it may be expected that absenteeism is a source of concern in the corporate world.
Several studies support the conclusion that relationships between work-related stress and absenteeism may be related to occupational pressure. However, it was noted in previous absenteeism research that non-work related stress contributed more to absenteeism than work-related stress. This observation lent support to the view that absenteeism may also be influenced by non-work behaviour (Schabracq, 2003).

According to the literature, absenteeism in the United States of America is viewed with both a narrow and a broad focus. USA researchers have suggested that absenteeism is part of a broader construct which describes an individual’s social construction of work. This broader construction of absenteeism includes avoidance of work, withdrawal from the work role, and adaptation to work environment that will involve persistent lateness, excessive breaks, various kinds of work sabotage, and engaging in or inciting industrial disputes.

The United Kingdom (UK) estimates that absenteeism, i.e. unscheduled worker absence, typically ranges from around 2 to 4%. However, it is more commonly argued that the decision to be absent from work primarily reflects an individual’s choice over labour supply and that this choice may be impacted by the worker’s personal characteristics (Bridges and Manford 2001).

Previous studies have referred to absenteeism as a workplace epidemic, since management was unable to control it. Rabe (2001) is of the opinion that high absenteeism rates are due to the failure of management to control absenteeism. He indicates that absenteeism is not monitored consistently nor addressed within organisations. When absenteeism occurs, or there is an abnormal pattern of absenteeism, managers react by dismissing the employees. It is often the case that such dismissals are unfair, unless based on a fundamental philosophy of using a referral system which identifies those employees guilty of excessive absenteeism.
Rabe (2001) states that employers could determine the underlying cause of absenteeism by implementing an Employee Assistance Programme (EAP). EAP is a solution where the employer can assist the employee in addressing the problem through counselling. Implementing an EAP would enable the organisation to identify the problem the individual employee is experiencing, take remedial action, and save much needless expense. Even more importantly, it would show employees that the organisation cares about them.

In South Africa there is still apathy towards utilising EAPs in organisations. South African organisations tend to interpret an EAP in a limited manner, i.e. as a programme that can be used to counsel problem employees out of the workplace. This is in contradiction to the EAP principles. According to Matlhape (2001), an EAP refers to policies and procedures adopted by employers in order to identify problem employees, including those with alcohol problems, as manifested by deteriorating job performance. This definition regards the EAP as a corrective programme designed to correct abnormal conduct among employees.

1.2 SUMMARY ASSUMPTIONS

No proper strategy and mechanisms are currently in place in organisations to adequately deal with absenteeism, and therefore the researcher is of the opinion that implementing an EAP in the workplace can effectively deal with absenteeism, and thus reduce it.

1.3 PROBLEM STATEMENT

Absenteeism in the organisation can be managed through a systematic, planned intervention programme that focuses on unique individual difficulties within the workplace, with the aim of correcting the negative behaviour, viz. absenteeism.
The introduction of an EAP can reduce organisational absenteeism by utilising strategies that focus on individual patterns.

1.4 RESEARCH OBJECTIVES

- To prove that the use of an EAP in dealing with absenteeism can greatly reduce this problem for organisations.

- To prove that EAP is a cost-effective programme that can be introduced into the strategy of the organisation.

- To present recommendations for the organisation to implement an EAP effectively.

1.5 DEFINITIONS

- **Absenteeism**

  According to Griffin et al (1998), absenteeism is any failure to report for, or remain at, work as scheduled, regardless of the reason. Involuntary absence is caused by factors beyond the control of the employee. Voluntary absence is the employee’s deliberate choice which can be measured by the frequency index – the number of absences in a specified period (Porteous, 1997). Thus one must differentiate between the two types of absence, i.e. involuntary and voluntary absence.

- **Employee Assistance Programme (EAP)**

  An EAP is the systematic, organised and continuing provision of counselling, advice and assistance, provided or funded by the employer, designed to help employees and their families with problems arising from work-related and external sources.
It also emphasises the drive for professionalism necessary to confer occupational status and the social recognition of expert personal services in a confidential manner (Berridge et al, 1997).

- **Stay away**

When employees decide to stay away from work as a sign of protest, without the consent of the employers or the government.

1.6 **RESEARCH METHODOLOGY**

A literature study was conducted to determine and describe an effective method of using an EAP to control and manage absenteeism proactively. Information was drawn from books, journals and articles regarding various companies. The literature study was then contextualised for the South African situation.

The researcher relied on her own experience gained from working in the Human Resource and recruitment sectors, as well as with Employee Assistance Programmes.

1.7 **LIMITATIONS OF THE STUDY**

The study is limited by the fact that very little research has been done on South African EAPs. There is, however, much information available from USA and UK studies. Most of the information gathered in the literature had to be interpreted for the South African context.

1.8 **CONTENTS OF THE STUDY**

Chapter two covers the history and evolution of absenteeism. This will be compared with the South African context of absenteeism in the workplace.
Chapter three explores the origin and the evolution of EAPs globally, and the extent of the EAP in the South African workplace, taking into consideration the evolution of EAPs in the USA and UK.

Chapter four describes the effectiveness of an EAP in managing and reducing absenteeism in the workplace.

Chapter five, the concluding chapter, makes recommendations for an effective EAP programme in South African organisations.
CHAPTER TWO

2 LITERATURE STUDY

2.1 BACKGROUND AND ORIGIN OF ABSENTEEISM

It has been indicated that a surprising number of large public organisations have no idea as to the cost or cause of absenteeism in their organisations. Organisations may have an absenteeism rate averaging 25%, which means in a single shift as many as 50% of the workforce does not arrive for work. This absenteeism cost remains uncalculated, although some, albeit very few, managers know that the absenteeism rate is an indicator of the happiness and the well-being of the labour force. Any absenteeism rate over 5% tends to indicate dissatisfaction among the workforce, poor labour relations, and a lack of management leadership (Plimmer, 2003).

2.2 WHAT IS ABSENTEEISM?

Absenteeism is the failure to report for scheduled work (Schappi, 1988). According to Sikorki (2001), absenteeism is defined as not being present or attending, missing, existing, lacking, inattentive, and/or being preoccupied. Absenteeism does not include annual leave, maternity leave, and authorised absences such as public duty, compassionate leave, and in some cases long-term illness. It also refers to uncertified sick leave as well as any other unauthorised period of absences.

Presenteeism is the new productivity stopper. The person is at work but is not productive at all. The cost of absenteeism to the business is well known, but now research carried out by Institute for Health and Productivity Studies at Cornell University (USA) has discovered that employees who turn up for work when sick have reduced productivity levels (Softwork Erzine Archives, 2004).
According to Johns (1994) an absence refers to the time an employee is not on the job during scheduled working hours, or is granted a leave of absence, or holiday or vacation time. The aggregated impact of absenteeism on the North America economy alone, is at least $40 billion. Furthermore, there is reason to believe that absenteeism is becoming even more of a concern to organisations. This is because global competitiveness and the pace of environmental change have put an increased premium on speed, quality, service, and teamwork factors that are especially vulnerable to the lack of co-ordination prompted by elevated absenteeism. However, research also shows that absenteeism is associated with, or predictive of, other counter-productive behaviours, including lateness, reduced personal productivity and turnover.

2.3 CAUSES OF ABSENTEEISM

2.3.1 Job satisfaction

The idea that attitudes towards the job might affect attendance perhaps constitutes the older scientific model of absence causation, and it is still dominant among industrial organisational psychologists. The essence of this model is that absenteeism is assumed to be a manifestation of withdrawal from, or dissatisfaction with, aspects of the job. Job satisfaction is considered to be influenced by situational factors such as compensation, job design, and human relations practices.

However, in recent years, increasing attention has been directed towards a possible dispositional substrate to satisfaction. Research has shown that a broad personality construct called core-self-evaluation is reliably related to job satisfaction (Judge & Bono, 2001). In this research, more satisfied individuals reported higher self-esteem and self-efficacy, exhibited a higher internal control, and were lower in neuroticism. Both dealing with interesting work and viewing one’s job as complex and challenging have been implicated in the association between personality and job satisfaction (Day, Bedeian & Conte, 1998).
The tendency for satisfaction with the work itself to predict absenteeism is probably responsible for the well-documented tendency for people who hold a higher occupational status to have better attendance records.

However, there are growing indicators that a more specific focus on organisational fairness and support sheds light on withdrawal via absenteeism. Fairness and justice connote support for the dignity and rights of employees. This raises the question as to whether broader forms of organisational support can counter absenteeism. Such support involves employee perceptions that the organisation is concerned with their well-being and is willing to help them.

To summarise, unfavourable attitudes toward the job, and especially towards the content of the work, are predictive of absenteeism. However, there is growing evidence that issues of work, such as fairness and support, may be especially critical determinants of attendance patterns (Thomas & Hersen, 2002). Beyond job satisfaction there is growing evidence that moods at work, indexed by affectivity, are associated with absenteeism. Studies report lower absences amongst those who react positively in the workplace (George, 1989; Iverson & Deery, 2001).

**Unmet expectations**

This affects new employees entering an organisation with certain expectations relating to the opportunities of applying their skills and abilities, receiving respect and satisfactory working conditions.

**Job-person match**

If an employee's personality, abilities, and skills do not match the job requirements, the person becomes bored or stressed, and therefore withdraws from the situation by being absent.
Organisational culture

When there is a permissive culture within an organisation regarding absenteeism, other employees will consider sick leave as a benefit to be utilised.

2.3.2 Personality

To an extent, absenteeism is under the individual’s control. Event history analyses of individuals’ attendance records discount random or habitual models of attendance and point to the strategic scheduling of absence. Thus it can be concluded that a good proportion of absenteeism from work is potentially avoidable.

Integrity is a rather vague construct centred around honesty in the workplace and the proclivity of individuals to engage in organisationally counter-productive behaviours such as theft and absenteeism. Over the years, psychologists have developed selection tests to tap the integrity construct. Overt integrity tests measure attitudes towards honesty and generally have been validated against theft. Personality-based tests tend to centre around sub-traits of the Big Five dimensions of conscientiousness, and they have been used successfully to predict broader composites of counter productivity (Ones, Viswesvaran & Schmidt, 1993).

In a meta-analysis focusing specifically on absenteeism, Ones, Viswesvaran & Schimidt (1992) reported a corrected correlation of .33 between personality-based integrity and absence; i.e. higher integrity results in lower absenteeism.

More recently, conventional personality measures of conscientiousness have also been shown to exhibit significant negative correlations with absenteeism (Conte & Jacobs, 1999; Hattrup, O’Connell, & Wingate, 1998; Judge, Martocchio, & Thoreson, 1997).
Researchers have suggested for decades that enduring personality traits account for the moderate stability of absenteeism over time and situations. Absence proneness emerged as the term describing the idea (Harrison and Price, 1993). For example, Porter and Steers (1974) proposed that employees with extreme levels of emotional instability, anxiety, low achievement orientation, aggression, independence, and sociability were likely to be the most frequent absentees. Assert that those who have fairly high levels of hostility, impulsiveness, social insensitivity and alienation are more prone to engage in delinquent work behaviour such as absenteeism.

2.3.3 Cognition

It is possible that certain personality characteristics influence attendance via their impact on cognition about one’s capacity to obtain work. For example Martocchio and Judge (1996) determined that people with a low work ethic, external locus of control, and excuse-making tendencies were more likely to attribute absenteeism to external, environmental causes.

Other research mirrored these finding that an external academic locus of control prompts absenteeism from college classes (Trice and Hackburt, 1998). Johns (1994) reported that an external health locus of control was associated with work absenteeism. All these findings correspond with evidence that self-efficacy for attendance is associated with reduced absenteeism (Frayne and Latham, 1987; Johns, 1994c; Salgo and Moscoso, 2000).

Absenteeism is actually a complex set of behaviours masquerading as a unitary phenomenon. In effect, this means that absenteeism has different meanings for different individuals; a fact that has been confirmed by both daily studies and experimental policy-capturing studies revealing substantial differences in absence causation profiles between people.
Some indirect proof of the multiple causes of absence can be inferred from the wide variety of disciplines that have studied absence, including psychology, sociology, economics, medicine, management, nursing, law, public health and industrial relations.

Although absenteeism has a wide variety of causes, many of these causes are mediated or moderated by more proximal psychological influence. For example, economists have often demonstrated a negative relationship between wages and absenteeism. However, such associations can be tempered by individual differences in the value of non-work time or equity motives. Similarly, as detailed below, there are strong indications of a psychological basis for many ostensible medical causes of absence.

However, it is also a fact that for various reasons, people do abuse the sick leave that is granted by organisations.

2.3.4 Ill health

Ill health and absenteeism is extremely costly to employees, employers and the organisation. It has a direct impact on national economies, given the medical and social security costs and the loss of output resulting from a reduced labour force. It is only relatively recently, however, that absenteeism has begun to be seriously addressed. Employers’ efforts to reduce absenteeism tend to concentrate on tightening up procedures and implementing checks on absent workers.

Preventive activities are not common, and are generally limited to training and information, and the use of proactive equipment and stress management techniques, rather than targeting work-related causes of ill health and accidents (Elf, 2005).
There is a relationship between lower-back pain and absenteeism. The most striking finding is that back pain is related more often to the frequency of absenteeism than to total time lost. Migraine is also a cause of absenteeism. Women are more likely to experience migraines than men, and more likely to be absent due to its symptoms.

The well-established connection between chronic pain and depression, and the tendency for women to suffer more from depression than men, suggests that migraine pain and resulting depression are partly responsible for elevated absenteeism amongst women (Thomas & Hersen, 2002).

In a call centre, agents are often ill due to sick building syndrome. Other illnesses are headaches due to glaring monitor screens, or incorrect eyeglass prescription. Stiffness of necks or wrists and backache are common, and are caused by repetitive movements (Sikorki, 2001). The absenteeism rate for people living with HIV/AIDS is three times higher than for those who are not HIV positive, according to a study conducted by AIC Insurance (Johnson, fanews.co.za).

### 2.3.5 Depression

Affective disorders, including depression and neurosis, have been implicated consistently in the occurrence of absenteeism. Furthermore, it is possible that some reports of common minor illness, which are the most usual self-reported cause of absenteeism, do, in fact, disguise depression. Amongst a host of illness-related and environmental-constraints attendance, the employees were least likely to endorse the legitimacy of depression.

The spectre of depression also runs through the other health-related causes of absence, such as smoking, and alcohol abuse.
2.3.6 Substance abuse

A large number of studies have reported an elevated absence from work among smokers. A wealth of research shows that approximately 10% of the working population suffers from alcohol dependency. According to Thomas & Hersen (2002), every employee who is dependent on alcohol costs the company an extra quarter of the employee’s salary per year due to absenteeism, occupational accidents and loss of productivity.

Steinman et al (2003) interviewed a sample of male alcoholics of which 67% were in employment. He found that each lost 86 working days a year due to absence. Sixty six percent of the sample was often late for work, 61% reported Monday morning absenteeism, and 62% sometimes took alcohol at work, with 12% doing so regularly.

2.3.7 Stress

Work stress is the perceived failure to cope with job demands; a perception that is often expressed as anxiety or tension. Stressors are environmental characteristics that may stimulate feelings of stress. Regarding the medical model, stress is implicated in infectious disease. The infectious disease connection is associated with depressed immune system functioning as well as related diseases such as upper respiratory problems. However, there is a paucity of research that explicitly and independently measures stress, physical illness, and absenteeism (Johns, 1994).

In the escape model, absenteeism is framed as a means of simply removing oneself from stressful organisational conditions. The off-job model posits that non-work demands can cause stressful role conflict that results in absenteeism.
The research also shows that family/work conflicts mediate the relationship between elder care responsibilities and self-reported absenteeism (Gignac et al, 1996). Finally, the restorative model advances the idea that absenteeism may be a more positive, proactive way to deal with stress, rather than a passive escape or medical surrender (Hackett and Bycio, 1996).

2.3.8 Social influence

Historically, absenteeism has been viewed as an index of the adjustment of individuals to their workplace, with little attention paid to the social context in which such adjustments occurred. However, in the past 20 years there has been a growing awareness of the impact of the social context on absenteeism behaviour (Johns, 1997).

Interest in the social approach to absenteeism began with a simple but compelling observation; absence cultures consist of shared understandings about absence legitimacy and established customs and practices of employee absence behaviour and its control. A key dimension of absence cultures concerns norms. Nevertheless, there is substantial evidence that perceived expectations about how much absenteeism is normal or typical influences individual and group attendance behaviour (Gellatly and Luchak, 1998).

Most people are seldom absent, and a few people are often absent. Absenteeism is a low base-rate behaviour. Thus the aggregate costs of absenteeism are often unappreciated, and the behaviour often receives little attention until some dramatic event occurs, such as disrupted production.

Absenteeism is often ad hoc, not well considered, and disconnected from other human resources initiatives.
In addition, because a high rate of absenteeism is unusual, its occurrence invites negative dispositional attributions concerning its cause. In the process, the absence behaviour of the average employee is often ignored or untouched by the attendance management system in place.

There are known demographic correlations of absenteeism. Meta-analytic studies have firmly established demographic correlations with absenteeism, although the exact reasons for these associations are poorly understood. Women tend to be absent more than men due to stress, and physical and mental health concerns. Older employees tend to be absent less than younger employees, particularly with regard to frequency of absence. This affects men more than women, as women tend not to exhibit an age-absence association (Thomas and Hersen, 2002).

People are self-serving regarding their own attendance records. The popular view of absenteeism as mildly deviant behaviour motivates people to view their own attendance records and those of others in a self-serving manner. Specifically, people have a marked tendency to under-report their own actual absenteeism. In addition to under-estimating their own absenteeism, people have a decided tendency to see their own attendance records as superior to those of their work group and occupational peers. A lack of accurate awareness of one’s own absenteeism record is not conducive to self-regulation of attendance.

Furthermore, it is frequently argued that absenteeism levels within organisations are subject to cultural influence. For example, Gellatly and Luchak (1998) report a common research finding to be that an individual’s absence is affected in varying degrees by the collective behaviour of others – through the process of employee socialisation individuals learn how much absenteeism is expected by co-workers and management.
Thus, individuals may experience social pressure to raise or lower their personal absenteeism to a norm that has been established in the work group or organisational culture.

2.4 HOW ARE ORGANISATIONS AFFECTED BY ABSENTEEISM?

It is useful to distinguish between absence frequency and time lost. Absence scholars have come to rely on measures of time lost and frequency to express absence. Time lost is simply the total number of days missed due to absence over some time period, such as a month or a year. Organisations tend to be interested in time lost because of its direct financial impact. However, a joint consideration of both time lost and frequency can have great diagnostic value because there is evidence suggesting that frequency may be more likely to reflect voluntary absenteeism.

One indirect effect of absenteeism is that it results in extra work for other healthy employees who have to stand in for absent colleagues. In some companies, healthy employees are increasingly working extra hours to compensate for the time lost by their absent, or sick, colleagues. In so doing, not only do companies pay more in terms of overtime, but workers interviewed also pointed out that they were overworked and exhausted.

According to an engineering manager, working longer hours produced stress amongst employees and was responsible for a decline in both the quantity and quality of the final product. The spread of the epidemic can also contribute to worsening labour relations. If employees do not feel that their employers are providing adequate prevention or care services, the relationship may degenerate. In some cases, workers demand the dismissal of their colleagues when learning of their colleagues’ illness.
Despite the fact that absenteeism has a wide variety of causes, it tends to be viewed by observers as mildly deviant behaviour. That is, it tends to be seen as violating implicit workplace norms concerning regularity of attendance in exchange for wages or salary, and is also seen as unfairly damaging the financial interests of the employing organisation.

A loss in revenues attributable to HIV/AIDS can occur when infected workers take leave due to illness, need to care for other infected family members, or need to attend the funerals of co-workers or loved ones. In north central Namibia, for example, it has been estimated that extension staff spend at least 10% of their time attending funerals. Productivity can also decline when workers in poor health come to work but are unable to produce at their normal levels. (UNAIDS, 2000)

An employer has to determine what acceptable and unacceptable levels of absenteeism are. A simple guide is to look for patterns, including three main pieces of information: nature, length, and frequency of absence. Decisions also need to be reached about how many days are too much, and how many episodes are allowed in one year before the employer decides to investigate further or start disciplinary proceedings.

An absenteeism study conducted by Weiss (1994) in the Eastern Cape manufacturing sector concluded that organisations that used disciplinary action as a method to control absenteeism failed because organisations ended up dismissing the employees.

In another strategy to combat absenteeism in the workplace, committees were formed consisting a combination of management and employee representatives who generally meet formally on a monthly basis to review the absence statistics, and then informally to counsel those with poor attendance records when necessary.
These committee members were responsible for highlighting, investigating and counselling any employees who were potential abusers of sick leave.

Incentives were used to motivate and reward employees, as unused sick leave allowance days were paid out to employees in the form of attendance awards. The result was that absenteeism dropped by 40%.

### 2.5 GLOBAL PERSPECTIVE ON ABSENTEEISM

In the USA the rate of unscheduled absenteeism reached an alarming 24% in 2004. Most employees who failed to show up for work, however, were not physically ill. In fact only 38% of unscheduled absences were due to personal illness, while 62% were for other reasons. These included family issues (23%), personal needs (18%), stress (11%) and an entitlement mentality (10%). Companies with low morale saw significantly higher rates of unscheduled absences. In fact, rates of unscheduled absenteeism are more than one third (35%) higher among companies with poor/fair morale (2.9%) than those with good/very good morale (1.9%) (www.cch-humanresourcesmanagement-ideas&trends.ioma.com).

Absenteeism is calculated in USA by the U.S. Department of Labour; the rate of absenteeism is calculated by dividing the number of working days absent in any given period by the total number of available working days in the period, as follows: 

\[
\text{Absenteeism Rate} = \frac{\text{Number of lost working days to absence}}{\text{Number of employees} \times \text{number of working days}} \times 100.
\]

Depression is the most frequent mental health concern of the American population. Each year 10 to 20%, or about 17 million people, suffer from depression. Unfortunately only about one third are diagnosed and treated. Depression does not only take a toll on its victims, but it costs society more than $43 billion a year, of which $17 million is the cost of job absenteeism alone.
Thus it affects the workplace in terms of lowered productivity, decreased quality of work, poor decision-making, accidents, and higher health care costs. Depression may reveal itself through absenteeism where an individual “stays away” at work withdrawals, decreased productivity, fatigue and irritability (Blum and Kirchner, 1997).

Middle market companies in the UK are currently enjoying a period of economic respite but are failing to tackle softer issues such as absenteeism (KPMG, Nov 2004). Absence in the UK workplace has been acknowledged as a growing problem for organisations in general, and for local government organisations in particular. Absenteeism costs the UK an estimated £12 billion last year (2004), with employees taking an average of nine days off each year.

According to a recent survey by the Chartered Institute of Personnel and Development, managers believe that about a third of that absenteeism, i.e. nearly three days a year, is not due to genuine ill health. In 2000 around 192 million working days were lost through absenteeism. This represents an average of 7.8 working days per employee – 3.4 per cent of working time, with the estimated cost to the economy of £10.7 billion (Elf, 2005).

The true costs of absenteeism are even greater once the indirect cost are included; factors such as low quality products or services, lower customer satisfaction, cost of decreased productivity because of absence from work, less experienced replacements and the additional expense of hiring substitute labour. It is estimated that when the indirect costs are included, absenteeism costs British employers around £1,092 per employee per year. To minimise this cost the government has called on the doctors to help deal with Britain’s chronic sickness absence problem by encouraging people to get back to work following illness or injury.
Minor illnesses such as colds and ‘flu remain the most important cause of sickness absence for all UK workers – the report shows that stress is a growing cause of absenteeism with 52% of employers reporting an increase.

Cold and ‘flu are the largest cause of long-term absence for non-manual workers and the fourth largest cause in manual staff.

The main causes of stress-related absenteeism are identified as workload (with 68% of employers identifying this as a reason), management style/relationships at work (60%), organisational change (45%), and pressure to meet targets (41%) (Esswien, 2005).

### 2.6 HOW ORGANISATIONAL PROCESSES IMPACT ON ABSENTEEISM

There are various aspects of organisational and managerial practice which may contribute to employee absenteeism, whether through inducing illness or injury or through contributing to low levels of employee motivation. These include the way in which tasks or the work context are organised; the structure of the organisation and the nature of the management hierarchy; and low levels of employee responsibility, autonomy, job satisfaction and organisational commitment.

This view is further supported by Saratoga (1998) who argues that from a management perspective, high employee absenteeism is a very clear indicator of some form of organisational misbehaviour, often indicating dissatisfaction with the organisation which requires analysis and action.

For over two decades researchers have persistently and gradually refined the meaning of organisational commitment. It has evolved into a complex concept that can serve as a summary index of work-related experiences and as predictor of work behaviour intentions (Cotton and Tuttle, 1986; Dalton and Mesch, 1990; Rentsch and Steel, 1998).
Porter et al (1974) defined commitment as the strength of an individual's identification with, and involvement in, a particular organisation, having based this assessment on measures of motivation, identification with the values of the organisation, and the employee's intentions of remaining as members.

Buchanan (1974) took this definition one stage further and described commitment as being a partisan affective attachment to the goals and values of an organisation, to one's roles in relation to the goals and values, and to the organisation for its own sake, apart from its purely instrumental worth. Commitment to the organisation has been found to be positively related to such organisational outcomes as job satisfaction, motivation and attendance (i.e. low rates of absenteeism). At the same time, commitment has been found to be negatively related to outcomes such as absenteeism and labour turnover (Cotton & Tuttle, 1986; Clegg, 1983).

2.7 THE NEED FOR ABSENTEEISM MANAGEMENT POLICIES

While employee absence can be shown to be rooted in various sources, the literature is reasonably consistent in the view that more stringent absence management policies can mitigate against high levels of absenteeism. Dalton and Todor (1993) argued that organisations can drastically reduce the extent of employee absenteeism by adopting policies which deter, not encourage absenteeism.

Furthermore that it should be noted that these policies do not include punishing an employee for being absent or direct discipline of any kind; rather, the reductions in absenteeism may merely reflect the existence of some reasonable policy which does not encourage employee absenteeism. Leigh (1981) found liberal sick leave policies lead to higher rates of absenteeism, and Winkler (1980) noted a requirement to report absence directly to line management and provide certified evidence of the reason for the absence to be associated with lower absenteeism levels.
2.8 AN IMPLEMENTATION PLAN FOR REDUCING ABSENTEEISM IN THE ORGANISATIONS

Organisations use different ways of resolving absenteeism in the workplace. Organisations, however, should at least implement an absenteeism monitoring system, where appropriate, that allows for the employer to effectively monitor and record attendance and late arrivals. They should adopt a consistent approach when dealing with individual employees in keeping with company policy; alternatively organisations may reward employees for attendance. Policies implemented must be effectively communicated to all employees and should be consistent (Hewitt, 2002).

The Health and Safety Executives (HSE) have issued a guide for employers and managers for dealing with sickness and absenteeism. Long-term sickness absenteeism, defined as four weeks or more, is a burden to employers as the absence can lead to mounting sick pay, high recruitment costs and high workloads for colleagues. The HSE guide explains how employers and employees can work together to hasten a successful return to work. The guide suggests that more could be done to minimise the effect of illness caused, or made worse by, work activities, but that absence management is a critically important issue for many businesses (Utility Week, 2004).

USA employers are now taking numerous approaches to integrated disability management as the concept continues to mature and companies seek to address employee absenteeism, regardless of the cause. Over the years, though, merging the treatment provided under various health care plans and workers’ compensation programmes have mostly fallen by the wayside, although some employers are merging employee health care data with employee absenteeism data. Instead, while integration paths now vary among employers, many are taking a much broader approach today than in the past.
For example, they are combining the claims management for workers’ compensation and short-and long-term disability with the administration of family and medical leave and incidental absenteeism.

Dr. Catherine Baase is a global medical director for Dow Chemical and a member of the advisory board of the Institute Health and Productivity. She examines the ‘flu season and the ‘flu costs. The ‘flu costs USA employers more than $11 billion in lost productivity annually. Even in years when vaccines were used, it’s difficult to predict how many people were affected. That’s because the virus tends to mutate, so the vaccine’s coverage will be better in some years than in others.

Dow tries to locate vaccines for high-risk employees and arrange with the insurance company to cover the full cost. Dow also allows employees to work from home using technology to communicate with the office. Therefore management does not mind if employees work from home if they start to feel ill or are recovering from ‘flu, or if a member of the family is sick, as productivity will not be affected. Employees are discouraged from returning from work when they are still infectious (Esswien, 2005).

2.9 CONCLUSION

Because of a wide and complex of range causes of absenteeism, quick fix strategies, which tend to be punitive by nature, will not have the required affect. Rather, absenteeism should be managed by sound policies and the introduction of adequate employee assistance programmes.
CHAPTER THREE

3 EVOLUTION OF EMPLOYEE ASSISTANCE PROGRAMMES

3.1 INTRODUCTION

EAPs developed in the 1940s and were at first concerned exclusively with problems of alcohol abuse. EAPs were staffed primarily by non-professional or recovering counsellors (Masi, 1992; Presnall, 1981). These counsellors were successful in demonstrating their effectiveness in both human and economic terms; so much so that they promoted the spread of EAP programming throughout the USA business sector and helped to generate funding for additional research and demonstration projects. The origins of the EAP can also be traced back to the USA through the foundation of Alcoholics Anonymous.

In the 1960s occupational alcoholism programmes became increasingly professional, being run more by social work specialists, and were then extended to drug and substance abuse from about the 1970s onwards. The second origin is less procedural but more influential in attitudinal terms; it is the spin-off of the celebrated Hawthorne studies of Mayo in Chicago – a programme of employee advice and counselling grew out of the Hawthorne studies. It was manned by lay counsellors drawn from supervision and management, and was clearly aimed, not only at promoting the social and psychological adjustment of the employee at work, but also at ensuring employee productivity and conformity with corporate objectives (Cooper et al, 1997).

The growth of EAPs in the USA was impressive and seen as legitimately oriented towards achieving the integration of corporate goals and individual employee behaviour (Roethlisberger & Dickson, 1939). The introduction of the USA model of EAPs to other countries can be attributed to a number of influences.
Firstly, USA international companies introduced EAPs with the goal of enhancing performance when faced abroad with opportunistic internalities similar to those at home, such as cost reduction, quality and reliability improvements, and the increasing need for the adaptability of products and services to particular markets. Secondly, there are instances of these companies turning to EAPs to tackle their problematic internal concerns, such as absenteeism, presenteeism, labour turnover, burnout, breakdown, mal-adaptation at individual and corporate levels, and general under-performance because of personal “troubles” and “stresses” (Cooper et al, 1997).

Thus, as indicated above, the scope of service began to expand well beyond alcoholism and addiction to include personal and emotional problems that could, or already were, affecting employees’ job performance and use of benefits. Not only did the range of interventions expand, but the conceptualisation of services had become more sophisticated (Kuzman and Akabas, 1981).

In Britain, the first EAPs appeared around 1980; notably in the electronic, chemical and oil industries. EAPs in Britain were linked to the USA parent companies.

Within the South African context, EAPs began to emerge in the early 1980s. The programmes were designed following the USA models, and were introduced to South African organisations by social workers and psychologists who had studied the programmes in the USA (Maiden, 1992). EAPs have a much younger field of practice in South Africa and thus do not have the colourful history that has accompanied their development in the USA (Maiden, 1992).

In the 1970s the apartheid government created the Centre for Human Development (CHD), an internal EAP service provider for mine management. The CHD subsequently privatised, taking the mines’ contract with them and using it as a launching pad to become a general EAP provider.
EAPs in South Africa are therefore a relatively new workplace phenomenon; despite assistance given to employees in the workplace dating back at least four decades. Another change has been the increasing dominance of occupational social workers as EAP professionals (Cunningham, 1994). However, the EAP is not managed and utilised to its fullest extent (Maiden, 1992).

In South Africa, with its many stressors including the effect of HIV/AIDS and crime, the rapid rate of change which the country is undergoing, diversity challenges and high levels of poverty and unemployment, EAPs, if appropriately implemented, have the potential to provide considerable relief to the management of staff in organisations.

3.2 DEFINITION OF AN EAP

According to Hopkins (2003), an EAP is a work-based programme to improve organisational performance through the provision of structured management and employee support services.

An EAP may also be defined as a professional assessment and referral and/or short-term counselling service offered to employees with alcohol, drugs, or mental health problems that may be affecting their work. It may include managerial-supervisory consultations, training, and employee education. Employees are either self-referred to the company’s EAP or referred by supervisors (Masi, 1992).

The current definition refers to an EAP as a programme of intervention associated with the work context, usually at the level of the individual employee, using behavioural science knowledge and methods for the control of certain work-related problems that adversely affect job performance, with the objective of then enabling an individual to return to making her or his job contribution and regaining full functioning in personal life (Berridge et al, 1997).
In this study EAP refers to:

E = Employees (all, not some) who experience work-related problems.

A = Assistance, in terms of counselling, development, training and referrals.

P = Programme, and this involves activities used for intervention.

At this stage there are six programme that have been implemented in organisations; viz. HIV/AIDS, Substance Abuse, Life Skills, Finance, Colleague Sensitivity, Stress Management and Suicide Prevention (Komane, 2003).

### 3.3 WHY IS AN EAP AN EFFECTIVE TOOL?

An EAP may be used as a strategic tool, which is an essential business driver, and may be used in the development and retention of staff, thus reducing absenteeism in the workplace (Volpe, 2002). In addition, the EAP is recognised as a valuable asset to business and industry in reducing absenteeism, workplace accidents, alcohol and substance abuse and lost productivity. An EAP is a cost-effective way to promote productivity, increase morale, decrease medical expenses, and most of all, to promote employee health and well-being.

### 3.4 IMPLEMENTATION OF AN EAP

According to Cooper et al (1997), an EAP is a programmatic intervention associated with the work context, usually at the level of the individual employee, using behavioural science knowledge and the methods for the control of certain work-related problems that adversely affect job performance, with the objective of enabling the individual to return to making his or her full job contribution and retaining full functioning in personal life. Such a definition attempts to reconcile the two potentially conflicting facets of EAP; the client and the employing organisation.
The definition also draws out the professional nature of the service provided, which is far removed from the popular misconceptions of counselling being well-intended lay advice of an intuitive but unsystematic nature.

The first formal standard of practice for EAPs was written by the Employee Assistance Programme Association (EAPA) in the USA in 1981. A committee representing a wide variety of interests in workplace mental health and performance captured the core features of an EAP by drawing on their collective experience management, occupational health, human resources, and the trade union/labour movements. This produced the foundation that forms the basis of all EAP standards of practice today (Hoskinson, 1989). A similar association regulates EAPs in the South African context.

3.5 EAP MODELS

There are several EAP models. These include in-house, management-based programmes, contracting groups that operate as external providers, union-based membership assistance programmes, and various combinations of programmes referred to as blended models that involve a mix of both in-house and contracted services (Cunningham, 1994).

3.5.1 In-house model

The organisation employs the entire assistance staff. A manager directly supervises the programme’s personnel, sets policies, and designs all procedures. The programme is typically housed physically within the company or located in offices away from the worksite.
3.5.2 Out-of house model

The organisation contracts with a vendor to provide employee assistance staff and services. The vendor might provide services in its own offices, the organisation’s offices, or both. This model is viewed as providing better accountability, and having lower legal liability.

3.5.3 Consortium model

Several organisations pool their resources to develop a collaborative programme and thus maximise individual resources. Generally this model works best for organisations with fewer than 2,000 employees. Services may be provided on-site or in separate offices. Running these programmes may be complex and may require a difficult decision-making process.

3.5.4 Affiliate model

A vendor subcontracts with local professionals rather than making use of salaried staff. This enables the vendor to reach employees in an organisation’s location in which the vendor might not have an office. With this model the vendor may have less control over a sub-contracted professional; however, this has become a vehicle whereby employees in various locations can be reached by one responsible vendor.

Such programmes may offer less accountability. An ideal and suitable model could contribute to the enhancement of an effective service to employees (Maiden, 1992). Whatever the nature of the model or host organisation, certain aspects of EAP administration are more or less constant across the programme (Cunningham, 1994).

In determining the best approach to take, each organisation must ascertain how complex a programme should be to fit its needs and the levels of its commitment.
The organisation size, geographic location, diversity, employee population, and the values and goals are important considerations in this case (Masi, 1992).

3.6 SOUTH AFRICAN LEGISLATION IN RELATION TO THE EAP IN THE WORKPLACE

Legislation has certain implications for the establishment of an EAP programme. The Labour Relations Act (1995) suggests for instance that, “In certain kinds of incapacity, for example alcoholism or drug abuse, counselling and rehabilitation may be appropriate steps for the employer to consider.”

According to the Employment Equity Act, employers are prohibited from testing an employee or applicant for employment to determine the person’s HIV status unless the testing is determined by the Labour Court to be justifiable. In this event, the Court may impose conditions relating to the provision of counselling, the maintenance of confidentiality, the period during which the authorisation for testing applies, and the category for testing.

In terms of the Occupational Health and Safety Act 1993, it can be a criminal offence to permit any person who appears to be drunk or under the influence of drugs to enter or remain at a workplace, or on premises where machinery is used, if such person’s presence constitutes a threat to his own safety or the safety of others. Furthermore, it can be a criminal offence to have intoxicating liquor in one’s possession, to partake thereof, or offer it to another person, at a workplace or on premises where machinery is used, without the express permission of the employer.

According to the Skills Development Act, an employer is compelled to assist persons with special problems such as alcohol dependency or drug addiction to enter, or re-enter, the labour market.
3.7 PROGRAMME EVALUATION

A truly comprehensive EAP evaluation should include the following two concepts; firstly, the monitoring of the implementation of the programme and a process evaluation, and secondly, a study of the effectiveness of the programme which is an outcome of the evaluation (Masi, 1992).

Sheafor et al (1994) refer to programme evaluation as the systematic examination of a programme to determine whether and/or how it is achieving its goals and objectives. Evaluation is acknowledged to be an important aspect of EAP management by most programme directors. However, the reality of practice suggests that not much evaluation actually occurs. Generally, most evaluation studies are limited to the determination of the cost benefits of the cost effectiveness of the programme – whether it is meeting the needs it is intended to address and whether or not individual clients are being helped with their specific problems.

According to Masi (1992) process evaluation encompasses the review and analysis of EAP statistics, including the number of cases, categories of diagnosis, and supervisory referrals. The purpose of this evaluation component is to ensure that the EAP reaches an appropriate number of employees, including those with alcohol and drugs problems; that the client population reflects the workforce composition in relation to age, sex, race, and job level; and that there is a baseline in job performance for comparing performance after attending the EAP.

An outcome evaluation includes both qualitative and quantitative analyses. The quantitative analysis determines whether the EAP is cost effective. Specific elements are measured and compared with information on costs incurred before the company EAP was in place, and subsequent quarterly and annually comparisons are also used.
Areas to be evaluated may include absenteeism, advanced leave, leave without pay, performance appraisal records, disability insurance claims, sick leave, industrial accidents, health insurance claims, and workers’ compensation claims.

It is imperative that EAP practitioners communicate with CEOs and major administrators about the effectiveness of clinicians and the demonstrated practical utility of services offered. It is important to know and to convey with conviction that interpersonal counselling is effective within a wide range of problems, that the effects are durable, and that they can be documented (Cunningham, 1994)

\section*{3.8 CONCLUSION}

The modern day EAP has developed into a sophisticated management resource that may be utilised not only for the reduction of absenteeism, but also for the development of skills, improved productivity and profitability. It may even provide an organisation with the opportunity to become an employer of choice on the basis of being an organisation that nurtures and cares for the well-being of its employees (Moodley, 2003)
CHAPTER FOUR

4 EAP AS A STRATEGIC INTERVENTION

4.1 INTRODUCTION

In order for an EAP to be effective in reducing absenteeism in the workplace it must be a strategic intervention designed to produce organisational benefits quantifiable by outcomes measurement, through a system-led approach to people management. It must include a mechanism for providing counselling and other forms of assistance to employees on a systematic and uniform basis, in accordance with recognised standards.

But whilst providing personal support to employees and their families, an EAP is first and foremost an organisational resource where staff problems that affect productivity can be addressed. The well run, professional EAP is a sophisticated organisational tool, not simply an employee benefit (Avidan, 2003).

Implementation of an EAP calls for a systematic approach to the provision of workplace support in general, and counselling in particular. It requires an overall strategy, based on an organisation’s current and future needs; design, implementation and promotion; manager and employee training; and professional delivery, monitoring and evaluation. EAP counsellors must understand the organisation and particularly the subtle difference between providing counselling in the workplace and targeting the public market (Avidan, 2003).

The following figure illustrates the various facets/areas of an EAP.
Figure 4-1  Facets of an EAP (Hopkins, 2003b)
4.2 EAP PRINCIPLES

South Africa is a country that has a very controversial past that kept it out of the international arena.

Although the EAP has a long history internationally, according to Maiden (1997), in South Africa, due to sociological problems that are endemic, and the atrocities of the past, Employee Assistance Programmes still face many challenges.

EAPA (2004) is of the opinion that adherence to professional standards and guidelines ensure a viable programme. The guidelines are non-regulatory and their purpose is to assist all relevant stakeholders in establishing quality EAPs in accordance with EAPA’s Standards for Employee Assistance Programmes. This document reflects current practices in employee assistance programmes in South Africa while ensuring the flexibility of programme models. In recognising this flexibility, many of the guidelines illustrate that there are a variety of ways in which standards can be implemented. When designing, implementing or evaluating an EAP, each organisation should apply these standards and guidelines based on its own unique culture and operation. Van der Berg (1998) is of the opinion that an EAP should include some core principles:

4.2.1 Confidentiality

For the purposes of this study, it is important to note that the success of EAP services primarily rests on the employees’ understanding that their information will be kept strictly confidential. No information regarding the assistance given to the employee will be divulged without the consent of the employee concerned. The EAP’s success and credibility is dependent on the maintenance of confidentiality. Thus confidentiality must be promoted in the organisation.
Employees have a right to privacy, and thus in order for the employees to participate in the programme, confidentiality must be maintained in all the cases.

Therefore secure records and training for professional and support staff is essential. The secretaries, interns, volunteers, and all personnel dealing with the employee in the workplace must understand the importance of confidentiality and how easily it can be violated. Files should be locked, and access should be governed in terms of statutory regulations governing confidentiality and client-professional privilege. Proper release forms should be used at all times.

4.2.2 Neutrality

It is important that the counsellors are not seen as siding with either management or employees.

4.2.3 Accessibility

The physical location of the office and the availability of the EAP should be ensured so that the employees can be aware of, and have easy access to the office. Accessibility may also imply that the EAP practitioners should be accessible to the members. The practitioners marketing their services on a regular basis can achieve this.

An EAP located within the organisation should be under the auspices of the organisation's Human Resources, or medical department. It should be situated so that it is accessible to the handicapped, and inconspicuous enough to increase confidentiality with well-furnished and maintained surroundings to demonstrate the organisation’s commitment to the EAP. If an EAP is located off-site, there should be an office on the premises where supervisors and clients can meet with the counsellor if requested.
4.2.4 Voluntary

Apart from cases which need to be referred to the EAP service, employees should feel free to make use of the EAP services on their own without feeling pressured to do so. They need to understand the significance of EAP in their lives.

It should be clear that they have the right to request, accept or refuse assistance. The above discussion reflects the point that it is important to note that EAPs play a part in the way the services are perceived by the employees. In essence, this means that the manager or supervisor might identify an employee as troubled or needing the help of the EAP service, but if the employees do not trust the services or personnel rendering that service, that employee cannot be helped. It is thus important that these principles are adhered to.

According to Scanlon (1986) there are several factors that will influence and encourage the use of an EAP and contribute to its success. Programme credibility and management support are probably the two most important. The success of the programme depends to a large degree on how it is perceived by the organisation, and the organisation’s perception of the EAP is shaped by the importance management places on the EAP function.

Programme credibility, therefore, starts with an endorsement from management through the formulation and distribution of a corporate policy statement. This statement should reflect the organisation’s position on the issues affecting the employees in the workplace, e.g. substance and alcohol abuse. If credibility is entrenched, the employees will spread the word about the programme. Thus confidentiality, job security and the opportunity to get help must be demonstrated, and the confidentiality of all programme records must be assured.
A policy statement is a necessary prerequisite to an EAP’s success, but this alone will not provide programme credibility. The employee must see the EAP programme as an employee service without a hidden agenda, and the EAP counsellor as a professional who can be trusted.

4.3 HOW CAN SOUTH AFRICAN ORGANISATIONS SUCCEED AT IMPLEMENTING EAPs?

Maiden (1992) is of the opinion that EAP professionals in South Africa have demonstrated remarkable achievements in the past decades. Many of the first programmes were implemented in the mining industries. Their growth continued as other employees in South Africa began to recognise the value of EAPs in the workplace.

Organisations need to customise EAP programmes to suit their needs. There are, however, essential requirements that should be adhered to.

4.4 ESSENTIAL REQUIREMENTS FOR THE EAP

According to Masi (1992), a successful EAP rests on the following essential requirements:

4.4.1 Policy statement

The written policy statement should clearly define the purpose of the programme, the organisational and legal mandates, the employee’s eligibility, the roles and responsibility of various personnel in the organisation, and the procedures. This statement should be endorsed by the highest level of management and should have the formal support of unions (if applicable).
The statement should set out important parameters for the entire operation of the EAP. It may indicate, for example, who can use the EAP service, how confidential information will be handled, methods for programme evaluation, whether an employee should receive time off from work for appointments, and how client records should be kept and for how long.

Further, it may state how to ensure the principles and direction of the EAP are fair, consistent and balanced with regard to the interests of all the different stakeholders. The objective of the policy statement should be to describe referral procedures, ensure uniformity of referrals, and specify those social problems impacting negatively on job performance and social functioning.

Nowadays, the EAP is under pressure from managers who are critical of EAPs and want continued proof that an EAP produces a significant return on their investment (Maiden, 1997). This, according to Moema (1996), leads to the “emergence and proliferation of managed care and its demands for patient outcome data and information supporting the efficacy of the services rendered”.

4.4.2 EAP Services

The most basic service an EAP provides is advice. More sophisticated services include consultation, assessment, referral, short term counselling with twenty-four hour/seven days a week access to a toll free line. Once the problem is identified, the service plan should include a range of options. In some cases, simply receiving written information explaining and defining certain difficulties and coping alternatives, or resources such as listings of smoking cessation workshops or nursing homes, may help the employee.

For more complex problems, staff refer the employee to an agency or caregiver and help the employee to make contact and use these services.
For this reason, the plan must have a system for identifying appropriate community resources and a method of evaluating EAPs which offer short-term counselling. Early short-term counselling can prevent the postponement of seeking help, decrease later treatment costs, and reduce confusion.

4.4.3 Problems dealt with by an EAP

Problems dealt with by EAP fall into two categories; therapeutic and preventive programmes. The problems dealt with within the therapeutic component of the programme are normally handled on an individual basis.

For example, social workers render individual assessments where they assist employees and their immediate families. The employees are assisted with substance abuse (alcohol and drugs), work-related problems (absenteeism, transfers, sexual harassment, promotions, relationships), marital and personal problems and mental health (stress and depression).

The preventative programme tends to be either group- or community-based; some of the preventative strategies may arise out of problems identified during individual therapeutic counselling. The preventative programmes within an organisation are normally stress management programmes, substance abuse, financial management, HIV/AIDS programmes, trauma debriefing and suicide prevention.

4.4.4 Professional staff

Staff responsible for an EAP must be educated and recognised as professionally trained in areas such as mental health, social work, psychiatry and community nursing, and should have appropriate credentials and/or a license. In addition, these professionals should have the ability and flexibility to work with managers, supervisors, employees and unions.
The use of trained, licensed professionals protects the EAP, and ultimately the company, from legal problems surrounding malpractice because unlicensed persons render the employer vulnerable to legal action.

If the company has fewer than 2500 employees in one location, an EAP may use a qualified affiliate or subcontractor from within the community. Subcontractors are used typically when an internal EAP programme is too complex for small companies, or for smaller branches of larger companies located in distant areas. It is important that the subcontractor has the same qualifications as that of the regular EAP staff in a larger company.

4.4.5 Staffing levels

The number and qualifications of EAP professionals should match programme needs, irrespective of whether the EAP is internal and/or delivered by external contractors. Thus in order to employ sufficient staff to achieve the goals and objectives of the EAP it is essential to assign to the EAP an appropriate level of administrative support staff who are sensitive to the confidential and ethical issues of the EAP.

4.4.6 Staffing criteria

Depending upon the type of service provided, various levels of experience, education, and registration may be required. The function of appropriately staffing an EAP is to ensure recognition of limitations of their competence and to make certain that all work is performed within the scope of experience. A person who is qualified should supervise those individuals who are called upon to provide services which cannot be provided in-house.
4.4.7 Community resource referral network

One of the duties of the EAP is to evaluate community resources for appropriate employee referrals and keep the list up to date. An organisation that allows unqualified referrals opens itself up to liability problems.

Attention to community resources has been neglected and even misused. Too often organisation officials and supervisors suggest that an employee go to a service provider on the resource list without researching and monitoring the qualifications of the provider (Cunningham, 1994).

4.4.8 Costing/funding

There are two options; the organisation maintains an in-house staff, or it contracts out all functions on a per capita basis. The cost is usually based on the total number of employees in the company, regardless of how many use of the programme and how they use the EAP. This cost structure runs contrary to the traditional fee-for-service mental health medical model. It is more cost-effective because a fee service provides no motivation to move the treatment towards a goal and eventual completion, and therefore often results in an unnecessarily longer treatment.

4.4.9 Union support

Historically, unions have been concerned that employee counselling programmes might be a management method for circumventing collective bargaining agreements. Organisations can gain the unions’ support by including them in the programme planning.
4.4.10 Management training

Supervisors or managers, especially if they make referrals to the assistance programmes, must be properly trained. Managers should understand the programme policies, procedures and the services, and be clear about their role in relation to the plan.

Managers should identify the performance problem, and not make clinical diagnoses, and should encourage employees to use the EAP services.

Managers need to understand that this service is voluntary and must not be used as a punitive measure. Rather, the EAP can be used as an opportunity to obtain assistance before dismissal. Therefore it is important that the manager is trained to view the referral as a service that helps, rather than one that will embarrass or humiliate the employee.

The growth in EAPs has spurred the demand for training professionals for this field (Maiden, 1992).

4.4.11 Marketing the EAP

The EAP needs to be effectively promoted in order to inform the entire employee population in the organisation about the available services. Memos, e-mails, posters and presentations including slides, films and brochures should be within the reach of all employees. The use of familiar language will easily educate the employees about the EAP. Promotional material can be handed out during tea and lunch breaks in canteens or cafeterias.

According to (Maiden, 1992) if employees feel that their problems are not safe within the EAP department they will stop utilising the services.
It is therefore important that, as management needs proof of the EAP’s benefits for the organisation, they should not jeopardise the confidentiality code.

4.5 SUCCESS CRITERIA FOR EAP SERVICES

Moodley (2003) explains the following EAP pyramid elements that the organisation can examine regarding the success of EAP services.

4.5.1 Review

It is the responsibility of management to track the trends in their own and other organisations, and to offer suggestions for their programme’s ongoing success.

4.5.2 Risk management

Management, with the assistance of EAP practitioners, should ensure proper insurance for their practitioners. For example, sometimes practitioners have to work with employees who may become violent.

4.5.3 Professional ethics

Practitioners should always maintain professional ethics. They should determine strategies to maintain confidentiality in order to avoid possible lawsuits that might ensue and cause delays in rendering the service, and ensure ethical behaviour and eliminate unethical practices. EAP professionals are responsible for the consequences of their actions. A potential conflict may arise when an EAP provides “ancillary” services beyond the core EAP services.
4.5.4 Supervisory application

It is the responsibility of the practitioners to guide the supervisors and inform them about any discrepancies.

4.5.5 Communication

There should be a mutual interaction between the practitioners and the organisation that they are serving. The practitioners should also encourage the same interaction amongst employees and their supervisors/managers.

4.5.6 Capacity

Practitioners should hold workshops with members on how to accommodate diversity at the workplace. Diversity also involves language and culture differences. Disability in the workplace should also be considered, and employees should be treated with respect.

4.5.7 Design and consultation

Each organisation should design an EAP programme that will be in line with their policies. Employees should be consulted and their inputs must be considered.

4.5.8 Positioning

Management should be well informed about the trends that are being followed. It is further argued that the South African EAP has to adapt to the country’s political climate and render services that are appropriate and applicable to South Africa organisations.
It must be noted that there has been a great deal of mistrust between employees and employers, and a service that is provided by the employers will surely be viewed with suspicion and the attitudes of employees towards the service will be cautious.

Creative new programming ideas in supervisory/union training and employee education should be explored as devices to keep EAP services in demand and the programmes properly maintained at individual work sites.

Thomas and Hersen (2002) suggest that organisations need to formulate an EAP policy, which will include how to manage attendance and absenteeism. Such a general policy should emphasise accountability for good attendance while avoiding the methods of minimising absenteeism. The policy should also include the parameters of the EAP service delivery.

Two basic principles apply; first, all employees should be exposed to conditions that encourage reasonable attendance, not just high absenteeism. Next, the wide range of meanings or causes of absenteeism should be dealt with, suggesting a multi-pronged approach. During the recruitment process the reference check needs to include an inquiry regarding absenteeism.

4.6 MANAGEMENT OF THE EAP PROGRAMME

4.7 Advisory committee

The role of the advisory committee is to ensure that all relevant to players in the organisation, such as top management, employees, supervisors and union members contribute to the effective design and operation of the EAP. The advisory committee should be responsible for policy and strategy formulations, including advice on the implementation of procedures.
4.7.1 Needs assessment

A needs assessment has to be made to ensure that programme planning and development includes an assessment of the needs of the employee population and the organisation for which they work. This assessment is intended to help the organisation determine the most appropriate methods of providing EAP services.

This function will ensure that the right approach is followed in the design of the EAP in order to match those individuals with identified problems with a cost-effective and appropriate level of care. Accurate assessment and appropriate referrals should increase the likelihood of increased job performance and employee well being. Competently conducted assessments and referrals will enhance the credibility of the EAP in the organisation.

4.7.2 Service delivery systems

A service delivery model should be selected that is consistent with organisational and employee needs. The design and development of a service delivery system should include the following: identification of resources, documentation regarding resources, assessment and referral model, and a therapeutic approach.

4.7.3 Implementation plan

The programme implementation plan should establish the EAP as a distinct service within the organisation and describe fully the responsibilities of the organisation and the EAP professionals.
4.7.4 Programme procedures

A clear-cut description of the programme’s scope of activity, combined with standardised procedures for programme administration, operation, direct service, linkages and evaluation, provides significant advantages for the programme and the organisation in which it operates.

4.7.5 EAP consultation and case supervision

To assure the quality of client services, EAP practitioners have a potentially profound effect on their clients, and via consultation and supervision clients are protected. Consultation and supervision prevents isolation and professional burnout.

4.7.6 Record keeping

To protect the EAP practitioner, the organisation must take the precautions necessary to answer legal challenges concerning the delivery of services and maintain financial resources sufficient to ensure continuation of the programme during and following litigation. Effective documentation is part of an effective tool of managing absenteeism and general management. Effective documentation can alert a manager in recognising a pattern of behaviour that becomes a problem over time and the potential underlying factors that may be at play. It protects both the employee and the manager, and allows for a solid base of objectives information.

Documentation should focus on voluntary and involuntary absenteeism, job performance and observable behaviours, and not personal opinions. The documentation should not be hearsay or speculation, i.e. incorporate subjective judgment or opinions. Documentation is used primarily to detect patterns over time versus significant single events, hence most documentation should remain with the manager/supervisor and not necessarily be part of the personal records.
This is likely to occur with significant events, or if a pattern is detected. Documentation should be specific and observable, and facts and behaviours should be verifiable (Mkhize, Harper & Ass., 2003).

4.7.7 Professional liability cover/insurance

To protect the EAP practitioner, the necessary precautions should be taken so that legal challenges concerning the delivery of services can be answered, and also to maintain financial sufficiency to ensure the continuation of the programme during and following litigation.

4.7.8 Crisis intervention

In order to maintain relevance and credibility, it is essential that the EAP responds effectively to crises and emergency situations. Timely intervention may lessen or prevent long-term difficulties or dysfunction, both at an individual and organisational level.

4.7.9 Short-term interventions

The nature of the workplace context offers the ideal opportunity for time-limited intervention. In accordance with programme policy, there are occasions when it may be more efficient and effective for the EAP professional to provide short-term intervention services than to refer the employee to an outside resource. Larger numbers of clients can be assisted if the EAP confines itself to short-term interventions, and this is also more cost-effective. Short-term interventions reduce the potential risk of boundary violations between the practitioner and the employee.
4.7.10 Monitoring

The EAP is in a unique position to monitor and review the progress of referrals and ensure quality and cost-effective treatment. Good monitoring will assist in improving the image and credibility of the EAP amongst potential clients and management.

4.7.11 Follow-up

By providing ongoing follow-up services, the EAP demonstrates a commitment to the well being of the organisation and its employees. Documentation of follow-up activities assists in evaluating the effectiveness of the EAP service.

4.7.12 Training of managers, supervisors and worker representatives

Ongoing training will develop the supervisors’ ability to make appropriate referrals, and it is important that supervisors understand that their role is to focus on employee job performance, not the diagnoses of personal problems.

4.7.13 Supervisors/managers/worker representative consultation

EAP professionals should provide technical support and policy-based advice to supervisors charged with monitoring job performance and taking appropriate action in dealing with troubled employees. Consultation should assist supervisors, managers and worker organisation representatives to take appropriate action in dealing with troubled employees.
4.7.14 Promotion and marketing

An EAP that is highly visible and presented in a positive light should encourage members of the organisation to fully utilise the programme services. Appropriate marketing and promotions of the programme will encourage utilisation of its services, which ultimately impacts on the healthy functioning of the organisation.

4.7.15 Internal organisational activities

To ensure that the EAP operates at its optimal level it should be fully integrated with internal organisational activities. Close involvement and collaboration improves EAP visibility and credibility and increases its ability to have an impact. Linkages within the organisation will maximise programme effectiveness and decrease potential liabilities. The involvement of different role players within the organisation will ensure the viability of the EAP.

4.7.16 External community organisations and resources

An effective network of professional resources, health care providers and self-help groups will ensure the delivery of quality services, such as an effective referral system, and the responsiveness to the needs of the work organisations' employees and family members.

Close involvement and collaboration improves EAP visibility and increases its ability to have an impact. Linkages with resources in the community will maximise programme effectiveness and decrease potential liabilities. The involvement of different role players from the community will ensure the viability and credibility of the EAP.
4.7.17 Professional organisations

To enhance the knowledge, skills and attitudes of EAP professionals, they should be kept aware of new developments and technologies in EAP service delivery. Participation in professional organisations provides EAP professionals with support and collegiality, which contributes to professional development and the prevention of professional burnout.

4.7.18 External agencies

It is important to ensure the appropriate application of knowledge of regulations, legislation and emerging issues and their implications for the EAP field.

EAP professionals can take a proactive stance when core EAP activities and employees' rights may be affected by the actions of external bodies.

4.7.19 Evaluation

Proper evaluation should ensure a cost-effective and relevant service to employers and employees and their dependants. Measurable objectives allow the organisation to judge the programme’s progress and usefulness and to identify the need for programme modifications.

4.8 CONCLUSION

South Africa’s past and present history is dominated by violations of the human spirit. The country should therefore proceed with EAP implementation sensitively and cautiously, but with determination. In that manner South Africa can create a paradigm for EAP standards of best practice, and once again demonstrate the spirit of the South African people.
This paradigm may well not only benefit South Africa, but also provide an example to other countries in Africa and worldwide (Avidan, 2003).
CHAPTER FIVE

5  CONCLUSION AND RECOMMENDATIONS

5.1  CONCLUSION

Absenteeism in organisations globally is a costly problem which is being neglected by management. In the USA alone absenteeism costs the country $40 billion per year, and the UK is also affected by huge financial losses due to absenteeism. Both countries have tried all the techniques to minimise absenteeism. The EAP has proven to be the only tool which is able to manage absenteeism effectively.

South African organisations are also faced with a changing environment, due to globalisation and the HIV/AIDS pandemic which impacts negatively on organisations and is crippling the economy of the country. Some South African organisation are utilising EAPs to combat this pandemic.

In order for a programme to be an effective tool to reduce absenteeism, it needs to be formulated according to a unique model that will suit the organisation’s unique values, beliefs and needs.

5.2  RECOMMENDATIONS

- There has to be a buy-in from the top management and an alignment of the EAP to the organisational strategy. This will encourage management to measure its effectiveness.

- An EAP must never be used as a punitive tool. The EAP should be regarded as a resource.
• Management and EAP practitioners must be aware of the factors that impact negatively on the effectiveness of the EAP to make the programme successful.

• EAP interventions must be proactively implemented, not only reactively.

• EAP programmes should include a comprehensive health care service which needs to be available and accessible on site at all the time.

• Primary Health Care services should be included in the EAP department. Services to be included are family planning and sexually transmitted diseases.

• In order for employees to manage their well-being and perform effectively, management must encourage employees to take leave when it is due and not to sell or bank it for the following year, as this may lead to burnout, poor performance and eventually to absenteeism.
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