UTILISATION OF EMPLOYEE ASSISTANCE PROGRAMME TO REDUCE ABSENTEEISM ON CONSTRUCTION SITES

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You Guys you are all important to me
ABSTRACT

Many construction companies are beginning to realize the value of their employees. Employees are to a large extent the engine of the organisation. Todays employees are under a lot of pressure and stress from home and at the construction sites. The construction industry just like any other industry, is faced with the challenges of dealing with personal as well as work related problems. These problems they have effect on job performance.

An Employee assistance Programme is a programme that is utilized to resolve personal and work related programme. An EAP can be defined as a programme that is designed to deal with the personal and work related problems of employees and their family member, which may be impacting on productivity and social functioning. EAP has to be based on the special needs and interest of employees, who will be served by such a programme needs for assessment is important to ensure that the EAP closely matches the needs of the employees.
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CHAPTER ONE: INTRODUCTION

1. BACKGROUND

South Africa has been very visible on the world map following the non-racial elections held in 1994 when it found itself participating in the global economy. The South African construction industry 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-away’ protests had far-reaching consequences in the sense that essential services such as transport were affected, thus contributing to greater levels of absenteeism. 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 (Whiteside and Sunter, 2000).

In addition, the South African construction industry is currently experiencing devastating levels of absenteeism due to HIV/AIDS. Most construction companies 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 due to absenteeism are the result of both sick employees and those in good health who take a leave of absence as they have to take care of sick relatives or arrange and attend funerals (Whiteside and Sunter, 2000).

Absenteeism on the construction site has a negative economic impact on business revenues and profitability which could be reduced with more control over absenteeism. According to Rabe (2001), mental and emotional issues account for 70% of the reasons given for employees’ 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 on the construction sites who test positively for drugs and alcohol 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. Construction site stress is another aspect that has serious implications for current economic activity in the construction industry. At best, work stress can be a source of great excitement and a stimulus for achievement. At worst, it can seriously impair the quality of people’s 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 in terms of 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 an adaptation to the work environment that will involve being late for work persistently, taking excessive breaks, being involved in 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 construction site epidemic, since management has been 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 construction companies. When absenteeism occurs, or when 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. According to Rabe (2001) employers could determine the underlying cause of absenteeism by implementing an Employee Assistance Programme (EAP).

EAP offers a solution by means of which the employer can assist the employee in addressing the problem through counselling. Implementing an EAP would enable the company to identify the problem being experienced by the individual employee, 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 and implementing EAPs in construction companies, as South African construction companies tend to interpret an EAP in a limited manner, i.e. as a programme that can be used to counsel problem employees off the construction sites. This interpretation is in contradiction to the EAP principles. EAP refers to policies and procedures that could be adopted by employers in order to identify problem employees, including those with alcohol problems, as manifested by deteriorating job performance. In terms of this definition the EAP is regarded as a corrective programme designed to identify and to correct abnormal conduct among employees.

1.2. PROBLEM STATEMENT
The construction industry is faced with a high ongoing escalating rate of absenteeism that lead to additional resources being expended to make up for cost and time overruns. During the first half of the last decade, days lost due to absence in the Canadian construction industry trended upwards; in the second half, these rates remained relatively constant (Statistics Canada 2010). When comparing the rates of absence in 2000 and 2010 for the Canadian construction industry, an overall trend upward is observed (Statistics Canada 2010). This increase in absenteeism rates required the expenditure of additional manpower resources in order to meet project objectives (Sichani et al. 2011).

Additionally, recent statistics on employment trends in Canada anticipated an increasing demand for manpower in the residential and non-residential sectors. Absenteeism is a poorly understood phenomenon in the construction industry since it lacks scientific indicators that might clarify the factors triggering it and explain the full extent of its impact. It has been
estimated that about 4.5% of south African workforce in the construction industry are absent on a given day and in certain companies this figure is as high as 18%, this may costs South African Industry millions of rands a year in decreased efficiency and increased benefit payments e.g. (sick leave) and payroll costs. This figures indicate the importance to construction companies of keeping absenteeism low.

Absenteeism within the construction industry can be managed through a systematic, planned intervention programme that focuses on unique difficulties faced by individuals within the construction sites, with the aim of correcting the negative behaviour, viz. absenteeism. The introduction of an Employee Assistance Programme (EAP) can reduce absenteeism on construction sites by utilising strategies and tracking tools that provides a system to track, evaluate, and resolve high levels of absenteeism and they are particularly valuable when the construction industry faces shortages in skilled labour.

1.3 RESEARCH OBJECTIVES

- To investigate the causes of absenteeism on construction sites.
- To investigate the cost-effectiveness of implementing an Employee Assistance Programme on construction sites.
- To determine the use of an Employee Assistance Programme in dealing with absenteeism.
- To design an Employee Assistance Programme strategy that will reduce absenteeism in the construction industry.

1.4. RESEARCH METHODOLOGY

A literature study is conducted to determine and describe an effective method(s) of using an EAP to control and manage absenteeism proactively. Information is drawn from books, journals and articles. The quantitative research design was utilised in this research and randomised cross-sectional survey design was selected as the appropriate type of study design. The sample population in this study comprised employees from construction companies in Gauteng; 100 employees of 30 small, 30 medium and 40 large construction companies were interviewed to gain information regarding EAPs in their companies. The literature study was then contextualised for the South African situation.
1.5. LITERATURE REVIEW

1.5.1. Background and origin of absenteeism

It has been indicated that a surprising number of large construction companies have no idea as to the cost or cause of absenteeism in their companies. Companies may have an absenteeism rate averaging 25%. The actual cost of absenteeism remains uncalculated, although some, albeit very few, managers know that the absenteeism rate is an indicator of the contentment and the well-being of the labour force. Any absenteeism rate of over 5% tends to indicate dissatisfaction among the workforce, poor labour relations, and a lack of management leadership (Plimmer, 2003).

1.5.2. 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 the 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 when 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 American economy alone is at least $40 billion. Furthermore, there is reason to believe that absenteeism is becoming even more of a concern on construction sites. 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 being late for work continuously, reduced personal productivity and turnover.
1.5.3. 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.

1.5.4. The need for absenteeism management policies in the construction industry

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 construction companies can drastically reduce the extent of employee absenteeism by adopting policies which deter, not encourage absenteeism.

Furthermore, it should be noted that these policies do not include punishing an employee for being absent or direct discipline of any kind; rather, any reductions in absenteeism may merely reflect the existence of some reasonable policy which is aimed at discouraging employee absenteeism. Leigh (1981) found that liberal sick-leave policies lead to higher rates of absenteeism, and Winkler (1980) noted that a requirement to report absence directly to line management and to provide certified evidence of the reason for the absence was associated with lower absenteeism levels.

1.5.5. An implementation plan for reducing absenteeism in the construction industry

Construction companies use different ways of resolving absenteeism on the construction sites; however, they should at least implement an absenteeism monitoring system, where appropriate, that allows for the employer to effectively monitor and record attendance, absenteeism and late arrivals. In addition, they should adopt a consistent approach when dealing with individual employees in keeping with company policy; alternatively construction companies may reward employees for regular attendance. Policies implemented must be effectively communicated to all employees and should be consistent (Hewitt, 2002).
The Health and Safety Executives (HSE), a non-departmental public body in the United Kingdom, have issued a guide for employers and managers for dealing with sickness and absenteeism. Long-term sickness absenteeism, defined as an absence from work of four weeks or more, is a burden to employers as long-term 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 facilitate 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 and monitoring is a critically important issue for many businesses (Utility Week, 2006).

USA employers are now adopting numerous approaches to integrated disability management as the concept continues to mature and seeks 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 has 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 employers are adopting a much broader approach today than in the past.

For example, in order to improve productivity and reduce costs, they are integrating short- and long-term disability claims management, workers’ compensation and leave administration with the administration of family and medical leave and incidental absenteeism. Dr. Catherine Baase is the Global Director of Health Services for the Dow Chemical Company and a member of the advisory board of the Institute of Health and Productivity. She has examined the flu season and the flu costs.

The flu costs USA employers more than $11 billion in lost productivity annually. However, even in years when vaccines are used, it is difficult to predict how many people will be affected. That is because the influenza virus tends to mutate, so the vaccine’s coverage will be better in some years than in others. The Dow Chemical Company tries to locate vaccines for high-risk employees and negotiates an agreement 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 to work when they are still in the infectious stage of the disease (Esswien, 2005).
1.6. LIMITATIONS OF THE STUDY

This study is limited by the fact that very little research has been done on South African EAPs; however, much information is available from the USA and UK studies. Any research project has some limitations that need to be kept in mind when perusing, discussing and implementing the results thereof. In the case of this project the following limitations apply:

- Questionnaires: Not all contractors were included and therefore the results are not representative of all construction companies in South Africa. Therefore, there is no guarantee that all forms of EAPs found in the construction industry will be reported on; and
- It did not comprise a longitudinal study but was a one-off survey to gain a rapid overview of the situation, therefore policy and programme impacts were not determined over a long period of time.

However, every effort was made to ensure that extraneous impacts on the quality of the project were controlled to obtain high-quality research results, despite the aforementioned limitations.

1.7. OUTLINE OF CHAPTERS

Chapter One – Introduction
This chapter presents a brief summary of the following: introduction, summary assumption, problem statement, research objectives, research methodology, literature review and content of chapters.

Chapter Two – International perspective on the establishment of the Employee Assistance Programme (EAP)
This chapter describes the effectiveness of an EAP in managing and reducing absenteeism in the construction industry, taking into consideration the evolvement of EAPs as a field of practice in the USA and the UK.

Chapter Three – Literature review
This chapter explores the evolvement of EAPs in South Africa, and covers the history and increase in the rate of absenteeism in the construction industry.
Chapter Four – Research methodology
This chapter focuses on the research methodology used in this study, and presents a discussion of research design, data-collection methods and sampling.

Chapter Five – Data analysis and interpretation
This chapter features the analysis and interpretation of data that had been collected for the study.

Chapter Six – Discussion of findings, recommendations and conclusion
This chapter discusses the findings and the study is concluded in a summary form and recommendations are made for the development of appropriate and relevant EAPs in the South African construction industry and in the USA.

The conclusion is given in Section 6.8 of this chapter and is introduced by discussing the aims, problem statement, limitations of the study and objectives for undertaking this research study. 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 a company with the opportunity to become an employer of choice on the basis of being a company that nurtures its employees and cares about their well-being (Moodley, 2003). Because of the wide and complex range of causes of absenteeism, quick-fix strategies, which tend to be punitive by nature, will not have the required effect. Rather, absenteeism should be managed by sound policies and the introduction and implementation of adequate employee assistance programmes.
CHAPTER TWO: INTERNATIONAL PERSPECTIVE ON THE
ESTABLISHMENT OF THE EMPLOYEE ASSISTANCE PROGRAMME (EAP)

2.1. INTRODUCTION

This chapter describes the effectiveness of an EAP in managing and reducing absenteeism in the construction industry, taking into consideration the evolution of EAPs in the USA and UK. EAPs are understood by USA, UK and Australian authors as being programmes that assist employees to perform better and will thus reduce absenteeism in the construction industry. Therefore in the literature the suppliers used to provide EAP services are often erroneously identified as the actual EAPs. At first, EAPs were concerned exclusively with problems of alcohol abuse, and EAPs were staffed primarily by non-professional or recovering counsellors (Masi and Presnall, 1992).

The counsellors were successful in demonstrating the effectiveness of EPAs 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 often 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 work of George Elton Mayo who was in charge of particular experiments on human behaviour carried out at the Hawthorne Works of the General Electric Company 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 on the construction sites, 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 and Dickson, 1939). The introduction of the USA EAP model 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 construction companies turning to EAPs to address 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 also employees’ personal and emotional problems that could, or already were, affecting employees’ job performance and use/abuse of benefits.

Not only did the range of interventions expand, but the conceptualisation of services had become more sophisticated (Kuzman and Akbas, 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. The findings of the literature reviewed suggest that a generic definition of EAPs could be: A confidential and professional service provided as a benefit to employees that complements and extends in-company resources in the constructive and supportive management of people impacted on by concerns in their personal and work lives. In this definition, the following should be highlighted:

- EAPs are confidential
- EAPs are professional
- EAPs form part of employee benefits

EAPs have been developed to deal with concerns in the personal and work lives of people. The core service offered through an EAP is professional assessment, referral and counselling. Based on the literature survey, it is interesting to note that HIV and AIDS counselling does not form part of EAPs that have been generated outside South Africa. The emphasis in these EAPs appears to be on assessment, referral and counselling for substance abuse and stress-related issues.
2.2 THE BIGGEST CHALLENGES IDENTIFIED BY USERS (EMPLOYERS) OF EAPS

Employers have identified the biggest challenges of using EAPs as being:

- Is employee wellness on construction sites being managed at an acceptable cost, and within the confines of keeping individual confidentiality?
- Which elements of an EAP will be added or eliminated from the total programme offering?
- How deep should a counsellor delve into the problems experienced by an individual?
- Which aspects must be handled by EAP counsellors within the organisation and which must be referred to outside co-ordinators?

In the UK and Australia, the preference is for EAP counsellors to be qualified psychologists, social workers or occupational therapists. Not surprisingly, in these countries users of EAPs have indicated very high levels of satisfaction with the outcomes of counselling sessions. Still, the real challenge for the future of EAPs in both these countries is to remove the label or stigma that is often attached to this form of intervention. The question can be raised as to why EAPs are necessary. The pressures on people in a modern working society have increased the stress of workers. An increased focus on short-term results (with a resultant staff downsizing and/or multi-tasking) has resulted in many people working under long-term pressure. This in turn may lead to a situation where people cannot cope without some kind of support mechanism.

Table 2.1 shows some of the major reasons for the introduction of EAPs in the USA.

**Table 2.1**

Major reasons for introduction of EAPs in the USA (Daniels, Teems and Carroll, 2005)

<table>
<thead>
<tr>
<th>To assist with</th>
<th>To reduce</th>
<th>To improve</th>
<th>To manage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy implementation</td>
<td>Litigation</td>
<td>Success</td>
<td>Change</td>
</tr>
<tr>
<td>Counselling</td>
<td>Costs</td>
<td>Morale</td>
<td>Problem people</td>
</tr>
<tr>
<td>Downsizing</td>
<td>Absenteeism</td>
<td>Commitment</td>
<td>Stress</td>
</tr>
<tr>
<td>Reactions to a crisis</td>
<td>Staff turnover</td>
<td>Performance</td>
<td>Uncertainty</td>
</tr>
<tr>
<td>Specific needs or events</td>
<td>Accidents</td>
<td>Profits</td>
<td>Environment</td>
</tr>
<tr>
<td>Problem diagnosis</td>
<td>Withdrawal</td>
<td>Productivity</td>
<td></td>
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</tbody>
</table>
In the USA, the rapid growth in the EAP industry (where quite a large number of EAP supplier companies exist) resulted in the industry being regarded as ill-defined and amorphous. It is often described as a one-stop-shopping-centre for all construction industry health and human resource issues. It is accepted that EAPs in the USA are not easily defined. Programmes are diverse in scope, and balanced somewhere between an occupational and a healthcare role. Within the field there is no clear sense of a common mission or set of goals. EAPs lack a research and empirical base theoretical frameworks, best practices, evidence-based decision applications, and cost-effectiveness studies.

Within this context, Daniels, Teems and Carroll (2005) suggested ten rules to ensure quality in the delivery of EAPs. These are briefly discussed below:

**Rule1: Care is based on continuous healing relationships**

EAP clients receive services whenever and wherever they need them. Services are offered in many forms, including face-to-face, via the internet, or telephonically. Referrals to outside sources are made seamlessly and contact with clients and any outside providers of service is continuous until concerns are resolved. Access to an EAP is often hindered depending on where a person or company is located, the time of day that a need arises, and whether an EAP counsellor is available. This rule suggests that EAPs should be responsive at all times and be available through a number of different mechanisms, including the internet and other technology resources.
Rule 2: Customisation is based on client/company needs and values
EAPs are designed to meet the most common types of needs as well as the capacity to respond to individual client and company choices and preferences. Clinical interventions as well as all other services provided by EAPs are customised according to clients’ and companies’ values, strengths and desires.

Rule 3: The client company is a source of control
Clients/construction companies have the necessary information they need to make decisions about EAP interventions and services that impact on them.

Rule 4: Shared knowledge and the free flow of information are necessary
For construction companies to be able to make their own decisions about their care, it is essential that they have access to information about their situation and possible interventions, consequences of choices, and other information. One way to ensure this is to provide organisations with access to records. This is not a regular practice for EAP suppliers. The opposite, whereby it is difficult to access records, is more common. Confidentiality, liability, and lack of clinical understanding are the reasons most often listed for this.

It is incumbent on EAP practitioners to educate clients about their record content and to implement the proper policies and procedures to assure confidentiality. Another important issue related to this rule is that employers/companies have all the necessary information they need to be able to make decisions about EAPs and about introducing employees into the EAP system. Again, EAPs cannot hide behind confidentiality when an organisation must have information that impacts on the well-being of its workforce.

Rule 5: Decision-making is based on evidence
Clients and companies receive services based on the best available scientific knowledge. Services do not vary from practitioner to practitioner or from location to location. EAP suppliers make referrals to services that are also evidence-based.

Rule 6: Safety is a system priority
Clients and companies receive services that are emotionally and physically safe. This requires that delivering on EAPs needs to be compassionate, caring, and trusting. EAPs also pay attention to systems and processes that assure safety and prevent errors.
Rule 7: All aspects of delivering an EAP must be transparent
While services are transparent, this is balanced with the need to protect sensitive client information as far as possible.

Rule 8: Needs must be anticipated
Implicit in this rule is the idea that EAP providers carefully plan their services, and that these plans are based on dialogue and observation about needs and desires of clients and construction companies. EAP providers must shift from being good at reacting to events, to the ability to anticipate what these events might be.

Rule 9: Productivity is ongoing
One challenge for the EAP field is to develop basic standards and performance measures around timeliness, availability, staffing requirements and other indicators of successful programme access. Minimising waste must become an important focus of EAP providers, particularly in a larger environment of shrinking resources. Interventions, outreach efforts, training, and other programme components are conducted in ways that do not waste the resources (including time) of EAP staff, those serviced by EAPs, and those supporting and hosting EAPs.

Rule 10: Co-operation between professionals is essential
There is an active collaboration and communication between clinicians, practitioners, and outside programmes to ensure that information is appropriately exchanged and care is coordinated. These ten rules were developed as a first step towards ensuring that quality standards are assured in the field of delivering EAPs in the USA. These steps could also be considered as guidelines in other environments. Particularly challenging for the South African environment, will be the way in which organisations deal with HIV and AIDS on the construction sites. Apart from all the normal day-to-day pressures experienced by South Africans, HIV and AIDS add to the emotional and physical stress that workers have to endure.
2.3. EMPLOYEE ASSISTANCE PROGRAMME (EAP) AS A STRATEGIC INTERVENTION TOOL IN THE CONSTRUCTION INDUSTRY

In order for an EAP to be effective in reducing absenteeism in the construction industry 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. However, 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 construction industry 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 on the construction sites and targeting the public market (Avidan, 2003).

2.4. RESPONSIBILITIES IN RESPECT OF EMPLOYEE ASSISTANCE PROGRAMME (EAP)

In order for this programme to function, the following responsibilities have to be assigned:

2.4.1. Management

The management must:

- Buy into the programme, that is, their support must be visible.
- Ensure that the location of the EAP consulting rooms is away from the construction industry to help ensure privacy.
- Attend training sessions and be well-versed with EAP.

2.4.2. Supervisor

Supervisors must:

- Be alert and observe the performance of their supervisees so as to identify the change of behaviour and decline in performance.
• Document evidence in relation to deteriorating job performance, that is, must keep records of absenteeism, reporting to work late, failure to meet deadlines, physical appearance or any other visible behavioural change.
• Inform their supervisees about the observed and documented behavioural change.
• Inform their supervisees about the value of EAP.
• After everything else has been done, that is, any means to develop the employee, and there is no improvement on job performance, the troubled employee is referred to the EAP practitioner.
• Attend training sessions and be well versed with EAP.

2.4.3. Employees’ rights and responsibilities
The following are employees’ rights and responsibilities pertaining to EAPs:
• Personal information concerning participation in the EAP is maintained in a confidential manner.
• Participation in the EAP shall not jeopardise an employee’s job nor prejudice any opportunity for promotion or advancement.
• Leave and time-off shall be granted in accordance with departments’ standard policies and procedures for professional assessment, counselling and treatment.
• Employees must take full responsibility for their own health and fully participate in the programme.
• It is the responsibility of the employee to maintain satisfactory job performance.
• Policies define criteria for ‘additional’ treatment emanating from the application of EAPs. These criteria take into consideration whether an employee has medical aid or not and the affordability of additional treatment

2.4.4. Employee Assistance Programme practitioners
EAP practitioners are responsible for:
• Advocating EAP throughout the construction industry.
• Ensuring links with authentic referral institutions.
• Conducting counselling sessions.
• Safe-keeping of confidential records in respect of interviews and referrals.
• Monitoring and evaluation of the effectiveness of EAP.
• Identification and training of EAP co-ordinators at regional level.
2.5. SUCCESS CRITERIA FOR EMPLOYEE ASSISTANCE PROGRAMME SERVICES
Moodley (2003) explains the following EAP pyramid elements that the organisation can examine regarding the success of EAP services:

2.5.1 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.

2.5.2 Risk management
Management, with the assistance of EAP practitioners, should ensure proper insurance and professional liability cover for their practitioners. For example, sometimes practitioners have to work with employees who may become violent.

2.5.3. 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.

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

2.5.5 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.

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

2.5.7 Design and consultation
Each construction company should design an EAP policy that will be in line with their company policies. Employees should be consulted and their inputs must be considered.

2.5.8 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) suggested that organisations need to formulate an EAP policy, which will include guidelines on 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; and secondly, 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 enquiry regarding absenteeism.

2.6. MANAGEMENT OF THE EMPLOYEE ASSISTANCE PROGRAMME IN UNITED STATES OF AMERICA (USA)
2.6.1 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.

2.6.2. Needs assessment
A needs assessment has to be conducted 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 assist the organisation in determining the most appropriate methods of providing EAP services. This function will ensure that the correct 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.

2.6.3. 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.

2.6.4. 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.

2.6.5. 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.

2.6.6. Employee Assistance Programme 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.
2.6.7. 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 objective 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., 2006).

2.6.8. 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.

2.6.9. 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.

2.6.10. Short-term interventions
The nature of the construction industry 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.

2.6.11. 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.

2.6.12. 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.

2.6.13. 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.

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.

2.6.15. 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.

2.6.16. 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.

2.6.17. 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 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.

2.6.18. 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.

2.6.19. 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.

2.6.20. 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.

2.7. 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,
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 assisted 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 drug-related 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 annual 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).

2.8. CONCLUSION
This chapter focused on the international perspective on the establishment, challenges and management of EAP taking into consideration developments taking place in the USA, UK and Australia. 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 companies with the opportunity to become an employer of choice on the basis of being an industry that nurtures its employees and cares about their well-being.
CHAPTER THREE: LITERATURE REVIEW

3.1. INTRODUCTION

This chapter will explore the evolution of EAPs in South Africa, and will cover the history and evolution of absenteeism in the construction industry. In the 1970s the apartheid government created the Centre for Human Development (CHD), an internal EAP service provider for mine management. The CHD was 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 construction industry phenomenon, despite assistance having been given to employees dating back to at least four decades. Another change has been the increasing dominance of occupational social workers acting 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 the construction industry. 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 companies by social workers and psychologists who had studied the programmes in the USA (Maiden, 1992). EAPs are 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).

3.2. COMMON OBJECTIVES COVERED BY DEPARTMENTAL POLICIES ON EMPLOYEE ASSISTANCE PROGRAMMES

The most common objectives of EAPs in the departmental policy are to:

- Provide constructive assistance to employees and their immediate family members who are experiencing any form of personal problems such as physical illness, mental and emotional illness, family distress, financial problems, alcoholism, drug dependency, legal problems or others.
- Render a confidential service aimed at assisting employees by helping them to improve their efficiency and quality of life by means of preventative and remedial activities.
• Timeously identify, assess and refer troubled employees/underachievers to specialist treatment (internal or external service providers) for successful re-integration into the work environment.
• Prevent a decline in performance of employees with normally satisfying job performance and potential.
• Establish and maintain a holistic approach to remedy personal, social and emotional problems.
• Increase the level of interpersonal skills amongst employees in the construction industry.
• Enhance the quality of life of all employees.
• Provide employees with a fulfilling, safe and healthy working environment.
• It is clear that EAPs have a focus on ensuring a healthy and productive workforce.

3.3. SUMMARY OF AIMS OF AN EAP (Cunningham, 1994)

Table 3.1 provides a summary of the EAP aims.

<table>
<thead>
<tr>
<th>EAPs aim to increase:</th>
<th>EAPs aim to decrease:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attendance</td>
<td>• Absenteeism</td>
</tr>
<tr>
<td>• Communication</td>
<td>• Accidents</td>
</tr>
<tr>
<td>• Organisational commitment</td>
<td>• Interpersonal conflict</td>
</tr>
<tr>
<td>• Performance and productivity</td>
<td>• Staff turnover</td>
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3.4. AREAS OF ASSISTANCE

The programme will offer assistance in respect of the following:

• Marital, family and relationship problems
• Substance abuse (alcohol, drugs, prescription/medication)
• HIV/AIDS and other dread disease
• Construction industry violence and trauma counselling, for example, car hijacking
• Stress (family, social and job)
• Family violence
• Sexual harassment
• Psychological problems
• Financial management problems

3.5. HOW IS SOUTH AFRICAN CONSTRUCTION INDUSTRY 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. Construction companies 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 construction 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 construction 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.
(Cunningham, 1994). That is, it tends to be seen as violating implicit construction site 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 of other infected family members or need to attend the funerals of co-workers or loved ones. 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 of absence are too much, and how many episodes are allowed in any one year before the employer decides to investigate further or to start disciplinary proceedings.

An absenteeism study conducted by Weiss (1994) in the Eastern Cape construction sector concluded that construction companies that used disciplinary action as a method to control absenteeism failed in their attempt because construction companies ended up dismissing the employees. In another strategy to combat absenteeism in the construction industry, committees were formed consisting of 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%.
3.6. THE HYPOTHESED MODEL

Excessive use of alcohol to cope with stress was indirectly measured by computing an interaction between stress and alcohol consumption. Therefore, feeling stressed and drinking alcohol at the same time is thought to reflect the drinking of alcohol to cope with stress. Sickness absence was defined as having been absent one or more times during the past 6 months. At all times controlling for influences of socio-demographic variables and type of work-site (i.e. blue- or white-collar), first, it is hypothesised that work stressors would predict stress (arrow a). Secondly, it is hypothesised that stress would predict higher alcohol use (arrow b). Thirdly, stress and alcohol use were hypothesised to interact in their prediction of sickness absence (arrow c). It is expected that the combination of stress and excessive alcohol use would be associated with higher sickness absence.

Based on the studies of Marmot et al. (1993) and Van Deursen et al. (1989), we also expected abstinence and stress to be associated with higher sickness absence. Furthermore, we expected buffering effects of female gender and having a partner on the association between stress and alcohol use (arrow d). Finally, we aimed to test whether work stressors directly
predict alcohol use and sickness absence (arrow e) in addition to their supposed indirect association via perceived stress (i.e. mediated by perceived stress).

3.7. CAUSES OF ABSENTEEISM IN SOUTH AFRICAN CONSTRUCTION INDUSTRY

3.7.1. 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. In this research, more satisfied individuals reported higher self-esteem and self-efficacy, exhibited a higher internal control, and lower 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 company 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 particularly critical determinants of attendance patterns (Thomas and 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 on the construction sites (George, 1989; Iverson and Deery, 2001).

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

3.7.3. 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.

3.7.4. Organisational culture
When there is a permissive culture within the company regarding absenteeism, other employees will consider sick leave as a benefit to be utilised.

3.7.5. 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 on honesty in the construction industry 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 on sub-traits of the Big Five dimensions of conscientiousness, and they have been used successfully to predict broader composites of counter-productivity (Ones, Viswesvaran and Schmidt, 1993). In a meta-analysis focusing specifically on absenteeism, Ones, Viswesvaran and Schmidt (1992) reported a corrected correlation of 0.33 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 and Jacobs, 1999; Hattrup, O’Connell and Wingate, 1998; Judge, Martocchio and 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, and asserted 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.

3.7.6. 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 findings 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); (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 employers.

3.7.7. Ill-health

Ill health and absenteeism are extremely costly to employees, employers and the organisation. Ill health 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 due to sick leave. 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 and Hersen, 2002). 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).
3.7.8. 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 illnesses, which are the most usual self-reported causes of absenteeism, do, in fact, disguise depression. Amongst a host of illness-related reasons for absenteeism and failure to report to work due to environmental constraints, 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.

3.7.9. 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 and Hersen (2005), 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. (2006) 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; 66% of the sample was often late for work; 61% reported Monday morning absenteeism; and 62% sometimes consumed alcohol at work, with 12% doing so regularly.

3.7.10. 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 conflicts that result 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).

3.7.11. Social influence
Historically, absenteeism has been viewed as an index of the adjustment of individuals to their construction sites, 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 for the perceived expectations about how much absenteeism is a normal or typical influence on individual and group attendance behaviour (Gellatly and Luchak, 1998). Most people are seldom absent, and a few people are often absent. Absenteeism is 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 resource 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 industries/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.

3.8. IMPLEMENTATION OF AN EMPLOYEE ASSISTANCE PROGRAMME

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 particular 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 company. 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 construction industry 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.
3.9. HOW CAN SOUTH AFRICAN CONSTRUCTION INDUSTRY SUCCEED IN IMPLEMENTING EMPLOYEE ASSISTANCE PROGRAMMES?

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. Companies need to customise EAPs to suit their needs. There are, however, essential requirements that should be adhered to. According to Masi (1992), a successful EAP rests on the following essential requirements:

3.9.1. 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 company, 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 that the principles and direction of the EAP are fair, consistent and balanced with regard to the interests of all the various 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). In order to convince managers of its value Moema (1996) is of the opinion that this 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’.
3.9.2. Employee Assistance Programme services

The most basic service an EAP provides is advice. More sophisticated services include consultation, assessment, referral, short-term counselling with 24 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 assist the employee.

For more complex problems, staff members may refer the employee to an agency or caregiver and assist 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.

3.9.3. Problems dealt with by an Employee Assistance Programme

Problems dealt with by an EAP fall into two categories, namely 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 and relationships), marital problems, personal problems and mental health problems (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 programme within the company normally deals with stress management programmes, substance abuse, financial management, HIV/AIDS programmes, trauma debriefing and suicide prevention.

3.9.4. 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 licence. In addition, these professionals should have the
ability and flexibility to work with managers, supervisors and employees. 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 2,500 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 policy is too complex for small construction companies, or for smaller branches of larger companies located in distant areas. It is important that the subcontractor has the same qualifications as those of the regular EAP staff in a larger company.

3.9.5. 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.

3.9.6. 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 ensure 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.

3.9.7. Community resource referral network
One of the duties of the EAP is to evaluate community resources for appropriate employee referrals and to keep the list up to date. A company that allows unqualified referrals opens itself up to liability problems. Attention to community resources has been neglected and even misused. Too often organisations’ officials and supervisors suggest that an employee go to a service provider on the resource list without researching and monitoring the qualifications of that particular provider (Cunningham, 1994).
3.9.8. Costing/funding
There are two funding options, namely either the company 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 make use of the programme and how they utilise the EAPs. 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.

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

3.9.10. Management training
Supervisors or managers, especially if they make referrals to the assistance programmes, must be properly trained. Managers should understand the programme’s policy, procedures and the services, and must 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 make use of 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 assists the employee, rather than one that will embarrass or humiliate the employee. The growth in EAPs has spurred on the demand for training professionals for this field (Maiden, 1992).

3.9.11. Marketing the Employee Assistance Programme
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.

3.10. SOUTH AFRICAN LEGISLATION IN RELATION TO THE EMPLOYEE ASSISTANCE PROGRAMME

Legislation has certain implications for the establishment of an EAP. 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 (1994), 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 on construction sites, 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, on a construction industry site or on premises where machinery is used, without the express permission of the employer. According to the Skills Development Act (1997), 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.

3.11. EMPLOYEE ASSISTANCE PROGRAMME PRINCIPLES THAT CAN BE USED IN SOUTH AFRICAN CONSTRUCTION INDUSTRY

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 EAPs’ 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 construction company should apply these standards and guidelines based on its own unique culture and operation. Van der Berg (2000) is of the opinion that an EAP should include some core principles:

3.11.1. 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 company.

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 are essential. The secretaries, interns, volunteers, and all personnel dealing with the employee in the construction industry must understand the importance of confidentiality and how easily it can be violated. Files should be locked away, 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.

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

3.11.3. 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.

3.11.4. 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 assisted. 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 company, and the company’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 company’s position on the issues affecting the employees on the construction sites, 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 policy as an employee service without a hidden agenda, and the EAP counsellor as a professional who can be trusted.

3.11.5. Constructive coercion
After everything else has been done, that is, appropriate training interventions, then the managers/supervisors will be in a position to persuade the troubled employee to consult the EAP practitioner for assistance.

3.11.6. Permanency
The construction employers shall ensure the survival and sustainability of the EAP by providing visible support. Also it shall ensure thorough advocacy through consultation with all stakeholders including labour organisations.

3.12. GUARANTEES
This policy guarantees the following:

- That an employee identified as having personal problems shall not be discriminated against in respect of benefits such as promotions, training and others.
- That confidentiality will be respected on giving feedback to referring supervisors. Supervisors may only obtain a prognosis report not diagnosis without the employee’s permission.

3.13. EMPLOYEE ASSISTANCE PROGRAMME 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).
3.13.1. In-house model
The company 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.

3.13.2. Out-of house model
The company contracts with a vendor to provide employee assistance staff and services. The vendor might provide services in his/her own offices, the company’s offices, or both. This model is viewed as providing better accountability, and having lower legal liability.

3.13.3. Consortium model
Several companies pool their resources to develop a collaborative programme and thus maximise individual resources. Generally this model works best for companies 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.

3.13.4. Affiliate model
A vendor subcontracts local professionals rather than making use of salaried staff. This enables the vendor to reach employees in a company’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 company must ascertain how complex a programme should be to fit its needs and the levels of its commitment.
3.14. CONCLUSION

This chapter focused on the main element that can form the basis of the Employee Assistance Programme in South Africa. 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 this manner South Africa can create a paradigm for EAP standards of best practice, and will be in a position to demonstrate the true spirit of the South African people. This paradigm may well not only benefit South Africa, but may also provide an example to other countries in Africa and worldwide.
CHAPTER FOUR: RESEARCH METHODOLOGY

4. INTRODUCTION

The purpose of this chapter is to discuss the research methodology in terms of research design, data-collection method, sampling and limitations of the study. Research has been identified as an operational framework within which the facts are placed so that their meaning may be seen more clearly (Leedy, 1989:91). On the other hand, Grinell (1993:179) has defined research methodology as a plan or design for the process of finding a solution to the research problem. As stated in the previous chapters, the aim of this research study is to conduct a needs assessment for utilising EAP to reduce absenteeism in the construction industry.

4.1. RESEARCH OBJECTIVES

- To investigate the causes of absenteeism on construction sites.
- To determine the use of an Employee Assistance Programme in dealing with absenteeism.
- To investigate the cost-effectiveness of Employee Assistance Programme within the construction industry.
- To design an employee assistance strategy that will reduce absenteeism in the construction industry.

The appropriate research methodology or design for finding a solution to these objectives was then selected. This chapter will discuss the research design, data-collection method and data analysis.

4.2. RESEARCH DESIGN

Research design has been defined as a set of guidelines and instructions to be followed in addressing the research problem (Mouton, 1996:17). Mouton goes on to state that the main function of a research design is to enable the researcher to anticipate what the appropriate research decisions should be so as to maximize the validity of the eventual results. He also views a research design as a ‘blueprint’ of the research project that precedes the actual research process (Mouton, 1996:17).
Every project requires a research design that is carefully tailored to the exact needs of the researcher as well as to the problem (Bless and Higson-Smith, 1995:67). Research design may be quantitative or qualitative. Qualitative and quantitative research designs differ in that, in the former the researcher’s choices and actions will determine the design while in the latter the design determines the researcher’s choices and actions (De Vos and Fouche, 1998:80).

The research design that will be used in this study is the quantitative-descriptive design. These designs are often of a more quantitative nature and require questionnaires as method of collecting data. According to De Vos and Fouche (1998:78) respondents are ideally selected by means of randomised sampling methods. Randomised cross-sectional survey designs are utilised for needs assessments (De Vos and Fouche, 1998:78). The objective of this research study is to determine the need to have an EAP to reduce absenteeism in the construction industry. The hypothesis of this study is that construction site employees have a need for EAP. Hence this research study will utilise the quantitative-descriptive design which entails the following design aspects:

- **Pre-experimental/hypothesis-development/exploratory designs:**
  - The one group post-test-only case
  - The one-shot or cross-sectional case study
  - The multi-group post-test-only design
  - The longitudinal case study

- **Quantitative-descriptive (survey) designs:**
  - Randomised cross-sectional survey
  - Replicated randomised cross-sectional survey
  - Randomised longitudinal survey

- **Quasi-experimental/associative designs:**
  - Randomised one-group post-test-only
  - The one-group pre-test-post-test design
  - Comparison group pre-test-post design
  - Single-system designs

- **True experimental/cause-effect/explanatory designs:**
  - Randomised Solomon four-group design
  - Randomised post-test-only control group design
  - Randomised pre-test-post-test control group design
4.3. DATA-COLLECTION METHOD

There is a difference between data-gathering methods and research designs. Research is the guideline within which a choice about data-collection methods has to be made, whereas data-collection methods are the ways in which the data are actually obtained. On the other hand, Mouton (1996) refers to the data-collection method as involving the application of the measuring instrument to the sample or cases selected for the investigation. Data-collection methods are also divided into quantitative and qualitative methods.

For the purpose of this study, only the quantitative data-collection method will be discussed. The types of data-collection methods relevant to the quantitative approach are questionnaires, checklists, indexes and scales. A questionnaire has been defined by De Vos and Fouche (1998:89) as an instrument with open or closed questions or statements to which a respondent must react. A pilot study was conducted by the researcher in which 20 questionnaires were distributed among various construction contractors.

4.3.1. Background to the research methodology and data-handling plan

In order to achieve the above-mentioned objectives with regard to the required EAP research, the situational analysis approach developed by the Population Reference Bureau (PRB) of the United States was used. This encompassed the following steps:

- Surveying: primary data were obtained by means of a questionnaire based on the minimum standards issued by the DPSA (2008) to monitor progress regarding the implementation of the HIV and AIDS policy framework and to determine the efficacy of EAPs in providing counselling, support and other services to construction workers. Secondary data were obtained by focusing on the issues relevant to EAPs and their roles in dealing with employee problems on the construction sites.

- Evaluation: during this phase of the research an evaluation should be made of best practices of the contractors with regard to EAPs with the aim of formulating guidelines for the strengthening of EAPs to deal effectively with more acute situations and a wider range of problems on the construction sites. Such guidelines for best practices should be discussed with construction workers and others during the workshops conducted.
4.3.2. Research methodology and data-handling plan

The situation analysis described in Section 4.3.1 can be seen as a form of Participatory Action Research (PAR) and is characterised by a ‘bottom-up’ approach that relies on participation and collaboration between construction employees and the research team and focuses on empowering construction employees at the most basic level. This is particularly important since the results of the research and the concomitant action taken will impact on the working environment of construction employees. This approach also ensured that construction employees experienced ‘ownership’ of the research and the results.

4.4. RESEARCH INSTRUMENTS AND DATA COLLECTION

The various methods of data collection and the rationale behind these methods are discussed below.

4.4.1. Questionnaires

Questionnaires were developed in line with themes identified as being crucial elements in an Employee Assistance Programme in order to address the need to successfully manage and reduce absenteeism in the construction industry.

The questionnaire, using the quantitative data-collection method, has the objective of collecting data pertaining to employee satisfaction, personal and work-related problems. The main themes presented in Chapter 3: Literature Review were captured and used in designing the questionnaire. These themes are as follows: personal problems, work-related problems, stress and job satisfaction. The main points identified under these issues were then turned into questions.

Questionnaires were handed out to respondents from different strata. Since stigma and discrimination are focal points when conducting any study concerning employee problems and the roles of EAPs on the construction sites, it was imperative that construction employees were able to voice their opinions anonymously. Respondents were given the assurance that the following ethical issues would be adhered to:

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

4.5. LIMITATIONS OF THE STUDY
Any research project has some limitations that need to be kept in mind when perusing, discussing and implementing the results thereof. In the case of this project the following limitations apply:

- Not all contractors were included and therefore the results are not representative of all construction companies in South Africa. Therefore, there is no guarantee that all forms of EAPs found in the construction industry will be reported on; and
- It did not comprise a longitudinal study but was a one-off survey to gain a rapid overview of the situation, therefore policy and programme impacts were not determined over a long period of time

However, every effort was made to ensure that extraneous impacts on the quality of the project were controlled to obtain high-quality research results, despite the afore-mentioned limitations.

4.6. CONCLUSION
This chapter discussed the research methodology in terms of a research design, data-collection method and limitations of the study. The next chapter will focus on data analysis and interpretation.
CHAPTER FIVE: DATA ANALYSIS AND INTERPRETATION

5.1. INTRODUCTION

The previous chapter dealt with research methodology that was used in the collection of data for this study. Data were collected using questionnaires. The questionnaires were hand-delivered or sent by email to different contractors. The researcher allocated three weeks for the completion and the return of the questionnaires. As many questionnaires had not been returned by the end of this period, the researcher had to go around personally reminding and encouraging respondents to complete and return the questionnaires. A sample of 100 was realised.

This chapter will focus on the analysis and interpretation of data that had been collected for this study. The reporting of results will follow the format of the questionnaires administered (Bowen, 1997:45).

5.2. DESCRIPTION OF THE SAMPLE

As stated in the previous chapter, the quantitative research design was utilised in this research and randomised cross-sectional survey design was selected as the appropriate type of study design. The sample population in this study comprised employees from Gauteng and a total of 100 completed questionnaires were received.

The next section presents the main results.

5.3. MAIN RESULTS: DEMOGRAPHIC DETAILS

5.3.1 Gender of respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>82</td>
<td>77.1</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>22.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5.1 presents the gender distribution of 100 respondents. From this table it is clear that men are in the majority (77%).
5.3.2. Age of respondents

Table 5.2
Age distribution of respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-40</td>
<td>38</td>
<td>34.5</td>
</tr>
<tr>
<td>41-50</td>
<td>50</td>
<td>46.4</td>
</tr>
<tr>
<td>51+</td>
<td>12</td>
<td>19.1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Figure 5.1: Graphical depiction of respondents’ gender distribution
Table 5.2 and Figure 5.2 show the age distribution of the 100 respondents. Only 34.5% of the respondents are between 18 years and 40 years of age. The majority of respondents are 41 years and older (65.5%). Since a significant number of respondents are 41 years and older, an EAP will have to take into account the unique needs of this developmental life stage. Seminars or workshops on retirement planning would be necessary.

5.3.3. Marital status of respondents

<table>
<thead>
<tr>
<th>Marital status of respondents</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>35</td>
<td>32.1</td>
</tr>
<tr>
<td>Married</td>
<td>50</td>
<td>46.9</td>
</tr>
<tr>
<td>Living together</td>
<td>15</td>
<td>19.3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The marital status of respondents is reflected in Table 5.3 and Figure 5.3. Of the 100 respondents, 49.6% are either married or living together, 32.1% are single, and 18.3% are divorced, widowed or separated. EAP would then need to address issues around intimate relationships since about half of the respondents are involved in such relationships.

5.3.4 Job classification of respondents

<table>
<thead>
<tr>
<th>Job classification of respondents</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPM</td>
<td>45</td>
<td>38.2</td>
</tr>
<tr>
<td>CM</td>
<td>55</td>
<td>61.8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 5.4 and Figure 5.4 represent the job classification of 100 respondents. The construction managers (CM) represent the highest percentage (62%), while construction project managers (CPM) represent 38%.

5.3.5 Highest educational qualification of respondents

<table>
<thead>
<tr>
<th>Highest educational qualifications</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 11 or lower</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Grade 12</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>Diploma</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
</tr>
</tbody>
</table>
From Table 5.5 and Figure 5.5 it is clear that only 22% of respondents have Grade 11 or lower; 39% have Grade 12; 27% have a diploma; and 12% have degrees.

### 5.3.6. Length of employment

**Table 5.6**

Length of employment (in years)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 years</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>6-10 years</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>11-15 years</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>15 &amp; above</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 5.6 and Figure 5.6 show the distribution of length of employment in the construction industry; 15% have been employed for 3 yrs to 5 yrs, 35% for 6 yrs to 10 yrs, 28% for 11 yrs to 15 yrs and 22% for 15 yrs and longer.

5.3.6. Household size of respondents

<table>
<thead>
<tr>
<th>Occupants</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>6 or more</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5.7
Household size of respondents

Figure 5.6: Graphical depiction of respondents’ length of employment (in years)
Table 5.7 and Figure 5.7 show the distribution of household size amongst 100 respondents.

5.3.7. Personal problems currently experienced by respondents or members of their household

Table 5.8

<table>
<thead>
<tr>
<th>Personal problems currently experienced by respondents or members of their household</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital/partner conflict</td>
<td>31 (29.5%)</td>
<td>74 (70.5%)</td>
<td>105 (100%)</td>
</tr>
<tr>
<td>Abuse of alcohol</td>
<td>8 (7.5%)</td>
<td>97 (92.4%)</td>
<td>105 (100%)</td>
</tr>
<tr>
<td>Abuse of drugs</td>
<td>27 (27.0%)</td>
<td>73 (73.0%)</td>
<td>100 (100%)</td>
</tr>
<tr>
<td>Financial/debt problems</td>
<td>34 (33.7%)</td>
<td>67 (66.3%)</td>
<td>101 (100%)</td>
</tr>
<tr>
<td>Health problems</td>
<td>38 (35.5%)</td>
<td>69 (64.5%)</td>
<td>107 (100%)</td>
</tr>
<tr>
<td>Other relationship problems</td>
<td>5 (5.0%)</td>
<td>95 (95.0%)</td>
<td>100 (100%)</td>
</tr>
<tr>
<td>Family problems</td>
<td>14 (13.6%)</td>
<td>89 (86.4%)</td>
<td>103 (100%)</td>
</tr>
<tr>
<td>Traumatic life events, e.g. divorce, death of a</td>
<td>38 (36.5%)</td>
<td>66 (63.5%)</td>
<td>104 (100%)</td>
</tr>
</tbody>
</table>
Table 5.8 lists the frequencies of personal problems currently experienced by respondents or their household members. The majority of the respondents or their household members are experiencing traumatic life events, namely 38 (36.5%); health problems are experienced by 38 (35.5%); and financial/debt problems by 34 (33.7%). Marital/partner conflict problems are still high at 31 (29.5%). This is followed by abuse of drugs 27 (27%) and then family problems at 14 (13.6%). Abuse of alcohol is at 8 (7.6%) and the least experienced personal problem is other relationship problems at 5 (5%). An EAP policy will thus have to take these personal problems into account, especially the ones that are in the majority – i.e. traumatic life events, health problems and financial/debt problems.

5.3.8. Personal problems experienced by respondents or members of their household during the past five years

<table>
<thead>
<tr>
<th>Personal problems experienced during the past five years</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital/partner conflict</td>
<td>19 (18.1%)</td>
<td>86 (81.9%)</td>
<td>105 (100%)</td>
</tr>
<tr>
<td>Abuse of alcohol</td>
<td>60 (58.3%)</td>
<td>43 (41.7%)</td>
<td>103 (100%)</td>
</tr>
<tr>
<td>Abuse of drugs</td>
<td>25 (25.5%)</td>
<td>73 (74.5%)</td>
<td>98 (100%)</td>
</tr>
<tr>
<td>Financial/debt problems</td>
<td>47 (44.8%)</td>
<td>58 (55.2%)</td>
<td>105 (100%)</td>
</tr>
<tr>
<td>Health problems</td>
<td>20 (19.0%)</td>
<td>85 (81.0%)</td>
<td>105 (100%)</td>
</tr>
<tr>
<td>Other relationship problems</td>
<td>57 (55.9%)</td>
<td>45 (44.1%)</td>
<td>102 (100%)</td>
</tr>
<tr>
<td>Family problems</td>
<td>21 (20.8%)</td>
<td>80 (79.2%)</td>
<td>101 (100%)</td>
</tr>
<tr>
<td>Traumatic life events, e.g. divorce, death of a loved one</td>
<td>34 (32.4%)</td>
<td>71 (67.6%)</td>
<td>105 (100%)</td>
</tr>
</tbody>
</table>

Table 5.9 shows the frequencies of personal problems experienced by respondents or their household members during the past five years. It is clear that the majority of respondents or their household members were experiencing problems of alcohol abuse 60 (58.3%), other relationship problems 57 (55.9%) and financial/debt problems 47 (44.8%). Other problems, arranged in order of decreasing magnitude, are traumatic life events 34 (32.4%), abuse of
drugs 25 (25.5%), family problems 21 (20.8%), health problems 20 (19.0%) and marital/partner relationship problems, at 19 (18.1%). These figures have implications for EAP as there is evidence that the situation regarding most of the problems experienced during the past five years has actually deteriorated over time and some problems are currently worse – e.g. health problems, abuse of drugs, family problems and traumatic life events.

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

<table>
<thead>
<tr>
<th>To no extent</th>
<th>Frequency</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To a small extent</td>
<td>25</td>
<td>23.8</td>
</tr>
<tr>
<td>To a moderate extent</td>
<td>30</td>
<td>28.6</td>
</tr>
<tr>
<td>To a large extent</td>
<td>18</td>
<td>17.1</td>
</tr>
<tr>
<td>To a very large extent</td>
<td>12</td>
<td>11.4</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
<td>100.0</td>
</tr>
</tbody>
</table>

From Table 5.10 it is clear that, of the 105 respondents, 85 (81%) were affected by personal problems – i.e. their work performance was affected by personal problems. Thirty respondents (28.6%) indicated that personal problems affected their performance at work to a moderate extent, while 18 (17.1%) were affected to a large extent and 12 (11.4%) were affected to a very large extent. These findings have implications for EAP as these are concerned with personal problems affecting work performance.

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

<table>
<thead>
<tr>
<th>Assistance from employer in dealing with personal problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Referred for professional</td>
</tr>
</tbody>
</table>
Given leave to solve your problems  

<table>
<thead>
<tr>
<th>Assistance, e.g. social worker</th>
<th>Assisted or referred to union</th>
<th>Assisted by your supervisor</th>
<th>Given leave to solve your problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>89 (92.7%)</td>
<td>4 (4.2%)</td>
<td>1 (1%)</td>
<td>2 (2.1%)</td>
</tr>
<tr>
<td>66 (64.7%)</td>
<td>26 (25.5%)</td>
<td>3 (2.9%)</td>
<td>5 (4.9%)</td>
</tr>
<tr>
<td>65 (64.4%)</td>
<td>31 (30.7%)</td>
<td>2 (2%)</td>
<td>1 (1%)</td>
</tr>
</tbody>
</table>

From Table 5.11 it is clear that, of the 104 respondents, only 13 (12.6%) were referred for professional assistance for their personal problems – this figure ranges from sometimes to always. Only 7 (7.3%) of the 96 who responded were assisted by their supervisor, while 36 (35.7%) of the 101 respondents were given leave to solve their problems. From these figures, it is clear that most of the respondents who have had personal problems have either been assisted by their supervisor or given leave to solve their problems. Only 13 (12.6%) were referred for professional assistance. This is not surprising as presently there is no EAP to deal with the personal problems of employees.

5.4. FACTOR AND ITEM ANALYSIS OF RESULTS

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

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

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

Despite some limitations, Cronbach's coefficient alpha remains the most widely used measure of scale reliability. The item reliability (Cronbach’s coefficient alpha) of these factors, henceforth referred to as above, is:

a) Extent of experiencing work-related problems (0.813)
b) Extent of being reprimanded during the past five years (0.85)
c) Extent of experiencing personal stress (0.88)
d) Extent of experiencing job commitment (0.74)
e) Extent of experiencing job satisfaction (0.69 and 0.74)
f) Extent of need for referral system (0.74)
g) Extent of need for EAP (0.84)

All these factors are considered reliable because Cronbach's alpha is above 0.7. This means that these instruments can be used in future for similar studies.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of experiencing work-related problems</td>
<td>110</td>
<td>1.14</td>
<td>5.00</td>
<td>2.7904</td>
<td>.94057</td>
</tr>
<tr>
<td>Extent of being reprimanded during the past five years</td>
<td>108</td>
<td>1.00</td>
<td>4.17</td>
<td>1.2701</td>
<td>.51230</td>
</tr>
<tr>
<td>Extent of experiencing personal stress</td>
<td>109</td>
<td>1.00</td>
<td>4.44</td>
<td>2.3104</td>
<td>.91764</td>
</tr>
<tr>
<td>Extent of experiencing job commitment</td>
<td>101</td>
<td>1.50</td>
<td>5.00</td>
<td>3.8576</td>
<td>.81638</td>
</tr>
<tr>
<td>Extent of experiencing job satisfaction</td>
<td>109</td>
<td>1.29</td>
<td>5.00</td>
<td>3.3065</td>
<td>.81292</td>
</tr>
</tbody>
</table>
From the data given in Table 5.12 it is clear that the sample average for factor (a), the extent of experiencing work-related problems, equals 2.79 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 3, i.e. experiencing work-related problems to a moderate extent.

The sample average for factor (b), the extent of being reprimanded during the past five years, equals 1.27 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 1 – i.e. being reprimanded over the past five years to no extent.

The sample average for factor (c), the extent of experiencing personal stress, equals 2.31 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 2 – i.e. experiencing personal stress to a small extent.

The sample average for factor (d), the extent of experiencing job commitment equals 3.86 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 4 – i.e. experiencing job commitment to a large extent.

The sample average for factor (e), the extent of experiencing job satisfaction equals 3.31 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 3 – i.e. experiencing job satisfaction to a moderate extent.

The sample average for factor (f), the extent of need for referral system, equals 3.07 with a minimum of 1 (to no extent) and the maximum equal to 5 (to a very large extent). The average thus lies close to 3 – i.e. experiencing a need for a referral system to a moderate extent.
The sample average for factor (g), the extent of need for EAP, equals 4.55 with a minimum of 1 (to no extent) and the maximum of 5 (to a very large extent). The average thus lies close to 5 – i.e. experiencing a need for EAP to a very large extent.

5.5. DISCUSSION OF DIFFERENCES BETWEEN GROUPS

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

There is no statistically significant difference between males and females in terms of the average (a) extent of experiencing work-related problems; (b) the extent of being reprimanded during the past five years; (c) the extent of experiencing personal stress; (d) the extent of job commitment, (e) the extent of job satisfaction; and (f) the extent of need for EAP. The p-values are equal to 0.961; 0.550; 0.456; 0.926; 0.209, respectively. However, there is a statistically significant difference between males and females regarding the average extent of need for referral system (p-values = 0.036).

The females on average have greater need for a referral system (mean = 3.172) than males (mean = 2.72). There is no significant difference between age groups 18 yrs to 40 yrs, 41 yrs to 50 yrs and 51 yrs or older in terms of the average (a) extent of experiencing work-related problems (p-value = 0.154; (b) the extent of being reprimanded during the past five years (p-value = 0.965); (c) the extent of experiencing personal stress (p-value = 0.410; (d) the extent of experiencing job commitment (p-value =0.103); and (g) the extent of need for EAP (p-value = 0.161). However, there is a statistically significant difference between age groups 18 yrs to 40 yrs, 41 yrs to 50 yrs, 51 yrs or older concerning the average (e) extent of experiencing job satisfaction (p-value = 0.0009) and (f) the extent of need for referral system (p-value = 0.003). Age groups of 18 years to 40 years experience less job satisfaction (mean = 3.038) than 41 to 50 year-olds (mean = 3.334) and 51-year-olds or older (mean = 3.7032).

The reason might be that 51-year-olds or older are nearing retirement age and thus have little reason to complain; they are just looking forward to their day of retirement. Age group 51
years or older, 41 to 50 year-olds and 18 to 40 year-olds differ significantly in terms of (f), the extent of the need for a referral system. The 41 to 50 year-olds have a greater need for a referral system (mean = 3.31) than the 18 to 40 year-olds (mean = 2.66) and the group 51 years or older (means = 3.23). There is no statistically significant difference between single, married and others in terms of the average extent of (a) experiencing work-related problems (p-value = 0.768); (b) being reprimanded during the past five years (p-value = 0.532); (c) experiencing personal stress (p-value = 0.566); (d) experiencing job commitment (p-value = 0.365); and (g) the need for EAP (p-value = 0.644).

There is no statistically significant difference between the two groups’ job classification, i.e. medical/allied health professionals or management and support staff in terms of the average extent of (a) experiencing work-related problems (p-value = 0.695); (b) being reprimanded in the past five years (p-value = 0.099); experiencing job satisfaction (p-value = 0.881); (f) need for referral system (p-value = 0.708) and (g) need for EAP (p-value = 0.489).

However, there is a significant difference between medical/allied health professionals or management and support staff in terms of the extent of (c) experiencing personal stress (p-value = 0.015) and (d) experiencing job commitment (p-value = 0.022). Medical/allied health professionals and management staff are less likely to experience stress, personal stress (mean = 2.15) than support staff (mean = 2.58). This might be due to financial constraints experienced by support staff. Again, medical/allied professionals or management staff are more likely to experience job commitment (mean = 3.997) than support staff (mean = 3.63). This might also be related to difference in income between the groups.

There is no significant difference between the three groups of academic qualifications – i.e. Grade 11 or lower, Grade 12 and post-Matric diploma/certificate or higher in terms of the average extent of (a) experiencing work-related stress (p-value = 0.472); (b) being reprimanded during the past five years (p-value = 0.056); (d) experiencing job commitment (p-value = 0.174). However, respondents with Grade 11 or lower, Grade 12 and post-Matric diploma/certificate or higher differ significantly in terms of the average extent of (c) experiencing personal stress (p-value = 0.01) Scheffe’s post hoc test; (e) experiencing job satisfaction (p-value = 0.030) Scheffe’s post hoc test; (f) need for referral system (p-value = 0.033) Scheffe’s post hoc test; and (g) need for EAP (p-value = 0.002) Dunnett’s post hoc test. Those with Grade 11 or lower are more likely to experience personal stress (mean =
2.913) than those with Grade 12/Matric (mean = 3.069) and post-Matric diploma/certificate or higher (mean = 3.38). In case of the need for a referral system, those with a post-Matric diploma/certificate or higher are less likely to experience the need for a referral system (mean = 2.87) than either Grade 11 or lower (mean = 3.49), and Matric/Grade 12 (mean = 3.07). The Dunnett T3 post hoc test shows that all three groups differ significantly in terms of the need for EAP (mean = 4.896) than those with Matric/grade 12 (mean = 4.36) and those with a post-Matric diploma/certificate or higher (mean = 4.54).

There is a significant difference between a household with 1 to 5 occupants and a household with 6 occupants or more in terms of the average extent of experiencing personal stress (p-value = 0.13). A household with 1 to 5 occupants is on average more likely to experience personal stress (mean = 2.47) than a household with 6 occupants or more (mean = 1.99). This might be due to social support that is available in bigger families. However, in terms of the average (a) extent of experiencing work-related problems (p-value = 0.97); (b) extent of being reprimanded during the past five years (p-value = 0.763); (d) extent of experiencing job commitment (p-value = 0.128); (e) extent of experiencing job satisfaction (p-value = 0.381); (f) extent of need for referral system (p-value = 0.937); and (g) extent of need for EAP (p-value = 0.817), there is no statistically significant difference between households with 1 to 5 occupants and households with 6 occupants or more.

There is no statistically significant difference between those respondents with work experience of up to 10 years, 11 to 20 years and 21 years or more in terms of the average (a) extent of experiencing work-related problems (p-value = 0.800); (b) extent of being reprimanded during the past five years (p-value = 0.443); (c) extent of experiencing personal stress (p-value = 0.154); (d) extent of experiencing job commitment (p-value = 0.250); (f) extent of need for referral system (p-value = 0.054); and (g) extent of need for EAP (P-value = 0.391). There is no statistically significant difference between Region 10 and Region 11 in terms of the average extent of (a) experiencing work-related problems (p-value = 0.219); (b) being reprimanded during the past five years (p-value = 0.921); (c) experiencing personal stress (p-value = 0.136); (d) experiencing job commitment (p-value = 0.246); (e) experiencing job satisfaction (p-value = 0.536); (f) need for referral system (p-value = 0.189); and (g) extent of need for EAP (p-value = 0.627) are concerned.
Now that the differences between groups in terms of different scales have been discussed, the next discussion will focus on analysis of variance (ANOVA) in order to determine the significance of difference between the mean scores obtained in seven scales individually. The purpose of analysis of variance (ANOVA) is to test whether there is a statistically significant difference in the population means of more than two groups (Eiselen and Uys, 2002:116).

5.6. ANOVA AND SCHEFFE’S POST HOC TESTS: 18 to 40 YRS, 41 to 50 YRS, 51 YRS OR MORE

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

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

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

Hypothesis formulation
The hypotheses that will be analysed empirically are as follows:

Null hypothesis
HoA: There are no statistically significant differences between the mean scores of respondents for the three age groups: 18 to 40 yrs, 41 to 50 yrs and 51 yrs or more (A, B, and C) in respect of each of the seven scales of personal and work-related functioning measured individually, namely:
HoA 1: Extent of experiencing work-related problems
HoA 2: Extent of being reprimanded during the past five years
HoA 3: Extent of experiencing personal stress
HoA 4: Extent of experiencing job commitment
HoA 5: Extent of experiencing job satisfaction
HoA 6: Extent of need for referral system
HoA 7: Extent of need for EAP
**Alternative hypothesis**

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

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

**HoS:** There are no statistically significant differences between paired (A vs. B, A vs. C, B vs. C) mean scores of respondents for the three groups: 18 to 40 yrs, 41 to 50 yrs and 51 yrs or more (A, B and C) in respect of each of the seven scales of personal and work-related functioning, see Table 5.13.

<table>
<thead>
<tr>
<th>Scales</th>
<th>Paired groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of experiencing work-related problems</td>
<td>HoS.AB.1</td>
</tr>
<tr>
<td></td>
<td>HoS.AC.1</td>
</tr>
<tr>
<td></td>
<td>HoS.BC.1</td>
</tr>
<tr>
<td>Extent of being reprimanded during the past five years</td>
<td>HoS.AB.2</td>
</tr>
<tr>
<td></td>
<td>HoS.AC.2</td>
</tr>
<tr>
<td></td>
<td>HoS.BC.2</td>
</tr>
<tr>
<td>Extent of experiencing personal stress</td>
<td>HoS.AB.3</td>
</tr>
<tr>
<td></td>
<td>HoS.AC.3</td>
</tr>
<tr>
<td></td>
<td>HoS.BC.3</td>
</tr>
<tr>
<td>Extent of experiencing job commitment</td>
<td>HoS.AB.4</td>
</tr>
<tr>
<td></td>
<td>HoS.AC.4</td>
</tr>
<tr>
<td></td>
<td>HoS.BC.4</td>
</tr>
<tr>
<td>Extent of experiencing job satisfaction</td>
<td>HoS.AB.5</td>
</tr>
<tr>
<td></td>
<td>HoS.AC.5</td>
</tr>
<tr>
<td></td>
<td>HoS.BC.5</td>
</tr>
<tr>
<td>Extent of need for referral system</td>
<td>HoS.AB.6</td>
</tr>
<tr>
<td></td>
<td>HoS.AC.6</td>
</tr>
<tr>
<td></td>
<td>HoS.BC.6</td>
</tr>
</tbody>
</table>
HaS: There are statistically significant differences between paired (A vs. B, A vs. C, B vs. C) mean scores of respondents for the three age groups: 18 to 40 yrs, 41 to 50 yrs, and 51 yrs or more (A, B and C) in respect of each of the seven scales of personal and work-related functioning, see Table 5.14.

<table>
<thead>
<tr>
<th>Scales</th>
<th>Paired groups</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of experiencing work-related problems</td>
<td>HaS.AB.1</td>
<td>HaS.AC.1</td>
<td>HaS.BC.1</td>
</tr>
<tr>
<td>Extent of being reprimanded during the past five years</td>
<td>HaS.AB.2</td>
<td>HaS.AC.2</td>
<td>HaS.BC.2</td>
</tr>
<tr>
<td>Extent of experiencing personal stress</td>
<td>HaS.AB.3</td>
<td>HaS.AC.3</td>
<td>HaS.BC.3</td>
</tr>
<tr>
<td>Extent of experiencing job commitment</td>
<td>HaS.AB.4</td>
<td>HaS.AC.4</td>
<td>HaS.BC.4</td>
</tr>
<tr>
<td>Extent of experiencing job satisfaction</td>
<td>HaS.AB.5</td>
<td>HaS.AC.5</td>
<td>HaS.BC.5</td>
</tr>
<tr>
<td>Extent of need for referral system</td>
<td>HaS.AB.6</td>
<td>HaS.AC.6</td>
<td>HaS.BC.6</td>
</tr>
<tr>
<td>Extent of need for EAP</td>
<td>HaS.AB.7</td>
<td>HaS.AC.7</td>
<td>HaS.BC.7</td>
</tr>
</tbody>
</table>
Results of investigation

Results in respect of the total group under investigation

The following can be concluded from Table 5.15:

Table 5.15

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

<table>
<thead>
<tr>
<th>Variables</th>
<th>SSB</th>
<th>SSW</th>
<th>MSB</th>
<th>MSW</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of experiencing work-related problems</td>
<td>3.319</td>
<td>93.111</td>
<td>1.569</td>
<td>0.870</td>
<td>1.907</td>
<td>0.154</td>
</tr>
<tr>
<td>Extent of being reprimanded during the past five years</td>
<td>0.019</td>
<td>28.063</td>
<td>0.010</td>
<td>0.267</td>
<td>0.036</td>
<td>0.965</td>
</tr>
<tr>
<td>Extent of experiencing personal stress</td>
<td>1.56</td>
<td>89.427</td>
<td>0.758</td>
<td>0.844</td>
<td>0.896</td>
<td>0.410</td>
</tr>
<tr>
<td>Extent of experiencing job commitment</td>
<td>3.018</td>
<td>69.624</td>
<td>1.509</td>
<td>0.651</td>
<td>2.319</td>
<td>0.103</td>
</tr>
<tr>
<td>Extent of experiencing job satisfaction</td>
<td>6.023</td>
<td>65.348</td>
<td>3.012</td>
<td>0.616</td>
<td>4.885</td>
<td>0.009</td>
</tr>
<tr>
<td>Extent of need for referral system</td>
<td>9.869</td>
<td>87.038</td>
<td>4.935</td>
<td>0.821</td>
<td>6.010</td>
<td>0.003</td>
</tr>
<tr>
<td>Extent of need for EAP</td>
<td>1.405</td>
<td>40.527</td>
<td>0.703</td>
<td>0.379</td>
<td>1.85</td>
<td>0.161</td>
</tr>
</tbody>
</table>

*significant at the 5% confidence level

**significant at the 1% confidence level

SSB: Sum of squares between groups

SSW: Sum of squares within groups

MSB: Mean square between groups

MSW: Mean square within groups

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

HaA 5: Extent of experiencing job satisfaction

HaA 6: Extent of need for referral systems
The null hypothesis is rejected for scales HoA 5 and HoA 6 whilst the alternative hypothesis is supported.

**Table 5.16**  
Test of homogeneity of variance for each scale of personal and work-related functioning

<table>
<thead>
<tr>
<th>Variable</th>
<th>Levene test statistics</th>
<th>Significance</th>
<th>Test choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of experiencing job satisfaction</td>
<td>0.720</td>
<td>0.489</td>
<td>**</td>
</tr>
<tr>
<td>Extent of need for referral system</td>
<td>0.180</td>
<td>0.835</td>
<td>**</td>
</tr>
</tbody>
</table>

**Significance > 0.05; Scheffe’s post hoc test**

**Table 5.17**  
Scheffe’s post hoc test; paired comparisons of the three age groups A, B and C in respect of each scale of personal and working-related functioning separately rendered a number of homogeneous subsets

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean scores</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group A</td>
<td>Group B</td>
</tr>
<tr>
<td>Extent of experiencing job satisfaction</td>
<td>3.04</td>
<td>3.34</td>
</tr>
<tr>
<td>Extent of need for referral system</td>
<td>2.66</td>
<td>3.31</td>
</tr>
</tbody>
</table>

*Significance at the 5% confidence level
Scheffe’s post hoc test

Scheffe’s test rendered a number of homogeneous subsets.

### Table 5.18
Scheffe’s post hoc test – homogeneous subsets of the extent of experiencing job satisfaction

<table>
<thead>
<tr>
<th>Age group</th>
<th>N</th>
<th>Subset for alpha = .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>18 to 40</td>
<td>37</td>
<td>3.0380</td>
</tr>
<tr>
<td>41 to 50</td>
<td>51</td>
<td>3.3380</td>
</tr>
<tr>
<td>51 or older</td>
<td>21</td>
<td>3.7032</td>
</tr>
<tr>
<td>Significant</td>
<td>317</td>
<td>.184</td>
</tr>
</tbody>
</table>

Means for groups in homogeneous subsets are displayed

a) Uses harmonic mean size = 31.829.

b) The group sizes are unequal. The harmonic mean of the group sizes is used. Type error levels are not guaranteed.
Table 5.19
Scheffe’s post hoc test – homogeneous subsets of the extent of need for referral system

<table>
<thead>
<tr>
<th>Age group</th>
<th>N</th>
<th>Subset for alpha = .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 40</td>
<td>38</td>
<td>2.6557</td>
</tr>
<tr>
<td>41 to 50</td>
<td>20</td>
<td>3.2250</td>
</tr>
<tr>
<td>51 or older</td>
<td>51</td>
<td>3.3072</td>
</tr>
<tr>
<td>Significant</td>
<td>1.000</td>
<td>.938</td>
</tr>
</tbody>
</table>

Means for groups in homogeneous subsets are displayed

a) Uses harmonic mean size = 31.275

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

Table 5.20
Mean scores obtained in the seven scales of personal and work-related functioning re different age groups

<table>
<thead>
<tr>
<th>Descriptives</th>
<th>Age group</th>
<th>N</th>
<th>Mean</th>
<th>Std deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of experiencing work-related problems</td>
<td>18 to 40</td>
<td>38</td>
<td>3.084</td>
<td>1.06315</td>
</tr>
<tr>
<td></td>
<td>41 to 50</td>
<td>51</td>
<td>2.6514</td>
<td>.84308</td>
</tr>
<tr>
<td></td>
<td>51 or older</td>
<td>21</td>
<td>2.6973</td>
<td>.89383</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>110</td>
<td>2.7904</td>
<td>.94057</td>
</tr>
<tr>
<td>Extent of being reprimanded during past 5 years</td>
<td>18 to 40</td>
<td>37</td>
<td>1.2541</td>
<td>.40880</td>
</tr>
<tr>
<td></td>
<td>41 to 50</td>
<td>51</td>
<td>1.2732</td>
<td>.59251</td>
</tr>
<tr>
<td></td>
<td>51 or older</td>
<td>20</td>
<td>1.2197</td>
<td>.48629</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>108</td>
<td>1.2701</td>
<td>.51230</td>
</tr>
<tr>
<td>Extent of experiencing personal stress</td>
<td>18 to 40</td>
<td>36</td>
<td>2.4748</td>
<td>1.01163</td>
</tr>
</tbody>
</table>
There are statistically significant differences between mean scores for 18 to 40 year-olds and 51 year-olds or older in respect of the extent of experiencing job satisfaction on a system scale of personal and work-related functioning. The null-hypothesis is rejected in terms of the extent of experiencing job satisfaction. The alternative hypothesis is supported.

### 5.7 DISCUSSION OF RESULTS

The results of this study suggest that there are significant differences among paired age groups in terms of the extent of experiencing job satisfaction and extent of need of referral on a system scale of personal and work-related functioning. These differences exist between the age groups of 18 to 40 year-olds and 51 year-olds or older in terms of the extent of
experiencing job satisfaction scale and also between 51 year-olds or older and 41 to 51 year-olds collectively and 18 to 40 year-olds in respect of the extent of need for referral system (see Table 5.15 and Table 5.17).

Significant differences were noted where the 51 year-olds or older obtained higher mean scores than the 18 to 40 year-olds in respect of the extent of experiencing job satisfaction. The conclusion that can be reached is that age difference is an important determinant that can be associated with job satisfaction of respondents. It should be remembered that 50 year-olds or older are close to retirement, and have fewer worries about career development or aspiring to get a better job. They are satisfied with their job and start thinking what they will do when they retire.

5.8 CONCLUSION
The main results of the study are summarised as follows:

- There is a statistically significant difference between males and females concerning the need for a referral system. Females, on average, have a greater need for a referral system than males.
- The age difference is an important determinant that can be associated with job satisfaction and referral systems. Respondents of 51yrs of age or older are more likely to experience job satisfaction than younger age groups.
- Respondents older than 40 yrs have a greater need for a referral system than younger groups.
- Classification is an important determinant that can be associated with personal stress and job commitment. Construction managers are less likely to experience personal stress than labourers.
- Educational qualification is also an important determinant that can be associated with personal stress, need for referral system, job satisfaction and need for EAP. Employees with Grade 11 qualifications or lower are more likely to experience personal stress, need for referral system and have greater need for EAP.
- There is also a statistically significant difference between households with 1 to 5 occupants and households of 6 or more occupants as far as personal stress is concerned. Smaller households of 1 to 5 occupants are more likely to experience personal stress than bigger households of 6 occupants or more.
The main results of the study have been discussed. The next chapter will discuss findings, recommendations and conclusion of the study.
CHAPTER SIX: DISCUSSION OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION
This chapter will discuss the findings of the study, and then recommendations will be formulated from the findings and a conclusion will be drawn up. Some of the key findings from the research were that EAPs are seemingly ideally suited to continually provide the required counselling, support, awareness creation and follow-ups to mitigate against overburdening of information. Confidentiality is the most important issue regarding EAPs.

Fears of being marginalised, isolated, discriminated against or being compromised in any other way prevent numerous people from revealing that they wish to seek help for their problems, particularly in the case of their HIV status or problem with alcoholism or struggling to cope at work. Therefore EAPs can play an important role in mitigating the impact of employee problems and diseases in the construction industry. There is particular pressure on the construction industry to deal with the HIV and AIDS pandemic.

This potentially creates a heavy burden for construction industry programmes (such as EAPs) to deal with the counselling, support, awareness creation and follow-up within the construction industry. Construction workers suffer from an overload of information about construction industry problems, stress, substance abuse, personal problems and HIV and AIDS. Too much is communicated too often and it would appear that much of the information is not actually absorbed. There is a need for concise and accurate communication about these issues and how to deal with them.

6.2. THE ROLE OF EAPs IN THE CONSTRUCTION INDUSTRY
EAPs received predominantly positive feedback from the respondents, i.e. both the key managers and the employees. The benefit of programmes that will assist employees in addressing personal problems and effectively improving morale and productivity is invaluable. The major issues impacting on the effectiveness of EAPs are as follows:

- Leadership and management’s commitment to EAPs.
- EAP resources – budgets and personnel.
- EAP’s dedication and passion.
- Communication by EAPs.
• Confidentiality of EAPs.
• Compassionate guidance by means of EAPs.
• Information provided by EAPs.

Most of these issues are similar to the issues raised in terms of EAPs dealing with HIV and AIDS. However, specific reference will be made regarding confidentiality, compassionate guidance, and information. The issue of confidentiality should be briefly discussed, as most confidentiality needs arose from the stigma surrounding alcoholism, HIV and AIDS and general inability to cope with the demands of the construction industry. Needless to say, employees and respondents do not want these problems to be known.

The slightest fear of confidentiality not being maintained will greatly affect the utilisation of EAPs by the people who need them most. Elements that effectively contributed to perceived and real confidentiality included the following:

• Having only qualified personnel as EAP counsellors.
• Providing telephonic guidance, thus ensuring anonymity.
• Having EAP counsellors emphasise their contractual obligation to ensure confidentiality and subsequent actions that employees may take should confidentiality be compromised.
• Explaining the process whereby confidentiality is ensured (e.g. keeping files locked up, etc.). Essentially EAPs should provide counselling and guidance to employees seeking assistance for particular problems. Thus these two needs should be discussed in further detail.

6.2.1. Compassionate guidance

A need for emotional support was clearly stated, specifically not only in dealing with HIV and AIDS, but also when dealing with other sensitive problems. When reading this report it should be kept in mind that EAPs are meant to assist people who are often emotional and irrational and at times face very real, life-threatening or sensitive problems. For this reason it is crucial for the coordinator or counsellor to be able to provide emotional support to affected employees.
Although it was found that many of the EAP personnel were indeed trained and qualified counsellors, it was found that in various instances the individuals who were managing projects were simply forced into counselling capacities. Although some of these individuals did rise to the challenge, ideally only trained staff and personnel should provide counselling on sensitive issues.

6.2.2. Comprehensive information

The provision of timeous and effective counselling hinges on comprehensive information where assistance can be obtained. A database of preferred service providers should be made available by the EAP unit as well as information on the cost implications and who would carry the costs. Practical scenarios were repeatedly tested during the research to identify the main needs of respondents relating to the utilisation of EAPs.

During a simulation session of an EAP unit the following information was repeated:

- Respondents clearly stated that, in the first instance, they wanted to know where they could obtain help and why the recommended place was suitable. Information on how to access the venue and possible assistance with transport if necessary were issues that were also raised.
- There should be regular provision of updated information on who would be the point of contact and also a guarantee that there will be trust and confidentiality.

6.3. SUMMARY OF THE MAIN FINDINGS

The construction companies that had implemented some form of EAPs were in the minority, and predominantly positive feedback had been received from the respondents. However, the level of comprehensiveness of the EAP services rendered differed notably between the various companies. Not all construction companies had policies in place to inform the functioning of their EAPs. This can negatively affect management of EAPs and the principles that underscore them.

There is also a very strong shift towards having comprehensive wellness programmes that effectively cover a broad range of needs and problems, as opposed to separate programmes dealing with specific problems in isolation. From the findings it became clear that the level of actively promoting and integrating HIV/AIDS issues into EAPs is fairly low.
In some of the provinces there is a stronger involvement of EAPs in HIV and AIDS issues, while in others there are large gaps between the current level of involvement and the level at which they should be involved.

In many instances the EAPs stood in almost complete isolation from the HIV and AIDS units. The key issues influencing the effective implementation and functioning of EAPs are:

- Management commitment
- Leadership
- Funding (budgets and resources)
- Personal dedication of the various operational personnel
- Perceptions of EAPs
- Stigma
- Awareness and education

Generally, the impression regarding the role and influence of leadership is that commitment and support of top and middle management is extremely varied. Some respondents reported that management is very committed to EAPs and the involvement of EAPs in dealing with employee problems, while others were of the opinion that managements are not seriously committed to strengthening EAPs in the construction industry.

The level of effective implementation was usually in direct correlation with the degree of commitment and involvement. Construction companies differed significantly regarding budgets and resources for EAPs. Those with budgets specifically allocated to HIV and AIDS management and with EAPs actively involved in such programmes, were consistently more successful in their provision of services to deal with HIV and AIDS in the workplace. The issue of adequate funding was found to be in direct relation to the commitment of management.

Wherever an authoritative person was committed to implementing and developing EAPs and HIV and AIDS disease management, funding would be relatively available. Another important element that influenced the success or effectiveness of EAPs and HIV and AIDS disease management programmes was the personality, dedication and passion of the person directly responsible for the implementation of the programmes. Time and again successful
programmes could be contributed to eager and dynamic personnel who were sincere about their jobs.

The opposite was also true where it was found that where individuals were forced to act as EAP counsellors or coordinators or simply aimed to improve their CVs, the outcomes of EAPs and HIV and AIDS programmes were usually not satisfactory. Employees’ perceptions of EAPs also affected its effectiveness. It appears from the findings that EAPs have often been seen as the places employees with serious mental, substance abuse and competence problems go to for help.

The result is that they become a last resort for employees with serious personal problems to seek assistance. In these instances where EAPs were communicated as having an empowerment function within the company, they are able to play a more pro-active role in ensuring higher levels of productivity. Probably the main obstacles inhibiting the successful utilisation of EAPs and HIV and AIDS programmes are the stigma and fear surrounding these diseases. Even where comprehensive programmes are in place, employees are hesitant and often afraid to make use of the available facilities, as it would imply that they have some form of illness or disease, and are either HIV-positive or clearly at risk thereof.

The subsequent discrimination, be it in terms of career development or social life, appears to be a big deterrent to people infected or affected by HIV making full use of available services. Specifically the stigma surrounding HIV and AIDS is an intangible obstacle involving personal issues and emotions – there are no quick solutions to this problem. This finding should be qualified by stating that in instances where these services were successfully implemented, the construction companies usually also had a sincere and passionate individual promoting these activities.

The key needs that were identified in terms of EAPs in general and dealing specifically with HIV and AIDS were the following:

- Confidentiality – Employees indicated a need for guidance and access to information without being exposed and risking discrimination.
- Compassionate guidance – A need for emotional support was clearly stated, specifically related to the possibility of exposure or dealing with HIV and AIDS.
• Comprehensive information needs were also repeatedly expressed with phrases such as: Where to go? Why? Who to see/speak with? How to get there? What are the cost implications?

6.3.1. HOW WERE THE OBJECTIVE ANSWERED

1. Causes of absenteeism on construction sites
   • Alcohol abuse
   • stress
   • low morale
   • poor working conditions and boredom at work

2. Cost-effectiveness of implementing an employee assistance programme on construction sites
   • employees will work harder for a company that is willing to help them dealing with their personal problems.
   • Less turnover
   • Reduces costs on health care and disability claims
   • High recruitment costs can be reduced

3. Use of an employee assistance programme in dealing with absenteeism
   • Advisory committees
   • Needs assessments
   • Implementation plan
   • Programme procedures
   • EAP consultation and case supervision

4. Employee assistance programme strategy that will reduce absenteeism in the construction industry
   • EAP it must be able to produce organisable benefits quantifiable by outcomes measurement, through a system-led approach to people management
   • It must include mechanism for providing counselling and other forms of assistance to employees on a systematic and uniform basis in accordance with recognised standards.
• EAP counsellors must understand the organisation and particularly the subtle difference between providing counselling on the construction sites and targeting the public market.

• The well-run, professional EAP it must be a sophisticated organisational tool, not simply an employee benefit

6.4. RECOMMENDATIONS

Emanating from the findings, the following recommendations are made with a view to ensuring and improving the effectiveness of EAPs to reduce absenteeism in construction industry:

6.4.1. Management recommendations

6.4.1.1. Leadership commitment

This report has made reference to numerous issues and elements influencing the successful implementation of EAPs, but by analysing all these findings, leadership commitment was identified as consistently impacting the most critically on EAPs. In terms of their effectiveness and levels of implementation, most EAPs correlated directly with the commitment and sincerity of leadership.

It is therefore of vital importance to ensure that leadership is indeed committed and passionate about the implementation and development of EAPs. This entails the vision and drive from managers, through the various organisational levels to ensure the effective implementation of EAPs. The main challenge in this regard will be to develop and encourage management commitment and involvement as it is often an emotional issue which is only later manifested in real actions.

Creating emotional support and involvement amongst managers falls outside the scope of this report, but on a practical level, the most effective way of enforcing and ensuring managers’ commitment is through the use of performance agreements. Leadership commitment can be effectively addressed by setting minimum compliance standards and creating a contractual obligation.
Performance agreements as effective instruments to enforce these requirements will be discussed in depth below. The following aspects impact on leadership commitment and contribute significantly to the effective implementation and utilisation of EAPs:

i. Management support
Management support concerns ensuring the realisation and utilisation of programmes. It is important that management do not only communicate ideas and visions to employees, but also provide support in terms of financial or human resources to implement programmes. Thus it is crucial that leadership provides support by appointing authoritative management, funding and staff to implement and maintain the programmes.

ii. Visible leadership
Employee perceptions greatly influence their decisions and behaviour, and therefore managers must be seen to be driving and contributing to EAPs if employees are to utilise them.

iii. Leadership participation and programme utilisation
A continuation of the concept of visible leadership is leadership participation, which refers to having managers themselves taking the lead in the utilisation of the various programmes and services effectively giving it their personal stamp of approval. This undoubtedly will also influence the subtle element of trust which impacts on the crucial issue of confidentiality. This aspect of participation is particularly relevant to the HIV/AIDS-related related programmes, where employees are confronted with the fear of discrimination and being ostracised. Leadership should face up to the fears first, if they expect their employees to follow.

6.4.2. Budget
The issue of insufficient budgets is repeatedly raised as a key debilitating factor. It is also a matter directly related to leadership commitment and passion. Wherever managers were serious about EAPs, coordinators generally indicated that they were satisfied with the available budget. It is crucial that appropriate budgets be allocated to the EAP units to ensure that they function effectively. Company managers need to assume responsibility for budgets. A further recommendation pertaining to budgets and financial resources is to implement pilot projects that essentially are smaller scale, temporary versions of comprehensive programmes.
They provide the ideal opportunity to test the programmes and events, and thus determine real costs.

### 6.4.3. Communication

Communication from a management perspective refers to the process of communicating strategies down to the organisational levels and having them understood and implemented, as well as receiving feedback from the employees to gain an understanding of their experiences. If a clear line of communication existed between the upper and lower echelons, numerous implementation and utilisation problems would most likely have already been solved. As far as EAPs are concerned, a major recommendation actually stems from the previously mentioned aspect of visible leadership. It would be very beneficial if management could be seen and heard relaying their strategies and commitment regarding EAPs directly to employees.

Not only would this increase the trust and confidence of the employees, but would most likely also reduce the confusion stemming from the overload of information. Regarding the communication lines from junior to senior employees, a key recommendation is the utilisation of workshops. Workshops are ideal platforms to encourage close interaction between the various organisational levels, and leadership could utilise these very effectively to gain insight into the various strengths and weaknesses of the programmes. Workshops also offer direct insights into the reasons for the success or failure of EAPs.

Workshops during the development phases of EAPs also have the added benefit of participatory dedication where employees become more involved and dedicated to the success of programmes due to the fact that they were involved in the conceptualisation stages thereof. Participation in the initial stages of any programme or event has been shown to contribute significantly to the eventual success and utilisation of the programmes. In the case of EAPs it is recommended that workshops be conducted to provide the opportunity to obtain insights into the needs of the employees as well as to receive feedback from them.

### 6.4.4. Performance agreements/obligations

As stated earlier on, most of the construction companies don’t have EAPs available and a number of them have not established a working relationship between the EAP and HIV and AIDS programmes. However, the ideal situation is for all construction companies to be on an
equal level in respect of the implementation and functioning of their EAPs. For this reason the first recommendation is to compel construction companies to develop and implement fully integrated EAP policies, by way of including the requirements in the performance agreement of managers tasked with this responsibility.

Essentially this agreement should simply enforce the existing Minimum Standards which clearly state that managers of the companies ‘shall create mechanisms...’ In terms of such an agreement the relevant managers should be held responsible for the satisfactory implementation of EAPs. The agreement should ideally contain clearly defined requirements such as:

- Referral service – e.g. AA, marital counsellor, etc.
- Fully integrated with an HIV and AIDS programme.
- Dedicated programme coordinator or counsellor.
- A list of absolute minimum requirements with which the EAPs must comply would ease the enforcement of such an approach.
- Provision of adequate resources.
- The SMS member(s) should be obliged to ensure that adequate resources are provided to enable the effective functioning of EAPs.
- Human resources in terms of a dedicated coordinator or counsellor and other staff.
- Budgetary resources to enable the required services to be rendered.

6.4.5. Development of an overarching EAP policy

Overarching policies should be developed that will address the following aspects as a minimum:

- Nature of assistance – Services to be provided by EAPs should be clearly spelt out so that employees are well informed.
- Objectives – Objectives intended to be achieved with the introduction of the EAP policy should be articulated, e.g. the aim of the policy is to provide professional assistance to employees and their immediate families with regard to the management of various problems.
- Activities in relation to the different areas of assistance – Employees should be informed by the policy as to the different activities/actions in relation to all the areas of assistance.
• Responsibilities of role-players – The responsibilities of different role-players in the application of the EAP must be clearly spelt out.
• Referral procedure – Employees must be informed of the referral procedures to be followed in instances where need for assistance is identified.
• Confidentiality – Employees must be assured that the information they provide will not be divulged to any party or person without their consent.

In developing the policy the operational recommendations that should be considered are given in the following section.

6.5. OPERATIONAL RECOMMENDATIONS/GUIDELINES
Essentially an EAP caters for employees who need guidance and information on specific, usually sensitive problems. It is recommended that these issues are clearly addressed and form part of all construction companies’ EAPs.

6.5.1. Confidentiality
Ample attention has already been given to the topic of confidentiality, but it needs to be reiterated that without a strongly perceived sense of confidentiality, employees will be hesitant to make use of services offered in terms of EAPs. It is recommended that confidentiality be promoted through:

• Allowing for absolute anonymity, for instance via telephone calls.
• Emphasising the protection of employees’ identities, and their subsequent rights should such a breach occur.
• Explaining the practical protection that employees will experience, such as locked personal-folder cabinets, using employee numbers as opposed to names, etc.
• Ensuring that EAP-office layout and staff responsibilities do not inadvertently identify an employee or disclose an employee’s problem.
• Ensuring that issues of confidentiality are dealt with through the use of an off-site wellness centre. This issue will be discussed in detail below.

6.5.2. Compassionate guidance
EAPs deal with numerous sensitive issues, and therefore it is vitally important to have counsellors or co-ordinators that can provide appropriate emotional support. It is important to
ensure that randomly chosen individuals, primarily responsible for coordinating and implementing EAPs do not also stand in for and act as counsellors. The potential damage that this can incur is substantial. Therefore it is recommended that all individuals responsible for counselling receive training.

6.5.3. Comprehensive information

At its core, an EAP assists employees by referring them to places or institutions where they can receive professional help for their specific problems. Thus it is crucial to the effective functioning of an EAP to have the required information available. An EAP must be able to assist an employee by providing information on the repeatedly expressed questions, such as: Where to go? Why? Who to see/speak with? How to get there? What are the cost implications? Therefore a comprehensive and regularly updated database is recommended as it is critical to the success of an EAP. The database should at least contain the names and contact details of the various approved service providers within the geographic region and its employees. Ideally more information should be available such as cost implications and transport guidelines to assist the employees in obtaining help as soon as possible.

6.6. TRANSFORMING EAPs INTO WELLNESS CENTRES

As this report has already mentioned, wellness centres have evolved from standard EAPs and have been very successful in dealing with employees’ health, wealth and emotional problems. For this reason another key recommendation is for all EAPs to be fully integrated with HIV and AIDS programmes, and ultimately develop into comprehensive wellness centres. Essentially a wellness centre is a centralised unit providing assistance and support for construction employees, ranging from debt or marital problems, to alcoholism and HIV and AIDS.

The benefit of these centres regarding HIV and AIDS is that by treating it in the same manner as other diseases and problems it gradually helps to remove the stigma. It also solves the problems surrounding anonymity. When a public servant visits a wellness centre it may be for a myriad of reasons, including basic issues such as stress or financial advice. Entering an HIV and AIDS office quite clearly signals the reason thereof. From the employees’ perspective he/she will consequently feel far more comfortable visiting a wellness centre for assistance.
Leading wellness centres all have qualified social workers/counsellors attending to the needs of the employees. Having qualified personnel has also shown to improve the employee’s perceptions of professionalism and confidentiality. However, if HIV and AIDS units and EAPs are to be successfully integrated and transformed into wellness centres, careful consideration should be given to their physical lay-out, as well as to the titles/job descriptions of the staff. The lay-out of wellness centres must be such that there are no separate HIV and AIDS sections that may detract from the benefit of the centre.

If a person is seen walking into the HIV and AIDS section, the anonymity guarantee will be jeopardised. Similarly EAP counsellors and coordinators should not be identified as being specifically responsible for counselling HIV and AIDS, or else interaction with them will clearly indicate the nature of the visit, and once again negate the overall wellness aspect. The only identified shortcoming of a wellness centre is the fact that essentially an employee must still approach a co-employee, be it a counsellor or coordinator, to receive assistance and guidance.

The idea of confronting a colleague with a serious personal problem is still stated by most respondents as being the major obstacle in dealing with HIV and AIDS on the construction sites. However, it also soon became evident that the use of the word ‘external’ was associated with a private sector institution service provider, which did not appeal to some of the respondents as they had their doubts regarding such institutions.

It should be noted that an external service provider does not necessarily imply a non-company service provider, but rather a facility that provides the required services from outside the physical office environment. It is irrelevant whether it is a government or a private institution; the main criterion for a facility of this nature is that employees need to perceive it as being an external service provider located away from their company premises so that they can utilise the services without feeling threatened about the possibility of being exposed, discriminated against or ostracised. The possibility of an external or off-site facility was discussed in-depth with workers, and the following characteristics were identified:

- Physically removed: it should be outside of the normal office environment. An off-site, but centralised wellness centre received a lot of support from respondents.
- Centralised location: it must be easily accessible.
- Ideally, non-construction company staff should run the wellness centre: staff should ideally not be colleagues. In this regard one respondent stated as follows: ‘I do not want to bump into them at a function’.
- The focus should be wellness orientated instead of being specifically focused on employee problems or HIV/AIDS-related problems. Respondents phrased this sentiment as follows: ‘If I walk into the ”AIDS-building”, regardless of where it is, obviously everybody will know why I am there’ and, ‘If it is a unit dedicated primarily for HIV and AIDS issues, the whole benefit towards anonymity will be lost.’

6.6.1 Services to be provided by EAPs/wellness centres

EAPs or wellness centres involved in combating employee problems in the construction industry should provide very specific programmes on the construction site, namely:

- Risk assessment: KAPB surveys are done initially to determine the potential risk of employee problems to the construction industry. These findings are usually evaluated by qualified statisticians and actuaries.
- Awareness and education programmes need to be conducted. These include the provision of new and fresh posters, monthly talks and presentations, celebrations, etc.
- Counselling and support: workers with problems need to be counselled and supported.
- Peer educator training (PET) should be provided to key employees who can act as peer educators of employees, i.e. for employees who want to know how to quit smoking.
- A key component of the EAP should be access to free and confidential counselling sessions at all hours and a 24-hour call centre should be provided to all employees. Furthermore, the 24-hour helpline will give all employees access to support without having face-to-face contact. It should provide emotional support, guidance and referrals from usually highly qualified counsellors in more than one language.
- Confidential assistance should be the main aspect of EAPs and wellness centres. All respondents indicated their preference for an external service provider, as it allowed them to face their problems without having to deal with possible discrimination or social issues.
6.7 GUIDELINES FOR THE INVOLVEMENT OF EAPS IN DEALING WITH HIV AND AIDS IN THE CONSTRUCTION INDUSTRY

It is evident from this report that EAPs can play an important role in many construction companies in dealing with HIV and AIDS in the construction industry. It is further evident from the results of this project that in those companies where EAPs are not comprehensive and involved in dealing with these diseases, their functioning needs to be expanded to include more comprehensive involvement in HIV and AIDS. The guidelines given below are based on the findings emanating from the research study and workshops conducted upon completion of the study. Please see the chart of guidelines below:
Guideline 1: The emphasis of EAPs should be on wellness
Whereas EAPs traditionally focused on a limited range of construction workers’ work-related problems, their focus should rather be on the general wellness of employees. In the face of HIV and AIDS the implication of this would be that HIV and AIDS should be one of the many public servant wellness issues that EAPs should focus on.

Guideline 2: EAPs should be comprehensive in service delivery
EAPs should provide a comprehensive range of wellness services to construction workers, including *inter alia*, the traditional counselling, education and support services. They should also provide lifestyle management programmes, health and wellness education services, peer education and training with regard to, for example, divorce, substance abuse, providing infection control and monitoring and evaluating the efficacy of their services.

Guideline 3: Integration with existing HIV and AIDS services
In many instances EAPs duplicate services provided in the construction industry by HIV and AIDS functionaries, i.e. employee counselling, support, lifestyle management and wellness education. All such functions should be integrated into a comprehensive wellness centre where the variety of counselling, support and wellness education skills can be pooled for the benefit of construction companies and employees.

Guideline 4: Re-skilling and retooling EAP counsellors
With the changing wellness demands of the workforce brought about by more organisational stresses and a wider variety and incidence of employee problems, it is imperative that EAP functionaries should be continuously re-skilled and retooled to deal with it. EAP functionaries should be re-skilled with, for example, specific HIV and AIDS, VCT and bereavement counselling skills and should be retooled by obtaining HIV and AIDS risk-profile measuring instruments, the necessary HIV and AIDS information pamphlets and other materials for use during HIV and AIDS workshops.

Guideline 5: Communicating services to construction workers
During the integration of EAPs with HIV and AIDS services to form comprehensive wellness programmes, the new range of services provided by such wellness centres should be communicated in such a manner that people who are infected and/or affected by HIV and AIDS and require assistance will not feel uncomfortable to visit such wellness centres.
Guideline 6: Conducting health and wellness education
The importance of health and wellness education in addressing employee problems in the construction industry cannot be over-emphasised. EAPs are ideally suited to provide wellness education to construction workers to ensure that they can make optimal lifestyle choices. Such wellness education can cover a multitude of wellness topics, including *inter alia*, the negative effects of substance abuse, how to discontinue abusing substances, how to handle stress in the workplace, how to prevent becoming HIV infected, how to live a healthy life despite being HIV-positive and how to be optimally productive at work.

Guideline 7: Conducting peer education, training (PET) and counselling
It became evident from the research that peer education, training and counselling are very powerful tools for EAPs. By educating and training peer counsellors to address their knowledge and emotional needs, many of them will be available to deal with employees on the construction sites. Respondents reported that they would rather discuss their problems (including substance abuse, divorce and HIV and AIDS) with trained peer counsellors than with functionaries who have no practical experience of the problems they are facing.

Guideline 8: Conducting counselling (also being involved in VCT)
Due to the fact that EAP functionaries are trained counsellors, they are suitably equipped to deal with the counselling needs of employees infected and/or affected by HIV and AIDS. EAP staff could, for example, provide counselling to employees before being tested for HIV and after they have been tested and found to be HIV positive. Counselling should also include assisting construction site workers working with HIV-positive co-workers to deal with stigmatisation and support issues and lifestyle counselling to construction workers living with HIV and AIDS. EAP functionaries could also provide bereavement counselling to those whose co-workers have died as a result of HIV and AIDS.

Guideline 9: Providing support to employees infected and/or affected by HIV and AIDS
EAP functionaries, being trained social workers, psychologists and counsellors, have gained client support skills through many years of experience. Such support skills could be used with great effect in supporting construction workers living with HIV and AIDS. The existing EAP support skills could be enhanced through further training in HIV and AIDS specific support skills, e.g. through university short-course programmes being offered in this regard.
Guideline 10: Providing lifestyle and disease management to construction workers
During the research the need was expressed for EAPs to provide lifestyle and disease management to construction workers. Such management would include that comprehensive wellness centres perform the different management roles with regard to construction workers’ lifestyles and disease management, including: (1) planning on ways to improve construction workers’ wellness; (2) making decisions regarding programmes to improve construction workers’ wellness; (3) providing leadership in improving construction workers’ wellness, the management of diseases, managing infection control in the face of diseases; and (4) setting up an organisational infrastructure to improve construction workers’ wellness.

Guideline 11: Ensuring infection control and post-exposure prophylaxis provision on the construction site
Wellness centres need to be at the forefront in ensuring various forms of infection control within the construction industry. Examples of infection control include, inter alia, to ensure that contagious diseases are contained on the construction site and that emergency prophylaxis is provided to construction workers who come into contact with contaminated blood. Ensuring the availability of condoms in the face of HIV and AIDS and other sexually transmitted infections should be overseen by wellness centres.

Guideline 12: Monitoring and evaluating the efficacy of the involvement of EAPs in dealing with HIV and AIDS in the construction industry
To ensure the success of programmes implemented by wellness centres it is of great importance that the outcomes of such programmes be monitored and evaluated with a view to continuous improvement.

To put the findings and recommendations into practice, a four-step process will be required:

- Strengthening the skills of EAP functionaries, providing the necessary organisational support to them and allowing them to design comprehensive wellness programmes.
- Instituting comprehensive wellness centres and communicating the formation of such centres to employees. The programmes and services rendered by such wellness centres should be stipulated.
• Determining service satisfaction with programmes implemented and services rendered and adapting programmes and services to ensure that the service needs of employees are addressed.

• Monitoring and evaluating the success of services and programmes. This is necessary to ensure that the services rendered by EAPs/wellness centres have a long-term effect, for example having a programme to help people overcome alcoholism. Employees who complete wellness-centre programmes could be evaluated to determine the success of the specific programme.

6.8. CONCLUSION
With these findings and recommendations the research study is concluded. The study focused on the need to utilise the Employee Assistance Programme to reduce absenteeism in the construction industry. This was done through the development of questionnaires. Analysis of the data revealed the needs of employees. An overwhelming majority of respondents indicated that there is a need for the establishment of an EAP in the construction industry to reduce absenteeism. Wellness programs and employee assistance programs provide important benefits for workers and their employers.

The range of professional assistance that may be needed by a person who is confronted with construction site-related problems indicates the need for EAPs to evolve from workplace crisis intervention centres to employee wellness management centres in the construction industry. This transformation in the functioning of EAPs should be aligned to the changing needs of construction industry workers with regard to EAPs, as well as being in line with new challenges posed by new problems and diseases on the construction sites where comprehensive wellness programmes are required to mitigate their impact.

6.9. AREAS FOR FURTHER RESEARCH
A further research needs to be undertaken to look employee assistance programme in large construction companies.
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