

CHAPTER 5: PRESENTATION AND DISCUSSION OF FINDINGS

5.1 Demographic information

The five workplace sectors that were utilised to gain access to respondents were: 1) government departments, 2) military, 3) manufacturing, 4) para-statal and 5) finance: sector dealing directly with money management. Most of the respondents were female (81%) and most were between the ages of forty and forty-eight (55.5%).

Ages	27-29	%	30-39	%	40-48	%	Total	%
Male	2	7	2	7	1	3.7	5	18.5
Female	3	11	5	18.5	14	51.8	22	81.4
Total	5	18	7	25.5	15	55.5	27	99

Table 1: Gender and age range of respondents

All the respondents had social work degrees from various tertiary institutions. At the time of the study, most respondents (55.5%) had completed or were undertaking postgraduate studies at various tertiary institutions. Six respondents (22%) had completed their postgraduate studies in occupational social work, five (18%) had completed their postgraduate studies in EAP while four (14.8%) were presently studying.

Only two respondents had been in a workplace sector for more than twenty years. The majority of the respondents had joined the workplace sector less than ten years previously. Ten respondents had been with the same organisation for more than ten years, seven respondents had been in the same organisation for three years and ten respondents had been with the same organisation for less than two years.

5.2 Job titles and descriptions

Title	Number
Occupational social workers	5
Social workers	4
EAP coordinators	5
Assistant director	1
HIV/AIDS coordinators	1
Workplace developers	3
Organisational developers	2
Employee wellness specialists	3
Financial consultants	3
Total	27

Table 2: Job titles of respondents

Even though most occupational social workers carry out similar duties in the workplace, it was interesting to discover the range of different job titles that were used. Some job titles seemed to describe their role well (e.g. occupational social workers) while others seemed to be far from an accurate description of their role (e.g. workplace developers and financial consultants).

Some respondents were at senior managerial level while some were at middle management level. This illustrated that occupational social work has grown and expanded as a profession in the workplace.

Twenty-six respondents (96%) indicated that their job description was clearly defined. Twenty of the respondents had been fully and actively involved in the writing of their job descriptions. Only six respondents (22%) had found their job description in place when they started work but had an opportunity to make changes to the existing job descriptions where necessary. Surprisingly, one respondent did not have a job description at all and was at the point of developing one. Twenty-six respondents felt satisfied with their job descriptions and thought that it related well to their present practice. Even the respondent who did not have a job description was comfortable with what he/she was doing and felt that the practice was relevant.

None of the respondents disagreed with what was described in his/her job description. In summary, their explanations meant that their job descriptions were in accordance with the realities of their practice. Furthermore, there was a commonality across various settings regarding main key performances areas and functions outlined in their job descriptions as discussed below.

5.3 Key performance areas and functions in job description:

The respondents gave the following as main key performance areas and functions in their job descriptions (shown in order of ranking by respondents)

- . Micro practice (counseling)
- . Meso practice (workshops, seminar and focus group)

- . Macro practice (Organisational development}
- . Supervision (of self and others)
- . Project management
- . Education and Training
- . Policy formulation and policy analysis
- . Monitoring and evaluation
- . Marketing
- . Consultation
- . Case management
- . Research

The key performance areas were ranked by respondents according to the way they themselves viewed them and how they thought that management viewed them. It emerged that respondents felt that there was a discrepancy between their own views and management's views. The respondents indicated that it was of vital importance to respond to HIV/AIDS holistically, to consult, attend training and get engaged at policy level. They thought that management would prefer them to be well equipped to accommodate new demands, to undergo supervision and training. Many respondents' perceptions seemed to imply that respondents thought that management was not entirely satisfied with their performance and regarded them as insufficiently equipped as reflected in the following views:

“HIV/AIDS is a broad challenge that needs holistic response especially at policy level”

“HIV/AIDS is emotionally draining and the practitioners need frequent consultation and training so that they respond effectively while getting emotional support simultaneously’

“Management seem to believe that we are not well trained to respond to new demands”

“Management believe that training and supervision will assist in equipping social workers to effectively respond to new demands like HIV/AIDS”

5.4 Ways in which social work services were utilized

Utilisation	Government	Military	Manufacturing	Parastatal	Finance	Total
Appropriately	1	2	3	3	1	10
Over utilized	4	4	3	3	1	15
Underutilised	–	–	–	–	–	–
Not Sure	1	–	–	–	1	2
Total	6	6	6	6	3	27

Table 3: Utilisation of social work services

When the respondents were asked to describe how they felt about the utilisation of their services, ten respondents (37%) indicated that they are utilised appropriately. They believed that they had a full schedule that was also manageable. On the contrary, fifteen respondents (55.5%) indicated that they were overutilised. Their main reasoning was that they had too much to do in too short a space of time and they were not coping with the demands as they would have liked. Interestingly, there were two respondents who highlighted that they were not sure about their workload and utilisation. Even though there were respondents who were not sure, no one felt that he/she was underutilised across sectors.

5.5 Accessibility of services offered by social workers in the workplace

Sectors	100 clients and more	100 clients and less	Referrals	Total
Government	5	–	1	6
Military	4	–	2	6
Manufacturing	6	–	–	6
Parastatal	6	–	–	6
Finance	2	1	–	3
Total	23	1	3	27

Table 4: Utilisation of social work services: micro practice

The above mentioned indicates the workload of occupational social workers at micro level. The services were well utilised by employees as twenty-three service providers were attending to more than hundred clients at any given time. Even though three service providers were referring clients, they had seen them initially. They were assessed and then referred to external resources when necessary.

Sectors	Word of mouth	Meeting	Marketing	Management referral	Union referral	Total
Government	2	2	–	1	1	6
Military	1	2	–	3	–	6
Manufacturing	–	2	2	1	1	6
Parastatal	2	2	–	2	–	6
Finance	–	1	2	–	–	3
Total	5	9	4	7	2	27

Table 5: Ways in which employees were made aware of occupational social work services

All the respondents (100%) indicated that employees knew about the social work services offered. However, the manufacturing and government sectors were the only sectors in which employees came to know about social work services through union referrals. Pincus and Minahan (1983) argued that there might be inadequacies in formal resource systems in which clients may be unaware of the existence of that resource. As a result, those resources available would not be fully utilised. According to De Bryn (2001), meetings and marketing are some of the techniques employed when making service users aware that a certain service is available to them. The findings indicated that all respondents and even unions are attempting to make clients aware of the resources available to them.

Accessibility of services is vital and Dubois (1996) mentioned that all people rely on resources to meet their challenges and to realise their potential. All respondents indicated that employees and management had access to the services. Surprisingly, only four respondents indicated that middle and senior management used their services. It seems that unskilled, semi-skilled and skilled employees used social work services more than middle and senior management. In fact, it was clearly indicated among military and government sectors that middle and senior management were perceived to prefer to consult someone outside the organisation for therapeutic human services. With the principle of self determination, social work recognize the right and need of clients to freedom in making their own choices and decisions. It is entirely their choice to utilise the available service. Although all respondents indicated that employees and management had access to their services, only respondents from manufacturing and government offered services to unions.

Respondents were not able to describe clients' waiting period and specific criteria for seeing clients. Mostly, the waiting period and the criteria were perceived to be dependent on the urgency of the matter, availability of the service provider and the schedule of the service provider. For instance, respondents from finance sector would attend to victims of robbery and respondents from the manufacturing sector would attend victims of accidents immediately. All the respondents (100%) indicated that they had experienced new service demands. It was interesting to learn that there were more similarities in the new service demands experienced across sectors as listed below than differences.

5.6. Services offered

5.6.1 New service demands

Respondents mentioned the following various new service demands:

- Debt management (4)
- Financial management (9)

- HIV/AIDS (27)
- Career counseling (5)
- Facilitation of strategic planning (10)
- Stress related to transformation (5)
- Skills development (22)
- Occupational health and safety (27)
- Organisational change (8)
- Active participation of stakeholders (10)

Muma et al (1997) and the Department of Health (2000) maintain that HIV/AIDS is a challenge to various practitioners and the respondent's views confirmed this by describing it as a new service demand. Regarding financial management, Van Holdt & Webster (1994) argued that most employees are not well equipped when coming to financial management. Instead, they are caught up in huge debts. To pay the debts, some end up building a relationship with loan institutions. It is vicious cycle as they loan money to pay their credit which also creates a new debt. The findings indicated that debt and financial management continue to be a problem among employees that occupational social work is paying attention to.

Looking at the Occupational Health and Safety Act {Act no 85 of 1993} and Skills Development Act {Act no 97 of 1998}, the government sector respondent identified a need for safety environment and training of employees in the workplace. They both create awareness by informing employees of their duties and responsibilities in the workplace. Almost all respondents identified occupational health and safety and skills development as a new service demand. This implies that, the acts are relevant and necessary to guide management on how to respond to these challenges. When the identified challenges are met, they might facilitate organisational change and strategic planning which were also mentioned as new service demands.

Of twenty-seven respondents, twenty-four respondents (88.8%) maintained that they were effectively accommodating the new demands mentioned above. In each sector, at least two respondents mentioned that they accommodated new service demands through reading, networking, joining relevant associations and enrolling for relevant courses.

5.6.2 Professional activities

Item	Manufacturing	Government	Para-statal	Military	Finance	Total	%
Micro practice (counseling)	6	5	6	4	3	24	88.8
Meso practice (group work)	6	6	6	6	3	27	100
Macro practice (org change)	4	3	4	4	2	17	62.9
Supervision (others)	3	4	3	4	1	15	55.5
Supervision (own)	5	6	6	5	3	25	92.5
Policy formulation & analysis	6	6	6	6	3	27	99
Research	4	4	2	4	1	15	55.5

Table 6: Professional activities

Micro practice

Twenty-four respondents indicated that they were involved in micro practice, although the frequency varied. The remaining three respondents were referring clients. Most employees living with HIV/AIDS accessed social work services voluntarily unlike most other cases, which were referred. That was because of HIV/AIDS being a sensitive and private issue. Even though HIV/AIDS cases did not form the largest part of the respondents work, concerns were raised during micro practice in relation to HIV/AIDS.

- . High costs of medical aid and expenses
- . Disclosure and job loss
- . Discrimination (colleagues and community members)
- . Support and coping
- . Resources
- . Future plans
- . Death and dying
- . Family disintegration

HIV/AIDS affect individuals financially, socially and emotionally. Dubois (1996) mentioned the following challenges: psychosocial tasks, dealing with stigma, continuing everyday lives, coping, planning for survivors, legal issues and programs and services. Because of the implications of HIV/AIDS, there was a commonality between challenges identified by clientele and by Dubois. Most of the clientele seemed to worry about what would happen to them once they were infected or too ill to work, how they would cope, how that would affect their families and what role the workplace would play (Love Life, 2001 & Webb & Tussel, 1991).

Meso practice

Compared with micro practice, there was an even higher utilisation of meso practice. All twenty-seven respondents were involved in meso practice. Most of the respondents carried out meso practice through group work, workshops and seminars as Netting et al (1998) indicated. Half of the respondents said that HIV/AIDS issues had arisen in most of the groups that they conducted. The other half indicated that HIV/AIDS issues came up some of the time.

Macro practice

Only seventeen respondents were directly involved in macro practice. As indicated by Du Plessis (1994), macro practice was less practiced than micro and meso practice. Some of the reasons why some respondents were not involved in macro practice was that other personnel in the organisation were directly involved in macro practice. For instance, organisational developers and HIV/AIDS coordinators were doing organisational change.

The respondents were however sometimes invited by these staff members to take part in the programmes and that encouraged teamwork which according Cross & Whiteside (1993) and Holden (2003) is essential when responding to challenges such as HIV/AIDS. Only two of the respondents were not undertaking macro practice neither directly nor indirectly. They were to communicate an identified organisational change opportunities to service providers who reported to them. That was due to them being at a higher level of the hierarchy and occupying managerial posts.

Supervision of others

Fifteen respondents (55.5%) indicated that they supervised social workers and social work students from various higher institutions of learning. Only one respondent supervised both social workers and psychologists (which was not usually common). All sixteen respondents (59%) who supervised social work students found HIV/AIDS issues emerging during supervision.

Own supervision

When looking at the activity of being supervised, twenty-five respondents (92.5%) mentioned that they received supervision. Supervision was said to be either formal like written monthly reports or informal like case conferences. Two respondents (7%) who occupied managerial posts indicated that they were not receiving supervision. Across sectors, only one respondent was involved in training the supervisors. Issues around HIV/AIDS emerged during supervision of respondents and even during training of supervisors.

Policy development

All the twenty-seven respondents (100%) were either directly or indirectly involved in policy issues regarding HIV/AIDS. Different respondents were playing different roles. Those roles included policy development, update, altering, analysis, facilitation of the process and involving the unions.

Research

Even though respondents had been involved in other research, it was disappointing to find out that only fifteen respondents (55.5%) had done research in the context of HIV/AIDS. Some respondents had directly interviewed employees to get their views about the pandemic while some respondents did it indirectly by using existing written material. Eleven respondents (40.7%) did not do research at all and the last time they had done so was at tertiary level. One respondent was even a consultant in relation to research topics for Masters social work students.

5.7 Suggested responses to HIV/AIDS

When respondents were asked about the most effective way of responding to HIV/AIDS in the workplace, they gave various suggestions. Most respondents believed that an effective response to HIV/AIDS was possible. Some respondents mentioned that occupational social workers are a driving force of the response to HIV/AIDS as they are well equipped to deal with continuous education, behavioural change and policy by effectively practicing all methods of social work.

“In order to target HIV/AIDS, all methods of social work need to be effectively practiced”

“Even though enough awareness campaigns were done, continuous awareness and education is needed”

“Continuous awareness and education alone will not make a difference if behavioural and attitude change is not taken into consideration”

“Occupational social workers need to make sure that HIV/AIDS policies are realistic and accessible to all employees in the workplace”

Some respondents thought that occupational social work alone would not be able to effectively respond to HIV/AIDS without support, relevant resources and planned strategies from management, employees, multidisciplinary team and communities. The views were supported by writers such as Holden (2003) and the Department of Health (2000) that HIV/AIDS is a challenge that needs holistic approach and multidisciplinary response as every stakeholder has a part to play.

“HIV/AIDS is a challenge that needs different people to work together and multidisciplinary approach is vital”

“Planned intervention strategies does not effect positive change if all stakeholders involved do not actively play their roles”

“Our communities need to destigmatise people living with HIV/AIDS “

“There is a great need to provide support and expand resources for people living with HIV/AIDS and those affected”

“We can do all we want and claim to be helpful but it does not mean anything if people living with HIV/AIDS does not have access to affordable treatment or free treatment”

5.8 Response to HIV/AIDS before 1995

Both management and employees seemed to have responded to HIV/AIDS in a similar way before 1995. They were perceived not to have taken HIV/AIDS as a serious workplace challenge. The level of involvement, participation, awareness and willingness to learn more about HIV/AIDS seemed to be low. Grimwood & De Witt (2000) argued that most companies in South Africa were ill prepared in relation to HIV/AIDS. Muma et al (1997) mentioned that occupational social workers started dealing with the challenge before 1995. However, their involvement was minimal.

Most respondents confirmed this view. Education and awareness programmes had not been frequent before 1995. Around 1995, a shift regarding HIV/AIDS issues among management, employees and social workers was noted. According to the Department of Health (2004), HIV/AIDS started to be a priority because its impact was seen to be growing rapidly.

5.9 Responses to HIV/AIDS after 1995

Participants responded positively about their perceptions about management and employees

Perceptions about management

It was clearly indicated that management support, involvement and participation in HIV/AIDS related matters had improved.

“The level of revenue and non revenue support to occupational social workers has improved”

“Management is more active in allowing and encouraging employees to attend programmes during working hours”

“Management does not wait for practitioners involvement but is proactive when coming to recommendation of new programmes”

Perceptions about employees

Social workers perceived employees to show more interest in HIV/AIDS related matters.

“There is a shift as the reduction in level of ignorance has become very low”

“The level of involvement and participation in HIV/AIDS programmes has positively improved”

“The employees illustrate greater willingness to learn more about the HIV/AIDS”

Perceptions about occupational social workers

All respondents felt that there is a need for urgent and vigorous response to HIV/AIDS in the workplace by encouraging participation and attending to legislation and policy.

“HIV/AIDS is an urgent matter that needs urgent and vigorous attention”

“Encourage involvement, participation of employees, management and relevant stakeholders”

“To focus on legislation and policy for effectively respond to HIV/AIDS”

5.10 Macro practice in relation to HIV/AIDS

Most of the respondents across sectors indicated that management seemed to respond positively when HIV/AIDS programmes were proposed. Twenty-four respondents (88.8%) from military, government departments, parastatal, manufacturing and finance sectors made it clear that they do not have problems with management and their involvement in HIV/AIDS programmes. When commenting on the support that they received from management when suggesting HIV/AIDS programmes, similarities were observed between respondents.

Twenty-four respondents (88.8%) indicated that they received enormous support from management due to management offering them both human and financial resource. The remaining three respondents had not been suggesting programmes, but their senior social work colleagues were taking that responsibility. It was interesting to find that some respondents who received support from management when suggesting HIV/AIDS

programmes had no direct influence in decision-making regarding HIV/AIDS programmes. Eighteen respondents (66.6%) confirmed to have had direct influence in decision-making regarding HIV/AIDS programmes, while the remaining nine respondents did not have direct influence in decision making regarding HIV/AIDS.

All respondents (100%) felt that employees were responding positively to services offered by social workers in the context of HIV/AIDS. It was agreed that the positive employee's response was at the initial stage and had a potential to gradually grow. Employees needed time to get more involved and participate. For that to materialise, respondents thought that management needed to avail all the necessary resources needed such as human resources. Most respondents (twenty two or 81%) thought that management and workforce regarded their HIV/AIDS services at macro level as valuable. This view was based on the enormous support, participation and response they received from both management and the workforce to the projects and programmes.

Three respondents (11%) felt that management and the workforce did not have a clear understanding of the role that social workers could play in response to HIV/AIDS at macro level. As a result, management and workforce involvement and support were not as complete as it should have been. Respondents felt that there is lack of involvement and negative support affected their services at a macro level.

5.11 The working relationship between management and social workers in the workplace

There was commonality among respondents regarding the kind of relationship that they had with management. It was mostly a positive relationship that was characterised by open communication. Only four respondents (14.8%) mentioned that they had a negative relationship with management that was characterised by a top down approach. Twenty-three respondents (85%) who had positive relationships with management indicated that the nature of the relationship had affected their work performance positively.

Furthermore, respondents who had a negative relationship with management indicated that the nature of the relationship had affected their work performance negatively.

5.12 Actions that made respondents feel supported by management

Most respondents agreed that there were actions that made them feel supported by management in their jobs.

- “When you are involved in decision making, you feel as part of the organisation, important and very much supported to encourage personal growth”*
- “I am happy that management and employees are respecting social work as a profession and that is courageous”*
- “I feel supported by management and employees by always being available to participate in projects and programmes that we plan”*

5.13 Actions that made respondents feel unsupported by management

Only a few respondents agreed that there were actions that made them feel unsupported by management in their jobs.

- “It is irritating that social workers are expected to attend to every thing that goes wrong and that affects what they are supposed to be doing”*
- “I have got a problem when management start using social work services as a management tool”*

When examining issues perceived to have had positive and negative impacts on services offered by social work in the workplace, the findings were encouraging. Most of the respondents felt that the positive impact on the services outweighed the negative impact. It was interesting to find that some of the issues mentioned were common to proposed by

Du Plessis's (1994) principles to assist occupational social workers to move from micro to macro practice. Du Plessis (1994) proposed the following: accessibility of services, management support, professional flexibility and evaluation of practice. That means that the proposed principles are relevant and essential.

5.14 Issues impacting on services

Besides the challenges facing the social work practice in the workplace, most respondents regarded support and participation, accessibility, flexibility and evaluation to have affected social work practice positively

“It is so encouraging and good for social work services for practitioners to get management's and employee's support and participation”

“Having access to relevant resources facilitate the implementation of planned intervention strategies and progress towards reaching the overall objectives”

“It is always important for social work services to be accessible to all the parties in the organisation irrespective of their position”

“Flexibility of social work profession helps in accommodation of new service demands and that affect social work practice positively”

“Evaluation of social work practice is good as it will keep the services on track and have a positive effect on social work profession”

However, few respondents regarded inconsistency of support and participation (of both management and employees), lack of resources and time constraints as issues to have had negative impact on social work practice.

“Inconsistent management's and employee's support and participation hamper the quality of services we offer”

“There is nothing frustrating like lack of resources as it tampers with effectiveness of services”

“Sometimes, we do not have enough time to do what we do best”

5.15 Evaluation of social work services

In terms of evaluation of services offered by social workers, all respondents indicated that their services were evaluated. Twenty-seven respondents (100%) were directly involved in evaluation of own services. Even though performance management standards were mostly set by management, evaluation took place in a broader manner. It was mostly done by respondents themselves, colleagues and management. Sometimes, organisations that specialised with assessment and analysis of performance standards were consulted.

According to Compton et al (2005) evaluation of services is important because it focuses on efficiency. The researcher supports the argument and the respondents maintained that evaluation of services was important because it created an opportunity to assess if services offered were effective, efficient and addressing the identified needs. That might be why Du Plessis (1994) regarded evaluation of occupational social work services as one of the principles that can assist movement from micro to macro practice. All the respondents were satisfied with the way evaluation was taking place. They regarded the evaluation method as effective. As a result, they were even getting constructive feedback and able to work on improving their practice. This confirms the argument by Shulman (2006) argument that ongoing evaluation of one’s practice is an important element in social work