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The perceptions of occupational social workers about how their service provision has been affected by HIV /AIDS in the workplace since 1995

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CHAPTER 1: INTRODUCTION

1.1 Introduction

Occupational social work is a branch of generic social work. Historically, social work first developed as a clinical method and only later became located in various organisations and workplace sectors. According to Evian (1991), social work intervention in the workplace usually occurred around alcohol and substance abuse while other challenges were put aside. The response to identified challenges was seen as a priority because in the workplace, challenges are likely to affect productivity and stability negatively. These challenges are commonly expressed by behaviours like absenteeism and lack of efficiency.

However, over time, other challenges also received occupational social work attention. Recently, a new challenge has emerged and that is HIV/AIDS. Van Dyk (2002) argues that HIV/AIDS is spreading rapidly in South Africa and the workplace is no exception. It is commonly acknowledged that HIV/AIDS has substantial social and economic implications. The HIV/AIDS epidemic seems to be posing a much more serious concern than other challenges. However, this does not mean that HIV/AIDS should get priority over other challenges.

The epidemic is a broad challenge and is not only about people living with HIV/AIDS, but also about their families, community members and institutions with whom they interact on a daily basis. It goes beyond losing production and entails actually losing employees at a fast pace. As employees are part of the society at large and the work community according to De Bryn (2001), the integration and interrelation of communities and organisations are strongly challenged by the epidemic, because HIV/AIDS threatens the way people interact and interrelate. “HIV/AIDS systemic costs can lead to loss of workplace cohesion and reduction in the morale and motivation” (Holden, 2003: 97).

Muma et al (1997) & Van Dyk (2002) argued that HIV/AIDS is also accompanied by challenges such as stigma, social isolation and discrimination. As a result, people living with HIV/AIDS might not be able to maintain a sense of self, identity, belonging and community. With lack of interaction and interrelation, it can be concluded that the HIV/AIDS impact is likely lo lead to social disintegration.

Occupational social work services are of vital importance to the workplace. The services have a great potential to positively influence workforce functioning. The target group of the occupational social worker is individual employees and/or together with family members, management and other relevant stakeholders. The focus is on addressing human, social and organisational needs through strategies promoting optimal functioning. However, optimal functioning might be difficult or even impossible in the context of HIV/AIDS because it affects the workforce socially, physically as well as psychologically. Therefore, occupational social work practice is especially relevant for the workplace in this context.

1.2 Rationale of the study

The need for this study was identified because there are continuously new service demands and challenges facing occupational social work in the workplace. Particularly, HIV/AIDS has become a major socio-economic issue requiring the attention of not only health professionals and politicians but also all helping professions. The demands of developments such as HIV/AIDS have resulted in the realisation that it is impossible to respond effectively by focusing on micro and meso practice levels only and that the macro practice level might be an effective strategy to respond to these new service demands. The researcher was interested to find out how occupational social work services had been affected by new service demands such as HIV/AIDS and whether macro practice was used to effectively respond to the demands.

The present study was highly influenced by the Du Plessis (1994) study completed on the evolvement of occupational social work practice in South Africa. The major findings were that micro practice is carried out more than other levels of social work practice in the workplace. Her conclusion was that there was a need for occupational social work to move from micro to macro practice. Du Plessis (1994) regarded this predominance of micro practice as a challenge facing the evolvement of occupational social work.

She identified five factors impacting negatively and positively on social work services in the workplace. Factors that were identified to be having a negative impact on social work practice in the workplace included a lack of management support; employee's ignorance regarding the role of the social worker; authoritarian nature of occupational setting; occupational social workers reluctance of offending others and lack of requisite knowledge to change their practice approach (Du Plessis, 1994). Factors that were identified to be having a positive impact on social work practice in the workplace included access to senior management; access to employees; ability to market social work; strong professional identity and professional autonomy and professional supervision/consultation/continuing education and training.

In response to the factors identified, the study suggested nine principles that could be used as a means to "promote practice at the workplace that embraces micro and macro interventions" (Du Plessis, 1994: 222). The principles are: accessibility of social work services; management support; professional flexibility; vision on the part of occupational social work; dual accountability of occupational social work to employees and from employees to management; evaluation of social work practice; profession curiosity**;** growth and support; ecologically based service effort and acceptance of social work as a profession. The above-mentioned first six principles were adopted by the researcher to guide a research tool for her study. The last three principles were not adopted because they did not relate specifically to occupational social work services and the role of management in the workplace.

1.3 Aims of the study

The overall aim of the study was to explore the perceptions of occupational social workers about how their service provision has been affected by HIV/AIDS in the workplace since 1995. Specifically, the study explored perceptions of occupational social workers regarding:

a) The ways in which occupational social workers' service provision has had to be adjusted due to the HIV/AIDS epidemic in the workplace

b) The extent to which occupational social workers perceive their HIV/AIDS services a macro level to be acknowledged as valuable by both management and employees

c) How HIV/AIDS has impacted on their relationship with management in the workplace

d) How occupational social work service provision has changed in terms of accessibility, flexibility, vision, educational role and movement from micro to macro practice

1.4 Definitions

For the purpose of this study:

Occupational social work - "is a specialised field of social work practice addressing the human and social needs of the work community through a variety of interventions which aim to foster optimal adaptation between individual and environment" (Straussner, 1989: 21). The occupational social worker is a social worker who acquired post graduate qualification on occupational social work or EAP and/or is working in the industrial setting.

Workplace - “means an organised system (large or small) that employs people to perform certain activities in return for a wage” (Ray, 1997: 30).

Micro practice - “refers to casework with an individual, couple or family and the focus is on personal problems as opposed to work related problems” (Du Plessis, 1994: 4).

Meso practice - “refers to intervention with a specific group of people in the organisation and the focus is on addressing specific identified needs” (Du Plessis, 1994: 4).

Macro practice - “refers to intervention aimed at responding to organisational problems and the focus is on the organisation as an employer and not an employee alone” (Du Plessis, 1994: 5).

Employee assistance programmes - “refers to programmes that are aimed at assisting employees with personal problems through linking them to appropriate resources in order to improve job performance” (Klarreich et al, 1985: 13).

Service provision (as linked to EAP) – is grounded on medical/psychiatric model and focuses on individuals and organisation as a whole (Klarreich et al, 1985).

Perceptions - “The psychic impression made by the five senses (seeing, hearing, touching, smelling and testing) and the way these impressions are interpreted cognitively and emotionally based on one’s life experiences” (Barker, 1987:118).

HIV/AIDS - “Human Immuno Deficiency Virus / Aquired Immune Deficiency Syndrome”

1.5 Anticipated findings

The researcher anticipated three main findings:

Firstly, she anticipated to find that occupational social workers had begun to play a more educational role since 1995. The researcher was of the view that HIV/AIDS was identified and regarded as a challenge and a threat by the South African government around 1995. Around that time, HIV/AIDS seemed to be dominating the health agenda. As a new service demand, it needed attention. The reason for this anticipation was that it was assumed that occupational social workers might be attempting to accommodate new service demands or challenges such as HIV/AIDS. Educational programmes would be an effective way of equipping employees with basic knowledge on the impact of HIV/AIDS.

Secondly, the researcher anticipated that occupational social workers had not responded extensively to HIV/AIDS through the macro practice level. The assumption was that most occupational social work practice focuses on micro level rather than the macro level practice. The writer was of the view that macro practice could be utilised more effectively to address HIV/AIDS.

Thirdly, the researcher anticipated that HIV/AIDS had negatively affected the relationships among occupational social workers, employees and management. In the context of HIV/AIDS, occupational social workers need to be actively involved at the policy level where decision making occurs. Traditionally however, social workers had not been central or powerful figures in the organisations. Mostly, occupational social work is employee centered while management is mostly profit centered. As a result, they might have conflicting views on certain topics regarding HIV/AIDS, which might affect their relationship. Working relationship and partnerships are important when responding to challenges such as HIV/AIDS.

1.6 Research Design and Methodology

1.6.1 Research Design

"Research designs can be thought of as experiments which help us to ascertain if there is a relationship between one variable and another" (Grinnell, 1993: 199). Neuman (1995) describes two broad approaches when conducting research: quantitative and qualitative. In this study a quantitative approach was used, with a descriptive research design (De Vos, 1998). However, the study included some qualitative aspects in the data collection. The approach was relevant as they allowed formalisation, correlation and definition of scope. It is viewed as assisting to describe and explain social reality. For example, we cannot confirm a causal effect that social workers' services were affected by HIV/AIDS but can associate HIV/AIDS with services offered.

1.6.2 Research Sample

According to Grinnell (1993), there are two kinds of sampling procedures: non-probability and probability. Sampling means "an element of measurement drawn from the population in which the researcher is interested" (Grinnell, 1993: 157). In non-probability sampling, the possibility of inclusion is unknown and potential respondents do not stand the same chance of being selected while in probability sampling each person forming the sampling unit has the same chance of being selected.

The sample that was studied consisted of twenty seven respondents employed as occupational social workers from five various workplace settings: the manufacturing sectors, government departments, para-statal organisations, the military and the finance sector. The researcher brainstormed, listed various settings employing social workers, obtained a list of potential respondents from the University of the Witwatersrand, Social Work Department and Gauteng Employee Assistance Practitioners Association, contacted social workers, assessed which sectors they work in and their interest to take

part in the study. The challenge with the list acquired was that they were not accurate. That was due to potential respondents listed being unavailable due to have changed jobs and telephone contact numbers.

Then, the sample was initially stratified and purposively selected. At a later stage, non-probability sampling, specifically snowballing whereby one respondent refers the researcher to the potential respondents was adopted. That was done by researcher enquiring from the potential respondents' on the list whether they know of any other colleagues in the sector in which they work in. She then followed up on each of the sectors until she had the required number of respondents.

1.6.3 Research Instrument

An interview schedule guided by research aims and Du Plessis's (1994) six principles was developed and utilised for data collection purposes. This tool was pre-tested in an interview with one respondent who was not part of the sample selected. The instrument was edited and necessary changes made prior to conducting individual interviews so that questions would be relevant and relevant data be collected. The instrument was then utilised to guide individual interviews with research subjects.

1.6.4 Data Analysis

Data gained from the research was analysed by the researcher in respect of the aims of the study. Core themes, concerns and suggestions were identified, categorised and interpreted. The use of statistical methods and tables assisted in the analysis and presentation of findings such as frequency distributions.

1.7 Limitations of the Study

The following limitations of the study are of note:

1) The geographical location and time frame of the study made it difficult for the researcher to reach as many respondents as possible. The researcher only managed to interview twenty seven and was thus aware that the generalisation and validity of the study was limited.

2) The judgment of the researcher may have been biased due to the researcher's perceptions and different conclusions may have been reached by a different researcher. However, efforts were made to enhance levels of trustworthiness such as commitment on the point of the researcher to introspect and be aware of any personal views that may have impacted the study.

3) The face to face interviews may have been a source of measurement error as the respondents may have tried to impress the researcher as they would have been aware that she was also an occupational social worker. The researcher encouraged respondents to be open and honest.

1.8 Overview of the Research Report

Chapter 1: Introduction

This chapter describes the rationale of the study, outlines aims of the study, defines terms, presents an overview of the research design and methodology, explain the limitations of the study, identifies the anticipated value of the study and discusses ethical considerations.

Chapter 2: Occupational Social work in South Africa

This chapter discusses the developmental history of occupational social work and its relevance in the workplace.

Chapter 3: HIV/AIDS

This chapter focuses on issues regarding HIV/AIDS, its impact on the workplace and main themes regarding occupational social work, HIV/AIDS and the workplace.

Chapter 4: The research design and methodology

This chapter discusses the research design and methodology used in this study.

Chapter 5: Presentation and discussion of research findings

This chapter covers the presentation of data gathered in the study

Chapter 6: Main findings, conclusions and recommendations,

This chapter illustrates the main findings of the study. From the findings, conclusions and recommendations were highlighted.

1.9 Anticipated Value of the Study

It is anticipated that the findings from this study will be valuable by:

1) Contributing to the social work profession through providing information which will improve training, supervision and consultation in occupational social work

2) Helping to describe views about how effectively management and occupational social workers are working together in response to HIV/AIDS in the workplace. This is essential because it will encourage a positive working relationship and a response to

potential conflict between the two groups

3) Attempting to add to the body of knowledge in the HIV/AIDS and occupational social work field so that there can be more relevant information in that context

1.10 Ethical issues

"Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students (De Vos, 1998: 24). Observing the definition, ethics are of vital importance when conducting research in the social sciences and thus also in social work. That is because the practitioners need to protect the respondents while at the same time abiding by professional responsibilities through taking ethical principles and guidelines into consideration. Research is an activity that focuses on people, real problems and private information.

Although the research was dealing with a sensitive issue such as HIV/AIDS, it was agreed during the proposal stage that ethical clearance was not necessary. The information collected was not about respondent's personal issues but about their views, services and professional and workplace relationships with management. There was no stage in which the researcher was going to deal with HIV/AIDS at a personal level.

Every research respondent received a subject information letter (See Appendix A). The purpose of the letter was to inform the potential respondents about the study and make them aware of their rights. As participation was voluntary, it was made clear that the respondents would not be forced to participate and would have the right to withdraw from the process at any time.

Confidentiality was guaranteed by not making information identifiable, not mentioning names and not linking any specific responses with specific respondents: interview schedules and their responses would be coded.

They were also informed that data would be destroyed. It was impossible to identify who had said what during data collection. The subject sheet also indicated how the respondents would gain from the study. They only gain indirectly from the study once the study was complete, as it may have contribution through feedback to the development of the occupational social work profession. Feedback would be available in terms of summary of findings or presentation where necessary. It terms of confidentiality, results that would reveal sensitive or unexpected information about the organization would not be linked to specific organisations. Recommendations would be included in the study so that organisations might be alerted generally if there was a need.