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# Cashiers' and management's perceptions of the usefulness of EAPs with particular reference to wellness couselling

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# CASHIERS` AND MANAGEMENT`S PERCEPTIONS OF THE USEFULNESS OF EAPS WITH PARTICULAR REFERENCE TO WELLNESS COUNSELLING




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A DISSERTATION SUBMITTED TO THE FACULTY OF HUMANITIES IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE DEGREE OF MASTER OF ARTS ORGANISATIONAL PSYCHOLOGY
THE UNIVERSITY OF THE WITWATERSRAND

SEPTEMBER 2016

# Declaration

A research project submitted in partial fulfilment of the requirements for the degree MA by coursework and Research Report in the field of Organisational Psychology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg, 9 September 2016.

I hereby declare that this research report is my own, unaided work. It has not been submitted before for any other degree or examination or any other university.

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Phenolia Koketso Rakgokong

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Date

**Word Count**: 26 963 (Excluding Appendices)

## ABSTRACT

The purpose of this study was to explore cashiers' and management's perceptions of the usefulness of a company-provided employee assistance programme (EAP) with particular reference to wellness counselling. This study focused specifically on the four principles governing EAPs, namely; confidentiality, referral system, helping process and handling of outcome. Fifteen participants were recruited for this study from a cash centre of a financial institution in Johannesburg. There were ten males and five females. A qualitative methodology was used to collect and analyse data. The instruments used to collect data were two participant-generated text schedules, one for cashiers and the other for managers. Data were analysed using thematic content analysis. The results of the study showed that both employees and management found the EAP useful in the workplace. The direction for future research in South Africa could focus on conducting a longitudinal study to evaluate the impact and effectiveness of wellness counselling.

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# CHAPTER ONE: BACKGROUND OF THE STUDY

There are a lot of problems that affect employees in the workplace and in turn affect their work performance, such as substance abuse, alcoholism, absenteeism, domestic violence, HIV in the workplace, health problems and work related factors. For instance, substance abuse is regarded in South Africa as the most widespread cause of death as well as the highest risk for communicable and non-communicable disease (Burnhams & Parry, 2015). Burnhams and Parry (2015) assert that due to work factors such as being absent from work, expenses for health services and employees' salaries, employers remain at the receiving end placing both the organisation and its people at a risk for harm. Employees experiencing varying problems could consult with a traditional practitioner or employee assistance programme counsellor to assist them.

Sometimes employees consult traditional health practitioners for work-related health problems. Traditional health practitioners play an important role in South Africa. This is evident in a study conducted by Cambell-Hall et al. (2010) which found that most people who consulted traditional health practitioners suffered from mental health issues. Traditional health practitioners play a role in providing psychosocial support to the person consulting and bringing to light the health problems in a person's life that need to be spoken about (Cambell-Hall et al., 2010). Traditional health practitioners have the same role as that of an Employee Assistance Programmes (EAP) that helps employees when they experience problems. This notion of seeking help is a clear indication that organisations need to start providing support structures for employees such as counselling through EAP services.

An investigation of a large database collected by an employee assistance programme service provider within South Africa recently found that there is a higher occurrence of alcohol abuse and related problems among male employees than their female employees; the results also indicated that male employees were prone to drug related problems (Burnhams & Parry, 2015).

Employee assistance programmes and wellness counselling services can make a huge impact on employee wellbeing and organisational success. Counselling services in particular would assist employees who are affected by substance abuse, alcoholism, absenteeism, domestic violence, HIV in the workplace, health problems and work-related debilitating factors. Furthermore, stress associated with the workplace seems to have a considerable effect on

psychological and physiological functioning of employees. At the organisational level, stress among employees has financial repercussions in that employees would not be productive enough to sustain maximal performance. Employees could develop diseases such as heart disease and chronic pain (Colligan & Higgins, 2006). In addition, workplace stress could lead to depressions, constant anxiety or hatred of the workplace (Colligan & Higgins, 2006). The impact of work-related health problems on the organisation has shown negative organisational outcomes such as stagnant workplaces, less employee productivity, higher costs for employees` health, low employee morale and a higher rate of absenteeism (Colligan & Higgins, 2006). It is evident that both personal and work-related issues would be resolved when employees seek the services of corporate wellness programmes for counselling or medical treatment. In a way, companies learn about negative work factors that affect employees through the reports they get from their employee assistance programmes.

Grinstead and Van Der Straten (2000) claim that important principles of effective counselling that deal appropriately with a troubled employee include confidentiality, the right to privacy, a well trained professional who is capable of dealing with any type of presented problem and controversial issues such as sex and relationships and finally a professional who possesses non-judgemental skills. Wellness counselling assists employees deal with personal and work-related problems thus promoting employee health and wellbeing. This is supported by McLeod (2010) who presented a wide-ranging, evaluation of successful workplace counselling. Workplace counselling deals with helping a client or employee attach meaning to their work. It also helps employees understand the way they behave at work and the associated outcomes. Workplace counselling is used by organisations as a tool to combat psychological distress and behavioural disorders in the workplace. It is commonly used to deal with absenteeism, psycho-physiological disorders as well as to change employees` attitude towards others or work for the better (McLeod, 2010). Counselling is governed by stages. These stages in wellness counselling are highlighted in body of literature and they comprise of assessment of the client to the kind of help they need, referring the client after assessing them. This ensures that the client is referred for appropriate treatment, setting up a counselling intervention contract and dealing with the troubled employee's issues. Ethical dilemmas such as confidentiality are also integrated in the stages.

Employee assistance programmes are a free service provided to employees and their families to give them professional support for problems they could be experiencing at work or

personally that hinder optimum performance (Rothermel et al., 2008). Services offered under Employee Assistance Programmes (EAP) include wellness counselling, appropriate referral structures, financial and legal support (Rothermel et al., 2008). Employee assistance programmes have common principles governed by international standards (Masi, 2003). A plethora of literature shows that many people use their own language when referring to the principles of EAPs. Some employees regard it as a part of the health and wellness programmes that are linked to corporate institutions such as company hospitals, company clinics or company-sponsored service providers while others regard EAPs as places to go when an employee is not happy at work. Employees who work in the wellness centres are professionals who are guided by ethical guidelines that promote ethical conduct (Rajin, 2012). In South Africa, EAPs, uphold the principles of confidentiality that is also reflected in the referral system and handling of the counselling outcome. Mutual trust and reciprocity are maintained during the helping process and after the counselling sessions.

The work of cashiers in South Africa has challenges such as being at risk for robberies as the nature of their jobs attracts criminals making them vulnerable to psychological stresses. The environment in which the cashiers operate in is highly secured with security systems and armed security guards in the whole building. This is a clear indication that the roles and environment is susceptible to harm.

It is critical that researchers' interested in counselling research explore the views of the troubled employee to get insights about counselling (Henkelman & Paulson, 2006). Exploring the views of the client will allow the researcher to understand clients' hindering experiences with counselling and will be in a position to design a holistic model for counselling (Henkelman & Paulson, 2006). Counselling process can be customised and improved for clients if organisations know what the clients are looking for in counselling and hence the aims of this study, which were to explore perceptions of employees who have used counselling services.

There was a need to conduct this study in the financial services industry's "cash-centre" business unit where there proves to be a gap in literature. This business unit has a role that is classified as a high risk job. The roles of the cashiers include that of being an automated cashier machine (ATM) custodian. Some financial services organisations split the roles of the cash handlers working at the cash centres into two groups, cashiers and ATM custodians. In this study these two groups are treated as one group of cashiers or cash handlers. These roles

are high risk and this strains employees physically and emotionally. One of the benefits of wellness counselling is that it is effective in reducing sicknesses such as mental disorder and reducing workplace negative behaviours such as absenteeism, presenteeism and costs associated with general health care and finally it can increase provision for health and safety (Bunn, 2012). This is relevant in the cash-centres where employees' feeling of safety is always at risk due to the amounts of cash they handle daily. It is said that the more the effectiveness of EAP is highlighted to employees the more employees will reap the benefits of health and welfare (Sharar, 2008) especially in high risk related jobs. Oramah (2013) explains that it would be beneficial for organisation to use wellness counselling as a preventative strategy for personal and work problems that are affecting both the wellbeing of an employee and that of the organisation and its returns, hence, the focus of this study was on wellness counselling.

## RATIONALE FOR THE STUDY

Employee assistance programmes have been in existence for decades. According to Haaz et al (2003) employee assistance came about during the 1940s era within the health services industry. The early programmes focused on alcohol rehabilitation programs so that affected employees could be assisted to cope with their work. The treatment centres were supported by organisations with resources needed to help employees recover. A periodic assessment of employees for recovery is done to ensure that the programme is viable and employees follow the treatment regimen to be able to elicit positive behaviours which enable them to perform better and the company will benefit from that. One of the prominent alcohol recovery programmes was alcohol anonymous with its strategy or end goal being that the troubled employees can abstain completely from the alcohol (Masi, 1984). According to Maiden (1992) employee assistance programmes started to surface in South Africa during the 80's era. Harper (1999) contends that since the 1980's era various organisations in South Africa realised the benefits of using employee assistance programme to deal with stresses related to health, psychological wellbeing and general life issues. This study sought to explore how employees and management utilised EAPs.

As stated by Masi (1984) employees assistance programmes have been developing because of changes that have taken place in the way people live and organisational reactions to these changes. Although it is good to improve and change ways of working it is also at this point

that employees' productivity can be affected, hence, the rate of employees being hindered from performing in their roles productively is increasing due to both personal and work related issues and many organisations are realising the importance of taking responsibilities for looking after their employees by taking part in using the services provided by EAPs as it is cost effective and will help employees with their problems (Masi, 1984). EAPs have a potential to transform a workforce by engaging with employees to manage their overall wellbeing.

Vast research has been done on EAPs across industries especially in the medical institutions. This study was different from the previous studies because it focused on utilisation of employee assistance programmes in a cash centre environment in the financial services industry. The study done by Harper in 1999 showed that only 42 out of 100 companies had EAPs in South Africa. From the 42 organisations that used EAPs, forty-five percent were from occupational health clinics comprising of only the medical departments of the company (Harper, 1999). As most studies on EAPs tend to focus more on medical issues, this study focused on employees' psychological issues. This study explored perceptions of the usefulness of the employee assistance programmes with particular reference to wellness counselling in the financial services industry. Not many studies have been done in South Africa about the wellness or provision of wellness programmes for bank employees. There is scanty information on the health and working conditions of cashiers in the banking industry. This study attempted to fill the gap by assessing the perceptions of cashiers and management on the usefulness of EAPs in the banking sector. This study contributes to understanding perceptions of cashiers and management regarding wellness counselling for the cash-centres in order to build employee assistance programme suited for the cash centre environment and ultimately their role. This is in line with Maiden (1992) who contended that an employee assistance programme need to be customised such that it is unique to a specific group of a team, department or organisation, the reason for this is that a unique intervention can bring about appropriate and suitable effective treatment for employees.

Furthermore, it is critical that counsellors understand the experience of counselling from point of view of counselees, from the reasons they made a decision to find help, to actual experience of counselling sessions and finally to the their perceptions of ending counselling (Manthei, 2007). This includes the referral systems used in the EAP's wellness counselling programme, feelings of confidentiality, and how the helping process was managed and finally

how the outcomes of the sessions were handled as explored in this study. In successfully achieving these aims, this study aimed to explore the possible resolutions which could contribute to customised employee assistance programmes for cash centre employees.

The next chapter provides a comprehensive literature review which outlines the factors, steps and processes followed when engaging with an EAP for wellness counselling. The literature review will also cover strategies for wellness counselling and theoretical approaches to wellness counselling. The third chapter is a description of methods used in this study, of which purposive sampling of cashiers and management in the financial industry's cash centres were employed. The procedure undertaken in this study to collect data and to analyse the data is also outlined in this chapter. Chapter 4 comprises of themes that emerged from data collected and the research evidence is provided by giving direct quotes from the raw data that participants provided using pseudonym. Chapter 5 gives a comprehensive discussion of themes that emerged from text-based data and it provides an argument that is backed by the literature review. Implications and recommendations for future research are outlined as well as limitations of the study.

# CHAPTER TWO: LITERATURE REVIEW

## History of EAPs in South Africa

Employee assistance programmes were introduced in SA during the 1980s. The Chamber of Mines of South Africa was the first organisation to show interest in assisting its employees in an industrial context. This was as a result of organisations seeking to be employer of choice in the industry, a need to comply with regulations for corporate social responsibility and finally to be compliant in occupational health and safety regulations and laws (Sieberhagen et al, 2011). The Chamber of Mines of South Africa (COM) initiated the development when a consultant was appointed in 1983 to conduct a feasibility study on EAPs for the mining industry. This was an achievement in the history of developing the EAPs in South Africa (Maiden, 1992). A few organisations in South Africa that soon followed the example set by the Chamber of Mines successfully to support their employees were ESKOM and Anglo-American Corporation. South African EAPs followed a similar clinical model as EAPs in the United States (Maiden, 1992). The model looked at problems of alcohol that the employees in the United States experienced. EAPs emerged in the 1940s internationally (Haaz, Maynard, Petrica & Williams, 2003). These models have since changed to identify holistic problems that the employees experience. Following the extensive expansion of the scope of services of EAPs in the 1970s, the scope of EAPs had since then stretched to include the provision of treatment for all types of substance dependence, abuse or addiction, as well as therapy and counselling for personal problems related to marriage, stress or depression and financial problems (Swanepoel et al., 2003 as cited in Rajin, 2012). EAPs assist employees experiencing these problems by making an effort to be holistic in the way that helps employees improve their health and wellbeing. However, this does not imply that EAPs address all concerns that the employees could present with at EAP centres (Thoreson & Hosokawa, 1984). Organisations have come to the realisation that it is not only substance and alcohol abuse that needed to be addressed but also other work-related problems that could impede performance in the workplace.

## Definition of terms

The following terms are defined in this study: cashier, cash-centre, employee assistance programmes, wellness counselling, confidentiality, referral systems, helping process and

handling of outcome. The definitions are better understood as applied in an organisational context.

## Role of a cashier

A bank cashier is an individual whose job is classified as work which involves a high intensity of money handling (Aslam & Lehrer, 2014). According to Aslam and Lehrer (2014) the cashier handles a lot of money and the work often leads to occupational health problems. Therefore, being a cashier exposes the job holder to high risk as money handling attracts the attention of criminals. Cashiers are prone to robberies and violence, this is because of the nature of their job. Another factor that could affect the morale of bank tellers or cashiers is the perennial problem of low salaries. For instance, cashiers are classed as being at the bottom of the hierarchy (Aslam & Lehrer, 2014). In the United States, minimum wage legislation, defined in both federal and state laws, provides a guide that is used in determining hourly wages and this is done to ensure that cashiers are paid the minimum wage for the industry. In South Africa, there is a guide on payment of minimum wages in the banking industry. In the US, federal minimum wage increases are not automatically linked to changes in the cost of living as 2008 saw the first federally-mandated increase in a decade (Lambert, Haley-Lock, & Henly, 2012). A work environment with poor working conditions could result in cashiers experiencing stress and being sulky, unfriendly and slow (Aslam & Lehrer, 2014).

## A cash-centre

A cash-centre is a place used to receive and collect cash deposits from customers by a cashier. It is managed by a supervisor. The cash-centre should have a cashier's cubicle, heavy-duty fire-proof safe and furniture for seating (Fabamwo, 2009). The objective of cash-centres is to process cash and to satisfy client and customer needs, cost effectively and in the shortest possible time. Cash-centres' main task is to collect and keep large sums of money packed for retail clients. The role of a cash-centre is to receive cash from clients where the mandate is to receive and sign to acknowledge receipt for clients` cash deposits. Automated Teller Machine (ATM) Custodians are typically the employees who collect and drop off the money at the cash-centre. There is a process that ATM Custodians follow when they reach the cash-centre to drop off the money collected from clients. A teller will be referred to in this study as a cashier.

Looking at figure 2.1 which was taken from internal documents in the cash centre (Workstream 3 guide to implementation, 2011), it can be seen that the cash-in-transit vehicle entering the cash-centre and approach a cashier whom acknowledges and capture deposit details, capture deposit value, counts the money, check balances on the system and finally do a transfer. For the mere fact that cash is collected dropped off by cash-in-transit we can assume that the cashiers handle lots of money in their daily tasks.

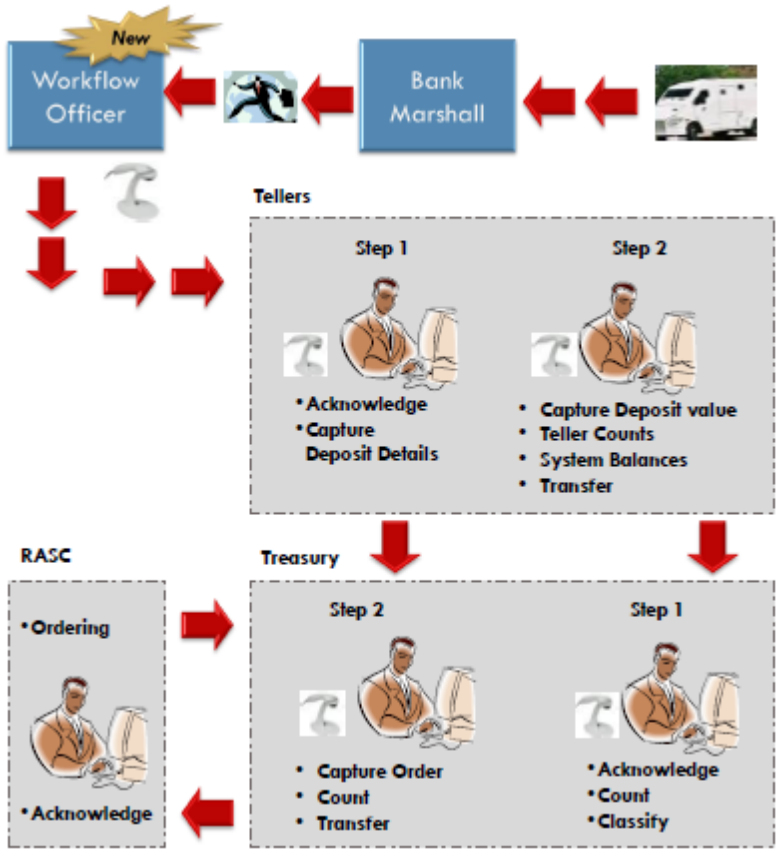



Figure 2.1: overview of the cash-centre process

**Defining employee assistance programme**

According to Geistein & Bayer (1990) employee assistance programmes are organisational and community-based programmes that are developed to provide mental health services to employees who are not performing in their jobs due to problems experienced at work. Walsh (1982) defined employee assistance programme as "a set of company policies and procedures for identifying, or responding to personal or emotional problems of employees which interfere, directly or indirectly, with job performance" (p. 494). Employee assistance

programmes exist to provide information or referrals to appropriate counselling, treatment, and support services for employees (Walsh, 1982). Employee assistance programmes have used various strategies that will prevent and provide curative measures for the troubled employees in rehabilitation (Geistein & Bayer, 1990). An employee assistance programme is defined by Sangweni (2006) as the "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" (p, 10). According to Sangweni (2006) EAPs are confidential, professional and they are part of employee benefits. They exist to deal with concerns about the personal and work lives of employees. This definition of employee assistance programmes will be used as the working definition for this current research.

Although EAP programmes will vary from organisation to organisation, they tend to include the following services according to Taranowski and Mahieu, (2013): (1) An EAP gives assessment and advice which is informed regarding the employees' life problems, including their personal, work or family problems; (2) the EAP helps management of organisations to evaluate employees' performance and to refer employees to health professionals - this process will enable the employee to be efficient and effective in their performance; (3) An EAP is a free service that covers counselling for employee and their immediate family members and this service is confidential. EAP is a benefit outside of the normal health benefits that employees have access to, the number of session varies from three to eight sessions depending on the counsellor`s intervention approach. Generally, a client can be referred to more than one specialist if their problems go beyond the scope of EAP (Taranowski & Mahieu, 2013).

A longitudinal study conducted by Csiernik, Chaulk & McQuaidin (2012) over a five year period showed that the most commonly experienced reasons for attending EAP counselling from 2005–2006 to 2009–2010 were marital relationship issues, anxiety, family and issues concerning children. EAPs handle cases of addictions, grief, and depression, and job or career issues. Considering the viewpoints of employers, an effective EAP is one that gives employees certain skills to balance personal and work lives and maintaining good work performance (Lawrence, Boxer & Tarakeshwar, 2002).

EAPs can be provided internally or externally. Internal EAP is managed and manned by a wellness department within the organisation whereas external EAP are contracted by

organisations. The professional within EAP field are clinical psychologists and counsellors. Research on EAPs suggests that organisation can utilise the programmes to ensure that their employees are assisted at all times when the need arises and that EAPs can provide positive outcomes for their employees. In an evaluation of employee assistant programme conducted by Csiernik (2011), the results demonstrated that employee assistance programmes (EAPs) had positive outcomes including saving organisations money as well as showing positive changes for those who had used the programme. This confirms the idea that EAPs provide positive outcomes for employees in an organisation. The positive outcomes come as a result of wellness counselling.

Some of the challenges in EAP include trust and confidentiality (Sieberhagen, Pienaar, & Els, 2011). Trust and confidentiality is seen as critical for a counselling session to be effective. When a troubled employees perceives that information shared will be shared with the organisation he or she may not reap benefits of EAP. Social issues such as employment equity and discrimination are also a challenge of EAP (Clarkson, 1995). This may be even more relevant in South African history of apartheid and many laws that resulted from democracy such as employment equity act, affirmative action and labour relations act. In South African context, issues of values, morals, culture and religion may also be pertinent (McLeod, 2010). The counsellor need to be savvy of personal orientation of their client. The other challenges include the notion of 'whose agent is the counsellor'- does the counsellor have the troubled employees' concern at heart or are they concerned with the demands of the organisation? This refers to ethics in counselling (McLeod, 2010). Counsellors may only breach their contract when a troubled employee is prone to harm themselves (Health Professional Council of South Africa, 2007). This means that the counsellor is there for the employee and not necessarily for the organisation, the organisation can reap benefits when the troubled employees is helped through the EAP process.

**Wellness counselling**

Wellness counselling is an essential component of employee assistance programmes. Wellness counselling involves counselling for general health complaints and employee health education. Wellness has not been well defined in literature as there is no agreement as to what it should be defined as. This lack of a widespread definition, and confusion about a preferred way to describe what wellness is, poses challenges in the design of wellness practice guideline in organisations (Sieberhagen et al., 2011). Myers, Sweeney, and Witmer,

(2000) define wellness as a method of life or living where health and well-being of an individual, in their body and mind are all integrated. Given this definition of wellness, workplace counselling on the other hand is defined by McLeod and Henderson (2003) as a short-term counselling service for employees in organisations which is paid for by the employer. Workplace counselling provides an employer with a service that is appreciated by their employees and also has the potential for assisting the organisation by reducing sickness absence and gives the managers' confidence that there are services that helps employees in difficult circumstances (McLeod & Henderson, 2003).

Wellness Counselling has models. Wellness counselling models have fuelled significant research that assisted to formulate the evidence base for practice in the counselling field (Myers & Sweeny, 2008). Some of the wellness models are wheel of wellness, the indivisible self, the trans-theoretical model and self-efficacy (Myers & Sweeny, 2008; Tanigoshi, Kontos & Remley, 2008).

In most organisations, wellness counselling is one of the services offered under employee assistance programmes. Counselling services in organisations aim to provide resolutions to employees' personal problems that impact their performance at work and enable employees to reach their full potential beneficial to both the employee and their employer (Ho, Tsui, Chu & Chan, 2003). Wellness counselling is not about giving advice to employees but helping employees decide for themselves better ways of keeping healthy at work. One of the strength of workplace counselling is that the client will be counselled by a counsellor who is fully trained to pick up behaviours and experiences that the employee may be going through, whether personal or work-related (McLeod & Henderson, 2003). The impact of EAP's wellness counselling on workplace performance can be measured and evaluated, and EAPs can help employers tackle the leading reason for lost performance at work. Some employees could be diagnosed with depression and research shows that depression has become the reason for employee immobility socially and in relation to career development. Depression contributes to the burden of disease in South Africa and it is the second most significant cause of the total global burden of sickness (Bunn, 2012). Some of the principles critical for efficient and effective wellness counselling and dealing with concerns within the workplace include confidentiality, privacy, and integrity. The workplace counsellor is expected to be a well-rounded person who is able to discuss all aspects that may concern the client such as sex and relationships and being a person who will not judge the client or employee but will

actively listen to them (Grinstead & Van Der Straten, 2000). Wellness counselling can assist employees deal with personal and work problems which affect performance and overall wellbeing. Ensuring that this takes place is a role of the EAP practitioner.

A review of research on outcomes of workplace counselling (McLeod & McLeod, 2006) identified a number of studies that measured effectiveness of workplace counselling, of which more than half of the studies were sufficiently well designed to be considered as yielding reliable findings. The results of these studies show that workplace counselling is effective for clients presenting a wide variety of ailments that affect mental and physical health, such health problems of varying degrees of severity need to be attended to in EAPs in order to improve employee health across a wide range of different organisational contexts (McLeod & McLeod, 2006). Furthermore, McLeod (2010) conducted a review of the effectiveness of workplace counselling where the findings were analysed in terms of client satisfaction, psychological functioning, and the meaning of work, work behaviour, and negative outcomes. The results of this research revealed that counselling is effective in dealing with psychological problems and it has an impact on sickness absence, and has an effect on attitudes towards work (McLeod, 2010). Moreover, a study which assessed an "in-house counselling service provided by the welfare and counselling department of a Scottish police force interviewed thirteen former clients (including both police officers and civilian support staff) about their views on four areas of the counselling provision: how they entered counselling, the issues they brought, their experiences during counselling, and their assessment of the impact of counselling on their lives found that counselling had a positive effect on employee wellbeing" (Millar, 2002, p. 159). Everyone who was interviewed showed appreciation for the counselling services provided by their organisation and they reported that the sessions helped them to have self awareness and better personal effectiveness in the working environment (Millar, 2002).

**Confidentiality**

Confidentiality is defined by Guraya, London and Guraya (2014) as "the nondisclosure of certain information except to another authorized person" (p. 125). Confidentiality forms an immense part of a counselling relationship between a client and a counsellor. This is because a relationship between a troubled employees and his/her counsellor operates on a trust and confidential relationship (de Vries, 2000). Confidentiality is critical for the relationship between the employee assistance programme professional and his or her clients. In cases

where there is no confidentiality between the client and counsellor then the counsellor may not be able to fully help the client and the client may not disclose private information that would have helped them in the sessions (de Vries, 2000).

De Vries (2000) identified four factors which determine the existence of a confidential relationship. The first factor is that the client provide information of their personal life believing that the disclosed information will not be told to anyone; second, this belief of disclosing information is critical to the formed relationship between the counsellor and the client; third, the relationship within which the information is shared is such that the views of the community needs to be promoted and finally, the damage that may result from disclosure outweighs the benefits of disclosure (de Vries, 2000). It is agreed, however, by providers of the services and managers that in cases where the client may pose harm to themselves or those around them then information will be shared with relevant people to help the clients (Johnson, 2008). In cases like these the counsellor has no choice but to breach confidentiality. If information about a client is required by the law enforcement agents and the court, confidentiality would be limited.

According to Masi (2003), the EAP practitioner is responsible for explaining what confidentiality is and what it is regarded as in the company policy which then the client signs for as acknowledgment of understanding details around principles of the right to confidentiality and its limitations. Research conducted in Botswana revealed that counsellors emphasised the importance of confidentiality and noted that clients' fear of stigmatisation was a barrier to effective counselling (Buwalda et al., 1994 as cited in Grinstead & Van Der Straten, 2000). Although this study was conducted in relation to HIV counselling, it is evident that the opinions of communities play a critical role in the perceptions that people who use counselling services have as far as confidentiality is concerned. There is also a notion where communities in the study could relate to employees' colleagues. In this study, confidentiality will refer to the employees' perceptions of how their counselling sessions are being kept confidential between them and their EAP counsellor.

In a Washington City Paper article, Howell Raines, an executive editor of the New York Times, was cited as saying that Jayson Blair, a reporter who was accused of falsifying and copying people's stories, was referred to the organisation`s EAP for a period of six weeks (Joyce, 2003). Joyce (2003) asserts that the difficulty with disclosing such private information is that it might lead to other employees being discouraged from seeking the help

they need from EAPs because of associated fear of punishment, embarrassment, or being stigmatised. In the U.S. the issue has been prioritised and in the state of Illinois, for example, those using EAPs are now protected by the Illinois Mental Health and Developmental Disabilities Confidentiality Act and the Alcoholism and Other Drug Dependency Act wherein both laws provide information collected by an EAP cannot be disclosed to their parties without a patient's permission (Carol, 1994). It can therefore be concluded that confidentiality can be breached by professionals and clients need to be protected.

In another case, Donnie Burgess, a 55-year-old computer specialist, made use of his organisation's EAP services in 1988 for job counselling and took the Minnesota Multiphasic Personality Inventory, or MMPI (Schultz, 1994). This test was a controversial personality test that asked about a person's religious beliefs and sexuality (Schultz, 1994). Within a period of four years, when Mr. Burgess filed a suit against his employer, for breach of contract, his EAP files were turned over to defence lawyers (Schultz, 1994). The psychologist who counselled Mr. Burgess in the EAP testified in a deposition that his MMPI indicated a tendency towards a passive/aggressive approach (Schultz, 1994). This shows that the ethical principle of confidentiality was not adhered to by the EAP counsellor and testifying in a court of law implies that confidential documents and information will be disclosed. Mary-Catherine Rooney, a counsellor with the City of Calgary's EAP program, says confidentiality has always been an issue because it is key to the program's success; however, local association of EAP practitioners which she heads has had few complaints from employees about information being leaked to their bosses or colleagues (Carol, 1994). This view is supported by a research study conducted with sixteen South African organisations which found that eight of the sixteen organisations mentioned that introducing the programmes did not have any negative consequences; the other half indicated that it did have negative consequences (Sieberhagen et al., 2011). The reasons the eight organisations that experienced negative consequences included issues of trust and confidentiality (Sieberhagen et al, 2011).

Most professional counselling associations have their own code of ethics or standards of conduct, all of which have clauses about confidentiality (Stoop, 2001). For example, it is stated in the National Health Act (Act No. 61 of 2003) that all clients of professional bodies have a right to confidentiality and this is also aligned to the notion of the right to privacy within South African Constitution (Act No. 108 of 1996) (Health Professional Council of South Africa, 2007). Furthermore, Rule 13 of the Ethical Rules of the HPCSA states that "a

practitioner may divulge information regarding a patient only if this is done: (1) In terms of a Statutory provision, (2) at the instruction of a court, (3) in the public interest, (4) with the express consent of the patient, (5) with the written consent of a parent or guardian of a minor under the age of 12 years and (6) in the case of a deceased patient with the written consent of the next of kin or the executor of the deceased's estate" (Health Professional Council of South Africa, 2007, p. 2). Disclosures due to public interest would apply in situations where the client is a risk to themselves or others (Health Professional Council of South Africa, 2007).

According to the Health Professional Council of South Africa (2007) "disclosure of personal information without consent may be justified where failure to do so may expose the patient or others to risk or death or serious harm; where third parties are exposed to a risk so serious that it outweighs the patient's right to confidentiality, health care practitioners should seek consent to disclosure where practicable and if it is not practicable, they should disclose information promptly to an appropriate person or authority" (p. 9). Organisations' EAP policy on confidentiality should be governed by the guidelines as stipulated by the Health Professional Council of South Africa.

**Referrals**

A counselling referral system is defined as the "network providing services to the clients from one level of service delivery to another, depending on the needs of the client" (Kang'ethe, 2008: 355). Referral services give the employer an opportunity to arrange an intervention when a troubled employee's performance changes (Masi, 1984). There are three types of referrals, namely; voluntary referral, suggested referral and mandatory referral (Klarreich, Rancek & Moore, 1985). The EAP has processes and procedures which they use to facilitate client referrals, which address the setting up of consultation between the EAP and client organisation, and responsibilities for providing follow-up, aftercare, and transition for clients (Masi, 2003). Self-referral, peer-referral, and supervisor - referrals will be a focus of this study. It is apparent that referrals in EAPs would typically be for reasons that need longer term counselling or care, programmes which need specialist. If the EAP is staffed with qualified personnel, usually there would be fewer referrals to other professionals or outsourced service providers. The goal of a referral system is to connect a client with the most appropriate treatment (Sharar, 2008). Should it happen that referral is not appropriately channelled to the right and relevant services such as treatment programmes then the

employee seeking help would unfortunately not get the help they need (Taranowski & Mahieu, 2013).

Self referrals are when an individual employee refers themselves to EAP. S*elf-referral* has been a controversial topic for some time in employee assistance programmes (Taranowski & Mahieu, 2013). A study conducted by Sharar (2008) to examine how affiliates make referrals with EAP unique cases, found that the participants' preferred referral was self referral. Research supporting this finding indicated that from a total sample of 398 768 employees seeking EAP assistance for generic psychosocial problems, 10 284 employees (2.6%) were identified as having an alcohol and other drug related problem, the main sources of referrals to the EAP for alcohol and other drug related problems were self (72%) and employee managers (15.2%), a further 6.9% were referred by their human resource departments, unions or family member (Burnhams, Dada, Linda, Myers & Parry, 2013). Furthermore, one study measuring EAP client satisfaction with a sample collected from the New York program, a hospital-based internal EAP that uses an external contract located in city of New York found that the three highest sources of referral are self (69.4%), supervisor (13.1%), and other (10.4%) respectively (Shumway et al., 2001). These findings are consistent with results from previous research done in a Canadian setting which found that voluntary referral was more popular for organisations in Canada (Csiernik & Csiernik, 2012). This shows that self-referral could be a preferred method of referral for employees. Employees need to be educated about the purpose and existence of EAPs in the workplace so that they can visit the counselling sites on their own without necessarily being referred by their peers, supervisor or managers.

A peer referral is when an employee refers their co-worker to an EAP. A *peer referral* generally takes place in situations where a manager or supervisor is not always present in the workplace to oversee problems that employees are going through (O'Donnell, 2002). In cases where an employee's performance is lacking, his or her co-workers can motivate the employee to make use of counselling services (O'Donnell, 2002). An employee`s co-workers can encourage employees to seek counselling if they observe that the employee or their colleague has personal problems which may be affecting his or her work. Peer referrals have received limited research in employee assistance programme literature as self referrals were likely to be used (Csiernik & Csiernik, 2012; Shumway et al., 2001). This could be an indication that employees do not often refer their colleagues to EAPs.

Csiernik, Chaulk and McQuaidin (2012) evaluated EAPs utilisation over a 5-year period, the results showed that the number of new clients varied greatly by year but remained in the range of 346 to 422 per year over the 5-year period. Although self-referrals remained the majority of referrals (86.4%), informal referrals by managers or supervisors started to be visible; this was as a result of managers and supervisors receiving extensive training (Csiernik et al., 2012). Bayer and Gerstein (1990) argued, for instance, that when an employee's problem is obvious and severe, there are more chances that their supervisor or manager will notice and refer the employee. In addition, investigators predicted referrals which had high costs would be avoided by supervisors and on the other hand, referrals which cost less such as a phone call to an EAP staff member known by the supervisor would be initiated by these persons (Bayer & Gerstein, 1990). Furthermore, assistance was expected to occur when supervisors and subordinates were similar in terms of personal characteristics. For example, when they are of the same race as opposed to being different or when the gender is the same the counsellor and client are more likely to be able to work together (Bayer & Gerstein, 1990). In the workplace or shop floor, the similarity of race or gender was perceived to increase a supervisor's level of relatedness with an employee and they are likely to provide help to the employee (Bayer & Gerstein, 1990).

Conditions of the workplace and supervisors' characteristics utilising EAP services have proved to be a centre of empirical exploration in literature (Donohoe et al., 1998). In their investigation of supervisory referrals, Donohoe et al (1998) found that 28% of participants admitted to having someone in their department whose job performance is very low and there are visible job performance problems which warrant a referral. This finding suggests that approaching a troubled employee is a very private decision for supervisors. Supervisors need to have personal skills to be able to approach an employee who is not feeling well and not performing as expected (Donohoe et al., 1998). Donohoe et al (1998) claims that there could be a perception that approaching employee who is troubled shows a sign of weakness on the supervisor where they feel they are incapable of handling their own problems

The reasons for supervisors not referring their subordinate was evident in a study conducted by Golan & Bamberger (2009) which indicated that rather than referring employees to the peer counsellors' care, some managers took it upon themselves and behaved as if they were the counsellors to help the troubled employee. Another possible explanation of supervisors not referring employees could be related to the perception that there could be no

consequences from management or employees if they do not refer employees to EAPs. For example, the supervisors might not get job-related consequences for not referring problematic employees and they might not receive poor performance appraisals by management or related punishment or reprimand for not referring problematic employees (Donohoe et al., 1998).

In their review, Nord and Littrell (1989, as cited in Willbanks, 1999) found that the following variables were consistently related to supervisory referral: (a) the degree to which management supports EAP, (b) supervisor's gender, (c) subordinate's gender, (d) network that the supervisor has, (e) job grading of the employees reporting to a supervisor, (f) social relationship between supervisor and troubled employee, (g) the attitude that the supervisor has towards his or her role in the referral process, and (h) and finally the knowledge the supervisors have about EAP (p. 15). Nord and Littrell (1989 as cited in Willbanks, 1999) made a point to further examine the relationship between the variables indicated above and supervisory referral of troubled employees to an EAP. The sample was characterised by supervisors of different levels from the Iowa Department of Transportation. The results indicated that supervisors who had made referrals rated the EAP as more effective as they had first-hand experience than supervisors who had not made referrals and supervisors who had initiated the EAP processes were in their supervisory roles for years than those who had never initiated an EAP for an employee (Willbanks, 1999).

## Helping process

A helping process in employee counselling refers to stages that the troubled employee goes through in a counselling setting (Carroll, 1996). This will be used to define the process that an employee would go through post referral to the EAP. This will be looked at with reference to assessment and monitoring and follow-up (Masi, 2003) in conjunction with an integrative model of individual employee counselling derived by Carroll (1996). The helping process has the following aspects: assessment, monitoring and follow-up, contracting, referring, engaging, and termination of counselling (Carroll, 1996).

### Assessment

The use of assessment techniques in counselling is challenging. The traditional techniques of assessments have proved to be problematic in an African context with some cultures that are different to the Western style of living and ideology (Sakiz et al., 2015). Assessments are

used by EAP counsellors to identify both personal and work problems of employees and their immediate family members. Assessment guides the design of interventions and onward referral to other health professionals (Masi, 2003). Karatzias, Chouliara, Power and Kilfedder (2011) asserts that by identifying significant pre-counselling factors through assessment, counsellors may be able to provide unique treatment and planning, in order to meet the treatment needs of a specific client. The whole purpose of conducting an assessment is to ensure that employees are matched with suitable care facilities. It is a professional requirement to conduct an assessment of the client in order to diagnose a client`s problems. The diagnosing will be used in finding a specific or suitable treatment for the client (Klarreich et al., 1985). Client assessment before counselling guides the counsellor to use the right techniques and interventions including techniques constructively dealing with powerful emotional cases, enhancing an employee's self-esteem, exercising active listening at all times and using appropriate jokes (Manthei, 2007).

The Employee Assistance Programme Association of United States of America has the expectation that standards adhered to will bring about procedures to determine if and when to provide short-term or long-term counselling (Masi, 2003). This is a critical step to ensure employees are matched appropriately and given enough sessions. Masi (2003) posits that the initial assessments need to be conducted by trained counsellors in order to determine the appropriateness of any kind of intervention stipulated for the employee and ensure that the employee is matched with a suitable internal or external counsellor. For example, studies conducted to examine drug-related treatments concluded that each drug addict is unique and therefore requires a unique treatment to match their specific problem (Brumette, 1999). Furthermore, Brumette (1999) found that there had to be an accurate match of a client and his or her treatment for the intervention to be a success. Brumette (1999) also argued that the better the match, the more likely treatment will address the client`s needs. This could be achieved through short or long-term counselling sessions. A study conducted by Manthei (2007) found that troubled employees preferred shorter counselling sessions. Shorter counselling sessions may range from one to three sessions.

**Monitoring and follow-up**

Monitoring and follow-up of client recovery or treatment progress refers to a process whereby a counsellor and/or the troubled employees' supervisor checks that the employee attending counselling is getting the help they need and are making progress in achieving positive outcomes. Employee assistance programmes are expected to provide follow-up counselling services to clients in order to establish whether or not the treatment or therapeutic outcome was positive. Part of workplace counselling includes monitoring progress of all the employees making use of the services internally or externally (Masi, 2003). The human resource department and head of section in which the employee works need to be appraised of the health condition of the employee by the EAP so that work plans are done according to the number of employees available.

The organisation that referred the employee to an external EAP should make a follow-up with the service provide to track the employees' progress and also with the employee to ascertain remission progress and to bring about feedback regarding the availability of treatment resources (Klarreich et al., 1985). In addition, previous research suggests that clients were often unsatisfied with counselling experiences (Evans & Barker, 2010). It is for this reason that counselling sessions need to be monitored and followed up extensively with the intention to take appropriate actions. There is lack of research showing how counselling sessions are monitored. This research aims to understand how the sessions are monitored and followed up in the cash centre environment. The following framework will be used to understand the helping process of a counselling session (Carroll, 1996). There are five stages in this framework which takes into consideration the preparation, assessment, contracting, engaging and termination of a counselling relationship (Table 2.1) (Carroll, 1996).

Table 2.1: Framework for helping process adapted from Carroll (1996)

| Stage 1: Preparation | Stage 2: Assessment | Stage 3: Contracting | Stage 4: Engaging | Stage 5: Termination |
|---|---|---|---|---|
| Preparation by the counsellor and the client | Understanding client | Agreeing to work together | Managing the personal, administrative and organisational sides of counselling | Agree on termination date |

| | | | | |
|---|---|---|---|---|
| | Methods of assessments | Contracting on roles of client and counsellor, and organisation | Re-entry of employees | Working towards termination |
| | Agreeing an assessments | Referring, if appropriate | The task of workplace counselling | Process of termination |
| | Considering interventions | | | Final session |
| | Agreeing counselling | | | After termination |
| | Sharing information | | | |

**Stage 1: Preparation**

Preparation stage of this model entails gathering data related to policies regarding the responsibilities that both the counsellor and the client will assume in the counselling sessions (Carroll, 1996). Other information that has to be prepared before the sessions includes the place where the counselling will take place and documentations.

**Stage 2: Assessments**

Assessment is the means by which: (a) "client decide if they wish to continue to see a counsellor; (b) counsellor makes an initial formulation of why the client has come for counselling; and (c) counsellors/clients decides to work together or an appropriate referral is made" (Carroll, 1996, p. 106).

*Methods of assessments* may entail conducting formal or psychometric assessments to understand the client better; *agreeing on an assessment* is when the counsellor can choose to use person-centred or cognitive behavioural therapy during this phase; *considering interventions* is when the counsellor explores different types of suitable interventions for the client; *agreeing on counselling* is a result of the counsellor conducting assessments and agreeing on which one is appropriate and considering all possible, suitable and appropriate

interventions for the client; *Sharing information* requires the counsellor to share all information with the client and the client is given an opportunity of clarify the shared information or any other questions they may have (Carroll, 1996)

**Stage 3: Contracting and referrals**

*Agreeing to work together* is a "formal agreement whereby the counsellor and the client agree to work together within a counselling relationship" (Carroll, 1996, p. 117). According to Carroll (1996, p. 117) contracting refers to the contract or agreement which outlines the issues which have been negotiated and agreed such as:

- Confidentiality
- When information would go back to the organisation, with or without permission of the client
- What information will be kept on file by the counsellor
- Who will have access to the notes
- How often to meet and where
- Number of counselling session

**Stage 4: Engaging in the workplace**

This fourth stage is when the actual counselling sessions occur. A number of issues pertain here: *the personal side of counselling* which entails establishing rapport and credibility in a counselling relationship that will lead to effective counselling; *the administrative side of counselling* which entails management of the actual counselling sessions such as where the notes made will be kept and who will have access to them; *the organisational side of counselling* entails setting up boundaries between the client, counsellor and the employer of the client, and the opportunities where the three parties will work together as a team to ensure effective healing for the troubled employee (Carroll, 1996)

**Stage 5: Terminating counselling sessions**

Termination involves agreement between the counsellor and the client on a termination date and ways of dealing with flashbacks after termination of counselling. In many instances, workplace counsellors will suggest a termination date at the beginning of counselling, after perhaps 6 or 8 sessions (Carroll, 1996). It is likely that ending counselling with clients will

bring up problems of termination such as instances in which clients find it difficult to be separated from the counsellor and be weaned from the dyadic therapeutic relationship. With regards to terminating counselling, the client may be ready if (Carroll, 1996, p. 130):

- Initial problems or symptoms have reduced
- Initial stress has dissipated
- Coping has increased
- Understanding and valuing of self and others is greater

*The process of termination* entails agreeing on the date in which the sessions will no longer take place; *the final session* a encompass formally structured last session to make space to say goodbye and discuss future interactions if any; *after termination* entails having guard to the relationship that might form after termination of counselling, this needs to be discussed and formally documented (Carroll, 1996)

**Handling of outcome**

Employees who have attended EAPs should be allowed to express their opinion to the counsellors on how they handle the outcome of the counselling process. At the end of the helping process, some employees could become more sceptical while others become more contented with the intervention. Employees could find closure if the problems they presented with during counselling were resolved and they could derive satisfaction from the type of service received from the EAP (Masi, 2003). Handling of the outcome may be determined by the nature of the reason why employee's needed the employee assistance programmes services in the first place. Organisation may have to intervene to ensure that the employee receives all the help needed to optimise performance.

When the employee leaves the EAP, line managers should be informed about the discharge from the EAP, hence following-up sessions would be necessary to avoid immediate relapse. Social adjustment assessment could involve work visits and home visits supported by management. Integration of the employee would be shown by the ability to rebuild networks and union with colleagues or co-workers, family members, and showing a rehabilitated conduct at home and at work (Klarreich et al., 1985). All these facets are desirable factors that are associated with positive outcomes of wellness counselling in the workplace.

Research related to the reasons for client's discontinuation of counselling services indicated that clients were not going to continue attending counselling sessions when they were feeling that they did not need it anymore (Manthei, 2007). Counsellor need to be in a position where they understand a situation from the views of their clients when trying to understand undesired outcome or hindering experiences (Henkelman & Paulson 2006). It is at this point that the employee deals with what the outcome of the counselling were which could be positive or negative. Specifically, this study will look at the role of the employee and organisation in the provision of employee assistance programmes in relation to employee counselling.

**Management's role in EAP**

Although EAPs encourage managers not to take the responsibility of diagnosing employees on the nature of their problems, it is however advised that they take a leading role in attending to employees in distress. Managers should provide a warm environment where employees would feel comfortable to approach management and ask for a referral to an in-house or external EAP. It is also the manager`s responsibility to advise employees on the availability of wellness facilities in the organisation, associated health benefits and provide additional referrals when employees experience dissatisfaction in their counselling processes (Bunn, 2012). It is apparent that many organisations provide EAPs as a benefit even though some of the line managers doubt if EAPs would be able to demonstrate a direct benefit to the organisation. Some organisations settle for service providers with lower charges for EAP (Courtois Dooley, Kennish, Paul & Reddy, 2005). This could have a negative effect on employee health if the low cost would result in poor employee experience. When this happens, organisations would have EAPs for window-dressing, image-building and to get tax rebates from government.

It is critical that management is educated and trained to understand EAP better. Ensuring that EAP training for supervisors and managers is integrated into regular company process is essential for both the employee and the organisation (Klarreich et al., 1985). The integration is fundamental to managers and supervisors in that, as the leaders of the organisation, they would be able to identify and put an effort in approaching employees with problems at work and encourage them to seek help (Klarreich et al., 1985). Managers and supervisors should have information and education brochures that they distribute to all employees. Management could create a website, intranet, or publish on the notice boards or provide a chart or provide

such information in the employees` code of conduct booklet describing all EAP-related services that the organisation provides. Issues related work stress, the need for strict confidentiality and dispelling stigma about employee sickness would be emphasised (Klarreich et al., 1985). Furthermore, with the initiation of transformation regulations in South Africa, employer organisations in South Africa would need to have health and wellness of employees as a priority. The Department of Labour would give credits to organisations that promote health and reduce occupational hazards including the reduction of stress and HIV and AIDS in the workplace. Management would align EAPs to national policies and laws related to health care and medical information (Courtois et al, 2005). In South Africa, organisations are governed by the Health Professional Council. Management's supportive role in assisting employees' deal with problems is critical to facilitate healing of the employees. Owing to the lack of research in literature about management's role in helping process of counselling, this study looks at the role of management in assisting employees who have problems at work.

## THEORETICAL FRAMEWORK

Many EAP provisions began with the realisation that employees had problems with alcohol and drugs (Klarreich et al., 1985). Therefore, an employee committing suicide or resigning from a job they once valued because of the excessive use of alcohol or drugs is a cause for concern for employee assistance practitioners. It was also reported that EAPs were brought about by the lack of satisfaction in producing desired results from production as a result of employee sickness or absenteeism (Klarreich et al., 1985). A perspective derived from employers and administrators, shows that an efficient EAP is perceived to have the probable positive impact on employees' personal and professional lives whilst improving the employer's bottom line (Lawrence et al., 2002). For example, a team from the Bowling Green State University, Department of Psychology conducted a combined programme evaluation and needs assessment of EAP services provided through a university-based clinical psychology graduate training clinic to the employees of a small Midwestern municipality (Lawrence et al., 2002). The results revealed improvement of mental health and productivity of the local community through contracted EAP services and also the continuous evaluation of EAP services to ensure that they are meeting the needs of the employees (Lawrence et al., 2002).

It is generally agreed that EAPs bring some benefits to organisations but that is difficult to justify theoretically. There are studies largely conducted overseas about employee assistance programmes in countries such as USA, UK and Australia but such programmes are in their infancy in South Africa even though some multinational companies introduced them a long time ago (Sangweni, 2006).

It is apparent that a number of theoretical approaches to employee counselling are used depending on the counsellor`s theoretical orientation. The approaches that seem to be popular in the workplace are the Person-Centred and Cognitive-Behavioural approaches (Karatzias et al., 2011). This research will explore these two approaches or models of counselling. Person-centred therapy is defined by McLeod (2003) as counselling approach that "encourages people to accept and act on their own personal, internal evaluations" (p.165). The Person-centred therapy is about helping an employee see the world from their perspective and counselling is centred on the characteristics of the employee and not the counsellor (Josefowitz & Myran, 2005). Gatongi (2007) asserts that in the person-centred approach the client has the responsibility to take control of their own healing with the help of the counsellor in a very open and welcoming relationship. On the other hand, cognitive behavioural approach is very structured form of therapy which has phases or steps that the client need to go through and where the counsellor is actively involved in the healing process, in that he or she may directly focus the client to a specific treatment (Josefowitz & Myran, 2005). Cognitive behavioural approach is defined as "cognitive–behavioural therapies that help the person to change their performance in social situations in the external, 'real' world, typically through using structured exercises and interventions" (McLeod, 2003, p. 302)

According to Josefowitz & Myran (2005) both theories, the person-centred theory and cognitive-behavioural theory share values and goals which include: "(1) the issues that are important to the client will be focused on in therapy, (2) the therapist wants to listen to and understand the client's central issues, (3) the client will be active in setting the direction of therapy and (4) the therapist will behave in a genuine manner, by letting the client know if they have concerns that they think the client should consider addressing" (p. 332). However, researchers seem to agree that there are major differences between cognitive behavioural approach and person-centred approach, these include the way in which the counselling sessions are focused on symptoms, actual structure, role of the counsellor, the importance of understanding the client's perception of their behaviour and finally the client's belief that

they are able to self-actualise and are able to move on positively with their lives (Josefowitz & Myran, 2005). It is evident that each of the approaches may have some element of the four principles explored in this study. In both approaches one has to take into consideration the principle confidentiality where the client's sessions are kept confidential, the healing process where a client is given ample time to recover and finally issues about how the client handles the outcome of counselling.

**Person-Centred approach**

Carl Rogers' person-centred approach to counselling highlights the importance of empathy, congruence and unconditional positive regard as basic ingredients of a productive therapeutic relationship (McLeod, 2003). Empathy refers to the ability to think with the client and not for the client. In other words, understanding the client from their own frame of reference and actively listening; and reflecting on it as such. Kensit (2000) claims that when people feel they have been listened to, they would feel valued and that has a positive effect on employee wellbeing or employee growth. Counsellors are required to maintain congruence by showing that they have self-knowledge and act consistently and genuinely towards their clients. The more congruent the counsellor is towards the client the more they are perceived as having integrity for helping (Kensit, 2003; McLeod, 2003). Unconditional positive regard is referred to as showing warmth and care for the client. Kensit (2000) distinguishes between positive and regard and asserts that positive suggested the client is supported and empathetically listened to and regard included respect and trust of the individual. In this instance the client experience the feelings of trust and respect towards the counsellor when they display unconditional positive regard.

Gibbard and Hanley (2008) conducted an evaluation of counselling services using the person-centred counselling, wherein the Core Outcome Measure was administered at referral, at the beginning and at the end of therapy. The results indicated that "person-centred counselling was effective for clients with common mental health problems, such as anxiety and depression and that effectiveness is not limited to individuals with mild to moderate symptoms of recent onset, but extends to people with moderate to severe symptoms of longer duration" (Gibbard & Hanley, 2008, p. 215). Similarly, Ward et al. (2000) conducted a study comparing effectiveness of general practitioner and psychological therapy and found that non-directive therapy, for example, person-centred approach, was more effective for treating depression than usual visits to the general practitioner. Furthermore, a study conducted by

Knox (2008) explored clients' experiences of relational depth in their person-centred counselling sessions using a qualitative methodology. The clients and counsellors had similar views in their description of counselling experience, these included feelings of aliveness, realness, and openness. Participants experienced their therapists as being holding, accepting, and 'really real', and their expectations were exceeded as they were provided with more than they had expected from the professional counselling relationship and this was a turning point in most of the participants healing process (Knox, 2008).

Research shows that person-centred approach can also prove to be effective for organisations going through changes. For instance, Coghlan (1993) reviewed some of the current approaches to understanding resistance to change and argued that the "person-centred approach" of Carl Rogers is a useful way of understanding and dealing with individuals in organisations. In his review, Coghlan (1993) concluded that the "person-centred approach, in which managers and consultants create a facilitative climate whereby the individuals can understand and accept their own ideas and feelings with regard to the change, evaluate them and make decisions on how to respond, is a valid and useful way of enabling change to take place among employees in need of counselling services" (p. 13). This provides the insight that the person-centred approach could be used to deal with vast issues experienced by employees in the workplace.

**Cognitive behavioural approaches**

Butler, Chapman, Forman and Beck (2006) posits that cognitive-behavioural therapy is one of the most extensively researched forms of psychotherapy. This is supported by Blonk, Brenninkmeije, Lagerveld and Houtman (2007) who explored the effectiveness of cognitive behavioural therapy (CBT) as a combined theory that is effective for workplace interventions with troubled employees. The therapeutic technique is used for work-related psychological problems such as anxiety, depression, and burnout (Blonk et al, 2007).

Minjoo, Mpofu, Brock, Millington and Athanson (2014) conducted a systematic literature review to find the effects of interventions in cognitive-behaviour therapy (CBT) on employment related outcomes world-wide for individuals with mental illness. Minjoo and his colleagues (2014) found that Cognitive-behaviour therapy as an intervention was effective for better work productivity, longer work hours, higher re-employment rate and enhanced mental health for individuals with mental illness to name a few. Similarly, research also found that

people who are already experiencing common mental health problems at work demonstrate that the most effective counselling is brief, especially cognitive behavioural in nature (CBT) (Seymour & Grove, 2005). In other words, there was strong evidence that suggests that cognitive behavioural (CBT) interventions are effective for employees with common mental health problems and they are more effective than other intervention types (Seymour & Grove, 2005). In addition, a paper summarising outcome data from hundreds of patients treated using CBT in routine clinical practice in a National Health Service psychology service, and comparing their outcomes with some of the published research concluded that CBT is an effective treatment for psychological problems (Westbrook & Kirk, 2007). In support of this finding, Butler and his colleagues (2006) also found that CBT was effective for treating depression, anxiety and posttraumatic disorder.

There are different types of counselling and some organisations refer to them as models. First line counselling is a model or type of counselling that has been developed in The Post Office in the UK for use in organisations. It is a model that was created for employees who had personal problems that could not be solved by sharing of information but required exploring the employees' behaviours which could lead to what the underlying problem is (Tehrani, 1998). It was developed to answer the needs of the organisation and the employee as a short-term solution for counselling, and the model is built on the strengths that the employees has, designing actions and activities that will assist them to achieve desired goals (Tehrani, 1998). Other types of counselling include group counselling, family or couple counselling or brief telephone counselling interventions (Karatzias et al., 2011). Research suggests that face-to-face or telephone counselling for occupational stress of wide-ranging degrees of severity could alleviate the symptoms of distress (Karatzias et al., 2011). In a study done to assess effectiveness of telephonic or face to face counselling, both telephonic and face-to-face counselling techniques were equally effective in reducing the symptoms (Kilfedder et al., 2010 as cited in Karatzias et al., 2011).

All these different types of counselling aim to facilitate problem solving for employees since the whole purpose of employee counselling is about helping the employee resolve issues and come up with their own solution that they honour and act upon. This study is interested in exploring the counselling theories and how they are applied and perceived in South African EAPs.

## AIMS OF THE STUDY

The aim of this study was to explore employees' perceptions of the EAP with particular reference to wellness counselling. This study focused specifically on the four principles of EAP, namely; confidentiality, referral system, helping process and handling of outcome. The views of cashiers and management were compared and contrasted to understand whether they shared similar experiences with regard to the utilisation of employee assistance programme in the workplace.

## RESEARCH QUESTIONS

1. What are the cashiers' perceptions of referral systems, confidentiality, the helping process and handling of outcomes in employee assistance programmes with particular reference to wellness counselling?
2. What are the human resource business partners' and supervisors' perceptions of referral systems, confidentiality, the helping process and handling of outcomes in employee assistance programmes with particular reference wellness counselling?

# CHAPTER THREE: METHODOLOGY

This study aimed to explore employees' and management's perception of the employee assistance programmes within the cash-centre environment with particular reference to wellness counselling. To achieve this, a qualitative study was conducted. A qualitative study was considered to be suitable for answering the research questions. The sections discussed below are research designs, participants, instrument, procedures, data analysis and ethical considerations.

## Research design

This study employed a qualitative research design. A qualitative study was used to explore employees' and management`s perceptions of the usefulness of wellness counselling. The objective of qualitative research is to encourage one to have a better understanding and views of participants and their experiences by reflecting during interviews and getting information from participants based on their world views (Garbers, 2008). This is supported by Harwell (2011) who posits that "qualitative research methods focus on discovering and understanding the experiences, perspectives, and thoughts of participants" (p. 148). In other words, the qualitative approach adopted in this study allowed employees to provide significant information about their personal experience when they attended an EAP in the workplace. The nature of the information gathered could not have been obtained through quantitative data. This point is supported by Greenhalgh (1997) who asserted that the use of qualitative methods brings about a deeper meaning to the information provided. This is in contrast to quantitative methodology which relies on objectivity and generalisability of research findings based on statistical analysis (Harwell, 2011).

Researchers have challenged the trustworthiness of qualitative research, it is for this reason that issues of validity and reliability (trustworthiness) were addressed in this study by using four criteria as stipulated by Guba (1981, cited in Shenton, 2004): credibility (which addresses internal validity); transferability (which refers to external validity); dependability (which addresses to reliability); and confirmability (which is addresses with presentation).

## Sampling

Recent guidelines provided by Braun and Clarke (2013, p. 50 as cited in Fugard & Potts, 2015) for thematic analysis showed consideration for the type of data collection and the size of the project such as being a small, medium, or large size. "For small projects, 6–10 participants are recommended for interviews, 2–4 for focus groups, 10–50 for participant-generated text and 10–100 for secondary sources" (Fugard & Potts, 2015, p. 671). This study collected data through participant generated text. The study recruited ten employees at a cash centre who had previously made use of counselling services. In addition, five managers were also recruited to participate in the study. Management was approached to provide organisational processes and procedures and provide their experience on working with employees receiving counselling. The proportion of management was such that adequate information will be provided from organisational perspective.

Non-probability purposive sampling was used in this study. According to Huck (2004) members of a purposive sampling must meet certain criteria established by the researcher. The inclusion criterion was that employee participants were required to be employees of the cash-centre who had utilised the employee assistance programme. Managerial participants were employees in a supervisory category and within human resource business partnering roles who interacted with employees who used the employee assistance programme in the workplace. The study focused on employees who worked in a cash centre environment as "cashiers".

Table 3.1 shows participants' demographic information. Of the five managers (Supervisors and human resource business partner) one was a female and four were males. Ten employee participants consisted of four females and six males. The age range of employee participants was 23 to 41, with an average of 31 years of age. With regards to employee participants' race, African representation was 60%, Coloured was 30% and White was represented by 10%. All management participants were African. Management participants' age range was 30 to 46 years, with an average of 37 years of age. Participants in this study were recruited from an organisation in Johannesburg within the financial services industry, specifically within a cash centre environment.

Table 3.1: Participants demographical information

| Participant | Gender | Age | Race | Job grade | Position |
|---|---|---|---|---|---|
| Employee 1 | Male | 35 | African | BA4 | Cashier |
| Employee 2 | Female | 33 | African | BA4 | Cashier |
| Employee 3 | Female | 25 | Coloured | BA2 | Cashier |
| Employee 4 | Female | 32 | African | BA4 | Cashier |
| Employee 5 | Male | 28 | African | BA1 | Cashier |
| Employee 6 | Male | 35 | Coloured | BA3 | Cashier |
| Employee 7 | Female | 41 | White | BA1 | Cashier |
| Employee 8 | Male | 30 | African | BA3 | Cashier |
| Employee 9 | Male | 23 | African | BA1 | Cashier |
| Employee 10 | Male | 32 | Coloured | BA3 | Cashier |
| Management 1 | Female | 32 | African | Assistant Vice President | Human Resource Business Partner |
| Management 2 | Male | 42 | African | Vice President | Development Manager |
| Management 3 | Male | 46 | African | Vice President | Group Health and Wellness Manager |
| Management 4 | Male | 30 | African | Assistant Vice President | Human Resource Business Partner |
| Management 5 | Male | 39 | African | Assistant Vice President | Human Resource Business Partner |

## Instruments

Demographical questions which asked for information such as gender, age, position and job grading were developed by the researcher for this study. These questions were developed to create a demographic profile of the employees that was relevant to the study. In addition, two schedules were designed, one for employees and one for management.

### A. Schedule for employees

Questions in this participant generated text questions that focused on the experience of the employees in the counselling sessions as well as their perceptions of EAPs. The items looked at issues confidentiality, the referrals process, counselling sessions and how they received the help. There were 25 semi-structured participant generated text questions (Appendix D).

### B. Schedule for managers

The purpose of the participant generated text schedule was to obtain views of the supervisors and human resource business partners regarding their experiences of dealing with an employee who has attended counselling. The purpose was also to understand their perspective on whether EAP services have a return on investment for business development. The questions related to confidentiality, referral processes, helping process and dealing with outcomes of the employees who attended counselling. The participant generated text schedule consisted of 15 questions (Appendix E).

## Procedure

Before data collection took place, the researcher approached one financial organisation to obtain permission to have access to interested participants. The initial communication was through a phone call followed by a confirming email which had all the details of the research including permission or access letter (Appendix A) which was requesting permission to approach cashiers and management at the cash centre, participant information sheet (Appendix B) which was requesting employees to participate in the study and consent form which gave the researcher permission to collect data (Appendix C). Aims and purpose of the study were outlined in both the permission letter and participant information sheet. This was

followed by face-to- face meeting with the cash centre management to go through questions that the employees would complete. This was done to ensure that the questions were not personal and would not ask for private and confidential information which may put the company at disrepute. Management did not alter the questions, they requested to approve them in order to protect their employees and the organisation. It was decided that employees should be given the questions to complete instead of conducting interviews which were deemed to take long, as their environment is constantly busy. Employees were not allowed to do the research outside of the working hours and therefore had to complete the questions within their working hours. The researcher was then given a non-disclosure agreement document to read and sign. This was to ensure that the researcher does not report any private and confidential information disclosed by the employees. Thereafter an introductory meeting with employees was arranged to provide detailed information about the study and requesting participation from employees who were interested.

Employees were asked not to volunteer in the introductory meeting and to maintain anonymity but were advised to call the researcher directly; researcher's contact details were indicated in the participant information sheet given to employees at the meeting. Participants contacted the researcher by means of a call, sms or email. Participants details were then recorded on an excel spreadsheet and was password protected to ensure that no one could access the participants' details.

The researcher scheduled convenient time to drop off the questions to participants who had volunteered and also scheduled time to collect them. Participant information sheet (Appendix B) and consent form to participate (Appendix C) were given to participants at this stage again to ensure that the researcher explains the information before participants completed the questions. Participants were informed that they could contact the researcher should they need clarity of the questions. Upon collection of the completed questions, the researcher thanked the participants for their time and interest in the study. The researcher then transcribed the answers on a password protected computer to create a soft copy of the information.

Saturation of data was considered in this research. This refers to the extent to which new data is not realised at some point in data collection and data coding (Fusch & Ness, 2015). It was evident in this research with information collected specifically from employee participants. The data became thin and similar within the first 7 participant generated text.

Employees of a financial institution, specifically the cash centre business unit were approached for this study. The cash-centre approached for this research is based in Johannesburg. The cash-centres are classified as high risk workplaces thus security is very tight at these centres and security protocol is followed for everyone who enters the premises, including employees. One of the protocols is that a visitor needs to have appointment confirmation letter from the person they are visiting in the cash-centre failing which they will not be allowed to enter the premises. There are many roles within the cash-centre; however, this research only focused on the cashiers and supervisors as well as their supporting human resource business partners.

Participant information sheet had information about researcher's feedback and debriefing information. Arrangement was made with external supplier that manages the EAP/counselling programme to expect volunteered employees should they need debriefing after completing the questions. This service is free of charge and part of employee benefits. In addition, participants were informed that should they not want to consult with the external supplier then other alternatives will be explored, should there be a need to. This would be arranged with management of the cash-centre.

Management sent all employees a reminder to contact the researcher (should they be interested in participating in the study) once a week for three months. This was to ensure that participants who had already volunteered were not singled out by other employees or management.

**Data analysis**

The researcher collected data for the research and used qualitative data analysis to formulate answers for the research questions. Thematic content analysis is a useful tool in understanding trends and patterns that comes out in a qualitative data. According to Braun and Clarke (2006) thematic content analysis is a method which identifies, analyses, and reports patterns or themes of gathered information. This is echoed by Fugard and Potts (2015)

who stated that qualitative studies are not the same as quantitative studies because they generally aim to bring out the qualitatively different patterns which are observed in a set of data instead of quantifying importance of data set. In essence then, thematic analysis can be a critical analysing method which provides testimony of participants' experiences, meanings and the reality (Braun & Clarke, 2006). The researcher deemed this method suitable as the current research identified themes from the participants' experience. Furthermore, Braun and Clarke (2006) postulates that themes capture imperative information from the collected data with regards to the research questions which have patterns and meaning within the data set.

This research was analysed using the six thematic content analysis steps identified by Braun and Clarke (2006). Phase one entails becoming familiar with data and transcribing it (Braun & Clarke, 2006). Once all the data were transcribed, it was empirical for the researcher to begin the next phase of thematic content analysis which involved generating codes or organising the data into more meaningful groups (Braun & Clarke, 2006). Phase three involved searching for themes. Following the coding process, the researcher was required to re-focus the analysis at a broader level of themes, which involved sorting the different codes into significant relevant themes (Braun & Clarke, 2006). Phase four involved reviewing of identified themes. This phase focused on redefining themes identified in the previous step whereby the researcher realised actual themes and themes that may be excluded from the data (Braun & Clarke, 2006). Phase five involved defining and naming themes. Defining and naming themes means identifying what each theme meant for the research questions (Braun & Clarke, 2006). Finally, the last phase entailed producing a report from the defined and refined themes identified in phase five. Braun and Clarke (2006) recommend that the write up should provide sufficient evidence of the themes; the researcher could do this through producing appropriate extracts as vivid evidence. The researcher adopted this method and its phases of data analysis to identify themes from employees' perceptions regarding the employee assistance programmes and also made reference to extracts from the data.

Data for this research was collected for both employees and management. This data were analysed in a way that the perceptions of employees and management were compared and contrasted to better demonstrate views from both sides. The results were also analysed within and across the two groups. In other words, results of the research were integrated by identifying common and uncommon themes from employees and management.

Researchers have challenged the trustworthiness of qualitative research, it is for this reason that issues of validity and reliability (trustworthiness) were addressed in this study by using four criteria as stipulated by Guba (1981, cited in Shenton, 2004): credibility (which addresses internal validity); transferability (which refers to external validity); dependability (which addresses to reliability); and confirmability (which is addresses with presentation).

The four criteria to ensure trustworthiness, namely; (1) credibility (which addresses internal validity), (2) transferability (which refers to external validity), (3) dependability (which addresses to reliability) and (4) confirmability (which is addresses with presentation) were addressed in this research as follows (Guba, 1981 as cited in Shenton, 2004):

(1) Credibility:

*a) Use of well-established research methods* – Participant–generated text was used to collect data. Thematic content analysis was used as a method to analyse the collected data.

*b) Development of trust with the participants before first data collection* – The researcher held a few meetings with management and employees. Rapport and trust were built in these sessions. The researcher had worked in a financial industry for four years and had a bit of understand when it comes to processes.

*c) Tactics to ensure honesty in participants* – Participants' rights were outlined from beginning of the process. They were informed that they can withdraw at any point should they want to.

*d) Thick description of Phenomena under scrutiny* – A full description of the EAP and its principles is discussed in the literature.

*e) Examination of previous findings* – previous research and finding is outlined in literature review.

(2) Transferability

*a) The number of participants and job designation* – the study consisted of ten cashier and five managers in different management positions.

*b) Any restrictions in the type of people who contributed data* – No restrictions per se for employees who participated in the study, however, the criteria was specific as they had to have used the wellness counselling programme.

c) *Data collection methods that were employed* – data was collected by using participant-generated text. This allowed the participants to provide a lot of information.

d) *The time and period over which the data was collected* – Data was collected over a period of five months.

(3) Dependability

*a) The research design and its implementation* - Qualitative research design was implemented fairly across the research.

*b) The operational detail of data gathering* – Participants made a decision to participate in the study after the researcher held a session to inform them about the research and after carefully familiarising themselves with the participant information sheet given to them in the session. Participants completed the questionnaire at their own time.

(3) Confirmability

*a)* Qualitative research is different in that the researcher becomes the research instrument as opposed to quantitative research that always has a research instrument. The researcher only recorded and reported on the experiences of participants as outlined in the texts. The research did not report her personal views of the matters, hence, a note book that contained information shared by management and employees were constantly noted with objectivity.

**Ethical considerations**

Conducting research involves awareness of various ethical considerations that need to be taken into account when conducting research. This section addresses such ethical considerations.

Before data collection took place, approval of the study from the Medical Ethics Committee of the Witwatersrand University was applied for and granted. The Business Manager of the cash-centres was approached to give permission to conduct the study in the business unit which was also granted (Appendix A).

The medical Ethics Committee approved the questions that participants answered. The approved questions had participant information sheet (Appendix B) which had details of the requirements of the study and participant's ethical rights. It was every participant's choice to give voluntary consent, as participants were not to be forced to participate should they not want to participate. Employees were given a choice to withdraw at any time during the study. Employees were informed that non participation was not going to affect their work and was not going to work against them. Although questions asked about personal situations and experience, participants were ensured privacy through confidentiality, in other words, none of their identity was revealed, such as their names, identity number or personal work number. Since the nature of data collection in this study involved face to face interaction, the researcher did not guarantee anonymity. Confidentiality was maintained by not revealing any personal information about the participants. The researcher made use of pseudonyms such as referring participants as Employee 1 up to 10 and Management 1 up to 5. Furthermore result of the research is reported at a group level with identified themes and relevant extracts from the data allowing for exclusion of individual responses being included thus ensuring confidentiality. Extracts were not labelled with the person's real name but as Employee 1 up to 10 and Management 1 up to 5

Participants were informed that there is a possibility of the research findings being presented at conferences or may be published. Participants were informed that summary of the results will be availed to them should they request it and that a hard copy of the completed research report will be kept at the University of the Witwatersrand Library. An arrangement with a counselling service provider was made by management in case of emergencies arising among participants.

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## CHAPTER FOUR: RESULTS

The purpose of this chapter is to outline the themes that emerged from data analysis. These themes were confidentiality, referral system, helping process and dealing with outcomes of counselling sessions. The themes highlight the issues and challenges which contribute to positive and negative experiences of the participants.

This chapter outlines the views of ten cash centre cashiers who utilised an employee assistance programme by attending counselling sessions, thereafter referred to as Employee 1 up to Employer 10 in order not to use their real names for ethical reasons. In addition, the study also reports on the views of the cash centre management, thereafter referred to as Manager 1 up to Manager 6. Concepts that emerged more than three times from the cashiers and management's perspective were taken to be emergent themes of the study.

For the purpose of this research, the term 'cashier' refers to both the tellers who handle money internally and ATM custodians whose role is to transfer money from branches to the cash centre.

The aim of this study was to explore employees' perceptions of the EAP with particular reference to wellness counselling. This study focused specifically on the four principles of an EAP, namely; confidentiality, referral system, helping process and handling of outcome. The views of the cashiers and management were compared and contrasted to understand whether they shared similar experiences with regards to the utilisation of the employee assistance programme in the workplace.

The main themes that emerged from data analysis on cashiers and management's perception are outlined below.

**Publicity about the availability of an EAP**

Confidentiality should be maintained in an EAP. Clients do not expect third parties to know about what transpired during the counselling session. Participants were concerned about information sharing as some of the counselling information might be passed on to the line manager or leaked to other employees. Sometimes the information is shared in the team about an employee`s health so that their work group could find means of caretaking for the sick employee or reorganise their jobs or as a way of making arrangements within the team to visit the unwell employee in a wellness centre. Sometimes management shares information about health facilities available at the organisation`s wellness centre or EAP and they could give examples of employees known to other employees as having been helped. Publicising information on the availability of an EAP could be a way of encouraging employees to utilise the wellness facilities offered by the company or organisation.

The way in which information is shared about counselling services is critical for employees in the cash centre. This is because cashiers are normally busy in their cubicles doing their job and some have limited access to a computer or intranet where information may be shared. Supervisors and Human Resource Business Partner's (HRBP) role in sharing information with their team becomes critical. It is excellent to realise the spectrum of information sharing in the cash centre which ranges from:

Employee 5 *"From my supervisor and HR"*

Employee 6 *"During a meeting with my team leader"*

Employee 9: *"Through a friend"*

In addition, to the above statements, cash centre relies on partners such as Human Resource Contact Centre (HRCC) and launch of wellness days to sell benefits of counselling. Internal communication structures such as intranet are also embedded in communicating employee benefits. This is evident in the reflection of the following employees:

Employee 2 *"Information on the wellness program is available on the intranet and the company hosted wellness days to highlight the benefits and the diverse offerings".*

Employee 8: *Bankmed and HRCC*

Employee 1: *"Campus campaigns, call centre, intranet with published information"*

Employee 3*:" Information can be found on the HR portal and there is a voice recording when calling HR contact centre".*

**Type of referral**

It was established that referrals to counselling could be done in different ways in organisations and also for different reasons. Research has found that self-referral has proved to be highest type of referral in literature. Referrals are useful to ensure that employees receive optimal help for their problems.

Manager 3 explains the type of referral processes in the organisations as follows:

*"This is a voluntary (self-referral) and highly confidential service. Employees use the toll-free number to activate this service – and they are privately contacted face-to-face by a psychologist in the preferred time, location and language. ii) Line Managers can identify employees that have emotional and psychological issues and initiate a formal referral – this is called Managerial Consultancy referral. A form is completed and the line manager sends it to external EAP Company and they will contact the employee for bookings with a psychologist. This is not compulsory, the employee still reserves the right to accept or decline the referral"*

Two types of referrals come out from the preceding excerpt: self and mandatory. This is true for this current research as Employee 2 also puts it;

> *"I took a decision to seek help, especially since we had a change in leadership which increased the stress levels"*

Self-referral is apparent for this employee. Similarly it is evident from what Employee 1 expressed referring to how they got to use the counselling service:

> *"Self-referral - I had to seek counselling because I was uncomfortable with relationships and scared to make any commitments because of my childhood experience"*

Employee 4 echoed that it is very important for employees to be self-aware and refer themselves when need be. Being self-aware is the first step to taking responsibility to heal.

> Employee 4: *"It was self-referral. It is critical that one has self-awareness as it becomes important when one is troubled".*

Employee 10 also reflected a similar view:

> *"As already mentioned, I was going through a lot of issues at work that I could not deal with. It was self- referral, I called the counsellors myself to set up an appointment".*

In the preceding excerpts, the interesting finding came from Manager 5 who explained different types of referrals within the organisation and also made reference to the fact that management cannot force employees to go on counselling if they do not want to. This is in cases where management refer employees. This was also agreed to by Manager 3:

> *"The referral can be done in 3 ways. The first is that employees can refer themselves when they pick up that they need help. The second referral as per our policy is that management can refer an employee for counselling when an employee is troubled, has family issues or when they are not performing. The third referral refers to the referral done by employees' peers (peer referral). This typically takes place when colleagues can see that the employee is troubled.*
>
> *Management referral is not forced and an employee can take or not take the offer. With self-referral, there is a hotline number that the employee can call to make arrangement with the counselling provider. This is the same number a peer can use. All this process is outlined in the wellness policy which all employees have access to".*

A third referral is evident in the above quote. That is, peers can also refer their colleagues when they realise that they are troubled. As literature confirms that although self-referrals is more preferable, mandatory referrals are also becoming popular as management are starting to see the value of the EAP programme and specifically counselling. This is evident for Employee 3:

*"I was referred to an EAP by management as I was struggling to cope with clashing personalities. My work was being affected and performance had dropped"*

Referrals are essential for EAP to be efficient and successful. Without any type of referral, EAP will not exit. It is important that employees and management are educated about types of referrals and reasons for referrals.

**Desirable and undesirable behaviour**

Employees go to counselling because they would like to modify their behaviour. They would like to develop desirable behaviours that are approved by the organisation. Management could refer employees for counselling so that the employees improve their performance and maintain desirable relationships with other employees and management. Undesirable work behaviours could also affect the employee`s family if they go untreated. Literature shows that the referral process by management comes about when employees' work performance decline due to the employees' personal and work problems. This is evident in the reflection of Manager 2 who asserted that:

*"Undesirable behaviours like persistent lateness, lack of delivery against work expectations, persistent absenteeism can be indicators that there are underlying issues that the employee may need help with"*

In addition to the above quote, absenteeism has also proved to be a reason why management would refer an employee for counselling. Others factors include lateness, death in the workplace and family problems. As Manager 1 describes it:

*"The majority of employees in need of this programme are identified through poor performance, changes in behaviour as well as absenteeism records".*

This was also echoed by manager 4 who believed that factors which contributed to employee referral were related to the taking of a lot of sick leave by an employee. Absenteeism would be high and work performance would be low.

The response of Manager 4 was that: "*Fluctuating inconsistent performance, abuse of leave days, and line manager referral will lead to referral for counselling".*

To shed more light on the role played by management in EAPs, managers were asked to provide more information on what the behavioural changes were, both negative and positive, after attending the counselling sessions in an EAP.

Manager 3: "*The reason for referrals to counselling is to expect positive behavioural change in the interest of optimising the employee's work performance; any negative behavioural change will lead to the employee being referred to other company internal process flows for further help and reasonable accommodation".*

A realistic view was engaged by Manager 2, who acknowledged that there was a possibility that the therapy could yield positive or negative results. The viewpoint was that not every employee would be helped through counselling. He observed:

*"Employees may exhibit more positive behaviour than they used to prior to going through the EAP. For example, there may be a marked improvement in deliverables, attendance or lateness. Like any therapy, the EAP may not yield the desirable results, in which case the employee is reminded of their total responsibility as far as participation and co-operation with the programme organisers is concerned".*

Human Resource Business Partner seemed to understand the process that the organisation followed to ensure accountability in an EAP. Their response on the policies and procedures of the organisation were in support of the provision of the EAP.

> Manager 1 said: "*All employees who enter into a contractual working relationship with the organisation are obliged to comply with the policies and procedures which include the decision by the employer to refer them to a medical practitioners/specialist of their own preference. This is to ensure that the organisation takes full responsibility for the behavioural outcome of any intervention for employees".*

Manager 5 further asserted that:

*"The organisation is responsible to track whether an employee has improved after the counselling sessions. If not, then more referral can be made to ensure full support to the employee. Should the outcomes of counselling be positive then the employee will be encouraged to keep up the good work".*

**Responsibility for counselling**

A plethora of research indicates that both management and the employee have the responsibility to seek help when there is a need for employee counselling. It is more apparent that managers have the responsibility to provide an enabling environment for employees to

utilise EAPs. Management should ensure that employees seeking counselling services are referred to the EAP and they should assure employees that it is good organisational practice to promote employee health through the provision of EAPs. Those who are hesitant or unsure about the procedure for getting a referral should be assisted by management. For employees who visited the EAP, the role of management would be that of reviewing comments they receive from employees about the service they received and how they are coping with their work. Management should reassure employees that if they need further referral to other specialists outside the organisation it would be within the organisation`s responsibility to provide such health care to employees. It is the employee`s responsibility to look for help by visiting EAPs when they experience work-related difficulties that affect their health.

Manager 1 said,

*"For counselling to happen it is the responsibility of both management and employees. The managers can refer the employee themselves or the concerned staff member makes a self-referral".*

This was also supported by Employee 2 who reflected on the process of the referral process.

Employee 2: "*Your manager would typically either tell you that you are advised to seek out the EAP or you would find it prudent to seek them out for yourself with no superior direction".*

Manager 2 added that it is not really the manager's responsibility as the employee is in fact able to contact the EAP without management knowing. This allows the employee to keep their problems confidential when they do not want both management and colleagues to know what they are going through or when they consult an EAP. Manager 2 also alluded to the notion that employees are able to refer their immediate family members for counselling. Research has found that most EAP programmes offer assistance to employees` families.

Manager 2: *"It is not necessarily management's responsibility to refer employees to the EAP. They may even approach the programme without necessarily alerting their Line Manager. Employees may advise their peers of the existence and offerings of the EAP. They may even refer family members - people that stay in the same household as they do".*

From the above quotation, it shows that management could place the counselling responsibility on the employee to seek help for themselves or their family members without informing or consulting management. From an organisational perspective, an employee`s

health is a concern for both the organisation and the employee`s family. That is why most organisations have medical aid benefits that cover the employee and his/her entire family.

However, this was a contradiction to what Manager 4 believed. When asked who was responsible for the referral process in the company, he stated that:

*"Line manager, HRBP and peers can support the process but it is ultimately the manager's responsibility".*

This shows differing views between managers and this lack of agreement on the role of the stakeholders in EAPs could affect the smooth running of employee counselling in the workplace. This could be a sign that there are no direct policies stipulating stakeholders' responsibilities. As previously stated, there are three types of referral process that can be utilised in the workplace.

Manager 3 pointed out that there was an organisational ``wellness champion`` who had the responsibility of referring troubled employees.

Manager 3 said:

"*The referral process is: employee- self referral; line manager referral and formal managerial consultancy referral. In most cases, employees are picked-up by our network of wellness champions, they don't refer employees but they can facilitate both self-referral and managerial consultancy referral".*

Manager 5 is of the view that both managers and employees have the responsibility to ensure wellness of employees.

"*Both employee and management have the responsibility to ensure that they utilise the services appropriately. Employees should refer themselves when they have issues and management should do the same".*

From the above quotes, it is clear that management are of the view that both they and the troubled employees have the responsibility to seek help. It can be interpreted that a collaborative working relationship is beneficial for both parties.

**Line manager support**

Looking at responsibilities post the counselling sessions, the following was evident for this research. There is a debate in literature as to who is responsible for handling of outcomes when an employee returns from counselling sessions. There is not enough evidence in literature to conclude this phenomenon. Employees in this current research made it clear that they were responsible for their own healing. However, they also needed their line managers to support them.

Employee 5: "*I feel my manager has to play a supportive role. The manager should be understanding and be prepared to provide guidance although I am solely responsible for my own outcomes".*

Employee 7 echoed the same sentiments:

*Line managers must support you honestly during and after the sessions.*

Employee 10 further asserts that:

*"A person spends a good 8 hours of their lives at work so management should also assist in providing assistance that the employee needs".*

Taking the above excerpts into consideration, Manager 2 seemed to agree with the employees` views that line management should take responsibilities for their employees' healing process.

*"The Line Manager's responsibility after the sessions is to ensure that the employee is fully supported".*

Employee 3 also supported this view

*"Managers should do regular checks with employees to ensure that employees are still coping and still satisfied. Employees will also feel that they are supported and that they are not being discriminated against or isolated".*

Because of the cash centre environment, Employee 4 felt that the manager was somehow not in a good position to help as the manager constantly needed to help clients and there was no room to assess the health and wellbeing of all the employees under his span of control.

*"I think managers are supportive as they always inform staff about these services, but I feel that due to our workload and the environment in which we work, there isn't that time to see one employee as you are expected to serve clients".*

Employees in need of counselling could present with various problems that would need to be attended to in a wellness centre or EAP. Some of the counselling issues relate to culture, sexuality and religion which could pose challenges to the organisational culture and ideology. Research shows that employees who attend counselling sessions due to conflicting issues about morality may have reservations as they may feel judged.

Employee 9's views were that:

*"Understand my situation and give me time to recover and heal well and never judge my situation but understand".*

Human Resource Business Partners stated that for a desirable counselling outcome to occur there should be rapport between managers and employees.

Manager 1stated that:

"*My responsibility is to ensure that the line manager and employee comply with the recommendations of the medical specialist. Failure to do so will result in the non-compliant party being subjected to disciplinary proceedings".*

Manager 4 stated:

*"Touch base with both manager and employee and provide an outlet for conversation and guidance to both".*

In addition to needing their manager's support throughout the counselling process, employees were interested in attending counselling sessions. The counselling empowered them to take ownership of their health problems at work.

Employee 8: "*I was told to attend my regular scheduled sessions; talk about what might be bothering me as openly and honestly as I can. And complete any task or homework-assignment I might be asked to do".*

Employee 9 reflected:

*"I took responsibility by practising what I have been told to do for healing and keeping to the do's and don'ts that can take me back to where I was".*

Employees who went for counselling took these sessions very seriously. They took out all they could from the sessions and made use of the conversations they had with the counsellor to cope with their difficulties.

Employee 3: "*I was informed that my state of mind is my responsibility. I am the only one who can monitor my emotional and mental state and act accordingly to improve it. Being given sets of techniques and information to better manage my emotions helped not only in a working environment but in my personal life as well".*

Counselling sessions need to be monitored. Monitoring of the sessions will allow both the employee and management to track the healing process. There is lack of research which indicates success stories of how organisations monitor progress of their employees' counselling session. When asked how the organisation monitored the counselling sessions, management asserted:

Manager 1: "*The employee`s recovery is monitored in line with the recommendations of the specialist which the employee was referred to".*

This indicates that the manager leaves the monitoring process with the EAP specialist so as not to interfere with the professional services of the EAP. This is contrary to what Employee 6 had to say:

*"Line manager because you have confided in him or her all your confidential things"*

Again, Manager 2 made reference to allowing the EAP to monitor counselling progress of the employee.

Manager 2: "*Depending on the level and gravity of the issue under redress, the EAP specialists may require the employees to attend more than a certain number of sessions. This enables them to monitor progress".*

Employee 9 shared similar sentiments, that the EAP counsellor has the responsibility to monitor the treatment or therapeutic progress. He expressed that:

> *"My counsellor is responsible for doing follow up to my progress of healing and providing more sessions to make sure that the process is working"*

A different perspective came from employees who believed that they were sorely responsible to their own progress and healing".

> Employee 5: "*Mostly it is myself".*
>
> Employee 8: "*Me and HRCC but over and above the accelerated healing, change and self-empowerment through mind-body-spirit integration is my responsibility".*

Employee 7 simply reflected:

> *"Me"*

In support of the above, employee 10 also brought a notion of control into this matrix:

> *"I was told that I have the responsibility to make sure that I own events happening in my life. Therefore, I should own situations as much as I can so that I can be able to sort them out. If I keep thinking that my manager should have done this or that then I limit control of my life. Therefore, I believe that I am responsible for my own progress".*

The preceding quote can be evidence that employees attending counselling sessions were provided with methods geared towards taking responsibilities of their own feelings, circumstances and life.

Another perspective is provided by Manager 3, whose view was that managers cannot be able to track the progress of their own employees as they are not qualified to do so. He claimed they could only monitor behaviours of their employees:

> *"This is monitored by external EAP company, remember our line managers are not clinicians, the only thing they can do is to observe behavioural changes and report on the positive change and further refer on negative progress".*

It seems managers had a better understanding of the roles and skills expected of supervisors and managers and they understood the limitations of their involvement in the counselling process. The employee handling skills in the referral and counselling processes were necessary to ensure optimum support for the employee. Manager 5 supported the statement made above by Manager 3:

*"Monitoring is done by continuously using the specialist`s recommendation where relevant, however, it is worth mentioning that line managers are not counsellors or clinical psychologists and cannot technically monitor employee's progress but can give feedback in terms of how the employee is doing after the sessions".*

**Policies and procedures in handling the counselling process**

Organisations are governed by policies and procedures when referral of troubled employees is concerned. When managers were asked about how they referred employees to EAPs and what referral procedures and policies they used in organisations they referred to the company`s wellness policy.

Manager 3 referred to the Group Wellness Policy where all of the EAP processes are stipulated.

*"This service offering is fully covered under the Group Wellness Policy, fully detailed under the EAP Standards. The full referral process flow is given. Each employee qualifies for 6 face-to-face sessions with a psychologist, and this also covers all people staying under the employee's roof. The employee is the main starter to activate this service".*

Manager 1 referred to the types of referrals as stipulated in the policies of the organisation:

*"The referral process can be self-initiated, meaning the employee can contact the external EAP company help line and have a dedicated counsellor who will assist them with their problems for a period of six weeks. Another referral procedure is initiated by the line manager who would observe the need for an employee to have such intervention applied. This process will emanate from the alluded reasons thus, poor performance related, poor work attendance or change in behavioural patterns amongst others. Depending also on the nature and severity of the matter, an HRBP, EAP consultant and/or Employee Relations*

*consultant are involved in facilitating the EAP programme. Employees are not forced to make use of the programme if they do not want to".*

Manager 2 had a similar view:

> *"A Line Manager may only suggest that the employee utilises an EAP, they may not force, coerce or threaten an employee into seeking assistance from the EAP. Thereafter, the employee may, on their own accord approach an EAP either directly or telephonically in which case they will be guided towards the specialist area of the EAP that will be able to assist. Both telephonic and direct enquiries to the EAP are treated with absolute confidentiality. Most offerings of the EAP are free of charge with the employee only paying if his/her consultations go beyond the threshold of 4 face-to-face consultations with a specialist, for example a Psychologist".*

Policies and procedures are very important when it comes to handling the process of counselling. Manager 2 alludes that there is a limit of 4 face to face sessions with a specialist. This may prove to be problematic when a troubled employee may need more than 4 sessions and they cannot afford to pay from their salary. It is common knowledge that cashiers receive lower salaries.

**Confidentiality**

Confidentiality in counselling session can make or break the troubled employee. Research indicates that lack of confidentiality between the client and counsellor may lead to the client not revealing all details of their problems during counselling sessions. When that happens, the counselee does not receive the appropriate help they need. It is for this reason that part of the assessment phase of the counselling relationship involves discussing confidentiality, what it is and how information will be kept confidential.

This was upheld by Employee 2 who asserted that:

> *"I was informed that the information would be kept confidential. I however, did not believe this and had reached a point in my role that I was ready to resign and did not care whether what was discussed with counsellor was indeed kept confidential or not. You are required to provide an employee number in order to use the service that*

*proves that should it be necessary; the company will gain access to issues that you took in counselling".*

Employee 3, however, had a positive view about her sessions' confidentiality:

*"Confidentiality was maintained very professionally. Only critical information was shared with management regarding working conditions"*

This was echoed by employee 9

*"It is completely 100% guaranteed so the patient knows that the sessions they had with the counsellor are confidential"*

Contrary to what employee 2 articulated about having to provide employee number to the counsellor during assessment period, Manager 3's view was that:

*"Counselling sessions happens off-site, at the venue preferred by the employee, where colleagues and management cannot see employees walking in and out of the therapist's office. The service provider only provides the organisation with statistics on these consultations – no employee names are reported on employees that book sessions".*

Management seemed to support the view that confidentiality was upheld because of the way counselling sessions held. However, it was not clear whether employees were asked for their names when they were contacted by the EAP telephonically or the counselling sessions began without salutation or greetings by name. When it is stated as a rule in EAPs that ``no employees` names are reported'' it could imply that the counsellors would not disclose the names of their clients to third parties or in their reports to organisations they provided the counselling service. But when they ask for the employee`s work number that appear on the payslip it means they would bill the organisation according to the number of employees who received counselling as evidenced by the employee numbers recorded before the counselling session. In a way, the names of employees who visited EAPs would be known to management but what happened in the counselling sessions between the counsellor and employee would not be known to the company or organisation that referred employees to the EAP. In terms of business practice, companies pay money for work done to known people for which they can be sued if they fail to pay for a service rendered.

Employee 6 made reference to signing of confidentiality forms during the session. This process can put both the troubled employee and counsellor at ease. The employee will know the circumstances in which discussed information may be disclosed.

> Employee 6 claimed that confidentiality was kept, *"By signing a confidentiality agreement".*

This was supported by employee 10:

*"I had to sign a form on confidentiality and when it can be breached. I was also told that the information will be kept safe and management will not know the information unless if I instruct the counsellor to tell them".*

When explaining how confidentiality was kept during counselling, management referred to policies and systems that protected information between the counsellor and the employee. They pointed out that counselling rooms or service providers were outside the work premises and it was outsourced. This was an interesting observation as none of the employees had pointed this out.

Manager 1 articulated the process as:

*"All documentation pertaining to each referred matter is kept and filed both by the responsible counsellor and on ER Navigator system which is centrally managed and accessed by HRBPs and ER Consultants. This system keeps records of who accessed it and when".*

Manager 5 supported this and added that:

*"All signed documents and notes from the sessions are kept in a private box that is only accessed by the counsellor. In cases where the referral came from management then management will be provided with employee's progress. This progress report will only be accessed by HRBP or Manager. The electronic copy of the report is kept in a password-protected accessed system that only HRBPs have access to".*

Manager 4 indicated that,

*"Company X is an external service provider which employees can access directly and doesn't disclose personal information unless the employee mentions it otherwise".*

This view from management indicated that employees have a right not to disclose personal or identifying information and that they could contact the service provider in their own accord without their line management's knowledge. The organisation was providing all systems possible to make sure that they protected the identity of their employees.

**Trust in counselling relationships**

As previously mentioned, confidentiality can make or break a relationship between a counsellor and a client. An interesting finding from employees in the current research indicated a positive climate perception of implications of confidentiality.

> Employee 3: "*Implications of confidentiality: as a result of good maintaining of confidentiality, there is no stigma attached to counselling".*

Manager 2 echoed Employee 3's view and stated that:

"*Confidentiality ensures that the employees have confidence in the knowledge that there is help at hand and it also ensures that they make use of the programme without any reservations".*

On the other hand, for employee 2, there seemed to be a need to get help and the perception of confidentiality or non-confidentiality did not matter.

*"I did not care about confidentiality at the point of using the service. That was not a factor in my decision to engage. Most people do not use the service for fear of non-confidentiality".*

The above statements show that it is clear that different situations will yield different perceptions. Manager 1 regarded confidentiality as of the ethical consideration of any counselling sessions:

*"Confidentiality is central and a core ethic in the HR professional".*

Another positive outlook came from employee 10 who had the view that the existence of confidentiality in a relationship between a counsellor and a client created trust in the counselling relationship:

"Confidentiality gave me a sense of freeness as I was able to talk about all my issues. I felt truly free and could trust the counsellor".

This was echoed by Employee 1

*"Utilisation of service is dependent on a trusted relationship and confidentiality helps in building trust".*

Confidentiality was emphasised as one of the principles adhered to by the counsellor as non-negotiable. Research has shown that when a troubled employee perceived the counselling as confidential, they tend to be as open as they could so that they could get appropriate help. Employees also emphasised the need for confidentiality.

> Employee 4: *Confidentiality – "if one is sure things will be kept confidential. It`s easy to open up knowing you will be getting help and at the same time things will be known to both of you only. Non-confidentiality: you won't be free to express your feelings at all".*

When management was asked of what they could do to ensure confidentiality in counselling the sessions, they were confident that the processes kept confidentiality in check.

Manager 1 reflected: "*During various sub-programme consultations with employees, confidentiality is stressed to allow participants to interact freely and openly with the counsellor, EAP consultant or the HRBP/ER consultant facilitating the session"*.

This process could take place during the assessment period or phase of identifying the kind of help that the employee would need.

Another manager stressed the fact that management did not get involved in the actual sessions, other than to show the employee that they would support them throughout their healing process. Manager 2 stated that:

*"There is no interference or influence of management in the process other than to guide the employee to the programme and reassure them of the safety of confidentiality".*

This statement showed that managers were eager to empower their employees by putting in place measures that promoted employee safety and confidentiality on a continuous basis throughout the helping and healing processes.

**Implications of non-confidentiality**

Confidentiality yields positive results for counselling relationships and the lack of it can break the relationship. Breach of confidentiality can lead to employees not trusting the service and becoming anxious and reluctant to use the service even if they are in need of it. In South Africa breach of confidentiality is guided by the Health Professional Council of South Africa and organisational policies and procedures.

This is echoed by employee 6 who asserted that counsellor who breaches confidentiality must follow the procedures.

*"There is a laid down procedure for confidentiality in the company policy and there are consequences if you don't comply".*

Employee 6 further indicated that should there be a breach of confidentiality there could be consequences.

> *"You can report the counsellor to his/her bosses and even sue the counsellor for disclosure of your information to other employees".*

This was also echoed by employee 3:

*"As a penalty, employees can lodge a grievance against the EAP counsellor or management".*

Employee 1 also indicated that:

> *"According to employee relations policy, it's a dismissible offence".*

It was apparent that the organisation had policies that guided the grievance processes when confidentiality was breached. Manager 4 shared similar views with Employee 1 and 3 with regard to breach of confidentiality and made reference to the employee relations policy.

*"Breach of confidentiality which is breach of policy will result in disciplinary action".*

Management seemed to have similar views, as Manager 1 stated:

*"Non- confidentiality is also taken seriously with consequences ranging from final written warning to dismissal being instigated".*

Employee 8 had the perspective that employees needed legal representation in case of breach of confidentiality. Employees visiting EAPs for counselling would be vulnerable on their own to deal with breach of confidentiality.

> *"Because you will be going through stressful life challenges, traumatic experiences or you are on an emotional roller coaster and have symptoms of mental illness, it is advisable to take a legal route".*

Employee 4 was of the view that should confidentiality not be adhered to then the client would not be free to disclose full details of their problems.

> *"Non-confidentiality: you won't be free to express your feelings at all".*

A similar perception of implication of lack of confidentiality was shared by Employee 5:

*"Trust is broken between the counsellor and employee and this causes problems about trust and communication".*

Manager 5 supported the point.

> "*The lack of confidentiality will lead to mistrust. But we may also have to take into consideration the situation where a counselee was a danger to himself or herself and the counsellor had to do something about it. Should breach of confidentiality happen unreasonably then the counsellor will be disciplined".*

Employee 8 was of the view that the counsellor was responsible for making sure that the employee understood the benefits of counselling and all confidentiality clauses. Using any counselling model one would know that it is important for the counsellor to discuss confidentiality and breach thereof with the client. The client needs to understand all circumstances which may lead to breach of confidentiality.

*"The counsellor must explain the benefits and problems inherent in counselling services and clarify the limits of confidentiality to the client".*

**Feeling of relief**

Feeling of relief can be associated with feelings of trust and confidentiality. That is, when there is a perception that the counsellor-client relationship is confidential then the client would feel free to open-up to the counsellor leading to feelings of relief. When asked whether they had feelings of relief post the counselling sessions, employees provided positive feedback.

Employee 8: "*Problems actually improved after applying the five stage model".*

Another positive perspective came from Employee 6.

*"I improved but after lots of sessions".*

Employee 3 reflected.

"*The peaceful and non-threatening environment was very conducive. I had bottled up all my feelings the rest of the week. After talking to her I was relieved".*

Employee 10 mentioned that:

*"I certainly did recover after talking to the counsellor".*

It is evident from participants` views that they perceived counselling as helping them in the workplace. This positive view was seen from the above statements from employees in this current research.

**Counselling setting**

A model adopted from Carroll (1996) indicated importance of counselling setting, the actual set up of a room, how it looks to the client and how welcoming it is for the client. It is apparent that setting of the room might influence the perception that the client might have of the counsellor and counselling session.

Employees of a cash centre agreed with this notion that the setting needed to be warm and relaxing. As employee 3 simply describes it:

*"The room was very relaxed and inviting"*

There is also debate in literature on the preference of seating arrangement in a counselling room. In this research employees of a cash centre seem to have had similar experience. The following was their response when asked when asked how the seating arrangement was.

Employee 1: "*We were seated next to each other"*

Employee 2: "*It's up close and personal"*

Employee 4: "*Seating in a consulting room opposite the councillor"*

Employee 7: "*I was seating opposite the counsellor but we were very close to each other"*

**Counselling intervention**

There are varying methods of counselling that counsellors can choose to assist their clients. Counsellors can make use of more than one method in one session. This is because the counsellors use their skills to determine what kind of counselling method will be appropriately and at what point for various clients. This was clear in this research where all employees had indicated various methods that their counsellors used. Employee 2 indicated that:

*"I had to explain my current situation and describe associated feelings. It was really about talking through emotions and putting in solutions for the problems.*
*Probing questions were asked, why, and how questions. These open-ended questions allow for information flow".*

This method is in line with Person-Centred therapy where the counsellor asks probing questions to engage with the client and to understand their situation. Employee 3 asserted that:

*"Free-flowing, open discussion was involved. I explained my role in the cash centre and my points of frustrations".*

This experience was shared by Employee 1 who added the notion that the counsellor was actively listening during the session and he did the talking.

*"It was a lot of talking and breaking ice. The counsellor was there to listen and I did the talking. In actual fact I identified my own problems".*

Another principle of Person-Centred comes out in the above statement, that is, the ability for the counsellor to listen.

Employee 10 expressed:

*"She asked me a lot of questions to get the context. She also asked questions that challenged me and specifically about my feelings. More importantly, she let me talk for long periods and she would just listen".*

Similarly, this was the response from Employee 3:

*"Through open discussion, gentle but firm coaching and role playing".*

One of the principles of Carl Roger's counselling theory is active listening which is used to understand what the employee is going through. This was indicated by Employee 9 who alluded that the counsellor helped him by:

*"By picking up the hints in my explanation during the counselling session".*

Participants were aware that when the counsellor listened, that gave them the opportunity to pick the employee`s problems from the narrative. They knew counsellors were trained in using active listening as a counselling method.

**Counselling stages**

Employees noticed that the counselling sessions unfolded in logical stages. They reported the helping process as leading from one stage to the next and most of the participants reported having gone through five stages of counselling.

For example, employee 8 said they were told about the stages they would go through during counselling.

*"By applying the five stages of counselling, stage 1 was about preparation, stage 2 was based on assessment, stage 3 involved contracting, stage 4 focused on engaging and stage 5 is when we terminated the sessions".*

Similarly, Employee 2 further emphasised that the counsellor provided tools for the healing process.

*"She provided some coping tools that I used which continued to help today. She was non-threatening and seemed genuinely interested in hearing my side of events.* ".

Employee 7 brought a different view about the ability of the counsellor to talk to a client and go deeper in solving a client's problems. Employee 7 said,

*"The counsellor talking to you and going deeper into your problems helps".*

Employee 4 made similar comments, by asserting that, *"The counsellor gave me an opportunity to cry it all out, talk about the staff member, the impact he had in our lives. When I started it was tough and not easy".*

**Return on investment**

One of the reasons for the existence of employee assistance programme is that of ensuring that troubled employees are productive and contribute to the bottom line. Their state of mind should be healthy at all times including that of their family members. Return on investment is critical because the programme has to show value for money. Management and employees agree that these programmes are value for money.

Manager 1 believed:

*"An EAP programme is not only a value for money but a programme that every organisation needs to invest in. Organisation should not only view their employees as profit makers but as holistic human beings who also exist outside of the organisation from whom they will reap the maximum profits and return on investment which organisations aim to achieve".*

Manager 2 said,

*"The EAP is definitely worthy all that is invested in it. Among all its other benefits, it ensures that the company has a motivated workforce. A workforce that has full knowledge of the fact that help is only a phone call away".*

Manager 3 acknowledged that the cash centre operated in a highly competitive market and that employee assistance programme can go a long way in assisting employees deal with their health problems and meet work targets.

*"We are in a highly competitive market, we are a high function institution – EAP programmes are a must under the given circumstances as people deal with stress on a daily basis".*

Manager 4 brought the idea of marketing and advertising when asked if he thought of EAPs as value for money and a return on investment. He stated:

*"Yes, but it needs to be advertised more throughout the organisation to remove the stigma around it".*

This shows that there might be lack of proper awareness from relevant parties to sell the programme and its benefits in the workplace. Employees in the organisation supported management's view. They also agreed that EAP services were value for money and they should be taken seriously. One is left wondering what stigma is associated with the employee assistance programmes.

As Employee 1 commented:

"*It provides a feeling of belonging –a feeling that the company cares about your wellbeing".*

Employee 4 also agreed that the organisation should continue providing EAP services to employees:

*"They should continue with having the EAP and it would be good especially those who use it. It's free unlike having to pay to consult a professional at a cost. We work in a stressful environment and work is basically our second home, so if you are having problems and can`t deal with them at least you know you have support".*

Employee 10 believed that the services should be continued as they are helping a lot of people deal with their problems.

*"I think the company should continue providing this service because it is helping a lot of people".*

Amongst other reasons, the EAP is there to ensure that employees are performing to the best of their abilities. Employee 3 strongly reflected on this:

*"Yes, they should as it will keep the workforce strong and performance will be better".*

Employee 2 also echoed:

*"Yes, it provides support to employees going through stressful times in both their personal and professional capacities".*

In support of the above, Manager 4 stated:

*"Absolutely, I have personally seen people in difficult situations and overcoming their problems because of EAP referrals. EAP also forms part of the employee well-being strategy solely formed to show that the organisation cares for employees".*

All these statements were an endorsement that employee assistance programmes, especially wellness counselling are important and should be part of the organisational goal to ensure that the workforce is happy and productive.

**Client satisfaction**

The counsellor's role is to ultimately ensure that their clients are satisfied during and after counselling. When asked whether they were satisfied with the sessions, employees were very happy and satisfied. All of them sited different reasons.

Employee 5 stated: "*Overall, yes it was. It was helpful and an eye-opener".*

Employee 6 echoed: "*Yes, because my counsellor promised to assist me all the way and that I can come any time of the day if I need help or assistance".*

Employee 8's response was interesting. This employee agreed that the counsellor helps the troubled employee by engaging with them all the way and that the counsellor is not taking away the employee`s responsibility to do what the employee is capable of doing:

*"Yes, counsellors have no 'magical' skills or knowledge, they work with you, but won`t do for you what you are capable of doing".*

Employee 7 echoed:

*"Yes, because the counsellor ensured that I was comfortable during my sessions".*

Being ready to face the world and cope with presenting problems is the ultimate desirable outcome of wellness counselling. This is fully articulated by Employee 3:

*"Yes, I was satisfied and able to cope at work. The EAP provided me with a good assortment of coping mechanisms to manage my difficulties better. I felt more assured and self-confident".*

Employee 10 articulated that:

*"Yes indeed. I even started looking forward to going back to work".*

Employee 4 could not have agreed better. She also shared the sentiments outlined and articulated by Employee 3:

Employee 4: "*I was actually ready to face any challenge but I am not sure if I would have coped or be where I am had I not talked to a stranger counsellor. I would have avoided the subject and not dealt with it".*

To further understand what would happen should employees not be satisfied with the counselling services or outcomes, management was asked how they handled situations in which some of the employees were dissatisfied with the EAP services. Manager 1 responded as follows:

"*When an employee is not satisfied, the management personnel to whom this dissatisfaction was escalated will have consultation with the employee to gather reasons and refer this to the next level of management, that is, HRBP manager or ER Manager".*

Manager 4 also articulated the same sentiments.

"*Provide interventions as in discussions around dissatisfaction and getting specific specialists more involved through the wellness team".*

Manager 3 was not able to articulate this as he had never experienced unsatisfied employees. This may show that indeed employees receive help in counselling.

*"I am still to encounter such an incident".*

According to manager 5, it was the organisation's responsibility to ensure that they fully supported the employee when the employee was not satisfied with the counselling intervention:

*"In such cases, an employee will be referred to another counsellor or better still, another specialist depending on the issues at hand. Our organisation is obliged to provide all the help to a needy employee".*

## CHAPTER 5: DISCUSSION

This chapter will outline findings as related to the proposed research questions and assess whether the findings are similar to past literature or delineate different outcomes. Fifteen emergent themes were apparent from the views of employees and management. The themes were publicity about the availability of an EAP, type of referral, desirable and undesirable behaviour, responsibility for counselling, line manager support, policies and procedures in handling the counselling process, trust or mistrust in counselling relationships, confidentiality, feelings of relief, counselling setting, counselling intervention, and return on investment and client satisfaction.

Employee assistance programmes are part of employee benefits offered by organisations. If they are implemented and communicated appropriately to employees they will have a great impact on employee wellbeing (Taranowski & Mahieu, 2013). In today's corporate world, EAPs have grown to include customised services for varying problems and have also tapped into various communication structures. This research found that there are different types of methods that are used to publicise EAPs to employees in the workplace. The employees could receive information about the availability of an EAP through the intranet, wellness days, word of mouth, supervisors' meetings and health campaigns on employee wellbeing. Research shows that information sharing is critical in ensuring enhancement of employee knowledge and utilisation of the information available by other professionals. Research shows that it is useful to have information booklets as well to provide to employees to facilitate an information sharing environment (Klarreich et al., 1985). Generally, the employees and managers found the EAP useful and it was found to promote organisational functioning by keeping employees healthy.

The results of this study showed that employees were happy to use the counselling services provided by their organisations and more importantly they leaned towards referring themselves to counselling sessions. The theme of 'referral' elicited similar findings that were reported in previous literature. Of the ten employees, nine of them reported having referred themselves to counselling, with only one being referred to by management. This current research supports previous research which indicated that self-referrals were utilised more than peer or mandatory referrals (Burnhams et al., 2013; Sharar, 2008). This is also in line

with research findings in a Canadian setting where voluntary referrals were more popular (Csiernik & Csiernik, 2012). The main views were that employees referred themselves because they were self-aware and could realise that they had personal and health problems. Hence, taking action and seeking help is proactive behaviour that promotes health and wellness programmes in the workplace. Although the current research did not focus on the reasons for going to counselling and content of the counselling, most employees reflected that they realised that they needed help. In previous studies, reference was made towards reasons for self-referral and the majority of participants who had made self-referrals were had alcohol and drug-related problems as well as psychosocial problems (Burnhams & Parry, 2015).

Previous research indicates that most of mandatory or supervisor initiated referrals are related to poor work performance (Donohoe et al., 1998). In this study, management indicated that the reason employees were referred to EAPs emanated from deteriorating performance or personal issues that affected performance. While most of the previous studies alluded to work performance, the findings of this study were contrary to the views commonly reported in other countries outside South Africa. The majority of employees in this South African sample showed a keen interest in seeking out counselling services on their own to help themselves deal with their problems. It was not apparent in this study that management forced employees to attend EAPs. The greater proportion of employees made use of self-referrals. This could mean that the employees' problems were not affecting their performance or management just were not able to identify troubled employees. Others factors that are similar to previous research found in this research include absenteeism, abuse of sick leave and inconsistent work performance.

As previously discussed, studies show that referrals by management comes about when employees' work performance is declining due to the employees' personal and work problems. In any given circumstance, management refers employees eager to achieve desirable outcomes such as meeting set targets to avoid disciplinary action being taken against them for underperformance. When the employee`s performance improves, he/she gets credit for it and the employee is likely to feel good about it thus enhancing their wellbeing in the workplace. In this regard, one of the benefits derived from EAPs is the reduction of stress and mental health problems among employees which in turn maximises the employee's productivity (Taranowski & Mahieu, 2013).

Studies have shown that desirable outcomes among employees who went for counselling include improved working productivity, improved sustainability of working hours, increased re-employment rate and improved mental health (Minjoo et al, 2004). In addition, previous research indicated that counselling had positive effects on absence due to sickness, and had a moderate effect on attitudes towards work (McLeod, 2010). This is in line with current research which found that the positive behaviour of employees after attending counselling sessions included marked improvement in deliverables, work attendance and a positive attitude towards work. It was found in this study that the EAP had the provision that employees and management could seek post-counselling sessions or make onward referral to other specialists until the employee recovered. If management was not be happy with the state of the employee after the sessions then more referral can be made to ensure full support for the employee (Bunn, 2012). Most of the employees and management confirmed that the EAP was useful and effective in helping employees.

Responsibility for counselling in this study was found to be centred on the employee and managers. As part of the healing process framework, Carroll (1996) outlines that clear policies regarding the roles and responsibilities of the counselling service to clients and to the organisation is properly discussed, understood and adhered to by all three parties; the client, organisation and counsellor. This shows that all parties have a role to play ensuring effective healing of the client. Management was responsible for putting in place functional referral systems that networked with service providers. There was a contradiction between some of the employees and management regarding responsibility for counselling in the workplace. While some employees believed that it was both management and employees` responsibility to ensure a proper healing process, some managers brought in the notion that it was the employee's responsibility to ensure effective recovery with their manager supporting them. Therefore, managers are supposed to provide a supportive system for troubled employees (Bunn, 2012). It was interesting to note that employees expressed the feeling that in as much as they appreciated their manager's support, organisations could do more by providing essential resources for employee counselling programmes. It was pointed out by employees that organisations needed to invest more in health and wellness programmes in the workplace as employees spend the greater part of their lives at work. Similarly, research posits that although EAP processes recognise that managers are not able and qualified to diagnose their employees, they have the responsibility to create a conducive environment whereby

employees are able to seek help from them when the need arises and also commit the organisation's financial resources towards wellness counselling (Bunn, 2012).

It can be concluded that for employees to reap the benefits of counselling there has to be collaboration between all parties. In support of this, research suggests that it is management's responsibility to monitor employees' wellbeing in the organisation and it should form part of their performance objectives (Klarreich et al., 1985). In line with this they should be trained to be able to identify employees showing signs of distress and apathy for counselling. Management can chat with employees about their wellbeing or have health and wellness forums in the workplace. Identifying employees at risk in the workplace is a wellness exercise that peers, work colleagues and managers can encourage in the workplace but they are not allowed to assess an employee`s health or attempt to diagnose the health problem because they are not medically trained to do so.

Managers rely more and more on the expertise of the counsellors to guide them on legislative requirements of counselling (Courtois et al, 2005). In South Africa, EAPs are governed by the Health Professional Council of South Africa. This is with regards to policies and procedures for EAPs. Organisational policies provide the counselling process follow-chart. For example, when referring an employee, information regarding confidentiality and what each person or office does is outlined in the flowchart. It was evident in this study that managers made use of the policy and standards governing EAPs in South Africa.

As mentioned above, policies should encompass principles of EAPs such as confidentiality. This is aligned to previous studies which state that the counsellor needs to provide the client with written information about confidentiality, how it is going to be kept and consequences for breach (Masi, 2003). In this study participants indicated that they were aware of issues of confidentiality. They reported that they found the information on confidentiality in the EAP useful. They were required to sign a statement on keeping confidentiality during counselling and after counselling. It is an ethical requirement that employees understand the concept of confidentiality and when the counsellor can breach it (Carroll, 1996; Masi, 2003). The healing process shows that confidentiality is one of the first issues to be discussed by a counsellor before a counselling relationship can commence and this is followed by signing a formal document on confidentiality (Carroll, 1996).

The counsellor and client need to build a trusting relationship during the counselling process. It was reported by participants in this study that they trusted that their counsellors would help

them professionally. Trust is associated with the perception that the content of the sessions would remain between the client and the counsellor and the reverse creates mistrust. de Vries (2000) claims that the absence of confidentiality in a counselling relationship will lead to clients not disclosing critical information as they may not trust that the information they share will remain in the counselling room. Step three of healing process framework stipulates that there has to be contracting between the client and counsellor and this is formalised when the client signs confidentiality forms (Carroll, 1996). Participants in the current research reflected on having signed confidentiality forms which ensured that the sessions would be confidential. The participants reported good relations between them and their counsellors, and were able to open up during the sessions. Confidentiality gave participants sense of freeness to express themselves.

Counselling sessions that are not confidential lead to employees not trusting the EAP and cause feelings of stigma with breach of confidentiality (Buwalda et al., 1994 as cited in Grinstead & van der Straten, 2000; Joyce, 2003). Studies show that the reason why people experience negative feelings after counselling is lack of trust and confidentiality (Sieberhagen et al., 2011). This was echoed by participants in this research who reported that had it not been assurances of confidentiality by the EAP, they were not going to be cooperative and would not have shared their inner thoughts with the counsellor. One has to take into consideration that there are times when the counsellor has no choice but to be in breach confidentiality. This is in cases where the clients were displaying behaviours that showed that they could harm themselves or others (HPCSA, 2007; Johnson, 2008). The Health Professional Council of South Africa (2007) stipulates that when the client's risk or harm to themselves or others outweighs their confidentiality right then the counsellor has the right to breach confidentiality. Research shows that limitations of confidentiality should be discussed between clients and counsellors (HPCSA, 2007; Johnson, 2008).

This research found that counsellors used varying methods to help their clients. Two approaches of counselling were evident, that is, person-centred and cognitive behavioural therapy. The use of the person-centred approach in counselling was evident when participants indicated that the counsellor informed them about the counselling approach they used for counselling employees. The participants reported that they followed the counselling techniques which involved active listening and having the chance to talk more than the

counsellor. They reported that the counsellor took an interest in what they were saying and feeling. It could be deduced that counsellors made use of empathy in counselling. According to Carl Rogers, empathy builds a better understanding between the client and the counsellor (McLeod, 2003). This research found that when participants felt they were listened to they had feelings of self-growth and could find solutions to their own problems. The second ingredient of counselling, congruence was also evident. Participants acknowledged that their counsellors were genuine which led to them opening up as they perceived the counsellor to have integrity during the helping process. This research found that the participants felt that they could trust their counsellor and felt that the counsellor genuinely listened to their problems. Participants felt that they were not judged. It shows that there was unconditional positive regard for clients during counselling sessions. They felt supported and empathetically listened to which contributed towards the integrity of the EAP (Kensit, 2000)

This research focused on the process and not the reasons people attended counselling therefore, the study did not make inferences about the actual problems that lead the employees of this organisation to seek counselling. However, it is comprehensible that employees felt that attending counselling helped them a great deal.

The helping process involved going through five stages of counselling for most of the counselling sessions conducted at the EAP although an eclectic approach was also used depending on the nature of the problem presented. The participants found the approach interesting and they found it useful in helping them come to grips with the real problems they failed to deal with or figure out on their own. One participant was able to give a detailed description of how they went through the five stages of counselling. The results of this study were similar to studies that were conducted in the past showing evidence that the model was good for counselling (Carroll, 1996). The model stipulates that the helping process takes form in steps and hence the stage-approach in counselling helped participants and counsellors conceptualise the counselling problem together. In actual fact, workplace counselling takes place in stages in order to engage the employee more fully emotionally and cognitively.

In relation to the theme of desirable and undesirable work behaviour modification in EAPs, participants in this study liked such counselling programmes. Employees and management concurred that after counselling, employees tended to show desired outcomes after counselling. This is supported by a study conducted by Knox (2008). After attending counselling sessions based on the person-centred approach, clients reported feelings of

aliveness, realness, and openness (Knox, 2008). Participants experienced their therapists as holding, accepting, and 'really real', and their expectations were exceeded as they were provided with more than they had expected from the professional counselling relationship (Knox, 2008). The counselling sessions had a positive impact on the counselees` lives and it created a turning point in most of the participants` wellbeing. Judging by the thankfulness of participants in this study, most of the participants who attended the counselling sessions were satisfied with the service of the EAP in a banking environment.

The counselling sessions in the EAP also utilised the cognitive-behavioural approach in counselling. Cognitive behavioural therapy principles seem to have played a favourable role in modifying employees` behaviour after counselling. In this study, management reported desired outcomes in relation to post counselling behaviours. This means that employees could have shown behavioural changes like reduced sick leaves and reduced absenteeism. The approach encourages participants to think about their actions and how to control their own undesirable behaviours. This is supported by research conducted by Blonk et al (2007) which revealed that cognitive behavioural therapy was effective in sick leave and absenteeism. Westbrook & Kirk (2007) also found that cognitive therapy proved to be effective for psychological problems.

Employee assistance programmes have proved to elicit a number of benefits for both employees and their organisations. Due to their nature of providing psychological service to employees that have low performance ratings because of problems in the workplace (Geistein & Bayer, 1990), this research found that employees' performance levels had improved as a results of wellness counselling. A further positive impact of the counselling intervention as reported by participants was the reduction of disruptive behaviours and negative feelings towards management and the EAP, instead, participants reported more about their eagerness to use the EAP to remain healthy. This is similar to other studies in which participants` work behaviour showed a reduction in absence due to sickness (McLeod & Henderson, 2003). McLeod and Henderson (2003), further indicate that EAPs provide a meaningful way of dealing with difficult situations. The EAP could motivate employees in the workplace when they realise that having such a facility showed that the organisation cared for them. It was clear in this study that employees felt that management cared for them by providing the EAP. It provided a great relief to employees considering the large benefits they got from the EAP that they could not have afforded paying from their salaries.

Management in this research felt that the EAP services were a return on investment because employees who utilised the programmes improved their performance and showed positive outcomes and desired behaviours related to low performance, sickness and absence from work.

In addition to all the benefits of EAPs, employees in this research were satisfied with counselling. Employees cited different reasons why they were satisfied. Overall, it can be concluded that, indeed the EAP is a return on investment. Research suggests that a trusting counselling relationship results from employees` reporting satisfaction at work and being satisfied with the service they receive from the EAP. In this study, trust was found to lead to a positive relationship between the troubled employees and counsellors, which also led to employees experiencing full remission and developing feelings of being genuinely helped. Consistently, management reported that they expected positive results when employees returned to work and that should employees not be satisfied then management would take full responsibility for the speedy recovery of the employee. According to Taranowski and Mahieu (2013) EAPs bring about tangible positive outcomes when employees return to work. This shows that the synergy between management and EAP practitioners yields a return on investment for the organisation that could be greater than the cost incurred in building and running the employee counselling and care unit.

**Limitation of the study**

This study showed the perceptions of employees and management about the usefulness of the EAP. However, there are limitations to this study that need to be taken into consideration. There are three identified limitations: data gathering, sample size and probing or lack of probing.

Firstly, for data gathering, the initial method of gathering data using structured interviews had problems due to the nature of the organisation. Employees could not leave their work stations for more than 30 minutes and they were not allowed to meet with the researcher outside their working hours. Therefore, this study collected data through limited time frames and data collection methods such as participants' generated texts.

Secondly, the sample size was small. According to Fugard and Potts (2015), the sample size for text generated data should be between 10 and 50. This research had 15 participants.

Although it is better than the minimum of 10 participants, it could have been more sufficient to have at least 25 participants. A larger sample is recommended for more comprehensive data.

Thirdly, probing using text generated data collection meant that the researcher could not probe for more information when the participants were not clear when answering the questions or not answering the questions correctly or when simply not giving enough information. Statements such as ``'The counsellor provided me with tools to cope'` needed follow up questions such as 'What are the coping tools or can you explain the coping tools that the counsellor shared with you?".

**Implications of the study**

Taking into account the contributions made by employees and management of the cash centre regarding wellness counselling, it is important to consider practical implications of the study.

Managers and human resource business partners of a cash centre rely on the work performance of employees to meet their targets and satisfy their customers. If employees have work or personal related problems then customers may be the end receiver of bad customer service and mistakes may be made due to these problems. Managers should be aware of whether their employees are engaged or not engaged in their work.

If management fails to notice that employees are troubled or should employees not be self-aware that they need help, it then implies that the cash centre will ultimately underperform due to apathy. Therefore, in order for this to be resolved, management need to have a holistic view of the health needs of the employees and form a healthy working relationship with them in the promotion of wellness programmes. The collegial interaction between management and employees in a free work atmosphere could facilitate volunteering behaviours among employees and management to actively talk about counselling needs and refer employees for counselling. A quality workplace among other things, promotes employee health and wellbeing.

Wellness counselling may not be for everyone. Some employees may need more than counselling to help them overcome their problems. Management need to be prepared to show full support throughout the healing stages. Other forms of support include referral to legal

entities and financial advisors for financial counselling, or investment and retirement planning.

**Recommendations of the study**

Taking into consideration the importance of healthy and productive employees, it is recommended that future research encompasses not just perceptions but also include an impact evaluation of EAPs. This could allow the organisation to have a realistic view of the impact the programme has on the organisation. Put simply, the impact evaluation should be able to show whether or not the programme managed to reduce the psychological problems in the workplace.

Similarly future research could consider doing a longitudinal study where employees are followed up for a period of time to see if the counselling had a short or long term effect.

Further research is needed on monitoring the recovery rate of employees attending EAPs and the productivity rate of employees post-counselling so that organisations could have an idea about the cost-benefit ratio of having an internal or external EAP.

Lastly, data collection methods could be longitudinal with larger sample sizes to get results from a more representative sample.

**Conclusion**

The aim of this study was to explore employees' perceptions of the EAP with particular reference to wellness counselling. This study focused specifically on the four principles of EAP, namely; confidentiality, referral system, helping process and handling of outcome. The perspectives of the cashiers and management were compared and contrasted to understand whether they shared similar experiences with regards to employee assistance programmes.

The study found that both cashiers and management shared similar views when it comes to wellness counselling principles and they had a similar understanding of the processes such as referrals, policies and procedures of EAPs. However, results showed that they had differing perspective with regards to the notion of responsibility during and post counselling sessions. Cashiers argued that although they took full responsibility for their own healing they also needed support from their supervisors or managers. Management to the contrary believed that it was the responsibility of the counsellor to assist their employees. They also acknowledged

that they needed to support their employee to ensure smooth transition from having problems in the workplace to being in a position to manage one's problems.

Trust is key to any relationship. It is even more critical in a counselling relationship. The perception of trust was found to build a confidential relationship and significantly played a role in the enabling a troubled employee to disclose personal information to the counsellor. Disclosing information is essential for facilitating ways of dealing with issues experienced by troubled clients.

The themes which emerged during data analysis were type of referral, desirable and undesirable behaviour, responsibility, pre-and post-counselling needs, line manager support, policies and procedures, confidentiality, trust and mistrust in counselling relationships, counselling method or intervention, return on investment and client satisfaction. This study found that employees and management of the cash centre recognised employee assistance programme as a return on investment and a beneficial service. Furthermore, this study revealed that employee progress was monitored through HR systems with management providing support to employees.

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# APPENDICES

## Appendix A: Permission letter

Psychology

School of Human & Community Development

**University of the Witwatersrand**

Private Bag 3, Wits, 2050

Tel: 011 717 450  Fax: 011 717 4559

Dear Cash Centre Business Manager

I am an Organisational Psychology Masters student at the University of the Witwatersrand. A fundamental part of the Masters degree is a research report. I am conducting my research on employees' perceptions on Employee Assistance Programme with particular reference to Wellness Counselling.

I hereby request for permission to conduct research in your business unit – Cash Centres Operations. It would be highly appreciated if I could have access to willing employees working in the Cash Centre in both Kempton Park and Ormonde to interview them for the research. Ethics in this study is highly considered. Participation in the study involves doing a face to face interview with the researcher and the questions asked in the interview will be centred on confidentiality, referral system, helping process and handling of outcome as related to wellness counselling as part of Employee Assistance Programme. The interview should take 30 to 45 minutes to complete and the interview will be done at the employee's earliest convenience. Participation in this study is absolutely voluntary and participation or non participation will not advantage or disadvantage any employee by any means. Participation in the interview will remain highly confidential. However, since the nature of data collection in this study involves face to face interaction, the researcher cannot guarantee anonymity. Confidentiality will be maintained by not revealing any personal information about the participants. I will make use pseudonym such as referring participants to Person A or Person B or using their unreal names. Furthermore results of the research will be reported

at a group level with identified themes allowing for exclusion of individual responses being included thus ensuring confidentiality. The results from this study will be provided in a form of a summary. The results from this study may provide you with insight of the perceptions of your employees regarding the employee assistance programme.

The interviews will be tape recorded and only I and my supervisor will have access to the recording devices. Once the research is complete, the raw data will be destroyed after five years. Should you have any questions, please feel free to contact me.

I look forward to your response.

Thank you in advance.

Koketso Rakgokong
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Medical Ethics Committee Chairperson: Professor Peter Cleaton
Tel: 0117172301; email: peter.cleaton-jones1@wits.ac.za

Medical Ethics Committee Secretariat: Ms Zanele Ndlovu
Tel: 0117171252/1234/2700 Email: Zanele.ndlovu@wits.ac.za

Supervisor: Calvin Gwandure
Supervisor contact details: Calvin.Gwandure@wits.ac.za

## Appendix B: Participant information sheet

Psychology

School of Human & Community Development

**University of the Witwatersrand**

Private Bag 3, Wits, 2050

Tel: 011 717 450  Fax: 011 717 4559

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**Cashiers` and management`s perceptions of the usefulness of employee assistance programme with reference to wellness counselling.**

Good day,

I am an Organisational Psychology Masters student at the University of the Witwatersrand. A fundamental part of the Masters degree is a research report. I am conducting my research on employees' perceptions on employee assistance programme with particular reference to wellness counselling.

I would like to invite you to participate in my research. I understand that your work schedule may not allow for flexible time but your valuable participation will contribute greatly to understanding your perceptions of the employee assistance programme and their effectiveness thereof.

Participation in the study involves doing a face to face interview with me and the questions asked in the interview will be centred on confidentiality, referral system, helping process and handling of outcome as related to wellness counselling as part of Employee Assistance Programme. The interview should take 30 to 45 minutes to complete and the interview will be done at your earliest convenience in a place chosen by you. There are no risks associated with this study; however, the questions asked in the interview will need you to recall your experience during wellness counselling. There are no individual benefits for participation in

this study; however, your participation will contribute to the improvement of the employee assistance programme.

Participation in this study is absolutely voluntary and participation or non participation will not advantage or disadvantage you by any means. Participation or non-participation will not way affect your position in the organisation. You are entitled to withdraw at any point during the study should you wish to do so.

Your participation in the interview will remain highly confidential. However, since the nature of data collection in this study involves face to face interaction, I cannot guarantee anonymity. Confidentiality will be maintained by not revealing any personal information about the participants. I will make use pseudonym such as referring respondents to Person A or Person B or using unreal names. Furthermore results of the research will be reported at a group level with identified themes allowing for exclusion of individual responses being included thus ensuring confidentiality (and anonymity). Information that is provided is used for research purpose and to give your management your views on the programme. The results from this study will be provided in a form of a summary to management – your identity will not be revealed. Should you also wish to get this feedback you may contact me or my supervisor on the contacts provided below.

Before the interview begins, I will require you to read and sign two consent forms provided. The first form is giving consent to participate in the interview and the second is giving me permission to record the interview. Signing the consent forms will be considered consent to participate in the study. Arrangements will be made with external EAP company to expect volunteered employees should you need debriefing after the interviews. In addition, should you not want to consult with external EAP Company other alternatives will be explored. This will be discussed with management should the need arise.

Your participation in this study will be highly appreciated. Should you have any questions related to this research, please do not hesitate to contact me on the contacts mentioned below or the Medical Ethics Committee chairman, secretariat or supervisor on the contact below. Please detach the sheet and keep as reference for future use.

Koketso Rakgokong
084 636 1677
0708210d@student.wits.ac.za
Alternative: Pabala.koketso@gmail.com

Medical Ethics Committee Chairperson: Professor Peter Cleaton
Tel: 0117172301; email: peter.cleaton-jones1@wits.ac.za

Medical Ethics Committee Secretariat: Ms Zanele Ndlovu
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Supervisor: Calvin Gwandure
Supervisor contact details: Calvin.Gwandure@wits.ac.za

## Appendix C: Participation Consent form

Psychology

School of Human & Community Development

**University of the Witwatersrand**

Private Bag 3, Wits, 2050

Tel: 011 717 450  Fax: 011 717 4559

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I, _____ consent to take part in research conducted by Koketso Rakgokong, for her study that explore employees' perceptions of the usefulness of employee assistance programme with particular reference to wellness counselling.

I understand that:

- Participation in this study is absolutely voluntary
- I may refuse to answer questions I feel are inappropriate
- I may withdraw participation in the at any time should I wish to
- There are no associated risks or benefits with this study
- All information recorded from the participant generated text will remain confidential
- A pseudonym (Person A, Person B) will be used report themes in the study
- No personal information identifying the participant will be included in the research report
- I am aware that the purpose of this research is for partial completion of Masters in Organisational Psychology degree at the University of Witwatersrand and therefore results will be consolidated for such purpose
- I am aware that there is an opportunity for the research to be published in a journal or presented at a conference

Signed: _____

Date: _____

## Appendix D: schedule for employees

Psychology

School of Human & Community Development

**University of the Witwatersrand**

Private Bag 3, Wits, 2050

Tel: 011 717 450  Fax: 011 717 4559

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**Biographical information**

1. Gender
2. Age
3. Race
4. Job grading/job rank/position

**Consultation**

5. How long have you been working in a cash centre? Explain how you started, what you liked and did not like about the job.
6. How many counselling sessions did you have? Explain how your experience participating in the EAP.

**Referral system**

7. What information is provided by the organisation about the availability of the EAP? Explain what made you utilise the EAP and how you started using EAP services?
8. Did you look for the counselling services on your own (self-referral) or you were referred to the EAP by management? Explain the circumstances.
9. Explain the referral process in the organisation.
10. Did you find the referral process useful? Elaborate.

**Confidentiality**

11. What were you told about keeping the information between you and the counsellor confidential? Explain how useful the process was in preventing other employees from knowing what was discussed between you and the counsellor.
12. Do you think other employees and management are aware that the counselling processes are confidential? Elaborate on your experience and how you found this useful.
13. What are the implications of confidentiality or non-confidentiality?
14. Is management aware of the protocols and expectations regarding confidentiality? What is the penalty for breaching confidentiality in an organisation?

**Helping process**

15. What was the seating arrangement like? Explain the distance between you and the counsellor.
16. How did the counsellor help you identify your counselling needs or problems you were experiencing? Explain your role in identifying the problems that were affecting you.
17. What methods were used by the counsellor to help you volunteer information about what you were experiencing? Were the methods useful in making you comfortable to say more about what was affecting you at work?
18. Did you find it useful tell the counsellor what your problems were? Elaborate.
19. Did you feel that you were you given appropriate help?
20. Did you have feelings of relief during the sessions? Explain.
21. Did you experience some difficulties during the counselling sessions? Explain.

**Handling of outcome**

22. What were you told about personal responsibility after the sessions? Explain how you found it useful that employees visiting EAPs need to find solutions to their problems using the information and techniques provided by the counsellor.
23. Were you satisfied with the outcomes and were you ready to face the same work-related problems that were affected your health before you visited the EAP? Explain.
24. Do you think your company should continue to have an EAP for employees?
25. What role do you think your manager should play in supporting employees visiting EAPs? Explain.

## Appendix E: schedule for management

Psychology

School of Human & Community Development

**University of the Witwatersrand**

Private Bag 3, Wits, 2050

Tel: 011 717 450  Fax: 011 717 4559

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**Biographical data**

1. Race
2. Gender
3. Age
4. Job grading

**Consultation**

5. How long have you been working in a cash centre?
6. Are employees utilising the EAP for wellness counselling? Explain how excited they are about it.

**Referral system**

1. Explain how employees in need of help are identified?
2. How are they referred to EAP? Explain the referral procedures and policies in the organisation.
3. Who is responsible for the referral process in the company? Explain if employees can refer their peers to the EAP or it is management`s responsibility.

**Confidentiality**

4. How is confidentiality kept for the counselling sessions?
5. How is this process explained to the employee?
6. What are the implications of confidentiality or non confidentiality?

7. Is there anything that management can do to ensure employees of confidentiality of the counselling sessions?

**Helping process**

8. How do you ensure that the employee is given appropriate help?
9. What are the behavioural changes (negative and positive) post the counselling sessions that the organisation is responsible for?
10. How is employee recovery monitored in their place of work?
11. Who is responsible for this and how is it done?

**Handling of outcome**

12. What is your responsibility after the counselling sessions?
13. How do you handle situations in which some of the employees are dissatisfied with the EAP services? For example, in cases where the employee is not getting better, what steps do you follow to ensure the employee receives proper help?
14. What role do you think the employee should play during and after the counselling sessions?
15. Overall, do you think the EAP programme is value for money and a return on investment?