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Employees' perceptions regarding the provision of a hybrid employee assistance programme: a case study of the Gert Sibande Department of Social Development (Mpumalanga)

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EMPLOYEES' PERCEPTIONS REGARDING THE PROVISION OF A HYBRID EMPLOYEE ASSISTANCE PROGRAMME: A CASE STUDY OF THE GERT SIBANDE DEPARTMENT OF SOCIAL DEVELOPMENT (MPUMALANGA)

A report on a research study presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

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In partial fulfilment of the requirements

for the degree Master of Arts in Social Work

by

SINDILE GOODNECIA HLATSHWAYO

April, 2021

DECLARATION

I declare that ***'Employees' perceptions regarding the provision of a hybrid employee assistance programme: A case study of the Gert Sibande Department of Social Development (Mpumalanga)'*** is my work in design and execution and that it has never been submitted by me for a degree in any other University. I have given full acknowledgement of the sources used in this research following the APA referencing style.



SINDILE GOODNECIA HLATSHWAYO DATE: 28/04/2021

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ABSTRACT

Employee assistance programmes (EAPs) are workplace-based programmes that have grown significantly over the years, both domestically and abroad. The research study supported by literature in the field noted the importance of EAPs in enhancing employees' abilities to perform at their optimum level, as work performance may be constrained by some personal or work-related issues. This research study emerged within a context of a lack of empirical data on EAPs, particularly in the public sector. Amongst the contributing challenges that employees may encounter when trying to balance work and private life, the prevalence of several epidemics such as HIV and AIDS, tuberculosis (TB), mental health illnesses/disorders such as depression, stress and recently the coronavirus pandemic need to be considered. Against this backdrop, the research study explored managerial and non-managerial employees' perceptions regarding the provision of a hybrid EAP within the Gert Sibande Department of Social Development (DSD) (Mpumalanga). The data set for this research study was made of a non-probability sample of managerial and non-managerial employees from the Gert Sibande DSD. The research study adopted a qualitative research approach and an exploratory case study design. Data were collected using face-to-face interviews guided by two interview schedules. The findings provide insights regarding possible EAP aspects that need to be adapted for the DSD EAP to thrive. The predominant issues that emerged from the thematic analysis of the data included i) a lack of awareness regarding the existence of the programme and its policies, ii) poor marketing and communication of the programme, iii) poor visibility associated with geographic location as well as marketing and education, iv) poor utilisation and other factors. The main conclusion drawn from this study was that there seems to be a misalignment between theory and practice as far as EAPs are concerned. The DSD would have to reconsider its EAP and ensure that it is aligned to best practices and professional standards for it to be fully efficient. The research study culminates with suggestions for the DSD and future research.

Keywords: Employee, employee assistance programme (EAP), hybrid/blended EAP model, service provider, troubled employee, wellness.

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LIST OF ACRONYMS

Abbreviation	Full text
AIDS	Acquired Immunodeficiency Syndrome
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
EAP	Employee Assistance Programme
EAPA	Employee Assistance Professional Associations
EAPA-SA	Employee Assistance Professionals' Association of South Africa
EASNA	Employee Assistance Society of North America
EHWP	Employee Health and Wellness Programme
EH& WSF	Employee Health and Wellness Strategic Framework
EPMDS	Employee Performance Management and Development System
GEMS	Government Employees Medical Aid Scheme
HBM	Health Belief Model
HIV	Human Immunodeficiency Syndrome
OAP	Occupational Alcohol Programme
OSW	Occupational Social Work
PSC	Public Service Commission
SHERQ	Safety Health Environment, Risk & Quality
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1. Introduction

Employee Assistance Programmes (EAPs) are amongst a host of interventions/programmes that help employees cope more effectively with issues that may contribute to "modifiable dysfunctional occupational behaviours" that compromise productivity (Attridge, 2019, p.6; Dawad & Houque, 2016). These programmes are normally sponsored by employers (Attridge, 2019), and represent a type of perk that acknowledges that employees are human beings before anything else. EAPs evolved from occupational alcohol programmes (OAPs) which were initial efforts to rehabilitate employees with alcoholism problems that were the predominant factors impeding production (Attridge et al., 2009a; du Plessis, 1990; Jacobson & Attridge, 2010). However, workplaces quickly realised that alcoholism or alcohol abuse was not the only problem that posed a threat to productivity. With this realisation, the programmes were repackaged to be more inclusive which led to a name change from OAPs to EAPS (Kurzman, 2013; Masi, 2011).

According to Attridge (2019), EAP provisioning has grown exponentially across the globe but with notable flaws in some programmes. Against this background, this study explored employees' perceptions regarding the provision of a hybrid EAP. This chapter describes the study context, the problem statement and rationale for the study, and delineates the research aim and objectives. The chapter further provides a brief overview of the methodologies that were employed in the study. The chapter culminates with an outline of the research report.

1.2.The context of the study

South Africa has an extensive history of oppression, violence, racial segregation and inequality which were institutionalised and formalised through apartheid. Battersby-Lennard (2009) argues that apartheid was merely a continuity of what already existed (pre-apartheid). During the apartheid era, numerous laws that reinforced the apartheid ideology were formulated and implemented (Battersby-Lennard, 2009). The oppressive system permeated even the workplace and normalised the provision of services along racial lines, the promotion of white supremacy, pay disparities among employees based on race and numerous other discriminatory practices. Workplace programmes such as EAPs were also used to advance

the principles and beliefs of this ideology by alienating black employees. and this assertion is supported by Mostert (1989, as cited in Terblanche, 2018) who noted that EAPs were influenced by the broader political climate in South Africa. This factor according to Mostert (1989, as cited in Terblanche, 2018, p. 39) was among the numerous strategic factors hindering the EAPs, with the author observing "employee services for black employees receiving low priority due to lack of clear policy, cumbersome referral procedures, lack of offices for EAP staff at hospitals and hostels".

The advent of democracy much like in the apartheid era marked a new beginning that saw many amendments of labour laws to redress the past imbalances. The newly amended labour laws prepared the ground for non-discriminatory EAPs to flourish. However, the existence and proliferation of EAPs have not completely done away with the various problems facing employees today, particularly the Department of Social Development (hereinafter referred to as DSD) which is plagued by a plethora of social ills, some of which were inherited from the apartheid era. These employees are required to provide services to the marginalised and previously disadvantaged members of society and tackle problems such as abject poverty, high levels of inequality, high unemployment, increased levels of crime and many other social ills which are legacies of the oppressive apartheid system (Franks, 2014).

In support of the impact of apartheid, Battersby-Lennard, (2009, p. 171) thus argues that "the multiscalar spatial reach of apartheid impacted upon every area of life for individuals and communities in a complex, interlinked manner". The emergence of epidemics such as Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS), mental health disorders/issues such as depression, bipolar disorder, stress, the novel coronavirus pandemic and others have created a huge demand for social welfare services. While addressing the above-mentioned challenges and others, employees may find themselves needing services that will help them cope with the occupational challenges that may be triggered by responding to these social ills and others that stem from their personal lives.

The research study was conducted in the Mpumalanga DSD (Gert Sibande District). Non-managerial employees were from Pixley Isaka ka-Seme sub-district (Daggakraal) and Msukaligwa (Lothair) service offices and managerial employees were from Dipaliseng, Msukaligwa, and Pixley Isaka ka-Seme sub-district offices. The organisation is a Provincial Government Department with its head office in Mbombela (formerly Nelspruit). In 2015, The Department had about 2,057 employees in its payroll across all levels (permanent and

contract) with a high proportion from the African population group (Mpumalanga DSD Annual Report, 2014/2015). The workforce shrank to about 1,934 employees by the end of the 2017/2018 financial year. The workforce is spread across three regions within the Province, namely: Ehlanzeni, Gert Sibande, and Nkangala districts. In order to safeguard and promote the wellness of its workforce, the Mpumalanga DSD has dedicated a unit that currently employs three officials who are responsible for the coordination of the EAP in the Mpumalanga DSD which is centralised at the Provincial office in Mbombela.

The Mpumalanga DSD has a hybrid EAP that is housed under the Human Resource and Development Unit; and it is to some degree an extended function of this directorate (Mpumalanga DSD Annual Report, 2014/2015). The EAP is not a service provided for employees only as it extends to immediate family members. There are three full-time employees assigned to coordinate the programme and they work in collaboration with a reputable EAP service provider that serves the department on a contract basis and the sub-contracted company provides numerous services aimed at helping 'troubled employees' cope better or help with the restoration of 'normal functioning' to maximise productivity/the provision of quality services. The adoption of this model forms part of an outsourcing trend in the South African Public Sector (Senoamadi, 2006). However, the primary purpose of the human resource development directorate is the management of the provision of human resource development services and the functions are stated as follows:

a) Manage and render employee health and wellness programme
b) Manage the provision of labour relations services
c) Manage and coordinate the training and skills development programme

(www.dsdmpu.gov.za/node/299)

1.3. Statement of the problem

In the line of duty even outside the work environment employees are often confronted with problems that are certainly a natural part of life and can have adverse effects on employees' well-being if not addressed in an adequate and timely manner. While some employees may utilise support services for solutions if they are available, others may choose not to do so and some may elect to excuse themselves from work. The latter option is commonly known as absenteeism and Bruniquel (2014) is of the opinion that absenteeism can be perceived as a coping mechanism employed to 'temporarily' relieve the 'troubled employee' of their insurmountable challenges. Whyte (2020, p. 27) supports the above viewpoint by contending

that "workers who have health problems are more likely to be absent from work, and are at risk for injuries on duty, occupation-related diseases and the development of lifestyle diseases". Others who opt not to absent themselves tend to succumb to presenteeism which is said to be an extension of absenteeism and a growing impending threat in the workplace (Astengo, 2017: Johns, 2009). According to Astengo (2017, p. 26) presenteeism "is a term used to describe employees that are present at work but disengaged". Another manifestation of absenteeism that is quickly gaining momentum is termed Monday-Friday syndrome and refers to a trend whereby employees do not call in for duty on Mondays (they call in sick, fabricate being ill or simply do not arrive for work at all) and they leave early on Fridays (Johns, 2009).

According to data contained in DSD annual reports, absenteeism is a prevalent occurrence among DSD employees and this activity causes financial losses. With presenteeism being not easily accounted for as it would require constant surveillance (Astengo, 2017), these behaviours may negatively affect an organisation's bottom line. According to Astengo (2017, p. 26) "these employees are the weak link in the chain as they can be compared with a gear that is not engaged but just spinning mindlessly". According to data contained in the 2017/2018 annual report, about 1362 employees across all skills level applied for sick leave and the average number of days per employee being seven days. The estimated costs for this activity alone stood at R10 935 000 (Mpumalanga DSD Annual Report 2017/2018, p. 165). The annual report however does not provide a breakdown of this information to clarify which of these factors are due to physical sickness and those attributed to emotional or mental health concerns. According to the DSD, "the Public Service Commission (hereinafter referred to as PSC) identified the need for careful monitoring of sick leave within the public service" (Mpumalanga DSD Annual report, 2017/2018, p.165).

Although sick leave is an essential employee benefit as it enables those with medical conditions including mental health issues to deal with their problems, thereby reducing acceleration in health problems. Anecdotal evidence suggests that there are tendencies of sick leave abuses and this abuse could be the rationale for the motivation for close monitoring of sick leave by the PSC. EAP, therefore, becomes a viable alternative to minimise the effects of issues that may compel employees into taking frequent time off work. At the time of completion of this report, recent figures on absenteeism prevalence could not be obtained but as will be seen in the following chapter, absenteeism, much like alcohol abuse, tends to be some kind of coping mechanism that employees use when faced with problems that

overwhelm them. But this assessment is not to say that all employees are confronted by problems and that all those who have challenges resort to alcohol abuse or absenteeism. Nevertheless, anecdotal evidence suggests that some employees tend to abuse the system because of lifestyle choices. For example, some employees binge drink on weekends and then call in sick on Mondays.

The programme can help the DSD delve into the core of the presenting problems because at times the presenting problem is not always the real problem. Apart from employees having personal problems, some employees within the DSD, particularly social workers, deal with clients who struggle to cope with real-life stressful events. While helping clients to deal with their lived experiences, social workers may find themselves distressed or having to deal with the effects of secondary trauma associated with the helping process. According to Richardson (2011), secondary traumatisation is by far the most predominant form of trauma among social workers due to constant exposure to traumatic content. In the DSD this exposure could occur through listening to the traumatic experiences of sexual abuses as related by sexual abuse victims, as a result of conducting assessment/s and investigations into child abuse and from assessing children in conflict with the law. Some of the latter commit serious offences such as murder, assault with intent to do grievous bodily harm (assault GBH), attempted murder, rape, sexual assault, arson and other criminal offences.

In addition, the DSD social workers also have to deal with high workloads that have been a serious concern for many years. Many lack adequate tools of the trade, receive poor remuneration and experience other factors that make practising social work gruelling. The following information substantiates this point well:

> The social work profession is in constant flux as the profession adjusts to meet the changing demands of society. Social Work is a profession that is inherently stressful as social workers try to institute change and assist vulnerable individuals with limited resources and support. The poor image and status of the social work profession, low salaries and adverse working conditions all contribute to high levels of occupational stress within the profession (Masson, 2016, p. 14).

Not only social workers, but employees in general, are faced with frequent situations that discourage them and create mental, emotional and spiritual burdens. (Dipela, 2016, p. 50). Whether the sources of problems are individual or work-related, many employers have turned to EAPs to help them respond to these concerns. Thus programmes such as EAP if designed

and implemented without error can provide the basis from which problems emanating from the actual work are dealt with and this approach can have benefits for both the employer and employee (Richardson, 2011). The effectiveness of the programme and its ability to address employees' problems is however inadequately explored in the South African Public Service (Soeker et al., 2016).

According to the Department's 2013/2014 annual report, of the total workforce (2057), only 12 employees made use of the counselling service which is a provision of the EAP. The data contained in this report represent a dim picture of the programme or its use. This statistic is unsettling considering the numerous personal and work-related challenges that employees are confronted with daily. Furthermore, the annual report does not delineate which sub-districts utilised the programme nor explain the underlying reasons for such a low figure in relation to the workforce.

1.4.The rationale for the study

While there are EAP studies conducted in South Africa, hybrid EAPs have not been explored and described substantively particularly in the South African public sector. This factor makes this study relevant as hybrid EAPs are inadequately explored. This conclusion is based on a comprehensive review of EAP literature. The dearth of data on the DSD hybrid EAP also sparked an interest in the topic especially considering that the Gert Sibande District is the largest region in the Mpumalanga Province. It can also not be denied that DSD employees are not immune to problems that may be overwhelming for those who might not have positive coping mechanisms to deal with those issues as the existence of 'unresolved' issues may influence poor performance. It is anticipated that this research study will provide insight into the underlying factors behind the low programme uptake (as reported in the organisation's annual reports) from employees' perspectives. Moreso because there is no record of complaints or challenges logged regarding the provision of the EAP using the hybrid service delivery model.

It is also important to explore employees' perceptions of the model because employees are considered the main EAP clientele (from a microscopic perspective) but as will be seen in the following chapter, a binocular perspective enables EAP to view and address issues on a broader level, thus identifying the organisation as a client (van Breda & du Plessis, 2009). Moreover, because employees help organisations achieve their objectives despite sometimes facing the most difficult of situations, their unique difficulties could potentially spread to the

work environment. Hence, systems theory articulates that a change in one system affects all other systems (Sheafor & Horejsi, 2006).

For example, a reduction in employee well-being can potentially harm the entire organisation as employees are not always equipped with buffers for their problems. Soliciting employees' perceptions can potentially guide the direction that the DSD can take towards ensuring employee/organisational well-being. The prevalence of EAPs depicts the shift from the traditional fallacy that employee problems are alienated issues from the work environment. This shift is also coupled with the increasingly changing shape of the workplace across different sectors. Thus, it was anticipated that the research findings would contribute towards expanding the knowledge of hybrid EAPs through employees' subjective views. It was envisaged that the study would potentially help in the identification of areas in the programme that need to be strengthened and hopefully inform programme modifications to meet employees' needs. The study could also pave the way for evidence-based research which is lacking in the EA field.

1.5.The primary aim, research question and objectives

1.5.1. Primary aim

To investigate the perceptions of managerial and non-managerial employees from the DSD (Gert Sibande District, Mpumalanga) regarding the provision of a hybrid EAP.

1.5.2. Research question

The following research question was then framed:

- What are the perceptions of managerial and non-managerial employees from the DSD (Gert Sibande District, Mpumalanga) regarding the provision of a hybrid EAP?

1.5.3. Secondary objectives

To achieve the above, the following research objectives were formulated:

- To elicit managerial and non-managerial employees' perceptions of EAPs and the relevance of EAPs within the DSD.
- To investigate employees' experiences with the EAP service provider and the perceived effectiveness of the service.
- To explore employees' perceptions of the challenges and benefits of adopting a hybrid model of EAP provision.

1.6. Outline of the research design and methodology

The research study adopted a qualitative research approach and an exploratory case study design. A non-probability sample of 15 non-managerial and four managerial employees took part in this research. The sample was drawn from the population using non-probability availability sampling. Semi-structured interview schedules were administered through semi-structured interviews which were later analysed using thematic analysis.

1.7. Definition of key terms

The following are frequently used concepts that form a larger part of the discussions in this research study.

1.7.1. Employee

According to s (213) (a) of the Labour Relations Act, Act No. 66 of 1995 (hereinafter referred to as LRA) defines an employee as "any person, excluding an independent contractor, who works for another person or the State and who receives, or is entitled to receive, any remuneration". With regards to an EAP, EAPA (2010, p.5) states that "an employee refers to the employees or members of an organization who are eligible for EAP services".

1.7.2. EAP

EAPA-SA (2010, p.1) defines EAP as "the work organisation's resource, based on core technologies or functions, to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues".

1.7.3. Hybrid/Blended model

Nkosi (2011, p.51) argues, "An integrated/hybrid model applies to the employer who has an internal programme coordinator who is assigned either full- or part-time to the job, depending upon the size of the organisation".

1.7.4. Service Provider

EAPA-SA (2010, p.3) describes a service provider as "an agency providing professional services to clients and customers according to a formal contract".

1.7.5. Troubled employee

A troubled employee is an employee whose problems have spiralled and spilt over the workplace to affect productivity Bruce (1990, as cited in Mazantsana, 2013).

1.7.6. Wellness

This concept is defined as "an active process of becoming aware of, and making choices towards a more successful existence" (Benavides & David, 2010, p.294).

1.8. Structure of the research report

The research report contains five chapters which are as follows:

Chapter 1: This introductory chapter sought to locate the research study within an academic and social context. It entailed an introduction to the research study, explained the statement of the problem and rationale for the study and delineated the research aim and secondary objectives. An overview of the research design and methodology was provided and the key terms used in the study.

Chapter 2: In this chapter, the author discusses a broad range of literature pertinent to the research study which gave insight into the topic and how the research is connected to what is already known. Among the topical issues is the evolution of EAPs, the different operational models and their pros and cons, EAP costs and benefits, criticisms of EAP and other issues.

Chapter 3: This section outlines the methodological approaches applied in this research and the limitations of the study.

Chapter 4: This chapter presents and discusses the research findings and linkages to/with reviewed literature about EAPs.

Chapter 5: This concluding chapter provides a summation of the main findings, draws conclusions and deductions arising from the research study and offers recommendations for consideration and the implications thereof.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

The work environment in South Africa and abroad has undergone a series of changes and it is a continually evolving space (Kurzman, 2013). According to Athanasiades et al. (2008), some of the vicissitudes may be attributed to changes in global trends which culminated in policy changes and labour law reform which may demand some form of adjustments from its workforce to adapt to the change in the work environment. The workplace and work itself play multiple roles in an employee's life. In fact, it is so central to human existence that it sometimes carries status and forms part of a person's identity (du Plessis, 1990). The work environment can also be a source of employees' problems/stress (Mahlangu, 2021) particularly considering that employees spend a significant amount of time engaging in work-related activities (Attridge, 2009). Moreover, employees are said to be the largest group of people in the general population (Attridge et al., 2009b).

Attridge (2019) also maintains that the employed are believed to be the sector hardest hit by mental health disorders in the world probably because they are so consumed by some work demands that it affects their overall well-being. However, Attridge (2019) further argues that the level of clinical severity is minimal. Work demands alone though cannot be branded as the predominant issue that affects employee well-being because employees are also human beings who have human needs and they are likely to experience serious problems at any given time in their lives. These observations and others have prompted some employers to take a hard look at the employee risks which may impact their organisation. Thus, Jones and Paul (2011) argue that intelligent leaders are those who recognise the importance of investing in the advancement of healthy work environments rather than only investing in healthcare.

EAPs have become alternatives to ameliorate the effects of the above-mentioned risk factors. The introduction of these programmes is somewhat indicative that the workplace can serve as a developmental institution if it is organised to provide an atmosphere that recognises the importance of personal and social growth and nurtures a culture of health as articulated by Akabas (1982, pp. 37-38, as cited in du Plessis, 1990). EAPs can play an important role in facilitating an enabling environment; this role is, however, determined by the structure, services, techniques and strategies used. Jones and Paul (2011, p.32) further argue that "a

good EAP is one that focuses not just on the needs of the employees but it is a strategic partner to the organisation in helping support its business objectives". EAPs have been in existence for some time both domestically and globally and with changes in society and the workplace, these programmes have been adapted. These programmes encompass several unique interventions and now adopt a broad-brush approach that focuses on individual, group and organisational well-being with the inclusion of preventive, therapeutic and developmental interventions (Pillay & Terblanche, 2012).

Against this backdrop, this chapter seeks to locate the study within a literature context through the examination of contemporary and earlier literature about EAP. Understanding concepts and definitions pertinent to the study is a critical component of research. The presented literature on EAP may not be exhaustive but is relevant to this research study due to the paucity of research on hybrid EAPs, particularly in the South African context. The chapter therefore delivers a retrospective outline of the evolution of EAPs in South Africa and the United States of America (USA), definitions of EAP, the trends in the development of EAPs in practice (Terblanche, 2018), positioning in South African workplaces, and the different referral systems used. The chapter also considers the different EAP models and their perceived and actual advantages and disadvantages. The literature review adopts a holistic approach by considering all these systems in relation to one another.

2.2. Defining Employee Assistance Programmes (EAPs)

Literature on EAPs suggests that there are numerous EAP definitions as there is no standard or universally accepted definition, some of which elucidate the evolution of the programme over the years since it was first introduced in the work scene (Kurzman, 2013). Masi (2011) argues that the variation may be attributed to numerous factors such as the region/country in which the EAP operates, operational standards applied and the nature of services offered. Some of the well-known structures that have provided EAP definitions include but are not limited to: the Employee Assistance Society of North America (EASNA), Employee Assistance Professionals' Association (EAPA), Employee Assistance Professionals' Association of South Africa (EAPA-SA).

The predominant factor for the existence of EAPs in the past has been alcohol dependency with the predominant intervention being rehabilitation (Bhoodram, 2010; Steele, 1998; Terblanche, 2018). To date, this factor remains one of the fundamental issues addressed by EAPs even though the scope of practice has been enhanced (Attridge, 2019; Mahieu &

Taranowski, 2013). This factor has shaped the definition of the programme but the programme has since evolved in complexity, conceptualisation, implementation and scope i.e. from providing alcohol and drug-related interventions to being an all-encompassing programme (Attridge et al., 2009; Pillay & Terblanche, 2012).

EAPA-SA (2010, p.1) defines an EAP as "the work organisation's resource, based on core technologies or functions, to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues".

> Employee assistance programs provide strategic analysis, recommendations, and consultation throughout an organisation to enhance its performance, culture, and business success. These enhancements are accomplished by professionally trained behavioural and/or psychological experts who apply the principles of human behaviour with management, employees and their families, as well as workplace situations to optimise the organisation's human capital (National Business Group on Health (hereinafter referred to as NBGH), 2008, p. 15).

The afore-given definition captures most of the elements of the programme that some of the earlier definitions of the programme fail to capture. As previous definitions were oriented towards a remedial approach and placed emphasis on 'troubled employees', an example of such definitions is one provided by du Plessis (1990, p.210) who defines EAPs as "programmes aimed at linking employees with personal problems to appropriate resources to correct job performance or to prevent a deterioration in job performance". This definition supports Benavides and David's (2010) assertion that problematic employees are dependent variables of the programme which then promotes stigmatisation of programme users as problem employees. The first definition, in contrast, epitomises the modern interventions that modern EAPs employ to bring about harmony between employees, management and the workplace as an organisation.

Another definition aligned with alcoholism which resonates well with what the programme initially aimed to address is one provided by Naicker (2002, p.12), who defines the programme as follows: " EAP is a professional assessment, referral, and/or short-term counselling service offered to employees with alcohol, drug or mental health problems that may be affecting their work performance". In essence, this definition puts alcoholism and drug-related issues at the centre of the programme probably because the programme emerged from an era of alcoholism prevalence in the workplace. In contrast, the more recent

definitions of the programme include a wide range of factors which were only incorporated after it emerged that other personal and work-linked issues affected how employees carried out their duties in the workplace and suggested interventions are at a micro-level (omitting other levels of intervention such as meso and macro interventions).

Benavides and David (2010, p.293) provide an intriguing EAP definition which defines the programme as follows "an EAP is a reactive program designed to mitigate existing negative circumstances by addressing core problems (personal, medical and emotional) as they affect employees' productivity". It is a rather interesting definition as modern EAPs encompass innovative and proactive interventions that move away from playing catch-up but anticipate problems and deal with the underlying problems. Mnisi (2005) argues that EAPs traditionally focussed on the employee as a person and not so much on the person as an employee. However, it should be noted that the personal problems of individuals cannot be isolated from those of employees because they are not two separate entities but single individuals trying to juggle several responsibilities and roles. What can be deduced from most of these definitions "is that they foreground employees as the sole client system" (van Breda, 2009, p. 285). A recent definition that still maintains the notion that employees are the predominant clients served by EAPs is provided by Attridge (2019, p. 6) who defines EAP as "employer-sponsored programs designed to help individuals resolve acute but modifiable behavioural health issues". Nevertheless, Masi (2011) avers that there are two predominant clients serviced by EAPs, the individual employee and the work organisation.

2.3. The evolution of EAPs in the USA

History suggests that the notion of EAP has some of its roots in the USA and it was conceived out of OAPs which were the first initiatives to help employees who had alcoholism problems which had spiralled out of control to affect production (Attridge, 2019). Upon realising that an alcoholism problem had emerged, workplaces conducted risk assessments and evaluated the costs and benefits of terminating existing employees with alcohol problems versus rehabilitation and the latter was deemed to be the most economical endeavour as it was not guaranteed that newly recruited employees would not have alcohol problems or any other problem that would compromise productivity. This endeavour birthed a programme that would do away with the possible cycle of hiring and firing employees (Hansen, 2004). As part of rehabilitation, OAPs were born and later grew in acceptance and gained momentum within the American workforce during the 1950s-1960s (Attridge et al., 2009a). Employees

were encouraged to use the OAP through the application of constructive confrontation, a technique that relied heavily on supervision (Masi, 2011). This technique was ineffective for two main reasons; some supervisors felt they were invading employees' privacy and they were not equipped with professional diagnostic tools/skills (Masi, 2011; Hansen, 2004).

Numerous laws were then passed that demonstrated strong support by the government to help flatten the alcoholism curve. According to Masi (2011), by the 1980s, there were notable changes to EAPs as they shifted away from providing exclusively alcohol interventions to the inclusion of personal concerns. By the 1990s a wide range of personal, mental health issues and family concerns were addressed. So the scope of practice formally expanded beyond alcoholism to include other problems that compromised production (Leon, 2012; Masi, 2011). This expansion somewhat helped in the reduction of the stigma associated with OAP and it legitimised a shift towards attending to multiple problems that influence the notion of 'troubled employees' (du Plessis, 1990; Hansen, 2004; Kurzman, 213).

This shift also marked a move away from the narrow focus on alcohol and drug-related problems to more broad problems which could be underlying influencers of or factors in the alcohol problems (Kurzman, 2013; Pillay & Terblanche, 2012). EAP presents as a subtle way of addressing transgressions committed by workers and it is a good alternative because it does not address the transgression, for example, late coming, but delves into the underlying cause of the wrongdoing. According to Masi (2011), the term EAP was coined by the National Institute of Alcohol Abuse and Alcoholism (NIAAA) which later became the Employee Assistance Professionals' Association (EAPA). Although now broad-brush, alcohol-related problems remain among the predominant issues addressed by EAPs (Mahieu & Taranowski, 2013).

2.4. Overview of EAP development in South Africa

South African EAPs followed a similar pattern to international EAPs and that could be expected as they were mirrored after workplace programmes in the USA (Maiden, 1998, as cited in Mazantsana, 2013). Masi (2011) further argues that it would a grave error to look at EAP history in isolation without looking at the development of the programme from the field of occupational social work (hereinafter referred to as OSW) as one of the fields that had an influence on EAP development in South Africa and across the globe and to date, there is a strong link between these two fields of practice (Bhoodram, 2010). This observation was also made a long time ago by Steele (1998) and OSW is the most direct and influential antecedent

to EAPs. However, OSW and EAP are two disciplines that are sometimes indistinguishable since they both render services to the employed and the work organisation itself and due to an overlap in some of the tasks, the application of similar/same approaches and conceptual tools (Jantjie 2009; van Breda, 2009). Madron (2012) argues that for many years social workers have played a crucial role in EAPs and they continue to be the preferred profession for staffing of the programme (Kurzman, 2013). According to Reisch and Gorin, "the preference of social workers in EAP is influenced by their professional training which enables them to understand the socioeconomic and psychosocial dimensions of work" (2001, p.13 as cited in Madron, 2012). This section, however, will not dwell on the OSW/EAP debate but merely acknowledges that the OSW field has shaped EAP development in South Africa.

In South Africa, EAPs do not have a long lifespan and they are said to be modelled after EAPs in the USA; hence these programmes seem to be of a similar pattern as their antecedents (Maiden, 1998 as cited in Mazantsana, 2013). The Chamber of Mines is considered to have been the first institution to introduce EAPs in South Africa (Pillay & Terblanche, 2012; Terblanche, 2018), followed by the Iron and Steel Corporation (which is now known as ArcelorMital), Electricity Supply Commission (ESKOM), and Alpha Limited, Everite (Fibre Cement Division). However, Terblanche (2018) argues that there were traces of some interventions in the 1940s before the formal introduction of the programme in the 1980s. EAPs have now spread to other sectors of the economy (Pillay & Terblanche, 2012).

Govender and Terblanche (2009) and Masi (2011) maintain that South African EAPs have been shaped by several factors ranging from the increased focus on managing the impact of epidemics such as Tuberculosis (TB), Human Immune Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). South African EAPs existed long before the advent of the HIV and AIDS epidemics, but present-day EAPs have moved towards disease management after realising the seriousness of epidemics such as HIV and AIDS and TB which has drastically affected many worksites in the country. To date, HIV and AIDS continue to feature among the global concerns alongside other issues such as substance abuse (Anderson & Louw-Potgieter, 2012; Iqbal, 2009). Attridge (2019) argues that substance abuse disorder remains among the top three of prevalent disorders among the employed. One can then argue that alcohol abuse continues to be a prevalent feature because alcohol is often used to self-medicate for underlying mental health issues. While this type of behaviour is an act of self and can potentially cause organisational harm, these 'troubled employees' need to be assisted to better navigate developmental ways to address the underlying issues.

2.5. EAP core technologies

According to Masi (2011), the concept of EAP core technologies is the brainchild of Paul Roman and Terry Blum who instigated research in 1988 which ultimately resulted in the emergence of EAP core technologies. Roman and Blum's study essentially sought to address the concern among professionals in the EAP field as there would seem to be blurred lines between EAP and generalist practice (Masi, 2011). The core technologies formalise and standardise EAPs and provide direction with regard to interventions, and essentially differentiate EAP from other mental health services/workplace programmes, thereby giving the programme a unique character (Terblanche, 2011). The following quote provides a good elaboration of the concept of EAP core technology: "The Core Technology helped in institutionalizing the areas of expertise believed essential for an operative EAP." (Roman & Blum, 1988 as cited in Masi, 2011). In a similar vein, EAPA-SA (2010) maintains that appropriate application of EAP core technologies greatly influences EAP success. However, the existence of the EAP minimum standards as provided by EAPSA-SA does not imply that all EAPs encompass these core technologies and there is a lack of empirical data on the application of these core technologies in the South African EAP field and the impact thereof. This factor, however, does not take away that these core technologies are essential in getting EAPs to run efficiently.

Table 2.1: EAP core technologies (original)

Core technology components
1. Identify employee behavioural problems based on job performance issues.
2. Provide expert consultation to supervisors, managers, and union stewards on how to take appropriate steps in utilising employee assistance policy and procedures.
3. Appropriately use the constructive confrontation strategy.
4. Create micro-linkages with counselling, treatment and other community resources.
5. Create and maintain macro-linkages between the work organisation and counselling, treatment and other community resources.
6. Maintain a focus on employee alcohol and substance abuse problems since this strategy offers the most significant promise of producing recovery and genuine costs savings for the organisation.
7. Serve as a consultant to the organisation at large on issues of personal problems affecting job performance.

8. Evaluation of employee success in employee assistance utilisation primarily based on job performance (added in 1990) (Roman & Blum, 1988 as cited in, Gilbert, 1994, p. 489).

With changes in workplaces and issues of concern to employees and employers, the shape of EAP has also changed and with the proliferation of the programme, the core technologies have since been revised to match global standards, new demands, best practices and changes in the programme but retain the profession's underlying principles (Steele, 1998; Terblanche, 2018). In South Africa, EAPA-SA is the professional body that has nurtured EAP development and is responsible for EAP standards. In 2015 this body produced the fourth edition of its standards document which also contains and endorses the below-mentioned core technologies that should at the very least be contained in an EAP for it to be convincing in its service delivery. The following core technologies elucidate the developments in the EAP field and clearly show the progression of the programme from an alcoholism oriented approach to a more holistic approach.

a) Training and development

Training and development are amongst the fundamental components of an effective EAP as it enhances access to essential information. Training is defined as "the activity of imparting knowledge and skills to address personal and productivity issues" (EAPA-SA, 2010, p. 2). Such training should not be restricted to managerial employees but non-managerial employees should also be trained regarding EAP and how they can benefit from the programme. This approach can help in addressing negative perceptions employees might have about the programme. This strategy can further enhance managerial employees' understanding of their role in the programme and hopefully remove the perception that EAP is about progressive discipline. Dipela (2016) emphasizes that training and development is a fundamental requisite for referrals and that it is important that supervisors and managers are adequately and periodically trained as they play a fundamental role in linking 'troubled employees' with EAP.

Although employees, supervisors and managers are not and should not be the target population of EAP training, the EA practitioners should and must also be trained. According to EAPA-SA (2010), training is to be used as an intervention strategy by EA practitioners to make the programme known, amongst other things. Hence, training in relation to EAPs is twofold; it is as important for employees (both managerial and non-managerial) and EA practitioners as it is an imperative non-clinical function of the programme.

b) Marketing and promotion of EAP services

Lamb et al., (2008, p.77, as cited by Nkosi, 2011) define marketing as "a process of planning and executing the conception, pricing, promotion and distribution of ideas, goods and services to create an exchange that satisfies individual or organisational goals". EAPA-SA (2010, p.3) simplifies the definition by defining marketing as "promotion of a specific service to existing/ potential clients and corporate clients". The association further identifies marketing as one of the key standards of an EAP. The goal of marketing is to make service users aware of the programme (EAPA-SA, 2010). Oher (2011) argues that the key to the successful marketing of an EAP is ingrained not only in the knowledge of where the programme currently is, but where the organisation wants it to go, meaning that managers should be oriented regarding the benefits of the EAP to promote the referral of subordinates to the programme. Cekiso (2014) maintains that although EAP marketing is an EAP catalyst, the key root to the challenge is ingrained in the lack of skills by EA practitioners whose professional training and foundation are focussed entirely on the development of clinical skills and not on sales.

So what this means is that the training and development of EA practitioners should extend beyond the provision of therapeutic skills and knowledge to the acquisition of knowledge about marketing and expanding beyond micro-focussed interventions. This expansion of the focus will assist the EA practitioners in developing a telescopic view and applying micro-macro interventions that will culminate in the holistic development of employees and the organisation as a client. Cekiso (2014) also noted a gap in EAP literature and further argues that effective marketing of EAPs might change perceptions, challenge misconceptions, build awareness and indirectly encourage programme use.

c) Case management

This core technology entails "confidential and timely risk identification, assessment, motivation, short-term intervention, referral, monitoring, follow-up, reintegration and aftercare services for employees with personal and work-related concerns that may affect job performance"(EAPA-SA, 2015, p.1). These activities are designed to assist employees and corporations in addressing maladaptation that occurs in employees' lives which may inevitably affect productivity.

d) *Consultation with work organisations*

According to EAPA-SA (2015, p. 2), this core technology helps in proactively addressing inherent trends resulting from personal or organisational issues. In my view establishing trends would require an efficient monitoring and evaluation strategy.

e) *Stakeholder management*

EAPA-SA (2015, p.2) emphasises the importance of "stakeholder management to establish and maintain effective relations with internal and external role-players and service providers".

f) *Monitoring and evaluation*

These processes help in determining the extent to which the programme achieves its intended goals. According to EAPA-SA (2015, p.2), it is important to engage in "monitoring and evaluation of the value/success/impact of EAP services relating to the work organisation and individual job performance".

2.6. EAP trends and positioning in South African workplaces

EAP literature reveals that the service started in the early 1930s abroad as OAPs but only gained momentum in South Africa during the 1980s (Terblanche, 2018). However, despite gaining impetus, EAP services remain on the periphery of most workplaces in South Africa as many managers do not consider it a core function because it is not concerned with profit-making (Matlhape, 2003). The location of EAP on the periphery in many organisations came under the spotlight in Pillay and Terblanche's (2012) study and the authors advocate for better positioning of the programme in organisations as this approach may have greater benefits for both employees and the organisation. The strategic location of EAP within the top structures of an organisation is argued to be a possible solution as placing it on the periphery gives it loose recognition and status (Pillay & Terblanche, 2012). The positioning of the programme differs from one workplace to the next and as mentioned above, the positioning of the programme may influence its effectiveness within an organisation.

Govender and Terblanche (2009) observed that the location of EAPs has always varied and variation was mainly attributed to the varied professions that steer the programme; hence in some organisations, EAPs are housed under HR, corporate services and others under occupational health. In a similar manner, Phillips (2006, as cited in Bhoodram, 2010) believes that EAP positioning remains an imperative challenge that is aggravated by the

belief that it is ‘a nice to have’ programme. Essentially, EAP is not regarded as an essential component of the organisation and Bhoodram (2010, p.41) asserts that “this is a challenge for most organisations as the EAP industry continues to struggle to make a strategic connection and too often is relegated to simply another human resource initiative”.

This approach is not a progressive stance as EAPs should be regarded as part of an organisation’s strategy. Burnhams and Parry (2015) advocate for the positioning of EAP under the health and wellness ambit and they call for well-designed policies that stipulate and provide clear guidelines on how to address the varied problems that employees and organisations may grapple with which have a ripple effect on the working environment. Benavides and David (2010) concede that in certain organisations EAP is used as an umbrella that houses several programmes that promote employee wellness. Casting the programme aside also undermines its effectiveness and if management can realise what an important role the positioning of the programme has, then there would be more EAP success stories supported by empirical/practical evidence.

The location of EAP on the periphery of workplaces is also associated with the fact that there is insufficient understanding of EAPs and their use in South African workplaces. The implication thereof is that employers are likely to respond to employees problems in a less sensitive manner. Thus, Pillay and Terblanche (2012, p. 230) argue that “a visionary organisation regards its employees as human capacity that needs to be managed with empathy, nurturing, and caring in return for their trust and loyalty”. However, EAP positioning in the workplace is not the only concern, but usage of the programme amongst employees remains a challenge of note. Mazantsana’s (2013) study revealed that EAP was not robustly used by employees and its underutilisation was influenced by a culture of ‘us’ and ‘them’ in that particular workplace where the study was conducted. This finding led to the conclusion that the existence of an EAP does not imply an automatic use or understanding of the programme. This challenge essentially highlights several factors that need to be taken into account and addressed before implementation of such a key programme, such as consultation with relevant stakeholders (particularly employees), having the relevant committee (steering committee), marketing of the programme, the model adopted and many other factors. Mugari et al., (2014) advocate for a high-end EAP that is titled ‘platinum type’ which would entail high-level awareness among employees and comprehensive coverage. This proposed model emerged after the realisation that there were low levels of awareness of the programme among employees within the municipality in which the study was conducted.

According to Ramos (2021), EAP utilisation remains among the concerning issues about EAP and some of the issues influencing poor uptake are: lack of programme education, confidentiality concerns, fear of being perceived as weak for seeking help and others. In essence, employees need to be able to identify with the programme or rather the programme must resonate with them or their needs for employees to fully embrace the programme. Programme education then becomes imperative.

2.7. EAPs in the public sector

Most public sector organisations are not profit-driven organisations like many private sector organisations. As some organisations have EAPs as a strategy to curb the effects of the various challenges confronting employees that negatively influence productivity. The same is applicable in the public sector because employees are human beings who experience problems at any given time in their lives and employee problems do not always negatively impact productivity but in those rare instances when they do, then programmes such as EAP come in handy. Govender and Terblanche (2009) posit that the Public Service Commission paved the way for the introduction of EAPs in the South African Public Sector and the process began in 1995. The Department of Public Service and Administration (hereinafter referred to as DPSA) instructed government departments across all spheres of government through its 1996 circular 3/3/1/9/26 to implement EH&WPs. The instruction was later recalled suggesting that it was not given enough forethought as far as departments' readiness to implement these programmes. The circular was later replaced with another instruction in 1997 with reference no. 3/4/5/14 for all government departments to render EAP services to their workforce (Terblanche, 2018, pp. 512-13).

This call for EAP implementation in the public sector was amidst pressure to comply with the Occupational Health and Safety Act, Act 88 of 1993 (Bhoodram, 2010). EAPs in the South African Public Sector are a fairly new phenomenon or a less mature product when compared to its international antecedents as articulated by Attridge (2019) and according to Bhoodram (2010), the Department of Correctional Services is the first state department in post-apartheid South Africa to have an established internal EAP (Terblanche, 2018). This state department set the precedent for others and it has created a positive pathway for sister departments to follow. Hence Bhoodram's (2010, p. 20) asserts that "the establishment of the EAP in the Department of Correctional Services (hereinafter referred to as the DCS), as the first and largest EAP in the Public Service in SA, can be seen as the producer of knowledge upon

which other government departments can build". While the DCS is commended and acknowledged for being the first government department to have an EAP, Terblanche (2018, p. 506) maintained that "the South African Police Services (hereinafter referred to as SAPS) had initiated EA services to members of the SAPS already in the early eighties although named differently".

2.7.1. The Employee Health and Wellness Strategic Framework

The Employee Health and Wellness Strategic Framework (EH&WSF) formalised the concept of employee health and wellness (EH&W) in the South African public sector. The formulation of the EH&WSF has reaffirmed the government's commitment to supporting a healthy work environment. Launched in 2008, this framework is a strategic document with the objective to benchmark the provision of uniform EH&WPs. The framework promotes the uniformity of employee assistance and employee health and wellness interventions as it lays out core functions and key initiatives through which these functions are to be facilitated (DPSA, 2008). This framework came into effect years after EAPs were implemented (Terblanche, 2018). This framework draws from numerous international instruments which advance the improvement in occupational health and safety. It also considers local and international best practices in the EH&W field (DPSA, 2012)

The framework consists of four functional pillars which are a) HIV and AIDS, STIs and TB management, b) Health and Productivity Management, c) Safety, Health, Environment, Risk and Quality Management (hereinafter referred to as SHERQ) and d) Wellness Management (DPSA, 2012, p.3). The implementation of these pillars according to the DPSA (2008, p.14) was to be driven by four process pillars which are a) capacity development initiative, b) organisational support initiatives, c) government initiatives and d) economic growth and development initiative.

The first pillar is about disease management in light of the prevalence of numerous epidemics that also affect employed persons. HIV, AIDS and tuberculosis (TB) remain some of South Africa's health concerns. Hence, this pillar proposes effective management of the spread of these pandemics and the acceleration of access to treatment (DPSA, 2008). Health and productivity management on the one hand focuses on the management of non-communicable diseases such as chronic diseases of lifestyle, occupational injuries and diseases, cardiovascular diseases, diabetes and others that can be life-threatening (DPSA, 2012, p. 12).

Occupational health education and promotion become imperative in addressing those issues which influence absenteeism, poor production and an increase in medical costs.

Safety, Health, Environment and Risk Quality (SHERQ)

> Deals with the intangible and tangible factors of safety, health, environment, risks and quality management for purposes of optimal occupational health and safety of employees, the safety of citizens and also the sustainability of the environment, the management of occupational and general risks and quality of government products and services (DPSA, 2012, p. 13).

This pillar requires the organisation's executive leadership to take responsibility for providing a safe environment for all employees and reducing injury risks. Wellness management on the other hand proactively addresses individual and organisational wellness which may include psychosocial and physical wellness that can help curb the effects or the development of diseases that have a long-term physical and emotional impact (DPSA, 2012). The DPSA (2012, p. 14) further declares that "the Wellness Management pillar will be best implemented through the use of SOLVE programme. SOLVE is an interactive educational programme designed to assist in the development of policy and action to address health promotion issues at the workplace".

With regards to the implementation of this conceptual framework, Terblanche (2018, p.513) notes:

> It however needs to be recorded that unfortunately there is very little consistency amongst different government departments about the implementation of the prescribed model. In practice, some departments are striving towards the implementation of the prescribed model, whilst others are structurally dealing with the EAP as they deem fit.

Bhoodram (2010, p.11) made the observation that "several Public Service Departments have established EAPs, but are experiencing difficulties in their programme". This observation implies that there are several factors tied to EAP other than merely having a strategic framework in place and there are many important issues to be considered such as monitoring and evaluation of the programme to ensure that the programme is effective and serves the purpose for which it has been designed. One fundamental observation that has been made

about EAPs in the public sector has been the lack of evaluation of the programme (Bhoodram, 2010).

2.7.2. The legislative framework for EAPs

The dawn of democracy in South Africa saw a reform in several laws, some of which address workplace issues and have shaped how labour matters are handled. According to Cameron (2010), labour law reform in the republic was part of the transformation from apartheid bureaucracy to constitutional democracy. Although none of the reforms have culminated in the formulation of any EAP specific laws, some of the South African labour laws form a good foundation for EAPs to exist as this legislation somehow compels employers to create and sustain enabling work environments as they provide an indirect mandate to workplaces to provide EAPs. The statutes include but are not limited to the following: The Mental Health Care Act, Act No. 17 of 2002, the Occupational Health and Safety Act, Act No. 88 of 1993, the Basic Conditions of Employment Act, Act No. 75 of 1997, the Constitution, Act No. 108 of 1996, the LRA, Act No. 66 of 1995 and the Employment Equity Act, Act No. 55 of 1998.

The Mental Health Care Act, Act No. 17 of 2002 (as amended) may not specifically address mental health in the workplace but it is still fairly important legislation because it acknowledges the impact of mental health issues on human functioning. This legislation applies to EAP because EAPs address a wide range of issues including mental health issues such as depression, stress, post-traumatic stress disorder (PTSD) and so forth. As employees are prone to mental illnesses such as depression emanating from some of the challenges they experience in both their work and personal life, mental health issues today remain among the top issues addressed by EAPs and EHWPs. This conclusion is supported by empirical data on the effect of depression which is believed to account for about 2.2% of South Africa's Gross Domestic Product (Bateman, 2014, p.28). This figure illustrates the fact that mental health issues are not "individual" issues but could have far greater implications if not dealt with and programmes such as EAPs can and do aid workplaces through their various services to curb the effects of conditions such as depression and other issues that may cause dysfunctional occupational behaviours which may hamper an employee's good performance.

The Occupational Health and Safety Act No. 85 of 1993 (as amended) is another piece of legislation that provides an indirect mandate for EAPs to exist. Section 8 (1) of this Act states that "every employer shall provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of its employees". The OHSA

places a legal duty on employers to ensure the health, safety, and welfare of employees through the provision of a hazard-free work environment. A healthy environment is a fundamental right and one that is legislated through s24 (a) of the Constitution, Act No. 108 of 1996 which states that "every person has the right to an environment that is not harmful to their health or wellbeing" and thus it is essential for workstations not to contravene this Act by being an unfavourable working space for employees. Ideally, workstations should be free from any form of occupational hazards. These hazards may also be emotional, for instance, workplace bullying, occupational stress, burnout and so forth. It is therefore essential for an organisation to be humane towards its workforce because employees are human beings who sometimes battle with maintaining a work-life balance.

EAPs are some of the programmes that can assist organisations in ensuring a healthy work environment. This programme is important because some employee problems have been shown to have negative repercussions which can translate into compromising safety and health. It is therefore, crucial to counteract the negative impact that these problems might have on the workforce and the organisation. This statute somewhat acknowledges that it is not always practical to focus only on personal problems as they can impact on job performance. Bophela and Govender (2015) argue that EAPs are valuable business strategies that provide many services to enhance overall organisational performance. Nevertheless, employees need to meet the employer halfway by complying with whatever attempts are made to help restore their functioning that might be hampered by the social environment.

Like the above-mentioned statutes, the Labour Relations Act, Act No. 66 of 1995 promotes fairness in all matters through the promotion of employee participation in processes, the right to representation, and ascertainment of the degree and cause of incapacity. In instances where ways can be explored to remedy the situation other than dismissal, the Act states that such means must be explored such as the provision of reasonable accommodation. For example, in instances where an employee sustained injuries in the line of duty, as this form of incapacity is a no-fault, it may be possible for the employee to be moved to a less intense environment or duty. The Act advocates for the exploration of alternative interventions short of dismissal and requires employers to investigate the extent of the injury and incapacity before appropriate measures can be executed to remedy the situation. According to Schedule 8 of the Labor Relations Act No. 66 of 1996, occupational incapacity is a serious matter and one where the courts have emphasised that the responsibility lies with the employer to as far as is reasonably possible accommodate that particular employee. Referral to employee assistance

programmes is another alternative as some causes of incapacity may require counselling and rehabilitation instead of dismissal. These programmes can help remedy the situation and simultaneously offer some kind of win-win situation as the employer is provided with an opportunity to address a situation that could have negative ramifications and at the same time ensure compliance with provisions of this Statute.

2.8. Problems addressed by EAPs

The concept of problems appears to be widely used in workplace-based programmes as it is also applied in fields like occupational social work. Using the ecological approach as a conceptual tool, Du Plessis (1990, p. 203) argues that OSW and EA practitioners may view their input in terms of two broad spectra of problems; individual and occupational problems which are best viewed using this approach. "Within the ecological approach people's problems are viewed beyond the analogy that they reflect some maladaptation within the individual, instead they are viewed in the context of an interaction between people and the environment" (du Plessis, 1990, pp. 202-203). This conceptual framework is important because some scholars maintain that the work setting can contribute to deterioration in employees' mental health (Attridge, 2019; Mahlangu 2021). Attridge (2019, p. 3) further argues that "there is now substantial evidence linking work design, certain working conditions and the larger workplace culture to employee mental health and job performance".

That statement does not imply that employees' mental health or deterioration in mental health is due to workplace issues but it cannot be denied that the workplace can be a source of employees' stress (Mahlangu, 2021). Some of the contributing factors to poor mental health could be from outside the work environment and if left unattended these problems may pose a threat to employees and the organisation because as they escalate, it becomes more difficult to address them (Mazantsana, 2013). An employee whose problems had spiralled and spilt over into the workplace were/are called 'troubled employees' and this term has been and continues to be a commonly used term. Like EAP, the definition of troubled employee/s varies and there seems to be no unanimous definition as some authors understand a troubled employee as an employee who makes use of an EAP while Myers (1984, as cited in Mazantsana, 2013) argues that some troubled employees may not have known troubles but show diminished work performance.

The causative factors may not be deliberate and numerous issues that exist within the environment or in the person could play a part in an employee's behaviour, for instance,

substance abuse, marital problems, health issues and so forth (September, 2010). However, employees may also be troubled by issues that stem from within the organisation such as lack of motivation, burnout, lack of working tools and many others. This assertion is supported by a study reported in the City Press (July 10, 2016) that found that striking a balance between personal and work matters may sometimes be unmanageable for some or might have far more compelling repercussions specifically for women with children. According to studies reported in this article, stringent work-life stressor may suffocate the female employee and contribute to diminished life satisfaction. In an attempt to balance work and personal life, some female employees may find themselves less content and the World Happiness Report (as cited in Kennedy-City Press, July 10, 2016, p.6.) reports "South Africans with children are less content with life than their childless peers". In essence, children add to the concerns that these people might have and their outlook on life as some may be torn between looking after their sick child and delivering on expected deadlines at work. Kennedy (2016) however, argues that these challenges are more prevalent in more affluent countries than in developing countries such as South Africa.

2.8.1. Individual problems

According to Du Plessis (1990), individual problems are those that usually come about whenever there are social issues, for example, substance abuse and family problems such as divorce. However, some problems such as substance abuse are not always individual in that they could be triggered by workplace-related problems and employees may resort to alcohol as an ineffective coping mechanism. As much as some of these issues are viewed as individual problems, the reality is that some are entrenched in the broader context within which they exist. For instance, Atkinson (2007, as cited in Botes, van der Westhuizen & Alpaslan, 2014) recognised that alcohol use and abuse are considered as a habitual lifestyle in South Africa and this lifestyle is endorsed through actions such as advertising and the availability of alcohol as an easily accessible and legal beverage for all persons above the age of 18 years. According to Matzopoulos et al., (2014, as cited in Burnhams & Parry, 2015, p.496) substance abuse cases have generated intangible costs to the country's GDP and in 2009 these costs stood at 10, 2% while intangible costs amounted to R37, 9 billion which is equivalent to 1, 6% of the GDP.

These figures show that while strides have been made to ameliorate the effect of substance and alcohol abuse in the workplace, they remain amongst the critical issues that EAPs ought

to address as they have been found to be the third leading risk factor for death and disability (Burnhams & Parry, 2015). In contrast, a South African study conducted by Mazantsana (2013) in Eastern Cape found financial problems and indebtedness to be at the top of problems that spilt over into the workplace, while marital issues was the second leading problem. Substance abuse was also found to still be a cause for concern as 41 (38%) of respondents in the study stated that there was a tendency for substance abuse to affect job performance. While some employees may not access the EA programme because of substance abuse-related problems, it remains a cause for concern in some contexts despite the dearth of evidence-based data to back-up or explain the impact of alcohol use/abuse on workplace production. A research study conducted at the Department of Education (DoE) of the Motheo district in the Free State Province discovered that psychological problems and family relationships were the leading problems experienced by employees (Rakepa, 2012). All the above-cited studies illustrate the uniqueness of each employee/organisation and the diversity of problems faced by employees daily.

The individual problems referred to in this segment are not exhaustive and each problem should be treated as an important variable in an employee's life. Consequently, workplaces need to be nurturing environments that not only recognise the existence of such problems but address their root causes. There is also an optimistic expectation or assumption that employees should leave their personal problems at home and their work problems at work. This expectation is the ideal rather than the reality. Mazantsana (2013) argues that people are not automatic beings like an automatic car that can change gears as they do not have an automatic switch to turn their personal and occupational problems on and off and at times these problems influence one another and cannot be easily left behind at home or work but they linger with the person (Jantjie, 2009). In essence, these problems should be viewed and addressed holistically which is amongst the challenges with which South African EAPs are battling (Senoamadi, 2006).

Thus, Du Plessis (1990, p. 213) argues that "if an EAP is functioning well it should keep its fingers on the pulse of the individual, group and organisational well-being and feedback valuable information for systemic changes both within the workplace and beyond". The argument here is that EAP should move away from the medical approach and adopt a development-oriented stance, one that does not look at one system but at all systems in relation to one another. EAPs can effect change through a comprehensive examination of the interplay between employees, the work organisation and the environment.

The over-reliance on the individual or rather on medically oriented interventions omits the important role played by the greater environment and it creates a narrow focus. Hence, addressing the individual may not always yield the desired outcomes. This notion is synonymous with the analogy of a sick fish in muddy water which is demonstrated in this manner, "if you take a sick fish out of a pond, clean it and then put it back in the same water, it will get sick again" (Bouwer, 2009, p. 292). This analogy fits well with the metaphor of a fish for the troubled employee, i.e. referring an employee who battles with substance abuse to a rehabilitation centre for him/her to return to the same environment that could possibly have triggered the substance abuse, creates a vicious circle. Thus, Senoamadi (2006) maintains that a dogmatic focus on changing the individual creates a vacuum for a resurgence of the problem. The sick fish analogy essentially calls upon EAPs to move away from partially addressing problems to comprehensively addressing other systems that have shaped the employee and contributed to the debilitating 'fish' (employee).

2.8.2. Occupational problems

The second type of problem is referred to as an organisational problem which includes problems that come about as a result of an encounter between the employee and the workplace as an environment (du Plessis, 1990). This perspective assumes that the person is an employee and acknowledges that sometimes poor or deteriorating job performance is not always a result of individual problems but a result of problems that come about because of the work environment, for instance, gender discrimination, burnout, poor remuneration, safety risks, sexual harassment, change within the work organisation (restructuring), unfavourable work conditions, autocratic supervisors/management styles and so forth. Furthermore, Gatchel and Schultz (2012) maintain that high job demand for job performance and excess workload are some of the factors that contribute to occupational stress.

Occupational and individual problems indicate that human problems can never be compartmentalised but are complex phenomena that are integral to human functioning. The home and work environment might have a different set of rules, goals, objectives, values, norms and so forth, but an imbalance is sometimes almost inescapable and may be a source of employee problems (Terblanche, 2011). These problems may voluntarily or involuntarily propel an employee to be absent from work or be less productive and the terms used to describe these kinds of behaviours are absenteeism and presenteeism (respectively). Among a host of causative factors, healthcare issues such as illness and psychological disorders such as

depression are considered to be some of the causes of absenteeism and presenteeism and women are believed to be more inclined to develop these disorders than men. According to Korb (2015, p. 1), the World Health Organisation (hereinafter referred to as WHO) predicted that by 2020 depression would be the second most important contributor to the global health burden of all diseases and in the workplace, it is among the top mental health issues addressed by EAPs (Attridge, 2019). However, absenteeism and presenteeism are often misunderstood and from a management point of view are regarded as deviant behaviour by an employee. This oversight tends to have negative consequences because it is not always a result of one's disobedience and may result in employees not receiving the right attention that would otherwise have helped the situation.

2.9. The referral system

According to Attridge (2009), appropriate referral to EAP is an important and necessary part of EAP service, particularly for clinical interventions. Sonnenstuhl and Trice (1986, as cited in Naicker, 2002) argue that there are two main strategies used to motivate employees, namely constructive confrontation and counselling. Constructive confrontation is described as a management strategy that is used by management to encourage employees who are not performing well to make use of the programme. Constructive confrontation entails a form of conscientisation by the supervisor to the employee wherein the employee is informed about the reality of dismissal if productivity does not improve (Masi, 2011). This technique may propel an employee to seek professional help as there is knowledge of the possible consequences of decreased productivity. Like any intervention strategy, this method is known to have its weaknesses one of which is the likelihood that there might be late detection of the problem.

September (2010) argues that some supervisors and managers may not be competent enough as they may lack the required skills to detect the symptoms and warning signs that present in troubled employees. Thus training may help supervisors acquire the required skills and competencies to identify an employee who may need assistance (du Plessis, 1990). A study conducted by September (2010) in the Cape Winelands found that some managers and supervisors tasked with the responsibility of dealing with 'troubled employees' and executing constructive confrontation struggled to carry out their responsibility due to a lack of relevant skills which has been cited as a matter of grave concern. This discovery then suggests that late detection of employee problems that have spilt over into the workplace is likely to be a

common occurrence and probably not only in the area of September's study but in other organisations as well.

This assumption directs one to the importance of having skilled managers and supervisors as late detection could have negative ramifications for an organisation. Hence, Nel et al. (as cited in Mazantsana, 2013) argue that managers as important role players should have the necessary assessment skills that would enable them to identify symptoms of diseases such as alcoholism before these problems impact productivity. The possession of assessment skills by managers and supervisors could lead to early detection and referral to professionally trained people who can assist that particular employee. Constructive confrontation is, in essence, a form of involuntary or management imposed referral which is motivated by diminished work performance (Masi, 2011). Despite managers and supervisors identified as the important role players in the identification of employee problems, Mazantsana (2013, p.81) found that many supervisors (about 41, 38%) hardly noticed when their employees had problems, 6, 9% stated that they never noticed and another 6, 9% indicated that they noticed.

The same study also found that employees were less likely to tell their supervisors when they had personal problems as most of the respondents reported that they solved their own problems while others preferred confiding in their friends and significantly fewer stated they would consult a social worker or their supervisor. However, respondents had some degree of confidence to approach supervisors and co-workers when they had occupational problems with 25, 33 and 55, 50 % (respectively) (Mazantsana, 2013, p. 80). While these findings may not be generalised beyond the study population, the findings are still relevant to the EAP field as they provide a frame of reference on factors that influence EAP utilisation i.e. referral. Another South African study conducted by Mugari et al. (2014) found that 21% of referrals were management imposed. This form of referral is not desirable as it erodes participants' sense of ownership or self-determination and may potentially influence the success of the intervention.

Voluntary or self-referral is the ideal form of referral but often not used by employees. (Csiernik, 2012) maintains that this form of referral should be encouraged because it has an element of ownership by the service recipient. It shows a sense of ownership in that the service seeker acknowledges that he/she has a problem that if not dealt with might have far-reaching consequences. Under-utilisation of the programme suggests that there is something or there are certain aspects of the programme that are not being implemented appropriately.

Jantjie (2009, p.107) in reference to a study by Terblanche (1992) that found that EAP was not used to its fullest potential, argues that "the study suggests that EAPs in SA lack operational specifics such as comprehensive training for managers, union representation, and development of a sophisticated recordkeeping system that enhances confidentiality and staffing of the EAP by personnel with appropriate experience".

2.10. EAP models

The proliferation of EAPs across the globe brought about an evolution of service models which somewhat reflect the transformations in this field of practice (Kurzman, 2013). Consequently, EAPs can be delivered through several operating models namely, internal, external, blended/hybrid, union-based or 'free' models and EAP affiliates (EASNA, 2009). Operational EAP models used by organisations are complex, adaptable, have different elements and there is no 'pure' model of the programme as the different elements are applied in organisations according to their needs. The provision of the programme through these models evolved from the development of EAP as EAPs initially adopted an internal model (Attridge et al., 2009a). Govender and Terblanche (2009) state that the models have become sophisticated throughout the evolution of the programme and t choice is strongly influenced by numerous factors including the size of the organisation, the mission, vision, strategy, shared values and many other factors. None of the models is "best" but rather appropriate for certain organisations and some models found in some organisations cannot be replicated in another organisation because of the variations in individual and organisational characteristics (Bhoodram, 2010). Moreover, some components found in some models cannot be completely excluded as they may carry benefits for the next organisation. The internal model is said to be the original EAP model which is predominantly used in large corporations or the public service (Terblanche, 2018). The prevalence of this model in South Africa is unknown as there is a paucity of empirical data about EAPs. Nonetheless, these models present their unique advantages and disadvantages and organisations can use their strengths and weaknesses to select the best model to suit their needs.

2.10.1. The internal model

In the internal model, organisations often employ clinical employees who work full-time for the same organisation for which they provide EAP services (Sharar et al., 2013; Terblanche, 2018; Terblanche, 2011). The model may be structured differently across workplaces but may include a full-time programme director, clinical professionals and some administrative staff

to attend to the administrative components of the programme (EASNA, 2009). This model is said to be mainly used by large corporations, government functions as well as universities and colleges. Internal EAPs entail key attributes that often differentiate them from other models of EAP rendition. The key attributes include: the presence of a programme management team and clinical staff working full-time, the provision of services on-site, programme marketing through worksite events and educational training which in turn promote the visibility of the EAP, high utilisation rates among employees and credibility among supervisors and managers (EASNA, 2009).

2.10.2. The external model

The evolution of the programme has seen a shift away from the traditional model and towards external and hybrid models (Leon, 2012). Coupled with the proliferation of external EAPs there has been a proliferation of EAP contractors/vendors in the country (Bhoodram, 2010). The external model refers to an EAP that is contracted with an external service provider who renders services to the organisation (Terblanche, 2011). The programme is still sponsored by the organisation that has entered into a contract with an external EAP provider (Sharar, et al., 2013). However, within an external model, there is a minimal onsite presence of the service provider (EASNA, 2009). Moreover, the vendor (service provider) from which the EAP is purchased is a commercial entity that has a bottom line to achieve and may provide services to more than one organisation, a practice which can be critiqued as it may compromise the quality or intensity of the service.

Organisations that use this model do not have to concern themselves with human resources to provide the services as the external service provider employs the clinical staff that provides services to the organisation. One other attribute is that there is limited visibility and marketing of the programme with this model. It also promotes other means of counselling such as telephonic counselling which is not the 'conventional' form of therapy but convenient in crises as face-to-face counselling may require prior arrangement. This model may guarantee some confidentiality (EASNA, 2009). The external model is varied and some of the variations include; *the contract model*, *the consortium model*, *EAP affiliates* as well as the *hot-line model*. However, for this research study these types of external models are not elaborated (Bhoodram, 2010).

A study conducted at the Motheo district Department of Education (hereinafter referred to as DoE) found that most respondents preferred an external EAP over an internal one and a

significantly low percentage (about 10%) preferred a hybrid model (Rakepa, 2012). The rationale for the preference of an off-site EAP over an internally provided programme is said by Rakepa (2012) to be perceived confidentiality and privacy with an external provider. Consistently, confidentiality and trust are emerging as sensitive issues that influence the preference of the external model, with some participants being reluctant to use their wellness programme due to confidentiality and trust concerns (Rakepa, 2012). Hence Csiernik (2003, as cited in Dipela, 2016) argues that an EAP should facilitate easy access to services providing anonymity where possible and always maintaining confidentiality.

2.10.3. The hybrid/blended model

The third EAP model is called a hybrid or blended model and it has to do with the employment of a coordinator to act as a conduit that links 'troubled employees' with external resources or an external service provider (Attridge, 2009; EASNA, 2009). This model offers organisations the opportunity to select and customise services to suit the organisation (Govender & Terblanche, 2009). According to Govender and Terblanche (2009, p.399), blended EAPs have gained popularity in the Buffalo City Municipal area with 66, 6% of the organisations featured in their study reporting that they had a blended EAP. Bhoodram (2010) also maintaining that there has indeed been a proliferation of the blended model. The move towards this model is motivated by its flexibility as employers can combine elements of an internal and external model in a way that meets that particular organisation's needs (Sharar et al., 2013). This model enables workplaces to be on par with the complexities of modern work environments. The move from one model to the next is a clear indicator that no model is a one size fits all but shows that EAPs are flexible programmes that can be designed to fulfil the needs of a particular organisation. Madron (2012) asserts that a homogeneous approach to EAP may not be practical due to variations in the individual's needs, provider's characteristics and national culture. Thus Sharar et al. (2013, para. 1) echoed this viewpoint by stating that "although the merits of these models have been discussed and debated there is little evidence to suggest that one model produces superior workplace outcomes".

The blended or hybrid model seeks to balance both the internal and external model, for example, the provision of 24-hour services which would not have been possible with an internal model (EASNA, 2009). Confidentiality is also perceived to be guaranteed with this model.

2.10.4. The advantages and disadvantages of the different models

The above-mentioned models have advantages and disadvantage and Drury (n.d.) argues that one of the advantages of the 'original' EAP model is that managers are likely to refer employees and it has been found that this model provides a platform for effective identification of employees with substance abuse. Some of the advantages of an internal EAP model are delineated by Sharar et al. (2013) as follows:

- Ownership of the programme lies within the organisation.
- Knowledge of the organisation and its culture.
- Greater communication within the organisation.
- More credible with some supervisors.
- Assessments can be made in the context of organisational systems.
- Can offer mediation services.

However, the major shortcoming is the perception that confidentiality is not guaranteed. Confidentiality is a sensitive issue and it is a fundamental EAP principle. Drury (n.d.) further argues that internal EAPs offer a limited array of services. Some of the disadvantages of an internal model are that the model is more applicable in large organisations that can justify the need for full-time personnel. Also, the assessment process is likely to be subjective because the EAP personnel also work for the organisation. Internal EAPs are said to be more credible with supervisors and the latter are likely to refer employees. Moreover, containment of emergencies can be done faster within an internal EAP than it would be with an external EAP especially in areas where there are inadequate infrastructures such as remote rural areas.

Comparatively speaking, external EAPs offer comprehensive services and the perception of guaranteed confidentiality. The perception of confidentiality with an external EAP could be because most services, particularly counselling services, are provided offsite by a person who usually does not share ties with the organisation or the individual seeking help (Bhoodram, 2010; Pillay & Terblanche). The perception that an external person fosters confidence in the confidentiality of the programme can be attributed to the fact that offsite counselling offers more privacy, unlike in an internal model where there is the likelihood that fellow employees might know that a certain employee is attending the programme. The costs attached to adopting this EAP model are reported to be lower in comparison to having a full-time EAP staff (Sharar et al. 2013). There is objectivity with this model as the external provider may

not be concerned with or engaged in the politics of the organisation and the career of the providers is not tied to the organisation.

Like the internal model, there are disadvantages of adopting this model which include amongst others: the likelihood of reluctance by some employees and management to deal with an external person. One other downside of an external EAP is that it may be a challenge for the external person to establish rapport and gain the trust and confidence of service users (Bhoodram, 2010). The major disadvantage of adopting this model is that it may be difficult to gain access to information, understand the power structures and dynamics within an organisation, as well as determine the points of entry into decision-making processes (Naicker, 2002). Practitioners who provide EAP services under this model could be viewed as 'outsiders' and this label could potentially taint the relations and some employees and supervisors may not be comfortable with an 'outsider' handling their business (Bhoodram, 2010). Moreover, external EAP providers may not really care about the well-being of the employees they serve because one of the primary aims of the provider's existence is profit-making. On the flip side though, this form of EAP provisioning may be a convenient alternative i.e. 24 hours access through call centres (Attridge, 2009). For face-to-face interventions such as counselling, the disadvantage would be that the services may not be easily accessible during working hours due to not having an onsite stall and it could be difficult to locate a provider in some rural areas.

Furthermore, Sharar et al. (2013) argue that there is currently limited evidence to suggest that one model produces superior workplace outcomes as they all have strengths and weaknesses. Also, because workplaces have different needs, this factor might pressure them to choose one model over another. Bhoodram (2010) claims that if the advantages and disadvantage of any of the models were to be compared, there would be no clear winners. However, Bhoodram (2010) maintains that some of the models could work better for some organisations i.e. the internal model could work well with larger organisations that can justify and afford a full-time staff and the external model could probably be more appropriate for small and medium-sized institutes.

2.11. Channels of EAP provision

EAP is provided through various channels such as telephone, face-to-face sessions, and web-based technologies (Attridge, 2009). Telephonic counselling, online live chat and online lifestyle coaching are said to be the newest channels and approaches to EAP (Mahieu &

Taranowski (2013). In a survey of 24 EAP providers, Mahieu and Taranowski (2013) found that the duration of most telephone calls undertaken by the intake staff were rather brief. This finding makes the channel questionable or the commitment of the person providing the service to the client because, in reality, it is not possible to conduct an assessment in such a short timeframe. Moreover, the telephonic channel is disadvantageous in that the person on the other end (therapist/counsellor) cannot see the actions and emotions of the client which might reveal more than the verbally articulated communication when compared to one-on-one communication. Face-to-face contact between a client and a therapist enables the therapist to utilise various skills such as observations, probing, reaching for feelings, and so forth that help in facilitating the helping process.

Although the telephonic channel of EAP provision presents some disadvantages, it is viewed or identified as the preferred and most commonly used channel. A study conducted by the NGBH (2008, p.11) found that 98% of respondents accessed the EA programme via telephone, while in-person contact accounted for 88% and internet contact accounted for 64%. This finding is a significant and suggests that some people find the telephonic channel to be the most convenient way of accessing the programme and it essentially lays the ground for further channels such as one-on-one contact. However, the efficacy of the channels remains unknown as there is a dearth of empirical data.

2.12. EAP benefits and costs

Mogorosi (2009) argues that even though EAPs may be viewed as a humanitarian effort, the programme rationale from an employer's standpoint has always been commercial. The economic influencers include a reduction in healthcare costs as these costs are among the fundamental challenges facing numerous work organisations, namely, to be efficient and maximise profits through dealing with problems that impact on productivity (Dawad & Hoque, 2016; Naydeck et al., 2011). Other economic motives include the following: to reduce absenteeism because of sickness (Courtois et al., 2004; Ranjin, 2012, p.2), for compliance purposes and for efficiency (Dawad & Hoque, 2016). EAPs are essentially a viable alternative to contain and reduce costs associated with problems/ issues that pose a threat to productivity (Benavides & David, 2010). Albeit initially designed for economic reasons, EAPs present some additional gains for both employees and work organisations.

Some of the benefits of the programme for corporations are that it reinforces basic management practice, enhances the corporate image, reduces arbitrations and grievances, and

reduces absenteeism, among others (Dawad & Hoque, 2016; Crous, 2016; Jantjie, 2009). The fundamental EAP benefit for employees is that they receive assistance in resolving their problems at no cost which indirectly helps them in retaining their jobs. Some of the non-commercial benefits include: an enhancement in relations among co-workers and employees may potentially regain their self–respect and trust (Mazantsana, 2013). Rajin (2012) also argues that EAPs could be used as a strategic retention tool as they have been found to enhance productivity, and result in a decrease in medical expenses. At an individual level, EAPs have shown positive clinical outcomes, increased ability of employees to deal with stress and enhanced individual well-being (although the individual benefits are not limited to these aspects). In some American and South African studies, EAPs have shown benefits and resulted in improvement in the following areas: absenteeism, presenteeism, job performance, overall life satisfaction, workplace distress, depression symptoms and substance abuse, lower staff turnover, decreased healthcare costs, employee morale and motivation, and return on investment (although in South Africa there are scant scientific data to support ROI) (Attridge, 2019; Lodewyk, 2011; Mazantsana, 2013; Merrick, 2011; Sharar & Lennox, 2014).

Mazantsana (2013) however, asserts that in South Africa the biggest benefit for employing organisations is that EAPs aid with conforming to the LRA (108 of 1996) Code of Good Practice and essentially protect organisations against litigation for non-compliance. Govender (2009) takes this point further by arguing that since the emergence of the DPSA, implementation of EAPs in the South African Public Sector is more of a compliance issue than one would like to believe.

The following statement supports this perspective:

> The researcher has observed that the intention of EAPs in the public sector has been influenced by instructions from the Department of Public Service and Administration (DPSA) and is subject to increasing pressure to comply with the Occupational Health and Safety Act (85 of 1993) and Labour Relations Act (108 of 1996) rather than implementing EAP services guided by employees' needs and EAP professional standards (Metsing, 2015, p. iv).

Although EAPs present benefits, the programme has not completely eradicated some of the costs that work settings incur due to occupational and individual problems that spill over to the work environment. According to Attridge et al. (2009b), the costs that can be incurred by workplaces are threefold, namely: direct, indirect and intangible costs linked with some of the

problems that employees encounter that might affect productivity. Indirect costs are believed to be far more severe than the costs of medical health treatment (direct costs). Direct costs as the term suggests refers to costs incurred due to medical treatment of a condition, while indirect costs are those that cannot be calculated and attached monetary value but are costs incurred due to an employee's inability to perform optimally at work (Kline & Sussman, 2000). Examples of indirect costs include accidents, absenteeism, and reduced work performance. Even though there are some data on the direct costs, there are still not enough data to make definitive conclusions.

The latter are termed intangible costs because it is not possible to quantify the effects but simply refers to the effect that the problem has on a person's quality of life and its effects on other people with whom the person relates such as friends, colleagues, family and others. In essence, the costs are all important and none should be taken for granted because they affect the employee as well as other systems such as the workplace and family.

2.13. Criticisms of EAP

Although the newly repackaged programme is considered to have had positive outcomes for employees and work organisations, like its antecedent, it is believed to be stuck in the past by maintaining or applying methods and techniques that were relatively non-progressive i.e. adopted a medically oriented focus on individual counselling and to a lesser degree on meso and macro interventions. (Attridge et al., 2009; du Plessis, 1990; Pillay & Terblanche, 2012). This contention is somewhat inconsistent with what is stated about modern EAP as they are viewed as entailing meso-macro interventions. In order to support this argument Pillay and Terblanche (2012, p. 231) claim that "in the evolution of South African EAPs there is still a tendency for organisations to focus primarily on the individual (which includes the family), and to a lesser extent on the organisational environment or even the broader community".

EAPs adopting a medical model present a risk of categorising employee problems as private rather than acknowledging the possibilities of external factors (Du Plessis, 1990). Maiden (2001, as cited in Bhoodram, 2010) argues that South African EAPs are perceived as the social conscience of the organisation but most EAP services are still trapped in the first position of the Occupational Social Work Practice Model (which is predominantly clinically oriented). The reliance on the remedial approach may be attributed to practitioners' professional training and the history of adopting the medical model within helping

professions. For instance, most of its interventions are on the micro-level i.e. they identify and assess workplace mental health, physical health, marital and family issues and so forth.

Another critique levelled against EAPs is the concept of return on investment (ROI) which according to Leon (2012) made some businesses rethink or be reluctant to invest in EAP. Keet (2009, p. 63) maintain that "returns can take on different forms, some of them relatively intangible", while EAPs are without a doubt essential in modern workplaces considering the numerous challenges faced by employees today which tend to rationalise EAP implementation/use. The question whether investing in an EAP will translate into a financial return on investment is a contentious one, especially in the Public Sector. The lack of scientific evidence to support this assumption makes it difficult to conclude that EAPs, as asserted by some scholars, do indeed translate into a fiscal ROI. According to Keet (2009, p. 86) "the determination whether Employee Assistance Programmes are having the desired impact on workplace productivity, in essence, requires such a partnership between the behavioural and financial sciences". Moreover, the measures that can be applied to assess organisational behaviour in financial terms as suggested by Cascio (1982, as cited in Keet, 2009, p. 86) include absenteeism and sick leave, employee staff turnover and disciplinary action.

Hence, quantifying returns becomes a complicated undertaking, especially because an EAP "typically has the potential to impact on social indicators like employees' quality of life, employee morale and improved decision-making, but that these aspects may be too difficult to translate into monitory terms" (Keet, 2009, p. 69). From the literature reviewed in this chapter, there is no single study that produced data to support that implementing EAPs does produce a ROI, especially in the Public Sector. Moreover, there is no iron-clad guarantee that EAP/EH&WP implementation will automatically translate into a ROI. This narrative is however different in other countries where there is scientific evidence to support the notion of ROI.

2.14. EAP/EH&WP debate

Employee health and wellness programmes (EH&WP) are successors or an extension of EAPs that have been adapted from EAPs to meet current occupational needs and standards. Like EAP, EH&WP does not have a universally accepted definition but as the acronym suggests, the focus of EH&WP is health and wellness (Mattke, 2013). DeVries (2010, as cited in Pillay & Terblanche, 2012, p. 229) provides this description: "Employee wellness

programmes are comprehensive strategies and interventions that promote the physical, emotional and mental health of the whole person and therefore, EAP and HIV/ AIDS workplace programmes are components of a workplace wellness strategy". Hence, by default EAP is regarded as a sub-component of EH&W and in South Africa, the EH&WSF reinforces this concept as EAP is a sub-category of one of the four functional pillars (Terblanche, 2018).

According to Anderson and Louw-Potgieter (2012), EH&WPs have a lineage towards disease management with a particular focus on pandemics such as HIV and AIDS. This programme (EH&WP) also integrates promotion and prevention services, training and development among its interventions (Gatchel & Schultz, 2012; Manamela, 2010; Rakepa, 2012). The services or interventions encourage lifestyle adjustments by inculcating pro-active behaviour. However, EAPs and EH&WPs seem to apply the same if not similar conceptual tools and intervention modalities to advance the improvement in employee functioning. EH&WPs are said to be more holistic than their narrow-focused antecedent (EAP) as these programmes shift away from foregrounding employees as the predominant client but rather offer holistic interventions with a strong emphasis on physical and mental health issues (Makgato, 2016). However, for EH&WP to fully discharge its interventions and responsibilities, these programmes require a multidisciplinary team (van Breda, 2009), requiring an investment in human resources.

Against this backdrop of EAP history, models and benefits, the following section describes the theoretical lens framing the study.

2.15. Theoretical framework

This research draws from the Health Belief Model (hereinafter referred to as HBM) to understand the perceptions of DSD employees. According to Silic et al. (2018, p. 189), HBM is "a psychological model that attempts to explain and predict health behaviours and is one of the best known and widely used theories in health behaviour research". This model is said to be predominantly used in or when establishing strategies for health promotion and it predominantly focuses on individuals' perspectives of health issues (i.e. disorders/diseases) and the positive and negative factors that influence their decision to take action on that issue. In essence, this model focuses on the individual's beliefs or perceptions and to a less degree on external factors. According to Bolaugh (2019), the HBM is the brainchild of Godfrey Hochbaum, Irwin Rosenstock and their colleagues from the United States Public Health

Service who sought to fathom the intrinsic motives trigger people to utilise (access) or not to use public health programmes. Although this model seems to be focused on public health, the researcher is of the view that it can be applied to workplace interventions such as EAPs as they seek to mitigate the effects of some public health issues i.e. diabetes, HIV and AIDS, mental health issues (which can be aggravated by work demands) and others, plus some EAPs also have disease management interventions/ programmes.

The HBM considers six concepts that may sway an individual to seek help or elect not to take action on an issue and these concepts are listed in the below table with brief definitions which are extracted from Kahaleh and Truong (2021, p. 7).

Table 2.2: Key concepts of the HBM

No.	HBM concept	Definition
1.	Perceived susceptibility	Beliefs about chances of getting a health condition i.e. depression. ‘ It will not happen to me’.
2.	Perceived severity	Beliefs about the seriousness of a condition and its consequences. The person would think/believe ‘ it is not life-threatening/ I can handle it’.
3.	Perceived benefits	Beliefs about the effectiveness of taking action to reduce risk or seriousness. ‘ What evidence do we have that EAPs can help deal with depression?’ ‘Do EAPs have positive clinical outcomes?’ .
4.	Perceived barriers	Beliefs about the material and psychological costs of taking action.
5.	Self-efficacy	Confidence in one’s ability to take action or to solve their own issues. ‘ I am resilient or ‘ I have been through worse’.
6.	Cues for action	Factors that activate ‘ readiness to change’/being exposed to factors that prompt action such information about the

programme..

The above concepts are nicely summarised as follows:

> individuals are more likely to act on a health issue or participate in health programs if they believe that the issue will have a direct negative effect on them, believe that taking action will reduce risk and benefit their health, are aware of and exposed to the courses of action they can take, and have confidence in their selves to successfully improve (http://php.scripts.psu.edu/users/a/j/ajh6439/Essay.html).

According to Boslaugh (2019), these concepts need to be considered in whole because together these concepts influence a person's inclination to act or to stall. This model somewhat enhances the credibility of the intervention (provided the six concepts are considered during the needs assessment phase of programme design because an organisational needs assessment provides a picture of organisational risk factors to be considered and informs appropriate courses of action.

In short, the HBM posits that the adoption of health behaviours primarily relies on the above concepts which may be an oversight as there could be other factors (environmental) other than these factors that can influence an individual to take action or not to. So focussing on these concepts alone may unearth one-sided perspectives, plus these concepts or the perceptions generated using these concepts may be influenced by environmental factors. Nonetheless, the model would seem to be applicable in understanding employees' perceptions and experiences with the DSD hybrid EAP as the model focuses on individuals' perceptions of health-related interventions.

2.16. Conclusion

As described in this chapter, EAPs have come a long way from providing exclusively alcohol-related interventions to addressing a wide range of issues i.e. mental health issues, substance abuse issues and others. The programmes have been adapted to meet global standards and respond to the numerous changes in the work scene. EAPs entail unique features that differentiate them from other workplace interventions and to which they need to adhered. They are also known to have benefits for employees and the work organisation. In South Africa, the programme is a sub-category of the functional pillars contained in the EH&WHSF for the Public Service. Although there are no clear indicators or evidence of

return on investment, it is apparent that these programmes have benefits both at an individual and organisational level, although it is difficult to establish the extent to which these benefits outweigh the costs in public service EAPs. It is nonetheless commendable that workplaces have implemented EAPs because problems are unavoidable human features that need to be mitigated before they cause harm to both those experiencing those problems and the workplace.

The above literature indicates that there is a dearth of scientific evidence about South African EAPs particularly in the public sector addressing issues pertinent to the programme such as the costs and benefits (i.e. ROI) of the programme, programme implementation, the link between a good working environment and its overall performance, as well as monitoring and evaluation. It is therefore imperative for future research to be conducted in this field; that will enhance existing knowledge and possibly inform programme design and implementation. This chapter has examined and discussed the body of literature pertinent to the research study. The following chapter discusses the research design and methodological approach applied in this research.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

The previous chapters primarily focussed on the discussion of issues pertinent to EAPs. The process revealed a shortage of evidence-based research in the field of EAP particularly studies on hybrid EAPs in the public sector. For this reason, this research is important as it explored employees' perceptions in one of the public service departments. This chapter discusses the when, how, why, who and where aspects of the research including the research approach, research design, population and sampling, strategies for gaining access, methods of data collection, data collection instruments, data analysis, ethical considerations, the research experience and limitations of the study. The chapter further describes the rationale for the research methodology and design employed in this research.

3.2. The research question, aim, and objectives

The primary research question that the study sought to answer was:

What are the perceptions of managerial and non-managerial employees from the Department of Social Development (DSD) Gert Sibande District, Mpumalanga regarding the perceived effectiveness of a hybrid EAP?

The primary aim

The principal aim of the research study was to investigate the perceptions of DSD managerial and non-managerial employees of the Gert Sibande District, Mpumalanga regarding the provision of a hybrid EAP.

Secondary objectives

According to Nkosi (2011), research objectives steer the research process towards the attainment of the research goal/s. The objectives of this study were framed as follows:

a) To elicit managerial and non-managerial employees' perceptions of EAPs and the relevance of EAP within the DSD.
b) To investigate employees' experiences with the EAP service provider and the perceived effectiveness of the service.

c) To explore employees' perceptions of the challenges and benefits of adopting a hybrid model of EAP provision.

3.3. Research strategy and design

In social studies, the qualitative research approach is often the preferred approach because of its ability to elicit a comprehensive understanding (verstehen) and its ability to generate detailed information (Strydom & Fouché, 2011). This approach is grounded in the interpretive paradigm, it is pragmatic, emergent and it is concerned with people's lived experiences, often in people's natural surroundings (Marshall & Rossman, 2016; Strydom & Fouché, 2011, p.308). According to Cropley (2019, p. 5), qualitative research "examines the way people make sense of their own concrete real-life experiences in their minds and their own words". In essence, the qualitative research approach is concerned with the understanding of the phenomenon through the participants' subjective lenses. Qualitative research is inexplicitly controlled as it often takes place in less-restricted environments (Marshall & Rossman, 2016).

Data obtained using the qualitative research approach are mainly in words and this aspect according to Creswell (2014), is one of the distinguishing features of qualitative research. This research approach focuses on the subjective exploration of reality, resulting in qualitative research being considered 'subjective' by quantitative purists (Johnson & Onwuegbuzie, 2004). However, Terre Blanche et al. (2006) argue that it is not entirely possible for researchers to completely alienate themselves from the phenomena under investigation. Moreover, issues of trustworthiness and rigour tend to be problematic with this research approach as it may not always be practical to come to the same discoveries and conclusions with another cohort of participants and also because people's views/perceptions about a certain phenomenon may change over time (Shenton, 2004).

This research study adopted a qualitative research approach and an exploratory case study design. Case studies according to Bryman (2012, p.69) are used "to elucidate the unique features of a case and further enable investigators to examine/assess fundamental social processes through the use of a research question". According to Babbie (2012), the term 'case' is used broadly amidst the lack of consensus about what constitutes a 'case' and a cased study is a term used to describe a study of a phenomenon within a bounded system. One of the hallmarks of case studies is their focus on the totality of the objects or subjects being studied and supports the notion that the whole is greater than the sum of its parts (Bless

et al. 2006). This design was selected because it allows researchers to "develop an in-depth analysis of a particular case, produces rich and context-specific data and the researcher (may) collect data using a variety of data collecting procedures" (Creswell, 2014, p. 14). Not only do case studies generate rich data but they are also economical (Dumont & Sumbulu, 2010). The two implicit disadvantages of case studies are one, that findings are not generalisable because these studies are context-specific but, these kinds of studies help lay a foundation for further exploration of the research phenomenon in other contexts (Zaidah, 2007). The other disadvantage of casing according to Thomas (2004, as cited in Fouché and Schurink, 2011, p.322) is that the degree to which the design can generate findings of high internal and external validity tend to be questionable. Nonetheless, there are means and ways to enhance trustworthiness and rigour in qualitative studies that are described later in this chapter.

3.4. Population, sample and sampling procedures

The term population in research refers to the entire set of elements that the researcher focuses upon to determine some characteristics (Bless et al., 2006). The population in this study was managerial and non-managerial persons employed by the Mpumalanga DSD, Gert Sibande District. These are employees appointed in terms of the South African Public Service Act, Act No. 103 of 1994. However, it is not always possible to study the entire population particularly when the population is enormous; instead, a sample needs to be drawn. The process of extracting a sample from a population is called sampling and Punch (2000, p. 54) states that "all empirical research involves sampling".

The dataset for this research study was a non-representative one with a non-probability sample of 19 managerial and non-managerial employees from the Gert Sibande Department of Social Development. The sample comprised of men and women of different age categories across different occupational categories of employment in the work setting irrespective of experience in using EAP. An additional requisite was that employees needed to have at least two years of working experience in the DSD. The rationale for selecting employees with a minimum of two years of working experience was based on the assumption that from two years upwards, employees would be attuned to the organisation, its human resources and operational policies, systems, structures, programmes and the myriad of challenges within the organisation, and therefore be better positioned to make a meaningful contribution to the research study. According to Padgett (2008), qualitative sampling is neither static nor rigid but instead is flexible and it is thus possible that the sample size may not be as projected.

Lewis (2003, p.78) maintain that in most qualitative studies, non-probability sampling procedures are employed as qualitative studies are not concerned with generalisation and obtaining a statistically representative sample.

In non-probability sampling, there is an element of deliberately selecting a sample that reflects certain features of individuals or groups within the sampled population. Lewis (2003) maintains that the odds of selecting a person to be a participant are unknown and the focal focus is on the characteristics of potential participants. Moreover, in qualitative research the size of the sample is not an issue as these kinds of studies are known to be relatively small. Lewis (2003, p.83) explains that "qualitative samples are usually small in size, mainly because statements about incidence or prevalence are not the concern of qualitative research. There is, therefore, no requirement to ensure that the sample is of sufficient scale to provide estimates or to determine statistically significant discriminatory variables".

The sample of the research study was drawn from the population using non-probability availability sampling. The basic notion of this method is that participants are obtained through availability which is a convenient method because it does not focus on other characteristics except for the availability of participants who can be recruited within a short timeframe. The rationale for employing this sampling method is that the Gert Sibande district covers a large area of the Mpumalanga Province and employees are scattered within the seven municipalities in the district. Punch (2016) further argues that a sampling strategy is often determined by what the research study is trying to establish. Non-managerial employees were recruited during pre-arranged meetings. At these meetings, the researcher was given the platform to introduce herself, and to explain the purpose of the visit and market the study. The researcher gave a presentation (set out in Appendix G) and on completion of the presentation, cordially asked members of the population if they wished to take part in the research study and those who agreed completed a consent form for participation and audio-taping.

Managerial employees were recruited at a provincial supervisor's forum held in December 2016 in White River where the researcher was a delegate. This attendance provided the researcher with an opportunity to meet the managerial employees from the Gert Sibande district, explain the purpose of the study and to invite them to participate, emphasising that participation was voluntary. The sample was thus selected based on convenience and willingness to participate. As it is an ethical obligation not to coerce participants into taking

part in any research study, the managerial employees could not be compelled to participate. Consequently, only four out of the five managerial employees volunteered to take part in the research study. Both non-managerial and managerial employees were duly informed about the aim and objectives of the study, processes and procedures, and their inherent rights to participate voluntarily and to withdraw their participation at any time without stating the reason/s for doing so. The researcher then disseminated a written statement that explained these aspects of the research and participants then signed written informed consent.

Utmost caution was used when recruiting to ensure the objectivity of the process, which was particularly important as the researcher was employed by the same institution as the unit of analysis from which the participants were drawn. In an attempt to eliminate researcher bias, the sub-district where the researcher worked was excluded from the research study; instead, the research was conducted in other municipal districts within the Gert Sibande District.

3.5. Research instrumentation

According to Straus and Corbin (1998, as cited in Mazantsana, 2013), a data collection instrument is a technique that the researcher uses to collect data. Two semi-structured interview schedules were used as the research instruments in this research study to collect data. According to Greeff (2011), an interview is a written questionnaire designed to navigate an interview. Greeff (2011) further supports the use of semi-structured interview schedules because they lay the foundation for the gathering of detailed information to take place. This tool gave both me and participants a chance to obtain a detailed picture of the phenomenon being studied without being stringent or coming across as an interrogation. The research tools for non-managerial and managerial employees are set out in Appendix C and Appendix D respectively.

3.6. Pre-testing of the research tools

Human error, in a social investigation, is inevitable and it is an integral part of any human endeavour. Babbie (2010) argues that no matter how cautiously a data collection instrument may be framed, there is always room for human error and the suggested action to counter such error is pre-testing. According to Sarantakos (2013, p. 266) “pre-tests are small tests of single elements of a research instrument that are predominantly used to check its mechanical structure”. This process is an important feature of any research study and it is said to be normally conducted on a small scale. Pre-testing helps in investigating whether the desired

outcome will be achieved. The interview schedules were pre-tested on four employees (two managerial and two non-managerial) within the DSD who were not used in the final administration. Pre-testing in this research enabled the researcher to identify and rectify errors in question design, ensured that questions were understandable and stimulated discussions about the research question. This process also allowed the researcher to modify questions that were not clear and items that did not address the research aim and objectives. Pretesting was undertaken to test the feasibility of the study design and to improve it where necessary. The flaws that were discovered through pre-testing included repetitive questions, the wording of questions not eliciting required information, the use of dual questions, vague questions and some irrelevant questions. For example, in the interview schedule for managerial employees, one question required participants to comment on the monitoring and evaluation of EAP within the DSD and this question can be answered by the coordinators of the programme or anyone within the human resource development unit as the programme is housed under this unit. After obtaining this feedback, the researcher readjusted the questions to make them more understandable and relevant.

3.7. Methods of data collection

In keeping up with the goal of the study, the researcher collected data from participants (non-managerial and managerial employees of DSD in the Gert Sibande District of Mpumalanga) using face-to-face semi-structured interviews. Interviews are notably a commonly used technique in qualitative research (Barbour, 2014). Babbie (2009, p. 318) describes a qualitative interview as "an interaction between an interviewer and a respondent in which the interviewer has a general plan of inquiry, including the topics to be covered, but not a set of questions that must be asked with particular words and in a particular order". While Babbie (2009) describes interviews as an interactive process, Padgett (2008) maintains that this process is goal-directed and is conversational without being a conversation. The interviews were no more than an hour in duration, recorded on a digital voice recorder and transcribed verbatim.

The recording process was only undertaken after securing written consent from interviewees. In this regard, Padgett (2008) emphasizes that it is fundamental that researchers obtain explicit consent from participants to audiotape interviews and the consent form for interviews and audiotaping is set out in Appendix B. The researcher also assured participants that such audio recordings would be kept in a secure place for two years following any publication

arising from the study or five years after completion of the study if there were no publications. Audio-taping the interviews helped in the accurate capturing of participants' responses and according to Rubin and Babbie (2011), audio-recording is important because it enables researchers to channel their focus on the interview process and apply the needed interviewing techniques with ease.

Interviews in social research come with advantages and disadvantages. The advantages are that interviews are flexible and have high response rates when compared to other methods (Fouché & Delport, 2011). Interviews also enable personal contact and further enable the researcher to observe and respond to participants' non-verbal behaviour which manifests in different forms such as gestures, facial expressions, body posture, eye contact and silences. Moreover, interviews enable both the interviewer and interviewee to probe for clarity and ask questions (Babbie, 2009).

3.8. Methods of data analysis

According to Schurink, Fouché and De Vos (2014, p. 397), qualitative data analysis "involves reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data reveals". Thematic analysis is the data analysis method that was applied in this research. This method according to Braun and Clarke (2013) is a method of identifying themes and patterns across a dataset in relation to a research question and the steps involved are discussed below. Terre Blanche *et al*. (2006) note that the analysis process does not always unfold as prescribed in the steps as some of the steps can be done simultaneously or the researcher may go back and forth in the quest to make meaning of the data.

- The first step is termed *familiarisation and immersion* which entails the comprehension of the data and the attached meaning. Researchers engage in a process wherein they immerse themselves in the collected data and try to make sense out of it (Terre Blanche et al., 2014) This step required the researcher to develop ideas and familiarise herself with the relevant literature including transcribed data. This process entailed listening to and transcribing the raw data, and reading and re-reading of transcripts and field notes which helped the researcher to get a sense of the data as a collective.
- The second step is termed *inducing themes* and here the process entailed the classification of data into themes. Here the researcher thoroughly read through the

data to check for similar perceptions, statements and experiences and reconciled them to create themes. In this particular stage, there "are no hard-and-fast rules about what sort of theme or category are best, nor is there one best way of organising any given collection of raw data" (Terre Blanche et al., 2008, p. 323).

- The third step is *coding* and "it entails marking different sections of the data as being instances of or relevant to, one or more of the themes" (Terre Blanche et al., 2006, p. 324). Here the researcher reviewed the already developed themes in relation to the coded data and the entire dataset to consider whether they appeared to form a coherent pattern. This process enabled the researcher to check for overlapping codes which were then added, while some were deleted if deemed necessary. The researcher further identified several broad and tentative categories that were later elaborated on in the analytical memos. After the data were coded, the researcher needed to link different lines and paragraphs so that the coded information would make sense.
- Upon completion of the above-mentioned processes, the researcher embarked on e*laboration* which enabled her to look at the material differently from how it was initially understood. It helped give a fresher view and enabled the researcher to notice that there could have been errors in the earlier grouping process. This stage included assessing the data and their efficacy towards understanding the social phenomenon which was being researched. In essence, this process was a form of restructuring of the already coded and thematised data.
- The final step is called *interpretation and checking* and it is, essentially, a reflection stage wherein the researcher checked her interpretations against her prejudices by checking whether her interpretations corresponded with those of an independent person such as the researcher's supervisor. Researchers need to engage in this process because it is not entirely possible for researchers to completely alienate themselves from the phenomena under investigation (Terre Blanche et al., 2006)

Although the afore-mentioned process was necessary, it was nonetheless time-consuming as it required the application of a back-and-forth technique to make sense of participants' responses about their experiences of the investigated phenomenon. The richness of the data also did not make this process any easier as it raised the possibility of missing out on certain aspects because of the diverse perspectives.

3.9. Trustworthiness of the research study

According to Shenton (2004), trustworthiness in qualitative research is a questionable construct, but there are frameworks/means and ways to counteract this and ensure that rigour is maintained. According to Creswell (2007), rigour is a process that ensures unbiased research findings. Guba (1981) adds that research is trustworthy and rigorous when well-recognised research methods are used, descriptions of the phenomena being studied are explained and recognition of the limitations of the study are stipulated. To enhance trustworthiness and rigour in this research Guba's model of trustworthiness was applied. Lincoln and Guba (as cited in Schurink et al., 2011) proposed the four-dimension criteria to assess the rigour of qualitative research which entails the following measures: *credibility*, *transferability*, *confirmability* and *dependability.*

Credibility is the qualitative equivalent to internal validity and according to Van der Riet and Durrheim (2006), it refers to the soundness of the research conclusion. According to Schurink, Fouché and de Vos (2011, p. 420), credibility's "goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject has been accurately identified and described". What is important is whether the generated results represent the real-life situations of participants. In this research study, the researcher enhanced credibility by providing a detailed account of the context, the setting and the theoretical framework underpinning the study. The researcher further ensured an application of strict interviewing protocols and adherence to the designed interviewing schedules. Moreover, the researcher had the required knowledge and research skills that assisted in soliciting different perspectives from the participants. The researcher also enhanced credibility through a thorough analysis of previous research findings to assess the extent to which generated findings corresponded with previous research.

Transferability is the qualitative alternative to external validity and it refers to the "extent to which the findings can be applied in another context" (Babbie et al., 2001, p. 277) or "whether the findings of the research can be transferred from a specific situation or case to another" (Schurink et al., 2011, p. 420). The findings of this research cannot be generalised beyond the study population mainly because of the sampling method applied which was not representative of the entire study population, but the findings may apply to other contexts, such as other Departments of Social Development. Transferability was enhanced through accurate recording and a comprehensive account of the research findings.

Dependability is the qualitative equivalent of reliability and is essentially "the degree to which the results are repeatable" (Van der Riet and Durrheim, 2006, p. 91). Dependability accentuates the need for the researcher to account for the ever-changing context within which research occurs (Litchman, 2014, p. 387). Dependability in this research was enhanced by using the same researcher and the same tool with all participants, which helped in maintaining consistency throughout the data collection process (Shenton, 2004). In addition, the researcher provided an account of all the steps in terms of how data were collected, organised and analysed. The researcher further provided a detailed contextual background of the organisation and the programme itself. The researcher further saw to it that all data were accurately captured and that they represented the responses of all participants. This process was comprehensive enough so that another researcher can duplicate the research study. However, in a qualitative study, it may not be possible to elicit the same results because human beings are not static and research is not conducted in a controlled environment as is the case in many quantitative studies.

Confirmability "refers to the degree to which results could be confirmed or corroborated by others" (Litchman, 2014, p. 387). This criterion was achieved through correspondence checking whereby the student requested another researcher who holds a master's degree in social work to check her categorisation of themes to see if they corresponded with those of the student researcher. Correspondence checking minimises the likelihood of the influence of the researcher's judgment and it also aids in ensuring that interpretation is not merely the creation of the researcher's imagination. The researcher also took field notes and recorded the interviews using a digital voice recorder, the interviews were transcribed verbatim and this process was designed to ensure accurate capturing and reporting of participants' perceptions and experiences.

3.10. Ethical principles that underpinned the research study

Ethical issues always come into play in research, particularly in research with human participants as human beings are not objects that can be scientifically manipulated. According to Wiles (2013, p.12), "ethical behaviour in research demands that researchers engage with moral issues of right and wrong". Ethical conduct in research supports and protects participants and their environment and constrains the researcher from causing harm to participants (Marshall & Rossman, 2011). Ethics are said to be derived from values. Strydom (2014, p.114) defines ethics as "a set of moral principles which is suggested by an individual

group, is subsequently widely accepted, and which offers rules and behavioural expectations about the correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students".

Bless et al. (2006, p.140 as cited in Strydom, 2014, p. 115) further elaborate on the issues of ethical principles and the argument is as follows "ethical principles should thus be internalised in the personality of the researcher to such an extent that ethically guided decision making and the humane and sensitive treatment of participants become part of the total lifestyle". In essence, ethical principles are an essential tool that researchers ought to own and not something that should be treated as an isolated aspect of research. While different authors identify different ethical issues, this research study identified the following ethical issues as pertinent to this research:

3.10.1. Access

According to Padgett (2008), obtaining permission to conduct a research study from an institution is of utmost importance and it is essentially the initial step towards putting the plan into practice. The researcher in this study was also subjected to the same process and written permission was granted by the Head of Department, Mpumalanga Department of Social Development, (see Appendix E).

3.10.2. Voluntary participation

In brief, voluntary participation is founded on participants agreeing to take part in the research study based on being informed about the research study and having a full understanding of what is involved and without being forced to partake in the study (Babbie, 2013). This ethical principle is particularly important as it is fundamental for any researcher not to coerce participants to participate in the study. The researcher in this study did not force participants into being part of the study and no incentives were offered. The researcher explicitly explained that there were no monetary benefits that could be derived from participating in the research study. The researcher explained the aim and objectives of the study to participants. The researcher also explained to potential participants that the study was neither initiated nor funded by the Department of Social Development. Participants were informed that the research study was purely for academic purposes and that the results would, therefore, be treated as such. Participants were further informed that non-participation would not have any negative consequences or constitute an offence. Interviews were conducted after

explicit consent from participants was solicited. Interviewees gave what Punch (2016) termed 'voluntary informed consent' which in simple terms implies that interviewees gave consent voluntarily and they understood the implications of their participation and that they were free to withdraw their agreement at any time throughout the research process.

3.10.3. Informed consent

Informed consent is when the researcher provides participants with clear and sufficient information about the research study (Sarantakos, 2013). This ethical principle implies that "research participants should be given as much information as might be needed to make an informed decision to participate in the study" (Bryman, 2012, p. 183). In this research, participants were given factual and detailed information regarding what the study was about, the potential impact of the research and the right not to participate or to withdraw participation at any stage. The researcher explained to participants that should there be any publications arising from the study, the audio records would be securely kept and discarded after two years. In the instance where there were no publications, records would be disposed of only after five years following completion of the study.

The information shared with participants is summarised in the Participant Information Sheet set out in Appendix A. The information was shared with all potential participants in the respective sub-districts and based on that information, willing participants gave consent in writing. Strydom (2011) argues that the consent forms must be treated with the utmost discretion and be kept in a safe place. An example of a Consent Form for Participation in the Study and Audio-taping is set out in Appendix B. According to Berg (2011), signed informed consent systematically ensures that participants take part in a research study with prior clear and adequate knowledge about the research study and that their participation is voluntary, and according to Punch (2016) is termed voluntary informed consent. Most importantly, giving informed consent ensures that client self-determination is promoted and client self-determination is one of the principles that underpin the social work profession.

3.10.4. Confidentiality and privacy

The researcher ensured that participants' rights to confidentiality were not violated throughout all the stages of the research process. Information obtained during the study was kept confidential and participants were duly informed that transcripts, audio records, and raw data from the interview schedules would only be shared with the supervisor as the study was

undertaken for educational purposes (Strydom, 2011). Hence Padgett (2008, p. 67) argues that "researchers must provide virtually ironclad guarantees of confidentiality and this means that every effort is made to ensure that the identities of participants are never revealed or linked to the information they provide without their permission". Participants' identities were concealed; instead, the researcher used pseudonyms and ensured that the data could not in any way be linked to individual participants. The limitations to confidentiality were also explained so that participants knew and understood that there are rare instances that can compel the researcher into breaking confidentiality.

3.10.5. Incentives and coercion

The researcher duly explained to the participants that participation was completely voluntary and that there were no incentives of any kind that would be offered. Hence, participants took part of their own accord, and they were not in any way or means forced to participate. Participants were also not rewarded for their participation.

3.10. 6. Deception

Sarantakos (2013) stipulates that deception occurs when the researcher deceives participants by presenting false information about the study. In this research, this ethical principle was considered and participants were not lied to or misled in any way.

3.10.7. Review by an Ethics Committee

Creswell (2014) alerts researchers to the importance of establishing in the early stages of the research process whether ethical approval is required and from which committee such clearance should be obtained. In this research, ethics clearance was obtained from the University of the Witwatersrand Non-medical Human Research Ethics committee. (See Appendix F for the Ethics Clearance Certificate.) Obtaining ethics approvals was a requirement of the University as the research study was undertaken in partial fulfilment of the Master of Arts in Occupational Social Work. The process of soliciting ethics clearance was established by universities and professional associations to protect research participants against preventable harm (Marshall & Rossman, 2011).

3.11. Limitations of the research strategy, design and methodology

According to Fouché and Schurink (2011), access is one of the limitations inherent in qualitative studies and gaining access is usually hindered by gatekeepers. In this study, however, obtaining access was not a hindrance as the researcher was able to convince DSD's Head of Department of the purpose and value of the research as well as manner of data collection as recommended by Fouché and Schurink (2011). This process was however an anticipated limitation due to red tape in government departments. However, getting actual participants involved long drives to and from research sites. This limitation could not be overcome in any way as travelling is an intrinsic feature of field research (Babbie, 2009). This factor has not hindered the outcomes of the research. Another limitation of the adopted research design is that case studies by nature tend to be restricted to fewer individual subjects and focus on specific contexts (Punch, 2014).

Therefore, the data collected may not necessarily be a reflection of employees' experiences and perceptions from other districts and it is for this reason that data cannot be generalised beyond the unit of analysis. Besides, case studies focus on the uniqueness of each case and not primarily in relation to other cases as articulated by Stake (1995 as cited in Fouché and Schurink, 2011, p.323) who argued: "the real business of a case study is particularisation, not generalisation". Nonetheless, the research study lays the foundation for further exploration of the research phenomena, so, more studies in other and similar contexts may need to be conducted to fully generalise findings.

The exclusion of the departmental programme coordinators in this research can be construed as a limitation as their inclusion could have enriched the data. The coordinators would have been in a better position to provide information that could not be obtained from the selected participants such as utilisation rates, monitoring and evaluation, implementation challenges, the rationale for the hybrid model and most importantly, questions relating to the effectiveness of the programme. Nonetheless, insightful information about the hybrid EAP was elicited from the research participants and the data represent the participants' subjective views of the hybrid EAP. Moreover, the researcher incorporated detailed contextual background of EAPs in South Africa.

The other limitation of this study is that interviews were mainly conducted in English except for some participants who requested to communicate in their home language (isiZulu). This

limitation was mitigated by my ability to communicate in the participants' preferred language.

3.12. Conclusion

Conducting scientific research requires careful planning and coordination, so methodology becomes important as it delineates the procedures or techniques to be followed, some sort of blueprint with steps to be followed. Hence, this chapter entailed a description of the different elements inherent in the research methodology such as the research design, approach, the sampling procedure applied, methods of data collection and analysis. The chapter further discussed the weaknesses and strengths of the research approach and the steps taken to mitigate these limitations. Most importantly, the chapter discussed the ethical principles that underpinned the study as ethical conduct is important in research, particularly in research with humans.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1.Introduction

Thematic analysis revealed several themes related to the perceptions of employees on the provision of a hybrid EAP. This chapter discusses the empirical data generated and the findings are presented according to the four sections contained in the interview schedules. There were two sets of interview schedules according to the two sets of participants who were interviewed. The used schedules consisted of three sections. Section A sought to elicit the biographical data, section B explored participants' understanding of EAPs and their relevance in DSD, section C elicited information about the experiences and perceived effectiveness of the DSD EAP while the last section D required information about the benefits and challenges. The generated findings are discussed in detail below, but the chapter first presents the structure of the DSD EAP.

4.2.Structure of the DSD EAP

The Mpumalanga DSD uses a hybrid model to provide workplace interventions to its workforce. This model combines elements of an internal and external EAP. Clinical services are outsourced from a reputable EAP service provider but the roles of the internal personnel are not clear as available sources do not clarify their role but the assumption is that they render non-clinical services such as preventative services, networking, marketing training and development. According to the department, the EAP is a fully functional service "to which employees may voluntarily turn to for assistance" (Mpumalanga DSD Annual Report, 2017/2018, p. 149). The interventions/services are provided at no cost to employees and their immediate family members. The programme is underpinned by four policies that were formulated following the EH&SWF for the public service which makes EAP an obligatory provision for public sector institutions. The policies include: a) wellness management policy, b) HIV and AIDS and TB management policy, c) safety, health, environmental risk and quality management policy (SHERQ) and d) health and productivity management policy. These policies exude an attitude that nurtures employee development and marks a shift away from a focus on pathology to a focus that reaffirms a culture of health (Kurzman, 2013). However, the extent to which these policies and interventions were applied at the time of

completion of this report was unknown and the information presented below reflects employees' perceptions of the programme.

4.3.Research findings: Biographical data

The first segment of the interview schedules was formulated to obtain information concerning age, gender, marital status, number of dependents, qualifications, employees' job title, years' experience in the DSD, their current position and race. According to Jantjie (2009), the purpose of soliciting demographic data from research participants is to show that participants met the terms of the sampling criteria. In essence, the demographic details serve as a validation tool. Participants' demographic details are summarised in the table below.

Table 4.1: Demographics of research participants (N=19)

Demographic factor	Sub-category	No
Age	26-30 years	7
	31-35 years	3
	36-40 years	6
	41-45 years	1
	46 years+	2
Gender	Female	11
	Male	8
Marital status	Married	7
	Single	12
Population group	African	18
	White	1

As can be seen in Table 4.1, most participants were in the age range of 26 to 30 years of age with the second highest group being employees between the ages of 36 and 40 years of age. In essence, it can be deduced that this study had a large number of participants classified as youth (participants under the age of 35). In the cohort of participants, there were more female than male participants and a predominance of persons from the African population with only one participant who was White. The majority of employees stated that they are not married with only seven being married.

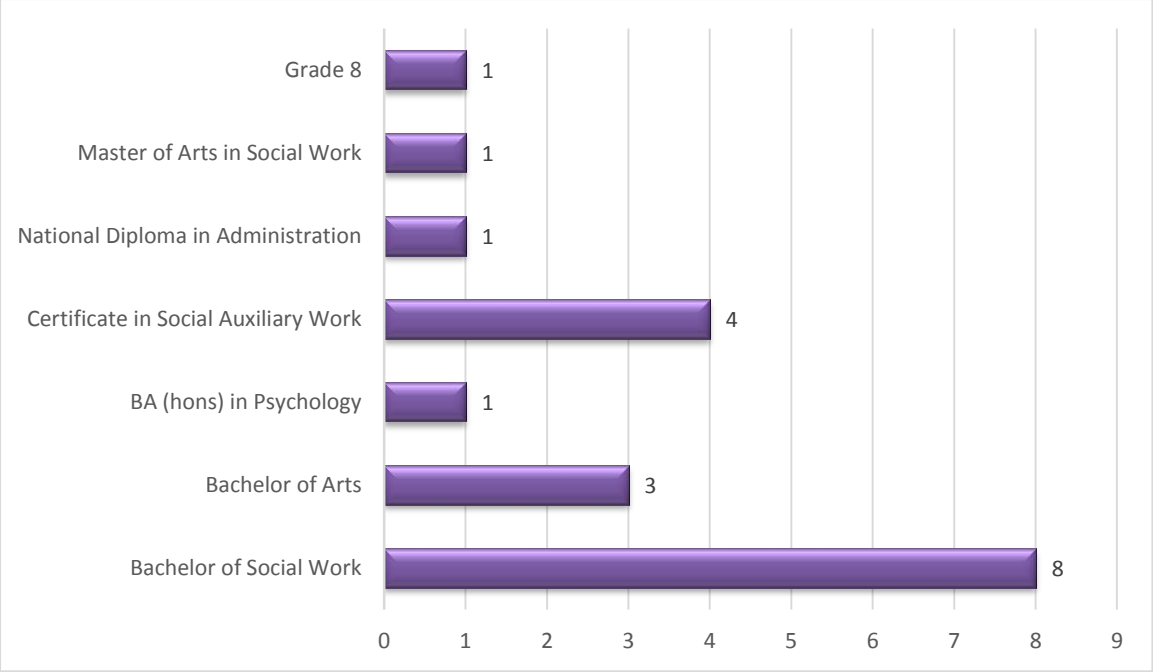


Figure 4.2.1 Participants' highest qualification (N=19)

Nearly all participants had a tertiary qualification/post-matric qualification with the highest being a Master's degree in Social Work. Participants with degrees had social sciences degrees including Bachelor of Social Work, Bachelor of Arts, and Bachelor of Arts majoring in psychology, with some majoring in community development. The predominance of social sciences degrees is probably due to the sector in which they are employed. These results can be interpreted as an indication that the DSD has a relatively 'skilled' workforce with only one participant without grade 12.

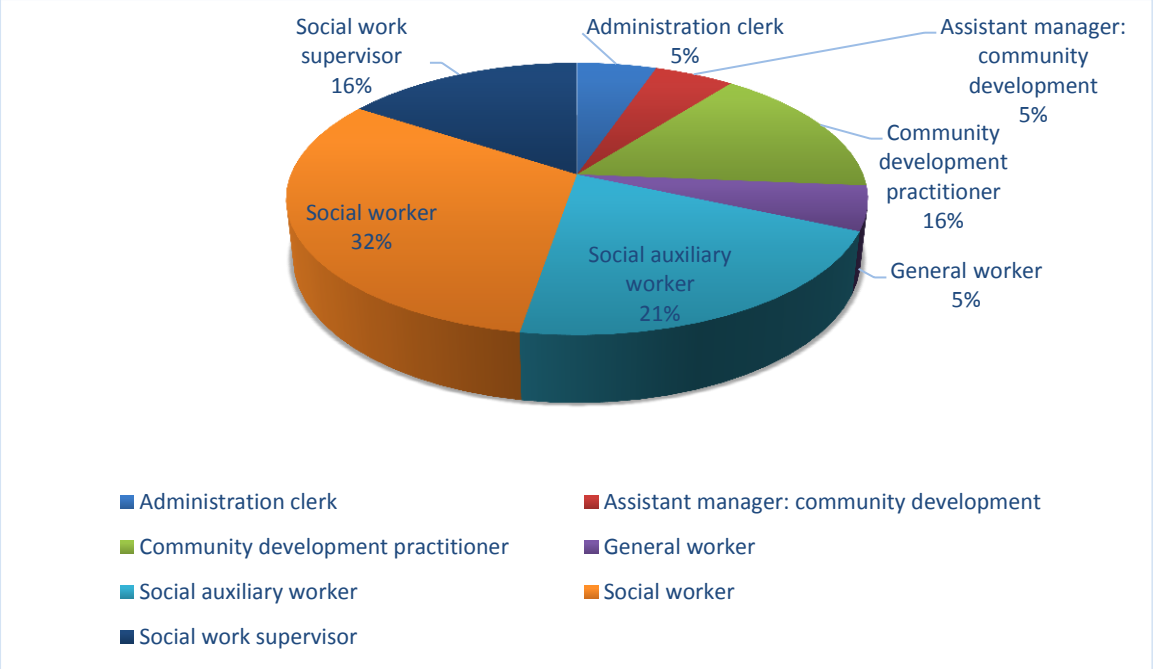


Figure 4.2.2: Participants' job title (N=19)

Figure 4.2.2 shows that the highest proportion of participants in this research were social workers by profession and this figure includes some managerial employees who stated that they had a social work degree.

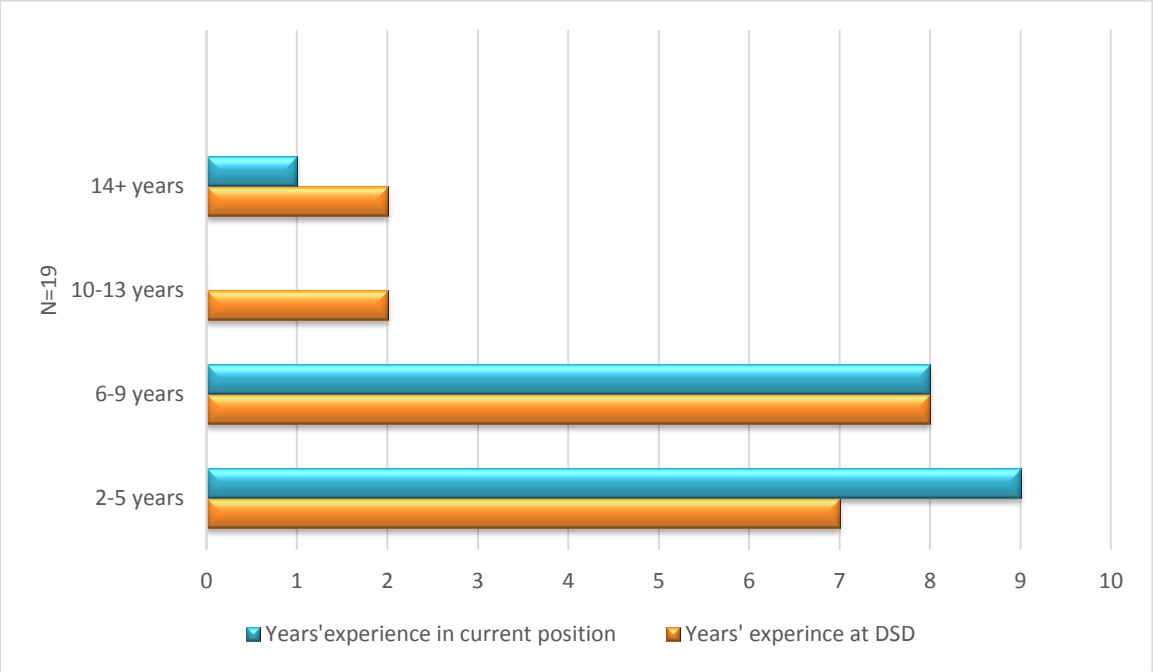


Figure 4.2.3. Years' of work experience (N=19)

Figure 4.2.3 presents a breakdown of participants' period of employment in the department and their current positions. Participants' span of service within the department ranged from 2-27 years of work experience. The largest proportion of employees reported having between 6-9 years job tenure and about nine employees had between 2-5 work years in the current position across all job categories. All managerial employees had more working experience in the department than non-managerial employees. These figures suggest that most participants had sufficient experience to make a meaningful contribution to the research study.

4.4.Main themes emerging from data

There were numerous yet interconnected themes that emerged from this research study and the generated findings contribute to a deeper understanding of EAP within the Mpumalanga DSD.

4.4.1. Perceptions of EAPs and their relevance

4.4.1.1 EAP understanding and awareness

In an effort to elicit employees' perceptions regarding the provision of a hybrid EAP, the researcher considered it appropriate to first inquire about employees' understanding of EAP in general before the exploration of the DSD hybrid EAP. The responses unravelled divergent understandings of EAP, which is consistent with EA literature as to date there is no widely accepted definition of EAP. Instead, there is a wide range of definitions, some of which elucidate the development of the programme since its inception many years ago. Most employees, both managerial and non-managerial, had an understanding of what EAP is except for a few (five out of 19) who showed a lack of understanding of the programme. Most responses showed that employees understood the programme to be an essential tool that helps employees or links them to services such as counselling that can help them address their challenges which if not dealt with might affect their work performance, with most stating improved productivity as the preferred outcome, or as the goal of the programme.

Overall though, most employees showed a limited understanding of interventions incorporated within the programme; hence they mostly regarded the programme as a counselling service. But as noted in the literature chapter, EAP extends beyond the provision of counselling. Those who showed a dearth of EAP understanding stated that in both their past and present work-life they had never been exposed to an EAP which somewhat inhibited

their understanding of the programme. The following represent some of the responses by non-managerial employees:

> *"Roughly my understanding of EAP is when the employer is attempting or trying to assist employees in other aspects of their life other than their work. Ya and assisting them maybe to cope financially, emotionally and other stuff in terms of I mean for them to be able to implement their job"* (Participant 13, non-managerial).

Another non-managerial employee understood EAP as:

> *"…… a program largely aimed at helping employees to deal with burnout, with stress so that they can be effective so that they can be more productive. Basically it is a programme aimed at helping employees to be more effective in their work"* (Participant 9, non-managerial).

Overall, most employees understood EAP to be a counselling service or one would argue that it is perceived to be a micro focussed service. Although perceived to be a counselling service by some, Cekiso (2014) maintains that EAP is more than a counselling service but the author argues that health awareness-raising is fundamental to enhance further understanding of the programme by potential programme users. Managerial employees seemed to have a better understanding of EAP in comparison to non-managerial employees which could be expected as they occupy senior positions. They have more years of work experience in the department which suggests that in their work-life cycle they have been exposed directly or indirectly to the programme. When asked to share their understanding of EAP one managerial employee replied:

> "*I think I can say it is a programme which is aimed to deal with the health and wellbeing of employees so that in the course of exercising our mandate as employees our wellbeing is well looked after. In terms of our health, how we relate with our environment whether it is our welfare. It is also a programme that is aimed at ensuring that we maximise productivity by trying to minimise the obstacles that may lead to underperformance. As a programme, I think the employee wellness programme of the department also seeks to create that space and opportunity for workers to be assisted to deal with persistent problems they may be facing. Such problems most of the time may not be necessarily related to the work that they do but might be problems that may be regarded as personal and problems which being*

personal as they are may then tend to affect professionalism, tend to affect productivity within the workplace" (Participant 18, managerial).

The emphasis in this participant's understanding of the programme was on maximising productivity through ensuring that an employee's health and wellbeing are not impaired. This viewpoint supports the argument that some, if not all employers, develop EAPs to maximise profits or productivity and not entirely because of humanitarian reasons. These understandings are similar and foreground improved production as the goal of the programme.

One managerial employee clearly summed up his understanding of the programme when he said:

"*To me, an employee assistance programme is a programme that seeks to help employees on both personal and work-related problems or stressors that render officials not to be productive in the workplace"* (Participant 16, managerial).

While some participants understood EAP as a programme that helps employees to deal exclusively with their work-related issues, others viewed EAPs as extending beyond the provision of services to the family. Employees' understanding of the programme is consistent with EAP literature. Participants stated different sources where they got to know about EAP. Some of the participants were first introduced to EAPs during their schooling years while a few were first introduced in their previous employment. Overall most employees acquired information about EAP outside the DSD, while others indicated that they first learnt of the programme in the workplace during some kind of workshop/information sharing session which is undoubtedly one of the many ways in which EAPs can be communicated.

Although employees had an understanding of what EAP entailed, some (six) non-managerial employees expressed surprise that the DSD had such a service/programme. This discovery is concerning because EAP awareness is believed to be an important forecaster for utilisation (Frost, 1990 as cited by Mazantsana, 2013). Below is a response from one of the non-managerial employees:

"……. *"That's why I am surprised that there is one in the department. I know that every department is supposed to be having an EAP but I never thought that the DSD has that. Because I never heard even one person talking about EAP"* (Participant 4, non-managerial).

Nonetheless, the employees who were astonished to learn that the Mpumalanga DSD had an EAP, expressed appreciation for the existence of the programme and some indicated that they would use the programme if they found themselves in situations that warranted the use of the service. Some of these participants also offered suggestions that could help improve awareness of the programme, especially among newly employed personnel. One of the suggested ways is that the programme should be integrated into the compulsory induction programme.

The following quote contains some suggestions offered by a participant:

> "*…make it embedded in the CIP (compulsory induction programme) our compulsory induction programme. If it is part of that it means that workers will get to be familiar with it at an early stage of their relationship with the Department. And from time to time then we must have programmes, concerted efforts to ensure that employees participate in EAP, even if they don't have problems. Those are the preventative programmes. If we do all that I think we will be winning, we will be have a highly effective EAP programme"* (Participant 18, managerial).

In essence, employees identified gaps in transmission/dissemination of information within the department and in the programme in particular. According to Nkosi (2011), induction is one of many avenues in which EAPs can be made known to employees and states: "EAP can be made part and parcel of the organisation through orientation and induction" (p. 63). This assertion is also supported by Mahlatjie (2016) who argues that induction is one platform that can be used to make the programme known. However, such marketing should be coupled with ongoing education about EAPs and their benefits. The lack of programme education came out strongly in this research and it appeared to be a concern for both managerial and non-managerial employees who were interviewed. One non-managerial employee felt that one of the contributing factors to knowledge deficit about the programme is that managers/superiors in the department do not take the programme seriously. Similarly, one managerial employee shared similar sentiments as this participant and felt that EAP is treated as a trivial matter in the department.

4.4.1.2 The relevance of EAP in the DSD

The importance of an EAP in DSD was acknowledged by nearly all participants (18) with two participants making the following comments:

"…we need EAP because, to be honest, we go through different difficult situations. Sometimes you need that person to listen to employees, maybe as a social worker, you feel you cannot just tell anyone. You just need that specific person who is a professional in the department who can assist you. So we need it, especially if we talk about productivity at work. I think if you want to see that in your employees, you need to consider an EAP as part of the organisation or as part of the company, so it is very much important" (Participant 4, non-managerial).

"*I think it is very important, we need EAP because to be specific to social workers we deal with serious cases on a day-to-day basis whereby we help the society, the community at large. However, we might have our own problems as social workers at home that might come back and haunt us whereby we are not able to provide proper services because we are also experiencing the same problems from our different homes. So I think it is very important that we also have EAP service within the department, have them active however it is important to know that if you bring EAP services within the department few people will be unable, will be reluctant if I can use that word to go there because of fear of being stigmatised. So I don't know how we can do it whereby you provide it but it must be in a discrete manner whereby people must not know that so and so has gone to the EAP officer for assistance. So I don't know, I think we need to come with a way to do EAP without people being exposed to….ya. It is very relevant; we need it for employees to function optimally"* (Participant 9, non-managerial).

The participants' assertions could not be far from the truth as numerous scholars have argued the importance of employee wellbeing in the workplace considering that on average employees spend a minimum of eight hours of their time at work or engaging in work-related activities (Attridge, 2009). It is therefore essential that hindrances that inhibit employees from functioning optimally, are addressed, not merely for the benefit of the employer but also for the employee's sake. As many have argued, EAP provides a win-win situation if one considers that most people's lives today are organised around the struggle to earn or make a living. Some work demands become a source of employees' stress or aggravate already existing issues, and EAPs can help employees in striking a balance between work demands on the one hand and their health on the other hand (Attridge, 2019; Leon, 2012). Although the work environment has been noted to be amongst the contributors to occupational stress,

strides are being made through programmes such as EAP and EH &WP to help employees address occupationally-induced as well as personal stress.

One non-managerial employee had a somewhat different view of the relevance of EAP in DSD and expressed his opinion as follows:

> "*But now the problem, what makes it to be irrelevant to so many people even including me is that they call us the day they think oh alright what can we do with these people. Let us keep them busy of for instance GEMS is coming"* (Participant 12, non-managerial).

What can be deduced from the last statement is that according to this employee there are pockets of poor planning/lack of structure thereby making this intervention look like an impromptu activity. In the researcher's view, the health screenings can help raise awareness about health issues affecting employees and foster employees to make lifestyle changes in instances where there are looming health issues that have been identified.

4.4.1.3 Perceptions of problems that impact productivity

Managerial and non-managerial employees were asked to share their views about the common problems experienced by employees that affect productivity in the workplace. Among the problems listed, managerial and non-managerial employees were unanimous about issues of burnout, family and marital problems and single parenthood. For example, one managerial employee shared this comment:

> "*I think most common problems are officials often experience this what we call burnout as a result of maybe external problems like family problems. marital problems, even most of them are not married but you know this boyfriend/girlfriend issues, single-parenting and then ya most, most of my officials they have they are single parents, you find that more especially when they have children they struggle to raise them alone and then that contributes to absenteeism and then in most cases, they are absent at work because they are taking the babies to hospitals and they don't keep pace to work and, and as a result, they struggle to strike a balance between the two, work and the challenges that they face at home"* (Participant 19, Managerial).

In a similar vein to the views expressed by this participant, Johns (2009) argued that there is evidence that childcare, family responsibilities and work-family conflict stimulate absence

The issues identified above are genuine issues that affect many people at any given time, particularly child-rearing which might be an added responsibility for female employees who have children. According to Kennedy (2016), children contribute additional concerns to those most working women might have as some may be torn between looking after a sick child and delivering on expected deadlines at work. Hence, some employees find themselves in difficult situations of having to choose between productivity and resolving their family issues.

One non-managerial employee remarked:

> "*I think one of the problems that are more likely to impact would normally result from family situations and you carry those problems to the workplace and then if there is lack of supervision somehow or a gap you tend to affect the client you are servicing. And you also find situations where the work environment itself, especially in terms of relationships versus employer, the employee or the supervisor and the supervisee, can even lead to those circumstances"* (Participant 10, non-managerial).

This assertion by a non-managerial employee is consistent with arguments by EAP scholars some of whom identified the workplace as one of the sources of employees' problems, particularly relations among colleagues or the supervisor-supervisee relationship as illustrated by the participant's assertion above. According to Jones and Paul (2011), the workplace can be a deterrent to healthy behaviour and the authors further argue that intelligent leaders are those who recognise the importance of investing in the advancement of healthy work environments rather than simply investing in healthcare.

Another employee reflected:

> "*I think stress, depression, anger, grief and bereavement".* (Participant 11, non-managerial)

Similarly, another participant commented:

> "*As I mentioned earlier, it is understanding that as employees we also have our challenges apart from work, personally so. You may be going through a divorce or any traumatic situation and when you come to the work environment it does not mean those problems you just leave them at home. As much as they say you must leave those problems at home, but it is practically impossible. You find that you come up with*

those situations, at the end of the day the way they react due to those situations it affects the company or it affects the department where that person works because you find that absenteeism and some are aggressive you know. So, those kinds of things due to those personal problems. So when you come to work also sometimes we are overwhelmed by our work to an extent that you become stressed and everything; so it also affects our productivity" (Participant 4, non-managerial).

The assertions above illustrate that it is not always feasible to isolate one's personal life from the world of work. The ideal is that employees should leave their 'personal' problems at home and their work 'issues' at work but there is no 'Chinese Wall' between personal and work-related issues as they at times influence one another, hence some of the problems are not easily left behind at home but they remain with the person (Jantjie, 2009). Moreover, none of the problems is necessarily greater than other issues, and each problem should be treated as an important variable in an employee's life. Hence, workplaces need to be nurturing environments that not only acknowledge the existence of such problems but also address their root causes. For instance, an alcoholism problem could be a result of having marital problems or alcohol abuse could be a coping strategy for an employee to deal with work-related issues.

The table below illustrates some of the common problems identified by managerial and non-managerial employees but the identified problems should not be construed to mean that these are the only problems that affect production.

Table 4.2: Common problems that affect productivity

Work-related problems	**Personal problems**
-Burnout, occupational stress	-Family and marital problems (relationships)
-Insufficient resources (tools of the trade)	-Child-rearing responsibilities
-Loss of interest in current position/external interests ("employees trying to augment their salary through business")	-Substance abuse (alcoholism, dagga and so forth)
-Late coming/punctuality	-Financial problems (indebtedness)
-Workplace treatment	-Physical ailment/s
-Supervisory relationship (unequal treatment)	-Single parenting
-Bureaucracy	-Divorce

-High work/caseload	-Domestic violence
	-Mental health issues such as depression
	-Grief and bereavement
	-Anger

4.4.2. Experiences and perceived effectiveness of EAP

4.4.2.1. Referrals to the DSD EAP

EAP can be accessed in two ways, through voluntary self-referral and involuntary referrals. EAP literature suggests that most EAP referrals should be voluntary (self-referral) as it promotes self-determination and ownership among those who seek help and these help seekers are the most successful in resolving their issues (Csiernik, 2011, p. 18). Nearly all (14) of non-managerial employees indicated that they had never referred themselves to the programme and among the reasons was the lack of awareness of the existence of the programme while some felt that they had the ability to resolve their problems without any external intervention. Among those who stated that they sought solutions outside their inherent capabilities, were some persons who indicated that they preferred to speak to their family about their problems. Only one participant acknowledged a lack of coping skills and therefore sought help from the contracted service provider.

In some instances, employees may access an EAP through involuntary referrals by a supervisor/manager (Mahlatjie, 2016). The latter form of referrals relies heavily on prompt identification of 'troubled employees'. However, September (2010) observed that some supervisors and managers may lack the required skills to detect the symptoms and warning signs that present in troubled employees. The inability to identify/assess and refer can restrict EAP access by those who need help but may not have the necessary information or do not have the courage to self-refer. In these kinds of situations, supervisory involvement and follow-up becomes important and can be a precursor for effectiveness (Witson & Witnegor, 2014). DSD managerial employees can identify poor performance and potentially refer their subordinates to the EAP through the employee performance management and development system (EPMDS). This system was initiated by the DPSA and it was designed to help both managers/supervisors and their subordinates to identify and address performance issues based on a performance agreement (DSPA, 2007). According to the DPSA (2007, p. 24)

"supervisors are required to first identify and then, in line with a developmental approach, deal with unacceptable performance of employees under their supervision". When probed about how they identify and encourage employees to make use of the programme, only one managerial employee referred to the EPMDS as follows:

> "*We may also pick issues through eh our performance management and development system (PMDS). I think that as well needs to be used quite effectively because although it has to do with performance, you find that not all underperformance is as a result of a person lacking some skill. Some people may even be consumed by other issues in such that despite the skill and despite the will power, the commitment a person may have, still the person may run short of reaching his goals. But you need to dig deeper into those issues to be able to not just scratch the surface but you need to dig deeper into those issues*" (Participant 18, managerial).

Other managerial employees explained:

> *"I normally have one-on-one sessions with employees if I notice a strange behaviour and suspect that this person has, might be having a problem. I intervene by, I don't want to use the word confront, I approach the person then I try to probe and check if maybe he or she is fine. If I find that this person is not fine and if she/he also consents or accept that he/she has a problem that is where maybe I explain the option of self-referral and also the referral by myself, then the person maybe is at liberty to choose what is most appropriate for him/her*" (Participant 16, managerial).

> *"Currently during our sectional meeting, during our staff meetings, I make sure that the item of the programme is a standing item so that at least we continue to remind them of the programme".*(Participant 19, managerial).

In contrast, some non-managerial employees remarked:

> "*The problem though is that we are not familiar with the programme or we do not have an in-depth understanding of the programme*" (Participant 1, non-managerial).

> *"No, it has never been communicated to me until Friday"* (Participant 2, non-managerial).

If managerial employees were indeed disseminating information during these sessions as alluded above, then employees under their supervision would understand the programmes'

functions, be aware of their existence in the department and consequently self-refer. It is possible that managerial employees may need further capacitation on how to communicate the programme to employees. They may also need to acquire the required skills that will enable them to effectively apply constructive confrontation which is an intervention technique that is important in encouraging EAP use (Masi, 2011). This factor becomes even more important if even non-managerial employees concede that there is an information deficiency about the programme that negatively affects formal referral. The verbatim response below illustrates this theme:

> *So it is not easy even if you try to explain the programme and then when you touch the issue of referral because you do not even know the people you are going to refer to"* (Participant 19, non-managerial).

The best vehicle to equip managerial employees with the necessary skills is training which was identified by Dipela (2016) as a fundamental requisite for referrals. Employees also need to take an active role in the process by referring themselves to the programme because as discussed in the literature chapter voluntary referral is regarded as the most preferred form of referral. However, non-managerial employees need to also be provided with information about the programme, why they need to use it, how to access the service and any other important details about the programme.

4.4.2.2. Utilisation of the DSD EAP

The results on EAP utilisation reported in this research do not extend beyond the sample of participants interviewed as there are no official records with data on sick leave, absenteeism and disciplinary processes available for analysis. Hence, inferences made only apply to research participants' responses to EAP utilisation. With regard to clinical services, nearly all (18 out of 19) participants had not used these services but some (03) indicated that they had participated in the health screening service and all managerial employees had been exposed to some kind of presentation about the programme but did not participate as beneficiaries. These were the two main activities that employees regarded as provisions of the DSD EAP as most employees indicated that they did not know the activities/interventions entailed in the DSD EAP. Some participants in this research articulated that they regarded these screenings as once-off events that sometimes took a while (about a few years) before the coordinators and practitioners came to run/implement the service.

There were different narratives about the reasons for not using the programme. The reasons furnished were as follows: fear of stigmatisation; resilience; lack of awareness of the existence of the programme and services rendered; having the required problem-solving skills to address their problems (self-efficacy); and confidentiality related concerns (perceived benefits). Dawad and Hoque, 2016, p.19) also discovered that factors such as confidentiality influenced employee's perceptions about workplace interventions such as EAP/EH&WP and to this effect articulated, "if employees felt that the service or service providers were not trustworthy and th service was not confidential, they would not participate whole-heartedly and would not maximise beneft from it". This factor aligns with the HBM as this model posits that individuals' (in this case employees') attitides and perceptions are important and should be onsidered as these factors tend to influence employees' propensity to use health care interventions. The negative assumptions about EAP and any other workplace wellness programme can be eliminated through the provision of information (communication) and education (trainings/information sharing sessions) about the specified intervention because some of these assumptions and attitudes might be because of a lack of information about the functions and components of the EAP.

Nonetheless, most employees indicated that they would consider using the programme should they feel like they were no longer coping with whatever challenges/problems they might be going through in life which may potentially affect their work performance. In similar South African based studies, Mazantsana (2013) and Dipela (2016) found that most employees hardly ever visited their EAP despite awareness of the existence of the programme. Consequently, one can argue that 'poor utilisation' of EAP is not uncommon but suggests that there are gaps in the implementation of the programme and all role-players need to play an active part in ensuring that the programme is utilised as it is a pricey service (Cekiso, 2014).

Below are some of the views articulated by non-managerial employees:

> "*I think that will depend on the nature of the resistance of an individual because what can be perceived as a problem to someone could not be perceived as a serious problem to someone else and for that reason, I can't exactly specify what sort of problems. Eh, I would say maybe that will be based on the resilience of a particular employee to an approach of any particular problem"* (Participant 10, non-managerial).

> *"Firstly the availability, I don't know of any. I have been working here, I have never heard of any EAP, I don't know if it is there or what, I have never heard especially in the department. I have never heard of any or that when you are newly employed they explain to you that we have such and such a programme. I have never heard of such I do not want to lie. So I cannot even think of something that I am not sure whether it's there. Even if I have a problem I try to solve it on my own, but EAP I have never heard about it so that is why I have never used it before"* (Participant 4, non-managerial).

Although managerial employees did not explicitly articulate that they considered the EAP as an intervention designed for non-managerial employees, some of their assertions had undertones that implied that they did not consider themselves to be beneficiaries. However, they too are not immune to problems.

Five non-managerial employees had reservations about the programme such as a lack of confidence in supervisors and concerns around confidentiality as some of the factors that might influence participants' consideration not to utilise the programme. For these reasons, they were not in a position to communicate with their supervisors when they had problems. They preferred to seek help outside the work environment out of fear that their affairs would become known by fellow employees should they elect to confide in their supervisors. They were convinced that their supervisors were not well equipped to deal with their issues confidentially/discretely; hence, they were sceptical about confiding in their supervisors. This result is consistent with findings generated in a study done by Mazantsana (2013) who discovered that employees were less likely to tell their supervisors when they had personal problems. This finding was supported by both managerial and non-managerial employees in this research. According to EAPA-SA (2010, p.9), "Confidentiality is a cornerstone of the profession, consistent with all the professional standards, ethics, and legal requirements that regulate the management of information".

Some of the responses from participants relating to confidentiality were as follows:

> "*I confide in my family, there is no other way. No, I prefer not to for confidentiality reasons, news get by real quick and it would not be easy for me to come to work knowing that my private affairs have been spread all over the office. So it is easy to lose your respect and dignity if you go around discussing your private affairs with colleagues. So I prefer a family member"* (Participant 1, non-managerial).

"I would say the programme is underutilised, based on the fact that it is centralised in the provincial office and it takes time for people who are based or the drivers of the programme who are based in the provincial office to market in the, I would jump the district to say in the sub-districts or at the local level where a lot of problems are. So the utilisation is very minimal according to my perception. I don't have statistics ne but I think it is underutilised and people somehow feel like, this is my perception, they feel like when they open up or when they disclose their problems to departmental official somehow their information will be shared and then they will become part of statistics or the talking points within the department" (Participant 16, managerial).

"*Currently there are challenges because you know there is this thing of, the element of trust although in my capacity as a supervisor I can provide support system or support functions like counselling and everything but an employee if you work directly with the person it is difficult for the person to disclose and ventilate"* (Participant 19, managerial).

One other important factor raised by these employees was that there is not adequate financial and human resource capacity within the programme which in turn affects the communication of the programme to employees. The lack of communication then influences awareness which then affects utilisation (perceived barriers). These perceptions show the interconnectedness of the different factors related to the hybrid EAP and these insights emphasize that it is not desirable to look at one system in isolation but preferable to look at a system within a specific context. Some participants argued that EAP is regarded as a trivial matter or a 'by the way kind of thing' instead of something that is an integral and important feature of the DSD.

Another activity identified by employees as a provision of the EAP programme is an hour allowance on Wednesdays for employees to take part in sporting activities. This activity is neither monitored nor structured. One employee critiqued the view or notion that this activity is a provision of the EAP and this employee argued:

"*I think it is a very much narrow view because it is just sports, it is more like sports day. I think it will be disingenuous to say that it is wellness, it is just sports day for employees to go and relax*" (Participant 9, non-managerial).

4.4.2.3. EAP perceived effectiveness

While it cannot be concluded that the DSD EAP is ineffective, it cannot be denied that utilisation rates are low as narrated by employees in this research and utilisation is without a doubt an important predictor of EAP success. Hence, most participants in this research had never used the programme before, and they were unsure whether the EAP addressed their problems. They mostly felt that it would not be appropriate for them to comment about the effectiveness or perceived effectiveness of the programme; thus they had limited contributions to make about the perceived effectiveness of the programme. To support this viewpoint, some of the verbatim responses by participants in this research are included as follows:

> *"…….in previous years one employee utilised the service but for me it never, we never achieved the intended results since he lost his job, but I think the practitioner by then tried her level best to assist the employee. So I think that's why I am saying if we can improve the structural part of it, it can be effective and efficient and I think I'm definitely sure that officials will try by all means to make use of the programme and for now there is a stigma to say if I'm referred people will assume automatically that maybe I have a problem. So we need some better structure, structuring to ensure that everyone does access and utilise the services because it's a paid-up service"* (Participant 19, managerial)

> *"For me, like I said I won't lie I have never interacted or heard as I heard in corridors but for me, it is literally non-existent because I never heard of anyone utilising that service. So I would like to reserve my comments because I don't know, I just heard people talking about it but I never heard anyone utilising that particular service as such"* (Participant 9, non-managerial).

> *"Personally it has not benefitted me. As I said before, in terms of service delivery even to our clients, even to our employer. I think things would have been different than they are now. In terms of dealing with our personal problems, we would be able to deal with them much better without compromising our work than as it is now you know. Issues of absenteeism, issues of alcoholism and all those things I think they would be very much limited. Even in terms of our work you know, because it is not about personal, its work-related, that person would have rendered the service well. He would have helped how to manage your work effectively and at the end of the day,*

you are not overwhelmed. So I think even with our work it would have helped us to even strategise to do our work without experiencing any problem. I think if it would be done the right way it can benefit everyone" (Participant 4, non-managerial).

Employees' assertions about this factor suggest that there is a need for refining the DSD EAP thereby minimising the above-mentioned inefficiencies. As suggested above, the DSD EAP needs to shift to being a proactive programme as it is evident from most participants' responses that some get to know about the programme when some damage has already been done. Hence, it would be beneficial to both employees and the organisation for employees to have all the necessary information and channels before they even become 'troubled'. One of the participants made this suggestion for improvement:

"*I would make sure that it is accessible. First of all, I would make sure that everyone, newly appointed and the old ones, I would make sure that they know about EAP. Conduct those campaigns about the programme; ensure that it is accessible to everyone. Ensure that people participate because it is not everyone who is going to want to tell you his or her problems. I would make sure that there is a strategy in the department to participate in the programme"* (Participant 4, non-managerial).

In contrast to most participants, one employee viewed the services that the employee received through the EAP service provider as a positive experience but did raise a concern about having to travel far to attend counselling with the affiliate. This employee viewed the EAP service as helpful, she indicated that she had gained from the intervention and that counselling had helped her to view aspects differently. The participant's verbatim response was:

"It is alright, it makes me (demonstrating with her hands) but at first you cry. You see, but you feel free, some things are now easier to understand. It opens your eyes and you realise the reasons behind certain things and before you sought help you probably did not think that certain things could affect you" (Participant 8, non-managerial).

4.4.2. Perceptions about benefits and challenges

4.4.3.1. Geographic location

One other vital determinant of an effective EAP is without a doubt its location. According to Mugari et al., (2014), location augments accessibility. EAPs should amongst others be

accessible in terms of distance. Most employees amongst the participants interviewed critiqued the fact that the EAP coordinators were based at the provincial office which is located in Mbombela (formerly Nelspruit). The geographic location does not promote ease of access of the programme according to most participants, while transport costs and travelling time are also a concern. The location is not within a reasonable distance according to the majority of participants as it means that employees who might need the service would have to travel a long distance to get help and in the process, travel costs are incurred, and time which is a valuable and irreplaceable resource is consumed by travelling. When probed about the preferred geographic location of the programme, employees differed in their views and points of departure.

Participants appeared to be more concerned about physical interaction with the service provider/ EAP coordinators and less appreciative of the existence of a 24-hour telephonic service by the contracted service provider. The perception appeared to be that the coordinators were the ones who should link employees to the service provider whereas employees themselves can take the initiative and accept the offer of help from the service provider. The EAP service provider often refers cases to affiliates in the area. Although there were dissimilar views and suggestions, most (13) employees, including managerial employees gravitated towards favouring an internal model which is regarded as the 'traditional' EAP model (Leon, 2012), while five participants favoured the current model but felt that the addition of more personnel manning the programme could help fortify the unit and ensure that programme coordination was decentralised to the very least district level. These factors according to the five employees would enable employees to have easy access to the service. One employee had neither challenges with the current model nor expressed a preference for any of the models. The preference for an internal EAP by most participants does not align with recent EAP trends and EAP literature suggests that internal models are less preferred because of confidentiality concerns.

Confidentiality and anonymity are somewhat 'guaranteed' with an outsourced service as it mainly offers offsite counselling which in turn offers more privacy unlike in an internal model where there is the likelihood that fellow employees might know that a certain employee is attending the programme (Bhoodram, 2010; Sharar et al., 2013). Confidentiality is among the cornerstones of the EA profession and perceived confidentiality builds credibility with employees more inclined to use the programme if they thought they would receive confidential services (Rakepa, 2012). The preference for an internal model despite the

proliferation of outsourced and hybrid EAPs could be attributed to a few reasons a) concerns around a lack of affiliates in some areas, b) a lack of adequate resources to access modern modalities of EAP such as virtual platforms, and c) a belief that internal practitioners will be conveniently available for employees and are bound by professional codes of conduct, therefore, confidentiality not considered as a potential problem. The researcher, however, is of the view that the awareness factor is also possibly influencing this viewpoint and can therefore be interpreted as an uninformed perspective.

As discussed above, the internal model was favoured and participants were not impressed with the programme's locality. There was consensus that the EAP was geographically inaccessible and some of the sentiments shared regarding this matter are captured below.

> "*…….without me saying more you can see that it is not enough because in Mpumalanga we have got three districts and with lots of municipalities under those districts and in those districts how many employees are there? We are so many. I think maybe that is why we also do not have much interaction with them because they are based in Nelspruit. Maybe if they can bring others in the districts maybe if they cannot have in municipalities"* (Participant 13, non-managerial).

> *"…but according to me it would be better if each district or each sub-district has their own I don't know how possible it is, their own EAP service provider where that person in terms of availability is easier to contact that person, the distance you know, I don't know how it works with the province. Do you call the province? They send this person or how? If I have the problem now and you tell me next month, then?* (Participant 4, non-managerial).

Although the Mpumalanga DSD EAP appears to be geographically inaccessible, the hybrid model promotes other means of counselling such as telephonic counselling which supplements face-to-face counselling (EASNA, 2009). This alternative form of therapy enables participants to get help right away but it is limiting as it does not enable the helper to tap into the participants' non-verbal behaviour and based on participants' responses it does not appear to be favoured. Hence, most participants were in favour of an internal model which in their view would allow them easier access to the programme, particularly managerial employees. This view would seem to be somewhat distorted because internal EAPs do not offer around the clock services. Crises can happen at any time and internal practitioners may not always be available to provide services. However, Mahlangu (2021,

para. 6) has critiqued the standard call centre service arguing that it provides a minimalistic response and is not effective. In addition, the fundamental reason for service providers' existence is profit-making and this factor might contribute to the minimalistic approach aimed towards maximising profits. Moreover, these third party agents do not offer services to one organisation and therefore may not share the same outlook as the primary employing organisation.

4.4.3.2. Accessibility

In its current form, the DSD hybrid EAP does not promote ease of access as articulated by participants in this research. According to participants, the predominant hindrance to accessibility is the location of the programme at the Provincial level as many felt that the programme would be more accessible if it was decentralised to sub-district level and some suggested the district level. They further indicated that if the programme was at either of these levels employees would know about the DSD EAP and they would be more inclined to use the service, while at present there is poor visibility. The participants also raised concerns regarding the use of EAP affiliates by the appointed service provider and the predominant issue was that the use of affiliates created needless red tape. Some went as far as questioning the credibility of the affiliates that work with the EAP service provider as they felt that they might not be accredited EA practitioners. Below are some of the responses:

> "……*the service provider which is ****** will identify a practitioner in the area where I stay. If maybe, I have a family in Johannesburg they will identify a practitioner in Johannesburg who will assist the person who is referred. So you are not sure who will be because you are not aware. Maybe they are recruiting other social workers who are not even dedicated to rendering the service or it is not a sure case that these are the people that are providing services because we do not even know the offices of those practitioners. If I need support by now through face-to-face or constant contact we are not so sure how it is done because we do not know. It's unlike you know that there is an office of a practitioner, EAP practitioner there, you know the person and this is how it is done. It is not happening in that way at the moment"* (Participant 19, managerial).

> "*My biggest challenge would be the accessibility at the current moment. There would be a lot of red tape in order for you to access the service because you will have to* go *through the coordinators first. But if the service providers were psychologists that are*

employed by the department there wouldn't be anything preventing you from accessing them directly or in your own way. So accessibility will be a problem that will add to the ineffective use or the underutilisation"(Participant 18, managerial).

According to the participants, the positioning of the programme is essentially amongst the deterrents to accessibility as argued above. In their view, the programme was inaccessible in terms of distance and in terms of the model being used. While the use of a hybrid model offers some advantages such as the option of 24 hours telephone counselling through the service provider's call centre offering and it also provides the option of short message services (SMS) for those who may not have access to the other platforms. These options augment face-to-face contact which is common with the internal program and in an event that one-on-one counselling is a must-have service, the service provider appoints a nearby affiliate to render services to the employee in need of that service. The outsourced services are offered by someone who does not have links with the organisation and this factor is advantageous because bias/subjectivity is less likely to occur.

"*Another negative thing that I have noticed with the programme is that they do not have these professionals who are rendering the actual service in all the districts. We found out that there are service providers (affiliates,) for example psychologists. There are few of them in our districts and it becomes more difficult for them to attend all the cases that are reported because other colleagues of mine shared that they had a challenge and logged calls and they found that in our area of operation or where we are working we do not have a person who can render services to us after we have logged the call"* (Participant 16, managerial).

The same managerial employee also indicated that he experienced challenges with accessing the service provider when he tried to telephonically refer an employee and his verbatim response was:

"I've got an experience of having logged the calls to this service provider, but I did not get a response even by today" (Participant 16, managerial).

The lack of EAP affiliates who work with the subcontracted service provider in some areas acts as a bottleneck to accessibility and it is on its own a cause for concern, particularly in an area like the Gert Sibande district which comprises some remote rural areas where there is minimal access to basic services. Thus some employees were in favour of an internal model

of provision which in participants' view would not have any of the challenges identified above. Hence some employees suggested that the department should consider making some adjustments as far as expanding the personnel manning up the programme. Some even suggested that at least each sub-district should have an EA practitioner, while others felt that having one practitioner per district could help reduce the burden on the existing personnel. In a similar manner, a managerial employee shared concerns about the use of a hybrid model, particularly the use of an external service provider. The concerns raised pertained to the responsiveness in attending cases which, in the employee's view, inhibited access to required services and discouraged EAP use. This managerial employee echoed these sentiments:

> *"…. but I am worried about the accessibility of it. The referral procedure, because myself I have got an experience of having logged calls to this service provider but I did not get a response even today. The issue of turnaround time after when they have received the referrals. I think the service provider or I would say the department has to look at it with the service provider".*

In short, most employees felt that the programme was inaccessible and they gravitated towards favouring an internal EAP which is believed to have credibility among managerial employees (Bhoodram, 2010).

4.4.3.3. Communication, education and marketing

The majority (14) of employees raised concerns about EAP communication, education and marketing which all interlink. The procedural links to the programme that should be provided by the EAP coordinators in the DSD seem to be lacking and this lack is evident as most employees stated that the programme was not adequately communicated to them. Thus some perceived it as a once-off or a one-day event rather than being an integral part of the organisation like other departmental programmes such as Programme 2: Social welfare, Programme 3: Children and families etc. According to Nkosi (2011), the fundamental role of EA coordinators is to act as conduits between employees and the programme through effective communication. Based on employees' responses on this matter, it is evident that there were some gaps in the coordination and transmission of information between the EA coordinators and employees.

One non-managerial employee felt that the lack of information about the programme i.e. its existence, functions, policy or policies, interventions offered, and how to access the

programme, creates a vacuum that employees then fill with misconceptions. This employee asserted:

> "*We do not have the full understanding; we do not know the functions of an EAP. Then obviously when the EAP come we assume that he/she is coming to deal with your issues of not coming to work. So if we know the functions of an EAP I do not think it will have the stigma attached to it*" (Participant 11, non-managerial).

Consequently, programme education becomes a viable option to demystify some of the boundaries, misconceptions, stigmas/negativity and other gaps identified by employees. According to Ramos (2021), the education problem is an inherent feature of most EAPs today. This factor also affects utilisation as employees need to have an understanding for them to have a better association with the programme. In essence, employees need to be made aware of the inherent benefits of EAP use for the programme to resonate with them. Naturally one would expect that employees would be adequately informed about a programme that is designed to help them but this scenario has not been the case in this study and this factor suggests that there are implementation challenges. Participants indicated that they do not have any EAP documents such as brochures, flyers and on the Mpumalanga DSD webpage EAP is not in any way visible. It is not well-marketed like other service delivery programmes. Even annual reports do not strongly delineate the programme. Nonetheless, information is an essential feature of any intervention and becomes even more important in workplace interventions that are paid for and therefore must be optimally used. Hence, services users and in this case employees, need to be considered as strategic partners in the programme and need to be engaged in the development and implementation of workplace interventions such as EAP using the community work approach (Bouwer, 2009).

The inability of EAP coordinators to disseminate essential information to employees limits employees' knowledge about the programme, access and may influence programme use. The findings that emerged also suggest that the programme is not robustly used by participants. One participant considered poor dissemination of information as a hindrance to the accessibility to the programme. This view is a valid one as it is not clear how a person can access something that one does not even know about. Below are some of the participants' responses:

> "*….I don't know maybe it's because we are in a satellite office but ya, we do not get much information maybe that is why at the end of the day we end up working for the*

department for two and a half years and not consulting thinking that we do not need them but maybe we do need them but because we do not have information or what can I say? That access to them, but like they are not close" (Participant 13, non-managerial).

"My view about the programme is that we do not have detailed information about the programme, you only gather bits of information on the way and information is obtainable when one is in trouble. It would be more helpful if we could get information well in time before we get into any kind of problem because it would help us to know where to seek help when need it" (Participant 1, non-managerial).

In essence, these participants were arguing that the lack of information hampers the propensity to use the programme and accessibility. Simply put, if employees were well informed about the programme they would be more inclined to use it. The information would enhance understanding and potentially deal with any negative perceptions there might be about the programme. Hence, programme awareness is fundamental and the quotation above also highlights the proximity of the programme to employees which in the participant's view is not sufficiently close, which like poor communication affects accessibility/utilisation.

Closely linked to communication is marketing which is amongst the factors that may influence EAP success. Most participants felt that it was essential for programme coordinators to ensure that the programme was known and one way of making it known or of putting the programme out there was through marketing. It was mainly due to poor marketing that most employees were not aware that the DSD had an EAP and sentiments like the one below are indicative of the need for improvement as far as communication and marketing is concerned.

One managerial employee commented:

"*I think the programme has to do homework in as far as the marketing of its services is concerned. Somehow even the use of……the distribution of posters, the departmental ones as a way of marketing its services. I think they also, they must consider that and a bit of promotional material that the programme itself customises itself that will market its programme…….it has to re-establish itself"* (Participant 16, managerial).

The above comments are suggestive that there are inefficiencies with EAP marketing and communication in the DSD which impair the visibility of the programme; hence the recommendations set out in the following chapter. Provision of sufficient and relevant information through marketing, training and development is thus important and such strategies may potentially change or enhance employees' outlook on the programme.

The challenges and perceptions identified by participants in this research can be best understood using the six concepts of the HBM namely; (perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy). According to the HBM, these concepts should be considered when designing health-related interventions such as EAPs/EH&WPs (Kahaleh & Truong, 2021). Based on the aforesaid findings, the researcher is of the view that these concepts which are outlined in chapter two and will be summarised below were not considered in the DSD EAP and their consideration would have addressed the vacuum that has been filled with misconceptions and uncertainties. To summarise the research findings using these six concepts the findings can be interpreted as follows:

> Most participants (employees) were not inclined to use or even contemplated using the DSD hybrid EAP because they believed that most of the identified issues (both occupational and personal) that affect productivity do not have a direct effect on them (**perceived susceptibility**). Some did not regard these issues as severe enough to take the first step. Others were doubtful that the EAP would be beneficial to them or that using the EAP would help reduce the risk of the identified issues and that if not addressed may spill over to the workplace (**perceived benefits** and **perceived severity**). Thus the researcher submits that sometimes employees need to be convinced that their needs will be met by the said intervention through education about the intervention. It also came out strongly that employees (especially non-managerial employees) were not aware of or exposed to the DSD hybrid EAP and the practical steps (**cue for action**) of action to take and avenues to use to address the problem (how to access the EAP). Most of these factors are influenced by a lack of information about the programme. Other factors which acted as blockages to utilisation of the programme in the eyes of participants were fear of being stigmatised which emanates from some misconceptions that employees have about EAPs, communication and information about the programme, poor marketing, access to the programme, insufficient human resources manning the programme and others

(**perceived barriers**). While some participants believed in their problem-solving skills to address their problems(self-efficacy)

In short, the results somewhat suggest breaches in programme design and implementation and these gaps influenced how the programme was perceived by and in turn not utilised by participants.

4.5. Conclusion

Problems are an inherent feature of human existence and at times these problems may be overwhelming to an extent that they affect a person's normal functioning. In the workplace, as discussed in the literature chapter, employers have made a bold move and introduced EAPs to mitigate the effects of these problems which may contribute to dysfunctional occupational behaviours. These programmes have produced positive outcomes in some work settings, but in this case study, there seemed to be some challenges tied to the DSD hybrid EAP which were articulated by participants. Among the identified challenges were: a lack of awareness of programme activities/interventions and existence of EAP within the DSD, poor communication, education and marketing of the programme, low utilisation of the programme, perceived inaccessibility due to its geographic location, poor programme visibility which may be impaired by the lack of practical and conceptual tools by the EAP coordinators (Bouwer, 2009) and others. Some employees in this research had therefore turned to resources outside the work setting to resolve their problems.

Moreover, monitoring and evaluation controls seemed to be lacking thereby making it difficult for the programme practitioners to keep their fingers on the pulse of the programme; hence the recommendations submitted for consideration in the subsequent chapter. However, the findings and arguments presented in this chapter should not be interpreted to mean that nothing is being done; it could be that the above-mentioned challenges are at play thereby creating the impression that nothing is being done. In addition, programmes such as EAPs are not easy undertakings as they often require an organisational approach (Waldron, 2009). The purpose of this chapter was to present and discuss the findings of the study. The following chapter presents a summary of the research study, conclusions drawn from the findings as well as a presentation of recommendations for consideration by the Department of Social Development and future research.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

Work organisations establish EAPs for varied reasons i.e. to cut healthcare costs, to increase productivity, for compliance purposes and other reasons. Whatever the reasons are, these programmes are known to have benefits, whether tangible or intangible but most benefits, if not all, require a sound and effective EAP that should ideally encompass the required core technologies and apply certain principles. Although it is important to have an EAP, it is equally important to ensure that the programme responds to the needs of the recipients/clientele. This research study identified some inefficiencies of the DSD EAP and recommendations/suggestions are made to this effect.

The study was motivated by a lack of scientific data on hybrid EAPs and the research was aimed at investigating the perceptions of DSD employees regarding the provision of a hybrid EAP. The study explored and described the perceptions of DSD managerial and non-managerial employees and further provided recommendations for DSD and for further research. This chapter delineates the conclusions drawn from the research findings and reviews how the goals and objectives of the study were achieved. Conclusions are drawn against the objectives of the study indicating how these conclusions relate to the main goal of the study.

5.2. Summary of the main findings

Below is a summation of the study's main findings:

Objective 1: To elicit managerial and non-managerial employees' perceptions of EAPs and the relevance of EAP within the DSD. The study found that a majority (14) of participants had an understanding of EAP with a select few (five) who reported not having a detailed knowledge of the programme. While six participants stated that they were not aware that the Mpumalanga DSD had an EAP, the majority (13) knew the programme existed, while nine reported that they were not aware of services/interventions offered by the programme. Hence, a total of 15 participants did not understand the scope of the DSD hybrid EAP. These employees expressed the view that they lacked knowledge and understanding of the programme because of a deficit in information and communication. Although there was a

variation in EAP understanding among participants, most foregrounded improved productivity as the goal of EAPs. EAP literature has also noted a variation in the understanding and description of EAPs (Masi, 2011). Those who knew there was an EAP at DSD, stated that their awareness was recent as the programme was not introduced to the Department in the early phases of its establishment, but only after several years of functioning. Some participants knew about EAPs through previous work experience while others had learned about EAPs during their tertiary training.

Nonetheless, the study established that some employees would consider using the programme in future, while others (five non-managerial employees) expressed concerns around confidentiality which is a basic pillar and important feature of EAPs. However, those who had no confidentiality concerns believed that they were sufficiently resilient and trusted their internal problem-solving capabilities to address their problems. To a large extent, employees viewed EAP as a relevant programme/service that has the potential to address some of the problems/challenges that employees encounter in both their work and personal lives. The participants further emphasised that there was a need for strengthening the existing programme in terms of capacity (financial and human), marketing, visibility, communication and education. The last-mentioned factor was considered to be particularly important as the propensity to use an EAP can be influenced by education about the programme in that education can address some of the misconceptions and uncertainties about the programme. Ramos (2021) however, noted with concern that education remains among the shortfalls of EAPs today.

There are different ways in which information about the programme can be disseminated to employees ranging from training sessions, prevention programmes, posters, brochures, electronic platforms and others. However, these transmission modalities often carry financial costs and may need management support. Hence, Mannion (2008) asserts that top management support is crucial in supporting EAP by making sure that adequate financial support, availability of staff and human resources are made available. Employees were resolute that the EAP should not be relegated to the periphery of the organisation. This finding is supported by EA literature which suggests that in many organisations in South Africa EAP is treated as a ‘nice to have programme’ than as an essential/strategic tool mostly because having the programme in place helps with compliance with provisions of some statutes that support the enactment of EAPs (Govender, 2009). In order to mitigate some of the programme shortfalls identified in this research - particularly regarding education and

marketing - employees suggested that the programme be incorporated into the compulsory induction programme (CIP) for newly employed workers. Thereafter it needed to be constantly reinforced through preventative or awareness sessions. These efforts or promotion methods are likely to eliminate situations where employees only get to know about the programme when they are in 'trouble' and this approach can potentially address misconceptions that EAP is a punitive tool that helps employers in the disciplinary process.

Objective 2: To investigate employees' experiences with the EAP service provider and the perceived effectiveness of the service. The study revealed low utilisation rates of the EAP among participants. Nearly all participants stated that they had neither contacted the contracted EAP service provider nor sought the services of the internal EAP coordinators, while only three stated that they took part in health screenings. This finding was not because employees do not have problems but rather that many of the mentioned reasons linked to how the actual programme was implemented within the Mpumalanga DSD. However, poor EAP utilisation is not uncommon as Mazantsana (2013) and Dipela (2016) found low visitation/utilisation by employees. Low utilisation rates also limited participants' views about the effectiveness of the programme. Most participants indicated that they were in no position to offer responses about the perceived effectiveness of the service because they had never used it. Those who elected to give responses mainly viewed the EAP as ineffective except for one employee who was receiving services at the time of the interviews/study via the EAP service provider. This participant indicated that the service helped in dealing with anger-related challenges.

Referrals to the service provider emerged as a challenge and thus some employees had doubts about the external service provider system with some raising concerns about the use of affiliates by the service provider, particularly in areas where there are no professionals who render EAP services. This issue was cited as the biggest limitation because it raises questions about the credibility of the affiliates. Moreover, external EAP providers do not render services to the DSD only and may not be fully committed to the well-being of the employees they serve as one of the main aims of the provider's existence is profit-making (Bhoodram, 2010). One other concern was that this arrangement creates needless red tape which should at all costs be eliminated as it may discourage employees from using the programme. Thus, there was consensus among most participants that an onsite programme was the preferred model because in an in-house EAP there is always a person or a group of professionally trained personnel who can be readily available to serve employees who may need EAP

services. However, limitations to adopting an internal EAP were not fully considered by employees, particularly confidentiality and the potential influence of organisational politics with an internal person which can alter or influence their objectivity. An internal EAP that was predominantly favoured by participants, has been critiqued for the difficulty experienced by some internal EAP practitioners in being neutral; the expensive nature of internal EAPs; and the problem of 'guaranteeing' confidentiality, especially because of its onsite presence (Leon, 2012).

Some of the factors that might have swayed participants into a preference for an internal EAP were the lack of knowledge and information about the programme and its scope. Employees need to develop knowledge about the programme including the benefits the programme has for employees, how the programme works i.e. referral procedures, confidentiality issues and other matters. This information can help employees to identify with the programme and may enhance engagement levels.

Objective 3: To explore employees' perceptions of the challenges and benefits of adopting a hybrid model of EAP provision. The adoption of a hybrid EAP came under scrutiny in this research with most employees preferring an internal model which, according to these participants, would facilitate easy access to services with the assumption that confidentiality would be maintained at all times. The preference for an internal EAP emanated from the numerous challenges discussed in the preceding chapter. What can be deduced from this research is that the challenges of the hybrid EAP are intertwining and participants' responses also unravelled some internal departmental challenges such as inadequate human capacity and poor funding of certain programmes, the strategic positioning of the programme under the human resource directorate which gives it loose recognition and might spread misconceptions that EAP is also used as a 'disciplinary' vehicle.

Even if there were challenges with and within the EA programme, these challenges were not perceived as insurmountable and employees conceded that some reconfiguration (panel beating) might salvage the programme and translate into the seamless implementation of the programme. However, the first point of departure would be the provision of information which is sometimes hindered by resource allocation within the Department and the distance between offices and the provincial office which makes visits to offices by EAP coordinators a 'privilege'. This distance affects the visibility of the programme and hence one of the recommendations submitted in this chapter is that the personnel manning the unit should

consider using visible platforms and cost-effective methods to market and make the programme known to employees.

One other suggestion advanced by employees to address some of the identified challenges is that considerations should be made for beefing up the internal staff manning the programme and that such additional employees should be stationed at district offices with some participants recommending that each sub-district should have at least one EAP practitioner. This recommendation suggests that not all employees were concerned about 'perceived confidentiality' but more concerned about their well-being. This factor implies that some employees acknowledge that EA personnel are or rather should be professionally trained people who are well aware of EAP core technologies and the importance of maintaining confidentiality which according to EAPA-SA (2010), is a cornerstone of the profession. The recommendation for the addition of more internal personnel has budget implications for the Department and might not be easily implemented or even considered due to current budget cuts on recruiting/employment as the Department currently has a moratorium on appointments (Mpumalanga DSD Annual report, 2017/2018)

5.3. Conclusions

The literature review set out in chapter 2 indicates that EAP is a complex programme and that there is no one size fits all and this assumption was confirmed by the empirical data generated and discussed in chapter 4 which revealed a myriad of interconnecting challenges related to the DSD hybrid EAP. This research, therefore, concludes that it is not enough to simply have an EAP in place but various factors need to be taken into consideration. The researcher further noted the interconnectedness of these issues or rather how they influence one another and the researcher deduces that change in one aspect may undoubtedly result in a change in another. Essentially EAP rests heavily on numerous factors such as accessibility, visibility, awareness, training and development, marketing, the existence and application of EAP core technologies, management support, geographic and strategic location and other factors that can be addressed through education. The existence of a programme that is relatively unknown to its beneficiaries may have adverse effects/implications for the DSD, for example, the programme may not be addressing any of the problems for which it was intended, or the department may be incurring losses emanating from bringing in an EAP service provider and employing full-time employees while the existence of the programme is not communicated to its beneficiaries. The research findings illustrate a connection between a lack of information,

awareness and understanding of EAPs among employees (both managerial and non-managerial), EAP visibility, accessibility, and marketing and that these variables seem to impact on one another. The DSD EAP appears to have pockets of misalignment with the developmental approach, particularly with specific reference to employees' participation in the programme. A lack of education about the programme seems to be influencing their engagement in the programme in a negative way; hence Bouwer (2009, p. 392) argues that employees should be active participants in both planning and development. The extent to which employees were involved in these aspects of the programme cannot be determined based on this sample's responses but there were suggestions that there was minimal involvement of employees.

This finding gives the impression that the programme is more like a compliance façade than a programme that advocates for the health and wellness of its workforce. As it has been noted in the literature that some organisations, particularly in the public service, implement EAPs for compliance with legislative provisions (Govender, 2009; Mazantsana, 2013) This compliance orientation presents a danger that the programme may be caught in the battle to play catch up instead of being proactive as suggested by most participants in this research study. It, therefore, becomes questionable that the programme does what it is set out to do. It is evident from these findings that the DSD EAP seems to have some of the common problematic features identified in other EAP studies in South Africa such as low utilisation. Addressing these challenges can perhaps help DSD salvage its EAP which according to Cekiso (2014) is a pricey prepaid service.

Hence, DSD would need to shift from the notion that EAP is a 'nice to have' programme to a realisation that it is a strategic tool that if adequately implemented can bring about a mutually beneficial situation for employees and the organisation (Cekiso, 2014). The findings of this research illustrate the need for DSD to develop internal programme modifications in consultation with all stakeholders towards strengthening the EAP to ensure that it achieves its intended outcomes. This conclusion is not to say that the current model is inappropriate as there will always be challenges with any of the EAP models because no one programme is better than the other. All the models present their unique advantages and disadvantages and the DSD can draw from the research findings to strengthen its EAP to get a return on its investment, a failure which may translate into 'wasteful expenditure' (for lack of a better word). In a nutshell, there are inefficiencies with the DSD EAP some of which might have been unforeseen or unintended outcomes of some of the conceptual and practical approaches

to the programme. The programme in design might have good intentions which if the inefficiencies are addressed can contribute positively to employees' well-being and organisational development. Process monitoring and impact evaluation then become important and to this effect the below recommendations are formulated.

5.4. Recommendations

The conclusions of the study based on the study findings and literature review have been presented. The following section presents recommendations for consideration by the Mpumalanga DSD for addressing the inefficiencies identified with the hybrid EAP.

5.4.1. Recommendations with respect to the DSD

- Since programme implementation assessment is a critical and first point of departure in programme development, it is recommended that the DSD undertakes a comprehensive needs analysis to solicit employees' needs in as far as EAP is concerned as anecdotal evidence and employees' responses in this research suggest that there was no thorough analysis carried out before the actual implementation of the DSD EAP. The issue of programme accessibility has to be taken into account during the stage of needs assessment. This process may potentially reinforce employee participation in the programme. This recommendation is in line with the standard set out by EAPA-SA (2015, p. 4) which advocates for workplace interventions such as EAP to be based "on a formal assessment of organisational and employee needs". The six concepts contained in the HBM should also be considered because change often comes from within the individual (the person should be willing to take action but such willingness may be influenced by their perceptions of the issue at hand and the actual service to be used to address the issue. So the target group's perceptions of health interventions such as EAP become important. Integrating these concepts may encourage employees to act on imminent health conditions or adopt a healthy lifestyle which can in turn help in reducing the time taken off work to attend to health conditions.
- The Department/coordinators need to devise outreach efforts geared towards extensive education and awareness promotion about EAP. Dawad and Hoque (2016, p. 22) suggest the use of short message service (SMS) which to these authors is regarded as a low-cost mode of communication.

- Consideration need to be given to the inclusion of EAP within the compulsory induction programme.
- It is further recommended that continuing training and development sessions be facilitated with both managerial and non-managerial employees within the Mpumalanga DSD as knowledge development is among the pillars of EAP because it enhances access to essential information. Middle management training on the programme is likely to potentially enrich management support and identification and referral of 'troubled employees' before issues spill over to affect work performance. This strategy is important because supervisors play a crucial role in the identification and referral of employees to the programme; they are considered as conduits between employees and the programme.
- DSD EAP needs to look into developing innovative, vigorous yet realistic marketing strategies to address the levels of awareness, heighten understanding and encourage usage which could be the result of poor understanding and lack of information about EAPs/EHWPs. Perhaps using visible platforms (for lack of a better word) such as posters, pamphlets, newsletter/s (e.g. publishing articles about the EAP on the Tanhluvuko newsletter) and other media can help get information out there as electronic transmission may not be as effective because not all employees have computers or access to electronic mail. The visible channels can be combined with interactive approaches such as small group educational workshops with employees and management and meetings/sessions. Some of the approaches may also include promotional material such as key-holders, caps, t-shirts and others (EAPA-SA, 2010). In addition, the EAP service provider needs to vigorously market the services offered to the Department on a regular basis. These measures can potentially enhance programme visibility or serve as a constant reminder for employees who might need EAP services.
- The extent to which the programme delivers what it should deliver can best be understood through monitoring and evaluation and it is therefore recommended that the DSD develops monitoring and evaluation measures to determine if the programme adds value to the human capital strategy and the overall organisation.
- The adoption of a participatory approach to the programme is also recommended, in order to build strategic alliances with employees (Attridge, 2019).

5.4.2. Suggestions for future research

The current research was restricted to one district for feasibility considerations. A similar large-scale study could be conducted within the Mpumalanga province including all three districts because the generated findings cannot be generalised beyond the study sample.

The following research areas could also be considered:

- ✓ Further large-scale research needs to be conducted on what hinders the effective implementation of the DSD EAP.
- ✓ Evaluation research on public service EAPs and whether programme implementation translates into a return on investment.

5.5 Concluding remarks

The implementation of the programme communicates a progressive stance which reaffirms a culture of health. There are however notable challenges which are presented and discussed in this research which may require the DSD to take a hard look at the programme. Nevertheless, it is not uncommon for EAPs to have challenges and some of these challenges may be influenced by organisational factors such as organisational support and engagement. The approach to the programme can be another contributing factor to some of the challenges and therefore those responsible for the programme should be encouraged to apply conceptual and practical tools that promote participatory democracy and foster employee engagement. This approach is likely to further help in ensuring that the programme is implemented in accordance with the principles underpinning the prescribed model (the EH& WSF model).

REFERENCES

Anderson, T.N., & Louw-Potgieter, J. (2012). An implementation evaluation of a voluntary counselling and testing programme for the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). *SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde, 38(1),* 2-10. http://dx.doi.org/10.4102/sajip.v38i1.944.

Astengo, S. (2017). Presenteeism can be a silent killer. *HR Future, 2017* (01), 26-27. https://hdl.handle.net/10520/EJC199867.

Attridge, M. (2019). A Global Perspective on Promoting Workplace Mental Health and the Role of Employee Assistance Programs. *American Journal of Health Promotion*, 34(4), 622-627. http://hdl.handle.net/10713/8975

Attridge, M., Amaral, T., Bjornson, T., Goplerud, E., Herlihy, P., McPherson, T., Paul, R., Routledge, R., Sharar, D., Stephenson, D., & Teems, L. (2010). The Business Value of EAP: A Conceptual Model. *EASNA Research Notes, 1,* 1-5.

Attridge, M., Amaral, T., Bjornson, T., Goplerud, E., Herlihy, P., McPherson, T., Paul, R., Routledge, R., Sharar, D., Stephenson, D., & Teems, L. (2009a). History and Growth of the EAP Field. *EASNA Research Notes, 1,* 1-4.

Attridge, M., Amaral, T., Bjornson, T., Goplerud, E., Herlihy, P., McPherson, T., Paul, R., Routledge, R., Sharar, D., Stephenson, D., & Teems, L. (2009b). The Need for EAPs: The Workplace Burden of Mental Health and Substance Abuse Problems. *EASNA Research Notes, 1,* 1-3.

Babbie, E. (2013). *The Practice of Social Research* (13th ed.). Belmont, California: Cengage Learning.

Babbie, E. (2009). *The Practice of Social Research* (12th ed.). Belmont, California: Wadsworth Cengage Learning.

Banavides, D.A., & David, H. (2010). Local Government Wellness Programs: A Viable Option to Decrease Healthcare Costs and Improve Productivity. *Public Personnel Management, 39,* 291-306.

Barbour, R. (2014). *Introducing Qualitative Research: A Student's Guide* (2nd ed.). Los Angeles, United States: SAGE Publications Ltd.

Bateman, C. (2014, December 01). The price of depression: Under-budgeting for mental health is costing SA billions. *Noseweek*, 28-29.

Battersby-Lennard J. (2009). Apartheid/Post-Apartheid. In R. Kitchin, N. Thrift (Eds.) *International Encyclopedia of Human Geography*, *1*, 167–173.

Bhoodram, P. A. (2010). *An Evaluation of the Employee Assistance Programme in the Department of Correctional Services Benchmarked against the Standards of the Employee Assistance Programme Association of South Africa* (Doctoral dissertation). University of Pretoria, Pretoria, South Africa.

Bless, C., Higson-Smith, C., & Sithole, S. L. (2013). *Fundamentals of social research methods: An African perspective.* (5th ed.) Cape Town: Juta Company Ltd.

Bless C., Higson-Smith, C., & Kagee, A. (2006). *Fundamentals of Social Research Methods: An African perspective. C*ape Town, South Africa: Juta.

Bophela, N.R., & Govender, P. (2015). Employee assistance programs: tools for quality of work life. *Problems and Perspectives in Management, 13*(2), 506-514.

Boslaugh, S.E. (2019). *Health Belief Model.* Salem Press Encyclopedia.

Bouwer, A. (2009). Occupational Social Workers as Change Agent. *The Social Work Practitioner, 21, 389-405.*

Braun, V., & Clarke, V. (2013). *Successful Qualitative Research: A practical guide for Beginners.* Los Angeles, CA: SAGE Publications.

Burnhams, N.H., & Parry, C. (2015). The state of interventions to address substance-related disorders in South African workplaces: implications for research, policy, and practice. *South African Journal of Psychology, 45* (4), 495-507. https://doi.org.10.1177/0081246315583792.

Cameron, R. (2010). Redefining political-administrative relationships in South Africa. *International Review of Administrative Sciences, 76,* 676-701.

Cekiso, N.A. (2014). *Pricing models of Employee Assistance Programmes: experiences of corporate clients serviced by a leading Employee Assistance Programme service provider in South Africa* (Master's dissertation). University of Pretoria, Pretoria: South Africa, ProQuest LLC. Retrieved from http://hdl.handle.net/2263/41569.

Courtois, P., Hajek, M., & Kennish, R. (2004) Performance Measures in the Employee Assistance Program. *Employee Assistance Quarterly*, *9* (3), 45-58.

Creswell, J. W. (2014). *Research Design: Qualitative, quantitative and mixed methods Approaches* (4th ed.). Thousand Oaks, CA: SAGE.

Creswell, J. W. (2009). *Research Design: Qualitative, quantitative and mixed methods approaches.* (3rd ed.). Thousand Oaks, CA: SAGE.

Crous, S. (2016). Employee wellness: Africa's hidden opportunity to bolster growth. *HR Future, 4,* 30-31.

Csiernik, R., & Csiernik, A. (2012). Canadian Employee Assistance Programme. *Journal of Workplace Behavioural Health, 27* (2), 100-116.

Dawad, S., & Hoque, M. (2016). Employees' awareness, attitudes and utilisation of an Employee Wellness Programme in a financial services company in South Africa. *Occupational Health Southern Africa, 22* (6).

Delport, C.S.L., & Fouché, C.B. (2011). Mixed methods research. In A.S. De Vos, H. Strydom, C.B. Fouché & C.S.L. Delport (Eds). *Research at Grassroots: for the social sciences and human services profession.* (4th ed.). Pretoria, South Africa: Van Schaik Publishers.

Department of Public Service Commission (DPSA). (2012). *Employee Health and Wellness Strategic Framework for the Public Service.* Pretoria, Republic of South Africa.

Department of Public Service and Administration (DPSA). (2008). *Employee Health and Wellness Strategic Framework for the Public Service,* Pretoria, Republic of South Africa.

Department of Public Service and Administration (DPSA). (2007). Employee Performance Management and Development System, Pretoria, Republic of South Africa.

Dipela, M.P. (2016). *Evaluating the effectiveness of an Employee Assistance Programme within South African police services in the Waterberg district, Limpopo province* (Master's dissertation). University of Pretoria, Pretoria: South Africa. Retrieved from pdfs.semanticsholar.org /3663/208c296a77c1541a9728dbe0c591ca9197cc.pdf.

Du Plessis, A. (1990). Occupational Social Work Practice. In B.W. Mckendrick (Ed.). *Social Work in Action*. Pretoria, South Africa: Haum Tertiary.

Employee Assistance Professionals' Association- South Africa (2015). *EAPA Standards and Professional Guidelines for Employee Assistance Programs* (4th ed.). Available: https. www.eapa.co.za

Employee Assistance Professionals' Association – South Africa. (2010). EAPA-SA – *Standards for Employee Assistance Programmes in South Africa* (3rd ed.). Available: http://www.eapasa.co.za/wp-content/uploads/2016/07/EAPA-SA-Standards-3rdEdition-September-2010.pdf (Accessed 2021/03/25).

Employee Assistance Society of North America. (2009). *Selecting and Strengthening Employee Assistance Programs: A Purchaser's Guide*. Arlington, North America: Employee Assistance Society of North America.

Evans, J. (2011). *Absenteeism a complex problem: A Study on absenteeism in Trondheim's nursing homes.* (Master's thesis). Norwegian University of Science and Technology, Trondheim.

Franks, P.E. (2014). The Crisis of the South African Public Service. *The Journal of the Helen Suzman Foundation, 74,* 48-56.

Gatchel, R.J., & Schultz, I.Z. (Eds.). (2012). *Handbook of Occupational Health and Wellness*. New York: Springer.

Govender, T. (2009). A Critical Analysis of the Prevalence and Nature of EAPs in the Eastern Cape Buffalo City Municipal Area (master's research report). University of Pretoria, Pretoria, South Africa.

Healy, K. (2014). *Social Work Theories in Context: Creating Frameworks for Practice* (2nd ed.). New York, NY: Palgrave Macmillan.

Hansen, S. (2004). From 'Common Observation' to Behavioural Risk Management: *Workplace Surveillance and Employee Assistance 1914-2003, International Sociology, 19,* 151-171.

Iqbal, J. M. (2009). AIDS and the States: A Comparison of Brazil, India and South Africa. *South Asian Survey, 15*, 119-135.

Jack, G. (2012). Ecological Perspective. In M. Gray, J. Midgely, & S. A. Webb (Eds.), *The SAGE Handbook of Social Work* (1st ed., 129-142). London, United Kingdom: SAGE Publications Ltd.

Jacobson, J. M., & Attridge, M. (2010). *Employee Assistance Programs (EAPs): An allied Profession for Work/Life.* Work and Family Encyclopedia, Sloan Work and Family Research Network. http://hdl.handle.net/10713/2603.

Jantjie, K.G. (2009). *Challenges of HIV and AIDS experiences by working women: The Role and Response of Employee Assistance Programmes* (Doctoral dissertation). University of Pretoria, Pretoria, South Africa.

Johns, G. (2009). Absenteeism or presenteeism? Attendance dynamics and employee wellbeing. In C. Cartwright, & C. L. Cooper (Eds), *The Oxford Handbook of Organisational Wellbeing* (pp.7-31). Oxford: Oxford University Press.

Johnson, R.B., & Onwuegbuzie, A.J. (2004). Mixed Methods Research: A Research Paradigm Whose Time Has Come. *Educational Researcher*. 33 ProQuest Psychology Journals.

Jones, E.R., & Paul, R.F. (2011). How employee assistance programs can build a 'culture of health'. *Behavioural Healthcare, 31 (6),* 32-35; ProQuest Social Science Journals.

Kahaleh, A.A., & Truong, H. (2021). Applications of the Health Belief Model and Contnuing Professional Development for Emergency Preparedness and Response. *American Journal of Pharmaceutical Education, 85,*6-9.

Keet, A, (2009). *A return on investment study of Employee Assistance Programmes amongst corporate clients of The Careways Group* (Doctoral thesis). University of Pretoria, Pretoria, South Africa.

Kennedy, C. (2016). Flexible work=happy parents. *City Press*, p.6.

Kline, J., & Sussman, L. (2000). An executive guide to depression. *The Academy of Management Executive, 14*, 103-114.

Kurzman, P. A. (2013). Employee Assistance Programs for the New Millennium: Emergence of the Comprehensive Model. *Social Work in Mental Health, 11*(3), 381-403. http://hdl.handle.net/10713/6952.

Labour Relations Act, Act No. 66 of 1995. Pretoria, South Africa: Government Printers.

Leon, J.M, (2012). *Employee Assistance Programs: The Return on Investment for an EAP* (honours thesis). Liberty University. Retrieved from https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=1279&context=honors.

Lewis, J. (2003). Design Issues. In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Practice: A Guide for Social Sciences Students and Researchers* (pp. 47-76). London, United Kingdom: SAGE Publications Inc.

Litchman, M. (2014). *Qualitative research for the social sciences.* Los Angeles, CA: Sage Publications.

Lodewyk, L. B. (2011). *The Official's Perceptions of the EAP Services in the Department of Correctional Services in the Potchefstroom Correctional Centre* (Master's thesis). North West University, Potchefstroom, South Africa.

Madron Jr., D.J. (2012). *A Study of Employee Assistance Programs at Higher Education Institutions* (Doctoral dissertation). University of Maryland, Baltimore County.

Mahieu, K., & Taranowski, C.J. (2013). External Employee Assistance Program Vendors: A Study of RFI Data from 2009-2010. *EASNA Research Notes, 3,* pp.1-7.

Mahlangu, N.N. (2021, April). Does mental health affect career progression? *Precise Wellness Newsletter*. Retrieved from mailchi.mp/9f064257d42d/does-mental-health-affect-career-progression.

Mahlatjie, T.M.A. (2016). *Evaluation of Employee Assistance Programme in the National Prosecuting Authority with special reference to Capricorn district in Limpopo Province* (Master's dissertation). University of Limpopo, Polokwane, South Africa.

Manamela, M.J. (2010). *Utilization of Employee Wellness Program by the Staff Members at Natalspruit Hospital*. (master's thesis). University of Witwatersrand, Johannesburg, South Africa.

Marshall, C., & Rossman, G.B. (2016). *Designing Qualitative Research* (6th ed.). Thousand Oaks, CA: SAGE Publications Inc.

Marshall, C. & Rossman, G.B. (2011). *Designing qualitative research*. London, United Kingdom: SAGE Publications Ltd.

Masi, D.A. (2011). Definition and History of Employee Assistance Programs. *Correct Understanding and Application of EAP Necessary for All Entities that Implement Measures for Mental Health.* Kabushiki Kaisha Roundou Chousakai, Tokyo, Japan. Retrieved from http://hdl.handle.net/10713/3360.

Masson, F, J. (2016). *Secondary Traumatic Stress and Coping: A Case Study of the Social Workers Employed at the South African Police Service.* (Doctoral thesis). University of the Witwatersrand, Johannesburg, South Africa.

Matlhape, M. G. (2003). Strategic Positioning of EAP in South Africa. *Acta Commercii. 3*, 29-38.

Mattke, S., Liu, H., Caloyeras, H., Huang, C.Y., Van Busum, K.R., Khodyakov, D & Shier, V. (2013). *Workplace Wellness Programs Study* (research report). Rand Corporation. https://www.rand.org/content/dam/rand/pubs/research_reports/RR200/RR254/RAND_RR254.pdf.

Mazantsana, N. (2013). *An Evaluation of Employee Assistance Programmes and the Impact of Workplace Wellness on Employee Productivity: A Case of the Eastern Cape Provincial (2007-2012)* (Master's thesis). University of Fort Hare, Bhisho, South Africa.

Mental Health Care Act, Act No. 17 of 2002. Pretoria, South Africa: Government Printers. Retrieved from http://www.sun.ac.za/ruralhealth/ukwandahome/rudasaresources2009/DOH/Mental%20Health%20Care%20Act%2017%20of%202002%5B1%5D.pdf

Merrick, E. L. (2011, September). The Role of Employee Assistance Programs in Supporting

Workplace Resiliency. Paper presented at the *Operational and Law Enforcement Resiliency Workshop*, Heller School for Social Policy and Management, Washington DC: Brandeis University. Retrieved from www.nationalacademics.org/hmd/~`/media/files/Activit%20files/PublicHealth/WorkforceResilience/Elizabeth%20Merrick-the%20Role%20of20%EAP%20Programs%20in.

Metsing, T.K. (2015). *An Evaluation of Employee Assistance Programme Services in the City of Johannesburg Metropolitan Municipality*. Pretoria: University of Pretoria. (MA Dissertation).

Mnisi, M. A. (2005). *The evaluation of the employee assistance programme's marketing strategy in the National Prosecuting Authority* (Master's thesis). University of Pretoria, Pretoria, South Africa.

Mogorosi, L. (2009). Employee assistance programmes: their rationale, basic principles and essential elements. *Social Work/Maatskaplike Werk, 45 (4),* 343-359.

Moyane, B. (2016). *Social Workers' Experiences of Occupational Stress: A Study in the Department of Social Development, Ehlanzeni District, Mpumalanga Province.* (Master Thesis). University of Witwatersrand, Johannesburg, South Africa.

Mpumalanga Department of Social Development. (2018). *Annual report 2017/2018.*

Mpumalanga Department of Social Development. (2015). *Annual report 2014/2015.*

Mugari, E.L., Mtapuri, O., & Rangongo, M. (2014). Employee Assistance Programme: The Case of a Local Municipality in South Africa. *Journal of Social Science, 39.* 257-263.

Naicker, R. (2002). *The Evaluation of an Insourced Employee Assistance Programme* (Doctoral dissertation). University of Johannesburg, Johannesburg, South Africa.

National Business Group on Health (2008). *An Employer's Guide to Employee Assistance Programs: Recommendations for Strategically Defining, Integrating, and Measuring Employee Assistance Programs.* Washington, United States of America: National Business Group on Health.

Naydeck, T.P, Pearson, K.L, Ozminkowski, F.P, Goetzel, D., & Pallarito, P.S. (2011). *Employee Assistance Answer Book*. New York, NY: Panel Publishers.

Nkosi, S.V. (2011). *The influence of an Employee Assistance Programme on the organisational culture in the National Department of Human Settlements* (Masters' dissertation). University of Pretoria, Pretoria, South Africa.

Occupational Health and Safety Act, Act No. 85 of 1993. Pretoria, South Africa: Government Printers. Retrieved from http://www.labour.gov.za/DOL/downloads/legislation/acts/occupational-health-and-

safety/amendments/Amended%20Act%20-%20Occupational%20Health%20and%20Safety.pdf.

Padgett, D.K. (2008). *Qualitative Methods in Social Work Research* (2nd ed.). New York, NY: SAGE Publications Inc.

Payne, M. (2020). *Modern Social Work Theory* (5th ed.). United Kingdom: Palgrave Macmillan Limited.

Pillay, R., & Terblanche, L. (2012). Caring for South Africa's public sector employees in the workplace: A study of Employee Assistance and HIV/AIDS Workplace Programmes. *Journal* of *Human Ecology, 39,* 229-239.

Punch, K. F. (2016). *Developing Effective Research Proposals*. London (3rd ed.).London, United Kingdom: SAGE Publications.

Rajin, J. (2012). *Employee Assistance Programme in the South African Police Service: A Case Study of Moroka Police Station* (Master's thesis). University of South Africa, Pretoria, South Africa

Rakepa, T.T. (2012). The implementation of employee assistance programme of the department of education: a case study of Motheo district in the Free State province (Master's thesis). University of Stellenbosch, Stellenbosch, South Africa.

Ramos, R. (2021). *Why employees don't use your EAP program*. Retrieved from healthjoy.com/blog/eap-program-utilization/.

Sarantakos, S. (2013). *Social research*. United Kingdom: Palgrave Macmillan.

Schurink, W., Fouché, C.B., and De Vos, A.S. (2011). Qualitative data analysis and interpretation. In A.S. De Vos, H. Strydom, C.B. Fouché & C.S.L. Delport (Eds.), *Research at Grass Roots: for the social science and human service professionals*. South Africa: Van Schaik publishers.

September, A.L. (2010). *An exploratory study on the need for an EAP: The Case of Cape Winelands district municipality* (Master's thesis). University of Stellenbosch, Stellenbosch, South Africa.

Sharar, D., & Lennox, R. (2014). The Workplace Effects of EAP Use: "Pooled Results from 20 Different EAPs with Before and after WOS 5 item Data. *EASNA Research Notes, 4*, 1-5.

Sharar, D., Pompe, J.C., & Attridge, M. (2013). Onsite versus Offsite EAPs: A Comparison of Workplace Outcomes. *Journal of Employee Assistance, 43* (2). https://doi: http://hdl.handle.net/10713/4138.

Sharar, D.A. (2009). Do Employee Assistance Programs Duplicate with Services Offered Through Mental Health Benefit Plans? *Compensation Review, 41,* 67-74.

Sheafor, B. W., & Horejsi, C.R. (2006). *Techniques and Guidelines for Social Work Practice* (7th ed.). Boston, MA: Pearson Education Inc.

Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22,* 63-75.

Silic, M., Njavro, M., Silic, D., & Oblakovic, G. (2018). *Health Belief Model and Organizational Employee Computer Abuse.* https//doi.org/10.1007/978-3-319-91716-0_15.

Strydom, H. (2011). Ethical aspects of research in the social sciences and human service professions. In A.S. De Vos, H. Strydom, C.B. Fouché, & C.S.L. Delport (Eds.), *Research at Grass Roots: For the social sciences and human service professions* (4th ed., pp. 113-129). Pretoria, South Africa: Van Schaik Publishers.

The Constitution of the Republic of South Africa, Act No. 108 of 1996. Pretoria, South Africa: Government Printers.

The Public Service Commission. (2006). *Evaluation of Employee Assistance Programmes in the Public Service.* Pretoria, South Africa: Public Service Commission.

Terblanche, L. (2018). *Creating Legacy in EAP Business: The South African approach towards Employee Assistance.* Pretoria: St. Paul and John Publishers, 651, pp, ISBN 978- 0-620-79722-1.

Terblanche, L. (2011). Employee assistance programmes explained: wellness-EAP. *HR Future, 2011* (04), 27. 25-31

Terre Blanche, M.T., Durrheim, K., & Painter, D. (2014). *Research in Practice*. Cape Town, South Africa: University of Cape Town Press.

Terre Blanche, M.T., Durrheim, K., & Kelly, K. (2006). First steps in qualitative data analysis. In M.T. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in Practice: Applied Methods For the Social Sciences* (2nd ed., pp 320-344). Cape Town, South Africa: University of Cape Town Press (Pty) Ltd.

Van Breda, A. (2009). The Scope of Occupational Social Work Practice. *The Social Work Practitioner-Researcher*, 21 (3), 284-300.

Van Breda, A., & du Plessis, A. (2009). A Model of Occupational Social Work Practice: A Developmental Social Work Critique. *The Social Work Practitioner-Researcher*, 21 (3), 319-336.

Wiles, R. (2013). *What are qualitative research Ethics.* New York, NY: Bloomsbury Academic.

Whyte, C. (2020). The components on an effective employee health and wellness programme in health care workers. *Southern African Journal of Public Health,* 4(11), 27-29.

EMPLOYEE'S PERCEPTIONS REGARDING THE PROVISION OF HYBRID EMPLOYEE ASSISTANCE PROGRAMME: A CASE STUDY OF THE GERT SIBANDE DEPARTMENT OF SOCIAL DEVELOPMENT, MPUMALANGA

APPENDIX A

PARTICIPANT INFORMATION SHEET

Good day,

My name is Sindile Goodnecia Hlatshwayo and I am a post graduate student registered for the degree of Master of Arts in Occupational Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research into the Perceptions of Department of Social Development employees regarding the provision of a hybrid Employee Assistance Programme. EAPs are workplace intervention programmes that help employers address productivity issues by resolving personal and/or organisational or workplace issues.

The proposed research study will hopefully contribute to knowledge through the lenses of employees about the provided hybrid EAP. This study is a first of its kind within the Mpumalanga DSD and it has potential of providing results that the Department can use to inform the structure of the programme and perhaps pave way towards evidence-based research within the DSD. The perceptions of employees are important because they can potentially help the DSD to understand whether a hybrid EAP is an appropriate strategy to address the various problems that the programme seeks to address.

I therefore wish to invite you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I shall arrange to interview you at a time and place that is suitable for you. The interview will last approximately an hour. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering.

With your permission, the interview will be tape-recorded. No one other than my supervisor will have access to the tapes. The tapes and interview schedules will be kept in a locked cabinet for two years following publications or for five years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

Please feel free to ask any questions regarding the study by contacting me on 079 760 0161 or via email: sindile923@gmail.com or my supervisor Ms. Francine Masson on 011 717 4480 or via email on francine.masson@wits.ac.za. We shall answer any queries to the best of our ability. Should you wish to receive feedback on the results of the study; a summary will be made available on request.

Thank you for taking the time to consider participating in the study.

Yours sincerely

Ms. Sindile Hlatshwayo

EMPLOYEE'S PERCEPTIONS REGARDING THE PROVISION OF HYBRID EMPLOYEE ASSISTANCE PROGRAMME: A CASE STUDY OF THE GERT SIBANDE DEPARTMENT OF SOCIAL DEVELOPMENT, MPUMALANGA

APPENDIX B

CONSENT FORM FOR PARTICIPATION IN THE STUDY AND AUDIO-TAPING

DECLARATION BY PARTICIPANT

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may refuse to answer any particular items or withdraw from the study at any time without any negative consequences. I understand that my responses will be kept confidential. I also understand that I will not receive any rewards for my participation in the study.

I further give permission to tape-recording of the interview. I understand that the tape recordings will be destroyed two years after any publication arising from the study or five years after completion of the study if there are no publications.

Name of Participant: _____

Date: _____

Signature: _____

EMPLOYEES' PERCEPTIONS REGARDING THE PROVISION OF HYBRID EMPLOYEE ASSISTANCE PROGRAMME: A CASE STUDY OF THE GERT SIBANDE DEPARTMENT OF SOCIAL DEVELOPMENT, MPUMALANGA

APPENDIX C

SEMI-STRUCTURED INTERVIEW SCHEDULE FOR NON-MANAGERIAL DSD EMPLOYEES

Section A: Demographic information

1. Date of interview _____/_____/20_____

2. Age in completed years

3. Gender

4. Marital Status

5. Number of dependents

6. Highest qualifications

7. Current post position/job title

8. Years' experience at DSD and in current position

Section B: Questions relating to the understanding of EAPs and their relevance in DSD

1. Tell me in your own words, what is your understanding of employee assistance programme?

2. How was the EAP communicated to you?

3. In terms of your understanding, what are the functions of an EAP?

4. In your view what sort of problems impact negatively on work performance?

5. What sort of problems permits an employee/his or her family members to use an EAP?

6. What are your views about the relevance of EAP in DSD?

Section C: Questions relating to the experiences and perceived effectiveness

1. What has your experience been with the EAP (whether you have used it at DSD or elsewhere)?

2. If you have never used the service, kindly share with me your reasons for non-use.

3. What is your general opinion about EAP?

4. Kindly share with me your views about the use of an external service provider together with full time staff in providing EAP as it is currently done at the DSD?

5. Share with me your views about the effectiveness of the programme.

Section D: Questions relating to the benefits and challenges

1. What are your views about the benefits that the programme (hybrid EAP) has for employees as well as the Department as an employer?

2. What sort of challenges (if any) did you encounter when you used the programme?

3. If you could change anything in the programme, what would you change?

4. What do you think can be done to improve the programme?

5. Do you think there would be any difference had the programme/ service been offered in another form other than in its current form (hybrid)? Please explain.

Any comments/suggestions/recommendations

EMPLOYEES' PERCEPTIONS REGARDING THE PROVISION OF HYBRID EMPLOYEE ASSISTANCE PROGRAMME: A CASE STUDY OF THE GERT SIBANDE DEPARTMENT OF SOCIAL DEVELOPMENT, MPUMALANGA

APPENDIX D

SEMI-STRUCTURED INTERVIEW SCHEDULE: MANAGERIAL DSD EMPLOYEES

Section A: Demographic information

1. Date of interview _____/_____/20_____

2. Age in completed years

3. Gender

4. Marital Status

5. Number of dependents

6. Highest qualifications

7. Current post position/job title

8. Years' experience at DSD and in current position

SECTION B: Questions relating to the understanding of EAPs and their relevance in DSD

1. In your experience as a manager/supervisor, what are the common problems experienced by employees that impact on productivity in the workplace?

2. How do you in your capacity as a supervisor/manager within the Department respond to employees' problems at work?

3. Tell me in your own words, what is your understanding of employee assistance programme?

4. In terms of your understanding, what are the functions of an EAP?

5. What is your perception about the relevance of the programme for the Department and its employees?

Section C: Questions relating to the use of EAP and perceived effectiveness

1. In terms of your understanding, what are the requirements for one to access the service?

2. In your opinion, what are the compelling issues that might result in the utilisation of EAP by employees?

3. How do you in your capacity within the Department encourage the use of the programme by staff under your supervision?

4. What are your views about utilisation of the programme?

5. On 11 November 2014 the Mpumalanga DSD appointed an external service provider that renders EAP services in collaboration with 02 internal employees stationed at the Provincial office. What are your views about the effectiveness of this kind of EAP provision?

6. In your view what could have been the rationale for DSD's choice of a blended EAP?

7. If the service has not been effective, what suggestions do you have for improvement of the service?

Section D: Questions relating to the benefits and challenges of the programme

1. In your view, what are the benefits of using an external service provider as well as in-house staff to provide EAP to the DSD? Please elaborate.

2. In your view, what are the challenges of using an external service provider as well as in-house staff to provide EAP to the DSD? Please elaborate.

3. In your view, what, if anything, can be done to improve the current service?

Any comments/suggestions/recommendations?

APPENDIX E

PERMISSION TO CONDUCT RESEARCH

social development
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Building 3, NO. 7 Government Boulevard, Riverside Park, Mbombela. 1200
Mpumalanga Province, Private Bag X
11213, Mbombela, 1200 Tel: +27 (13) 766
3428i Fax: (13) 766 3456/57

Litiko Letekutfutfukisa Tenhlalakahle | UmNyango WezokuThuthukiswa KwezokuHlalokuhle | Departement van Maatskaplike Ontwikke'ing

Enq. Ms. S. E. Botha
Tel.: 013 766 3053
Ref No.: DSD/12/5/R

14 March 2016

Ms. S.G. Hlatshwayo
P.O. Box 2757
Msogwaba
1215

Dear: Ms. Hlatshwayo

RE: PERMISSION TO CONDUCT RESEARCH WITH DEPARTMENTAL OFFICIALS

Correspondence pertaining to this matter dated 08 March 2016 has reference.

Permission is hereby granted to Ms. S. G. Hlatshwayo, student number 0416732A, to interview departmental employees as part of the fulfillment of the requirements for the Degree of Master of Arts in Occupational Social Work.

Permission is granted on condition that ethical clearance will be obtained from the university's Research Ethics Committee and that all principles of ethical research (voluntary participation, confidentiality, anonymity, etc.) is adhered to.

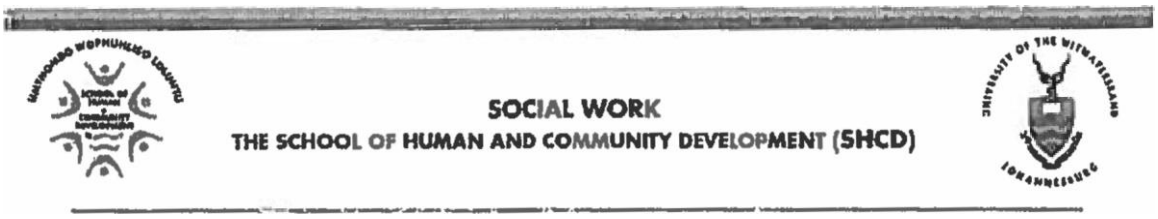
We look forward to the feedback on the research findings and the value that will be added by the research.

Kind regards,

MS. N.L. MLANGENI
HEAD OF DEPARTMENT
DATE: 14/03/2016

APPENDIX F

ETHICS CLEARANCE CERTIFICATE



DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK) CLEARANCE CERTIFICATE

PROTOCOL NUMBER: SWI/16/03/02

PROJECT TITLE: Employees' perceptions regarding the provision of a hybrid Employee Assistance Programme: A case study of the Gert Sibande Department of Social Development, Mpumalanga

RESEARCHER/S: Sindile Hlatshwayo (0416732A)

SCHOOL/DEPARTMENT: Social work

DATE CONSIDERED: 30/03/2016

DECISION OF THE COMMITTEE: APPROVED

EXPIRY DATE: 30/03/2018

DATE: 22 July 2016 **CHAIRPERSON:** Francine Masson

Cc; Supervisor: Francine Masson

DECLARATION OF RESEARCHER(S)

To be completed in **DUPLICATE** and ONE **COPY** returned to the Administrative Assistant, Room 8, Department of Social Work, Umthombo Building Basement.

I/We fully understand the conditions under which I am/we are authorised to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the committee. **For Masters and PhD an annual progress report is required.**

SIGNATURE 13/05/2016 DATE

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES