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Perceptions of Employee Assistance Practitioners of South Africa on the factors that influence professional ethics in Employee Assistance Programmes.

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A research report submitted to the discipline of social work in the School of Human and Community Development in partial fulfilment of the requirements for the degree Master in the field of Occupational Social Work in the Faculty of Humanities, University of the Witwatersrand, Johannesburg, South Africa.

## DECLARATION

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Date: 14 March 2022

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## **ABSTRACT**

The workplace faces various challenges that impact employee functioning and the general mood of the work environment. Employment Assistance Programmes (EAPs), as a workplace response to the human and environmental challenges, have played an important contribution in the South African workplace since 1980. Benefits of using EAPs in the workplace include improved productivity, staff retention, reduced absenteeism and many other economic and social benefits. Professional ethics of EAP vendors in South Africa lack standardisation. Working from a person-in environment (P-I-E) perspective, this qualitative study explored factors that influence professional ethics with sixteen (16) EAP practitioners identified through a non-probability purposive sampling. Semi-structured interviews were administered. EAP practitioners were drawn from different work backgrounds and qualifications in Gauteng province, in South Africa. Data was analysed using a thematic analysis approach. The results showed that EAP is making a significant contribution to the South African corporate and government workforce and the workplace. There are several socio-economic benefits linked to having an EAP in the workplace. However, an unlegislated EAP practice, unaccredited EAP programmes and unlicensed EAP practitioners threaten the credibility of the EAP professional ethics and the effectiveness of the interventions. This study recommends that to standardise EAP practice and intervention outcomes, EAP practitioners must be licensed by one professional body. Employee Assistance Professionals Association of South Africa (EAPA-SA) is suggested as a viable option with credible standards and ethics documents that meet international EAP best practice guidelines.

**KEYWORDS:** Employee Assistant Programmes, professional ethics, workplace, EAP practitioners

## ACRONYMS

EAP -	Employee Assistance Programmes
EAPA-SA -	Employee Assistance Professionals of South Africa
EH&W -	Employee Health and Wellness
EANSA -	Employee Assistance Society of North America
CIR -	Community Integrated Research Office
COA -	Council on Accreditation Standards
CSWE -	Council on Social Work Education
HEBRG -	Higher Education Better Registration Group
HPCSA -	Health Professions Council of South Africa
ICRAFT - and Transparency	Integrity, Competence, Responsibility, Accountability, Fairness
P-I-E-	Person-In- Environment
SACSSP -	South African Council of Social Services Professions
SANCA -	South African National Council on Alcoholism
SANC -	South African Nursing Council
SAQA -	South African Qualifications Authority
SDG -	Sustainable Development Goals
UIF -	Unemployment Insurance Fund
USA -	United States of America

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# **1. CHAPTER ONE: INTRODUCTION**

## **Introduction**

EAPs make a significant contribution towards the attainment of the Sustainable Development Goals (SDG). Goal number eight (8) of the global agenda focuses on decent work and economic growth. Decent work agenda includes rights at work and social protection for the employees and the work environment. EAPs, as an interdisciplinary profession meet the employee and the employers' wellbeing needs which are key to international labour standards. Talking of labour standards in general, professional ethics can be viewed as the conduit to decent work. It is on this background that EAP practitioners' ethical professional conduct in the workplace is researched.

The research report takes off from a glossary of terms used in this study followed by an elaborate literature review on the EAP subject. Aspects such as the role of EAPs, and the EAPs contribution to South Africa and how it came about in the country are addressed. The study is premised on the multiplicity of EAP practitioners in the workplace and factors that influence the practice. I therefore defined ethics and how these are propagated in the workplace. A qualitative methodology was selected as the best approach to research that which EAP practitioners experience as the guidelines and standards for EAP practice based on their understanding of the services they provide. Data was analysed with a computer assisted software MAXQDA 2020. The results justify that a national ethical code for EAP practice is likely to ensure that there is a uniform professional ethic in the workplace and that EAP practitioners account to a single statutory professional body.

## **1.1 Background**

The workplace is an important part of society because it contributes to the livelihoods of its citizens. Workplace institutions must be protected by instruments put in place to ensure a sustainable and safe practice. These measures protect the citizens and the institutions that provide the services. This study focuses on the EAPs as one profession that makes a significant contribution to the workplace among many others. Many employers maintain formal employee assistance programs that provide a range of services to increase worker health, improve productivity, ameliorate routine work stress and reduce the impact of organisational change (DeFraia, 2015). Ensuring that EAPs are implemented properly in the workplace cannot be overemphasised. This study aimed to highlight the professional ethics component of the implementation process. If morals are the customs established by group of individuals, ethics define the character of an individual (Surbhis, 2015) This implies that EAP practitioners' professional ethics cannot be assumed to be standard across the workplace. In this study, I argue that if EAP practitioners are left to manage their own professional ethics, there is bound to be unethical practices which are likely to cause harm to the profession and the clients. My view is that a statutory body that monitors the implementation of EAPs in South Africa can go a long way to ensure that this profession is given the recognition it deserves. Furthermore, such a move will see the improvement of the services in the workplace which carries an economic benefit.

## **1.2 Problem statement**

EAPs in South Africa are a multidisciplinary profession with various professions converging in the workplace to serve the same client for different needs. A client in EAP can be an employee or the employing organisation. The profession's ambiguous nature demands that various professional skills and knowledge should be harnessed to address the challenges that

arise in the workplace. Notably, ignoring workplace challenges affect the attainment of business goals and this has a ripple effect on the livelihood of the nation.

The critical role played by EAPs in the workplace points to the need to strengthen the profession which has a nationwide client base. Terblanche et al., (2021, p. 21) found that, “...there is no specific legislative or statutory body currently available which governs EAP practice in South Africa.” However, social workers, psychologists, medical personnel and occupational therapists are governed by statutory bodies. Pastors and human resources personnel are not affiliated to statutory bodies.

Another research observed that, “Market forces have resulted in the creation of numerous types of EAPs to address the changing needs of organisations and employees. However, ...due to a lack of standardisation, there is confusion about the scope and guiding principles upon which these EAP services are based” (Sandy, 2012, p. 46). This author further notes that, “...some studies have found conflicting results about the quality of EAP service provision and effectiveness in alleviating issues with job satisfaction, absenteeism and productivity.” (Sandy, 2012, p.46) This calls for an investigation on the question of ethics.

### **1.3 Rationale of the study**

Employee Assistance Programmes (EAPs) are activities designed to balance employee wellbeing and productivity in the workplace. EAPs in the South African workplace are offered by multidisciplinary practitioners among them social workers, nurses, psychologists and other professionals. Currently, there is an ethical code of EAP practice crafted and published by Employee Assistance Professionals Association of South Africa (EAPA-SA). However, because many practitioners are not registered with the association and have no access to the ethical code document, this renders the ethical code insignificant for this vast profession. Also, the association is not a statutory body and has limited power to enforce membership

compliance or monitor EAP practice and standards in the workplace. This implies that there are some practitioners whose professional ethics are unregulated while those registered with professional bodies subscribe to different standards of EAP practice. The EAP industry lacks quality standards (Sharar & Hertenstein, 2006b as cited in Sandys, 2012). In order to establish the nature of the professional ethics in the field of EAP, this study focuses on the perceptions of EAP practitioners to understand the factors that influence professional ethics in EAP given that it is a multidisciplinary profession. This study sought to establish whether there is a need to standardise EAP practice through the development and implementation of a common code of professional practice for South Africa. It is against this background that I sought to use a qualitative research methodology to understand the factors that influence professional ethics of South Africa's EAP service drawing from the perspectives of EAP practitioners.

#### **1.4 Research Question**

- What influences the professional ethics of EAP practitioners in the South African workplace?
- What is the meaning placed on EAPs by different practitioners?
- What are the factors that influence the conduct of EAP practitioners in South Africa?
- What is the role played by EAPA-SA in the professional functioning of EAP practitioners in South Africa?

#### **1.5 Aim**

The aim of this research is to explore the factors that influence the professional ethics of EAP practitioners in South Africa.

#### **1.6 Objectives**

- To identify different EAP practitioners in South Africa.

- To explore the meaning placed on EAPs by different practitioners.
- To identify factors that influence the conduct of EAP practitioners in the South African workplace.
- To determine the role played by professional bodies in the professional functioning of EAP practitioners in South Africa

### **1.7 Definition of key terms**

**Professional ethics** - moral principles that govern a person's behaviour or the conduct of an individual on activities involving physical and/or mental effort in paid employment or working for economic gain (Harris & White, 2018). This study focuses on the different professions and the professional conduct of EAP practitioners in the workplace.

**A professional** - is an employee who belongs to a specific profession and who earns a living from that profession. Based on this definition, EAP practitioners provide services that should satisfy set moral principles that govern EAP practice. EAPs in South Africa are offered by generic social workers, occupational social workers, psychologists, psychometrics, dieticians, trained counsellors and other professionals. In this context, they are referred to as EAP practitioners.

**Workplace** - a place where employees do their work. The workplace is an important factor in this study as this is where EAP practitioners do their work. The workplace has an influence on their conduct and those factors will be revealed through this study. In this research context van Breda, (2012) views the workplace as an ecosystem with the parties in this space being the employee, the situation and the interaction between them.

**Employee Assistance Programme (EAP)** – “EAPs are confidential worksite-based programmes designed to support employers and employees with work and personal problems. These issues could include relationships, legal, health, alcohol, bullying at work, work life balance and stress” (Barrett, 2010, p. 1). EAPs in South Africa are provided by multiple professional disciplines to address the different issues in the workplace.

**Practitioners** - A person actively engaged in an art, discipline, or profession (Harris & White, 2018). According to EAPA-SA’s SAQA accredited designations, an Employee Assistance Practitioner is a person who meets the minimum requirements to perform EA specific duties such as client consultation, initial assessment and referral. However, for the purposes of this study, the term practitioner is used to refer to any person actively engaged in the EAP practice. EAPA-SA has four designations which are EAP coordinator, EAP practitioner, EAP professional and EAP specialist. All these designations are given according to qualifications and experience in the EAP field regardless of the type of profession the individual holds. Some professions that make up the EAP practitioners include social workers, psychologists, nurses and registered counsellors. All these professionals and others will be called practitioners in the study.

**Perception** – “It is concerned with how we use the information reaching our senses to guide and control our behaviour as well as to create our particular, subjective experiences of the surrounding world.”(Rogers, 2017, p. 1). This study looks at the perceptions that the respondents have of the EAP profession in South Africa, EAP practitioners and EAPA-SA. The centrality of the study is on the perceptions that the respondents have about the factors that influence the professional ethics of EAP practitioners.

**EAPA-SA** – Employee Assistance Professionals Association of South Africa is incorporated as a Non-Profit company with members in accordance with and governed under section 21 under the Companies Act of 1973 (Act 61 of 1973). EAPA-SA was created in 1997 as a transition from the National EAP Committee functioning on a national level into an association functioning on an international level and providing opportunities for international exposure (Terblanche, 2018). The association is best suited to influence professional ethics nationwide given their international affiliation and their successful performance as a chapter. EAPA-SA's standards and ethics meet international best practices making them a viable option for professionalising EAP practice in South Africa.

### **1.8 Theoretical Framework**

A theoretical framework lays the foundation on which all knowledge of a research study is built upon. It serves as the structure and the scaffold for the justification of the study, the approach to the problem, the purpose, the importance and the research questions (Grant & Osanloo, 2014) The person-in-environment (P-I-E) perspective was chosen for this study because it provides a more adequate framework for assessing an individual and their work, the workplace relationships and the entire work environment. It served as a foundation on which the methodology was chosen and how new knowledge was analysed and discussed. This perspective also shaped the ideas presented in the findings and guided the discussion.

Under this theoretical framework, the workplace is viewed as a fully functioning community that experiences social, spiritual, economic, cultural and other challenges just like any other community. Various factors at play in the workplace have an influence on the behaviours of the employees and their employer. To meet their needs, certain formal structures and systems are put in place to organise and manage the workplace. Such instruments serve to protect and

prevent unforeseeable threats to its survival. However, like any society, problems do arise at various levels of the workplace which require specialised interventions. It is here that the rise of EAPs is seen as it is discussed in the literature review as an intervention within a social system. (Thyer et al., 2012, p. 40) quotes the CSWE standards which emphasise that, “Social workers utilise conceptual frameworks to guide the processes of assessment, intervention, and evaluation; and critique and apply knowledge to understand person and environment.” The interaction between the person and the environment places emphasis on the whole system and the perception of how all things are interconnected (University of Calgary, 2021). Drawing from the interconnected components of a social system, the workplace is viewed here as that system where factors influencing the EAP professional ethics are at work. The domain of professional ethics, the domain of the practitioner and the paradigm of the EAP profession in South Africa as seen by EAP practitioners themselves are the focus of this study. The roles and functions of the EAP practitioners in the workplace on a professional level are explored deeply to understand the factors that influence their professional ethics. The person-in-environment perspective in social work practice, serves as the principle that highlights the importance of understanding human behaviour in light of the environmental contexts in which that person lives and acts.

#### 1.8.1 The EAP work environment

The EAP environment and work experiences shape the way practitioners perceive professional ethics. These two factors also impact how practitioners think about their own work and what influences them, why they respond to their clients, peers and employers the way they do (Neal & Neal, 2013). The EAP environment in this study occurs at the three levels listed below.



### 1.8.2 Micro level

“[T]he forces impacting a person’s development are entirely determined by the smallest circle/system in which he or she participates.”(Neal and Neal, 2013, p. 726) Based on this assertion, I explored the aspects of EAP practitioners’ understanding of their own environment and that which influences their professional ethics. The individual’s belief systems, moral values, skills, knowledge of the field of practice and professional identity were key to unlocking the conversation about their perceptions of professional ethics in EAP.

### 1.8.3 Mezzo level

Practitioner’s professional growth and development was viewed at mezzo level in line with van Breda’s (2012) Occupational Social Work Practice Model. I also looked at affiliation, accreditation and possible credentials that linked the EAP practitioners with professional bodies. Given the multiplicity of the professionals in the field, understanding the different professional bodies and the practitioners’ affiliation helped to determine if these bodies have any effect on professional ethics. Furthermore, peer to peer interactions, where peer supervision in the EAP takes place was also seen as key in shaping beliefs, attitudes and other such attributes on a professional level.

### 1.8.4 Macro level

Organisations that employ EAP practitioners have instruments that are used to protect their business image, their employees and their business environment. These instruments vary according to the purpose they serve. Observing that EAP practitioners’ behaviour can be influenced by the formal processes of the employing agency which demand unnegotiable abiding, I analysed how this tie in with the information gained from the participants.

## (i) 1.9 Methodology

Choosing a suitable research methodology forms the central part of the research as it guides

the research process. I used the qualitative research method to meet the study's focus on gaining perceptions of the participants on the professional ethics of EAP practice. A phenomenological design was used in the process of collection, analysis and presentation of the data collected on professional ethics in the EAP space as perceived by EAP practitioners (Caulfield, 2020).

## **Conclusion**

The person-in-environment (P-I-E) perspective as a framework chosen for this study has been defined, explained and applied in the outline above. This theory helped to put into perspective the most important aspects of this study. Although the theory fits well with psychological behaviour interventions, in this context the EAP practitioner's behaviour and the work environment were in the spotlight.

## **CHAPTER 2. LITERATURE REVIEW**

### **2.1 Introduction**

This chapter looks at various aspects that make up the EAP profession in South Africa and internationally. The themes discussed in this section are intended to illuminate the findings of this study. Thus, literature around the definition of EAPs as understood within this study context is explored to formulate arguments that inform the conclusions drawn around what exactly happens in EAPs which pools various professions together. What makes EAPs a profession is brought to the fore based on the definitions investigated. As a growing profession in the country, it is evident that limited literature is available to argue certain concepts from the South African perspective, for example, the economic contribution EAPs bring to the overall economy is yet to be factually proven. However, the legality of the service is justified which implies that the profession is valuable and so are the practitioners. This chapter goes further to explain the role of EAP practitioners which is presented with a view of finding the fit between the profession and its various players in the field. The multiplicity nature of the profession is highlighted with a justification for the need to understand factors influencing the practice. The domain of ethics is explored broadly to meet the aims of this study. This formed the foundation of the introduction of the Employee Assistance Professionals Association of South Africa (EAPA-SA), which is an affiliate organisation of the international body of EAPA. EAPA-SA is a brainchild of the South African EAP professionals wholly owned by the association and led by elected board members who are EAP professionals themselves and still in practice.

### **2.2 The history of EAP?**

The history of EAP is that R.M. Macy and Company, and the Northern State Power Company recognised the need to establish EAPs mainly because of the high rate of alcoholism among their white-collar workers in the United States of America in the 1940s (Masi, 2000). EAPs evolved from Occupational Alcohol Programmes in 1930s and expanded in 1940s and 1950s to address other problems. In the 1960s, it shifted from identification of symptoms to addressing effects of job performance. Today EAPs deal with a range of issues. Leonard et al, (2020) ' in a study carried out in Namibia observed that, "Besides employee substance use/abuse, a number of other health-related concerns, work pressures/demands, low wages, relational issues, psychological; financial; legal impacted employees and the employers." Following this historical explanation from an international perspective, this concept informed the development of the EAPs in South Africa.

Terblanche (2018) posits that the EAP concept was first introduced in South Africa by JBP Starker, a psychologist, in 1981. Ibid (2018) acknowledges that long before the introduction of EAPs in the workplace, alcohol programmes in the workplace had already been introduced in the Western Cape through South African National Council on Alcohol and Drug Addiction (SANCA). In addition to the alcohol programmes as a workplace intervention, the Chamber of Mines of South Africa assisted mine employees through the Social Services Department which provided in-patient psychiatric and psycho-social services to its employees. These services included assistance to employees' family members but were only for white employees. The intervention was later extended to other racial groups in 1983 when after a feasibility study was conducted resulting in the establishment of counselling centres. (Maynard, 2017).

Today, EAP services in the South African workplace have been spread over a wide EAP professional service-base owing to the needs presented in the workplace. High rating

categories in the South African workplace include interpersonal relationship problems, personal emotional issues like depression, anxiety and suicide, financial and legal problems, bereavement, addiction, hostility, crime, interpersonal workplace conflict (Masi, 2000). Thus, according to the International EAP Association (2021), "...employee assistance is the work organisation's resource that utilizes specific core technologies to enhance employee and workplace effectiveness through prevention, identification, and resolution and productivity issues in the workplace."

Bhoodram (2010) states that the main function of the EAP is the prevention and treatment of psychological and social functioning of the employee which negatively impact the efficiency and quality of work. EAPs provide many services to the employee and the organisation and these include referrals, counselling, rehabilitation, critical incidence responses, support for management, organisational consultation, programme promotion, information and monitoring. A full-service EAP provider offers individual and group counselling services in addition to macro level interventions. It is this synergistic combination of clinical and organisational support services that maximise the economic benefit for client organisations.

## **2.2 The legislative framework of EAPs**

Sandys (2012) noted that in the United States of America (USA), it was not clear how EAPs were defined in state or federal law. However, she cited a few legislative instruments that indirectly governed the practice there. In South Africa, there is still no specific legislative or statutory body currently available which governs EAP (Terblanche et al., 2021). This means that EAP practice rides on the provisions of various legislative instruments to attain its legitimacy.

The World Health Organisation's Global Plan of Action on Workers Health 2008-2017 calls for effective workplace interventions that prevent occupational hazards, protect and promote health and access to occupational health services. The South African Constitution of 1996 and the Labour Relations Act 66 of 1995 provide for the implementation of EAPs as a human right (Subramanien and Joseph, 2019). Other legislative instruments that relate to EAPs include, Basic Conditions of Employment Act 75 of 1997, the Unemployment Insurance Fund, and Contract of employment. The Employment Equity Act 55 of 1997 and the Skills Development Act 97 of 1998 ensure that workplaces observe, protect and promote humanity and its wellbeing, a role partly played by EAPs. This background positions EAPs in South Africa as an internationally recognised legal service that ties in well with international laws and charters which the country is a signatory to. The Act recognises and enforces the right of the employee to protection and the mandatory role of the workplace to prevent hazards and promote healthy practices.

South African legislation therefore complies with the international standards in that EAPs are aligned to a broader legislative framework that guarantees the humane treatment of employees while safeguarding workplace productivity.

However, the profession does not have a legislated professional body to oversee and monitor the implementation of EAPs. Explaining why EAPA-SA is unable to effectively regulate the field, Terblanche (2018) states that it is due to the absence of a statutory body for EAP professionals. EAPA-SA board then decided to approach South Africa Qualifications Authority (SAQA) to be recognised as a professional body and this was granted in terms of section 13(1)(i)(ii) of the National Qualifications Framework Act, Act 67 of 2008. The Act calls for SAQA to manage designations of professional bodies and to award professional body status to bodies across a vast range of disciplines, according to set criteria among other duties. This recognition is given to both statutory professional bodies and non-statutory

professional bodies (PSMA, 2021) Professionals in social work and psychology are therefore required by law to register with their respective professional bodies. Any breach of professional practice can result in the revocation of membership. Individual membership with these bodies is renewed annually to enforce continuous development of professional attitudes and behaviour (Fusco, et al., as cited in Naidoo & Rajcoomar, 2020).

Despite the popularity and subsequent widespread of EAPs, little effort to evaluate the workplace effects of EAP services in the South African workplace has been made (Sharar, et al., 2012). There is a need for research into the dynamics of what informs ethical practice of the various practitioners and how what they do is monitored and the EAP service evaluated.

### **2.3 Conduct of EAP Practitioners**

According to the King IV report, “Ethical leadership is exemplified by integrity, competence, responsibility, accountability, fairness and transparency. It involves anticipating and preventing, or at least ameliorating, the negative consequences of the organisation’s activities and outputs on the economy, society and the environment, as well as on the capitals that it uses and affects” (King IV report, 2016, p. 3). This speaks to proactive leadership with the best practice outcomes in mind. Ethical leadership identifies gaps in society and responds responsibly to avert systemic challenges that may cause harm to the environment. Ethical leadership should respond to this need in accordance with the proposed values listed in the King IV report.

Ethics form an important component of practice in addition to skills and knowledge.

However, “the domain of ethics is optional in the sense that people have some room for choice as to which norms and values to commit to, depending on how they conceive of the good life... moral norms are independent of such choices.” (Habermas, 1990 and Williams,

1985 as cited in Hindriks & Sauer, 2020, p. 578). The promulgation of ethical codes in various professions therefore serves as a way of regulating and standardising practice in a specific profession. This ensures the protection of the service beneficiary and the profession itself. Without an ethics code, workplace conduct can only be viewed through a moral lens. “Norms concerning harm and fairness belong to the moral domain, just as the classical conception stipulates. More parochial norms concerning purity, community and authority belong to the domain of ethics” (Hindriks & Sauer, 2020, p. 578). A workplace as a community concerned with the functionality of its individuals prioritises social interactions which enhance productivity. “Human beings are intuitive virtue theorists who view acts as signals of underlying moral traits, such as integrity and empathy for others.” (Uhlmann et al., 2015, p. 79). Even without written ethics documents, EAP practitioners are still expected to show a consistent conduct in the workplace which aligns with the type of work they do. It is human to do so. However, as a measure of control, some professions like social work, psychology, medical health practitioners have specific ethics code that promote certain virtues in their different workplaces. These ethics codes standardise workplace practices within the specific profession. EAP as a multi-disciplinary profession therefore requires a specific code of ethics that promotes certain virtues consistent with the profession. Given its uniqueness and its and complex clientele, EAP as a profession requires protection which can be achieved by pushing for standard practices by various professions in the workplace.

#### **2.4 Professional ethics**

Professionals are trusted people in society with power and expertise and they are viewed as ethical agents. Examples of professionals in the EAP profession include Social Workers, Psychologists, Medical Doctors to name a few. There are different associations for different professionals in South Africa and they exist for different reasons. For example, South African Council for Social Services Professions (SACSSP) is an association for Social Workers and other social service professions. Its



role is to serve as, “the regulatory body to set and maintain standards of education and practice of the social service professionals” established in terms of the Social Service Professions Act 110 of 1978 (SACSSP, 2022). This fits the requirement that professions are associations with people who specialize in a specific service that can be defined in ethical terms. Professionals are employees defined by respect for their professions’ norms of confidentiality and informed consent in the work they do (Airaksinen, 2012). The workplace has several professions and not all of them practice under legal statutes to ensure that values of confidentiality and informed consent are upheld.

## **2.5 The role of EAPs in the workplace?**

EAPs ensure that businesses overcome social and economic challenges impacting the employees and the work environment. EAPs are valuable to employers in that they promote the organisation’s investment in human capital, address the costs of doing business, and minimise business risk (National Business Group on Health, 2008 as cited in Sandy, 2012).

From an occupational social worker’s perspective, the workplace is a community where interventions are at micro, mezzo and macro levels (van Breda, 2012). Consequently, EAPs are used at different levels of the workplace to meet different needs of the individuals, the workplace teams and the organisation itself. (Ledimo & Martins, 2018).

Table 1 below summarises the role of EAPs in South Africa.

**Table 1. The role of EAP**

To improve	To reduce	To manage	To help with
Success	Litigation	Change	Policy implementation
Morale	Costs	Problem people	Counselling
Commitment	Absenteeism	Stress	Downsizing
Performance	Staff turnover	Uncertainty	Reactions to a crisis
Profits	Accidents	Environment	Specific needs or events
Productivity	Withdrawal		Problem diagnosis
Quality	Conflict		Problem expression
Image/PR	Stress		Problem dissipation
Perks	Anxiety		Problem solution
Benefit package			
Feedback			
Coping skills			
Health			

Source: Public Service Commission (2006)

The table above highlights the comprehensive role of EAPs in the workplace.

The following quotation illustrates the benefits from research done in the United States of America (USA).

“The business value for employers from the proper use of CIR services from EAPs is most likely to be found in the outcomes of reduced worker health care costs, reduced disability claim costs, reduced workers' compensation claim costs, reduced worker absence days, and reduced worker turnover from increasing the number of employees

who can successfully return to work from being on disability after experiencing a traumatic event.” (Attridge & VandePol, 2010, p. 137)

Investing in EAPs has proved to be a solution for the business. Strengthening the EAPs will involve promoting standard practice across the field.

## **2.6 The effects of EAPs in the South African workplace**

EAPs have been seen gradually gaining popularity in South Africa as they have proven to be effective in enhancing institutional productivity by reducing absenteeism, turnover, tardiness, accidents and medical claims elsewhere (Grobler et al., 2011). EAPs’ effectiveness is in that they address all types of problems that affect the employees and their work environment.

Expanding on this assertion, Senrechet al., (2019) concluded that support for social workers in the workplace not only reduces workplace stress, but also increases compassion satisfaction. Employee wellbeing driven by EAPs form an integral part of the workplace as employees are the much-needed resource in a workplace. A research in South Africa carried out by Taute and Manzini(2014) in South Africa revealed that about 99% respondents saw using the EAP as benefitting the employer, the employee and the Union. 29% of the respondents saw the main purpose of EAPs as a means to promote employee wellness, with 26% stating EAPs are for reducing health risks, and 15% indicating that EAPs are for resolving disputes. Two percent of the interviewees in the same study thought EAPs are there to dismiss staff.

Mugari et.al. (2014) noted that EAP as it is currently constituted does not comprehensively meet the needs of the employees.

## **2.7 Professions in the EAP field in South Africa**

There is no one expert profession to deal with the complexity of workplace challenges in South Africa. Govender and Terblanche (2014) state that the development of EAPs in South Africa has been influenced by various professions and that these arose out of different organisational needs which occurs in varying forms and at different levels of sophistication. Issues such as on staffing, availability of resources and capacity within organisations determine the responses required. Some professions in EAP service include social workers, psychologists, nurses, sports professionals, spiritualists and dieticians. These professionals are managed by different professional bodies with different standards, values and ethics. EAPs are therefore not offered as a standardised practice; different professions do what suits the needs of their governing organisations. Some concerns on the lack of standardisation in the practice have been raised. Terblanche (2018) noted that some EAP professionals were not supervised by trained social workers. As a result, they were made to do tasks that were not social work-related or could not practice social work according to social work standards of practice and professional ethics. Such practice is in contravention of ethical practice in the social work profession which stipulates that a social work supervisor should be a social worker with the required experience in the field of practice and qualifications to whom authority is delegated to supervise social work. Supervisors are accountable for the ethical and work performances of supervisees (department of social development, republic of South Africa, 2012). The formation of EAPA-SA came as a response to some of the challenges experienced by EAP professionals in the field of practice as indicated above.

## **2.8 The role of EAPA-SA**

Terblanche (2018) posits that EAPA-SA is the voice of the EAP professionals in South Africa. The mission of EAPA-SA is to guarantee that EAPs in South Africa have the highest

professional standards. The board developed a document with a standard of practice and an ethics code for the EAP professionals who are members. Bhoodram (2010) stated that all EAPs in South Africa are benchmarked against EAPA- SA standards. There is an effort to standardise the practice in South Africa although there is concern that some practitioners are not aware of the existence of such documents. Terblanche (2018:519) commented that the fact that 7% of EAPA-SA members who participated in a survey in 2014 indicated that they did not consult the standards document was alarming. He further notes that, “EAPA-SA has gained recognition amongst corporate companies over the years as the guiding body for professionals” (Terblanche, 2018, p. 106). EAPA-SA is affiliated to EAPA international as a South African Chapter.

In an effort to standardise professional conduct in EAP, EAPA-SA launched its first standards document formulated in 1999 which was revised in 2005 and in 2009 to ensure that it reflected both local and international best practice. A fourth edition was developed and launched in 2015.(*EAPA-SA, 2021*). The organisation went on to launch EAPA-SA Code of Professional Ethics for its multidisciplinary membership which includes client organisations like ICAS, Momentum, Life Health Care and many others.

In its preamble of the ethics document, EAPA-SA claims that it is a recognised and respected professional association which holds to very high standards, quality of training and professionalism for its members. It further adds that in order to maintain its reputation, the EAPA-SA members are expected to maintain an all-time ethical approach (EAPSA, 2021). However, with most EAP practitioners from various professions not yet registered with EAPA-SA as members, and not implementing this document, it is important to find out what practicing practitioners have to say about professional ethics of EAP.

This study views EAPA-SA as the pool of practitioners from various professions serving the South African workplace with EAP services.

## **2.9 Conclusion**

This chapter highlighted the significant contribution of EAP to society, especially on the overall wellbeing of the employee in response to a silent call for support and protection. Drawing from the history of the subject, literature shows that ignoring other parts of the employee's life circumstances was costly to business survival and the smooth running of this important institution. The introduction of multiple disciplines in the workplace as a response to the employee's wellness needs improved the cost benefit on the business front and the entire organisational wellbeing. EAPs fitted well with the labour laws internationally which saw the rise of the profession and its spread globally. South Africa adopted the practice and literature proves that the profession is growing and research in the field is on-going. This chapter also highlighted the shortcomings in the profession particularly the need for standard practice of the practitioners, a gap which this study sought to address. Supervision of social workers working as EAP practitioners was used as an example to prove that indeed professional ethics are compromised in EAP practice.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 Introduction**

Conducting a research study can be easily focused if it follows a specific methodology. Looking at the validity of what I was researching on and how to collect, analyse and present the data collected (Consultores, 2021) made it easy to arrive at the findings and reach conclusions of this study. The following outline explains the methodology and the research design used to conduct this study. Taking off from explaining the instruments used during data collection, followed by an explanation of the method used in data analysis, the stages of the research process are discussed. Because EAPs are best understood from the perspectives of the practitioners who carry out the tasks of dealing with workplace issues that affect the employees and the work environment, EAP practitioners are custodians of the profession, its values and principles and the ideals that the profession pursue and it is with this background that they were interviewed for this study.

### **3.2 Research strategy and design**

A research strategy can best be described as the blueprint for conducting research, giving guidance and the steps required to achieve the objectives of the study (Abutabenjeh & Jaradat, 2018). This research was conducted using the qualitative research approach and followed a phenomenological design. Naturally, a qualitative researcher will be concerned with understanding the subjective perception of reality from the perspective of the research participant (De Vos et al., 2011). Qualitative research methods are used to gain insight into people's attitudes, behaviours, value systems, concerns, motivations, aspirations, culture, or lifestyles (Howson, 2017).

The qualitative research approach enabled me to gain an understanding of the respondents' opinions based on their experience of EAP practice and their working environment. I sought

to obtain information about the behaviours of their peers and the social contexts that characterise the EAP profession and how these shaped their professional ethics.

However, qualitative research results rest on the subjective view of the respondents which may compromise the results which could be biased and misleading. Owing to this observation, views of external practitioners and those of in-house practitioners were gathered given that these two groups experience the same work environment differently. Notably, both groups' views can be further influenced by cultural backgrounds and the length of service of the respondents and their qualifications.

### **3.3 Population, sample and sampling procedure**

Because of the shortcoming of the research method used noted above, I made sure to interview subjects from different cultural backgrounds, different lengths of services, varying qualifications and other factors that could possibly lead to an unbiased conclusion.

Saldana, (2011, p. 34) suggests that, "...a minimum of ten to twenty participants is needed to insure more credible and trustworthy findings". Sixteen practitioners in EAP practice were sampled for this study. Table 2, 3 and 4 below show details of EAP practitioners sampled.

These serve as public employees, private sector practitioners or as self-employed consultants or therapists. Qualifications in the field vary according to expertise and the field of practice.

However, there are currently no set entry requirements for EAP practice in South Africa.

Barker, (2003, as cited in De Vos et al., 2011) defines the sample as a small portion of the total set of people from which a representative selection is made. EAP is a wide field that cannot be easily studied with all practitioners in participation. A sample of practitioners needed to be drawn to conduct this study.



The population sample for this study was drawn from practicing EAP practitioners. Participants were purposively sampled from a supervision group, EAP/EWP providers and EAPA-SA data base. Among these were EAPA-SA members, government employees, EAP practitioners in private practice and EAP practitioners employed in EAP/EWP service provider companies.

Table 2. The practitioners sampled.

<b>Profession</b>	<b>Number of Practitioners</b>
Social workers	4
Medical Personnel	3
Occupational Therapists	2
Human resources	2
Pastor	1
Dietician	1
Sports Personnel	1
Psychologist	1
Registered Counsellor	1

Table 3. The racial distribution of the population sample.

<b>Race</b>	<b>Number of practitioners</b>
Africans	10
White	3
Indians	2
Coloured	1

Table 4. Work experience of the population sample.

<b>Field experience</b>	<b>Number of practitioners</b>
1-5 years	5
6 – 10 years	6
11 - 20 years	5

The sample was composed of elements that contained the most characteristic, representative or typical attributes that serve the purpose of the study best as suggested by De Vos et al., (2011).

### **3.4 Research instrument**

Research instrumentation is the development of research instruments that can be effectively used to gather data on the study. This includes testing and using the devices created for that purpose (De Vos et al., 2011). A semi-structured interview schedule was used in this research. However, some respondents were not willing to have face to face sessions and chose to answer a questionnaire instead. Those who did face to face sessions provided verbal responses while others had written responses after failed appointments due to changes that came with COVID-19. However, all participants received open-ended questions which were used to solicit information that related to the keywords of the research. The set of questions resulted in responses that were intended for the purpose of the study. Biographical questions were used to understand who the participants are and for how long they have served in the EAP field and in what capacities.

Principles of questionnaire construction proposed by De Vos et al., (2011) were followed. These included looking into the information needed, the writing of questions, the length of the questionnaire, how to conduct pilot testing, how data analysis was conducted and determining the response systems. Based on this advice, nine questions were set to gather information from the practitioners which informed the results of this study. The questions are attached as Appendix E.

### **3.5 Pre-testing of the research tool**

Bless et al.,(2006, as cited in De Vos et al; 2011) define a pilot study as a small study conducted before a full scale research to test if the methodology, sampling, instruments and analysis are adequate and appropriate. Two EAP practitioners who did not participate in the research took the pre-test. Pre-testing was used to determine the effectiveness of the questions and the results were used to inform the amendments that were necessary before the research commenced. Adjustments were made to the questions based on the pre-testing tool. The

length of questions was adjusted to improve on the quality of the questionnaire. Furthermore, the biographical questions were reduced from four to three owing to the realisation that questions around the participants' personal details were not respecting client confidentiality.

### **3.6 Method of data collection**

Baxter et.al; (2008, p. 13) suggest that "Potential data sources may include, but are not limited to documentation, archival records, interviews, physical artefacts, direct observations, and participant-observation." Data collection was done through qualitative interviews (Creswell, 2013). Data was gathered in the Gauteng Province of South Africa. This interview technique allowed for flexibility in that follow-up questions were asked to seek clarity on the information provided by the participants (Adhabi & Anozie, 2017) also allowed space for the participant to bring in more than just what the researcher had in the interview schedule. Data collected was stored in the MAXQDA 2020 data base as audio files for transcription.

Respondents were emailed the participant information sheet and a consent form attached as Appendix A and B respectively.

#### **3.6.1 Semi-structured interview questions**

Saldana (2011) states that qualitative research studies rely on interviews with participants. He further states that the data collection method is an effective way of "soliciting and documenting, in their own words, an individual's or group's perspectives, feelings, opinions, values, attitudes, and beliefs about their personal experiences and social world, in addition to factual information about their lives." De Vos et al., (2011 p. 342) define the interview as, "a social relationship designed to exchange information between the participant and the researcher. The quality and quantity of information exchanged depend on how astute and creative the interviewer is at understanding and managing the relationship."

A list of possible participants was created during preparation for data collection in line with Saldana's (2011) advice that the researcher must decide who are the specific people appropriate for interviews and those most likely to provide applicable responses. I prepared a list which consisted of four participants per category of the different practitioners in the EAP profession. The response to invitation to participate was very discouraging with many participants turning down the request. Interviews were conducted face to face or virtually (Zoom/MS Teams/WhatsApp) in line with COVID-19 precautions. The interviews were recorded on my mobile phone and on my laptop for backup; both of which had passwords to protect the interviews. Follow-up questions were asked telephonically to get clarity on responses that lacked detail. All responses were saved on the MAXQDA 2020 for data analysis.

### **3.7 Data analysis**

The process followed an inductive analysis (Braun & Clarke 2006) framework which was best suited to explain the lived experiences of the EAP practitioners in the workplace. Creswell (2013) suggests that data analysis should proceed hand in hand with data collection and the write up of the findings. Therefore, my data analysis began from transcribing the audio files using the MAXQDA 2020 software application. Transcribing the interviews presented the first opportunity to engage the data. Text documents were created according to pseudonyms of the participants and different color codes were used to pick general ideas that spoke to the research objectives. Rereading the data was done several times and ideas were formed on the perceptions of the participants. I went back to re-read the texts to make meaning of the broad ideas and from this formed the themes and color coded them as well. Reviewing the themes happened when a closer look into data to determine its credibility based on literature was done during further reading of the text (Creswell, 2014). Given that

participants were people from diverse professions and work settings, consideration was made that data analysis is about making or asking questions, developing explanations and testing hypotheses based on logical and analytical methods as stated by Cuesta and Kumar (2016). I deleted what I deemed irrelevant to the research objectives after reviewing the themes. My data were exported as excel documents, graphic charts and tables for analysis purposes. Although the process was back and forth, it helped me to gain clarity on what the data was communicating.

During the process of analyzing the data, interrelated aspects of the respondents' experiences and views around professional ethics in EAP practice within the workplace context were considered. Individuals' responses were compared to check for commonalities and differences in experiences of field EAP practice (Flick, 2013).

### **3.8 Limitations of the research strategy, design and methodology**

These data cannot be easily validated because participants have control over the validity of content provided. I could not verify the participants' subjective views. Secondly, the data collected may be analysed differently by another researcher which can lead to a different finding. Thus, this study is not a final authority on factors influencing professional ethics in EAP in South Africa. All qualitative studies are inimitable, this study is difficult to replicate. A different methodology may produce different results if used with a larger population sample to check the same hypothesis.

### **3.9 Trustworthiness**

Shenton (2004) states that trustworthiness is used in research to satisfy four criteria, namely credibility, transferability, dependability and confirmability. Trustworthiness in research is

the honesty of the study and the way it was conducted. Therefore, in order to satisfy the standard of being honest, a qualitative study must satisfy the criteria identified above. Each of the criteria are explained below.

Credibility means to demonstrate that the inquiry was conducted in a way that ensures that the respondent was accurately identified and described (De Vos et al., 2011). The respondents were EAP practitioners still in practice and biographical questions were asked to establish what type of work they did and if the qualifications met the EAP categories. Verification of the findings was done through member checking during data analysis. Follow up interviews were conducted to verify the themes that were identified during data analysis. The themes from different sources converged and the participants confirmed this through their interview responses. The findings are a true reflection of what is happening in the EAP field. However,

I also introspected to ensure that the description of the findings was not influenced by my professional background, values and other such factors.

I was confident that the research findings were true and accurate following the selection of the population and their credentials. The use of semi-structured interviews guided the type of information gathered which specifically addressed the topic being researched. Recording the interviews ensured that data collected was used as is, without my interference.

De Vos et al., (2011) explain transferability in terms of the researcher asking whether the findings of the research can be transferred from a specific situation or case to another.

Creswell, (2013) advises that the researcher must use rich, thick descriptions to convey the findings of the research. Expanding on this, De Vos et al., (2011) explain that dependability is the process of logical, well documentation and auditing of the research process. I ensured that the data collection process, analysis and integration of literature was comprehensive. An endeavour was made to interpret and present the findings based on professional supervision to ensure that the study could be repeated by other researchers in the EAP field and produce

consistent findings.

To meet confirmability, the researcher used peer debriefing (Creswell, 2013). Peer students were requested to read the descriptions of the findings. The supervisor also checked the quality of the facts and the manner in which they were presented to confirm the data collected.

### **3.10 Ethical considerations**

Ethical considerations are principles that govern the research process in order to protect the participants from researchers (Babbie, 2007 as cited in De Vos et al., 2011). This implies that the rights of the participants must be respected. The ethical issues that were considered for this study are discussed below;

#### *(i)* Informed consent

Grinnell et al; (2008 as cited in De Vos et al., 2011 p. 116) state that, “Respect for persons require that subjects be given the opportunity to choose what shall or shall not happen to them.” Participants were given informed consent forms. The informed consent form clarified the following aspects: title of the research, voluntary participation, no compensation, the procedure of data gathering, and that the findings will be disseminated in a way that guarantees anonymity. The consent letter was distributed and signed prior to the conduction of semi-structured interviews and the semi-structured questionnaire. Participants who showed interest to participate in this study were given the information sheet first to read and understand details of the study. There was no risk involved in this study . Consent was obtained by the signing of the form on the basis of a solid understanding what the process entailed. The following three attributes are aspects of the informed consent.

#### *(ii)* Anonymity

De Vos et al., (2011) state that anonymity means that no one, including the researcher should be able to identify any subjects afterwards. The semi-structured interviews ensured full

anonymity of respondents in that after transcribing, pseudonyms were used for labelling purposes and so were the audio files. Respondents were requested not to write any identifying details or information on any materials used for the purposes of this study.

(iii) Confidentiality

“Confidentiality places a strong obligation to social workers to guard jealously the information that is confided to them...it can be viewed as a continuation of privacy, which means refers to agreements between persons that limit others’ access to private information” (De Vos et.al, 2011 p.120). All data was kept confidential and only the researcher and the supervisor will have access to the recorded interviews and the transcripts. The recorded interviews will be kept safe, locked under a password known to the researcher and the supervisor.

(iv) Voluntary participation

Participation in the research was voluntary. Rubin and Babbie (2005 as cited in De Vos et al., 2011) emphasise that participation should at all times be voluntary. No participant was compelled to participate in the study, and they were allowed to withdraw from the study at any time without any penalties levied against them. Respondents were not compensated for sharing their views and experiences.

(v) Ethical clearance

Ethical clearance was sought from the Faculty of Humanities, Research and Ethics Committee and is attached as Appendix F. The research did not commence prior to ethical clearance being granted after an extension was sought on expiry of the first one and the change of topic. The ethical clearance number SW/19/07/10 was provided from 22/08/2019 unconditionally.



## 4. CHAPTER FOUR: PRESENTATION OF FINDINGS/RESULTS

### 4.1 Introduction

The results of this study are presented in a narrative format. Tables and graphical presentations are used to ease the interpretation of the information. Participants' identities were hidden to ensure anonymity. Thus, to protect participants identities, participants were assigned pseudonyms.

Table 5. Demographic details of the participants

Pseudonym	Race	Gender	Age	Profession	Number of years in service	Employment type
Jay	African	female	34	Dietician	6 years	Private practice
Mole	White	female	36	Nurse	4 years	Private company
Cathy	African	female	30	Social Worker	1 year	Private practice
Jan	Indian	female	33	Administrator	6 years	NPC
Let	African	female	39	Occupational therapist	7 years	Private practice
Sibs	African	male	42	Pastor	5 years	NPO
Dim	African	female	43	Medical Doctor	10 years	Private practice
Tshep	African	female	48	Generic Social worker	13 years	Private practice
Dr	Indian	male	60	Director	17 years	Public
Ther	African	female	47	Office manager	4 years	NPC
In	White	female	31	Generic Social worker	6 years	Private practice
Jul	African	male	37	Occupational Therapist	8 years	Private practice
Aye	Coloured	Female	45	Occupational Social Worker	5 years	Private practice
An	White	Female	51	Clinical Psychologist	4 years	Private practice
San	African	Female	40	Professional Nurse	14 years	Private company
Mph	African	Female	34	Registered Counsellor	13 years	Public

## 4.2 Multiplicity of professional disciplines in EAP

Table 5 above provides a summary of the biographical details of the participants. This information points to the fact that EAPs are provided by different professionals and people with other qualifications. These EAP practitioners serve either in the public service or in private companies if not self-employed in private practice. Given their different fields of expertise, and presenting with different needs; the different practitioners demand specific expertise. Govender and Terblanche (2014) state that the development of EAPs in South Africa has been influenced by organisational needs, availability of resources and organisational capacity. Each practitioner enters the workplace to meet a specific need. The needs determine the specific EAP skills for employee or organisational requirements.

## 4.3 Emerging Themes

The main purpose of this study was to explore factors that influence professional ethics among EAPs in South Africa. Three main themes and ten sub-themes that emerged from the data are presented below followed by a brief explanation and presentation of the findings.

Table 6. Emerging Themes and Sub-Themes

Themes	Subthemes
1. The meaning of EAP	A. Perceptions of EAP practitioners on EAPs B. Role of EAP practitioners in the workplace
2. Importance of EAPs	
3. Factors influencing EAP practice	i. Professional bodies ii. Morality iii. Companies' Code of conduct iv. Confidentiality clause v. Private supervision vi. job descriptions vii. Employers viii. EAPA-SA

### **4.3.1 The meaning of EAPs**

#### **A. Perceptions of EAP practitioners on EAPs**

- (i) Participants in this study understood EAPs to be a workplace programme offered by qualified personnel as support to the employees and the employer. In addition, they viewed EAPs as a corrective measure of the workplace ills that support the employer to make profit. While most participants viewed EAPs as an intervention focused on the individual employees, there was an indication that the employer is also an EAP client.
- (ii) Names used in this section are pseudonyms with real descriptions of race, gender, age and profession.
- (iii) Jan, 33, Indian female, administrator (hereinafter referred to as Jan) defined EAPs as a “Strategic work-based intervention programme designed to enhance psycho-social well-being of all individual employees and well-being of the employer as corporate client towards improved productivity of the workforce at large,” while San, 40, African Female, professional nurse (hereinafter referred to as San) stated that, “EAPs are short term counselling sessions given to employees who are stressed or who are having challenges at work in terms of their overall performance due to social or economic challenges. So, it’s those employees who are identified by the employer as having poor performance levels which could be due to work or social stress or any other problems that they might be having which is impacting on their overall work performance.”
- (iv) EAPs provide a comprehensive bio-psycho-social intervention strategy for a distressed workforce. Mph, 34, African female, registered counsellor (hereinafter referred to as Mph) summed it up by defining EAPs as, “...workplace programmes that exist to ensure the holistically functioning of employees' emotional, psycho-social, psychological, physical and spiritual, they also exist to enhance productivity and the overall employee wellbeing.”

(v) I noted that a few practitioners in this study viewed the workplace environment as an EAP client. Participants viewed EAP as support for employee's individual needs. A previous study confirmed this by stating that EAP is viewed predominantly as a counselling service which may impose limitations on the service (Taute & Manzini, 2014). Based on this result, I observed that EAPs are narrowly defined. Since data shows that more than just counselling services goes on under the EAP umbrella, it became apparent to ascertain what services are provided by the practitioners in the workplace.

## **B. The role of EAP practitioners in the workplace**

The workplace is a fully functional community with various role players that fulfil specific complementary tasks to sustain the survival of the workplace community. The role players in the workplace form the life blood of the entire workplace community and work interdependently. According to EAP practitioners in this study, their major role is safeguarding the humanness of the organisation which in turn enhances work performance. Dim, African female, medical doctor (hereinafter referred to as Dim) identified some areas of intervention at case work level which include, "... health issues, financial issues, legal issues, familial issues or spiritual issues..."

On a macro level, EAP practitioners work as collaborators, facilitators, analysts or lobbyists (van Breda, 2012) to create a workspace that is conducive for the achievement of organisational goals. Their duties may include designing and reviewing workplace policies, working with labour relations officers and human resources officials to ensure that policies are implemented accordingly. To confirm this,

Mph.) elaborated that, EAP practitioners "...make sure that policies and legislations are implemented, developed, monitored, evaluated and reviewed." In support of this view, (van Breda, 2012) explicitly clarifies the role of the occupational social worker as an EAP

practitioner where the practitioner takes various positions to play different roles in response to the presenting needs of the organisation. This approach ensures interventions at micro, mezzo and macro levels.

#### **4.3.2 The importance of EAPs**

Although the practitioners' definition of EAPs is limited to case work, data shows that EAP practice in South Africa covers the mezzo and macro work as well. This broad coverage of the workplace means that EAPs provide the healing element of the workplace ecosystem, creating and sustaining a balance between the collaborative elements. Therefore, EAPs bridge the gap between the human resources and the technological systems used to produce goods and services. Thus, EAPs enhance organisational efficiency, making them a significant lubricant for profit making.

Mph observed that, "A happy and healthy employee is a productive employee ... The return for profit is another thing that speaks to the employees' wellness." Expanding on this view, Mole 36, White female, nurse (hereinafter referred to as Mole) claimed that the economic benefit is that "...increased productivity in one company means South Africa is benefitting as a whole..." In addition to these views, Jan posited that EAPs provide space for, "... early identification and or resolution of both work and personal challenges that may adversely affect performance and well-being."

From the above views, EAPs intervene as proactive responses that prevent workplace challenges and a treatment strategy to problems impacting negatively on the system.

Literature shows that even an EAP focused on the employee's wellness has a positive impact on business costs. In Australia, it was reported that, "[b]ased on improved absenteeism and presenteeism, measured fiscal benefits per user (1,365.79 Australian dollars [AUD] or 1,021.48 US dollars [USD]) were 3.34 times the costs (409.27 AUD or 306.09 USD),

indicating a highly favourable return” (Elson et al., 2020, p. 37).

### **4.3.3 Factors influencing EAP practice in South Africa**

Human behaviour in the workplace can be influenced by several factors. This is also true for EAP practitioners in their work environment with its dynamic needs. What they do to their clients, their employers and subsequently to each other can be a result of several factors. These factors can be structural, systemic or personal. Practitioners in this study identified some factors that influence their professional ethics.

#### **(i) Professional Bodies**

Professional bodies exist to guide professional conduct for a specific profession. This protects the profession itself from abuse and it also protects the clientele. By enforcing ethical codes, ensuring updated membership for individual practitioners and implementing monitoring and evaluation tools, professional bodies can uphold good practice.

According to this study, data revealed that of the practitioners interviewed,

- Six were registered with Health Professions Council of South Africa (HPCSA)
- Two were registered with South Africa Nursing Council (SANC)
- Four with South African Council of Social Services Professions (SACSSP),
- One with EAPA-SA,
- Three with none

Mph stated that, “Practitioners are required to be affiliated with a professional council...”

Affiliation or membership to a professional body can be voluntary for certain professions which are by the nature of their registration, non-statutory.

Most importantly, research shows that, “Professional bodies...act in the interests of a specific profession by stimulating and supporting professionals.” (Higher Education Better Regulation

Group, 2011). However, the researcher notes that practitioners who are not affiliated to professional bodies are bound to miss out on the support and guidance offered by these institutions.

### **(ii) Morality**

Morality is intentional and often morally upright people can be trusted with good practice. They are inclined to respect their clients and their professions. Morality ensures that practitioners are concerned with the wellbeing of the employees more than serving self-interests. (Tomasello, 2018). Results from this study attest to the fact that morality is the cornerstone for ethical practice. Practitioners viewed morality as the vanguard of respect and confidentiality in EAP practice.

Aye, 45, Coloured female, occupational social work student (hereinafter referred to as Aye) commented that EAP practitioners, "...are left to the individual moral compass and also to their organisations..." due to a lack of standardised and regulated professional guidance on EAP practice. This applies especially to practitioners without any professional body affiliation like spiritualists working in the EAP space. Confirming this view, Sibs, 42, African Male, pastor, boldly claimed that "...I work with my conscience." Hendriks and Sauer (2020) explain that morality leans on justifiable norms that prevent serious harm on others. This statement shows that acting morally is part of being human as much as serving each other is. However, morally good conduct is dependent on the individual and what is deemed beneficial by such behaviour especially within a workplace setting.

### **(iii) Companies Code of Conduct**

A code of conduct provides clear guidelines of the behavioural expectations for the employees in an organisation. The workforce must be trained and given a copy of the code of conduct on assumption of duty. A company's code of conduct standardises the staff's

behaviours in the workplace. However, organisations create their own codes of conduct guided by their nature of business and the expectations of society and this explains the diversities in the documents. Thus, codes of conduct are not a standard document for all practitioners. Overshadowing the employees' origins and cultural norms, a code of conduct seeks to reinforce constructive behaviours and outline the employers' expectations, which is increasingly relevant with a multicultural membership (Hady, 2016). As shown in literature review, EAP in South Africa is a multidisciplinary profession, reliance on the individual company's code of conduct is likely to compromise standard EAP practice. A standardised code of conduct for all EAP practitioners and employers can bridge the gaps that have been highlighted by the practitioners in the study.

Let, 33, , African female, occupational therapist (hereinafter referred to as Let) affirmed that, "Every professional company that is passionate about helping human beings should also have their own code of conduct and ethics that help them deliver the best service to the client. As a private company, we live by those ethics."

The above view is validated by Erwin, (2011) who claims that corporate codes of conduct are documented practical guidelines used to govern workplace behaviour and establish a socially responsible organisational culture. A code of conduct promotes the inculcation of organisational values within the workforce, a process that secures cultural practices reflective of the organisation's principles. As shown in the literature review, EAP in South Africa is a multidisciplinary profession, reliance on the individual company's code of conduct is likely to compromise standard EAP practice. A standardised code of conduct for all EAP practitioners and employers can bridge the gaps that have been highlighted by the practitioners in the study.

#### **(iv) Confidentiality Clause**



A confidentiality clause protects both the employee and the employer's information in their working relationship. It is attached to the employment contract and is binding for the employees. By signing this document, employees commit to safeguarding the secrets of the employer in EAP; this includes client information. Private companies can rely on this clause when engaging private practitioners for contractual jobs in their organisations.

Mph explained that "In private practice they have a confidentiality clause to ensure secrecy. They can use this document to charge a person internally."

Law (2018) defines this document as a clause in a contract of employment that details certain types of information may not be passed on to anyone outside the firm. Practitioners are bound by such documents to uphold their professional duty while providing services to employees. It is further explained that, "A programme is likely to be more effective only if employees trust that services are provided within appropriate professional boundaries of confidentiality and privacy"(Mogorosi, 2014 p. 348). One of the basic values in the helping professions is the appropriate use of confidentiality. Other values lean against confidentiality as it sets the tone of the relationship between the helper and the client. This statement serves as emphasis that people tend to trust a service where they are made to feel safe and that their private life is respected by the helpers.

#### **(v) Supervision**

Supervision provides guidance and support for practitioners which results in improved service for the clients and the wellbeing of the practitioner. However, not all EAP practitioners have supervisors. To bridge this gap in private practice,

Cathy 30, African female, social worker disclosed that, “I have an independent supervisor that I pay and I go to offload to, to debrief and have them provide guidance...”

On the one hand of EAP and specifically in the public sector,

Mph complained that “... reporting to someone who does not have EAP background is very confusing. EAP must have its own directorate with specialised qualifications.”

Research shows that the supervisor must be a practitioner with flexible competences, both care-related and legal, managerial, coaching-oriented and of professional training (Unguru & Sandu, 2018). For example, I stated in section 2.6 that it is unethical for social workers to be supervised by managers who are not social workers. The type of supervision practitioners receive plays a significant part in shaping professional conduct.

#### **(vi) Job descriptions**

Practitioners viewed job descriptions as a determinant of EAP practice based on that it details the duties to be performed and gives guidance of what is expected in work performance. I noted that the effectiveness of a job description lies with supervision and other work processes. Referring to some measures used to guide practice in EAP, Mph explained that “they [EAP practitioners] have job descriptions, performance reviews and assessments.” Dim added that practitioners have “... a job description and they also have a supervisor...they also report to managers.”

Manning and Suire ( 1996, cited in Jacobson, 2012) state that a job description is a documented description of what the person holding a particular job (EAP practitioner) is expected to do, how they must do it, and the rationale for required job procedures. Work performance largely depends on the morale of the individual employee and that impacts how they carry out the tasks of their job description. A job description can therefore be viewed as

a basic guide of job performance which must be supported by supervision, a code of conduct and the wellbeing of the employee. I noted that, on its own, a job description is not enough to influence professional ethics.

#### **(vii) Employers**

Employers play a critical role in the EAP profession to ensure ethical practice. Practitioners concurred that employers are custodians of a professional conduct in the workplace. Thus, they create, promote, support and sustain a culture of professional ethics by putting in place processes that manage and secures the value system of the organisation.

Jan stated that “The hiring company (the client) should be the one to have indicators in place to mark the performance of us as practitioners but most companies do not have such.” Sibbs added that, “My performance as a practitioner should be measured by the company that has hired me” while Jul said “I know there is a clause in terms of the DPSA; they are the custodian and pillar in the government for the public sector. Their policies should have mention on EAPs and should state clearly how the EAPs should be implemented and managed.”

Notably, as a commitment to professional ethics in the government workplace, the Department of Public Service and Administration (DPSA) stated that,

The Employee Health & Wellness (EH&W) units shall ensure professional and ethical behaviour as well as the protection of the client’s confidentiality. Only registered professionals will be allowed to provide therapeutic interventions. EH&W professionals who are registered with their respective professional bodies will have to

adhere to codes of conduct of such bodies as well as the code of conduct of the departments.(DPSA, 2021)

The researcher noted that employers have the capacity to enforce compliance with various instruments used to guide EAP practice. However, these instruments vary according to the nature of business of the employer and other social factors where the business exists.

#### **(viii)EAPA-SA**

As a voluntary professional body, EAPA-SA has made significant contributions to EAP practice in South Africa. Some practitioners testified to the organisation's work aimed at safeguarding the profession.

Dr, 60, Indian male, , director (hereinafter referred to as Dr) stated that, "EAPA SA has an ethics document that EAP practitioners can refer to as they work to ensure they are ethical in their interactions." Sibs added that "... *EAPA-SA has regulatory documents to regulate the practitioners but the documents should be read in conjunction with the Constitution, By-laws and Standards of the South African country.*"

In section 2.2 I outlined that EAPA-SA is an internationally recognised organisation with accredited SAQA affiliation. The organisation has a growing footprint in the country with affiliating chapters in seven provinces. Members affiliated to the organisation found it instrumental in their professional development.

#### **4.4 Conclusion**

The results presented above provided adequate information which assisted in making meaning of the EAPs and the EAP practitioners in their work environment. In line with the research questions, I summarised the empirical evidence by discussing the key points of the

themes that emerged. The discussion was grounded on a person-in-environment perspective, which provided the context for making recommendations and drawing conclusions of this study.

## **CHAPTER 5 DISCUSSION OF FINDINGS AND RECOMMENDATIONS**

### **5.1 Introduction**

Research has revealed that there are several factors that influence professional ethics in the workplace. Due to the systemic nature of the workplace, the interplay of the factors identified through this research also play a part in shaping workplace human behaviour. I present these findings in detail below from a P-I-E perspective.

### **5.2 Discussion of findings**

In undertaking this study, I speculated that EAPs in South Africa are not standardised and professional ethics are unregulated. The situation threatens the quality of the service and its effectiveness. Results show that, “Although all EAPs ultimately seek to improve employee well-being and productivity, differences exist in how such concepts are defined, prioritized, and operationalized” (Roche et al., 2018 pg. 169).

#### **5.2.1 EAP is a multidisciplinary profession**

All participants identified themselves as EAP practitioners while they belonged to different professional backgrounds with different levels of qualifications and field experience. Such an understanding pointed to the fact that there is a shared professional identity. This serves as an advantage for organising towards a professional cause in the profession. Amplifying this view, Maseko, (2018) adds that a team of professionals from different disciplines use this as a platform to share ideas. This contributes to the broader perspectives which enhances the profession. However, this does not necessarily translate to shared professional values, ethics and standards of practice. Consequently, according to EAP practitioners, they share a professional name and serve the same clients within the same workplace environment.

#### **5.2.2 The definition of EAPs by practitioners**

All definitions linked EAP profession with the workplace. Some definitions were based on the nature of services provided by the individual practitioners. The scope of defining EAP was limited to the experience of the participants in the field and their exposure to the needs and challenges of the workplace. It has been shown in USA that there is no specific and consistent operational definition for EAPs (Sandys, 2012). The results of this study confirmed this view as explained above. On a macro level, Derr (2005 as cited in Sandy, 2012), posited that the term EAP was used to describe a variety of services that had formerly been provided separately, by distinct organisations. The same organisations that employ the services of EAP practitioners lack a common definition. Consequently, lack of a mutual definition of EAPs is unfavourably impacting the industry as stated by DeFalco, (2001 as cited in Sandy, 2012). Details of the impact are yet to be determined in South Africa. However, despite their professional identity and autonomy, there still seems to be misperceptions concerning the difference between the EAP and occupational social work practice within the occupational setting, relating to their scope of practice and service delivery approach (Tyson, 2017 as cited in Terblanche et al., 2021). The results from this study confirmed that some occupational social workers (OSW) work as EAP practitioners and standardising this profession can help resolve the impasse between the two professions. OSWs are regulated but operate in an unregulated profession among many unregulated practitioners (Terblanche et al., 2021).

### **5.2.3 Factors influencing EAP practice**

Participants shared a common sentiment on lack of regulation and standard practice in EAP. Although some practitioners indicated that they are affiliated with professional bodies, the pastor and human resources personnel had no professional affiliation whatsoever.

Professional bodies can be non-statutory or statutory. Non-statutory bodies are voluntary and members are free to operate without any accreditation or licensing. Such members must rely

on their morality or the employers' systems to guide professional practice. Research has shown that, "the lack of regulation and oversight allowed many EAPs to continue using different and sometimes conflicting definitions and formula for reporting utilization..." (Jacobson & Jones, 2010 p. 4). As stated in section 2.2 Terblanche et al., (2021 p. 21) state that, "...there is no specific legislative or statutory body currently available which governs EAP practice in South Africa." This includes the recruitment of EAP practitioners and their supervision. Although statutory professional bodies ensure members are licensed, the results show that EAP programmes are not standardised and so are the intervention outcomes, making it difficult to monitor the effectiveness of the profession.

#### **5.2.4 The role of professional bodies in EAPs**

Results confirm that there are many professional bodies in South Africa serving in the EAP field. EAP employers, non-statutory bodies like EAPA-SA, statutory bodies like SACSSP (for Social Workers) and HPCSA (for psychologists) all influence EAP practice. All these institutions work from different philosophies. There is bound to be a conflict of interest in EAP operational designs. The results point to the utilisation of unqualified supervisors in EAPs who have no professional membership to any professional bodies. It was also claimed that employers who view EAPs as part of human resources compromise the quality of service and this has a direct effect on the practitioner's ethical practice.

#### **5.3 Conclusions**

The information gained through this research can contribute in shaping the EAP industry for South Africa. It is confirmed that EAPs have evolved overtime to what they are in the present day. There are numerous benefits to having EAPs in the workplace and there are no alternatives in place to date world over. Therefore, protecting this profession and the practitioners should not just be another ambitious goal.

There is confusion about the scope and guiding principles upon which these EAP services are



based. Lack of national standards for EAP practice in South Africa results in EAP vendors operating without accreditation or licensing. Without the establishment of standardised outcomes and interventions, practitioners have nothing to benchmark their practice on. One observation made elsewhere is that, “Market forces have resulted in the creation of numerous types of EAPs to address the changing needs of organisations and employees” (Sandys, 2012 pg. 46). The advent of COVID-19 and the impact this has had in the workplace has brought about a new dimension of challenges. This development has changed the face-to-face counselling sessions to virtual sessions, a practice that has no clear ethical guidelines and may even stand to pose a challenge to implementation of ethical guidelines EAP vendors have responded by coming up with ways of ensuring that service continues regardless of the impact this has on the practice.

## **5.4 Recommendations**

### **(i) Recognise EAPs as a profession**

Literature shows that EAP programmes and the intervention outcomes can be regulated (Sandy, 2012) and all health professions have a professional body. The profession should get proper recognition for its economic and social value as a contribution that benefits society. As a profession, it must be regulated because the demand for accreditation and credentialing are driven by demands for accountability that are present throughout the health industry (Sandys, 2012).

The example can be taken from the licensing of all medical personnel, psychologists, social workers and other statutory professions.

### **(ii) Accredited EAP programmes**

In an effort to ensure something was done in EAPs, the Employee Assistance Society of North America (EASNA) partnered with the Council on Accreditation Standards (COA) and developed accreditation standards for EAP practices and services (Jacobson & Jones, 2010) for service quality and acceptable methods for measuring outcomes. South Africa has capacity in terms of institutions that can play this role and even if it means creating them, there is room for that. Literature shows that there are provisions in legislation for the improvement on policy formulation aimed at standardisation of professional ethics (Subramanien and Joseph, 2019). This can tie in well with international treaties like the International Labour Organisation's (ILO) decent work objective (ILO, 2022).

As shown in literature, if programmes are accredited, duplication of services will be minimised and so will the confusion of roles. Care co-ordination for clients will be enhanced and that can optimise client management and improve the quality of service. It is likely to eliminate confusion in the profession which is by nature interdisciplinary.

### **(iii) Licence all EAP practitioners**

Literature showed that there are no entry qualifications for EAP practice in South Africa (Terblanche, 2018). Without any entry level qualifications required for EAP practice, it is the employer's discretion to hire EAP practitioners. Licensing EAP practitioners can provide a proper screening process of the service providers to ensure that they meet the professional standards of practice. In support of this statement it has been established through research that social workers, psychiatrists, psychologists, physicians and others no longer dispute that absolute trust is essential between client and helping professionals, if the treatment process is

to be effective (Taute & Manzini, 2014). EAP practitioners must be assessed and licensed to practice as specialised workplace interveners. Considering the uniqueness of the various fields of business, EAP practitioners require proper induction for the workplace and the specific intervention methods. It is the nature of these challenges that test the professional ethics of the EAP practitioners as they navigate this space to ensure that productivity and workplace wellbeing outcomes are attained.

**(iv) Make EAPA-SA a statutory body**

Organisations that provide EAP services as a business must provide proof of membership with EAPA-SA should they wish to tender for corporate clients (Terblanche, 2019).

Organisations that demand this proof base their trust on literature which shows that EAPA-SA, a SAQA accredited professional association provides covering of practitioners and complies with the criteria for upholding standards of professional ethics in EAP.

However, without a statutory mandate, only a few practitioners see the need to register with them. Literature has shown that EAPA-SA is a professional body with a proven record of success locally and on the international scene. It boasts of structures to manage a national database of EAP practitioners. The organisation's international affiliation provides access to the best practice models that should see an improvement in the quality of service.

Furthermore, a statutory status for EAPA-SA will give this body a mandate to set an international standard of practice through implementation of its existing standards document and ethics code. Systems of monitoring the industry can be developed through industry consultation and further research. The association can professionally manage monitoring tools and ensure that standard outcomes are attained in EAP practice. Training and development of EAP practitioners and the profession can be coordinated by one professional body which currently hosts annual conferences of international standards.

EAPA-SA must be positioned as an institution with a central function of creating the symbolic conditions of legitimacy, under which some means and ends are considered appropriate and desirable, while others are rendered invisible or illicit (DiMaggio & Powell, 1991; Friedland & Alford, 1991; Meyer & Rowan, 1977; Scott, 2001, as cited in Thyer et al., 2012).

## **5.5 Conclusion**

The workplace stands to benefit immensely from proper EAP implementation. I argued here that all confusion in the profession can be solved if a uniform standard of practice is introduced at national level. This must be anchored on professional systems and structures that safeguard the profession from opportunistic and unscrupulous businesses. I recommend that EAP practitioners must be licensed, the intervention outcomes standardised and the programmes accredited. Furthermore, I envisage a reputable statutory body that manages these processes on a national level to pioneer an amalgamated interdisciplinary team of EAP practitioners as a first in the international space.

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Appendix A:

## PARTICIPANT INFORMATION SHEET



SOCIAL WORK  
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)



Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail:

[socialwork.SHCD@wits.ac.za](mailto:socialwork.SHCD@wits.ac.za)

**DEPARTMENT OF SOCIAL WORK**

**SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT**

**TITLE OF THE STUDY:** Perceptions of Employee Assistance Practitioners of South Africa on the factors that influence work ethics in Employee Assistance Programmes.

Good day,

My name is Likwa Ncube and I am a postgraduate student registered for the degree in MA Social Work at the University of Witwatersrand. As part of the requirements of the degree, I am conducting research regarding perceptions of the Employee Assistance practitioners of South Africa on the factors that influence work ethics in Employee Assistance Programmes (EAP). The study hopes that information gathered could give input that will strengthen mobilisation for the standardisation of the work ethics of this multidisciplinary profession and development that will support the voice of EAPA-SA as the custodian of the EAPs in South Africa.

As a practitioner working in the EAP field, you are ideally positioned to contribute to my research. I therefore wish to invite you to participate in my study. If you accept my invitation; your participation would be entirely voluntary, and you are free to withdraw at any time

without any penalty. There are no consequences of or personal benefits of participating in this study. If you agree to take part, I would arrange to interview you at any time and place suitable for you. The interview will last approximately 30mins – 45mins.

If you decide to participate, I will ask your permission to tape record the interview. No one other than the researcher and the supervisor will have access to the tapes. The tapes will be kept in locked cabinet for two years following any publications or for six years if no publications emanate from the study. A copy of interview your transcript without any identifying information will be stored permanently in a locked cupboard and maybe used for future research.

Please be assured that your name and personal details will be kept confidential and no identifying details will be included in the final research report. The result of the research may also be used for academic purposes (including books, journals and conference proceedings) and a summary of findings will be made to available to participants on request.

Please contact me on 0633301114 or email me (1705579@students.wits.ac.za) or my supervisor Dr Busisiwe Nkala-Dlamini on 0117174483 or email address; [busisiwe.nkala-dlamini@wits.ac.za](mailto:busisiwe.nkala-dlamini@wits.ac.za) if you have any questions regarding my study. We shall answer your questions to the best of our ability. If you have any concerns and complaints about the study, please contact Human resources Ethics Committee(Non-medical) Contact details:

Chairperson: [jasper.Knight@wits.ac.za](mailto:jasper.Knight@wits.ac.za) or the administrator: Ms Shaun Schoeman Tel 0117171408, [Shaun.Schoeman@wits.ac.za](mailto:Shaun.Schoeman@wits.ac.za).

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

Your sincerely

Likwa Ncube

**CONSENT FORM FOR PARTICIPATION IN THE STUDY**

**PROJECT TITLE: Perceptions of Employee Assistance Practitioners of South Africa on the factors that influence work ethics in Employee Assistance Programmes.**

I hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that:

- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with the participation in this study.
- My identity will be kept strictly confidential, and any information that may identify me, will be removed from the interview transcript.
- A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and maybe used for future research.
- I understand that my responses will be used in the write up of a masters project and may also be presented in conferences, book, chapters, journals articles or books.

Name of Participant \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Appendix C

**CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW**

**PROJECT TITLE:** Perceptions of Employee Assistance Practitioners of South Africa on the factors that influence work ethics in Employee Assistance Programmes.

I hereby consent to tape recording of the interview,

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password-protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could be identifying me will be removed.
- When the data analysis and write-up of the research study is complete, the audio recording of the interview will be kept for two years following any publication or for six years if no publications emanate from the study.
- The transcript with all identifying information directly linked to me removed will be stored permanently and maybe used for future research.
- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write ups of the research.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Appendix D

**Permission letter from the board to conduct research**



15/02/2019

TO WHOM IT MAY CONCERN

RE: PERMISSION TO CONDUCT RESEARCH AT EAPA-SA FOR LIKWA NCUBE

This letter serves to advise you that LIKWA NCUBE, serving as an intern at EAPA-SA has been granted permission to carry out research for his study purposes only.

Permission is therefore granted to access EAPA-SA records for any information that will assist in the completion of any tasks that pertain to the research study. However, separate arrangements with individual EAPA-SA board members and staff members can be made for any other business that relates to the research project to be conducted.

Ms. Thiloshni Govender

EAPA-SA President



## Appendix E

### Research Instrument

#### **Biographical questions**


- 1) What kind of work do you do?
- 2) What qualification do you have to do the job you are doing?
- 3) How long have you worked in this job?

#### **Proposed interview questions**


- 1) What are EAPs?
- 2) How does EAP service contribute to the South African workplace?
- 3) What do EAP practitioners do in the workplace?
- 4) How do you tell if practitioners are doing the right thing?
- 5) What guides ethical practice in the EAP field?
- 6) What is the role of EAPA-SA in the EAP field in South Africa?

## APPENDIX F

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**SOCIAL WORK**  
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)



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**DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK) CLEARANCE CERTIFICATE**

**PROTOCOL NUMBER:** SW/19/07/10

**PROJECT TITLE:** Perceptions of Employee Assistance Professionals of South Africa (EAPA-SA) board members on the factors that influence professional ethics among EAP practitioners.

**RESEARCHER/S:** L. Ncube (1705579)

**SCHOOL/DEPARTMENT:** SHCD Social Work

**DATE CONSIDERED:** 11 July 2019

**DECISION OF THE DEPARTMENTAL COMMITTEE:** Approved

**RATIFIED BY THE WITS HREC (NON-MEDICAL):** 22 August 2019

**EXPIRY DATE:** 22 August 2021

**DATE:** 22 August 2019 *Masson*  
**CHAIRPERSON:** Dr F. Masson

**Cc: Supervisor:** Dr. Busi Nkala-Dlamini

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**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 07/08/2019  
DATE

**PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES**