Evaluating the implementation of Employee Assistance Programmes amongst nurses in Mafikeng Provincial Hospital

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DECLARATION

I, Kelebogile Lekate, declare that this study titled, ‘‘Evaluating the Implementation of Employee Assistance Programmes amongst Nurses in Mafikeng Provincial Hospital’’ is my original work carried out under the supervision of Professor Ravinder Rena. This mini-dissertation has not been submitted for any study or qualification in any institution of higher learning. All sources used in the study have been strictly indicated and acknowledged through references.

Kelebogile Lekate **May 2021**

ABSTRACT

The implementation of Employee Assistance Programmes (EAP) needs assessment to know its impacts on employee productivity at the workplace. Various factors may threaten its relevance. This study perused the implementation of EAP at Mahikeng Provincial Hospital (MPH). It investigated how best to implement the program to the benefits of the users. Maslow's Hierarchy of Needs and Herzberg Motivation and Hygiene Theories underpinned this study, emphasising the importance of satisfying the employees' needs to ensure they remain productive at the workplace. Research interviews aided in collecting data from thirty (30) purposefully selected participants. The researcher used Atlas-ti Software (version 8.2) to analyse data after transcribing it from field notes. Findings revealed that the EAP implementation process at MPH had been disengaged from its purposes due to managerial cum administrative concerns. The programme implementation, EAP training, EAP marketing, networking, and monitoring and evaluation are lacking in the implementation process. Findings further portrayed that the challenges of EAPs at MPH include awareness and marketing issues, stigmatisation of employees, lack of standardised procedure, and issues related to cost. There is also inadequate case monitoring, non-confidentiality of cases, communication issues, inability to follow guidelines, incompetent staff, lack of education and lengthy procedure. The study recommends that improving the situation through staff training, funding, continuous monitoring and evaluation, and others would help perfect EAP implementation at MPH

KEYWORDS

Employee Assistance Programme (EAP), Employee wellbeing, Employee efficiency, Public Sector, Organisational Productivity.

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LIST OF ABBREVIATIONS

CCOHS	Canadian Centre for Occupational Health And Safety
CPD	Continuous Professional Development
EAP	Employee Assistance Programmes
EAPA	Employee Assistance Programme Association
EAPA-I	Employee Assistance Programme Association International
EAPA-SA	Employee Assistance Programme Association, South Africa
ECDOH	Eastern Cape Department of Health
ECS	Employee Counselling Services
EHWP	Employee Health and Wellness Programs
HMHT	Herzberg Motivation And Hygiene Theory
HR	Human Resource
HRD	Human Resource Department
MPH	Mafikeng Provincial Hospital
NM	Nursing Manager
NMMDM	Ngaka Modiri Molema District Municipality
NWDOH	North West Department of Health
OAP	Occupational Alcoholism Program
OCPD	Occupational Substance Dependency Programs
PCS	Personal Counselling Services
PSC	Public Service Commission
PTSD	Post Traumatic Stress Disorder
SMS	Special Medical Services
USA	United States of America
WHO	World Health Organization

CHAPTER 1: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

Management in the public sector of South African institutions can enhance employee efficiency and organisational productivity by encouraging the wellbeing of the workers and a conducive work environment. Enhancement of facilitating Employee Assistance Programmes (EAPs) augments personnel development and other employee-related issues in the workplace. It improves the delivery of service under an immense period of significant changes. According to Maiden *et al.*, cited by Rakepa (2012:11), the emergence of EAPs was witnessed in the early 1980s. It was introduced by social workers who studied in the United States of America (Rakepa, 2012:11),. In the public sector, the conception of an Employee Assistance Programme (EAP) as a workplace intervention is relatively recent. It was initially set up to support workers with socio-economic concerns. These programmes serve to diminish the stress or plaguing issues surrounding the employee. These include malicious behaviour, emotions, or substance abuse. They also resolve family problems, marital issues, or any other personal problems that may affect the employees' performance in the work environment.

According to Mungania *et al.* (2016:3), the foundation of Employee Assistance Programmes (EAPs) emerges from factors that impact an employees' work commitment decision. Depending on the effects of an employee assistance programme, organisational performance levels may enhance employee presenteeism and absenteeism (Joseph *et al.*, 2018; Mungania *et al.*, 2016). Moreover, Terblanche (2018:567-568) argues that most of strategic services support individual managers and organisations. It affirms that the organisations' success tends to link their commitment to aiding employees to manage their problems. Employers and employees currently appreciate the value of EAPs due to pressures associated with the expeditious pace and unmatched degree of the altering scope in the workplace. It, therefore, belittles the accentuation around vital EAPs (Terblanche, (2018:588). Tensions related to financial health and mental health may impact an employee's performance in their allocated duties.

1.2 Background of the Study

The purpose of this study was to assess the implementation of Employee Assistance Programmes amongst nurses in Mafikeng Provincial Hospital in the North West Province. This chapter presents the background to the study, the problem statement, the objective of the study, research questions, the motivation for the study, significance and delimitation of the study, theoretical and conceptual design, research methodology and operational definitions.

The background of the study presents the location of Mafikeng Provincial Hospital and Nursing Employee Assistance programme in South Africa**.**

1.2.1 Mafikeng Provincial Hospital

Mafikeng Provincial Hospital is situated in the North West Province, in the Ngaka Modiri Molema District Municipality (NMMDM). According to a profile analysis report by the Department of Cooperative Governance & Traditional Affairs, NMMDM covers an area of approximately 28 114km² accommodating 961 960 individuals in approximately 268 099 households (COGTA, 2020:6-7). It is central to three other district municipalities, namely Bojanala Platinum, Dr Ruth Segomotsi Mompati and Dr Kenneth Kaunda. It shares a boundary with the Republic of Botswana to the north, the Northern Cape Province to the South-West and Limpopo Province to the North-East (COGTA, 2020:7-9).

Figure 1 is a map that illustrates the distribution of the district with its local municipalities.

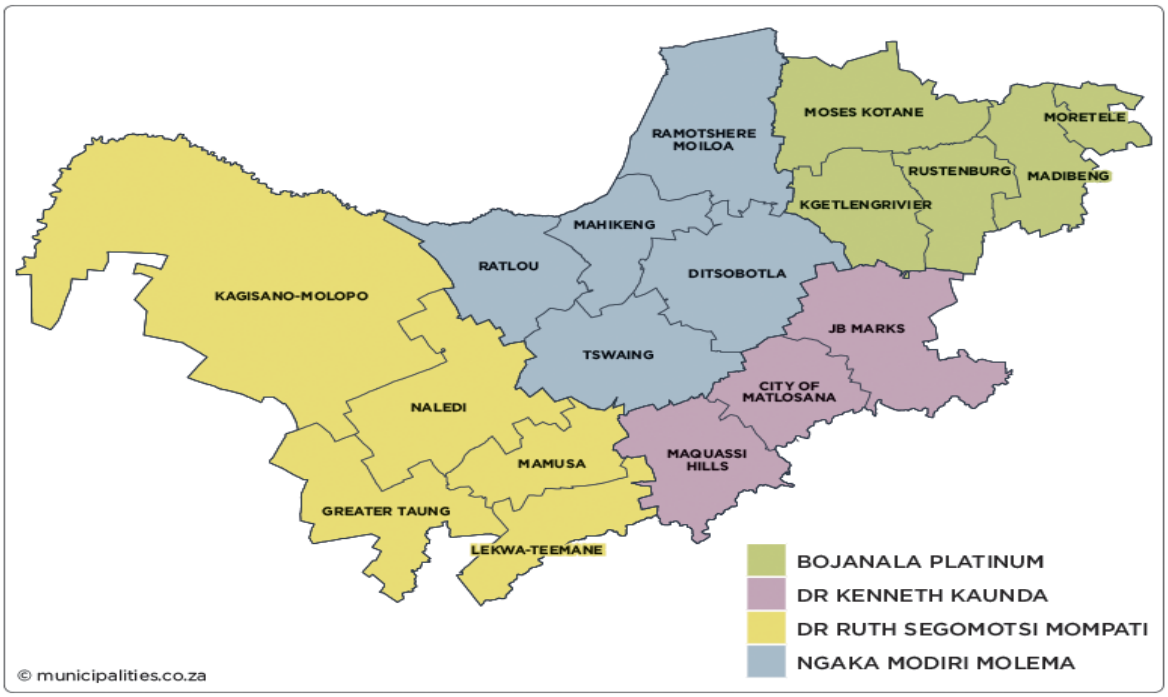

Figure 1: Map of District with its local municipalities

Source: Municipalities of South Africa (2019) North West Municipalities

The table below provides an overview of the health facilities across the North West Province's districts.

Table 1: The number of health facilities across district municipalities

Health Facilities	Bojanala	Dr Kenneth Kaunda	Dr Ruth Segomotso Mompati	Ngaka Modiri Molema	Total
Clinics	109	30	50	79	268
Satellite Clinics	2	2	0	0	4
Community Health Centres	8	9	12	16	45
District Hospitals	3	2	4	5	14
Reginal Hospitals	0	1	1	1	3
Provincial Tertiary Hospitals	1	2	0	0	3
Specialised Psychiatric Hospitals	0	1	0	1	2
Total	123	47	67	102	339

Source: Municipalities of South Africa (2019) North West Municipalities.

Table 1 portrays that the North West Province (NWP) has various hospitals and clinics that employ different workers who are mainly concerned with stabilising the citizen's health. Mafikeng Provincial Hospital (MPH) and Bophelong Psychiatric Hospital (BPH), respectively, are the only regional hospital and the only psychiatric hospital in Ngaka Modiri Molema District Municipality (NMMDM). The two hospitals are collectively known as the Mafikeng Bophelong Hospital Complex, located in a rural area known as Majemantsho in Mafikeng, the capital city of the NWP of South Africa. The North West Department of Health (NWDOH) manages the complex, which serves as a training centre for medical doctors, as well as nursing and paramedic students. MPH has great potential to offer health care services efficiently.

MPH is the main referral hospital in the NMMDM. It offers services to a defined regional drainage population of approximately 961 960, receiving referrals from local municipalities such as Ditsobotla, Mafikeng, Ramotshere Moiloa, Ratlou and Tswaing (COGTA, 2020:6; 13). The population accounts for 23.3% of the province's total population, which depends on 102 healthcare facilities. It comprises 79 clinics, 16 community health centres, and five district hospitals located in NMMDM, as noted in Table 1. The hospital is categorised as a regional (secondary or level 2) hospital as it provides 24 hours of health services in general surgery, internal medicine, obstetrics and gynaecology, and paediatrics. It has additional specialist services such as psychiatry, diagnostic radiology, orthopaedic surgery and anaesthetics. The National Health Act of 2003 stipulates that it offers trauma and emergency services with short term ventilation in the critical care unit. With a bed capacity of 200 to 800, MPH receives support from Level 1 hospitals such as Tshepong Hospital in Klerksdorp, Steve Biko Academic Hospital in Pretoria, as well as Dr George Mukhari Academic Hospital in Ga-Rankuwa. Due to high expectations from the community it serves, MPH nurses need to deliver high-quality services to their clients.

1.2.2 Nursing and Employee Assistance in South Africa

The Nursing Act 33 of 2005 classifies nurses into three main categories in South Africa, which are:

i. Professional or registered nurses who have four years of training

(bachelor's degree) qualified to independently practice comprehensive nursing at the prescribed level and have a capacity to assume responsibility and accountability for such practice.

ii. Enrolled or staff nurses who have two years of training (diploma) educated to practice elementary nursing in the prescribed level and manner.

iii. Nursing assistants or auxiliaries who have one year of training (certificate course) knowledgeable to deliver elementary nursing care in the specifically prescribed level.

MPH is involved in training and employing these nurses. In South Africa, nurses constitute the most significant single group whose role is to promote health and provide essential health services (DOH, 2013:14). Amongst many factors that impact nurse negatively are factors that lead to failure in retaining professional nurse in South Africa. According to Mokoka *et al.* (2010:1), the factors include "poor working conditions with long and inconvenient working hours".

Other identified factors are non-competitive salaries, the lack of professional development of nurses, and unsafe working environments. These factors threaten not only the safety and wellbeing of nurses but also that of patients. Employing EAPs can address these factors, which often lead to preventable and unwanted stress responses. The Human Resource Department (HRD) mainly manages EAP and is thus in charge of implementing EAPs. It is expected that the department complies with the recommendations of all standards related to the World Health Organization (WHO), the Employee Assistance Programme Association, International (EAPA-I), and Employee Assistance Programme Association, South Africa (EAPA-SA). This compliance ensures the attainment of the needs of MPH's employees.

1.3 Problem Statement

Developed based on the 2008 Employee Health Wellness (EWH) strategic framework for public services as a departure from EAP, the Employee Wellness Policy (NWDOH/EHWP/15Pol05) applies to all employees of the department and the users of its facilities (North West Province, 2018). It defines the DOH's position on the wellness management of its employees. The department's policy offers EAP services within the public service under the EAPA-SA Standards 2020 strategic framework. The costs associated with the implementation of the policy are met from the departmental budget of the Employee Health and wellness sub directorate (North West Province, 2018:7-13).

According to Makala (2011:2), regardless of the accessible legislative and policy prescripts and guidelines, there is still a substantial deficiency of the EHWPs awareness. It consequently exalts the lack of awareness of EAPs. Minimal research on EAP and EHWP in the public sector in South Africa exists (Makala, 2011:2). With the lack of awareness and research on EAP, it is unknown how successful the implementation processes are. The focal point of this study was in the assessment of the implementation processes of EAP at Mafikeng Provincial Hospital. The Government has initiated suitable legislative frameworks regarding EAPs and for continuous improvement on these frameworks. There is, therefore, a need to examine the activities involved in the implementation of programmes.

Several processes have been implemented for employees' participation in EAPs needs assessment at MPH to peruse its impact on workplace productivity as various factors may influence the implementation. It is, therefore, essential to assess these to conclude on how best to implement the program for the significant benefit of its users. To identify employees with social problems at work resulting from adverse life events, successful and efficient EAP implementation is necessary. It may motivate greater levels of employee productivity and afford employees with positive regard from their employer. These efforts may enhance the image of the hospital when its employees realise optimal levels of wellness.

1.4 Motivation for the Study

The health care industry is an essential sector that deals with improving people's quality of life. It is vital to note that individuals searching for health care services expect the best services to respond positively to the treatment given to them. It is also crucial to understand the levels of pressure the health care provider might have and affect the service provision. In a quest to undertake the study to assist the effective implementation of EAPs, one must appreciate that, by exposure to distressed individuals, health care providers are prone to experiencing anxiety and negative emotions associated with such exposure. It is, therefore, vital to ensure that preventative care towards adverse effects of dealing with negative situations occurs. The acceptance of EAP may be on the increase over the years. However, researchers have observed that there are still misconceptions and misrepresentations about EAP service.

The need for this study is also to rectify a misinterpretation of the term employee assistance, which is perceived to be only dealing with alcohol-related problems. Employees may also need to inquire about non-receipt of salaries, application of medical boarding, and the administration of injury on duty and payment of medical treatment. Therefore, it may assist by familiarising employees with the relevant service providers and service centres to obtain such services they may require instead of assuming that EAP is for these services.

This study is expected to improve the knowledge amongst supervisors and managers regarding the referral procedures of the EAPs. These include effectively motivating employees to contact the EAP themselves or make formal supervisory referrals to the programme. Also, the study would encourage the establishment of an EAP committee that markets EAP services without spending any extra monetary resources. The marketing of services appropriately and efficiently for employees and managers in a manner that uses the EAP is in their best interest will determine the success of the programme in reaching its target populations. Against this background, the need to evaluate the practical implementation strategies in the organisation is significant.

1.5 Research Questions

This study's primary research question is: 'What are the processes involved in the implementation of EAPs amongst nurses at Mafikeng Provincial Hospital?
The following are the secondary research questions:

i. How are the current EAP implementation processes applied at Mafikeng Provincial Hospital?
ii. Do the current EAP implementation strategy in Mafikeng Provincial Hospital meet the implementation of strategic goals set out by the Standard Committee of EAPA-SA 2010?
iii. What are the current challenges that the hospital experience regarding the implementation of EAPs amongst nurses?
iv. What are the recommendations to improve EAP implementation to enhance processes and ultimately improve productivity amongst the nurses at Mafikeng Provincial Hospital?

1.6 Research Objectives

The main objective of this study was: To Assess the processes involved in the implementation of EAPs amongst nurses at Mafikeng Provincial Hospital.
The following are the secondary research objectives:

i. To assess the current EAP implementation processes applied at Mafikeng Provincial Hospital.
ii. To peruse if the current EAP strategies in Mafikeng Provincial Hospital meet the implementation of strategic goals set out by the Standard Committee of EAPA-SA 2010.
iii. To determine the current challenges that the hospital experiences regarding the implementation of EAPs amongst nurses.
iv. To make recommendations to improve EAP implementation to enhance processes and ultimately improve productivity amongst the nurses in Mafikeng Provincial Hospital.

1.7 Relevance of the Study: A Pragmatic Perspective

The philosophy of EAP emphasises rehabilitative rather than punishment. It recognises that an individual's character does not depend on whether or not he is at work. It also recognises that checking an individual's problems "at the company gate" is impossible (Mike, 1990:28-29). Furthermore, Mike (1990:29) concludes that the success of an EAP requires the following features:

i. It should include the support of top management, the union or other employee representatives, and supervisors to assess job performance difficulties to help subordinates recognise these problems.
ii. A written company policy concerning its employees' wellbeing that express its positive attitude towards persons who seek professional assistance must exist.
iii. The presence of a professional diagnostic component that helps employees to assess their problems.
iv. Continuous care that includes referral, follow-up and programme evaluation.
v. Promoting self-referrals rather than supervisory referrals;
vi. A high level of confidentiality.
vii. A service that should be available to all employees and dependents.
viii. An appropriate employee benefits package.

From the above conclusions, the study fulfilled and rooted in its philosophy of rehabilitation of undesired characteristics that may hinder the progress of implementation of EAPs. The implementation process of a programme requires excellent knowledge and commitment from both ends of the spectrum. The evaluation of its outcomes is always necessary to detect any cracks in its intended uses. It allows the facilitator to gain more experience regarding what works and what to eliminate in the process for total quality assurance of the programme. EAP evaluation analysis cannot conclude its effectiveness as errors and biases may not be recognised as it is congruent with past observations. Also, an analysis does not prove the non-effectiveness of EAPs because its inability may not be detected through research

(Colantonio, 1989:20). The lack of effectiveness may be due to the lack of follow up during and after the programmes' implementation.

The implementation of an EAP depends on the employees' awareness. Therefore, the employer's lack of marketing the EAP may result in less propensity for the employee to seek the services (Manganyi, 2016:95). According to Roche *et al.* (2018:168-186), the critical characteristics of the offered EAPs include their structure and governance, the service delivery location and modality, and the services offered. The characteristics also consist of the number of EAP sessions offered and the EAP staff qualification and employees characteristics that may contribute to a lack of interest in participation. These may include gender, age, education level and marital status (Roche *et al.*, 2018:168-186). The use of propensity as an indicator is essential. Furthermore, the managers' knowledge and perception of EAPs are critical to employee engagement, a vital social and emotional skills tool (Milner *et al.*, 2018; Nunes *et al.*, 2018; Patel *et al.*, 2013).

An efficient employee assistance programme is possible in SA as its implementation does not rely on the state of scarce resources. It provides easy access to a significant number of individuals in one setting (Milner *et al.*, 2018:74). The emerging trend of company and society-wide transference of including health-promoting workplaces as a critical strategy validates this action plan (Baxter *et al.*, 2015:2).

This study intended to identify and analyse factors that impact the implementation of EAPs to employees, particularly the nurses, at Mafikeng Provincial Hospital. The implementation aims to positively impact the outputs intended by the programs for those utilising them. Given the observations made, it seems appropriate to deduce that successful implementation is a tool that propels employees to utilise EAPs in times of need. It may result in improving output in favour of the organisation. The research topic's synopsis provides critical concepts that develop from the problem statement to search for recent relevant literature to contextualise the research problem.

1.8 Research Methodology

1.8.1 Research Approach

A research approach refers to the scheme and technique consisting of significant assumption steps for systematic data collection, analysis, and interpretation methods. Therefore, it focuses on the essence of the research issue tackled. There are three types of research approaches in social research: quantitative research, qualitative and mixed methods study. The nature of this study required a qualitative research approach will to address the problems. Creswell (2014:6; 17) affirms that qualitative research attempts to explain a problem through induction. It emphasises the contextualisation of meanings and concepts through method, beliefs, context and interpretation. It also reports report in a narrative format. The adoption of a qualitative study, according to Bell *et al.* (2015:391) and Creswell (2014:17), enhances the in-depth collection of data. Trainor and Graue (2013:18) also agree that adopting a qualitative approach helps to present the findings of the study in a narrative account. Thereby, it provides the historical cause of the problem and solutions to resolve the phenomenon.1.8.2. Research design

According to Maree (2015:36), there is an arrangement of conditions to collect and analyse data to combine the research purpose's relevance in a research design. A research design may be categorised as the case of exploratory research studies, descriptive and diagnostic research studies, and hypothesis-testing research studies.

1.8.2 Research Design

A research design constitutes decision-making concerned with what the study will be about; and “when, where and how it will be conducted” (Creswell, 2014:11). Kothari (2017a:17) further maintains a research design as entailing the organisation of circumstances for information gathering and the analysis in modus aimed at coalescing significance to the purpose of research “with economy in procedure”. Research approach and designs, research site, data-gathering and analysis are the most vital aspects determining the most suitable research methodology. Research methodology focuses on the process, the type of tools to be used, and the procedure

to be followed by the researcher in his intended research plans (Babbie *et al.*, 2011). The methods, techniques and strategies a researcher applies in collecting information concerning the research problem and devising a plan of action is referred to as the research methodology.

A research methodology refers to how a study is designed to guarantee valid and reliable results that address the study's research objectives (Creswell & Creswell, 2017:6). This study was drawn from an interpretive perspective. Creswell and Creswell (2017:6) affirm that researchers embracing the interpretivism paradigm assume that human behaviour is complex, and it predefined probabilistic models cannot determine its concepts. Blair *et al.* (2013) support that predefined probabilistic models cannot determine their concepts. The interpretive paradigm relies on researching human actions in daily life rather than in the regulated environment. The nature of this study led the researcher towards a qualitative research approach in addressing the problems of the study. Maree (2015:264) affirms that a qualitative study attempts to explain a problem through induction. It emphasises the contextualisation of meanings and concepts through methods, beliefs, contexts and interpretations, and is reported in a narrative format. The adoption of a qualitative study enhanced the in-depth collection of data. A case study approach was followed. It depicts a rigorous study of a comparatively negligible number of circumstances or cases to reach a comprehensive description and understanding of the studied concepts, despite the small number of individuals involved. The ability to conduct an in-depth study puts this design at an advantage, and its strength lies in its potential of studying things in detail instead of a shallow analytical study

1.8.3 Research Site

The site selected for this study was the Mafikeng Provincial Hospital situated in the capital city of the North West province of South Africa. The study focused on all nurses employed at the time the study was conducted. There are approximately 335 nurses employed in different hospital departments, which is the site of the study. Most of the employees of MPH stay in Mafikeng. Concerning the selection of participants, the study adopted a purposive sampling method. It entails the selection of study participants based on personal judgement such as nature of duty, roles and expertise

(Gray (2014:146); Kumar (2018:194). In this regard, the researcher selected thirty participants for the study. These include ten professional nurses, ten staff nurses and ten auxiliary nurses. Telephonic interviews were used to collect primary data collection from the participants. Secondary data was also collected via peer-reviewed articles with similar aims and objectives in the past years and not exceeding ten years to compare and conclude assumptions in the current study. Atlas-ti software was used to analyse data collected from the participants, and themes and categories were generated and discussed. The credibility of the data collected ensured its transferability, dependability, and conformability to maintain the study's rigour. All ethical considerations applicable to the study were maintained. These include informed consent, voluntary participation and exit, anonymity of responses, protection of participants against harm, over-pressing the participants, and avoiding plagiarism in the study.

1.9 Delimitation of the Study

This study's participants include professional nurses, staff nurses, and auxiliary nurses working at Mafikeng Provincial Hospital in the North West province. Data was collected from the nurses through interviews to address the problem of this study. The study was confined to the matters related to the application of EAP in alleviating issues facing employees to achieve their goals in the organisation. The findings obtained in this study may be applied to other hospitals in the province that may fall under the same situation. The findings of this study could further assist managers in handling issues of employee non-performance.

1.10 Chapter Exposition

At the end of this study, a research report was compiled, which assumed five chapters. The chapters are subsequently explained:

Chapter One: Introduction and background of the study

Chapter one provides a general overview of the study, including introducing the problem statement, the research question and objectives. Furthermore, the research methodology, which comprises the research aims, the research approach and designs, data collecting instruments and data analysis techniques and ethical considerations were highlighted. Finally, the study's delimitation, concept clarification, chapter exposition and the chapter summary were presented.

Chapter 2: Theoretical background and literature review

Chapter two discusses the theoretical background and the literature review of the study. Maslow's Hierarchy of Needs Theory and the Herzberg motivation-hygiene theory underpinned this study. The literature review of this study provided the meaning of EAP, the historical and legislative background of EAP. It also reviews subjective and organisational difficulties employees face at work, the roles of EAP, and the EAP models applied in the organisation. It touches on the principles of Employee Assistance Programmes and strategic goals set out by the Standard Committee of EAPA-2010. Furthermore, it reviews the challenges that face employees to use the services of Employee Assistance Programs in the workplace and the Employee Assistance Programme's merits. Finally, a summary of the chapter follows.

Chapter 3: Research methodology

Chapter three explains the research philosophy, the research design, research population and sample. This chapter further explains the data collecting techniques, data analysis, data reporting, ethical issues guiding the study, and the trustworthiness of data collecting instruments. Finally, the chapter summary is presented.

Chapter 4: Presentation and discussion of research findings

Chapter four presents all the data collected from the participants after the analyses with Atlas-ti software. The results from the biographical information are presented in tables. In contrast, the themes and categories that emerged are presented in a graphical presentation known as Atlas-ti network diagrams. This section further discusses the research findings by corroborating them with the literature findings to provide a comprehensive view of the study.

Chapter 5: Overview, conclusions and recommendations

This section presents the study's overview, recommendations for future or additional research and conclusions of the study.

1.11 Summary

This chapter presented the introduction and background of the study. It further provided the meaning of Employee Assistance programme and the motivation to conduct this study at Mafikeng Provincial Hospital. Other topics that were included in this chapter: the problem statement, research questions and objectives, relevance of the study, research methodology, delimitation of the study, chapter exposition, and the chapter summary. These topics were embedded in this chapter to provide a concise summary of the research content. The next chapter presents the theoretical framework and literature review.

CHAPTER 2: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1 Introduction

The well-being of employees in the workplace is deemed essential to maintain work stability and employee job performance. The Employee Assistance Programme (EAP) was promulgated in South Africa to resolve employee issues and to help them get over the internal and external challenges that may threaten work. This chapter provides the theoretical background and the literature review of the study. The theoretical background focuses on Maslow's Hierarchy of Needs and Herzberg Motivation and Hygiene Theory. The literature review of this study provides the meaning of EAP, the historical and legislative background of EAP. It also reviews personal and organisational problems facing employees at the workplace and the challenges that face employees to use the services of Employee Assistance Programs in the workplace. It explores the roles of EAP, the EAP models applied in the organisation, and principles of Employee Assistance Programmes.

Furthermore, this chapter peaks at the strategic goals set out by the Standard Committee of EAPA-2010 and the merits of the Employee Assistance Programme. The chapter summary then follows. These theories and topics were selected to proffer solutions to the problems of this study.

2.2 Definition of Terms

The definition of key terms are as follows:

Absenteeism – This refers to "time spent away from work by an employee due to illness or disability" (Van der Colff & Rothmann, 2014:375). In this study, absenteeism occurs when an employee stayed away from the workplace due to illness or disability, either physical or mental.

Employment Assistance Programme (EAP) – The EAP Association defines an EAP as a worksite-based programme to identify and resolve employees' impairments. These impairments are associated with personal concerns (including wellbeing, spousal, family, economic, alcohol, drug, lawful, emotional), which may adversely affect the employee job performance (Attridge, 2013a:34). In this study, EAP is an organisational support structure for a "troubled employee" provided for by the employer to identify personal problems that adversely affect work performance to intervene through counselling.

Disturbed Employee refers to an individual confronted by unresolved personal or work-related problems. These issues range from alcoholism, drug abuse, high stress, marital, family and financial problems (Arthur, 2010:738). While some of these may originate independent from the work environment, they will unquestionably affect the work environment.

Health-promoting behaviour includes healthy eating and physical activity; stress management; sleep hygiene; and healthy relationships (Ross *et al.*, 2017:738). In this study, the employer performs any activity that seeks to improve their overall health.

Implementation is a process that turns plans into action assignments to ensure that such assignments are executed to fulfil the objectives of the plan. In this study, implementations are the deeds embarked on by management to accomplish the programme's objectives.

Level of productivity defines an individual's functionality level and the ability to accomplish the goals of a prescribed job (Sreekumar *et al.*, 2018). The researcher adopts this definition in this research.

Presenteeism refers to being present at work but limited in some aspect of job performance due to health problem (Fontaine *et al.*, 2012:557). In this study,

presenteeism is defined as the employee's inability to be productive or perform work-related expected duties optimally due to ill-health physically or mentally.

Programme Adequacy refers to the relevance of the EAP service availability, its usage and its permeation rates. According to Volkow (2011), the two significant trepidations addressed in determining the adequacy of EAP services are the extent to which an EAP offers needed services; and those services provided to those who need them most. The subsequent delineation presents the theoretical background of the study.

2.3 Theoretical Background

This section presents the Human Resource theories that scholars have propounded to improve and retain talents in their workplaces. It is a known fact that the Employee Assistance Programme is a branch of human resource. This study borrowed theories from the human resource field since human resource theories are propounded to increase employees' potentials and increase organisational productivity. In this study's theoretical background, the Herzberg motivation and hygiene theory and Maslow's hierarchy of needs are discussed to understand how they help managers apply EAPs at MPH.

2.3.1 Maslow's Hierarchy of Needs Model

The hierarchy of needs was theorised by Abraham Maslow, a human psychologist, in 1943. It was published in a paper entitled 'A Theory of Human Motivation, which explained the factors that inspire behaviour (Muteswa & Ortlepp, 2014). The hierarchy of needs was further divided into five groups by Maslow, which describe how individual needs are met and how they move on to other levels of needs (Taormina & Gao, 2013:155). These categories include psychological needs (water, air, food, sex and sleep); needs for security (safety and security); needs for belonging and love (intimate relationships, friends), needs for esteem (self-esteem, social acceptance, achievement, trust), and needs for self-actualisation (morality, imagination, problem-solving). Maslow's theory of hierarchy of needs suggests that once the needs at the bottom of the hierarchy that reflect the individual's physical and basic needs are met,

the person will have to move to the next level of unsatisfied needs (Bernard, 2012:282).

Figure 2.1 presents Maslow's hierarchy of needs model.

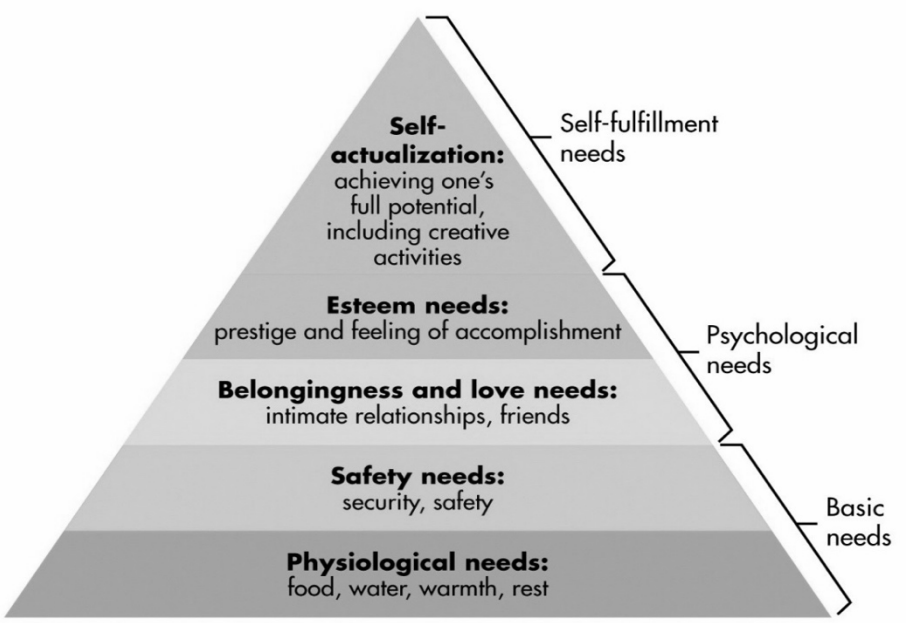

Figure 2.1: Maslow's Hierarchy of Needs Model

Source: Muteswa and Ortlep (2014)

The prescripts of this theory portray that the Human Resource Department of Mafikeng Provincial Hospital should ensure that the employees' needs are satisfied adequately to motivate them in working to achieve the organisation's goals. This theory's prescripts further suggest that all the categories of needs, including health-related issues, should be addressed. It is considered that a neglect of any of the category of needs may reduce employee motivation and productivity, thus prompting job turnover or intention to quit in the hospital.

2.3.2 Herzberg Motivation and Hygiene Theory

Frederick Herzberg theorised the Herzberg Motivation and Hygiene Theory (HMHT) or Herzberg's two-factor theory of motivation in 1959 (Bernard, 2012:278). Herzberg's two-factor theory reveals the actual variables that trigger job satisfaction and dissatisfaction in the workplace (Lundberg *et al.*, 2009:891). The satisfaction variables are known as hygiene factors. They are referred to as extrinsic variables that do not necessarily inspire workers but can serve as a primary cause of employee dissatisfaction if discovered to be lacking (Bernard, 2012:278).

The management applies hygiene variables to keep workers comfortable in the workplace in order to ensure retention. On the other hand, the satisfiers (motivation factors) are the intrinsic variables implemented by management to inspire workplace workers. The sole purpose of applying both hygiene and satisfaction factors is to improve growth and development and employee efficiency in the work process (Lundberg *et al.*, 2009:891).

Figure 2.2 presents the Herzberg motivation and hygiene model

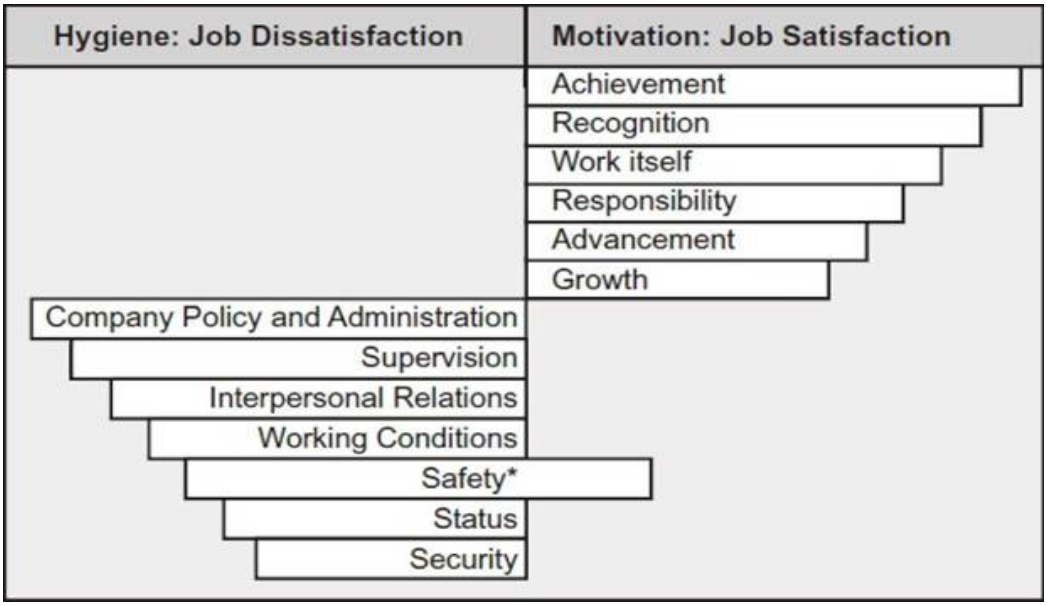

Figure 2.2: Herzberg Motivation and Hygiene Model

Source: Adapted from Lundberg *et al.* (2009)

According to Figure 2.2, Frederick Herzberg highlighted that the hygiene factors include good policy and administration, supervision, and interpersonal relationships. It also highlights acceptable working conditions such as a good salary, good administration and appropriate supervision. It also ensures safety, status and security. The motivation factors include achievement, recognition, work itself, responsibility, advancement and growth. The Herzberg motivation and hygiene theory proposes that the MPH Human Resource Department should consider the prescripts of this theory to motivate the employees to achieve the organisation's goals. The hygiene factors, which fall within the scope of EAPs, should be held in high esteem to ensure that employees are not dissatisfied in the job process. The following section presents the literature review of the study.

2.4 Employee Assistant Programmes

The Employee Assistance Programmes are programmes instituted to ensure the wellbeing of the employees to enhance productivity. Employers refer EAPs as Employee Counselling Services (ECS), Special Medical Services (SMS), Occupational Substance Dependency Programs (OCDP), Personal Counselling Services (PCS), or Employee Health and Wellness Programs (EHWP) (Public Service Commission, 2006). The majority of EAPs in private and public sector establishments are controlled by professionals who deal with a range of employees' work-related issues. The 'EAP' is simply a programme designed to solve the concerns of workers in the workplace. It is an employer-sponsored programme consisting of referral services for employees and their families to enhance employees' productivity (Daniels *et al.*, 2005). It could also be regarded as worksite programs intended to help address employee issues that affect job performance.

EAP is an initiative intended for workers whose job performance is adversely impacted by work-related problems and personal issues, with professional services (EAPA-SA, 2010:2). Work issues may involve working relationships, amount of work, and impartiality in the workplace. It also includes work-life equilibrium, stress, harassment and victimisation. In contrast, personal problems may consist of alcoholism, emotional

difficulties, tension, substance dependency, financial issues, legal complications, anxiety and family or domestic disputes (Sieberhagen *et al.*, 2011:2-4; 14). Rajin (2012:26) asserts that EAPs as an integrated service employ technical, administrative, and skilled employees to meet distressed workers' needs. EAP is defined by Attridge (2010:34) as "a collection of firms' policies and procedures to respond to personal or emotional issues of the employees." They are seen as institutional plans that support and educate staff on personal issues such as drug abuse, job challenges, guidance, financial and legal issues.

According to Rakepa (2012:40; 50), the purpose of the EAPs is to provide structured and standardised processes for therapy and other types of assistance, advice, and information to workers and identify performance expectations. Such techniques are intended to support staff and their families with concerns resulting from occupational and external sources (Rakepa, 2012:37; 54-56). Some services offered in EAPs provide free telephone counselling and on-site access to medical and psychological practitioners for workers who want to speak about their problems. EAPs are referred to as people who provide professional reviews, referrals or short-term counselling to assist staff with personal issues affecting their work performance (Ndhlovu, 2010). Management-supervisory consultations, training and employee education can often be included in the EAP interventions. Employees are either self-referred to EAPs for consultation as they are seen as measures to boost workers' responsiveness to issues related to work (Rajin, 2012). These approaches use information and techniques of behavioural science to manage such job-related issues that adversely affect work performance.

According to the Canadian Centre for Occupational Health and Safety (2019), some EAP service providers can also offer other services, such as retirement or lay-off assistance, health promotion, and wellness services (such as weight management, diet, exercise, smoking, etc.). Others may provide advice on long-term illness, disability problems, crisis-related advice (e.g. death at work), or advice specifically for managers or supervisors in coping with challenging workplace circumstances. Firms should modify their EAPs to incorporate an organisation's wellness programme

promotion strategy, including written policy, supervisory and staff training, and an approved drug testing program, where applicable (CCOHS, 2019).

2.4.1 The historical origin of Employee Assistance Programmes

In the United States in the early 1940s, the EAP was developed as an Occupational Alcoholism Program (OAP) for workers who were assisted with alcohol-related problems (Dickman & Challenger, 2009). According to Dickman & Challenger (2009), problems included absenteeism, deteriorating performance and associated labour force disability. Other problems were the trafficking of substances, workers' addiction and alcoholism. Prevention, treatment and recovery motivated the USA's government to promulgate Act No. 81 of 1970 as a measure to manage employees' alcoholism as a disorder, according to The Centre for Prevention & Health Service (2008). As workplace concerns evolved and new threats appeared, the EAP grew from an OAP to an intensive employees' program (Dickman & Challenger, 2009:28. It resolves all work-related issues, as alcoholism was not the only workplace problem (Dickman & Challenger, 2009:28). The growth of alcoholics primarily affected EAP's and gradually moved away from the OAP to a wider EAP. Organisations have started floating other programs to ensure the management of behavioural health outcomes from conventional counselling and drug-free workplace training (Leon, 2012:32).

The spectrum of work-based human service began its transformation in the late 1980s and early 1990s, from an intervention model centred on troubled workers to the inclusion of health and wellness services aimed at preventing and enhancing employee health (Bhagat *et al.*, 2007; CCOHS, 2019). However, this highly reflects the degree to which OAPs are further incorporated into a full continuum of care through the USA care system (WHO, 2010). The American health care system moved its operation from problem-solving to a more optimistic holistic approach that has affected general employee wellness practice (Acutt *et al.*, 2011). The USA's EAP extension prompted businesses to gradually consider human capital as their most critical resource (Mattke *et al.*, 2013). One of the problems for human resource management in the 21st century is that human resource departments would be seen as custodians of the EAP to take on a more active role. However, the positioning of the EAP under

the auspices of human resources was challenged by several researchers who argued that it should act in the company as a separate department.

Employers worldwide often appreciate the growing demand for optimum employee productivity and performance in the global economy. The strategic importance of employee recruitment and retention remains a critical issue in many countries with labour and skills shortages, such as South Africa (Annandale, 2012). To enhance the overall human resources programs, employees mostly use workplace facilities such as Employee Assistance Programmes (EAP) and other similar programmes (Jacobson Frey & Attridge, 2010). According to Ndlovu (2010), EAP will not deliver the necessary results if they are not equitably implemented. Therefore, it must be tested on a time basis to show its efficacy (Ndlovu, 2010). In South Africa, to enhance service delivery to the people, the government needs to facilitate a significant transition to boost organisations' efficiency and all the employees' wellbeing (Sharar *et al.*, 2012:6).

The primary purpose of implementing the EAP programs was to support organisations to ensure their maximum productivity (RSA, 2006). According to the Public Service Commission (2006), enforcing the employee policy in the United States of America was one reason to establish EAPs. It offer appropriate support services to anyone in need, and diagnose and solve employee problems. This initiative was applied in helping to respond to urgent crisis and to offer solutions to rising needs. Furthermore, the Public Service Commission (2006) reports that this initiative was intended for persons already facing personal issues such as stress, anxiety and psychiatric disorders. It will allow them to gain back their confidence, which invariably increases organisational profit and efficiency.

The fundamental problems to be considered among Japanese employees are depression and suicide-related issues. The Japanese government used the EAP to enhance the mental health of the employees. Managers felt that EAP could preserve employees' good mental health (Nakao *et al.*, 2007). This idea of an EAP in the workplace is a new intervention, especially in the South African public sector. EAPs were invented to support individuals or workers with socio-economic issues to solve

their problems and work with the organisation as expected (EAPA-SA, 2010:9). Initially, the EAP began to address the pressures of the new world and the vicissitudes in the workplace environment, particularly the rise in HIV /AIDS in the public sector (Leon, 2012). The EAP practices include recognising the employer's social responsibility to assist the employee with social and personal issues that might impair job performance (Attridge *et al.*, 2010:5). However, Edwards and Lawrence (2012:23) confirm that this obligation is supported by South Africa's constitution and a host of other labour laws. The laws protect employees' rights in the workplace, including the private and public sectors (Edwards & Lawrence, 2012:23).

EAP is an intervention in the workplace designed to enhance a working relationship between workers and managers. According to Ndlovu (2010), it uses behavioural science expertise to identify and monitor work-related and non-work-related issues, such as alcoholism, substance addiction, stress, and mental wellbeing. These issues have a significant effect on job performance (Ndhlovu, 2010). The key aim of EAP in South Africa is to help workers return to normal, to make a total commitment at work and achieve appropriate and suitable personal life. Specifically, this initiative was developed to recognise and support workers and their families with various challenges, personal issues they encounter and occupational difficulties (EAPA-SA, 2010:20). It was also intended to enhance contact between employer and employee and create a healthy, supportive workplace environment.

2.4.2 Legislative framework of Employee Assistance Programme

The legislative agenda highlights the degree to which South Africans are engaged in the public sector council and play a significant role in nation-building, ensuring equitable provision of services. The system ensures that organisations perform the mandate of service delivery and ensure no dispute between managers and other stakeholders. Therefore, all public sector services must be regulated by a law that will serve as a reference point (RSA,2012).

There is no specific directive for EAP participation; however, the Constitution of the Republic of South Africa of 1996 is a legislation that supports the existence of EAP services in South Africa.

Since democracy in 1994, South Africa adopted a constitution that governs the country and is considered the country's highest law and guidebook. According to Chapter 2, Section 24 of the Bills of Rights," all South Africans have the right to integrity, good health and a non-detrimental atmosphere that threaten their wellbeing". Section nine (9) offers assurance to protect against discrimination towards anyone based on their gender, skin colour, ethnicity, health status, incapacity, pregnancy or culture. It also emphasises that equality before the law implies that all laws protect anyone against unfair discrimination.

There should be no prejudice against any employee by the employer. All people have equal rights and equality in South Africa. In this case, as recognised by law, the various basic needs for the country's citizen are met by the constitution. It further states in section 27 that people are entitled to sound healthcare, nourishment, water and social security (Parliament, 1996).

Therefore, legislation outlined below can be focused on an Employee Assistance Program:

- The Employment Equity Act (No 55 of 1998)

  In South Africa, EAP officers are often engaged to resolve other workplace issues that do not fall squarely within the dimension of EAP. In South Africa, the EAP is regarded by workers mainly as mediators of improving societal conditions in the workplace climate. The Act provides a Code of Good Practice on HIV and AIDS and jobs through Section 54. In response to the pandemic's effects, this code promotes the advancement and application of a strategy and a programme. For employers and workers, this offers a type of management strategy; the EAP has played an essential role in this regard. However, the Act has no direct mention of particular persons at the vanguard of enforcing the Act's provisions. The Act further notes that workers' supervision should be equal and non-discriminatory, which includes HIV-infected workers. Significantly, the Act emphasises the use of confidentiality in HIV-infected

workers care and management. Sex, faith, sexual orientation, race, language and others are positioned in much broader discrimination areas. Some of the ways that EAP officers have supported employers and staff are the ways referred to by the Act. While the Act does not have specifics, employers in the public sector should positively enhance workers' psychosocial wellbeing.

- The Compensation of Occupational Injuries and Diseases Act (No 10 of 1996)

This Act aims to define and classify workplace-borne injuries and illnesses. Furthermore, the Act offers coverage for workers who have either been injured or contracted a work-induced illness during their jobs. Employees can have an accident at work or suffer from an occupational illness. The EAPA-SA Standard Committee (1996) specifies that the EAP will provide staff, family members, and the organisation with discreet intervention services in acute crisis circumstances. The Standard Committee further notes that the purpose of this intervention is to preserve the EAPs reputation and to" learn or avoid long-term strain or dysfunctionality. Post-Traumatic Stress Disorder (PTSD) is an illness rather than a disease under the Compensation for Occupational Disorders and Injuries Act. EAP officers help workers to demand their benefits per the service delivery feature. Also, in an employee's death, the EAP may assist the employees' family in applying for the benefits. EAP can also help with the recovery by therapy or refer for additional assistance to the affected employees.

- The Basic Conditions of Employment Act (No 75 Of 1997)

Total human resources management roles fall under the scope of the Basic Conditions of Employment Act. The importance of EAPs in organisations is to assist workers who have issues in their work environment and incorporate strategies to resolve their issues accordingly. Any problems that can negatively impact employee efficiency and social wellbeing are part of this legislation. Furthermore, in Section 23 of this Act, the organisation should demonstrate evidence of incapacity in the form of a medical certificate and signed by a competent individual. The person must also have been licensed for his/her practice with a professional body.

- The Public Service Act 1994 as Amended No. 30 of 1997

The Public Service Act that guides the workers and employers regulates all public servants in the public sector. The Act provides organisational, administrative guidelines and regulations about employment conditions. The duties, rights and privileges of public service workers are stipulated in Chapter VII of the Acts (DPSA, 1994).

- The Labour Relations Act of (66 of 1995) Amended No 12 of 2002

The act provides advice in a workplace forum for the labour relations problems. In the workplace, it supports and promotes cooperative bargaining. It allows workers to affiliate to their chosen labour union and existing workplace platforms to encourage employee engagement in decision-making. Chapter seven (7) of the Act forbids unlawful labour practice in the workplace. After following correct policies and interventions, the employer has no right to fire an employee at will. Section 188 allows an employer to fire an employee on the grounds of actions, organisational conditions, and disability. An EAP referral is one of the procedures needed before considering firing an employee in labour relations.

- The Basic Conditions of Employment Act of 1997 as Amended No. 11 of 2002

The periods that the worker is expected to work annually are specified in Chapter two of the act. Also, it offers cycles for hours and days. Chapter three (3) of the Act alludes to the various leaves an employee may be granted in a year. In terms of working hours and days, all workers have their privileges, so they need some kind of rest to cope with the next job.

- National Health Act (No. 61 of 2003)

The Act establishes a comprehensive and organised health system to protect, encourage and preserve the population's health (Parliament, 20032.2.7 Occupational Health & Safety Act, as amended, No. 85 of 1993). The purpose of the act is to establish and implement a healthy and secure working atmosphere for all workers and clarify the employer's and workers' duties and obligations.

- The Skills Development Act (No 97 Of 1998)

  This piece of legislation has the following aims, which are directly relevant to the EAP procedure. These include developing employee skills by refining the quality of workers ' lives, their job prospects and labour mobility, refining workplace productivity and improving employee competition, and enhancing social care provision. Furthermore, the Act encourages employers to provide new capabilities for employees, encourages personnel involvement in internships and other educational programs, and helps retrenched staff re-enter the labour market. In the skills acquisition process, they assess the scope of practice for EAP workers. They also offer specialist advice in terms of support that can be given to workers at different employment levels, such as internship, and provides mentoring in the workplace for new and young employees. Also, they offer expert services to older workers who may not have previously benefited. Furthermore, for one cause or the other, they support workers going through the process of retrenchment or who may be in the process of getting their contracts terminated. Employees that may be redeployed to other parts of the workplace may also be of benefit..

- The Domestic Violence Act (No 116 Of 1998)

  This Act deals with all domestic violence, which have a direct effect on employees' job p This Act deals with all domestic violence, which directly affects employees' job performance and social functioning. These may include, but are not limited to, physical violence, sexual violence, mental, verbal and psychological abuse and intimidation. The provisions of this Act provide specific guidance for clinicians and practitioners in the workplace. It guides on how to deal with any of these concerns that can be defined as domestic violence encountered by employees that may harm the job performance and social functioning. As part of their core role, the EAP workers refer the affected employee to a specific institution, including a police station, the court of law, and some public institutions, which could be of help to the affected employees. The Act should motivate workers in programs for life skills, sexual harassment in the workplace and violence. It will be one of the prominent roles of the EAP in terms of meeting the training requirements.

- The Child Care Act (No 74 of 1983), read with The Child Care Amendment Act (86 of 1999) and The Maintenance Act (No 99 of 1998)

  In South Africa, EAP workers are charged with additional duties of being defenders of the rights of workers as well as total welfare, and that of their dependents has been well defined. The researcher's experience in the public sector has shown that, for a variety of reasons, some workers turn to neglect their duties most of the time. It also leads to negligence, neglect and non-maintenance of their dependents. To intervene and fix the above issues for the staff, the EAP specialists and practitioners use the above legislation.

- The Unemployment Insurance Act (No 30 Of 1996)

  The Act focuses on reducing unemployment and inclines positively to paying those who contribute to public welfare when they are not working. Concerning this Act, the primary function of EAP is to guarantee that workers are enrolled as donors to the Unemployment Insurance Fund when earning at the workplace. The EAP offers assistance and details on the policies and pursuable channels for insurance claims in the event of employee termination, by firing, or retrenchment. It is also relevant to claims concerning an injury or in cases of work-related death while delivering counselling services to either employees or their dependents.

  This section presents the legislative background of EAPs, and the next section presents the personal and organisational problems facing employees at work.

2.5 Employees and their Challenges at the Workplace

In facing psychological and emotional challenges by employees like family responsibilities, monetary, legal challenges, or dependent maintenance requirements, job productivity and performance will often be impacted. The following factors demarcate the personal and organisational challenges employees experience at the workplace.

2.5.1 Stress

Stress refers to a disorder that threatens an individual's senses and often burdens the same person. The individual cannot deal with everyday problems. It affects the physiological and mental state of the individual (Train *et al.*, 2007).

Stress is the process of adapting to situations that disturb or threaten an individual's balance. The reactions can be expressed physically, psychologically, and behaviourally (Weiten, 2007). It comprises acute or chronic stressors. According to Weiten (2007), acute stressors have a limited duration and are more likely to persist for a brief period. In contrast, continuing stressors remain for more extended periods and significantly impact an individual's health. The acute stressors occur when an employee prepares for tests, marriage, a funeral or any challenging affair. It also occurs when the employee is expected to work beyond regular hours, and acute stress often comes (Bhui *et al.*, 2016).

The most complicated stressors are chronic stressors since they last for more extended periods. Prolonged stress occurs when a financially strained individual undergoes constant pressure at work and is overloaded with family and social demands (Train *et al.*, 2007). Stress significantly impacts the physical as individuals with chronic stress may develop heart attacks or depression. They may also be vulnerable to diseases resulting in death with the immune system going down. It calls for the services of EAPs to enhance the productivity of the employee in the workplace.

Sources of stress may differ, but these may include daily challenges, disagreements with friends, family, or community where the individual resides. Individuals suffering from stress may be unable to cope with all life's difficulties and challenges, then become depressed (Burnhams *et al.*, 2013; Sharar *et al.*, 2012:846). Everyday frustrations, disputes that arise between the parties, and even when tough decisions are to be made are other stress sources. Change resulting from, an example, annulment, marriage, a new job and career or after a loved one dies may also cause stress. The event may challenge an individual, and a person has to amend his lifestyle, which is not always easy (Edward & Richard, 2012:25).

2.5.1 Work Stress

Work stress results from an uncomfortable work environment. Stress may include a case whereby an employee is unhappy with their employment conditions due to terrible working conditions, which leads to poor performance (Richmond *et al.*, 2016:641). High workload may be one of the critical causes of work stress. The significant shortage of employees results in work overload, which, in turn, lead to poor performance and work stress to the employees (McTernan *et al.*, 2013:323). According to Richmond *et al.* (2016:642), a strained working relationship often causes other workers much tension. Also, employees who are constantly in disagreement with other workers or with the line manager appear to be depressed at all times.

In certain situations, though, there are positive effects of job stress that positively affect an issue that is often seen as a stressor and can contribute to higher productivity (Richmond *et al.*, 2017:643). Bophela and Govender (2015:507) confirm that an employee can discover other shortening methods due to high work pressure, which can lead to improved job efficiency. Stress may also encourage personal development and growth at work (Avis, 2016:23). Stressful environments push staff to learn more abilities and develop new perspectives and visions (Ames & Bennett, 2011:175). It helps the worker gain more experience and better cope with issues (Avis, 2016:23). Some people prefer working environments that are challenging because they think they are acquiring more experience.

Stress can influence and impair work performance as it disrupts ones' mindset. In some situations, the association between stress and job success is clear (Bhui *et al.*, 2016:320). According to Witters (2013:1) and Khan *et al.* (2014:63), environmental stressors include noise and heat, inadequate ventilation; lack of facilities; and disputes with supervisors and colleagues. The work environment needs to be conducive to improved job performance. For instance, if there are threats to an employee often spoken, such as losing their job or facing disciplinary action, they may result in stress (Taranowski & Mahieu, 2013:175).

2.5.2 Alcohol and substance abuse

Heavy alcohol consumption results in persons becoming utterly reliant on it and addicted (Burnhams *et al.*, 2013:846). Before somebody becomes an addict, the state of dependence progresses gradually. Ames and Bennett (2011:175) affirms that dependence becomes a psychological issue. Life without them is difficult for an individual with an addiction to alcohol and other substances (Ames & Bennett, 2011:175). The adverse effect of alcohol and substance misuse is absenteeism, such as employment, poor productivity, occupational injuries, high medical costs, and mortality in the long run (Richmond *et al.*, 2016:643). Drug addiction affects an employee's wellbeing and health, often having a backward impact on the organisation. According to Bunn (Bophela & Govender, 2015), drug addicts steadily become sloppy and neglect their hygiene in appearance. His job performance can recognise both The drug-addicted employee is below average. High incident rate, or extreme continuous errors at work and increased absenteeism (Attridge, 2013b).alcohol and drug abuse alter the employee's actions at work and affect his or her family, as well. Susman (2020) concludes that alcohol and drug abuse by health care workers is still a problem in the public sector.

2.5.3 Financial issues

High debt may cause a significant financial burden and may stress an individual (Scott, 2020). Financial stress is an uncomfortable condition as individuals may not meet up with arising financial obligations (Bridges & Disney, 2010). Financial stress may be caused by many reasons, including inability to manage finances, high financial spending, groceries, mortgages and bonds, municipal rates and other taxes (Meltzer *et al.,* 2011). When individuals are under financial pressure, it manifests in psychological disorder or mental sickness, which reduces persons' productive abilities in an organisation (Sweet *et al.*, 2013:95). Sweet *et al.* (2013:95) posit that individuals with dislodged finances get easily annoyed and depressed. Therefore, they cannot stand normal pressure (Sweet *et al.,* 2013:96), leading to ongoing disputes with colleagues and supervisors, resulting in poor job performance (Scott, 2020).

2.5.4 HIV/AIDS

Since the emergence of HIV/AIDS in the 1970s, the epidemic has become a widespread disease in South Africa (Sousa *et al.*, 2017). This disease has threatened peoples' lives at all dimensions comprising the vulnerable, the affluent, the educated and the uneducated (Levitt *et al.*, 2011). The Department of Health (2019) affirms that the number of people living with HIV/AIDS in South Africa is over 7.5 million, which amounts to 20% of the total population. In this dimension, so many employees are affected, which invariably affect their psychology in the workplace (McTernan *et al.*, 2013:322). As the number of HIV/AIDS patients increases daily, organisations witness a decline in productivity due to consequent absenteeism by some patients due to illness and treatment or death (Department of Health, 2019). In coping with HIV/AIDS in the workplace, organisations need to be vigilant as they need to screen workers and allow infected individuals to live a productive life (Hargrave *et al.*, 2008). Furthermore, the Department of Health (2019) propose that organisations should ensure that positive persons are treated as stipulated by the country's constitution and are protected against discrimination. They must also be informed to take adequate treatment, thus disregarding negative thoughts and misconceptions towards HIV/AIDS (Department of Health, 2019).

2.5.5 Family issues

Family issues are considered a source of stress in the workplace, which may arise as disagreements with one or more family members (Scott, 2020). A family represents a significant institution in someone's life where everybody is emotionally attached. Family members may include parents, husband and wife, children, siblings and a host of other extended relatives. Conflicts and complexities amongst them exist in every family in one way or the other. These may include abuse, divorce, alienated marriages, disputes, financial difficulties and the death of a loved one (Scott, 2020). These concerns may negatively influence the family member who is also an employee of a specific organisation. If the trauma is not well-handled, this may result in stress, which reduces the organisation's productivity (Cooper & Dewe, 2008).

2.5.6 Poor ergonomics

Ergonomics is the use of scientific knowledge on the "physiological and psychological make-up of the individual when designing the physical environment" (Salvendy, 2012). It applies as a partnership between employees and their workplace. Employees can be positively or negatively influenced by environmental factors and conditions, such as air temperature, humidity, air flows, wall artefacts, windows and sun (Wilson & Sharples, 2015). Karwowski and Marras (2008) posit that a non-conducive climate often impacts an employee's health and efficiency. If the machinery, equipment, or instruments are not in good shape, they appear to affect the job's efficiency at all (Salvendy, 2012). The health department faces several difficulties, including a shortage of funding and infrastructure issues, among others. Health professionals cannot conduct their tasks efficiently because services are insufficient, and some seek better positions in major cities.

2.5.7 Sexual Harassment

Sexual harassment is another source of stress. It has a negative short and long-term effect on the person affected (Houle *et al.*, 2011). Disease, embarrassment, frustration, loss of self-confidence and psychological harm can be endured by people who have been sexually harassed. This conduct may also lead to issues in the workplace. The output of sexually abused workers may decline, and they may have less job satisfaction and greater absenteeism, resulting in job turnover (Blackstone *et al.,* 2009). Organisational success is placed at risk by the prevalence of sexual assault in an organisation. It would be attributed to a fall in morale, loss of productivity, anxiety, depression, and public image damage (Taranowski & Mahieu, 2013:174).

2.5.8 Job burnout

Burnout involves physical and mental exhaustion, resulting in decreased passion to work. Burnout is commonly applied to denote exhaustion, weakness, fatigue and stress (Schaufeli, 2017). When the demand for work is robust, dealing with such working conditions becomes stressful, resulting in employee burnout. The burnout features include emotional fatigue, lack of interest in work, and the decrease of personal motivation. Burnout could be triggered by a variety of variables in the

organisation, which includes workload. Workload refers to organisational tasks that employees consider demanding. They may sometimes not be able to cope with such demands. Some workers are struggling with interpersonal problems and cannot manage their job duties and performance (Schaufeli *et al.,* 2017). Job burnout results in absenteeism and reductions in job productivity. Burnout workers have high job volumes, excess obligations, elevated workload pressure and restricted resources (Taranowski & Mahieu, 2013:175). Many professionals who are required to deliver high-quality work find it difficult to work under stressed and demanding circumstances, eventually suffering burnout. Beheshtifar and Omidvar (2013) note that both an organisation and workers have many adverse effects from burnout. Among the most critical impacts on the company are pessimism, job dissatisfaction, insufficient organisational commitment, and job turnover.

2.6 The Role of EAPs in the Organisation

The Employee Assistance Program (EAP) is intended to assist workers and their families with personal issues (Richmond *et al.,* 2016). It offers problem-assessment services that are confidential, relevant and timely, and referral and follow-up facilities to health care providers. These facilities' primary goal is to help workers find a balance between their employment, family, and other personal obligations (Attridge, 2015:5). It should be noted that it is voluntary to participate in EAP as it does not impact employees' job. The program is designed for workers who need support with life management issues, emotional problems, and mental health. It also caters for those with drug abuse and work-related issues that invariably affect job performance (Detrick, 2014). The EAP program's presence is the best way to treat individuals with personal issues and unsolicited behaviour and addiction at work. Nunes *et al*. (2018:700) states that these programs' primary objective is to resolve current issues and encourage healthy living among employees. The goal of employee health and wellness initiatives is to build conditions for a healthy working atmosphere. It enables workers and managers to deal with health and wellness issues to achieve desired results. The EAPs help manage human resources efficiently and effectively and lead to the development of a working atmosphere conducive to workers' full potential, which

would eventually impact improved productivity (Milot, 2017:11). In the organisations, the EAP addresses HIV/AIDS management, needs evaluation, education, knowledge, voluntary counselling and testing, treatment and support services (Pillay & Terblanche, 2012; Kheswa, 2019:9). Emergency and emergency preparedness, health promotion, disease prevention, and occupational control of communicable diseases. Management of acute and perpetual disability, accidents, management of absenteeism, sick leave and death. Other functions of EAP include referral system, control of stress, and the provision of a conducive climate for wellbeing and healthy work (Nunes *et al*., 2018:701; Attridge, 2015:3).

2.6.1 Referral System

There are forms of referrals that can be made, according to the ECDOH EAP policy. Firstly, voluntary referrals apply to encouraging workers with issues that impact their job performance to contact the EAP coordinator for assistance (Department of Health, 2016). This method of referrals would always be conveyed to employee representatives. Second, a supervisory referral is where an employee with declining work performance for therapy will be referred by the manager (DOH, 2016).

2.6.2 The Control of Stress

Department of Health (2017) affirms that the EAPs should train workers to manage stress, strategies, and methods of managing daily stress. Every day, people face new problems, and they must be taught how to handle them effectively. It is possible through the Employee Assistant Programme's marketing to teach workers and direct them in stressful situations.

2.6.3 Climate for wellbeing and healthy work

The EAP services are responsible for educating workers about their workplace accidents and illnesses and shielding them from such hazards (Meredith et al., 2011). The EAP office provides support and advises all workers in the work environment about their health and safety. It would help reduce workers' accidents and make staff aware of their diseases and stop them (DOH, 2016).

2.6.4 Telephone helpline

The EAPs offer a telephone helpline services to ensure the workers' general safety (Lindquist *et al.*, 2010:47). The EAPs mandatorily offer a 24-hour mobile helpline service to the workers to rescue workers who may have personal or work-related issues. When faced with personal issues such as domestic violence, abuse, rape, or substance abuse, which may be abuse within the family, individuals can use a telephone for assistance (Macy *et al.*, 2013:882).

2.6.5 Supervisory training

Supervisory training is facilitated by EAP officers who educate other managers in the organisation on the EAP scopes and aims (Spetch *et al.*, 2011:112). Supervisory training is essential for preserving the efficacy of an EAP, and officers must take time to train and communicate with supervisors to achieve the aims of EAPs (Pillay & Terblanche, 2012:230). In this regard, supervisors who receive adequate training in problem identification mechanisms assist in providing additional information gathering skills on how to identify employee issues (Sinha, 2012:33). Early identification of employee's problem is critical in the practice of EAPs as it helps workers proffer solutions before the situation is considered acute. In this situation, the organisation ensures that employees' issues must be chronicled, critically and dispassionately attained to help the employee and provide support positively and factually (Pillay & Terblanche, 2012). It being the case, Sinha (2012:34) affirms that the worker can realise that his/her work performance is improving and that there is no longer a problem.

2.6.6 Drug-free workplace

Drug addiction is a significant causal factor to any nation's problems. It has spread all nook and cranny, including organisations, reaching epidemic proportions since one in 18 workers uses drugs (Arthur, 2010:739; Bar-Cohen, 2014). Programs for the treatment of alcohol and substance dependence in the workplace have been developed by EAPs (Volkow, 2011:12). There are day-intensive substance addiction services operated within the agency or outpatient programs operated by referral to a non-governmental organisation providing therapy sessions. A substance addiction

strategy has been instituted in organisations to assist and encourage workers who abuse drugs and those impacted by drugs. Its institution is in order for employers to protect employees in the workplace (Volkow, 2011:12).

2.7 Employee Assistance Programme Models

There are different types of EAP models implemented by organisations. Most employers provide EAP models such as diagnosis and treatment. At the same time, other organisations may prefer to provide EAPs based on education. For this study, the in-house, out-house, consortium and affiliate EAP models are discussed.

2.7.1 In-House Model

The in-house EAP model is a form of EAP used within an organisation to provide diagnosis and treatment services (Rajin, 2012). The employer operates a complete service facility in this form of model and employs EAP workers to facilitate the programme. In the in-house model, the organisation sources and employs all the EAP assistants who facilitate the programme. Also, the organisation specifies all their functions or job specifications (Kurzman, 2013:381). The manager of that unit is responsible for overseeing the unit's personnel, establishing the policies and frameworks of the EAP and creating procedures to be adopted in implementing the organisational policies (Kurzman, 2013:383)., The employees, in this model, are located inside the workplace. They may be situated outside the workplace in some instances. One of the advantages of the in-house model is that it is less expensive as workers adopt internal control measures directly from the organisation. Also, employees who may need assistance are quickly dictated and treated (Rajin, 2012). Furthermore, the in-house EAP models allow managers complete oversight of the program and ensure that EAP practitioners recognise the aims and priorities towards which EAPs are institutionalised.

2.7.2 Out-of-House models

In the out-of-house EAP model, the organisation enters into a contractual relationship with external EAP providers to facilitate EAPs to workers in that organisation basing on the external provider's facility (Sonnenstuhl & Trice, 2018). The out-of-house model offers greater transparency, lower legal responsibility, and ease up both the starting and execution stages. Confidentiality is always preserved by using an out-of-house model rather than with the in-house EAP (Berridge & Cooper, 2013:20). The only limitation associated with this model is that all employees travel from their respective offices to the EAPs, which sometimes may make employees hesitant (Masi, 1992; Dessler, 1997).

2.7.3 Consortium model

In the consortium model, various organisations pool all their resources such as finances, employees, and facilities to create an EAP for all the involved organisations., The consortium model is typically favoured for small-sized institutions (Masi, 1992: Metsing, 2016). Usually, organisations combine and enter into a contractual relationship to provide their employees with EAP services (Rajin, 2012). According to Dessler (1997), organisations that are members of the EAP consortium plan to implement the consortium model. The cost of providing these services is shared between the organisations' members (Dessler, 1997). The merits of facilitating the consortium model is that smaller companies take advantage of the cost of employee assistance that they are unable to manage on their own (Masi, 1992). However, in the Consortium model, the decision-making process is complicated and takes a more extended time due to different EAP organisations (Dessler, 1997).

2.7.4 Affiliate Model

The affiliate EAP model is almost identical to the EAP out-of-house model. However, it focuses exclusively on short-term emergencies (Masi, 1992). Using the affiliate model, the employer collaborates with the contractor responsible for delivering EAPs in compliance with the contractual arrangement (Rajin, 2012). The contractor is a service provider who uses internal personnel and subcontracts with local EAS professionals. It helps the service provider meet the workers at an organisation where

the contractor does not have an office (Maseko, 2018; Masi, 1992). The contractor may have less leverage over a subcontracted professional when using the affiliate model. It, however, has become a vehicle in which one accountable contractor may meet workers at different locations. When choosing the model to use, employers need to consider the size of the organisation, geographic location and diversity, employee population, values and priorities as important aspects (Baxter *et al.*, 2015; Maseko, 2018).

2.8 The Principles of Employee Assistance Programmes

According to Rajin (2012), several scholars have written on EAP principles in different dimensions. These are sometimes referred to as the 'good ethical conduct' (Rajin, 2012). The implementation of EAPs is built upon several standards to which all EAP workers should comply. For this study, the principles of EAPs such as the total person, confidentiality, reactive and constructive methods, and professional counselling are discussed subsequently.

2.8.1 The total person

An efficient EAP is founded upon assuming that the total individual is employed by institutions and not just a contractual agreement of forty (40) hours per person per week. This theoretical assumption is based on the idea that workers do not leave their front door issues (Rajin, 2012). In several cases, organisations indirectly employ workers with their spouses and many children as a package. According to Kenny (2014), the belief that organisations do not only employ one person indirectly is contrary to the views of early management writers such as Dickman and Meyers. They view individual needs as secondary to the needs of employers (Kenny, 2014). It can be stressed that work characteristics play an essential role in an employee's physical and mental health. Therefore, it is the overall worker who will need assistance. The issues faced by workers may or may not be job-related, but they may affect their performance at work.

2.8.2 Confidentiality

A confidential record is opened when an employee consults an EAP service provider. Keeping records confidential is paramount for EAPs. Each worker's records are kept in strict trust and not reveal such information to any other unauthorised persons (Kenny, 2014). The exposure of knowledge to unauthorised individuals is a severe violation of many professions' codes of ethics and is a punishable act. The principle of confidentiality is described in the implementation of EAPs as one of the barriers that make workers reluctant to consult EAPs due to fear of revealing their records to unauthorised persons (Rajin, 2012).

Confidentiality, in this case, depicts the responsibility of EAP workers to protect the confidentiality of workers' therapeutic information and their problems. Johnsons (2014) suggests that ensuring the confidentiality of employees' personal information entails filling their information by the EAP officers only. It should not be kept in their personal office files that would be accessible by the human resource department or other departments (Josephson, 2014). The explanation for this is that staff other than EAP workers could access the personal data on clients' consultations; then, their identities may be compromised in that situation. Many workers are also afraid to consult, which makes it essential to keep clients' identities confidential. In this regard, only EAP workers' specifics of the appointments and clients' identity must be issued to maintain confidentiality of information.

2.8.3 Reactive and proactive strategies

The third principle of operational EAPs is that they need to be both receptive and constructive. The EAPs, according to the Department of Health (2019), have traditionally been reactive rather than constructive, which has led to the workers taking action on apparent issues after a long time. Employees are only referred by superiors when the employee consecutively failed to meet the necessary performance level. In the sense of employee assistance and treatment, the existing EAPs are both constructive and reactive (Graveling *et al.*, 2008).

2.8.4 Professional counselling

Professional counselling is the fourth principle of a successful EAP. According to the Canadian Centre for Occupational Health and Safety (2019), the effectiveness of the EAPs rests on the supervisors' observational abilities. Supervisors can recognise personal concerns that adversely impact job results, primarily due to their frequent experiences with subordinates. To help workers overcome these issues, the boss should use such interaction by recommending them for therapy or care long before the problem deteriorates (Attridge, 2010). It is a point to note that managers should prevent interference in private matters of workers they are supervising. However, if the private matter does not affect the job's efficiency, then the manager should not be involved. The most important thing to remember is that advice must be voluntary and delivered by trained and knowledgeable practitioners who are willing to deal with a wide variety of personal issues (Rakepa, 2012).

2.9 The Strategic Goals of Standard Committee of EAPS-SA 2010

The strategic goals of the standard Committee of EAPA-SA 2010 was promulgated to achieve the best level of professional practice of the Employees Assistance programmes in South Africa and promote its practice quality (Standards Committee of EAPA-SA, 2010). Other objectives are to provide the standard in facilitating EAPs in South Africa, promote the quality of EAPs and explain the scope of EAPs and all the services provided. Marketing to employees and educating them on EAP services provided and specifying its programme standards as a guide for all the members of EAPA-SA also form part of the strategic goals (Standards Committee of EAPA-SA, 2010).

This section presents the programme standard as specified by EAPA of South Africa in 2010. These standards include programme design, programme implementation, management and administration, clinical services, non-clinical services, preventive services, networking, and monitoring and evaluation. These sub-headings would be explained briefly in the subsequent sub-sections to highlight the objectives and the importance of the standards towards Employee Assistance Programmes' facilitation in

South Africa. Furthermore, it should be noted that all the sub-sections were extracted from the Standard Committee of EAPA-SA 2010.

2.9.1 Programme design

The programme design constitutes the advisory committee's composition, the organisational profiling, service delivery models and procedures, and costing models.

Advisory committee: These are the selected persons who facilitate efficient and effective EAP practice as required by law. They ensure that the management in all the organisations contribute adequately to the designs and practices of EAP. The functions of the advisory committee include the formulation of the best policies to ensure improved EAP facilitation. It facilitates promotional activities in marketing the practice of EAP; to support the EAP workers in times of need; to facilitate series of evaluation to enhance the work process; and to act as a board for EAP workers. It was highlighted that the advisory committee should consist of members from diverse organisational structure, departments and practices.

Organisational profiling: The objective of organisational profiling is to guarantee that the program's design includes analysing the employees' needs and the organisation for which they work. This review is intended to help organisations find the most suitable and cost-effective approaches to providing EAP services**.** When conducting a typical organisational profiling, the following should be put into consideration: type of organisation, Job/work types, products, size of employees and demographics, employee qualifications in terms of skills, fitness, diversity of staff, gender and ethnicity, collection of information to classify areas of HR issues, such as: reclamations for compensation; absenteeism trends; sick-leave maltreatment; disciplinary operations; acts of grievance; and turnover of staff.

Service delivery models: The service delivery models' objectives guarantee the most efficient service delivery model, which will improve the organisation's services for the customer and the corporate client**.** Specifying the service delivery helps to guarantee selecting the most cost-effectiveness and functional suitability of the EAP. It is also to

select appropriate processes that are built in conjunction with the programmes' core technologies. When selecting an adequate service model, the following should be considered: conformity with emerging market practices and philosophy; the organisation's size and structure; the geographical site; program and community resource accessibility; financial resources; professional (internal and external) capability; and preferences for employees.

Costing models*:* The costing model ensures a precise balance between the organisation's income and expenditure. The selected costing model should be compatible with the employer's overall philosophy and corporate governance; employee benefits should be considered when choosing a pricing model. The pricing of EAPs should be negotiated and mutually agreed upon between the service provider and the employer after different models have been considered. All role-players involved should be transparent and acceptable to models; also, the cost must be included in the business plan.

2.9.2 Programme implementation

This section specifies how the EAP should be implemented in all organisations in South Africa. The themes embedded in the implementation process includes policy facilitation, operational guidelines, and implementation plans.

Policy*:* The section guarantees that the EAP's mandates, principles, and focus areas are fair, regularly implemented, and balanced concerning all the different stakeholders' needs. It promotes a good background for consistent programme implementation. The guidelines specified in this category include the employee and dependant issues, issues surrounding job performance, clinical records and storing of clinical records, abuse of EAPs workers, policy statements, and recognition of human capital and interpretation of EAP policies in diverse languages.

Operational guidelines: The operational guideline provides the operational framework for EAPs. According to the specific circumstances of an entity, the objectives are to include procedural and logistical guidance for the implementation of

the EAP. The operational manual must be aligned with the EAP policy, operations of the organisation, technologies and ethical standards.

Implementation plan: This section specifies the implementation plan to achieve desired objectives. The implementation plan of the EAPs must be subject to annual review. It must specify actions and time frames needed for enhancement, resources and persons responsible for the facilitation, performance indicators and monitoring.

2.9.3 Management and administration

The management and administration emphasise the nature of management and administration needed to actualise the organisation's goals. This category specifies staffing, professional consultation or supervision, professional development, confidentiality, record keeping, professional liability and ethics.

Staffing: This section determines the required number and capacity of EAP workers needed to achieve the objectives of the organisation. This section further guarantees that all EAP workers comply with technical and legal requirements. It ensures that the Continuous Professional Development standards (CPD) are fulfilled by all professional workers involved. It allocates appropriate administrative support staff to the EAP. The latter are sensitive to confidentiality and ethics issues at the EAP.

Professional consultation or supervision: This section aims to guarantee quality service by EAPs and to support professional service. It also aims to protect the interests of the employee and to improve the expertise, attitude and abilities of the EAP workers. In employment, the EAP workers should at least have a minimum of 5 years of experience for the individual offering supervision/consultation. Also, the candidate should possess adequate qualifications.

Professional development: This section supports that all EAP workers should be involved in professional development needs. This section was included to ensure that the EAP workers continuously develop their mental abilities and upgrade their professional practice. It is also specified in this section that EAP workers should be

engaged in professional development. It also ensures that they are registered with professional bodies or other EAP-SA statutory bodies.

Confidentiality: This section aims to promote the concept of confidentiality in the practice of EAP. The main aim was to promote the individual medical record's privacy to prevent stigma and unnecessary litigations. Informed written consent is required in situations where confidential information has to be disclosed.

Record keeping: The keeping of accurate record is very paramount in every organisation. In this regard, this section provides that employees' medical records should be kept and managed competently and in a confidential manner too. Furthermore, a specification was made that records should be retained at intervals of at least five years and backed up through various data security options.

Professional liability: This section specifies that the EAP worker should own professional liability insurance. More so, applicable precautionary measures should be taken by EAP workers in addressing legal issues during service delivery. EAP workers should also bear the consequences of their irresponsibility or malpractice.

Ethics: Maintenance of ethical conduct is highly needed in organisations to uphold professional behaviour in the workplace. This section emphasises the need for EAP workers to use the code of conduct of EAP-SA as guidelines in the workplace. It will, in turn, promote adequate customer protection and guarantee that AP workers operate within their scope of expertise.

2.9.4 Clinical services

This section was designed to specify how the EAP workers would provide the clinical services. These services include trauma management, crisis intervention, assessment and referral. It also includes short-term intervention, case monitoring and evaluation, and aftercare and reintegration.

Trauma management: The management of trauma was included in this section to ensure that EAP workers, in extreme situations, provide trauma services to employees and their family members. This section further explains that EAP workers should be adequately trained in handling trauma debriefing and educating the employees on trauma management protocols.

Crisis intervention: This section states that EAP workers should be readily available to provide their professional services to workers during a crisis. It depicts that they should be ready to intervene in times of emergencies or urgent situations. This section further specifies that EAP workers should be trained and eligible for crisis intervention.

Assessment: Proper analysis should be done in the process of finding solutions to resolve employee issues. The section's main objective is to ensure that EAP workers conduct an adequate assessment to identify the challenges facing employees or their family members. It assists with developing a counter plan of action. Assessment should include the clients' statements, medical history, and mental status.

Referrals: This includes the process of referring clients to an appropriate place where adequate treatment could be obtained according to the assessment reports. Referrals are included in the EAP-2010 standards to ensure that employees gain access to needed medical resources and desired level of treatment. However, it is stated that the EAP worker should clearly explain to the client the reason for the referral or other associated costs.

Short-term intervention: This section provides that EAP workers should willingly provide short-term intervention services. It entails that they should undergo speciality training on the application of time-limited intervention models.

Case monitoring: This focuses on the monitoring of the therapeutic processes during interventions. In this regard, EAP workers should contact a client or call for a meeting to discuss clients' progress. Case monitoring ensures that the relationship between the employee and the employer is maintained during the intervention period. It also

ensures that the intervention's objectives are met and track deviations or failures in treatments.

Aftercare and reintegration: This section specifies that EAP workers should ensure that aftercare services and clients' reintegration are correctly done to achieve the organisation's objectives. This section aims to monitor the intervention outcomes of a client who has been reintegrated into the system. This section states that EAP workers should contact all clients at intervals to close the case if suitable.

2.9.5 Non-clinical services

This section was designed to enable EAP workers to provide other professional services such as consultation and advisory services to the employees to reduce risk to ensure optimal organisational performance. The inclusion of this section guarantees that EAP workers function as an important section of an organisation that ensures effectiveness. One of the guidelines include that the EAP workers should consistently provide statistical reports on trends during EAP interventions, alert management on organisational changes and events.

2.9.6 EAP training

This section states that EAP workers should provide constant training to the employees to enhance the organisation's resilience. This section aims to strengthen individual skills and competencies and ensure that managers fulfil their managerial roles, access and support the EAP programme. All EAP workers should abide by the guidelines in this section, stating that workers should maintain the link between performance management and the EAP process. It ensures adequate procedural referral, facilitate programmes on prevention areas and ensures capacity building to support employees and management.

2.9.7 Marketing

The marketing concept was incorporated in the EAP-2010 standards to ensure that the programme is communicated to all the employees to benefit from utilising it. This section's primary goal is to guarantee that adequate promotion is made at all levels of

the organisation and provide regular information on the factors that may affect the employees' health. The EAP programme marketing should be done during employee orientation programmes and through a mix of other communication channels such as e-mails, Short Message Service (SMS), posters, social media, and the Internet. More so, the marketing strategy should be facilitated to cover all the functional departments of the organisation.

2.9.8 Preventive services

Preventive services are included to provide general proactive interventions. The general proactive interventions may include campaigns or wellness days. The workers will hold workshops to disseminate information on preventing organisational and behavioural risks. The EAP workers who provide such services should acquire adequate knowledge of the organisation. These services should be based on the organisational risk assessment. The preventive services should also be focused on all organisation levels to ensure all the employees' wellness.

2.9.9 Networking

Linkages help to add to the complexities of the work environment. This section states that EAP workers should establish linkages amongst all stakeholders. EAP workers need to be familiar with all aspects of community services, including knowing their strengths and disadvantages, knowledge of eligibility requirements, and waiting lists. They ought to familiarise themselves with fee systems and develop working relationships with these services to inform agencies about workplace realities, the essence of work-based programs, and the treaties**.** In this case, establishing external ties with communities is key to filling the gaps in delivering the EAP services, particularly in programs where certain types of expertise and capability are at a premium. This standard aims to improve EAP professionals' expertise, skills, and attitude and ensure that they remain aware of innovations and technologies in delivering EAP services. It is also to provide a platform for exchanging and discussing issues and the continued growth of professionals and practitioners.

2.9.10 Monitoring and evaluation

The EAP aims to add value to the work organisation and provide individual employees with assistance. Accurate baseline information and tracking and evaluation processes would make it possible for the program to provide sufficient and appropriate services. This section was included in the EAP-2010 standard to ensure programmes' progress and usefulness is monitored and to know the areas that need enhancement. Furthermore, consistent monitoring and evaluation are needed to identify if the desired goals and objectives are met.

2.10 Employee Assistance Programs and their Challenges

The employee assistance programme serves as a valuable asset for the employees and their family members. In the view of Albrecht (2014:1), the implementation of EAPs in organisations has assisted employees in dealing with their personal and professional issues before it becomes unimaginable. The EAPs provides a variety of services such as professional counselling, referrals, and assessments on various issues to stabilise the health of employees to achieve maximum productivity. However, Hall (2020) affirms that employees find it difficult to access the services of the EAPs due to their reasons. These issues are discussed subsequently:

2.10.1 Stigmatisation of the employee

Albrecht (2014) maintains that there is some stigma about mental health issues. In this regard, so many employees find it difficult to call for assistance as they are concerned about the associated stigma. Some employees are ashamed to report that they are going through a process of divorce or substance abuse. Others include struggles to overcome mental health problems, and this, in particular, makes them feel embarrassed. Men, in particular, are vulnerable to this, and that is why Hall (2020) states that 60% of workers using EAP services are female. It is not surprising that women's use of the EAP is much higher than men's rates. Men often believe they should be strong enough to handle problems independently. However, everyone needs support at some stage in life, and there is no shame in reaching out for assistance.

2.10.2 Confidentiality of cases

The principle of confidentiality depicts abiding by the ethics of keeping employees' medical information secret. Employees that are supposed to use the services of EAPs worry that HR and co-workers may share their problems. According to Hall (2020), all communications with the employee are kept in strict confidence. No information can be given to any other persons, body or organisations without the employee's prior written consent (Hall, 2020). The employee will usually have to sign a written statement regarding what information may be released and to whom.

2.10.3 Lack of knowledge about EAP

The lack of knowledge about the traditional functions of the EAP is one of the limitations of accessing the services by employees. Most employees feel that the EAP only provides therapeutic services, but Hoyt (2016) affirms that the value is more than a therapeutic service. The EAP provides other services such as work-life and legal-financial resources, as well as training and webinars. In the view of Hoyt (2016), EAPs usually deal with a much broader range of problems today, including depression, stress, substance abuse, relationship issues, job problems, health and wellbeing, financial and legal issues, and family care (specifically, children and elders). In human resources (HR), many employees do not know what EAPs are all about, which could be detrimental. Since the field began 50 years ago globally to recognize and support addicted workers, EAPs had changed a lot. It has saved many companies money and employees from heart attacks by tracking job performance and intervening before things got out of control.

2.10.4 Lack of awareness about the benefits of EAPs

The promotion of EAPs by organisations through employee orientations is not adequate to educate the employees on the benefits of assessing the Employee Assistance Programme Albrecht (2014). Organisations can create awareness to the employees about the services of EAPs through a mix of communication options such as posters, flyers, periodic orientations and all-staff meetings. Organising lunch and training sessions by the organisation on many topics related to mental health enhance employee awareness and enhances the opportunity of assessing the services of

EAPs. EAPs suffer from low awareness as most workers are not aware of their existence. It may be that HR does not do enough publicity to make this advantage visible to all employees.

2.10.5 The issue may seem too insignificant

The services provided by EAPs are not just for persons struggling with mental illness or drug abuse. They also support workers who need support, for example, with their diet plan. When discussing more personal and general concerns such as work/life balance, diet and physical health and other wellness services, many people do not care about the EAP. By reminding workers that these programs exist and are free to use, HR may increase the EAP participation rates. Not every EAP service will have the same services. It is needed that employees consult with EAP providers or the HR department to determine the areas covered by the EAP. Also, employees can get face-to-face meetings, phone calls or online interactions. However, Hall (2020:1) upholds that all EAP sessions are vital, and they save companies a lot of valuable resources, such as time, money, stable mental health and productivity.

2.10.6 Lack of education in the curriculum

Most organisations cannot educate the employees about the services provided by the EAPs and the importance of assessing the services. As a result, the EAP services are unlikely to be used by workers who are not familiar with EAPs (Hall, 2020:2). Many staff may still have the illusion that EAPs are only for individuals with mental health issues or addiction problems. This misinformation leads many workers to believe that the program is not for them. While the program was initially designed to answer such issues, today's EAP service offering is far more varied (Albrecht, 2014:2).

2.10.7 Misconception of Cost

Misunderstanding about cost by employees who need the services of EAPs may be another obstacle to assess such services. There is a healthcare challenge for many employees. They assume that they are liable to pay for such services or deductions (Hall, 2020:1). It might discourage them from obtaining services from EAP. Contrary

to this assumption, EAP therapeutic services are free for workers and are fully covered by the employer (Albrecht, 2014).

2.11 Advantages of the Employee Assistance Programmes

An employee assistance program is intended to ensure that employees can manage their daily lives while remaining productive, even amid challenging circumstances or experiences. While it remains a benefit for the employees, there is clear research evidence to suggest that it is equally beneficial to all employers. The advantages of implementing EAPs are subsequently expounded upon.

2.11.1 Increases productivity

Cantwell (2017:2) opines that productivity declines when the well-being of the employee is not assured. Productivity declines when employees are less inspired and innovative at work and when personal problems challenge them. Researchers found that three-quarters of workers reported a substantial improvement in job efficiency (Joseph, 2020:10). Enhancing employees' wellbeing does not only help increase productivity but can also help reinforce workplace morale. Due to employee absences, the Society for Human Resource Management (2020) estimates that businesses are losing 36.6 per cent of their productivity. Consequent to EAP awareness and education, statistics show that employee efficiency improves after an EAP is implemented (Society for Human Resource Management, 2020). It is evident as EAP decreases the use of sick leave by 33 per cent, missed time by 40 per cent, and injuries associated with work by 65 per cent (Society for Human Resource Management, 2020).

2.11.2 Strengthens mental health at work

Individual mental health has a positive influence in the workplace. It is, therefore, in the best interest of the organisation to ensure that workers feel they are in a position to cope with the challenges that life throws at them (Joseph, 2020:12). EAP providers stress that employees do not necessarily need to have health issues before consulting EAPs. The services offered by EAPs are formulated to help employees cope amidst challenges and make their lives easier.

2.11.3 Minimises absenteeism

Encouraging workers to use an EAP can help minimize the number of sick days taken and save long-term health insurance money (Gale, 2019). The programs included in the EAPs help workers fend off stress-related illnesses as some have access to specialists such as health coaches. It means fewer hospital visits and fewer days off work to deal with medical conditions (Joseph, 2020:13).

2.11.4 Enhance organisational savings

Mental health disorders cost workers a whopping sum per year and account for a high percentage of short-term disability claims in Canada (Statistics Canada, 2017). It may cost employees much money if they are not dealing with mental health in the workplace. EAPs offer employers an impressive return on investment.

2.11.5 Promotes a good work climate

Not only one employee but the general workforce is affected by stress-caused problems such as absenteeism, reduced performance, and health problems. Besides, employees develop more aggression, become argumentative, and communicate less when they experience a high level of stress. The stress levels of an employee could positively impact co-employees. These are addressed in the organisation by offering support and programmes such as EAP.

2.11.6 Improves job retention

In retaining talented workers, a healthy work climate is a crucial factor. Assessing the services of EAPs helps keep workers active and happier in the workplace (Cantwell, 2017:1). Also, in recruiting and retaining millennial workers, EAP is beneficial. Millennials are usually less willing to ask for help with mental health concerns. They are thus more likely to understand and utilise employee assistance program (Cantwell, 2017:1).

2.12 Summary

This chapter provided the theoretical background and the literature review of the study. Maslow's Hierarchy of Needs Theory and the Herzberg motivation theory was adopted in this study to explain the importance of ensuring that the needs of the employees are satisfied. It is to also guarantee that the employees are motivated to work for the organisation. The literature review highlighted aspects such as the meaning of Employee Assistance Programme, personal and organisational problems facing the employee in the workplace, roles of EAP, the models of EAP, the principles of EAP, strategic goals of EAP-SA 2010, challenges to use EAP by employees and the merits of EAP. In the literature review, it was discovered that EAP is a vital tool to ensure the employee's total well-being in the workplace. It is needed to improve productivity and a conducive work environment. The following chapter deals with the research methodology about the study conducted.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology adopted to find solutions to the problems of this study. The topics addressed in this chapter include the research paradigm, research approach and design, site and participant selection, recruitment of participants, data collection techniques, data analysis, trustworthiness of data collecting instruments and the ethical concepts observed while conducting the study. These topics, as presented in Figure 3.1, are vividly discussed to provide answers to the research questions, as stated in Chapter one of this study.

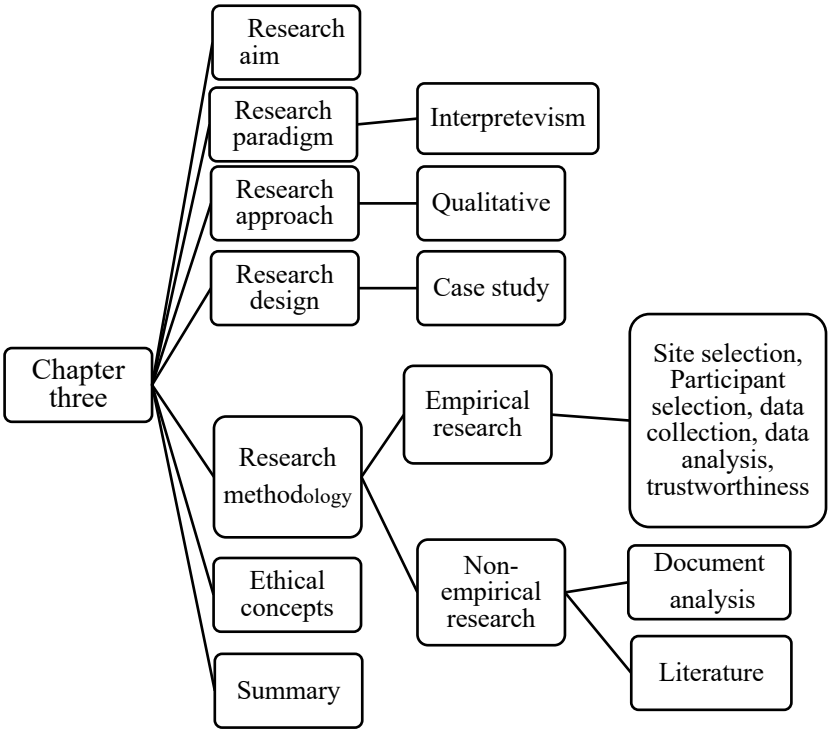

Figure 3.1: Chapter map

Source: Researcher's own design

The next section explains the research paradigm selected for this study.

3.2 Research Paradigm

Research method or paradigm is the totality of beliefs that guide a study (Creswell, 2014:6). Furthermore, a paradigm positions the researcher on world philosophies and the general ideologies of a phenomenon under investigation. There are many forms of research paradigms in social science research, and these include positivist paradigm, post-positivist paradigm, constructivist paradigm, interpretive paradigm, and pragmatist paradigm. Creswell (2014:7) confirms that each of these paradigms has its specific fundamental beliefs to resolve social problems.

In this study, an interpretive paradigm was adopted. Maree (2015:263) affirms that researchers embracing the interpretivism paradigm assume that human behaviour is complex. Predefined probabilistic models cannot determine its concepts (Blair *et al.*, 2014). Nevertheless, this rests on the existing conditions, also determined by factors other than genes in the system. Human behaviour is quite unlike an easily controllable scientific component (Creswell, 2014:7). Many factors influence human actions, which are primarily subjective (Trainor & Graue, 2013:128). In this regard, interpretivism, therefore, relies on researching human actions in daily life rather than in the regulated environment. In their view, Clark and Ivankova (2015) suggest that the interpretivism paradigm is subjective, thus depicting a problem with bias and is value-laden. Interpretivist philosophers agree that people select their options, which does not depend on science or nature laws. Creswell (2014:7) finally concludes that the interpretivism paradigm adopts a detailed research finding by looking at culture and how people live their lives. Positivists tend to look at the general overview, therefore, has high validity because it is an accurate representation and is trustworthy.

The adoption of methodologies in an interpretive paradigm utilising interviews and in-depth data collection was due to interactions with the study participants. Furthermore, the process of data collection was trustworthy.
Also, the collected data is detailed and provides details of the study context.

3.3 Research Approach

A research approach is referred to as the strategy and procedure consisting of significant assumption steps for systematic data collection, analysis, and interpretation methods. Therefore, it is focused on the essence of the research issue being tackled. There are three types of research approaches in social research: quantitative research, qualitative and mixed methods study. Figure 3.2 presents the main three research approaches in social research.

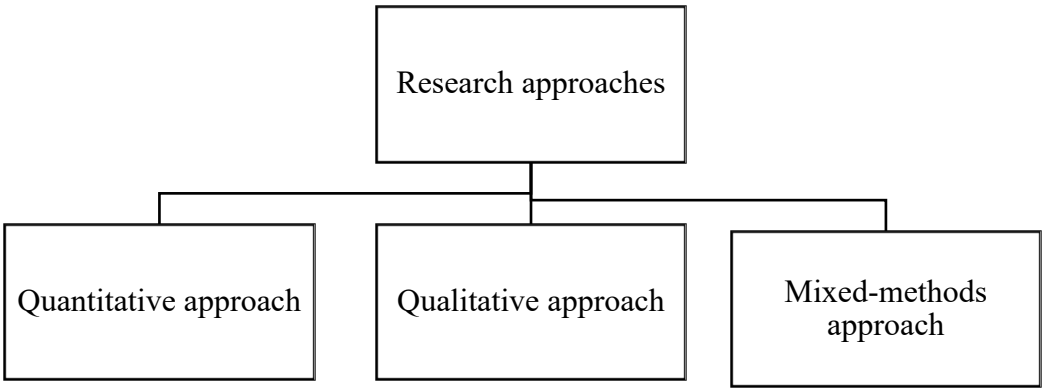

Figure 3.2: Research approaches

Source: Creswell (2014)

Due to this study's nature, a qualitative research approach was adopted to address the problems of this study. Creswell (2014:17) affirms that a qualitative study attempts to explain a problem through induction; emphasise the contextualisation of meanings and concepts through method, beliefs, context and interpretation; and report in a narrative format. The adoption of a qualitative study, according to Creswell (2014:17) and Bell *et al.* (2015:391), enhances the in-depth collection of data. Trainor and Graue (2013:172) also agree that adopting a qualitative approach helps to present the findings of the study in a narrative account, thereby providing the historical cause of the problem and solutions to resolve the phenomenon.

3.4 Research Design

According to Kumar (2018:94), a research design is the grouping of conditions for the gathering and evaluating data in a manner that aims to combine relevance to the research purpose with economy in procedure. These can be advantageously pronounced when they are “categorized as a research design in case of exploratory research studies; research design in case of descriptive and diagnostic research studies; and research design in case of hypothesis-testing research studies”.
Creswell (2014:11) argues that a research design constitutes making decisions concerning what the study will be about; and “when, where and how it will be conducted”. A research design is based on how the researcher plans and intends to conduct their research (Gray, 2014:128).

In this research, a case study approach was followed. A case study is a rigorous study of a comparatively negligible number of circumstances or cases to reach a comprehensive description and understanding of the studied concepts, despite the small number of individuals involved (Struwig & Stead, 2001:8). Its ability to be studied in depth (whether it involves an individual, a group, an institution, a program or a concept) puts this design at an advantage. Furthermore, its strength lies in its potential to study things in detail, instead of a shallow analytical study of many institutions.
Table 3.1 presents the alignment of research objectives, questions, and instruments

Table 3.1: The alignment of research aims, questions and data collection instruments

Research sub-objectives	Research sub-questions	Instruments
To assess the current EAP implementation processes being applied at Mafikeng Provincial Hospital	How is the current EAP implementation processes applied at Mafikeng Provincial Hospital?	Literature review and interviews
To peruse if the current EAP strategies in Mafikeng Provincial Hospital meet the implementation of strategic goals set out by the Standard Committee of EAPA-SA 2010.	Do the current EAP implementation strategy in Mafikeng Provincial Hospital meet the implementation of strategic goals set out by the Standard Committee of EAPA-SA 2010?	Literature review and interviews
To research the current challenges that the hospital experience regarding the implementation of EAPs amongst nurses	What are the current challenges that the hospital experience regarding the implementation of EAPs amongst nurses?	Literature review and interviews
To make recommendations to improve EAP implementation to enhance processes and ultimately improve productivity amongst the nurses in Mafikeng Provincial Hospital.	What are the recommendations to improve EAP implementation to enhance processes and ultimately improve productivity amongst the nurses in Mafikeng Provincial Hospital?	Interviews.

Source: Researcher's own design

Table 3.1 portrays that the research problem, which is reflected in the questions/objectives, was addressed through interviews and literature review.

The following section presents the research design process adopted in this study.

Figure 3.3 presents the research process, which depicts the study's necessary steps to arrive at valid and reliable conclusions.

Figure 3.3: Research design

Source: Creswell (2014)

As presented in Figure 3.3, the first step is the qualitative data collection, which was done through interviews. The second step is the research analysis. In the analysis, an attempt was made to relate it with the literature review context. The final step is the interpretation and recommendations to the study. The following section presents the research methodology.

3.5 Methodology of the Study

Research approach and designs, research site, data-gathering and analysis are the most vital aspects determining the most suitable research methodology. Research methodology focuses on the process, the type of tools to be used, and the procedure to be followed by the researcher in his or her intended plans of conducting research (Babbie *et al.*, 2011). The methods, techniques and procedures a researcher apply in collecting information concerning the research problem in order to devise a plan of action are referred to as the research methodology. In this study, a non-empirical and empirical study was applied to address the problem of this study. Figure 3.4 presents a schematic diagram of the research methodology adopted in this study. It portrays that the study adopted a non-empirical and empirical study. The non-empirical study comprised literature review and document analysis, while the empirical study adopted interviews as an inquiry object.

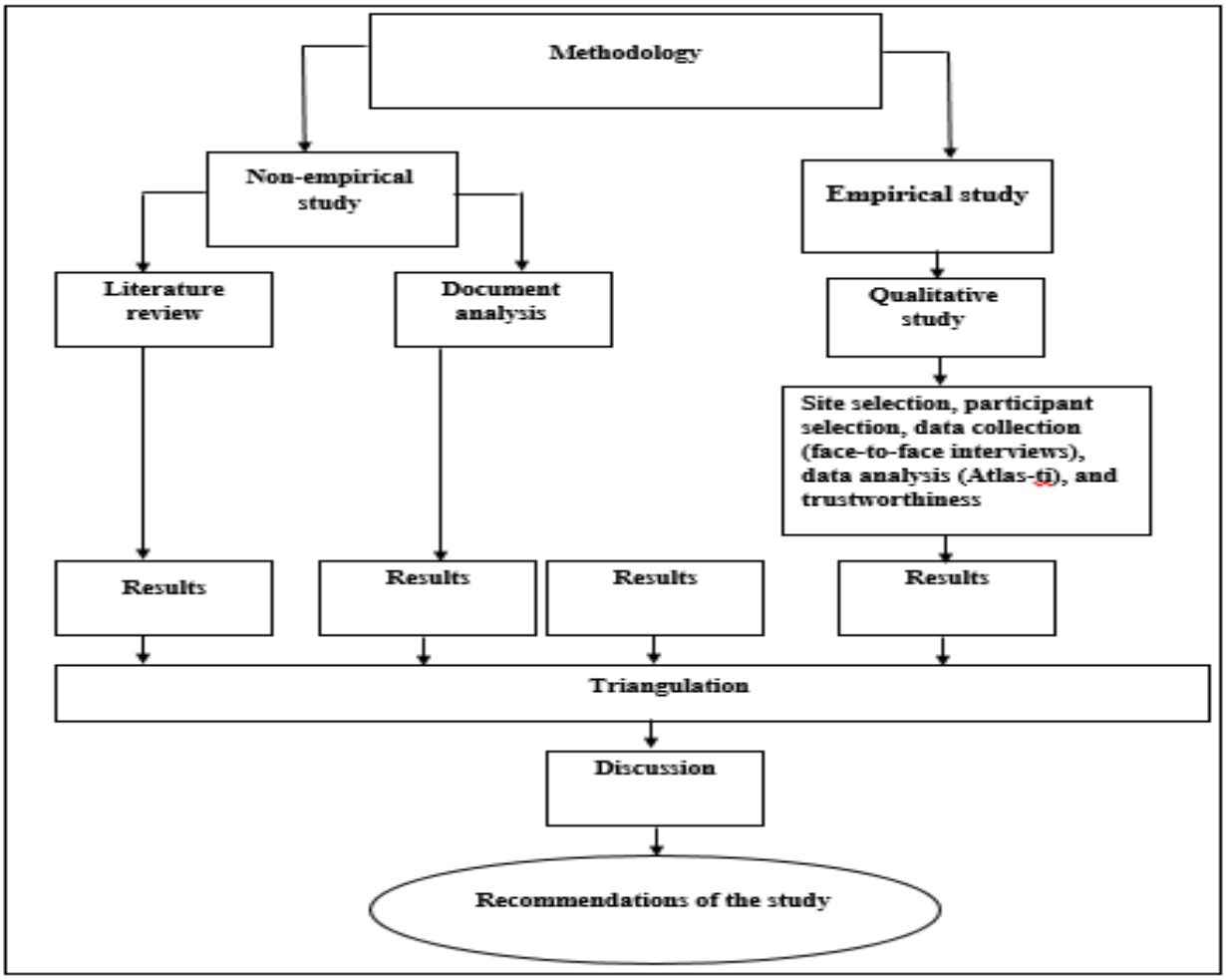

Figure 3.4: Research methodology of the study

Source: Researcher's own design

3.5.1 Non-empirical study

According to Gray (2014) and Maree (2014), a non-empirical study refers to the consultation of secondary sources as a contact of enquiry to find solutions to the study problems. The non-empirical investigation adopted in this study includes a literature review and document analysis. According to (Repko & Szostak, 2017), literature review involves reviewing relevant studies by other scholars to proffer solutions to the problems under investigation. The main reasons to conduct a literature review are identifying factors that have contributed to the problems under search and finding solutions to the problems. Relevant texts and several electronic databases were consulted. These include peer-reviewed articles that focused on implementing the Employee Assistance Programme in the North West province.

The document analysis focused on reviewing secondary sources, including the South African legislation guiding Employee Assistance Programmes' implementation. Also, the study reviewed EAPA-2010 standards for Employee Assistance Programmes. It was done to examine the main themes of EAPA-2010 and investigate in the empirical study to know if the EAP workers in Mafikeng Provincial Hospital follow the processes as stipulated by the document.

3.5.2 Empirical study

The empirical study involves a primary investigation where a researcher collects relevant data through interviews, questionnaires or observation to solve a problem (Lapan *et al.*, 2012; Rubin & Rubin, 2011). This study adopted an empirical study by interviewing participants on the problem of the study. The necessary steps followed are expounded upon in the following sections.

3.6 Study Site

The site for this study is the Mafikeng Provincial Hospital in Mafikeng. The focus of this study was on all nurses who are employed at the time of this study. The study site is also referred to as population (in quantitative studies), which depicts all possible respondents, cases, and events in a research project (Kumar, 2018:194). The participants involved in this study involved permanently employed MPH nurses employed at the time of the study. There are approximately 335 nurses employed in different hospital departments, which is the site of the study. All the employees of MPH are based in Mafikeng.

3.7 Participant Selection

According to Gentles *et al.* (2015)*, Participant selection* involves a technique applied when selecting partial representatives on behalf of an entire case to determine factors that characterise the whole case. Participant selection can be described as using a portion of the participants instead of the entire participants. It often poses a dilemma of balancing the representation of an entire set during selection for study purposes.

This study adopted a purposive sampling method to select the participants. Purposive sampling entails selecting study participants based on personal judgement such as nature of duty, roles and expertise experience (Gray, 2014:146). This enhanced accurate data collection and originality of responses.

Due to the current large population size, the unit of analysis was permanently employed nurses of both genders aged between 20-65 years and employed at MPH. These employees were from all departments in the hospital, thereby forming the subjects of the research. Regarding the inclusion criteria, this study's participants included the (335) nurses employed at MPH. It should be noted that the inclusion criteria include the non-vulnerable groups, all genders and all clinical and administrative departments. Their categories and participants selected are explained below:

Category one: Professional nurses - 10

Category two: Staff nurses - 10

Category three: Auxiliary nurses -10

A total of 30 participants were selected for telephonic interviews in this study.

The current pandemic crisis has presented South Africa with challenges of appropriate and acceptable means of data collection, with restrictions in place for all to abide by during level 5 of the government's lockdown in March 2020. The particular issues are related to undertaking qualitative research at this time.

Qualitative researchers are precipitously confronted with several problems associated with entering and engaging the community, complexities with the adherence to the traditional processes of obtaining informed consent. A neutral individual present usually does qualitative research during the signing of the consent. One of the problems encountered included not using the planned face-to-face data gathering methods due to lockdown restrictions: the other involved travel restrictions and travel permits. One was not allowed to enter participant's homes but had them come to another site, e.g., the hospital. Digital platforms have brought various ways of embodying communication delays. It may reduce non-verbal cues due to poor picture quality from poor internet connectivity.

Social distancing and masks wearing masks make it qualitative researchers possible only to follow non-verbal cues through eye contact. At times, sounds are muffled, leading to probing the participants to repeat themselves frequently during an ultimately prolonged interview.

Options of conducting the interviews in the current situation include email interviews, online surveying, and online platforms such as Skype and Zoom. The disadvantage of these is the concerns related to accessibility and non-familiarity with such platforms for other participants. Telephonic interviews are easier for those without internet access. However, special arrangements ought to be made for future transcriptions to maintain the quality of the interview. Unfortunately, the major disadvantage of this method is the inability to observe the participant for non-verbal communication.

For this study, the telephonic interview was a chosen method as all participants own a mobile phone.

3.7.1 Recruitment of participants

Participants' recruitment was done through direct contact with written communication such as letters sent to potential subjects through MPH's HRM and Nursing Manager (NM). It was clarified from the beginning of the recruitment process that potential participants should not expect incentives in return for their participation. They are not forced to participate as subjects. It was specified that participation is voluntary. Also, the researcher highlighted that their valuable participation would contribute positively towards improving their quality of working conditions.

3.8 Data Collection Technique

The data collection process can be defined as a process that starts after the research question has been well-defined and the research design well mapped. The researcher ought to keep in mind the two types of data: primary and secondary data (Kothari, 2017b:95). Primary data is experimental research for the descriptive type and when performing surveys. It may be observational through direct communication with respondents in one form or another or through personal interviews (Kothari, 2017b:95). Traditional methods of conducting qualitative research have undergone a drastic change in the wave of the COVID-19 pandemic. Issues related to community entry and engagement, obtaining informed consent from independent participants, being present during the signing of the consent, and finding alternative ways of conducting the usual face-to-face interview as a result of the SA government's strict lockdown regulations, movement and travel restrictions, travel permits, and not being allowed to visit participant's workplace have proven to alter the quality of traditional face-to-face interviews. The loss of non-verbal cues during interviews due to poor connectivity for virtual meetings and wearing masks during interviews has also impacted the quality of primary data collection for this study.

According to Kothari (2017b), secondary data is information that has already been collected and analysed by someone else. Before one utilizes such data in their research, the data needs to be reliable, suitable and adequate. The following facts are of great importance when appropriately collecting data: nature, scope and object of inquiry; availability of funds; time factor; and requires precision (Kothari, 2017b:112-113). Telephonic interviews were the primary data collection sources in this study to comply with all COVID-19 restrictions imposed by the South African government. Secondary data was collected via peer reviews on articles with similar aims and objectives in the past years (not exceeding ten years). The researcher used it to compare and conclude assumptions and this current paper.

3.9 Data Collection Tools

There are various methods and tools for collecting research data. For this study, an interview guide with open- and closed-ended questions was used to collect data.

An interview guide was used to provide an in-depth understanding of the study due to interactions with the participants. The interview guide contained many probing questions to determine the extent to which the respondent holds a particular issue to be true about the EAP programme in MPH. The interview guide had semi-structured questions, which were administered physically to the nurses. The interview guide is one of the best and economical means of collecting data because the participants can say what they think about the study problem. Also, in this context, the researcher controls the flow of the discussion, thereby collecting the most accurate responses from the participants. The interview questions were subdivided into two sections, which are section A and B. Section A focused on the biographical information of the participants. Section B comprised of four sub-sections focusing on the four research objectives of the study.

In the development of the interview guide, the interviewer ensured that the following factors were avoided:

i. No ambiguity;
ii. The use of short items;
iii. Avoidance of using negative items that may be misread by respondents; and
iv. Avoiding the use of language and jargon may make it difficult for participants to understand and respond.

The researcher designed the interview guides through adapted existing interviews that may have studied a similar case undertaken. The advantages of using an interview guide to collect data in social research, according to Creswell (2014) and Maree (2015), are as follows:

i. Interview guides are frank and straightforward.
ii. The interviewer can quickly get answers to the research questions.

iii. Interviews give the researcher the freedom to develop and explain their views and thoughts (therefore beneficial for interpretivism and trustworthiness in results).

3.10 Data Analysis

According to Katika (2015), the data analysis process is crucial for conclusion validity, described as “the extent to which conclusions and inferences regarding relationships between the major themes in research are warranted”. Data is meaningless if it is not analysed and interpreted. In this study, Atlas-ti software was used to analyse data collected from the participants. The processes that were involved in the analytical procedure are expounded upon in Table 3.2.

Table 3.2: Data analysis and interpretation

Steps	Methods	Explanations
1	Organisation of data	Data was transcribed from field notes and recordings, kept ready for data analysis.
2	Review of transcripts	Data was reviewed again to comprehend the contents and ensure that they reflect on the study's direction.
3	Initiating coding	The themes of the study were generated in this category
4	Coding of data	The coding process was adopted to sort related data so that related headings with similar content are grouped. These formed the categories under the themes.
5	Representation of data	The findings in the themes were represented in Figures known as the Atlas-ti network diagram.
6	Interpretation and summarising of findings	The interpretations of findings were made in this category, focusing on the study's research questions and corroborated with theories and existing literature.

Source: Researcher’s own analysis

Table 3.2 depicts that data analysis includes data analysis, review of transcripts, initiating coding, coding of data, representation of data, and interpretation and summarising of findings. Table 3.2 presents the explanations of the processes done in each stage of analysis. The following section presents the trustworthiness of the study.

3.11 Trustworthiness of The Study

A study's trustworthiness depicts the degree of confidence in results, analysis, and techniques used to ensure a study's quality (Elo *et al.*, 2014). In this study, the study's rigour measured the credibility of data collection, transferability, dependability and conformability. These factors are consequently explained upon:

Credibility - Credibility depicts the extent to which a study result is reliable and relevant with specific regard to the extent of agreement between the interviewees and the interviewer (Creswell, 2014; Clark and Ivankova, 2015). In this study, prolonged engagement was attained by ensuring that the researcher stayed in the field till data is saturated. To maintain referentially adequacy, a tape recorder and field notes were used to record the participants' responses. The study also adopted a peer review method where well-informed others were consulted to validate the study's findings. Finally, to obtain credibility, the study adopted a member check procedure where other participants were contacted to confirm some statements made in the interview process.

Transferability – This involves the ability to generalize or transfer the findings of qualitative research to other settings. To ensure the transferability of the results, the study adopted a thick description where several interviews were conducted, including the participants' work experiences, which contributed to a rich database (Elo et al., 2014).

Dependability- For research to be dependable, it requires a researcher to ensure that the findings yielded the same outcome if the research were carried out in the same context and with the same participants (Susanne, 2012). Member checks were facilitated to enhance the dependability of this study.

Conformability- Qualitative studies tend to assume that the study brings a unique perspective to each researcher. Confirmability refers to how others can confirm or corroborate the results (Galdas, 2017). Evidence should be left to allow researchers

to trace the interpretations and findings made (Thirsk & Clark, 2017:17). An audit trail was facilitated to help a reader decide whether the interview data support the study findings. During the interpretations, the participants' exact words were cited in support of the study claims (Elo *et al.*, 2014).

3.12 Ethical Considerations

Ethical consideration refers to what is acceptable and not permitted in the process of conducting a study (Bastick & Matalon, 2007; Gray, 2014:68).
In this study, the researcher respected all participants' privacy by maintaining strict records as confidential from the recruitment stages to interpret results. The researcher applied no pressure to influence participation. Participation in this study was strictly voluntary, and participants were allowed to exit at will.
Clear eligibility criteria for participation was stated. All potential participants were afforded adequate time to decide if they want to participate freely. The researcher also provided an accurate and precise description of the study that ensured participants knew why they participated in the study.

Due to the Covid-19 pandemic lockdown restrictions imposed by the South African government, the researcher visited the hospital, the site of the research, once for delivering the data collecting tool and consent forms, and place the communique in all possibly visible areas of the hospital. The researcher observed all measures in place to contain the spread of the virus. Participants willing to voluntarily participate left their contact detail with the HM's secretary to allow the researcher to reach them telephonically for interviews easily. The tool required a minimum of 20 minutes of the participant's time.

A precise proposed research plan was made available to the HRM and HM. All information regarding the study was clear and understandable (in simple terms), and the use of technical or scientific jargon was avoided.
There was a non-biased presentation of the research. All information ensured that there are no misleading facts that make the study excessively attractive. The

recruitment methods and materials avoided contributing to misconceptions. The researcher protected all participants against harm or abuse of any kind. The researcher avoided plagiarism by referencing all sources used in the study.

3.13 Summary

This chapter discussed the research methodology adopted to achieve the aims of this study. The methodological approach employed in this study was the non-empirical and empirical investigation. The interpretive paradigm was adopted, emphasising that human behaviour is complex. Predefined probabilistic models cannot determine their concepts. A qualitative research approach and a case study design were adopted, which enhanced the choice of in-depth interviews to collect the respondents' information. Data was collected from the professional, staff and auxiliary nurses at the Mafikeng Provincial Hospital. They have extensive knowledge of the implementation of the Employee Assistance Programme. Data were analysed using Atlas-ti and presented using tables and graphs (Atlas-ti network diagram). Trustworthiness was adequately maintained, as well the necessary ethical concepts of the study. Chapter 4 comprises the illustrations of the presented data and interpretation of the research results.

CHAPTER 4: RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the results from the telephonic interviews with the thirty participants of the study. Data was captured as written notes from responses provided by the participants to increase the results' validity. The interview questions were tailored to focus on the study's four main research objectives. During the interview session, the interviewer (researcher) guided the interview flow to ensure that the participants stayed on track when responding. All applicable ethical considerations were duly observed during the process of data collection. Thirty participants were selected to participate in this study. Fortunately, thirty participants were interviewed, thereby making a total of 100% response rate. In the view of (Serame, 2011:32), a study can arrive at valid conclusions with a 70% response rate; this study achieved a 100% response rate and could be considered at arriving at valid conclusions.

4.2 Presentation of Results

This section presents the research results according to the order of questions in the interview guide. The study was analysed with the help of Atlas-ti software. The presentation phase presented the participants' biographical information, followed by the results from the research questions of the study. For the anonymity of responses, pseudo names P1-P30 were given to all the participants. It also ensured that excerpts from them are documented in the presentation phase to increase the validity of the results.

4.2.1 Presentation of biographical information

The relevance of the biological data presented in this study is to establish factors related to the utilisation of EAPs. The factors considered include age, gender, job description, years of experience, awareness of EAP programme, services from EAP,

and the nature of EAP service. Tables and figures are used to summarise all the information in this study. However, brief explanations are made to expound upon the information in the tables/figures.

i. Gender of the participants

The table below represents the gender of the participants in the study.

Table 4.1: Gender of the participants

GENDER	FREQUENCY
Females	17
Males	13
Total	30

Source: Primary data

According to Table 4.1, 56.67% of the study encompasses females, whilst 43.33% are males. The study concludes that the female utilisation rate of EAP surpasses that of the male.

ii. Age of the participants

The age ranges of the participants are summarised in table 4.2 below. It portrays an equivalent number of participants whose age ranges at 26-30 and 31-35 account for 16.67% of the total number of participants each. Other equivalent participant age range groups in the study accounting for the least number of participants, at 3.33% each, are 51-55 and those above 55. The participating age range with the most representation in the study was those whose age ranged from 36-40, accounting for 26.67% of the total participants. Those ranging from 41-45 accounted for 23.33% of the total number of participants.

Table 4.2: Age group of the participants

AGE GROUP IN YEARS	FREQUENCY
26-30	5
31-35	5
36-40	8
41-45	7
46-50	3
51-55	1
Above 55	1

Source: Primary data

The participants' age group presented in Table 4.2 portrays more participants at the ages of 36-45.

iii. Job description of the participants

The relevance of the participants' job description is to measure the job specification of all the participants of this study. The table below presents the number of participants belonging to one of three categories in the nursing profession with its job description's specific functions.

Table 4.3 Job description

JOB DESCRIPTION	FREQUENCY
Professional nurse	10
Staff nurse	10
Auxiliary nurse	10
Total	30

Source: Primary data

Table 4.3 depicts that the study participants include ten professional nurses, ten staff nurses and ten auxiliary nurses. It means each category is equally represented in the study. Each category represented 33.33% of the total categories.

iv. Participants' years of experience in the nursing profession

The experience of each participant may bring about challenges with various thresholds of handling these matters. The utilisation of EAP to cope with these problems may depend on the experience an individual employee may have concerning the matter at hand. Table 4.4 summarises the years of experiences of all the participants.

Table 4.4 Participants' years of experience in the nursing profession

NUMBER OF YEARS INNURSING PROFESSION	FREQUENCY
1-5	12
6-10	15
Above 10	3
Total	30

Source: Primary data

Table 4.4 depicts that 50% of the participants have 6-10 years of experience in their nursing profession, followed by 40% with 1-5 years. The least number of participants have over ten years of experience in their nursing profession, encompassing 10% of the total number of participants.

4.2.2 Level of awareness about EAP services

i. Utilisation of EAP services

In this section, the interviewer asked participants if they know anything about EAP and if they have received EAP services in MPH.

All thirty participants knew about EAP and had utilised the services. Some knew a colleague who has used the services.

ii. Relevance of EAP services

This question investigated the relevance of the EAP previously received by each participant at MPH, determining if the programme was helpful or not. Table 4.5 presents the summary of the results.

Table 4.5: The relevance of EAP previously received

RESPONSE	FREQUENCY
Yes	14
No	16
Total	30

Source: Primary data

Table 4.5 depicts that more participants attested that the EAP services received were not relevant to them. It, therefore, serves as motivation for this study to proffer solutions to improve EAP services. It will, in turn, improve the welfare of the employees.

iii. Current EAP implementation applied at MPH

Each participant was asked to give their view of the current EAP implementation at MPH to elicit if program providers follow ethical and professional standards. The aim was also to get their opinion on the capacity of EAP management and administration in MPH.

The table below depicts the respondents' views about the level of awareness of EAP. Responses from all the participants indicated that they are aware of the EAP programme provided for all the workers.

iv. Assessment of EAP services

In this section, the researcher also probed about the current EAP strategies adopted by the Standard Committee of EAPA-SA 2010. The following were responses about the sub-questions the interviewer asked:

a. Do EAPs facilitate a satisfactory programme design?
b. Do the EAPs implement their policies as stated in the policy statement adequately?
c. Do EAPs manage and administer their cases professionally?
d. Do EAPs adequately handle their clinical and non-clinical cases?
e. Are the EAP preventative services satisfactory?
f. Do EAPs apply effective networking?

g. Are the EAP monitoring and evaluation techniques acceptable*?*

4.2.3 Presentation of responses from research objectives

This section presents the responses gathered from the participants on each research objective of the study. These responses are presented in themes and categories, and this was represented in tables and network diagrams. Themes refer to the research objectives, while categories refer to the participant's responses to the research questions. All thirty participants participated in this section, and pseudo names were given to all of them to maintain the principle of anonymity. The following are the objectives of the study:

i. To assess MPH's currently applied EAP implementation processes
ii. To peruse whether MPH's current EAP strategies meet the strategic implementation goals of the Standard Committee of EAPA-SA 2010
iii. To research MPH's current EAP implementation challenges experienced amongst nurses.
iv. To make recommendations on improving EAP implementation and enhancing processes, and improving productivity amongst MPH's nurses.

The next section presents participants' responses on research objective 1.

4.3 EAP Implementation Processes In MPH

This section perused the level of implementation of EAP at Mafikeng Provincial Hospital. The responses from the participants are summarised in the Atlas-ti network diagram below

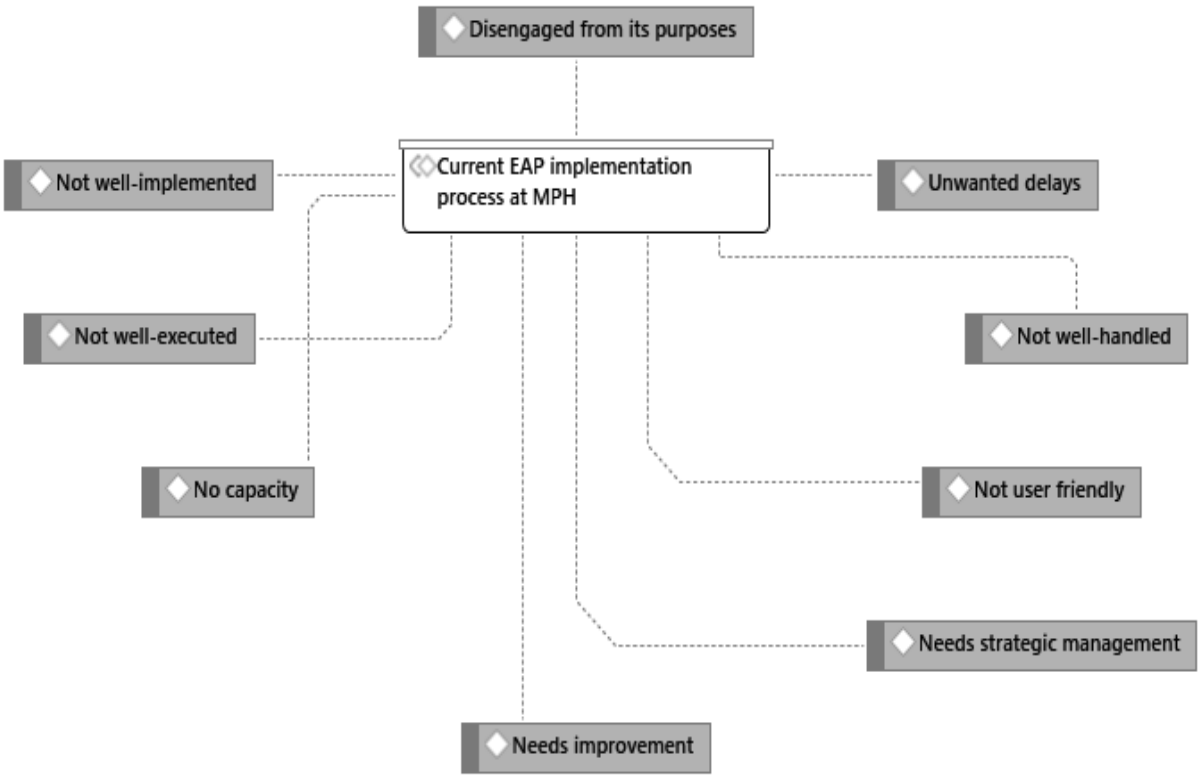

Figure 4.1: The current EAP implementation process at MPH

Source: Researcher's own design

This question was asked to determine if the EAP implementation process at MPH is at a good standard. Responses from participants portrayed that the program is disengaged from its purposes. Employees experience unwanted delays and are not well handled. Furthermore, findings disclosed that it is not user friendly; it needs strategic management and improvement. Other findings on EAP at MPH is that there is no capacity to roll out the programmes adequately; and that it is not well-executed nor well implemented. These issues were also identified by (Makala, 2011:2) and served as the motivation to conduct this study.

Furthermore, the study tried to know more about the implementation process by asking if the participants have received EAP professionals' services at MPH. Their responses confirmed that they all had an encounter with EAP workers at MPH. The excerpts from PA1-PA30 confirmed:

"Yes, I have received their services."

"Yes, they have treated me."

"Yes they counselled me."

"Yes, I have gone there."

Another follow-up question was asked to determine if the participants' services helped them remain productive in their job specification. Their responses are summarised in the Atlas-ti network diagram below:

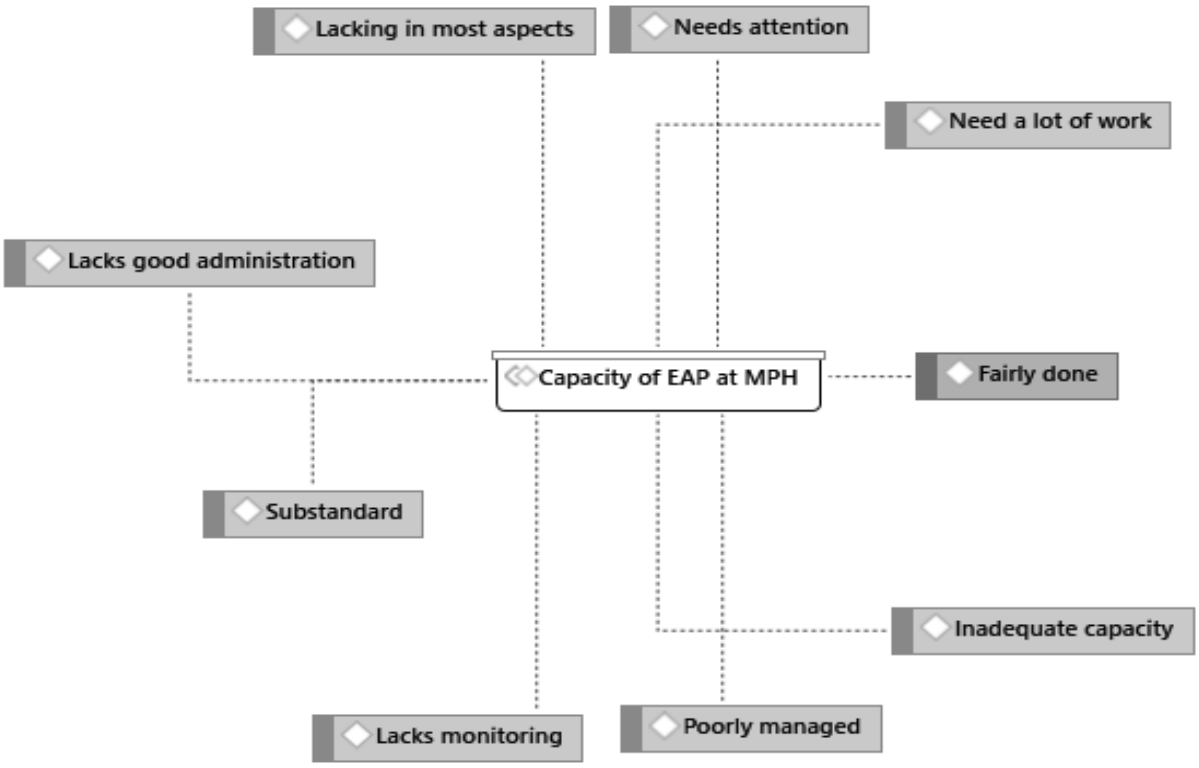

Figure 4.2: Current capacity of EAPs at MPH

Source: Researcher's own design

Figure 4.2 depicts that the current capacity of EAPs at MPH is not well-implemented. It was attested by participants that the programme needs attention and needs much work. Furthermore, the inadequate capacity to offer services and programmes are poorly managed and lack monitoring ability. They are substandard and lack adequate administrative capacity. However, very few participants confirmed that the programme is fairly managed. It suggests that much needs be done to achieve a much standard practice.

The following section presents the findings from research objective 2.

4.4 The Application of EAP Process with regard to EAPA-SA 2010 at Mafikeng Provincial Hospital

This section perused how the current EAP implementation processes are applied at MPH. According to the EAPA-2010 strategic goals, there are ten themes promulgated to achieve the best level of professional practice of EAPs in South Africa. The effectiveness of these themes at MPH was measured, and the aggregate outcomes are presented in Table 4.6.

Table 4.6: The current application of EAP process at MPH

DESIGNATION	RESPONSE
Programme design	Yes
Programme implementation	No
Management and Administration	No
Clinical Services	Yes
Non-clinical services	No
EAP training	No
EAP marketing	No
Preventative services	No
Networking	No
Monitoring and Evaluation	No

Source: Primary data

The results presented in Table 4.6 depict that the EAP practice at MPH incorporates only programme design and clinical services concerning the stipulated EAPA-SA 2010 standard. Findings further portray that the following are lacking in the practice of EAPs at MPH: programme implementation, management and administration, non-clinical services, EAP training, EAP marketing, preventative services, networking, and monitoring and evaluation. The following section presents the findings in research question 3.

4.5 Current Challenges Experience In The Implementation Of Employee Assistance Programme At Mafikeng Provincial Hospital

This section perused the challenges in the implementation of EAP at MPH. The summary of participants' responses is summarised in Figure 4.3.

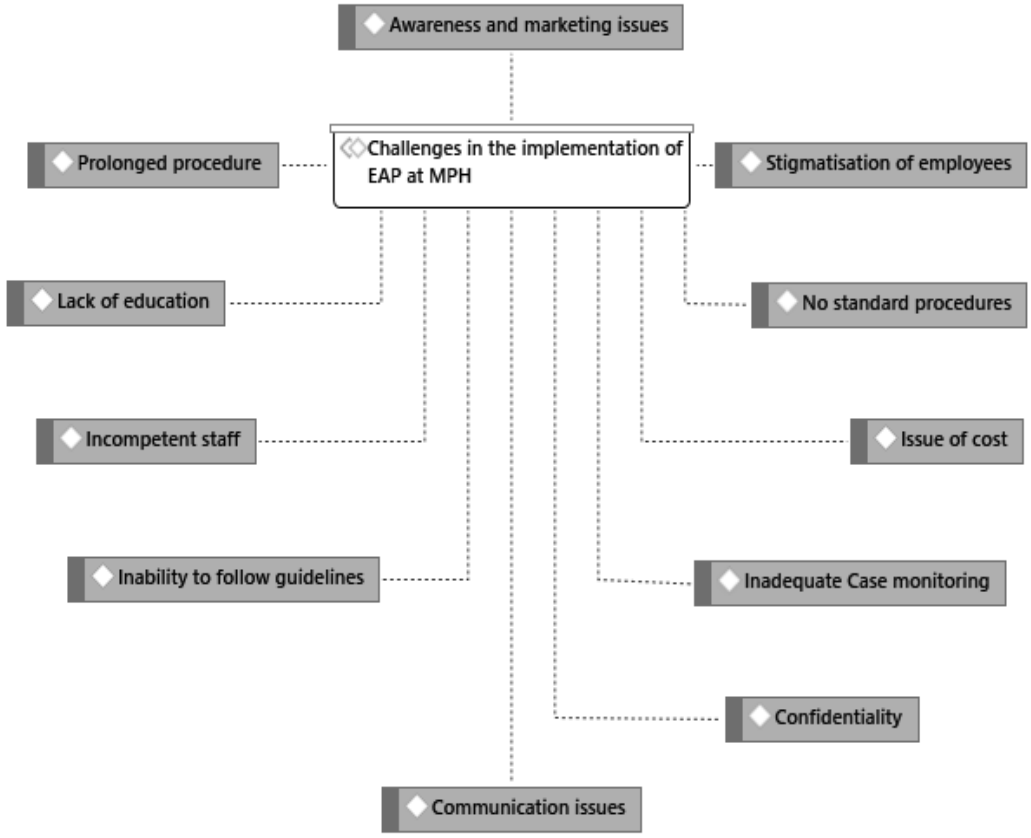

Figure 4.3: Challenges in the implementation of EAP at MPH

Source: Researcher's own design

According to Figure 4.3, participants disclosed that the challenges in the implementation of EAPs at MPH include awareness and marketing issues, stigmatisation of employees, and no standard procedure. Also, issues related to cost, inadequate case monitoring, and confidentiality were challenges noted. Communication issues, inability to follow guidelines, incompetent staff, lack of education and the lengthy procedure also proved to challenge the hospital concerning the implementation of EAPs**.** These factors are expounded below:

4.5.1 Awareness and marketing issues

The creation of awareness and marketing of the Employee Assistance Programme is essential to inform employees about its existence and relevance. The participants concurred that EAP awareness and marketing is one of the challenges to achieving effective EAP implementation. Albrecht (2014:1) affirmed that employee orientation is not enough to educate employees about EAP programmes. He further posits that effective marketing and a mix of communication options should be employed to create awareness. These include posters, flyers, periodic orientations, and all-staff meetings Excerpt from participants are as follows:

PA2, PA3, PA4, PA9, PA12, PA23, PA24 said

> "*Most employees do not know anything about EAP; Mafikeng Provincial Hospital should embark on marketing and creating awareness to enable employees to know more about the programme."*

4.5.2 Stigmatisation of employees

Employees are always ashamed to expose their weaknesses or medical records to health workers. It remains one of the visible problems in assessing EAP services. Participants in this study confirmed that stigmatisation of employees is among the challenges to facilitate EAP services. The views of the participants correspond with the views of Albrecht (2014) and Hall (2020). They state that so many employees find it difficult to call for assistance as they are concerned about the workplace's associated stigma.

Excerpt from the participants are as follows:

PA13, PA14, PA15, PA16, PA18, PA22, PA25, PA27, PA29, PA30 said:

> "*Employees do not want people to know about their secrets, especially those having HIV; they are scared to tell others to avoid stigmatisation*."

4.5.3 No standard procedures

It deals with the processes by which EAP staff handle their job process at MPH. The participants concurred that the EAP workers do not facilitate standard procedures as stipulated by EAPA-SA 2010.

Excerpt from the participants are as follows:

PA3, PA4, PA5, PA6, PA9, PA21, PA25, PA27, PA28, PA30 said:

> "*We are yet to experience a standard procedure in handling cases by the EAP workers. It is hard to make a follow-up on cases in this hospital."*

4.5.4 Issue of cost

Employees boycott the services of EAP workers due to the anticipated cost. Participants confirmed that the issue of anticipated expenditure for health services has led to them not accessing the services of EAPs. Hall (2020) concurs that misunderstanding about cost by employees who need the services of EAPs remains an obstacle to assess such services. Contrary to this assumption, it should be noted that EAP services are free for workers. They are fully covered by the employer (Albrecht, 2014). Excerpts from participants are as follows:

PA2, PA4, PA6, PA7, PA9, PA10, PA13, PA17, PA19, PA20 Said:

> *"Some employees do not want to do anything with the EAP thinking that they will pay with their personal savings. However, EAPs should embark on marketing so people can know about the programme".*

4.5.5 Inadequate case monitoring

Monitoring is one of the standard procedures specified by the EAPA-SA 2010, which states that the EAP workers should observe the patients until the recovery period. The participants affirmed that the EAP workers do not adequately facilitate monitoring as indicated by EAPA-SA 2010.

Excerpt from participants are as follows:

PA6, PA12, PA13, PA14, PA15, PA21, PA23, PA25, PA26, PA28 affirmed:

> *"The EAP workers do not monitor patients till recovery. Monitoring is one of the non-clinical services, and the EAP workers should facilitate this"*.

4.5.6 Confidentiality

Confidentiality is included in the EAP programme design to maintain the patients' medical records' secrecy to avoid stigmatisation. The participants maintained that one of the problems encountered in facilitating EAP programmes at MPH is keeping the employees' medical information secret. It is in concurrence with Hall's assertion (2020), who opines that all communications with the employee should be kept in strict confidence without an official release of data authorised by the employee. Furthermore, no information can be given to any other persons, body or organisations without the employee's prior written consent. Excerpt from the participants are as follows:

PA4, PA5, PA7, PA9, PA11, PA14, PA15, PA16, PA19, PA28 said:

> "*The EAP workers should keep the medical information of the employee secret. There was a scandal last year where some workers were stigmatised because of the exposure of their medical records."*

4.5.7 Communication issues

Communication is a process of conveying information from one person to another using specific channels. EAP workers are expected to communicate adequately with the employees to disseminate necessary information about health care and the importance of assessing EAP services. The participants confirmed that a communication gap exists between the EAP professionals and other employees. Excerpt from the participants are as follows:

PA1, PA6, PA8, PA9, PA13, PA17, PA18, PA21, PA22, PA23, PA24, PA25, PA28 said:

> *"Communication is vital to engage the employees to know more about EAP services, in MPH, there is a communication gap, which leads to misconceptions about the services provided by EAPs".*

4.5.8 Inability to follow guidelines

EAP guidelines refer to the general rules or principles to be followed while facilitating health services in an organisation. It is one of the standards of EAPA-SA 2010 in the implementation of EAPs in organisations. Participants affirmed that the EAP workers do not follow ethical guidelines in facilitating health care services.

Excerpt from the participants are as follows:

PA1, PA6, PA8, PA9, PA13, PA17, PA18, PA21, PA22, PA23, PA24, PA25, PA28 said:

> *"The EAP workers do not follow guidelines as specified by the EAPA-SA 2010, and this makes it difficult for the employees to assess these services".*

4.5.9 Incompetent staff

The services provided by EAPs are not just for persons struggling with mental illness or drug abuse. They also include those of professionals involved in other non-clinical services to sustain the health of the employee. It depicts that all the staff should be competent to handle both clinical and non-clinical aspects of the job specification. The participants concur that most staff are incompetent to handle non-clinical services, which poses a barrier to the employees in assessing EAP services at MPH.

Except from, the participants are as follows:

PA3, PA9, PA10, PA11, PA12, PA15, PA18, PA23, PA26, PA27, PA28, PA30 said:

> *"We need competent staff here who would be able to manage both clinical and non-clinical services. Though the main issue here is the non-clinical services, they need to counsel, monitor and provide other therapeutic services".*

4.5.10 Lack of education

The lack of knowledge about the main functions of EAP is one of the limitations to assess the services of EAP. Most organisations lack the capacity in educating their employees about the services provided by the EAPs and the importance of assessing the services. The participants confirmed this as one of the barriers in assessing the services of EAP at MPH. It is consistent with the findings by Hoyt (2016), who points out that the EAP services are unlikely to be used by workers who are not familiar with EAPs.

Excerpt from the participants are as follows:

PA3, PA9, PA10, PA11, PA12, PA15, PA18, PA23, PA26, PA27, PA28, PA30 said:

> "*The lack of education about the program leads many workers to believe that the program is not for them. It is one of the challenges we have in this hospital.*"

4.5.11 Prolonged procedure

Employees seeking medical help should be given urgent medical attention, but this is not the case with EAPs at Mafikeng Provincial Hospital. Employees testified that they pass through a series of procedures before attention is received. It has, however, created a challenge in facilitating EAPs at MPH. Gale (2019) concurs that prompt attention should be given to employees to ensure that they remain productive to the organisation. Also, Joseph (2020) confirms that employees who remain unproductive result in a significant loss.

Excerpts from the participants are as follows:

PA2, PA3, PA4, PA6, PA8, PA9, PA16, PA17, PA19, PA20, PA24, PA29 said:

> "*We pass through a series of processes before we receive medical attention. The administration should ensure that the process is not too long to attract people to assess services."*

The following section presents the responses obtained from research question 4.

4.6 Strategies to improve EAP services at Mafikeng Provincial Hospital

This section perused the measures to improve EAP services at Mafikeng Provincial Hospital. The participants were asked to suggest measures for improvement, and their responses are summarised in Figure 4.4.

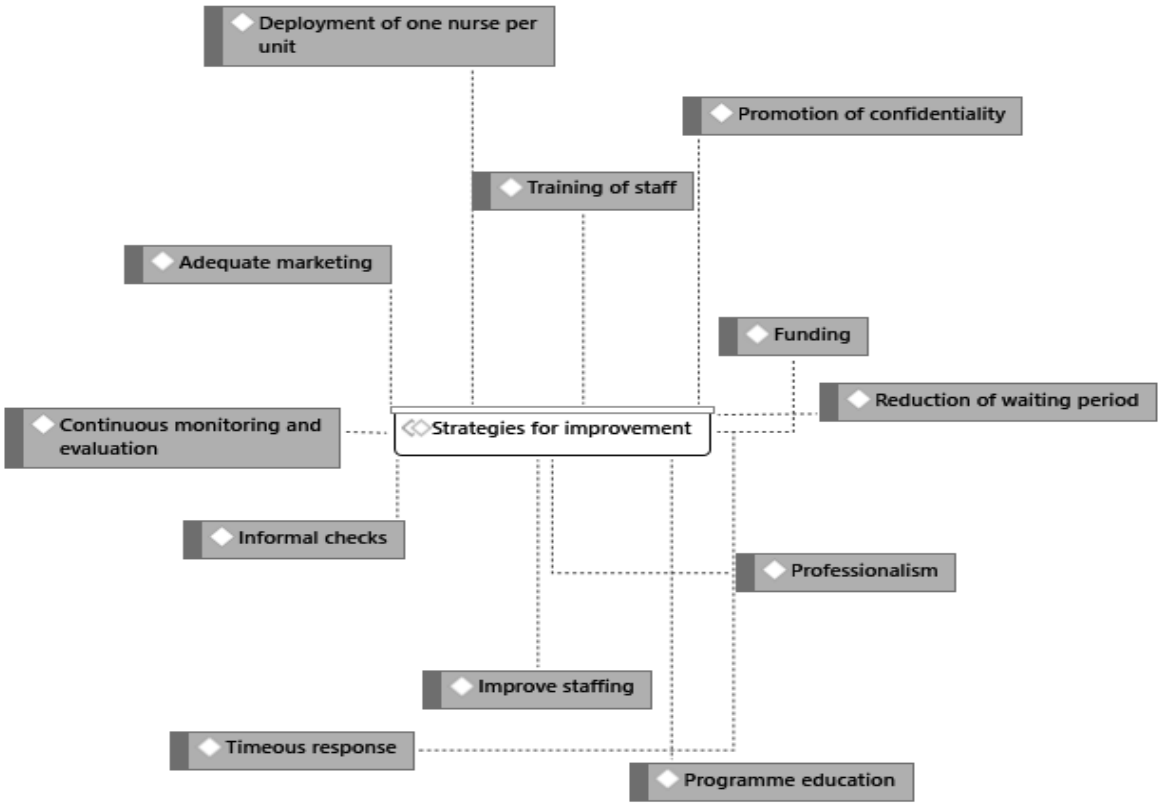

Figure 4.4: Strategies to improve EAPs at MPH

Source: Researcher's own design

According to Figure 4.4, participants portray that EAPs would be improved through staff training, promotion of confidentiality, funding, and reducing the waiting period. Other areas of improvement include professionalism, programme education, improvement in staffing, timeous response, informal check, continuous monitoring and evaluation, adequate marketing and deployment of one nurse per unit. The Society for Human Resource Management (2020) affirms that EAPs could be improved by constant staff training and confidentiality promotion to reduce stigma and promote professionalism. In the same direction, Cantwell (2017) points out that EAP professionals should endeavour to attend to workers' concerns timeously to ensure

that they are healthy to remain productive to the organisation. Furthermore, the EAPA-SA provided that EAP workers should embark on adequate monitoring and evaluation and other clinical or non-clinical services to keep the employee healthy in the workplace. Pillay and Terblanche (2012:229), and Sinha (2012), assert that the marketing of EAP is paramount in educating the employees on the relevance of EAP and upholding their mental health in the workplace.

4.7 Summary

This chapter presented the results obtained from the empirical study through telephonic interviews with the study participants. The interview questions centred on the study's four research objectives included the respondents' biographical information and the themes' research objectives. A hundred per cent response rate was attained, which depicts that all the participants participated in this study. Atlas-ti software was used to analyse data collected from the participants. Data were presented using tables and diagrams. Themes and categories of findings were also presented. They were corroborated with the literature review findings as stipulated in the methodology of this study. It was an attempt to give a comprehensive view of the study.
Chapter five presents the overview of the study, conclusions and recommendations.

CHAPTER 5: SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

Chapter four presented the research results and corroborated them with the literature review findings to give a comprehensive view of the study. Chapter five gives an overview of the entire study with conclusions and recommendations. The following section presents the overview of the study.

5.2 Overview of the Study

The overview of this study presents the summary of all the chapters in this study.

Chapter one of this study presented the introduction and background of the study. In the introduction, the meaning of the Employee Assistance Programme was given. Also, the relevance to facilitate such programme in organisations presented. The background of the study provided the nature of Mafikeng Provincial Hospital and the nature of the Nursing and Employee Assistance programme in South Africa. Other topics that were well-explored include problem statement, motivation of the study, research questions and objectives, the study's relevance, research methodology, delimitation of the study, chapter exposition, and chapter summary.

In chapter two, the theoretical framework and the literature review were presented. The theoretical framework adopted Maslow's Hierarchy of Needs and Herzberg Motivation and Hygiene Theories. Maslow's Hierarchy of Needs emphasised the relevance of satisfying employees' needs adequately to motivate them to achieve the organisation's goals. Herzberg Motivation and Hygiene states that management should ensure that management's hygiene and motivation factors are implemented by management to inspire workplace workers. In the literature review, the following research themes were explored: the meaning of EAP, the historical and legislative background of EAP, personal and organisational difficulties employees experience at

their place of work, the roles of EAP, the EAP models applied in the organisation, principles of Employee Assistance Programmes, strategic goals set out by the Standard Committee of EAPA-2010, the challenges that face employees to use the services of Employee Assistance Programs at work, the merits of Employee Assistance Programme, and finally the summary of the chapter. These topics and theories were selected to proffer solutions to the problems of this study.

Chapter three presented the research methodology of this study. Amongst all the research paradigms, the interpretive paradigm was selected. It states that human behaviour is quite unlike an easily controllable scientific component. Also, many factors influence human actions, which are mainly subjective. Therefore, in this direction, the interpretive paradigm relies on researching human actions in daily life rather than in a regulated environment. The research methodology followed a non-empirical and empirical approach. Other topics explored in the chapter include research approach and design, study site, participant selection, data collecting instruments, data analysis, the trustworthiness of data collecting instruments, and ethical aspects of the study.

In chapter four, the study presented and discussed the research results. Data were collected from thirty nurses through interviews. It should be noted that the study recorded a hundred per cent response rate as all the participants participated in the study. The interview sessions were captured through written responses. Data was transcribed afterwards and analysed with Atlas-ti software, themes and categories were generated. Themes represent the research objectives, while categories represent the responses from participants on the research theme. Finally, the outputs were presented as tables and diagrams. They were discussed by corroborating them with the literature review outcomes to provide a comprehensive view of the study. Chapter five of this study gives the study overview, conclusions and recommendations. The following section presents the summary of findings.

5.3 Summary of Findings

The summary of findings is presented based on the research objectives of this study. The research objectives, as stated in chapter one, were:

i. To assess the current EAP implementation processes being applied at Mafikeng Provincial Hospital

ii. To peruse if the current EAP strategies in Mafikeng Provincial Hospital meet the implementation of strategic goals set out by the Standard Committee of EAPA-SA 2010.

iii. To research the current challenges that the hospital experience regarding the implementation of EAPs amongst nurses.

iv. To make recommendations to improve EAP implementation to enhance processes and ultimately improve productivity amongst the nurses in Mafikeng Provincial Hospital.

5.3.1 Findings on the first objective: To assess the current EAP implementation processes being applied at Mafikeng Provincial Hospital

This objective assessed how the current EAP implementation process is applied at Mafikeng Provincial Hospital. This objective was set to determine if the EAP implementation process at MPH is at a good standard. Responses from participants specified that the program is disengaged from its purposes and employees experience unnecessary delays. This section's findings disclosed that the programme is not well handled, not user friendly, needs strategic management, and needs to be improved. There was a disclosure of inadequate capacity of staff, which led to the programme not well-executed.

Furthermore, the participants attested that they had assessed the services of EAPs in MPH. Another follow-up question, which investigated whether the employees are satisfied with the programme, revealed that EAPs at Mafikeng Provincial Hospital are not well-implemented. Participants confirmed that: the programme needs attention,

needs much work, inadequate capacity, poorly managed, lacks monitoring ability, substandard, lacks adequate administrative capacity, and lacks in most capacities. Although very few participants confirmed that the programme is fairly managed, this depicts that much needs to be done to achieve a much standard practice.

5.3.2 Findings on the second objective: To peruse if the current EAP strategies in Mafikeng Provincial Hospital meet the implementation of strategic goals set out by the Standard Committee of EAPA-SA 2010

This section perused the application of the EAP process at Mafikeng Provincial Hospital. This section's findings depict that only two standards as postulated by EAPA-SA 2010 are well implemented at Mafikeng Provincial Hospital, and these include programme design and clinical services. The study revealed that the following standards are lacking: programme implementation, management and administration, EAP training, EAP marketing, non-clinical services, preventive services, networking, and monitoring and evaluation. It depicts that much needs to be done to facilitate appropriate EAPs at Mafikeng Provincial Hospital.

5.3.3 The Findings on the third objective: To research the current challenges that the hospital experience regarding the implementation of EAPs amongst nurses

This section investigated the current challenges of the hospital experience regarding the implementation of EAPs amongst nurses. This question was asked to understand the issues lying behind the poor performances of EAPs at Mafikeng Provincial Hospital. The findings from the study disclosed that the challenges in the implementation of EAPs at Mafikeng Provincial Hospital include: awareness and marketing issues, stigmatisation of employees, no standard procedure, issue related to cost, inadequate case monitoring, confidentiality, communication issues, inability to follow guidelines, incompetent staff, lack of education and lengthy procedure**.**

5.3.4 The Findings on the fourth objective: To make recommendations to improve EAP implementation

This section perused the strategies to improve EAP implementation to enhance processes and ultimately improve productivity among nurses at Mafikeng Provincial Hospital. The findings obtained in this section portray that EAPs would be improved through the following: training of staff, promotion of confidentiality, funding, reduction of the waiting period, professionalism, programme education, improvement in staffing, timeous response, informal check, continuous monitoring and evaluation, adequate marketing and deployment of one nurse per unit.

5.4 Recommendations of the Study

The recommendations of this study provide the theoretical recommendations and the recommendations to Mafikeng Provincial Hospital.

5.4.1 Theoretical recommendations

The theoretical recommendations are as follows:

The Mafikeng Provincial Hospital should embrace Maslow's Hierarchy of Needs Theory to understand the fundamental factors that motivate employees to be productive in the workplace. Identifying and satisfying employees' needs will enhance productivity and reduce job turnover or intention to quit.

The Mafikeng Provincial Hospital should adopt the Herzberg Motivation and Hygiene Theory to understand the actual variables that trigger job satisfaction and workplace dissatisfaction. Both the Hygiene factors and motivation variables should be applied to ensure that employees will be satisfied to give their best in the workplace.

5.4.2 Recommendations to Mafikeng Provincial Hospital

The recommendations to Mafikeng Provincial Hospital are as follows:

1. Mafikeng Provincial Hospital should improve their Employee Assistance Programmes through constant training of staff.

2. The issue of confidentiality should be promoted to keep the medical records of the employees.

3. Mafikeng Provincial Hospital should endeavour to provide more funding to support some specific projects.

4. The EAP professionals should reduce the waiting period so that employees be assisted at the quickest possible time.

5. Employee Assistance Programmes workers should maintain professionalism to ensure that all the ethics as stipulated by EAPA-SA 2010 are upheld.

6. Employee Assistance Programmes should always facilitate programme education to inform employees about the relevance of assessing EAP services.

7. Due to the lack of competent staff of EAPs at MPH, as discovered by the study, there is the need to improve staffing to obtain more professional services.

8. Employee Assistance Programmes should continuously conduct informal checks to observe employees who may need medical attention.

9. Continuous monitoring and evaluation should be conducted to keep employees fit to achieve their specific tasks.

10. Adequate marketing of Employee Assistance Programmes should be embraced to make people aware of the services of EAP.

11. The study recommends that one nurse should be deployed in each unit to monitor the physical and mental health of workers

12. Employee Assistance Programmes should maintain a good management and administration culture.

13. All the programme implementation at MPH should be facilitated according to the specific standards of EAPA-SA 2010.

14. Employee Assistance Programmes should always facilitate non-clinical services.

15. All the preventative services and networking should be done accordingly to guarantee the mental health of all the employees

5.5 Conclusions

This study aimed to assess the implementation of employee assistance programmes amongst nurses at Mafikeng Provincial Hospital in the North West province. Four objectives underpinned this study, which was: to assess the current EAP implementation processes being applied at Mafikeng Provincial Hospital; to peruse if the current EAP strategies in Mafikeng Provincial Hospital meet the implementation of strategic goals set out by the Standard Committee of EAPA-SA 2010; to research the current challenges that the hospital experience regarding the implementation of EAPs amongst nurses; and to make recommendations to improve EAP implementation in order to enhance processes and ultimately improve productivity amongst the nurses in Mafikeng Provincial Hospital. Maslow's Hierarchy of Needs and Herzberg Motivation and Hygiene Theories underpinned the study. The Interpretivist paradigm and a qualitative approach were adopted in the study. Data was collected through interviews

and analysed using Atlas-ti Software.

Findings from the study disclosed that the Employee Assistance Programme practices at Mafikeng Provincial Hospital have challenges in the implementation process. The study revealed that there are visible challenges in the implementation of EAPs at Mafikeng Provincial Hospital, which include: awareness and marketing issues, stigmatisation of employees, lack of standard procedure, issue related to cost, inadequate case monitoring, lack of confidentiality, communication issues, inability to follow guidelines, incompetent staff, lack of education and lengthy procedure**.** However, the study posits that these issues associated with implementation could be resolved if the management can apply a mix of measures recommended for the study. These recommendations include staff training, promotion of confidentiality, funding, reduction of the waiting period, professionalism, programme education, improvement in staffing, timeous response, informal check, continuous monitoring and evaluation, adequate marketing and deployment of one nurse per unit..

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APPENDIX 1: TELEPHONIC INTERVIEW

EVALUATING THE IMPLEMENTATION OF EMPLOYEE ASSISTANCE PROGRAMMES AMONGST NURSES IN MAFIKENG PROVINCIAL HOSPITAL

Introduction

These telephonic/virtual interviews are to investigate the implementation of Employee Assistance Programmes in Mafikeng Provincial Hospital. The interview allows individual participants the freedom to talk about what is of interest or importance to them. The interviewer controls the interview's pace by treating the interview questions in a standardised and straightforward manner. The researcher will use the same set of questions for all interviews in the same sequence.

Participants: The participants selected to participate in this study include nurses permanently employed at Mafikeng Provincial Hospital

Subjects are chosen to participate in the survey to gain insights on the implementation of the Employee Assistance Programme in Mafikeng Provincial Hospital. Also, the interview will establish the contributions of EAPs in Mafikeng Provincial Hospital. The participants involved in this study includes ten (10) professional nurses, ten (10) staff nurses, and ten (10) auxiliary nurses.

Resources required

Subjects will need a suitable venue for participating in the in-depth interviews. The ideal place would be in Mafikeng Provincial Hospital. However, due to restrictions at workplaces imposed by the South African government in response to the COVID-19 pandemic, the telephonic interviews will require either a cellphone or a telephone for communication.

Introduction Phase

My name is K. Lekate, a master's student from the North-West University, Mafikeng Campus. This face-to-face interview aims to gain your insight on the implementation of the Employee Assistance Programme in Mafikeng Provincial Hospital. This interview will only last for 20 minutes, and I will highly appreciate your concise and unbiased responses. Any information provided in this exercise is considered confidential; I will not use it against you in any way. It

is to note that participation is only voluntary as you may withdraw at any point in time Also, this study's results will be open for scrutiny, and you may request a copy of the results if you so wish.

Please that I will keep a written record of this interview to adequately capture all your comments and contributions for processing purposes. However, I will not attach your name to any comments, views presented or perceptions expressed. Do you have any questions in this regard before we continue?

Interview Phase

The interview phase will include the following themes:

(1) Demographic data
(2) The implementation process of the Employee Assistance Programme
(3) Current EAP strategies adopted
(4) Current challenges experienced
(5) Benefits of EAP
(6) Recommendations

Phase 1: Demographic data

1.1 What is your job description (Professional/ Staff/ Auxiliary)?
1.2 How long have you been in this position?
1.3 Do you know anything about EAP?
1.4 Have you received the services of an EAP professional in this hospital?
1.5 If so, did it help you?
1.6 Closing remarks**.**
1.7

Phase 2:

2.1 Level of awareness of Employee Assistance Programme

Question: How is the current EAP implementation processes applied at Mafikeng Provincial Hospital? The follow-up questions are as follows?

i) Do the programmes follow ethical and professional standards?

ii) What is their capacity for management and administration?

2.2 Current EAP strategies adopted

Question: Do the current EAP implementation strategy in Mafikeng Provincial Hospital meet the implementation of strategic goals set out by the Standard Committee of EAPA-SA 2010? The sub-questions are as follows:

i) Do EAP involve in training and development?

ii) What is the capacity of EAP's marketing strategy?

iii) What is the strength of EAP's case management?

iv) What is the capacity of EAP's consultation to work organisation?

v) Do they adequately handle their networking?

vi) Do they apply effective monitoring and evaluation?

2.3 Current challenges experienced

Question: What are the current challenges that the hospital experience regarding the implementation of EAPs?

2.4 Recommendations for improvement

Question: What are the recommendations to improve EAP implementation to enhance processes and ultimately improve productivity among nurses in Mafikeng Provincial Hospital?

2.5 Any closing remarks?

Thank you for participating in this study

APPENDIX B: INFORMED CONSENT

DEAR RESPONDENT

EVALUATING THE IMPLEMENTATION OF EMPLOYEE ASSISTANCE PROGRAMMES AMONGST NURSES IN MAFIKENG PROVINCIAL HOSPITAL

You are kindly invited to participate in the study of the above – mentioned topic. The study is conducted to fulfil the requirements for an MBA degree with the Business School at the University of North West, Mafikeng Campus Graduate School of Leadership.
Respondents need to take of the following aspects regarding the research:

- The investigation is undertaken on an anonymous basis
- There are no right and wrong answers.
- The information to be provided would enable the researcher to make P/T/0 informed, suitable, appropriate recommendations for improving EAP implementation.

By consenting to this study:

- You understand that even if you agree to participate now, you can withdraw at any time or refuse to answer any question without any consequences of any kind.
- You have had the purpose and nature of the study explained to you in writing and telephonically
- You have had the opportunity to ask questions about the study
- You understand that you will not benefit directly from participating in this research.
- You understand that the researcher will be treated all information you provide for this study confidentially.
- You understand that in any report on the results of this research, your identity will remain anonymous.

- You understand that if you inform the researcher that you or someone else is at risk of harm, they may have to report this to the relevant authorities; they will discuss this with you first but may be required to report with or without

your permission.

- You understand the purpose of the study and that the researcher will not give feedback to participants.
- You understand that you are entitled to access the information you have provided under the freedom of information legalisation at any time while it is in storage as specified above.
- You understand that you are free to contact the researcher of this study to seek further clarification and information.

You are requested to answer all questions each question telephonically. Please feel free to participate in this research study actively.

Thank you for anticipating your assistance.

Researcher's Signature: _____ Date _____

Participant's Signature: _____ Date _____