THE EXPERIENCES OF EMPLOYEES UTILIZING AN EMPLOYEE ASSISTANCE PROGRAMME IN A PSYCHIATRIC HOSPITAL

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ABSTRACT

Employer's assistance to employees experiencing personal problems originated in the 19th century. The term Employee Assistance Programme (EAP) was however formulated in the 1970's in the United States and, initially, only focused on alcohol dependence rehabilitation. EAPs have since seen a paradigm shift in their focus as they now deal with the full range of problems experienced by employees such as family life or relationship issues, work related stresses, financial pressures, depression or anxiety, alcohol and drug abuse.

The researcher observed that some employees in the psychiatric institution, where they are employed as both professionals and non-professionals, were experiencing personal problems and very little if anything was done to provide assistance to them. It also seemed as if very few of them made use of the voluntary EAP service made available by the institution. The fact that a number of employees have problems can have serious negative consequences in that it causes a high rate of absenteeism and the institution's core business, which is to provide care to its users, is compromised.

The researcher undertook this study because EAP services fall within the realm of institutional development. This study could therefore make an invaluable contribution to the transformation discourse which has been taking place in the South African health systems in general and psychiatric institutions in particular.

The purpose of this research is to determine employees' experience of utilizing an EAP in a psychiatric hospital. The researcher is personally interested in employees' experiences of utilizing the EAP in order to provide recommendations that will assist and strengthen the policy/guidelines for the Eastern Cape Department of Health on the use of EAPs. The workplace has an obligation to provide EAP services to employees so as to help them meet their contractual obligations in a holistic and healthy manner. The research goals are to explore the experiences of employees who have utilized an EAP.

The findings will be used to make recommendations regarding the utilization of the EAP policy/guidelines that are currently used to assist the employees. The research methodology will be qualitative, descriptive, exploratory and contextual. The research
population and sampling for this study will consist of the employees who have made use of an EAP. Participants will be selected using a purposive sampling approach. Data gathering will be done using semi-structured interviews, at a venue convenient to the participants. Open-ended questions will be asked to enable participants to express their perceptions on the topic. The data will be analyzed using Tesch’s method of data analysis. The identified themes will be used to describe employees’ experience of utilizing an EAP. Trustworthiness will be ensured by using Guba’s model of trustworthiness. The ethical principles of beneficence, self-determination and justice will be ensured by asking for each participant’s consent, by not coercing individuals to participate in the study and by ensuring permission from the Department of Health and from the University’s research committee to conduct the study.

**KEY WORDS:**

Employee, Employee well-being, Employee Assistance Programme, Employee assistance programme counsellor, Experiences, Manager
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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION:

An employee assistance programme (EAP) is a cost effective, confidential and early intervention system designed to assist employees with personal problems or situations that, if left unaddressed, will have the potential to interfere with their health and/or ability to perform their job responsibilities (Joshua, 2012:4-6). The EAP assists in building quality organisations and it focuses on a positive response to change, exceptional customer service, effective communication, professional development, continuous growth and improvement within the organisation (Joshua, 2012:4-6).

An EAP recognizes many kinds of personal problems that often affect job performance and which can be resolved if they are properly identified and assistance is rendered in a timely fashion. These problems are often affected by trying to balance work with efforts to have a healthy and fulfilling personal and family life (Jacobson & Attridge, 2010:2). EAPs play an important role in assisting employees, as well as their family members, to balance the demands of work and personal life (Jacobson & Attridge, 2010:2). These demands include family or relationship issues, work related stresses, issues about alcohol and drug abuse, situations where legal assistance may be required, financial pressures, the loss of a loved one, or health concerns such as depression or anxiety (Jacobson & Attridge, 2010:2). EAP provides confidential assistance to all employees experiencing such problems and demands (Rogers, 2012:1)

This study is qualitative as the researcher explores employees’ experiences of using an EAP because there is a lack of information on this matter. The findings of this
study should strengthen the policy guidelines of the Eastern Cape Department of Health.

1.2 LITERATURE REVIEW AND BACKGROUND:

In South Africa, there is no single specific legislation used to monitor the implementation of and adherence to the use of EAP in the public sector (Nicolaas, 2007:1). The Department of Public Service and Administration introduced the programme to public servants through a number of legislative frameworks. Section 27 of the Constitution of South Africa (Act, No. 108 of 1996) stipulates that an employee has the right to the access of health care services and other appropriate services. Section 25 of the Public Service Amendment Act of South Africa (Act, No. 30 of 2007) determines that the power to discharge an officer or employee rests with the executing authority or his delegate. This power should, however, be exercised taking the applicable provisions of the Labour Relations Act into account. Paragraph 8 of Schedule 8 of the Labour Relations Act of South Africa (Act, No. 66 of 1995) on the other hand, stipulates that an employee should not be dismissed for unsatisfactory performance unless an employer has given such an employee appropriate evaluation, instruction, training, guidance or counselling and all this can be made possible by referring the employee to EAP.

The above legislation clearly indicates that the employee has rights which, if not adhered to may lead to, stressful situations that will in turn cause reduced productivity. If an employee’s behaviour justifies dismissal, they must be advised through counselling prior to such dismissal (Nicolaas, 2007:2). An EAP service provider may be approached for assistance in this situation (Nicolaas, 2007:2). Therefore, management personnel consult with the EAP team when their employees are affected by stress that may impact on their work performance. Supervisors can
then be provided with guidance and training about how to intervene to help such employees (Nicolaas, 2007:2).

The concept of EAP originated in the United States, where it evolved from occupational alcohol programmes started in the 1940s to help recovering alcoholics. These programmes assisted employees with alcohol related problems to return to work. The success of these programmes caused them to grow and expand during the 1940s and 1950s (Jacobson & Attridge, 2010:2-3). During this period the methods and techniques used in occupational alcohol programmes were modified and improved. In the 1960s the focus of occupational alcohol programmes shifted from the identification of symptoms to addressing the effect of alcoholism on job performance (Yende, 2005:34). Modern EAPs recognize that in addition to alcoholism, many other problems and factors can have a negative effect on an employee’s work performance. EAPs now deal with a full range of substance abuse problems as well as emotional, psychological, family, financial, legal and other issues. This broad and comprehensive approach has helped to overcome the stigma attached to the original occupational alcohol rehabilitation programmes and the EAPs of today (Jacobson & Attridge, 2010:2-4).

EAP is growing rapidly in South Africa. This can be attributed largely to factors, such as globalization, technology and increased competition in the South African work arena (Services SETA, 2006:4). The challenges experienced in the workplace are complicated further by stress, trauma, accidents, abuse, the high incidence of HIV and AIDS and many other factors (Services SETA, 2006:4). South Africa’s social, political and economic revolution, and in particular its organizational transformation, places a heavy burden on organisations to modify their organisational culture. The labour environment inspires this transformation through the National Human Resources Development Strategy, labour laws and other initiatives. This complexity demands that EAPs adopt a complementary and systematic approach to the provision of workplace support. The overall strategy must be aligned with labour principles that optimize regulatory compliance and good practice, and achieve the
desired objectives of improved and sustained productivity and workplace performance. The EAP is a broad programme and prescribes that each organisation develops its own programme within acceptable Government policy (Services SETA, 2003:4).

There are various types of EAP models, meant to suit an organisation’s particular needs (Nicolaas, 2007:14). The model used by a particular organization will be determined by its size, location and the socio-demographics (Mahlahlane, 2003:32). According to Kirk and Brown, (2003:138), the rapid growth of EAPs worldwide may be attributed, in part, to the validation of stress as a workplace phenomenon. However, the same level of enthusiasm and activity has not been evident in research evaluating the effectiveness and the experiences of those utilizing the EAP (Kirk & Brown, 2003:138). In this study, evidence of the effectiveness of EAP’s has been considered, along with an account of some of the unique difficulties faced in meeting the needs of both the employee and the employer (Kirk & Brown, 2003:138).

Winthrop and Gough (2008:259-260) conducted a study in the United States of America (USA) into the factors that influence the decision of employees to use an EAP. The results showed that a factor which significantly affects employee decisions to use an EAP is trust and confidence in the work of the Employee Assistance Practitioner. Additionally, it was found that confidence in the EAP was significantly associated with familiarity with and perceptions of the accessibility to the EAP. Winthrop and Gough (2008:259-260) concluded that this is an important factor in an EAP’s successful operation. Moreover, a positive relationship between years of service and the use of EAPs was shown to exist in their study as there was no difference between male and female, educational and marital status in relation to the use of an EAP (Winthrop & Gough 2008:259).

Gyllensten, Palmer and Farrants (2005:24) conducted a study into perceptions of workplace counselling and the factors that discourage employees from using such services. Qualitative interviews were conducted with seven employees who occupied managerial positions in a British finance organization. The participants
thought there were negative connotations to the word “counsellor” and suggested that this word be changed to “coach”. In addition, participants were unsure whether any information from the counselling sessions would be passed on to senior management (Gyllensten, Palmer & Farrants, 2005:24). This indicates that confidentiality was important to the employees.

According to Yende (2005:34) within the South African context the EAPs were designed according to models from the USA, and were introduced to South African organisations by social workers and psychologists who had studied the programmes in the USA. EAPs have a much younger field of practice in South Africa and thus do not have the history that accompanies their development in the USA. According to the Public Service Commission (2006:1) EAPs have been established within the South African Public Service for some time, and focused on a variety of employee problems, including substance abuse and dependency, mental and personal relationship problems, dealing with diseases and they have provided counselling for these problems (Yende, 2005:34). Yende's study shows that the subsequent benefit of the EAPs addressing the problems was improved employee performance and productivity in the Public Service departments.

A limited number of studies have been conducted on the effects of EAPs in relation to the effectiveness of current guidelines and the ability of the policy framework to absorb the impact of HIV/AIDS within the public service (Ramsingh, 2006:181), stress and coping model in police work context (Louw, 2010:1) and implementation of guidelines at institutions of higher learning (Sithole, 2002:345). However no studies have been conducted on employees’ experiences of utilising an EAP.

While the EAPs differ from organisation to organisation, an organisation’s labour policy will outline their process. When an employee’s performance or conduct is unsatisfactory, it will be called to his attention as per regular organisational procedure by the supervisor or manager. The employee would be advised out of concern to utilize the EAP (Services SETA, 2003:58). If his or her performance or conduct improves, no further action is required. The formal process will be when a
personal or work related problem has affected one’s performance and a disciplinary action is pending (Services SETA, 2003:58), if this happens EAP may not be utilised to replace discipline but can be used as an alternative method of correcting poor performance at the workplace (Services SETA, 2003:58). If poor performance problems continue, the supervisor or manager will constructively discuss the problem privately with the employee and refer the employee to the EAP. If the employee accepts the referral and its consequent conditions, no further disciplinary action will be necessary (Services SETA, 2003:58).

The Services SETA, (2003:17), notes that the process of an EAP begins as soon as an employee has been identified or has personally recognised that they have a problem which can negatively affect their work performance. The following steps should be followed:-

- The immediate supervisor will refer the employee to the EAP coordinator (usually a professional nurse) who will conduct an assessment to identify the personal and or work problems of the employee (Services SETA, 2003:17).
- The coordinator will then develop a plan of action and provide, recommend or refer the employee to an appropriate professional.
- EAP coordinators will then review and monitor the progress of the treatment and take any necessary steps to provide follow up within the limits of psychotherapeutic confidentiality (Services SETA, 2003:18). This will help in providing the employee with the best possible quality of service and will assist in solving any possible problems resulting from treatment. Follow up is meant to prevent any relapse once the treatment is terminated (Services SETA, 2003:18).

According to Services SETA (2003:58), the manager must not make a diagnosis or give personal opinions and judgments. If it appears that the employee cannot or will not improve his or her job performance or conduct, the disciplinary procedure will then be instituted. Alcohol or drug abuse is involved in over half of employee’s job performance or conduct problems (Services SETA, 2003:58). Employees with this
kind of problem are referred to the EAP (Services SETA, 2003:58). In the event that
the employee relapses from the treatment, management may use its discretion in
deciding whether to enforce the disciplinary procedure or to allow the employee to
continue with the EAP treatment or intervention (Services SETA, 2003:58).

1.3 PROBLEM STATEMENT AND RESEARCH QUESTIONS:

According to Polit and Beck (2008:82) a problem statement articulates the problem
and describes the need for a study through the development of an argument. It
highlights the nature of the problem that is being addressed as well as its context
and significance (Polit & Beck, 2008:82). A problem statement is some difficulty that
the researcher identifies which can be theoretical or from practical experience, for
which they would like to explore a solution (Welman, Kruger & Mitchell, 2005:14).
The problem that is investigated in this study is now discussed.

The Eastern Cape Department of Health (ECDoH) does not have a formal policy
regarding the utilisation of EAP. However hospital managers were given a toolkit on
the use of EAP’s in order to develop their own institutional EAP which many
hospitals have utilised. Nicolaas, (2007:1) notes that an EAP should positively
improve employee productivity, efficiency and morale by decreasing absenteeism,
sick leave and disability claims, decreasing usage of health care benefits and
workers’ compensation and also decreasing costs related to turnover, accidents and
stress related disability. Thus an EAP provides support for managers in their dealing
with difficult employee issues. Employees have verbalized that they are less
committed to an organisation that is not prepared to help them deal with their
personal issues (Nicolaas, 2007:4).

It can be generalised that each organisation should have an EAP strategy and
policy, and encourage employees to make use of the EAP for personal problems.
Organisations need to include in their EAPs an element of feedback from the
counselling professional as the manager of an organisation does not always have direct feedback from employees’ or the Employee Assistance Counsellors on the efficacy of the intervention. This will not be addressed in this study as it is not the focus of the study. This led the researcher to ask the following questions:

- What are the experiences of employees working in a psychiatric hospital who have made use of an EAP?
- What can be done to enable employees to utilize EAP services more effectively?

1.4 RESEARCH OBJECTIVES:

The objective of the study has been to determine the experiences of employees who have utilized an EAP in a psychiatric hospital. The information was used to make recommendations towards improving the effective utilization of the programme.

The objectives of the study are the following:

- To explore and describe the experiences of employees working in a psychiatric hospital who have made use of an EAP
- To make recommendations regarding more effective use of an EAP.

1.5 DEFINITION OF TERMS USED:

In this study the following terms are used.

- **Employee:**
  An employee is someone engaged by an employer under a contract of employment to carry out work on a regular basis at the employer’s behest. An employee works both at the employer’s premises or at a place otherwise agreed, is paid regularly and enjoys fringe benefits and employment protection (Rooney, 2003:126). In this study the term refers to a person employed in a psychiatric institution.
• **Employee well-being:**
According to Keyes (Harter, Schmidt & Keyes, 2002:1) employee well-being deals with personal growth, purpose in life, positive relations with others, environmental mastery, social integration and social contribution.

• **Employee Assistance Programme:**
An Employee Assistance Programme (EAP) is a structured and integrated support service that identifies and resolves the concerns of employees that may affect performance. EAPs are set up by employers who recognise that providing professional support for their staff makes good business sense (Rooney, 2003:126).

• **Employee Assistance Programme (EAP) Counsellor:**
An EAP counsellor is a person who has been trained to give advice to troubled employees who make use of the EAP. The EAP counsellor works with employees to help resolve a wide variety of problems including alcohol and drug abuse, work and family pressures, legal and financial problems, job stress and other concerns that can affect the employee’s performance and personal health (Kirk & Brown 2003:139).

• **Experiences:**
According to Soanes and Hawker (2005:349) experiences are practical/personal contact with and observations of facts or events. It also refers to knowledge or skills gained over time. In this study experiences refer to employees’ personal contact with the EAP service.

• **Manager:**
The manager is the person who manages an organisation or a group of people. A manager is the person responsible for planning and directing the work of a group of individuals, monitoring their work and taking corrective action when necessary. A manager may direct workers personally or alternatively he or she may direct several supervisors who in turn direct the workers (Reh, 2012).
1.6 RESEARCH DESIGN:

The research design determines the methods to be used to obtain the participants, collect data, analyse data and interpret results (Fouche & De Vos as cited by De Vos, Strydom & Fourie, 2005:132). The design is qualitative in nature and explorative, descriptive, contextual and applied. These concepts are discussed in detail in chapter 2.

1.7 RESEARCH METHODOLOGY:

The concept of research methodology includes research methods, namely identification of the research population and sampling, data collection method, literature control, pilot study and trustworthiness of the study (Botma, Greeff, Malaudzi & Wright, 2010:199). These concepts are now discussed.

1.7.1 Research population and sampling:

The population of a study are all the elements or aggregation of cases that meet certain criteria for inclusion in a given universe and in which the researcher is interested. The qualitative researcher collects data in the field at the site where participants experience the issue or problem under study (Botma, et al., 2010:200). The research has been conducted in a government institution which in this study is a psychiatric institution. The target population were employees working in a psychiatric institution in the Eastern Cape Province. The research population consists of all employees of all ranks and levels working at this psychiatric institution who have made use of EAP.

According to Polit and Beck (2012:275), sampling is the process of selecting cases to represent an entire population so that inferences about the population can be made. A sample is a subset of population elements, which are the most basic units about whom data is collected. Sample and sampling plans vary in quality. In this
study a gatekeeper has been used who is an EAP coordinator (nurse) in the institution. She has been able to identify suitable participants because she keeps records of all the employees who make use of an EAP, those who have been referred and those who referred themselves (hidden population) due to the sensitivity of their problems. The sample has been drawn from all categories of staff who are permanently employed in the institution using the following inclusion criteria.

- Employees who are attending or employees who have completed sessions with the Employee Assistance Counsellor
- Employees who are permanently employed
- Employees who are 18 years and older.
- Employees who can speak English and isiXhosa

Employees who are employed on contract will be excluded from the sample. The research methodology was as follows:-

- Data collection which included semi-structured interviews and observation and field notes
- Data analysis
- Literature control
- Pilot study.

These concepts are discussed in detail in chapter 2.

1.7.2 TRUSTWORTHINESS OF THE STUDY:

According to Babbie and Mouton (2006:276), trustworthiness is an approach to clarify the notion of objectivity as it is manifested in qualitative research. A qualitative study cannot be called transferable unless it is credible, and it cannot be deemed credible unless it is dependable. In this study the researcher has used Lincoln and Guba’s Model (in Babbie & Mouton, 2006:277), which includes the following criteria namely, credibility, transferability, dependability and confirmation. These concepts are discussed in detail in chapter 2.
1.8 ETHICAL CONSIDERATIONS APPLICABLE TO THE STUDY:

Strydom in De Vos et al., (2005:57), defines ethics as a set of moral principles which are suggested by an individual or group and are subsequently widely accepted. Ethics offer rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents. Ethical guidelines serve as standards as well as the basis upon which the researcher has to evaluate her conduct. The ethical principle that should be internalized by the researcher during the process of research and includes, beneficence, self-determination and justice (Brown, 2009:18). These principles of conducting ethical research are discussed in detail in chapter 2.

1.9 HOW THE REPORT WILL BE COMPILED:

Strydom in De Vos et al., (2005:253) believes that if the research is thoroughly analysed, the researcher needs to write a comprehensive report so that people can recognise the results in order to use them, or improve on what was researched. The report also demonstrates that the steps of the research process have been followed correctly. These guidelines are listed below as outline of chapters for the report.

   Chapter One: Overview of the study

   Chapter Two: Research methodology

   Chapter Three: Discussion of findings and literature control

   Chapter Four: Conclusion, recommendations and limitations.
1.10 CHAPTER SUMMARY

A general overview of the study has been presented in this chapter, which includes an introduction, literature review and background, problem statement and research questions, goals and objectives, definition of terms used, research design, research method, trustworthiness and ethical considerations applicable to the study. The researcher has discussed the research methodology and design in more detail in chapter 2.
CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1 INTRODUCTION

In the previous chapter, a problem statement was formulated; a brief literature review was presented and the research design and method including the pilot study was described. The research design and methodology has been discussed fully in this chapter. The researcher has focused on the description of the rationale and the aims and objectives of the study and describes the principles of trustworthiness.

2.2 RATIONALE

The Employee Assistance Programme (EAP) deals with the full range of problems experienced by employees such as work related problems of peer pressure, burnout and pressure from supervisors or supervisees, as well as personal problems such as family life or relationship issues, work related stress, financial pressures, depression or anxiety, alcohol and drug abuse. The researcher observed that certain employees in the institution where she was employed experienced personal problems as well as the work related problems that were described in chapter one. These individuals needed help to cope with their problems and might have been referred or might have self-referred to an EAP. Due to the confidential nature of the EAP, managers may not receive the necessary feedback to effectively assist and support their employees.
2.3 RESEARCH OBJECTIVES

The objective of the study is to determine the experiences of employees who have utilized an EAP in a psychiatric hospital. The information has been used to make recommendations towards improving the effective utilization of the programme.

The objectives of the study are the following:

- To explore and describe the experiences of employees working in a psychiatric hospital who have made use of an EAP
- To make recommendations regarding more effective use of EAPs by employees.

2.4 RESEARCH DESIGN

The research design details the methods used to obtain data, analyse data and interpret results Fouche (in De Vos et al., 2005:132). This study is qualitative in nature and explorative, descriptive, contextual and applied. These concepts are now discussed.

2.4.1 A Qualitative design:

The qualitative study according to (Fouche in De Vos et al.,2005:268) is the whole process of research from conceptualizing the problem, to writing the narrative during the research process. The researcher uses the research strategy best suited to the research at hand, and designs the whole research project around the strategy selected (Fouche in De Vos et al., 2005:269). Furthermore, since a qualitative study focuses on understanding a phenomenon, one should not make predictions. In this study, the researcher has investigated the experiences of the employees who have
utilized EAP in order to be sure that the programmes will be suitable for the different categories of employees who are to be assisted.

Qualitative research involves explaining worlds of descriptions by the participants and their experiences from their worlds (Bless & Higson-Smith, 2001:37). A qualitative researcher conducts detailed examinations of cases that arise in the natural flow of the social life of participants (Neuman, 2003:139).

The purported suitability of qualitative methodologies for research into a range of in-depth personal experiences renders these methodologies suitable for research into participant experiences of workplace counselling as it aims to achieve an understanding, through the perspective of social constructionism of the reason behind a group of employees seeking counselling in their workplace. The study by Winthrop and Gough (2008:261-262) recognized the need for further insight into the benefits of workplace counselling. Their study recognized the lack of research into workplace counselling from the employee’s perspective. Thus the focus of this study was to explore and describe the experiences of employees utilizing an EAP in a psychiatric hospital, using a qualitative methodology such as unstructured interviews and field notes.

2.4.2 An Exploratory design:

According to Fouche (in De Vos et al., 2005:106) an exploratory study investigates relatively unknown phenomena for the researcher and participants, in order to gain new insight and understanding into the phenomenon. In this research study the researcher has used an exploratory study because there is not sufficient knowledge available on employees’ experiences of utilizing the EAP.

During the explorative stage of the research the researcher investigated a problem about which little is known (Struwig & Stead, 2001:7). According to Brink (2002:11), an explorative design involves exploring the dimensions of phenomena and the ways in which these phenomena are manifested, including other factors that are
related to them. In this study, the researcher focused on exploring the experiences of employees utilizing an EAP in a psychiatric hospital.

2.4.3 A Descriptive design:

A descriptive design is a non-experimental design used when the researcher wants to describe the variable of interest as it naturally occurs. Descriptive designs could be used to determine what others are doing in similar circumstances, to identify problems with current practice and to justify current practice, as stated by Botma, Greef, Maluadzi and Wright (2010:110). A clear description of processes followed and a comprehensive description of the findings will also help to ensure the trustworthiness of the study. The descriptive design is suitable for this study because the main goal of the study is to describe the experiences that employees in psychiatric institutions have of the EAP.

2.4.4 A Contextual design:

The researcher in this study has used the contextual design because this design is one in which the phenomenon has been studied within its immediate contextual setting. According to Struwig and Stead (2001:12), contextualization provides the necessary comprehensive description of the environment or the social context of the research participants. Contextualization also explores the macro and micro contexts of the individual under investigation and how these contexts interact dynamically with one another. Babbie and Mouton (2006:272) describe a contextual study as one in which the phenomenon is studied holistically.

The researcher has to understand the events, actions and processes against the background of the whole context. This study has therefore been contextual since the research has been conducted with participants who are employed in a specific (psychiatric) institution using that organisation’s employees.
2.5 RESEARCH METHODOLOGY

The concept of research methodology includes the research methods, namely identification of the research population and sampling, the data collection method, literature control, the pilot study and the trustworthiness of the study (Botma, Greeff, Malaudzi & Wright, 2010:199). These concepts are now discussed.

2.5.1 Research population and sampling

The population of a study are all the elements or aggregation of cases that meet certain criteria for inclusion in a given universe and in which the researcher is interested. The researcher collects data in the field at the site where participants experience the issue or problem under study (Botma, et al., 2010:200). The research has been conducted in a government institution which in this study was a psychiatric hospital. The target population were employees working in a psychiatric hospital in the Eastern Cape Province. The research population consisted of all employees of all ranks and levels working at this psychiatric institution who have made use of EAP.

The population in this research were people who the researcher wanted to observe (Bless & Higson-Smith, 2001:37). She subsequently identified the target population from whom she would gain her information (Hek, Judd & Moule, 2003:37).

According to Polit and Beck (2012:275), sampling is the process of selecting cases to represent an entire population so that inferences about the population can be made. A sample is a subset of population elements, which are the most basic units about which data is collected. Sample and sampling plans vary in quality. According to Strydom in De Vos et al., (2005:193-194), sampling means taking any portion of a population or universe as representative of that population or universe. Arkava and Lane (1983:27) in De Vos et al., (2005:194), states that a sample comprises elements of the population considered for actual inclusion in the study, or it can be viewed as a subset of measurements drawn from a population in which researchers
are interested. Researchers study the sample in an effort to understand the population from which it was drawn. As such, researchers are interested in describing the sample, not primarily as an end to itself but rather as a means of helping us to explain some facet of the population. Alternatively, a sample is a small portion of the total set of objects, events or persons which together comprises the subject of the study.

The participants involved in this study were chosen according to the sampling frame; that is a concrete listing of the elements in the population. Sampling involves the collection of information according to which decisions can be made and conclusions can be drawn.

According to Reid and Smith (in De Vos et al., 2005:194) and Sarantakos (in De Vos et al., 2005:194) the major reason for sampling is feasibility. A complete coverage of the total population is seldom possible, and all members of a population of interest who experience work related stress, alcohol and drug abuse, financial pressures, cannot easily be reached. Even if it were theoretically possible to identify, contact and study the entire relevant population, time and cost considerations usually make this a prohibitive undertaking.

In this study a gatekeeper was utilised who is the EAP coordinator (nurse) in the hospital where the interviews took place. This gatekeeper was able to identify suitable participants because she keeps records of all the employees who make use of an EAP, both those who have been referred and those who referred themselves (a hidden population). This intermediary was used due to the sensitive nature of the participant’s problems.

**Sampling method**

Purposive sampling has been utilised in this study. According to Botma et al., (2010:201) purposive sampling is sometimes referred to as judgmental sampling. When the researcher is knowledgeable about the population, he or she can use that to his or her advantage to hand-pick sample members. The sample will be drawn
from all categories of staff who are permanently employed in the institution using the following inclusion criteria;

- Employees who are attending or employees who have completed sessions with the Employee Assistance Counsellor
- Employees who are permanently employed
- Employees who are 18 years and older
- Employees who can speak English and isiXhosa.

Employees who are employed on contract will be excluded from the sample.

The sample is, thus chosen because of what the researcher considers typical units of the population under investigation (Bless & Higson-Smith, 2001:37). The psychiatric hospital, as already mentioned was chosen purposively and the gatekeeper in turn purposively selected the participants.

The audiotapes of the interviews were transcribed within twenty four hours of conducting the interviews. The transcriptions and field notes formed the database for the research and was analysed using Tesch’s method of data analysis. Field notes taken during and after the interviews were analysed in the same manner and utilised during the discussion of results, where appropriate. Three themes and their sub-themes were identified.

2.5.2 Data collection

Data was collected by means of semi-structured one-on-one interviews, observations and field notes. Before data could be gathered, permission to conduct the study had to be obtained from the Department of Health and the identified psychiatric hospital (see appendix 2). Consent was obtained from the participants before interviewing commenced (see appendix 4).

The role of the researcher in a qualitative study is extensive and time consuming as he or she is responsible for taking care of specific details and doing quality preparation that would ensure accurate data collection. The following steps should
be covered by the researcher to gain entry into the specific setting. Appointments were set up with gatekeepers to explain the process of the study.

The researcher identified and liaised with the person who would act as a mediator or gatekeeper to link the researcher with prospective participants. The researcher provided these mediators with clear inclusion criteria to ensure that they identified the correct people. The gatekeeper was asked to identify employees who have made use of the EAP. These employees were contacted by the gatekeeper who invited them to participate in the study. Only once they agreed to participate did the gatekeeper give the researcher the participants contact details.

The first interview was evaluated and included in the data base. The EAP practitioner informed the researcher that her clientele at the hospital is 90% support staff and 10% professional staff. The researcher invited eight employees from various departments at a psychiatric hospital in the Eastern Cape to participate in the research study. Of these eight employees, five were females and three were males, there were six black and two coloured participants. The participants were chosen by the gatekeeper, a professional nurse in charge of the EAP. The employees were between 25 and 56 years of age, their educational level ranged from grade 6 to grade 12. Their positions at work ranged from a labourer to a clerk. The researcher handed out consent forms for the participants to read and sign. The EAP practitioner is identified in the text as “Mrs or Sister G”.

The researcher then made arrangements regarding the date, time and place where the interviews would take place. Appointments were confirmed a day before data collection as recommended by Botma et al., (2010:203-204).

The gatekeeper or the researcher identified a secure and quiet venue for conducting the interviews. During the first contact with prospective participants, the researcher explained the objectives of the research to ensure the participants knew what was expected of them and what kind of data would be collected. In collecting data, the researcher conducted interviews using an interview schedule, as well as utilizing
observation and field notes (Flick, 2007:11). Three data collection methods were used. These data collection methods are now discussed.

**Semi-structured interviews:**

Eight participants were scheduled to be invited for an interview however if necessary this number could be increased until data saturation was reached. The qualitative research interview is unique in that it gains access to people’s lives and describes their everyday habits. In this study the researcher focused on semi-structured interviews. According to Botma, Greef, Malaudzi and Wright, (2010:208), semi-structured interviews are used in order to gain a detailed understanding of a participant’s beliefs, perceptions or explanation of a particular subject.

Wengraf (2004:5) describes interviewing as the conversation between two partners about a topic of mutual interest, where there is interaction and an interpersonal relationship is built between the participants. The researcher wanted to access the different experiences that each individual may have had when utilising an EAP. The interview was planned around areas of particular interest although it still allowed significant flexibility in both scope and depth. The interviewer handed the interview schedules to the participants beforehand so that they could examine and look at it together before commencing the interview. The choice regarding the sequence in which questions would be answered depended on the participant Greef (in De Vos et al., 2005:297).

In semi-structured interviews the interviewer was allowed to use probes in order to clear up vague responses, or to ask for elaboration of incomplete answers (Welman, Kruger and Mitchell, 2005:167). The participant is regarded as an expert on the topic and should be allowed to relate his or her own story or perception (De Vos, et al., 2005:292). In a semi-structured interview, there are predetermined questions, and the interviewee would be guided by these questions in the interview.

The following questions were included in the interview schedule for this study and were asked during the interview:
Tell me your experience of making use of the EAP at your organisation
Tell me how you benefited from making use of the EAP
Tell me of the problems you experienced in making use of the EAP
What suggestions do you have towards improving the EAP or to make it more accessible to employees?

The venue was a quiet place where there could be no disruptions. In this case, the interview took place in the office of the gatekeeper. Participants were informed beforehand so that the venue could be changed if necessary as recommended by (Greef in De Vos, et al., 2005:294). As this research is very sensitive in nature, the researcher could foresee problems if the participants utilized their own offices.

The interviewer prepared the participants beforehand. They were contacted by the researcher personally. The researcher explained the study to them to gain informed consent for the research process. Informed consent is when the participant is provided with sufficient information to make an informed decision about their participation in the study (Oman, Krugman & Fink, 2003:94).

The semi-structured interviews were recorded on audiotapes with the participant’s consent. The recording enabled the researcher to get complete information without making notes during the interview. It was important to use a high-quality tape recorder to ensure that data was captured well. It was wise to make the interviewee comfortable during the interview. The interviewee should be guided in the process Greef (in De Vos et al., 2005:298). The participant did 90% of the talking during the interview. The interviews were transcribed within 24 hours and the transcribed copy did not contain identifiable information.

**Observation and field notes**

Botma et al., (2010:218) describes observation as a format for recording the forms of observed data gathered by the researcher, including the portrait of the participants, a reconstruction of dialogue, a description of the physical setting, accounts of particular events or activities. These should be completed as objectively and
completely as possible in order to assist the researcher to remember and explore the process of the interview.

Field notes are a written account of the things the researcher hears, sees, feels, experiences and thinks about in the course of the interview or focus group and are much broader, more analytic, and more interpretive than a listing of occurrences. They include both empirical observations and personal interpretations of the researcher, as well as preconceptions, expectations and prejudices. Field notes are either used as part of the data or for verification purposes (Botma et al., 2010:217). Field notes are categorised, defined and described according to the purpose they serve in the collection of information:

- Observational notes are objective descriptions of events and conversations. Information such as time, place, activity and dialogue is recorded as completely and objectively as possible.
- Methodological notes are reflections about strategies and methods used in the observations. Sometimes things do not work, or they work well. Methodology notes document the reflection of what really worked well.
- Theoretical notes document the researcher's thoughts about how to make sense of what is going on. They are the researcher's efforts to attach meaning to observations while in the field, and serve as a starting point for subsequent analysis.
- Personal notes are comments about the researcher's own feelings while in the field. They can reflect on whether feelings influence what is being observed. They could also reflect on ethical dilemmas (Botma et al., 2010:218).

The information from the field notes is added to the database.

**Preparation for the interview**

The researcher practiced information gathering interview skills with her peers on videotape in order to become competent in these skills. As the researcher is a
trained psychiatric nurse with extensive experience in interviewing clients, she easily established a trusting relationship with the participants.

**Framing of the interview**

At least eight participants were initially invited to be interviewed and additional participants were identified in order to reach data saturation. The researcher began by introducing herself to the participants and explaining what the research was about. The participants were encouraged to ask questions regarding the study or any concerns they may have before the interview commenced. Participants were told that they were free to withdraw from the study if they felt uncomfortable.

All participants were asked the same questions. The participants were thanked for their co-operation at the conclusion of the interview and debriefed where this was necessary. Any participant who felt traumatised by the interview was debriefed and counselling was offered. The researcher asked participants if they had any questions they would like to ask before concluding the interview. The debriefing continued after the interview was completed. Debriefing is a therapeutic intervention that involves looking through the facts related to the situation and processing the response to (Stuart & Laria, 2001:653).

As mentioned, the tape recordings were transcribed within 24 hours following the interview. After completion of the transcription, each participant was asked to read the copy of their interview and to indicate whether they agreed with the content. An opportunity to add information was granted if the participant felt it was necessary. Member checking was thus used to ensure trustworthiness of the study.

Greef (in De Vos et al., 2005:289-290) identifies communication techniques that could be utilized by the researcher during the interview:

- Minimal verbal responses with occasional nodding, indicates that the researcher is listening.
Paraphrasing is a verbal response that is interchangeable with the participant’s statement.

Clarifying is an attempt to focus or understand the nature of the participant’s statement.

Reflecting refers to communication with the researcher and understanding her concerns and perspectives.

Listening refers to excellent listening skills of the interviewers.

Probing is the skill to encourage the participant to provide more information about the issue being discussed.

Reflective summary refers to making a summary of the participants ideas, thoughts and feelings demonstrated so far in order to confirm that the interviewer has clearly understood what the participant said.

2.6 Data Analysis:

The database for this study was derived from transcribed interviews and the accompanying field notes, which were analysed so that themes could be identified. The interviews were transcribed by means of a transcriptor prior to analysis.

The data was analysed using Tesch’s eight steps of descriptive analysis, examining the perceptions of the participants on the EAP regarding content that should be included in such a programme. Creswell (2003:192) describes Tesch’s eight steps of data analysis as follows:

- Get a sense of the storyline by reading the whole of the participant’s description about their experiences
- The researcher reads through all transcriptions carefully in order to make sense, highlighting some words and jotting down ideas that come to mind
- The researcher selects one interview, usually the most interesting. While examining it, the researcher asks what it contains and focuses on the
primary meaning of the text and writes down thoughts in the margin. This process will be followed until all the data is in the database

- When this task is completed, a list is made of all the topics written in the margins. The researcher will then formulate this list, clustering similar topics together

- These topics can be formed into three columns, namely central topics, unique topics and leftover topics. Comparisons and contrasts are made across the three columns

- The researcher goes back to the data with this and revisits the data to try to group interrelated topics together, thus following a process of comparing and contrasting themes with each other and identifying the abbreviated topics as codes. The codes are written next to the relevant topics

- A final decision is made on each category or sub-categories, and then the categories will be listed alphabetically

- A preliminary analysis is done after assembling the data that belongs to each category

- Existing data may be recoded if necessary (Creswell, 2003:193).

Data was analysed and similar themes and sub-themes were identified. An independent coder, who was given the research objectives and instructions on how to code raw data and raw text from which the categories were developed, was engaged to identify findings. After the researcher and the independent coder had completed the data analysis to identify themes and sub-themes, they met for a consensus discussion to ensure the trustworthiness of the study (Creswell, 2003:193)
2.7 LITERATURE CONTROL

A literature control is usually done after the data gathering and analysis has been completed. The researcher compared her findings to those of other authors. A literature control may focus on both points of similarity and points of difference (Creswell, 2003:35). Findings will be used to make recommendations.

2.8 PILOT STUDY:

A pilot study can be regarded as a small-scale version of the study. A pilot study was used as part of the research design to check sampling techniques, as well as the effective use of resources (Hek, Judd & Moule, 2003:25). A small-scale pilot study tests more than just the instrument. It assesses the feasibility of the study and whether the field workers (the researcher in this case) have the skill to conduct the study (Botma et al., 2010:275). One participant, who met the inclusion criteria was identified by the gatekeeper and was interviewed. The interview was transcribed and the data generated was analysed. Themes and categories were identified with regard to the experiences of employees utilising an EAP. Any problems encountered during the pilot study relating to data gathering methods or the analysis of the interview, were discussed and evaluated with the supervisors. The goal of the pilot study was to find out if the research questions were able to elicit useful information. The researcher's interviewing skills have since been assessed. Should the interview prove to be satisfactory, it could be added to the data base.

2.9 TRUSTWORTHINESS OF THE STUDY:

According to Babbie and Mouton (2006:276), trustworthiness is an approach to clarify the notion of objectivity as it is manifested in qualitative research. A qualitative
study cannot be called transferable unless it is credible, and it cannot be deemed credible unless it is dependable. In this study the researcher used Lincoln and Guba’s Model (1989) as described in Babbie and Mouton, (2006:277), which includes the following criteria namely; credibility, transferability, dependability and confirmability.

Credibility or truth-value:

According to Soanes and Hawker (2005:230) credibility is the quality of being trusted or believable. This is the alternative to internal validity, in which the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described (De Vos, et al., 2005:346). Truth-value determines whether the researcher has established confidence in the truth of the findings with the participants and the context in which the research was undertaken. Truth-value is usually obtained from the discovery of human experiences as lived and perceived by the participants (Botma, et al., 2010:233). The researcher has to be consistent in doing the research, as is the case in this study where all categories of employees have been interviewed.

Truth-value can be achieved through the following strategies:

- Prolonged engagement and varied field experience. The researcher must be able to invest sufficient time as the participants will often give different information. Thus the researcher needs time to check all perspectives and information in order to become familiar with the research (Botma, et al., 2010:232). The researcher was able to verify information by going back to participants so as to get more information on the matter concern. The researcher has nineteen years experience working as a psychiatric nurse. The supervisor and co-supervisor have had prolonged experience in conducting qualitative research.

- Interview technique: The semi-structured interview technique that leaves the wording and the questions posed to the participants to the discretion of
the researcher. It is akin to a conversation between the researcher and the participant. However, this conversation has a purpose as it provides the researcher with an in-depth knowledge of the beliefs and attitudes of the participants. The researcher was able to display her intense experience in the field as she is a psychiatric nurse with vast experience who practised interviewing skills on video with her colleagues. In addition a pilot study was conducted to test the researcher’s own interviewing skills.

- **Triangulation:** This is based on the idea of multiple realities for mutual confirmation of data to ensure that all aspects of a phenomenon have been investigated (Botma, et al., 2010:232). The researcher was able to take multiple measures of the same phenomena by measuring the data through interviews, field notes and observations. The data was analysed by the researcher, independent coder and supervisors.

- **Member checking:** This is when the researcher is presented with multiple realities and presents it to the participants to verify the information that has been presented. The researcher after each interview was able to test continuously the data, analytic categories, interpretations and conclusions with the informants.

**Applicability or transferability:**
Applicability refers to the degree to which the findings can be applied to different contexts and groups. It is the ability to generalise from the findings to a larger population, by using the strategy of transferability (Botma, et al., 2010:233). Transferability is the level to which the results of the study can be utilized in settings other than the ones studied. Due to the small population used, qualitative findings cannot be generalized. The researcher should however provide enough information so that another person will be able to apply the findings to another context (De Vos. et al., 2005:346). The strategies that will be used include ensuring a dense description of the research process and using a nominated sample.

The following strategies have been applied to ensure applicability:
• Selection of sources or sampling: This occurs when a sample of participants, selected by means of a panel, is representative of the phenomenon under study (Klopper in Bothma, et al., 2010:234). In this study the researcher relied on the gatekeeper who was an EAP practitioner at the hospital to select the suitable participants.

• Comparison of sample to demographic data: This is a comparison of the characteristics with the informants to the demographic information available about the group being studied (Klopper in Bothma, et al., 2010:234). The researcher used the participants from the same hospital who were from the different departments within the hospital; these participants were selected by the gatekeeper using purposive sampling.

• Saturation of data: This is made of a flowchart to systemize informant contacts and observation to determine if the researcher is investigating all possible situations, including different social settings such as times of day, weeks, seasons and interactions among different social groups (Klopper in Bothma, et al., 2010:234). The researcher was allocated participants who were from different background who were also from different staff categories. The researcher made use of observation and field notes to document her findings.

• Dense description: The researcher may provide dense background information about the informants and about the research context and setting to allow others to assess how transferable the findings are (Klopper in Bothma et al., 2010:234). The researcher was able to complete an accurate description of design, methodology and findings were given. The quotes from the interviews and literature control were used to provide a dense description.

Consistency or dependability:
Consistency considers whether the findings will be consistent if the inquiry was replicated with the same participants and in a similar context (Bothma, et al., 2010:233). The dependability of qualitative data refers to the stability of data over
time and to the conditions under which it is collected. The researcher should account for changing conditions in the phenomenon chosen for the study as well as for changes in the design created by an increasingly refined understanding of the setting using the following strategies for ensuring consistency, identified by De Vos, et al., (2005:346).

- Triangulation: As already mentioned.
- Member checking: As discussed previously.
- Code-recode: This procedure occurs after coding a segment of the data. The researcher waited for two weeks then recoded the same data and compared the results (Klopper in Bothma, et al., 2010:234). The researcher followed the eight steps of Tesch’s and went back to the data to analyse it again and also compared the results. The researcher met with the independent coder to ensure the trustworthiness of the study.

**Neutrality or confirmability:**

According to Soanes and Hawker (2005:205) confirmability is to state that something is true or correct and to make something definite or formally valid. Neutrality entails freedom from bias during the research process and description of results, and refers to the degree to which the findings are the function solely of the informants and conditions of the research, and not of other biases, motives or perspectives (Botma, et al., 2010:233). The researcher used the following strategies to ensure neutrality:

- Triangulation: As discussed previously.
- Reflexivity: This is the assessment of the influence of the researcher’s own background or interests on the qualitative research process. The researcher analysed herself in the context of the research (Klopper in Bothma, et al., 2010:233). The researcher was able to make field notes of her observations
2.10 ETHICAL CONSIDERATIONS APPLICABLE TO THE STUDY:

Strydom (in De Vos et al., 2005:57) defines ethics as a set of moral principles suggested by an individual or group, which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents and is subsequently widely accepted. Ethical guidelines serve as standards as well as the basis upon which the researcher has to evaluate her conduct. The ethical principle that should be internalized by the researcher during the process of research includes beneficence, self-determination and justice (Brown, 2009:18). These principles of conducting ethical research are now discussed.

Beneficence/Nonmaleficence:

This encompasses aspects such as harm prevention, competence of researcher, confidentiality and care. The principle of beneficence is grounded in the premise that a person has a right to be protected from harm and discomfort. The principle of beneficence is manifested in the risk ratio. There is an inherent discrepancy in the ratio because the word benefit has no connotation to probability whereas risk entails a future occurrence (Botma et al., 2010:20). Beneficence means doing good to others, not harming them and the prevention of harm to others (Antai-Ontong, 2003:171).

This study explored a sensitive issue and addressed each participant’s contribution towards improving the EAP. The researcher explained the study to participants and assured them that they would not be prejudiced if their perceptions were not in line with those of the top management as the aim was to manage EAP well. Debriefing or counselling was made available if necessary and anonymity was assured. Because the study dealt with sensitive issues, it was proper for the researcher to conduct a debriefing exercise with each participant after the interview, as the participants had become highly emotional. She also rectified misperceptions that might have arisen in the minds of participants to allay their fears. The researcher is a
psychiatric nurse and she was therefore able to debrief the participants. She also referred them to a counsellor when it was necessary to do so.

The researcher should be competent and knowledgeable on both the subject under study as well as the research method, and be guided by skilled supervisors in order not to mislead the participants. Participants were able to assist those employees who might utilize the EAP in future as the latter group would benefit from the more effective and efficient EAP. Participants should not have been harmed by participating in the study.

The researcher used the information generated by the research to make recommendations that would have long-term benefits to participants and other employees. These will be discussed in chapter 4.

According to Strydom (in De Vos et al., 2005:61) confidentiality indicates the handling of information in a confidential manner. Confidentiality is also viewed as the continuation of privacy which refers to an agreement between persons that limits access of others to private information. According to Denscombe (2002:180) there are certain limitations to confidentiality. Researchers have no special status in law that privileges them when it comes to the information they collect.

**The right to self-determination:**
A person’s right to self-determination includes freedom from coercion which involves threats of penalty for failing to participate in a study or excessive rewards for agreeing to participate (Polit & Beck 2012:154). The participants were informed about the goal of the investigation and the procedure that was going to be followed during the study. The information that was given to participants was complete and accurate (Strydom in De Vos et al., 2005:59).

All the participants were told before starting the interview that they may withdraw from the study or refuse to participate without fear of repercussions. The researcher safeguarded the privacy by ensuring that the interviews took place in a safe venue such as an office. The researcher informed the participants that data in the form of
direct quotes was going to be used in the report and in the journal article but without the person being identified.

**Justice:**

Brown (2009:18) defines justice as everyone’s right to be treated equally and courteously. Strydom (in De Vos et al., 2005:66) believes that a well-equipped researcher should have evaluated all possible risks and advantages of the study and should not have made judgments about the institution where the investigation was being carried out. The researcher should have made advance preparation regarding the steps she planned to follow during her study. She also needed to insure that she was competent enough to conduct the interviewing and gather the data. The participants had to be informed of her conclusions objectively and with appreciation, (Strydom in De Vos et al., 2005:66). She was obliged to treat those who decline without prejudice and honour all prior agreements (Polit & Beck 2012:155).

On completion of the study the researcher wrote an accurate, clear, objective and unambiguous report containing all the essential information. She avoided unethical bias and plagiarism. Participant selection was based on study requirements and not on a group’s vulnerability.

**2.10 CHAPTER SUMMARY**

The researcher has described the research methodology and design in detail in this chapter, focused on data collection, data analysis, strategies to ensure trustworthiness and the ethical implications of the study. The following chapter will discuss the data collected and compare it to other researchers’ conclusions.
CHAPTER 3

DISCUSSION OF RESULTS AND LITERATURE CONTROL

3.1 INTRODUCTION

The research methodology and design were discussed in the previous chapter. The analysis of the data is presented in this chapter and compared to the relevant literature. The goal of the literature review is to establish familiarity with the knowledge obtained, to present conclusions discovered from prior research and show how the current research can be linked to those conclusions, also to summarize what is known about the topic and lastly, to learn from the research of others (Neuman, 2003:96).

3.2 IMPLEMENTATION OF PLANNED METHODOLOGY AND PRESENTATION OF RESULTS.

The questions were asked in a straightforward and in a free manner. There was no intention to pass judgement on personality, intelligence, mental health status or any other psychological characteristic of the participants. Participants were free to talk about their experiences in any order in which they preferred and this often resulted in a change in the order that the scheduled questions were asked. Occasionally, the researcher summarised what the participant had said to help make a point or ask a further question. A brief period of time was spent with the participant at the end of the interview during which the researcher answered any questions and offered
debriefing. In addition a sheet of paper containing the contact details of the researcher was given to each participant.

The researcher provided the independent coder with clear copies of the transcribed interviews and field notes. After the independent coder had analysed the data, a consensus discussion was held between the independent coder and the researcher to confirm and finalise the themes and sub-themes.

Member checking was done with all eight participants. The researcher provided each participant with a transcript of their own interview and they were asked to elaborate on any issues that were unclear. The participants all agreed with the copies of the transcripts made by the researcher and offered no further comments.

3.3 DISCUSSION OF IDENTIFIED THEMES

The experiences of employees utilizing an EAP in a psychiatric hospital were categorised into three themes with a number of sub-themes. These are presented in Table 3.1. Direct quotes from the transcripts are used where appropriate to reflect the participants' experiences. These themes are also supported by the relevant literature.
<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUB-THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participants experienced the EAP service as beneficial</td>
<td>The participants experienced the EAP service as:</td>
</tr>
<tr>
<td></td>
<td>1.1 motivating and encouraging</td>
</tr>
<tr>
<td></td>
<td>1.2 providing solutions to their problems</td>
</tr>
<tr>
<td></td>
<td>1.3 manned by a knowledgeable, skilful and helpful person.</td>
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<tr>
<td></td>
<td>1.4 treating them with dignity by ensuring privacy and confidentiality</td>
</tr>
<tr>
<td></td>
<td>1.5 providing a client advocacy service</td>
</tr>
<tr>
<td>2. Participants experienced some aspects of the EAP service as</td>
<td>Participants state that:</td>
</tr>
<tr>
<td>problematic</td>
<td>2.1 they experienced the EAP practitioner as having a forceful manner.</td>
</tr>
<tr>
<td></td>
<td>2.2 they did not feel free to voice their disagreement with the EAP</td>
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A discussion of themes and sub-themes will now be presented.

There were mixed feelings among the participants as some were happy with the manner in which the EAP service is run at the hospital. Others were not happy with the way the EAP practitioner behaves. They felt that she was forcing them to take whatever solution she presented to them and they found themselves helpless as they could not defy her instructions. Some participants reported that they were not receiving fair treatment at their point of duty as their supervisors were not supportive.
of their problems and they were not accorded the opportunity to visit the EAP office. Most of them felt that it was the duty of the hospital to allow them time during working hours to go and visit the EAP service.

3.3.1. THEME 1: PARTICIPANTS EXPERIENCED THE EAP SERVICE AS BENEFICIAL

In this research study, the experiences of employees utilizing the EAP stated that this affected their lives by improving their self-esteem and self-worth and also had a positive effect on their work performance and social life. The employees utilizing the EAP service found it easy to trust the EAP practitioner because although people see them going to the clinic they do not know why they went there. This made it easy for them to honour most of the sessions with the EAP practitioner. They always felt safe in the EAP practitioner’s hands because they knew that their problems would be carefully attended to, whether they were considered significant or not. The EAP practitioner even went the extra mile by accommodating the employees’ friends relatives in the programme, as most of them stated that their problems were also affecting their social lives.

For managers to refer employees successfully to the EAP it is important that their focus remains work ethics. It has been observed that managers and supervisors who are sensitive to employees’ needs and their problems would always avoid referring their subordinates to the EAP when improved performance becomes evident. This differed from supervisors who consistently took a hard line when dealing with subordinates (Blair, 2001:36).

Blair (2001:37) indicates that employers are strategic partners in handling human factors in workplace productivity. To ensure that an EAP functions as an integral part of an organisation, the EAP practitioner must assist management in addressing organisational issues which may impact on employee well-being, as well as reporting and commenting on trends identified during service rendering and utilisation (EAP SA, 2005:20). Stoltz (2003:21) maintains that EAP professionals are
trusted change agents and can help convert challenges into opportunities for further organisational development. The sub-themes are now discussed.

3.3.1.1 Sub-theme 1.1: The participants experienced the EAP service as motivating and encouraging

Most employees benefited from the EAP services. There is a belief that motivated employees are in a state of tension and in order to ease tension, they engaged in certain activity or behaviour. Thus the EAP practitioner must be able to understand what has motivated this activity in order to predict their behaviour. This is the reason why the EAP practitioner is able to motivate employees to channel their energies productively (Fox, 2006:59).

Because the EAP practitioner was comforting the employees felt free to consult her. She gave them hope and encouraged them to take charge and take responsibility for their actions. She communicated in such a way that they felt motivated to take her advice and –thus they become better people and improved employees. The result was that most employees developed a positive attitude towards work and social activities. They made comments such as:

“Here in this clinic my problem was solved”.

Participants reported that after visiting the clinic they always felt good about themselves.

“By utilizing this clinic I learnt many things. I do not have enough words to thank this clinic since it helped me because I thought I will end up in a mental institution, so by coming to this clinic it prevented me from going to a mental institution”.

According to Grobler, Warnich, Carrell, Elbert, and Hatfield (2006:216-217), motivation is the force that energises behaviour, gives direction to behaviour and underlines the tendency to persist, even in the face of one or more obstacles. A motivator such as the EAP practitioner should attempt to meet the employee’s
important needs. This will enable the employees to be more productive. The EAP practitioner was able to recognise the individual needs of employees. This was made possible by the practitioner spending a great deal of time talking to them and observing their behaviour.

“My benefit was my problem got resolved in a way which I never expected it to be resolved. Now I do not have any worries”.

According to Brewer and Hewstone (2004:117), mood can affect judgement when it influences the person’s motivation to do detail processing as was the case of participants who experienced the EAP service as being motivating and encouraging. These authors further explain that a positive mood may signal that the present situation is safe and therefore vigilance is unnecessary. On the other hand, a negative mood signals an aversive, and perhaps threatening, environment in which vigilance is important. Brewer and Hewstone (2004:118) further explain that unhappy people are influenced by strong rather than by weak arguments, which suggests that unhappiness fosters more substantive or central processing. On the other hand, happy persons are equally influenced by strong and weak arguments, indicative of peripheral processing.

According to Ferreira, Erasmus and Groenewald (2003:387), motivation is very important in any organisation as it is one of the major responsibilities of the administrative manager. There are many theories, but one has to look at one’s subordinates and see what their needs are and what makes them passionate about their work before deciding on a specific approach to motivate them. As a manager one also needs to create an environment in which staff can work productively and enthusiastically.

3.3.1.2 Sub-theme 1.2: The participants experienced the EAP service as providing solutions to their problems

The participants reported that they have confidence that they will be given the solution to any problem whether personal or work related by the EAP practitioner.
This encouraged them to support whatever the practitioner suggested although this sometimes made them feel helpless. There were instances in which the participants expressed that they felt obliged to follow the instructions of the practitioner because they feared that they would not be helped with their problems. They also believed that when they took their problems to Mrs G they would be helped and would feel much better.

“Mrs G used to say to me, everything depends on you, I will just provide advice and the solution is yours. What Mrs G did was to assist me and I went to a hospital in Port Elizabeth for detoxification.”

“Mrs G requested me to bring this man to her at the clinic. I do not know what they talked about. Mrs G when she called me for another session, she asked me if I could drop dead whom do I think will be able to look well after your child… whom do you think will be able to look well and educate your child?”

According to Brewer and Hewstone (2004:248-249) a person has to perceive that they have a problem and recognise their need for assistance. They should then take personal responsibility and decide what course of assistance they require and then implement their chosen course of action. Once the need for assistance has been recognised, clients see the practitioner as the only person who is able to assist them and the decisions the practitioner makes are viewed as the obvious to their problems.

“Mrs G made me to choose among the things which she was about to say. What Mrs G said first was to suggest admission in a mental institution, secondly she suggested that I remain crying all the time, thirdly she suggested I need to tell the stress that I am not going to be ruled by it, I am going to rule it by taking it out of me. I told Mrs G that I choose to take myself out of misery; to tell myself that I am going to rule stress… After the sessions I could feel that I am beginning to find my old self.”
“Sister G asked me if I can apologise to my opponent and I agreed although all this commotion was not caused by me. Sister G then asked my opponent if she can say sorry to me for all what she did to me. Sister G wanted to know from me if I was willing to withdraw all the charges both with the police and disciplinary hearing as the sign of cementing the peace deal. I responded by saying yes …and the case was withdrawn without any hassles.”

According to Ruth and Dudley (2011:11), effective conflict management is to react to potentially destructive interpersonal situations in such a way that these are converted into productive ones. The best way to deal with conflict is to take some action either via open confrontation, or less direct and more tacit methods. Ruth and Dudley (2011:12) further state that conflict is destructive or dysfunctional when it leaves the participant dissatisfied.

Although some therapists feel that certain cases of people will readily forgive, most researchers claim that the process of forgiveness takes time. Forgiveness is time consuming and will never occur if people are not willing to explore and reconcile the different feelings that arise as a result of transgressions (Ruth & Dudley, 2011: 186).

The researcher believes that investing in an EAP will save a lot of time for the employers because it is not only an easily accessible assistance, it also helps the employees to see that the hospital values them and thus there is an increase in staff retention. It is therefore important that all managers are fully aware of the programme so that it can assist them in guiding troubled employees to be once again become productive employees (Sutherland & Cooper, 2000:224).

3.3.1.3 Sub-theme 1.3: The participants experienced the EAP service as manned by a knowledgeable, skilful and helpful person

The participants reported that the EAP practitioner is a person who knows what she is doing and that she is always willing to help them when necessary with their problems. According to Welfel (2010:341) when the persons perceive themselves as competent enough to consult in one situation this does not imply that they are
competent in all consultation settings or activities. The obligation to evaluate competence and to ensure that it is maintained always lies with the individual professional. When the persons represent themselves as skilled practitioners, they must be prepared to demonstrate the resources of their knowledge and be ready to take responsibility for any harm their intervention may cause. The EAP practitioner has demonstrated her professionalism in dealing with the participants and by so doing she was able to gain their trust.

“Mrs G is really very good in what she does. She listens well to your problem and when getting out of from this clinic you will never go out or finish your sessions without being helped and she does follow you up if you do not honour your appointment. She is in this clinic for the well-being of us as employee”.

According to Whiston (2009:6-7) research studies indicate that practitioners in a variety of settings view formal assessment strategies as a significant aspect of their work. Refined assessment skills can often assist practitioners in providing treatment more quickly and efficiently. The EAP practitioner’s credibility is important especially when she gives considerable support to and influences social and work related issues. The practitioner needs to assess the participant’s problem because there is no one size fits all approach during the process.

“I am trying to say Mrs G has got a gift of helping those who are in problems as she has helped me. It is just clear she knows what she is doing.”

According to Mizzoni (2010:105-106), the EAP practitioner has a duty, namely to protect clients entrusted to her care, to follow through on agreements and not to break promises. The EAP practitioner has a responsibility and an obligation towards the employer, the profession and the employees because of the particular role she plays. She is expected to perform in such a way that she will fulfil the individual needs of her client.
“I applauded the service that I received from this clinic just by mere talking about my problem and frustration it made my load which was on my shoulders a little lighter.

Sutherland and Cooper (2000:224) state that the ultimate benefit of the EAP is to improve job performance and to:-

- Improve changes of employee retention, with savings in recruitment, training costs and expertise protection
- Reduce managerial workload as a result of employees sharing their problems with the EAP practitioner
- Treat disciplinary and dismissal issue more precisely, constructively and humanely and
- Improve financial control of labour costs.

“This clinic really helped me, because Mrs G can talk and eventually you will really see that your path is not right. Mrs G does not push you with anything, every time she gives you space to choose for yourself which path you wish to walk. The suggestions I received from here helped me, words of encouragement which I got from here they made me to grow.”

“I received warmth in this clinic I do not have words to explain what I got from here. After I came here with my painful situation and sister G spoke to me encouraging words. She showed me here on earth it is not always bad all the time, we need all the time to trust God. It is God who fights our battle because He loves us.”

According to Whiston (2009:122), the environment the practitioner creates during the interviewing process influences the manner in which the participants are willing to disclose personal information. First impressions do have an influence on the counselling outcome. EAP practitioners should consider the degree to which they appear to be credible to the client in terms of being seen as trustworthy and presentable.
Welfel (2010:107-109) states that one of the most defining services an EAP offers is direct, confidential, short-term problem resolution or counseling to individual employees and often their family members. A critical skill of the EAP practitioner is her ability to assess underlying problems that are not always presented as the cause for work-related, inter-personal, or other mental health complaints. Because EAPs work with diverse populations on a daily basis, the EAP practitioner must be insightful enough with regard to objective assessment and procedures to uncover hidden problems that are often the underlying cause of presenting symptoms and complaints. It is typical for employees to present to the EAP with a problem related to their family or work. After a proper and comprehensive clinical assessment, it may be revealed that sometimes more troubling issues are also involved, such as a drinking problem, a gambling addiction, or an undiagnosed depressive disorder.

According to Kitchener and Anderson in Brown and Lent (2000:66-67) competence will then be needed in order to deal with the above problems, because competence involves having the knowledge, skills and abilities to perform professional roles adequately and the ability to recognize when these are inadequate or impaired. The protection of the client should take precedence over concern about the livelihood of the practitioner.

3.3.1.4 Sub-theme 1.4: The participants experienced the EAP service as treating them with dignity by ensuring privacy and confidentiality

Participants have the right to have their medical reports, communication (verbal or written) as well as the problems they are experiencing kept confidential. This means only the EAP practitioner and the participant have access to this information. The information can only be released to a third party with the participant's consent (Whiston 2009:351).

According to Welfel (2010:3-4) EAP practitioners should hold a high standard of ethical practice and be confident, to have the correct combination of attributes, skills and also character to alleviate human distress. One of the dimensions which
represent the positive ethical ideals and values of the profession is the commitment to place the welfare of the clients as the professional’s highest priority. Another component of ethical practice is consideration of the client’s needs and rights as the highest priority.

The participants reported that the EAP practitioner treated them with respect and thus it was easy for them to visit the clinic. Confidentiality is a very important aspect. It protects the privacy of the individual employee and the interests of all stakeholders (EAP SA 2005:16). It is important to note that confidentiality arises from the ethical code of the practitioner’s profession. In this instance the EAP practitioner is a professional nurse. She is therefore regulated by a code of ethics of the South African Nursing Council.

According to Welfel (2010:109-110) the importance of confidentiality originates primarily from the ethical principles of autonomy and fidelity, and secondly from the principles of beneficence and non-maleficence. When practitioners honour confidentiality, they demonstrate the virtue of integrity, trustworthiness and respectfulness towards the participants precisely because human beings have a tendency to want to share experiences. This does not exonerate health professionals simply because they have credentials.

“What I like is that whatever you say at that clinic it stays there you will not hear it from any other person.”

“When you are in this clinic you feel at home, the atmosphere is great and it is far from other people, you get the utmost privacy.”

“What I like is people see you coming into this clinic but what you came here for they will not know.”

From the discussions it became evident that a credible EAP practitioner is one who adheres to all ethical guidelines and does not disclose an employee’s information to any other party without the employee’s knowledge. According to Werner and Simone (2006:408) the ethical guidelines especially confidentiality, is a concern in all
types of employee counseling interventions. There is a need to ensure that there is confidence in the program and that all the matters discussed during consultations are not disclosed to a third party.

A second issue is whether participation in a counselling programme should be voluntary or mandatory. Whilst EAP is beneficial to both employers and employees, participation of employees in EAP should be voluntary. Werner and Simone (2006:408), further state that the willingness of employees to consult the EAP is directly linked to their familiarity with and trust in it. The EAP practitioner is responsible for respecting the participant’s privacy especially when using any technique during an interview.

3.3.1.5 Sub-theme 1.5: The participants experienced the EAP service as providing a client advocacy service

The participants in this study felt happy with the manner in which the EAP practitioner dealt with their problems as they felt that she was usually on their side. Dewe, Leiter and Cox, (2000:227) emphasise that the EAP practitioner’s role has become complex since the role includes acting as referral agents, evaluators, mediators, liaisons, programme development specialists, teachers/trainers and consultants. It is also the responsibility of the EAP practitioners to put strategies in place to enhance the utilisation of the EAP. EAP practitioners are to motivate employees to have a positive attitude towards the EAP (Merrick, Volpe-Vartanian, Horgan & McCann, 2007:2).

“She told me that she will be present in my disciplinary which was already on its final stage. Mrs G came and she told them proper steps which were to be followed were never followed, this set me free and I was acquitted.”

“According to her she went and spoke to my supervisor and to the lady concern and her supervisor. She informed me that she told the supervisor that what they did of shifting people around offices while other one was not
around was totally wrong. Sister G then informed that my supervisor had requested her if she cannot talk to me so as to calm me down.”

EAP should not be used as a substitute for the appropriate use of discipline. In other words the supervisor must utilise appropriate resources, including the EAP as an integral part of any managerial position. But no EAP, no matter how well designed, staffed or managed, can function well over an extended period of time without active managerial support on all levels (Blair, 2004:39).

Research in this kind of study indicates that practitioner’s characteristics are said to contribute to their being perceived as an expert; hence practitioners should consider each participant and the factors that may contribute to their perception that the practitioner has credible knowledge and skills. Most participants understand that the practitioner’s conduct during a formal interview and assessment will positively influence their perception of the professionals’ expertise. That is why the EAP service in this institution is so popular among the lower categories of employees because they feel safe, welcomed and their self-worth improved as they feel that there is someone who understands their plight.

3.3.2 THEME 2: PARTICIPANTS EXPERIENCED SOME ASPECTS OF THE EAP SERVICE AS PROBLEMATIC

An EAP service may be used as a strategic tool, which is an essential business driver, and may be used in the development and retention of employees, thus reducing absenteeism in the workplace (Volpe, 2002). In addition, the EAP service is recognised as a valuable asset at this hospital in reducing absenteeism, workplace accidents, alcohol and substance abuse and lost productivity. An EAP service is a cost-effective and direct way to promote productivity, increase morale, decrease medical expenses, and most of all to promote employee health and well-being. Some participants indicated that they were not completely happy about the service they received whilst utilising the services of the EAP practitioner. This led them to have some negativity towards the service.
3.3.2.1 Sub-theme 2.1: Participants state that they experience the EAP practitioner as having a forceful manner

The participants reported that the EAP practitioner sometimes uses her authority over them to influence their behaviour in order for them to do whatever she tells them. They reported that they fear and at the same time respect her as she is a nursing sister as well as a minister of religion. According to Whiston (2009:9) practitioners need effective communication skill to help participants. In the counselling sessions, practitioners are frequently more interested in helping the clients than in showing the effectiveness of the service they provide.

According to Fox (2006:55-56) attitudes are said to be evaluative statements regarding people or events. Attitudes explain how one feels about something. Managers are encouraged to be interested in their employees’ attitudes, as attitudes influence behaviour. Therefore employees become uncomfortable when they face inconsistencies between two or more attitudes or between behaviour and attitudes. Fox (2006:57) further explains that when people observe other people behave in a certain manner they are tempted to explain why they behave in certain ways. The judgement and perception made by a person of another person’s actions or reactions will be influenced by the assumptions one makes about that person’s internal state.

“She drills you with all the questions and you end up talking the truth to her.”

Barth (2006:30) states that, if the EAP wants to enhance performance and help employees cope with the on-going challenges and changes of modern life, practitioners need to have a thorough knowledge of the concept of constructive confrontation. This approach of constructive confrontation is to confront employees with evidence of unsatisfactory job performance and coach them on how to improve, while simultaneously emphasising the consequences of continued poor performance (Cagney, 2006:19). It seems to the researcher that some supervisors become reluctant to confront employees. However, if they are trained to confront
constructively, this will help them deal with their reserve in this regard. Constructive confrontation helps the supervisor deal with performance issues and at the same time be supportive of troubled employees. This will make the task of the EAP practitioner much easier as she will not be viewed as forceful and threatening.

“In a way I can say she does although she is not doing it direct but afterwards this is the feeling I get that she was trying to threaten me in a very soft way.”

“I felt numb, frustrated a bit because my wounds were still opened.”

It is important that the EAP practitioner maintains the highest level of integrity and ethics in the performance of her duties. The EAP must be on the front line in helping to overcome the stigma of alcoholism and drug abuse. As a role model, the EAP practitioner must present herself with the highest level of professionalism at all times.

3.3.2.2 Sub-theme 2.2: Participants stated that they did not feel free to voice their disagreement with the EAP practitioner

The participants reported that in certain instances they could not question the EAP practitioner while she was instructing them. This made them feel vulnerable. According to Fox (2006:73) this behaviour of the participants can be termed rational faith whereby a certain form of influence is sufficient to evoke compliance by the target person, without any explanation being necessary. Here the participants act out of faith in the expertise and credibility of the EAP practitioner.

This influence mostly occurs when the participants have problems and have little or no knowledge of how to solve them. They then perceive that the EAP practitioner can be trusted to give the best course of action and in return they find it difficult to challenge the practitioner’s opinion.

“I was trying to please most of the people around me especially Mrs G as she had done so much for me I did not want to disappoint her.”
According to Fox (2006:88) there is no right or wrong in respect of culture. There are cultural differences in individual values and behaviour within every organisational culture as in the case of this institution’s EAP practitioner whereby the employees feel obliged to respect the opinion of the practitioner irrespective of how they feel. There is no one perfect approach and there are certain points of criticism in respect of any manner of management (Fox, 2006:89). Fox (2006:89) further states that there is one undeniable difficulty when dealing with diverse employees. The practitioner can run the risk of resurrecting or strengthening old stereotypes of cultural groups and divert attention away from her incompetence and discrimination to cultural differences and misunderstanding, which can be pointed out by the employees.

“I became scared and worried and I thought Mrs G has gone too far now with her talk, but I never said so to her.”

“Yes I did, but she refused to listen to me and I just left her office.”

“I got what I wanted because Mrs G never gave me a chance she told me straight that I am going to help myself or she is going to send me for Rehab.”

This perception can be attributed to the fact that the EAP in this hospital has a history in the manner in which it functions based on what was done in the past and the degree of success it had with those endeavours. EAP practitioners are in a position of authority. This could be the reason why participants believed that the opinions of the EAP practitioner could not be challenged.

3.3.2.3 Sub-theme 2.3: Participants stated that they were unhappy with the frequent interruptions during their sessions

The participants in this study reported that they were irritated by the frequent interruptions during their sessions. The venue where interviews are to take place should be private, interruption free and comfortable (Botma, et al., 2010:203). Most participants mentioned that the practitioner works alone in her department and this
makes it difficult for them to know when she was not going to be at her point of duty due to other hospital commitments, or on leave.

“The problem is the phone which keeps on ringing even if you are in the middle of a sentence, now there is a need for her to attend to the phone and then comes back to you.

Employees are to be treated with dignity and EAP practitioners need to understand that when coming for consultation clients expect to be given the utmost attention and anything that threatens the environment in which they find themselves is unacceptable. Employees understand the problem the practitioner finds herself in but they feel something needs to be done to alleviate the situation.

The venue should be far from the busy traffic of the hospital. While interviews are in progress, there should be a no disturbance sign at the door. During interviewing sessions all telephone calls are to be dealt with by the switchboard operator at the hospital. According to Daft (2008:663), communication is very important as it is used to persuade and influence clients and not just for conveying information. To be able to persuade and influence clients the EAP practitioner should communicate frequently and easily with the clients.

3.3.2.4 Sub-theme 2.4: Participants stated that the EAP practitioner was not always available when they experience a crisis

Some participants reported that the EAP practitioner was not easily available when they experienced a crisis. Fox (2006:85-86) states that this can be referred to as uncertainty because the participants are unable to predict what would happen should they not receive the help they need. In most instances they experience fear which causes discomfort, stress, apprehension and anxiety about what may happen. Fear and uncertainty do not decrease over time, there are maximum and minimum limits of fear and uncertainty which need to be managed well so as to restore trust between the participant and the practitioner.
“My problem was when you need Mrs G, she is unavailable. This was bad, two days which I could not get hold of her were like two months”.

“When I wanted to come to her at the clinic she was unavailable and it was said she had gone to a course at that time I was really in need of her.”

“I just waited for her and I saw the time went by.”

“At times I will arrive and find Mrs G to be in a meeting and this will make her not to be able to see me especially when I have missed the appointment time.”

“When I was about to tell her about the real issue which made me to come to the clinic which was the death of my husband, Mrs G told me not to say anything further until we meet again the following week.”

The EAP practitioner plays a critical role in setting the tone for communication. She needs to maintain open communication lines with the employees. According to Brewer and Hewstone (2004:11) employees feel embarrassed and they view the situation as socially awkward while others perceive themselves in some negative way. These authors further explain that embarrassment motivates these employees to be concerned about how they are perceived by others.

3.3.2.5 Sub-theme 2.5: Participants stated that the EAP practitioner sometimes took decisions out of their hands thus preventing their independence

The participants at times find it difficult to exercise their independence when making their own decisions to resolve a problem. According to Whiston (2009:328-329), when the practitioner performs the assessment on clients, she should focus on more than simply identifying their deficits. The focus should involve building and expanding strengths. Hope, subjective well-being, problem solving ability and coping skills are other constructs that are associated with positiveness.
“During these sessions Mrs G once said to me, when I get paid and I have money I must buy for my stepmother meat and vegetables. I did just that and that helped me as now my stepmother and I are getting along well”

According to Hinman (2008:18), employees at times experience mistrust towards the EAP practitioner because they think she wants to change the way they live their lives and they feel they are not able to live the life of someone else. However the EAP practitioner’s intervention in their lives is because she discerns that what they are doing is wrong and she is simply trying to intervene to protect others from the potentially harmful effects of their behaviour. This justifies the intervention and makes it more effective. The EAP practitioner understands that part of her commission is to learn how to intervene in ways that are both caring and effective. This is no easy task.

EAP practitioner sometimes tries to make a moral judgement which is perceived as being harsh and uncaring but this may not always be the case. She is simply doing so for the benefit of the employee. The EAP practitioner is not trying to remove their independence; she is trying to make the employee understand things more clearly. The practitioner is not concerned with the negative but rather with the positive and wishes to have positive results (Hinman, 2008:19).

“She told me if I do not come right I will loose my job, because the hospital has been trying its best but I do not want to come right.”

The EAP practitioner in her deliberations was trying to instil change in the employees and to help them understand their own personal response to the changes and to perceive whether this was an effective or an ineffective response. This was important because some changes made by the EAP practitioner were necessary for the employees’ and the hospital’s survival (Finkelman, 2006:40).

“Mrs G never gave me a chance she told me straight that I am going to help myself or she is going to send me for Rehab.”

“She requested to meet with my husband the following week.”
According to Finkelman (2006:83-84) situations that can lead to conflict should be prevented at all costs. It is very important to take preventative steps whenever possible to correct a problem before it develops into a conflict. It is understood that not all conflict can be prevented, but if all employees and supervisors make an effort to decrease their tension or stress level, this will help to prevent or resolve conflict. When employees sense that they are not recognised, appreciated, or given attention, they feel powerless. They perceive that they cannot make an impact as they are not able to alter a situation that they feel requires altering. Ultimately the employees will thus be unable to approach the EAP practitioner with their problems.

Finkelman (2006:65) states that when selling a decision one needs to focus on how the decision will be accepted and also on how committed to the decision those ones will be who are affected by it. The decision that meets strong resistance will fail. Those who are to move the decision forward need to understand what is behind it; the EAP practitioner therefore tends to, have detailed strategies and the perfect timing to implement them.

“She then told me due to the state of my condition I need to be admitted at Hunter’s Craig for detoxification and to go to a centre called Welbedacht for rehabilitation as my situation is bad.”

Joseph and Injodey (2006:31) believe that when stress, distress, substance abuse or depression takes hold, it begins to interfere with an employee’s work. Employees want assistance in recovering quickly from such challenges. Tiner (2006:25) states that with proper treatment arranged through an EAP, many troubled employees can be restored to a satisfactory level of work performance. The researcher believes this can be accomplished by the employees themselves, provided they are made to realise that asking for help is not a sign of weakness.

Employees should have the right to determine their lifestyle, and should not be forced to engage in behavioural change other than that relating to the performance of their job. A credible EAP is one who reaches out to all employees, making
employees feel morally well, resulting in the prevention and/or reduction of personal problems that affect their work performance

3.3.3 THEME 3: PARTICIPANTS EXPERIENCED THE WORK SETTING AS NOT CONDUCIVE TO AN EFFECTIVE EAP SERVICE

The modern EAP has developed into a sophisticated management resource that may be utilised not only for the reduction of absenteeism but also for the development of skills, improved productivity and profitability. It may even provide an organisation with the opportunity to become an employer of choice on the basis of being an organisation that nurtures and cares for the well-being of its employees (Moodley, 2003).

3.3.3.1 Sub-theme 3.1: Participants stated that supervisors were reluctant to let them leave their work stations to attend EAP sessions

Supervisory training to key personnel on intervention techniques, referral procedures and signs to look for in identifying troubled employees, hospital policies and procedures will all increase cooperation. Most managers, labour representatives and supervisors are trained together which facilitates closer cooperation and increased unity among leaders within the same hospital.

“Another problem was the refusal at my point of duty as I was not allowed to leave as there will be no one who will do my duties meanwhile I was at the clinic with Mrs G. I decided to come when I am off duty and use my first day off to come to see Mrs G.”

“My request is for Mrs G to inform my senior supervisor when a person is to come to the session that person is to be released because we have problems which need her intervention.

“I was told about the shortage in my department, they asked when I go to Mrs G who is going to do my work.”
Tiner (2006:26) states that one of the key principles and components of the EAP is the fact that it is voluntary and confidential. Employees and their family members can make use of the EAP services at their own discretion. No information can be released without signed consent from the EAP client.

In the opinion of the above-mentioned author, supervisor training is required when implementing an EAP and the success of the programme lies in clearly defined objectives that should be outlined for training (Tiner, 2006:26). The researcher observes that training cannot be overlooked and for time to be set aside for this training. The training must not be rushed. It is imperative to use the traditional method of role playing as this still works. It must also be noted that supervisors’ training even though it is for EAP should not be in isolation. It must be in line with the hospital policies and procedures.

“My problem was my point of duty because I am working at the kitchen. They never wanted me to leave so as to attend my sessions with Mrs G without finishing what I was doing even if my appointment time to see Mrs G had arrived. This made me to skip my appointment time with Mrs G.”

Blair (2004:34) states that the supervisor is the key role player because of the daily contact with employees. Supervisors should therefore identify problem employees early. Supervisors should have a working relationship with employees and should detect changes in employees and as performance managers, they should observe deteriorating job performance.

Blair (2004:35) continues by saying supervisors are essential to the EAP, since they are the first to notice any drop or change in work performance. The early identification of problems is the key to the success of the EAP. There seems to be a minimal understanding about the exact role of supervisors within the EAP. The researcher would therefore conclude that not all supervisors understand their role within the EAP and that raises a concern.
But whilst providing personal support to employees and their families, an EAP is first and foremost an organisational resource where employee problems that affect productivity can be addressed. The well run professional EAP is a sophisticated organisational tool, not simply an employee benefit (Avidan, 2003)

3.3.3.2 Sub-theme 3.2: Participants stated that they believed a policy exists but are not aware of its content and how to access it

Most participants were aware that the policy exists but they have not seen it as they do not know where it is kept. Thomas and Hersen (2002) suggest that organisations need to formulate an EAP policy, which will include how to manage attendance and absenteeism. Such a general policy should emphasise accountability for good attendance while improving methods of minimising absenteeism. The policy should also include the parameters of the EAP service delivery.

“I did ask Mrs G and she told me that there was a policy which clearly explained what should happen in the event the worker is to come to the clinic for sessions on that particular day there must be enough staff members allocated to prevent shortage.”

There seems to be a need to re-organise the programme differently through intervention by the hospital, including changing the type of training received by supervisors. It is evident that the EAP can add value to the hospital if it could recommend new types of trainings and interventions to empower supervisors in their roles. In hospital settings the policy should be implemented and positioned as effectively as other functions and also be part of other forums within the hospital. This will give exposure so that no employee is able to say they do not know about the policy.

Finkelman (2006:178-179) states that implementation of a policy requires proper planning and participation by all stakeholders inclusive of management. Implementation requires that all employees in the hospital know about the policy, understand it and always know how to apply it. All these factors influence the
implementation process. It is understandable that it is not always easy to get supervisors and subordinates to use the policy as intended. There are frequent reasons why the policy is not effectively used by the employees. These include: the policy manual cannot be found, not knowing what the policy manual is, inability to use the policy manual and the poor communication between the employees and supervisors.

According to Finkelman (2006:179), supervisors and employees most times have an appropriate reason for ignoring the policy, it is therefore important that all complaints are discussed and resolved. Some other problems need to be anticipated before they occur so as to improve the success rate of the policy implementation. Employee development plays an important role in the implementation of the policy so that they understand why the policy exists and what the content means in their daily activities.

It is important that the EAP practitioner maintains a high level of visibility within the hospital structure. This is achieved by offering a series of ongoing training sessions to the employees, so that the EAP practitioner is recognised both by voice and face. This will help to promote the image of the programme among employees.

3.4. CHAPTER SUMMARY

In this chapter the researcher explored the experiences of employees utilizing an EAP in a psychiatric hospital. Data was analysed and described in themes. The identified themes were supported by a literature control. The participants experienced the EAP service as beneficial and their work performance improved. They were treated well by the EAP practitioner to the extent that they encouraged other employees with similar problems to attend the EAP service. Some of the participants experienced the EAP service as problematic. They felt that they were not given a fair chance by the EAP practitioner as she forced them to take her advice even when they felt uncomfortable about it. Most participants were not happy
with the manner the EAP service is run at the hospital as Mrs G was working alone and when one had the need of her, the employee had to wait until she was available; the participants viewed this as unfair practice by management. Some participants felt the work environment was not conducive to an effective EAP service. This was voiced by the lower category of staff members as it appears they were not conversant with how the EAP service operated in the hospital. They were of the opinion that supervisors were to release them immediately when they needed to see the EAP practitioner, irrespective of the circumstances at their point of duty.

According to Grobler, et al., (2006:411), EAP helps employees to overcome serious problems which affect their productivity. EAP also assists employers to retain hard working and reliable employees who suffer from alcoholism, drug abuse, depression, family problems and other common crisis. Employees are to be strongly encouraged to take the first step and voluntarily seek help through the EAP.

Chapter four addresses the recommendations, guidelines, limitations and conclusions of the study.
CHAPTER 4

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

Chapter 3 described the findings related to the experiences of employees utilizing an Employee Assistance Programme (EAP) in a Psychiatric Hospital. The findings were compared to relevant literature and similarities were discussed. This chapter will focus on a discussion of the findings and the formulation of the recommendations to the Eastern Cape Department of Health in strengthening the services of EAPs in Psychiatric Hospitals, the limitations in the study and the conclusions.

4.2 CORRELATION OF OBJECTIVES AND RESEARCH FINDINGS

The objectives of this study were:

- To explore and describe the experiences of employees working in a psychiatric hospital who have made use of an EAP
- To make recommendations regarding more effective use of an EAP by employees

The researcher feels that both objectives have been reached because the experiences of employees utilizing an EAP in a psychiatric hospital were explored and described in chapter three. Recommendations to assist the Eastern Cape Department of Health in strengthening the EAP were formulated and are presented in sub-section 4.5.
4.3 CONCLUSIONS

Based on the findings, the researcher has come to the following conclusions after the interaction with the employees.

- The participants had genuine problems and they needed assistance in solving these problems. The challenge was that they did not have the capacity and skill that would enable them to rely on themselves. They needed a helping hand to lift them up which in this case was an EAP practitioner. This person was knowledgeable in counselling but also had knowledge of services outside the institution which could help them.

- Most problems of the participants were personal and the emotions they experienced impacted on their work performance. Sometimes poor work performance may cause a supervisor to refer an employee to the EAP programme. In this study, the participants heard from colleagues that there is an EAP programme that can be accessed through the official EAP practitioner. They initiated the contact. Some participants realized for themselves that they were in danger of losing their jobs should they not address their personal problems. For this reason they needed an EAP practitioner to help them cope with aggression, anxiety, bereavement or coping with addictions. If the service of the EAP was not available, the participants would not have been able to do their jobs and this may have problems for the hospital in service delivery.

- Most of the individuals who participated in the study were lower category employees who were unlikely to have knowledge of services such as counselling or rehabilitation. This may have meant that they would not have been able to access the services that helped them resolve their issues.
The participants were caught up in their own problems to the extent that their emotions interfered with logical thinking. This meant that they had difficulty in developing their own solutions and could not think of where to turn to help them resolve their problems. They could not find their own way out of the problems they were experiencing and needed a third party such as an EAP practitioner.

At the hospital where the study was done, the EAP practitioner was a member of the hospital staff. Although this meant that the person was readily available, some employees may feel uncomfortable to make use of the EAP’s services. For this reason it may be useful to refer employees to an outside EAP service to avoid potential embarrassment and bias.

The supervisors at the point of duty of participants, lacked knowledge of the role of an EAP practitioner and did not know how to utilize the EAP services. This meant that they may probably not have made sufficient use of her services. This may also have been the reason why they did not give sufficient cooperation when employees had appointments to see the EAP practitioner and probably failed to recognise the potential benefit of the service.

4.4. LIMITATIONS OF THE STUDY

Distance was identified as a limitation. The study was done in another town and incurred a lot of travelling by the researcher to and from the research site.

The gatekeeper could select participants who have success stories.

The gatekeeper was the EAP practitioner which made it difficult for the researcher to reach her, as at times she was unavailable.
• Participants found it difficult to open up to the researcher fearing that the researcher was coming to spy on them and on the EAP practitioner.

4.5. RECOMMENDATIONS

This study explored the experiences of employees utilizing an EAP in a psychiatric hospital. The following recommendations were made based on the study:

4.5.1. Management

• A need exists for a clear job description to be outlined for EAP practitioners, as currently she appears to be doing everything herself.
• A multi-disciplinary team, similar to the one available for patients, should be established to support the EAP practitioner in managing client problems.
• Hospitals should develop a referral form, which can be used by all departments within the institution for employees who are sent to the EAP. This will serve as an element of control and support for the employees to attend sessions.
• The EAP service at the hospital needs to devise a plan whereby its activities are communicated to all employees. This is especially important when the EAP service is not going to be operational. This will prevent stress due to fear and uncertainty.
• The hospital should provide a replacement with a credible track record to deal with emergencies when the practitioner is unavailable. This would provide continuity of service.
• The EAP practitioner should have a clerk who will assist with the administrative duties in the department such as screening of telephone calls and making alternative arrangements depending on the urgency of
the client’s problem. This will assist the EAP practitioner in giving all clients undivided attention thus improving the client-practitioner relationship and also the self-worth of clients.

- Although the EAP policy is said to be available not all workers are conversant with its content. The researcher is of the opinion that awareness programmes need to be conducted constantly in order to educate supervisors and managers about referring employees to the EAP. The most effective way to gain supervisor support is through management training designed to create awareness of the EAP, its principles, role clarification within the context of EAP and to provide adequate procedures for referral. Supervisor training on EAP would enhance management understanding of the EAP and this might have a positive impact on the utilization and programme penetration rate (EAPA-SA 2005:20).

- The researcher supports Weiss (2003:3) who states that it is important for employees to know the organization’s EAP policies and to understand what the programme can and cannot do for them. This can be done through marketing of the EAP policy to all employees using meetings as a strategy to educate employees about the EAP policy. Unfamiliarity with the policy and scope of the programme could restrict employees from using the EAP. The researcher is of the opinion that the existence of a written policy and employees’ awareness of it might enhance the utilization of the programme as well as the penetration rate.

- The majority of the participants indicated that they were not aware of the EAP policy while only a few were aware of it. This can be attributed to the fact that the EAP policy was not communicated to all employees in an accessible language within the hospital and that it was not physically accessible to all employees. The policy is written only in English and most employees had little understanding of English. This means that employees who can neither read nor write English or those who do not
understand English would not be able to understand the policy. The existence and the knowledge of a written policy on EAP enhance staff utilization of the programme.

- Develop posters with clear indications of the essence of the EAP policy and place these in critical, regularly seen areas for example, change rooms and staff lounges.

4.5.2. Recommendation regarding further research

A similar study could focus on the experiences of general hospital employees with regards to the utilization of an employee assistance programme because this study focused on psychiatric hospital employees.

The sample in this study was very small and therefore there should be a follow up which may be a quantitative study about the experiences of employees utilizing the EAP in hospitals.

A qualitative study similar to this study could also be conducted in other psychiatric hospitals. Research should focus on the experiences of supervisors and managers views of the employees utilizing the EAP because they are in contact with employees and better able to comment on the impact the programme has on their productivity.

4.6 CHAPTER SUMMARY

This chapter provided proof that the objectives of the study were met, the research findings were explained, the limitations of the study were identified and recommendations of the study made. This will enable those in authority to make informed decisions on improving the service to all the employees using the Employee Assistance Programme.
REFERENCES:


FINAL RESEARCH PROPOSAL: THE EXPERIENCES OF EMPLOYEES UTILISING AN EMPLOYEE ASSISTANCE PROGRAMME IN A PSYCHIATRIC HOSPITAL

QUALIFICATION: MASTERS IN HEALTH AND WELFARE MANAGEMENT

Please be advised that your final research project was approved by the Faculty Research Technology and Innovation Committee subject to the following recommendations being made to the satisfaction of your Supervisor:

COMMUNICATION RECOMMENDATIONS

1. The title, problem statement, goals and objectives were vague. What are you going to be measured?
2. The researcher should be more descriptive within the contextual design.
3. Definitions
   - What was intended when it was indicated that the needs would be effectively addressed?
4. Avoid using sentences with “this” and “its”
5. Referencing style
   - Et al should be used correctly.
6. The time frame was unrealistic.
7. The non-technical led was inaccurate.
8. FDP form
   - p. 10, fifth to 14th paragraph of the proposals were pruned and the other
   - The REC form was not signed by the Supervisor and Head of Department.

FRTI and ethics approval: The FRTI committee reference number for the proposal is H12-HEA-NUR-006

Please be informed that this is a summary of deliberations that you must discuss with your Supervisor.

Yours sincerely,

Ms. Naessa
Manager, Faculty Administration
Faculty of Health Sciences
APPENDIX 2

APPROVAL LETTER FROM THE DEPARTMENT OF HEALTH
From: [Redacted]  
To: [Redacted]  
Date: 23/11/2012 08:55  

Eastern Cape Department of Health  

Dear Ms Zonke  

Re: The experience of employees utilizing an employee assistance programme in a psychiatric hospital  

The Department of Health would like to inform you that your application for conducting a research on the above-mentioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You will observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants. You will not coerce or force individuals or possible research participants to participate in your study. Research participants have a right to withdraw anytime they want to.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received the letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

[Redacted]

[Redacted]  

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The Hospital Manager  
Fort England Hospital  

Dear Sir/Madam  

Subject: Permission to conduct research  

Phindiwe Princess Zonke, Student no. 206013418, am currently registered at the Nelson Mandela Metropolitan University studying for the Master’s degree in Health and Welfare Management. My research topic focuses on Employees’ experiences of utilizing an Employee Assistance Programme. My study leaders are Prof J. Strumpher (supervisor) contact no. 041-5042617 and Mrs G. Klopper (co-supervisor) contact no. 041- 5042492. The study population will be the staff of Fort England Hospital in Grahamstown.

The participants will be subjected to one-on-one interviews of approximately 60 minute duration in a secluded area to safeguard their identity. The Employee Assistance Coordinator of Fort England Hospital is therefore requested to act as a gatekeeper and to identify staff members who meet the inclusion criteria of having attended or completed sessions with the Employee Assistance Counsellor; who occupy permanent posts and who are 18 years of age and older. In this way only the gatekeeper and the researcher will know the names and contact details of the participants. Participants’ privacy will be further ensured by anonymity in the final report.

I hereby wish to formally request access to your institution to conduct this research. I have been granted permission by the University Research Ethics Committee on Human Research and the Faculty Research Committee, also permission has been granted by the Department of Health Eastern Cape to conduct the research at your institution.

Yours faithfully  

Ms P.P. Zonke  
Student No. 206013418  
Contact number: 0833782096
Dear Sir/Madam

Subject: Permission to conduct research

This communiqué serves to request permission to commence with my research at your institution on 29\textsuperscript{th} January 2013 at 10H00. I hope this date and time will be convenient for the Hospital Manager and the EAP coordinator as I need to briefly explain the process.

I want to take this opportunity and thank you for allowing me to conduct this research. I hope at the end this will yield positive results towards improving service delivery in the Department of Health.

Thanking you in anticipation.

Ms P.P. Zonke
APPENDIX 4

INFORMED CONSENT FORM
INFORMED CONSENT FORM:

Participant’s Name: ................................................................. Date: ...................

Principal Investigator: Phindiwe Princess Zonke

Department of Health

I understand that the title of this study is “Employees’ Experience of Utilizing an Employee Assistance Programme” and that the purpose of the study is to explore and describe the experiences of employees working in a psychiatric institution who have made use of the Employee Assistance Programme. I understand that the goal is to make recommendations regarding how managers can make more effective use of Employee Assistance Programmes.

I understand that I will be asked some questions relating to my comprehension and awareness of using an Employee Assistance Programme in the institution. I understand that this may cause psychological discomfort but that my privacy will be maintained. The interview will be conducted in an office free from disruption.

I understand there are no known benefits to me for participating in this study but that the results of the study may help the researcher gain a better comprehension of how we experience using an Employee Assistance Programme. I further understand that I may withdraw from participating in the study at any time.

I understand that my comments will be kept confidential unless I ask that they be released. The results of this study may be published in professional journals or presented at professional conferences/workshops, but my records or identity will not be revealed unless required by law. If I have any questions or concerns, I can call the investigator @ 0833782096 at any time during the day or night or the supervisor (Prof. J Strumper) at 041-5042617. I can also contact the Prof. C Cilliers, chairperson of the Nelson Mandela Metropolitan University Research Ethics Committee (Human), at 041-5042235.

I understand my rights as a research participant, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I have received a signed copy of this form.

------------------------------------      ------------------
Participant’s signature       Date
APPENDIX 5

DATA COLLECTION INSTRUMENT
DATA COLLECTION INSTRUMENT:

Interview schedule:

1. Tell me about your experience of making use of the EAP at your organisation

2. Tell me how you benefited from making use of the EAP

3. Tell me of the problems you experienced in making use of the EAP

4. What suggestions do you have towards improving the EAP?
APPENDIX 6

INTERVIEW WITH PARTICIPANT
CLIENT NO 4

QUESTION 1:

I. Tell me about your experience of making use of the EAP at your organisation?
P. Firstly mam I was tearful, Mrs G took most time comforting me. I did not have a clue how this thing which was inside me will be able to leave me. I then stopped crying, Mrs G asked me where do I stay, I told her that I’m staying in the township. She then asked me the things which made me happy, I told her it is when my daughter got married and also when she passed her Matric examination).

When I was about to tell her about the real issue which made me to come to the clinic which was the death of my husband, Mrs G told me not to say anything further until we meet again the following week.

I. Could you tell me how did you feel when you were told to come back the following week?
P. I felt numb, frustrated a bit because my wounds were still opened.
I. Which wounds are you talking about?
P. The wounds which were in my heart because I thought I will be given something even if it was to calm me down.
I. How did you manage to calm yourself down during the time you were waiting to see Mrs G?
P. I really do not know how I managed through that whole week, I saw it passed by.
I. How did you handle your numbness and your frustration which Mrs G caused you?
P. I thought that was how things are to be maybe my coping skills were to be tested. The first session ended abruptly this nearly put me off.

I came to Mrs G on the day which we set aside for the next appointment, that day was on a Monday. Mrs G asked me now that I am still tearful when my husband passed away. I informed her that he passed away two months ago but my problem I do not sleep, I stay awake, I am always tired, I am just lazy to do anything, I do not even want to bath myself, I do not want to see myself clean, I am just lazy. Now I could not even walk properly my legs are weak. She asked me when did I first noticed all these things, I told her that the period is almost a month but the weakness of the legs is about a week and half. I informed Mrs G that I did go to a doctor but I was never helped.

Mrs G informed me that these signs which I told her about indicate that I am having depression and I agreed. Mrs G asked what do I choose, do I want to go for admission for stress or to take the stress out of me so that I will not be able to leave my children alone meanwhile I am at the hospital. This mam is what I did not want, to be admitted in a hospital.
I. Did Mrs G explain to you how were you going to be able to take the stress out of you?

P. No mam.

I. How were you going to be able to take the stress out of you when you refused admission to hospital?

P. Then I did not have a plan, but as time went I decided to join the support group in town and this really helped me a lot.

I. Would you then say your experiences with the support group were better than the experiences with Mrs G?

P. It was more or less the same, although with Mrs G it was one on one and with the support group it was group talking to each other. There was a psychologist as an overall in charge. I enjoyed both.

Mrs G asked if I am ready to tell her what really happened with the death of my husband and I said I am ready. I told her that my husband just disappeared for three days; I did not know where he was as when he left, he never said where he was going to. I went and reported this to police station; we continued to search for him as the family but in vain. On the fifth day after we have reported the case to the police, I was informed that his corpse was found lying in the open veld with a hole in the head as if he was gunned down. After this explanation Mrs G said let us adjourned this session until we meet again the following week.

After the Monday session, I felt as if something has been removed from the problem I had. I saw myself be able to stand up, bath and clothe myself as it was no longer a struggle to bath and clothe myself. On my next session I came back and sat with Mrs G, she asked me how do I feel and I informed her that I can see that I am getting better with my health, no one is forcing me now to bath, I bath and clothe myself without any struggle. She requested me to continue to tell her what happened and to continue with my story. I told her during the time we were busy with funeral arrangements, there were many things which were being said at the township. We buried my husband with dignity.

The rumours about what lead to my husband’s death never stopped in the township. The rumour was that my church Priest was involved in the death of my husband. According to the rumour my husband had an argument in a church meeting with the Priest and the some congregants were on the side of the Priest. What makes me to be unhappy is the fact that this case is not moving forward at all due to lack of evidence as there is no one who wants to come out and speak. What is so painful is the fact that my husband died like a dog, he was never sick so that I can be able to give him medication.

All these things worry me; this is the reason why I am still crying after two months post funeral, this makes my brain not to function because I cannot even think, my brain is always tired. Mrs G said to me, don’t I know a passage from the bible which says we will die different death and the Lord gives and it is him who takes. I just kept quiet I did not answer. She again asked me if I am opposing God with this tragic
death of my husband. I responded by saying no I am not opposing God but the way my husband did is very ugly and painful. She asked if I am doing justice by crying until now. I responded and said no I am not doing justice.

I. How did you feel when God’s name was brought into the conversation?
P. I felt furious as then to me there was no God, because why did God allow this to happen.
I. Did you show Mrs G that you were furious?
P. No I could not do that.
I. Could you tell me why you could not do that?
P. Mrs G she is a much respected person. She is a Reverend, in spite her being a Nursing Sister.

Mrs G made me to choose among the things which she was about to say. What Mrs G said first was to suggest admission in a mental institution, secondly she suggested that I remain crying all the time, thirdly she suggested I need to tell the stress that I am not going to be ruled by it, I am going to rule it by taking it out of me. I told Mrs G that I choose to take myself out of misery; to tell myself that I am going to rule stress. Mrs G suggested adjourning the session on that day until the following week. After the sessions I could feel that I am beginning to find my old self.

I. Was Mrs G aware that you are attending support group in town?
P. Yes I forgot to tell you that she was aware. She encouraged me to stay on with the support group as she could also see progress with my behaviour.

I came back the following week for the next session. Mrs G asked me how I feel; I informed her that I feel much better. She also said she could see the way I am that I am alright. We continue to see on another twice a week; each time we meet Mrs G will ask me how do I feel and I will respond by saying I am getting better by the day as compared to the day I first visited the clinic. We continued with the sessions until she discharged me. What was amazing was the fact that I did not receive even the pain tablet. What helped me mam was to come and cry at this clinic, I did not even know that I have stress. My strength is back even now, I work well and I am able to look after my house and my children.

I. Which experiences can you definitely say have touched you; there is the clinic of Mrs G and the support group in town.
P. Both Mam. At the clinic I could be emotional and I will go to the group having my emotions dealt with.

QUESTION TWO:

I. Tell me how you benefited from making use of the EAP?
P. Mam it took time for my pain to be over although at the end I did receive help. I attended this clinic for the period which is over three months but I do not complain
for the time I have spent here because Mam you can also see that I am not like a person who was once had a huge pain. I never thought that this pain will eventually be over as in the true sense I was not happy my husband’s death especially the manner in which he died.

I thank God for giving me the strength to be able to deal with this pain. I want to say to you mam I saw that to talk helps a lot. I was never given any medication here; I will just arrive and talk about my pain this really helps. This clinic of Mrs G assisted me I do not want to tell lies. Now I am myself. I feel my strength; yes it does come to my mind the fact that my husband is no more. I was told by Mrs G that is normal as long as it does not take my strength away because when I look at my children I will think about my husband. What I think most are all the beautiful things about my husband, this I was thought here and this makes me to move forward.

By utilizing this clinic I learnt many things. I do not have enough words to thank this clinic since it helped me because I thought I will end up in a mental institution, so by coming to this clinic it prevented me from going to a mental institution.

I. You said by utilizing this clinic you learnt many things, could you then tell me one thing you learnt from this clinic.

P. Yes Mam is like that, I learnt that there is nothing which will not be over since my pain had also passed, and I do not have words Mam. I also learnt that there is time for everything and when you are experiencing problems you must talk about it so as to get help.

QUESTION THREE:

I. Tell me of the problems you experienced in making use of the EAP?

P. My problem was when you need Mrs G, she is unavailable. When I wanted to come to her at the clinic she was unavailable and it was said she had gone to a course at that time I was really in need of her.

I. Then how did you manage the fact that you could not get hold of Mrs G.

P. This was bad Mam, two days which I could not get hold of her were like two months. I just waited for her to come back and I helped myself by doing that.

I. Could you tell me what were you doing whilst waiting for Mrs G to be available?

P. I just waited for her and I saw the time went by.

Another problem was the refusal at my point of duty as I was not allowed to leave as there will be no one who will do my duties meanwhile I was at the clinic with Mrs G. I decided to come when I am off duty and use my first day off to come and see Mrs G. Mrs G will sort out all her things so as to give space to me when I have to visit.

One of the problems was each time I meet with this woman we will end the session with a prayer and I will not be interested in prayer. This assisted me as I was not attending church service anymore after the burial of my husband, because of Mrs G I was able to attend church and this made me to be highly relieved, here am I now. Again is the English language which she was loved to be used by Mrs G although I could follow it as I have passed standard nine.
QUESTION FOUR:

I. What suggestions do you have towards improving the EAP?

P. My request is for Mrs G to inform my senior supervisor when a person is to come the session because we have problems which need her intervention. This will assist so that we are able to deal with our problems during working hours. It must be known that tour off time is for you to do your household work but now I was made to come here on my off days. This is not fair.

I was told about the shortage in my department, they asked when I go to Mrs G who is going to do my work.

I. If I may ask this institution does snot have a policy which speaks to the utilization of this clinic by workers?

P. I did ask Mrs G and she told me that there was a policy which clearly explained in the event the worker is to come to the clinic for session on that particular day there must be enough staff members allocated to prevent shortage.

I. Could you tell me if you ever seen this policy which you have been informed about it by Mrs G and what happened to this policy?

P. I for one Mam I never saw it maybe it is known by the supervisor, what I know is, if it available it is not being followed where I am working.