HIV AND AIDS IN THE WORKPLACE:

THE ROLE OF THE EMPLOYEE ASSISTANT PRACTITIONERS

by

MARTHA MPUSENG MATAROSE-MOLEHE

submitted in accordance with the requirements for the degree of

DOCTOR OF LITERATURE AND PHILOSOPHY

in the subject

HEALTH STUDIES

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROFESSOR ON MAKHUBELA-NKONDO

JOINT SUPERVISOR: PROFESSOR BL DOLAMO

15 DECEMBER 2013

DEDICATION

I am infinitely grateful first and foremost to God Almighty, whose numinous omnipresence, omnipotence, and omniscience sustained me continuously during moments of overwhelming discouragement and seeming uncertainty;

I dedicate this academic exegesis posthumously, and express my most heartfelt solace in memory of both my late daughter Refiloe Molehe, and my late husband, Professor MAF Molehe, for having supported me and elevated my courage and determination in pursuance of my academic dreams;

I am grateful to my daughters, Relebogile Molehe and Refentse Molehe for being the very epitome of resilience, tolerance, courage, and patience with their prayers during our period of grief and mourning. Their endurance and understanding has seen me through many trials and tribulations.

Student number: 0735-921-7

DECLARATION

I declare that **HIV AND AIDS IN THE WORKPLACE: THE ROLE OF THE EMPLOYEE ASSISTANT PRACTITIONERS** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

_____   15/12/2013

Martha Mpuseng Matarose-Molehe   Date

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STUDENT NUMBER: 0735-921-7

NAME: MARTHA MPUSENG MATAROSE-MOLEHE

DEGREE: DOCTOR OF LITERATURE AND PHILOSOPHY

DEPARTMENT: HEALTH STUDIES, UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROFESSOR ON MAKHUBELA-NKONDO

JOINT SUPERVISOR: PROFESSOR BL DOLAMO

ABSTRACT

The purpose of this study is to explore the EAP environment and provide a better understanding of the related roles of the Employee Assistant Practitioners/Professionals (EAPs) in respect of their treatment of various forms of illnesses in the workplace – particularly HIV and AIDS. The EAP role is not aligned to any individual profession, as it is designed to match employees' holistic needs. It is in this context that the repertoire of EAP roles would include caring, psycho-social, therapeutic and technical skills. The EAP role is therefore endowed with the potential to meet a range of inter-departmental and multi-disciplinary needs – such as Nursing, Allied Health Professions, and Healthcare Sciences.

A generic Assistant Practitioners Performance Management system (scorecard) had to be developed and agreed to with the City of Johannesburg's (CoJ) Management in order to maintain consistency when developing APE programmes and roles. Notwithstanding the fact that the Employee Assistant Practitioners do also address the growing HIV/AIDS concerns in the workplace – including psycho-social problems of employees and their families – there is minimal acknowledgment of the EAPs' roles, and little recognition of their welfare and well-being programmes.

Drawing eclectically from various inter-related disciplinary terrains, the study centripetally explores the roles of EAPs as well as HIV/AIDS frameworks in the workplace. Quantitative and qualitative descriptive research methods were employed to assess challenges encountered by the City of Johannesburg (C.o.J) employees and their dependants. Questionnaires were used for the data collection of this study. The repertoire of participants in the study (n=55) comprised of doctors, social workers, nurses, HR officers, and other CoJ employees themselves.

The questionnaire became the pivotal quantitative data analysis reference point ias it focused on numbers or quantities, and less on the qualitative analysis, which focused on differences in quality. The results of the study are based on numeric analysis and statistics to quantify the qualitative analysis. The prevalence of fewer participants was largely influenced by the depth of the data collection process, which did not allow for large numbers of research participants.

The findings of the study revealed, amongst other factors, that there was an unsurpassed need to integrate different HIV/AIDS frameworks in order that the roles of EAPs becomes more effectively and efficiently defined and executed. The roles of EAPs were hitherto not well defined, resulting in duplication and confusion of service delivery to some employees utilising the EAP services. However, some of the EAP roles are highly appreciated and increasingly supported by managers and employees. Based on the findings of the study, recommendations were made for clarifying and extending the criticality of EAP roles and functions.

Key Concepts

HIV/AIDS; Employee Assistant Practitioners; employee assistance programme; employee service delivery; legal aspects; psycho-social aspects; quality of work life;

ACRONYMS AND ABBREVIATIONS USED IN THE STUDY

AIDS	Acquired Immune Deficiency Syndrome
AIIM	Alliance Institute for Integrative Medicine
ANC	Ante-Natal Care
APPM	Assistance Practitioners Performance Management
ART	Anti-Retroviral Therapy
CBT	Cognitive Behavioural Therapy
CCMT	Care, Management and Treatment
CF	Compensation Fund
CHRR	Centre for Human Rights and Rehabilitation
CID	Critical Incident Debriefing
COIDA	Compensation for Occupational Injuries and Diseases Act
C.o.J	City of Johannesburg
DALYs	Disability Adjusted Life Years
DoL	Department of Labour
DPSA	Department of Public Service and Administration
EAA	Employee Assistance Association
EAP	Employee Assistance Practitioner/Professional
EAPA	Employee Assistance Practitioners/Professional Association
EAPP	Employee Assistance Practitioner/Professional Programme
EAPS	Employee Assistance Practitioner/Professional Strategy
ERP	Employees Research Participant
EWP	Employee Wellness Programme
GDP	Gauteng Provincial Government
GPA	Global Plan of Action
HAART	Highly Active Anti-Retroviral Therapy
HCT	HIV, Counselling and Testing
HIEs	Higher Education Institutions
HIPPA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HLF	High Level Forum
HR	Human Resources

IEAPA	International Employee Assistance Professional Association
ILO	International Labour Organisation
KPA	Key Performance Area
KPIs	Key Performance Indicators
KZN	KwaZulu-Natal
LLC	Lifestyle Counsellor
LRA	Labour Relations Act
MA	Mutual Association
M & E	Monitoring and Evaluation
NSP	National Strategic Policy
OAP	Occupational Assistant Practitioner
OHASA	Occupational Health Association of South Africa
OHNP	Occupational Health Nurse Practitioners
OHS	Occupational Health and Safety
PLWHA	People Living with HIV/AIDS
PMI	Private Medical Insurance
PMS	Performance Monitoring System
PMTCT	Prevention of Mother to Child Transmission
QWL	Quality of Work Life
RDP	Reconstruction and Development Programme
SABCOHA	South African Business Coalition on HIV and AIDS
SDM	Safety and Disaster Management
SHRM	Strategic Human Resource Management
SEAP	Standards for the Employee Assistance Programme
STI	Sexually Transmitted Infection
TB	Tuberculosis
USA	United States of America
UNAIDS	United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
WHS	Work Health and Safety
WLBP	Work-Life Balance Programme
WWM	Workplace Wellness Management

WWMP   Workplace Wellness Management Programme

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CHAPTER ONE

ORIENTATION TO THE STUDY

1 INTRODUCTION

A review of both national and local (South African) documentation acknowledges and legitimates the role and functions of the Employee Assistance Practitioner/ Professional (EAP) in both the private and public sectors – including the three tiers of government. A review of current local and national policy guidelines will be required to ensure that the role of EAPs has a semblance of the same monitoring and evaluation guidelines and governance standards as other corporate and public organizations (WHO Global Plan of Action on Workers Health 2008-2017).

By its very nature, the repertoire of EAP roles is encapsulated by taxonomy of skills that include caring, psycho-social, therapeutic and technical elements. Considering that the prevalence of HIV/AIDS and other psycho-social issues in the workplace are reflective of a larger socio-economic malady, it then becomes imperative that an integrated multi-sectored response to HIV infections and the impact of AIDS and other diseases on the workforce be embarked on by a wide range of professional health practitioners. Such a response should necessarily represent a needs-driven, participative, and holistic approach to employee health and wellness in the public service in particular – which is the pivotal focus of this study. The latter recognises the importance of individual health, wellness and safety, and their linkages to organisational wellness/productivity (WHO Global Plan of Action on Workers Health 2008-2017).

The high-value EAP of the future will be characterised by a capacity for a balanced and improved healthy living of employees, in order to ensure efficient employee service delivery. In the context of HIV/AIDS prevalence in the workplace, the integrated approach to EAPs' roles is responsive to employees' and employers' health rights and responsibilities as it provides a platform for implementation and co-ordination in a synergistic manner by stressing the virtues of health as a priority for workforce performance (WHO Global Plan of Action on Workers Health 2008-2017).

1.2 CONTEXT OF THE RESEARCH PROBLEM

Whereas the Introduction above provides a macrocosmic (socio-economic and psycho-social) overview of the EAP's role, the current sub-section provides a microcosmic environment in the context of HIV/AIDS prevalence in the workforce.

1.2.1 The Four Pillars of EAP

An effective and functional organisational environment is characterised by the prevalence of an implementable and well defined framework on the role of EAPs in the workplace. Such a clearly articulated framework should locate the EAP roles within four well known cross-cutting pillars; each of which represents critical functions, processes and strategic objectives built on a foundation of a set of core principles, as well as a legal framework from which the implementable EAP programmes draw their mandate and functionality. Cutting across these functional pillars are the four process pillars mentioned below, from which the EAP Strategy is determined.

Pillar 1

The first pillar, with its provenance from Occupational Health, addresses a framework of EAP roles and processes and focuses primarily on HIV/AIDS Management. HIV and AIDS Management *per se* addresses the priority areas of the National Strategic Policy (2011-2016), which are: prevention, treatment, care and support, human rights and access to justice, research, as well as monitoring and evaluation.

Pillar 2

The second pillar, which primarily addresses a framework of EAP roles and processes, is mutually linked to Pillar 1 above, and also relates to Health and Productivity Management of other Diseases. The latter addresses the NSP priority areas of disease management, mental health, injury on duty and incapacity due to ill health, risk management of injury and health, chronic diseases, disability, health education, and promotion management.

Pillar 3

The third pillar of EAP functions and processes focuses on Workplace Wellness Management (WWM), and specifically addresses QWL (Quality of Work Life) issues, which are embodied in the traditional areas of the entire spectrum of psycho-social stressors in the workplace. Such a thrust of QWL is intended to enhance individual and organisational wellness and productivity. The spectrum of QWL factors is

categorised into two; namely, the Employee Assistance Programme and the Work-Life Balance Programme (WLBP). Whereas the Employee Assistance Programme mainly supports individual wellness through counselling and such educational efforts as stress management, change management, and other wellness promotion strategies; the WLBP promotes flexibility in the workplace in order to accommodate work, personal and family needs – all of which can result in benefits to organisations as a result of higher levels of employee satisfaction and motivation. The Workplace Wellness Management Programme grew out of the Employee Assistance Practitioner Programme and Work-Life Balance Programme as the core role of the Employee Assistance Practitioners.

Pillar 4

Safety and Disaster Management (SDM) and Occupational Health and Safety (OHS) are the critical components of Pillar 4. In this context, a framework of EAP roles, functions, and processes has to be articulated in response to OHS and SDM practices in public sector institutions in particular.

All of the afore-cited four functional pillars are of particular relevance and salience in the definitive articulation of the key strategic objectives pertaining to the roles of the EAPs and the attendant interventions thereof.

1.2.2 The Work-Employee Wellness Nexus

Employee health and wellness programmes in the public sector are rapidly transforming the nature of holistic approaches needed to ensure a healthy balance between employees' work and personal lives. These public service health and wellness programmes follow trends in international and local best practices. Globalization is accelerating adjustments in employment, occupations and skills, bringing new pressures on labour markets and insecurities to individuals, families and societies. Overall gains in one country and globally, by themselves, do not compensate for the adjustments borne by enterprises and workers. (Strategic Policy Framework, International Labour Organisation, Vision and Priorities 2010-15). Awareness of employees' health risks leads to the setting of specific goals and planning that is essential in the reduction of risks associated with some infectious diseases. The enhancement of employees' health has a direct bearing on the improvement of organisational productivity, job satisfaction, and reduced absenteeism. When addressed properly, all of these important enhancements are not only intended to obviate the prevalence and

undesirable consequences of diseases, but also to prevent potential disability and address high costs induced by curative services.

The EAPs' general responsibilities include assessment, problem-solving, therapy, and results-oriented counselling of an organisation's employees. The average duration of counselling is usually about five sessions characterised by the following critical aspects:

• providing support and understanding employee and organisational requirements;

• assisting in the identification of employee health problems and clarification of organisational issues;

• developing and educating employees' coping skills and self-management techniques, such that they are enabled to manage tasks independently and are empowered to cope with problems and treatment of emerging health concerns; and

• encouraging employees' acceptance of personal responsibility relating to a health condition, and also referring them to the proper resources when more specialised or intensive long-term services and/or interventions are required.

Further to the above, EAPs provide appropriate follow-up during and after a consultation session within a three-month period. Such follow-up sessions are instrumental in the monitoring of personal health changes and efforts designed to cascade activities in a more holistic manner. Access to employees' medical files should be limited, as employee information contained therein is typically protected under the Health Insurance Portability and Accountability Act (HIPAA). Some employers may wish to create another file in which to keep documents such as employment eligibility verification forms, payroll records containing social security numbers, garnishment information, or other legally protected information.

In terms of Strategic Human Resource Management (SHRM) recommendations, employers are encouraged to conduct routine audits of employee files in order to ensure that all pertinent information is contained therein is complete and accurate. It is also incumbent on employers to verify that such information is appropriately protected. Information regarding an employee's health should be accessible only to authorised persons, as mismanagement of confidential information could result in litigious action against any business (Leahy 2010).

Proper implementation of the role of the Employee Assistance Practitioners is of paramount important for any organisation's realisation of its value and mission. It is on the basis of such proper implementation that an organisation could be viewed as having expended concerted effort in the promotion and support of a successful EAP framework in the workplace.

1.2.3 The City of Johannesburg EAP Environment

The personal challenges experienced by employees have an impact on their job performance and productivity. Personal challenges such as work-related stress, marital or family problems, and alcohol or drug addiction affect a wide range of employees. The adverse effects of these challenges could on employees' work performance and lead to lower productivity is manifested in a range of factors including, but not limited to accidents at work and strained relations with other co-workers. In response to the afore-cited problems, the City of Johannesburg (Co.) developed an employer EAP programme within the Shared Service Department of the Human Resources Directorate, the purpose of which was to provide EAP related services all employees in all regions (A-G) and departments. The HR Directorate is located in Braamfontein, within the metropolitan centre of the Co. (see Appendix H).

The EAP Programme is presently staffed by two doctors, ten occupational health nurses, and four human resource officers. There are approximately 620 employees on the programme, including about 260 who have tested HIV positive – 61 of whom are on antiretroviral treatment (ART). Some of the HIV-infected employees attend continuous counselling, necessitated by psycho-social problems related to their ill health. The EAP Programme is headed by a Director, whose key performance areas include:

- providing effective and efficient human resources services to all employees and councillors in the City of Johannesburg;

- implementing a proactive wellness programme; and

- conducting trend analyses regarding causes of absenteeism in the core departments. In Appendix J, the interventions to mitigate these causes are shown.

1.2.3.1 The functionality framework of the City of Johannesburg EAP

The functionality framework of the City of Johannesburg's Employee Assistance Programme relates primarily to the context within which all the critically integral work-employee health aspects are categorised in respect of their functionality and processes. In this regard, the City of Johannesburg's Employee Assistance Programme is characterised by the following processes and functions:

• The EAP is available to all full-time and temporary employees and their immediate family members who experience psycho-social problems which may directly or indirectly affect them personally, and/or adversely affect their work performance;

• Requests for individual, group, and family therapy, as well as trauma and crises therapy are addressed in an environment of confidentiality;

• Emergency and critical incident therapy services – such as post traumatic stress, debriefing sessions, physical and psychological abuse and violence, death, suicidal incidents and accidents – are rendered to individuals, groups, and/or organisations;

• Specific psycho-educational preventative and enablement interventions, such as stress management workshops, are conducted on request;

• Enablement programmes such as the handling of post traumatic stress are presented to affected or interested groups;

• EAP is aligned with the Employee Wellness Programme (EWP) in the support of psycho-social health and HIV/AIDS related therapy and interventions;

• Self-referral or referral by a colleague, supervisor, manager, relative or friend of the employee who utilises the EAP service will not negatively affect his/her job security, promotion, or any other company privileges; and

• Employees may not use the EAP to avoid the outcome of performance management procedures, or breach the organisation's code of ethics and disciplinary procedures.

1.2.3.2 EAP functions within the City of Johannesburg context

Employee Assistance Practitioners are also known as Employee Assistance Professionals. On the whole, these practitioners/professionals have compositely defined roles that are intended to assist private and public organisations in addressing productivity issues, and assisting employees in the identification and

resolution of those of their personal concerns that may impact negatively on their job performance. The incorporation of EAPs' services has a two-fold functionality effect in the context of the work/productivity and health dynamic. This dual functionality is an indispensible feature of the employee-organisation nexus.

Key elements of successful workplace programmes include having clear goals and objectives, management support, and employee involvement at all stages, supportive environments, and adapting the programme to social norms (ITS Healthy Workplace Framework and Model 2010)

EAP Effect on the Employee: The employees receive problem assessment and short term counseling for themselves and their immediate family members. Employee-related services enhance a healthy and productive environment. The inadequacy of systematically organised employee health services and processes is deleterious to a healthy and productive work environment.

Employee-related issues that may engender personal and family concerns observed within the City of Johannesburg's EAP environment encompass a multiplicity of health and productivity concerns, including the following:

Family and Personal Issues: Parent/Child conflicts; adolescence; relationship/marital problems; child /elder care issues; parenting concerns; legal/financial issues; and life transition issues such as loss of spouse or next-of-kin, and post-college issues for interns and learners.

Stress Management: Anxiety; concentration challenges; sleep-related problems; job loss and job pressures.

Addiction: Alcoholism; substance abuse; gambling; and food /nutrition addiction.

Emotional Challenges: Depression; anxiety; stress; grief; anger management; and post-partum depression.

Workplace Challenges: Uncontrollable absenteeism and lateness at work; regular conflict with co-workers; poor job performance; and accidents to, and from work.

EAP Effect on the Organisation: Record-keeping constitutes a critical aspect of any organisation's legal framework and functioning. The systematic creation and capturing of official records into the organisation's record-keeping system is fundamental to the efficient and effective functioning of the particular organisation's

processes and to the protection of the particular organisation's corporate identity and memory.

Other than the archival of institutional memory and tracking of employees' job performance, record-keeping is similarly vital for the tracking of employees' wellness and health status. Management, for example, is not able to make fully informed decisions without ready access to relevant and complete records that are kept available for an appropriate retention period.

While the vital purpose of record-keeping in CoJ's Employee Assistance Programme may be indispensable for healthy employer-employee relations, a *caveat* needs to be observed – that unsolicited and unauthorised access to employee or employer records and documents is legally and ethically unacceptable. These records may also be needed as *prima facie* evidence to support the organisation's defence of its decision-making processes during litigation; or in the event of these records being required by legal processes such as discovery orders and *subpoena*. These records may also be required in response to any regulatory audit or investigation being conducted o an organisation's affairs (ILO 2010-15).

By means of workshops, training programmes, consultation and work/life services, the Co. affords its workforce the opportunity to be familiar with the role of record keeping as an indispensable organisational function. By addressing employees' personal needs, the City of Johannesburg envisages the creation of a healthier corporate environment, with the EAP as an essential feature and component of maximising employees' and the organisation's performance potential. The increasing popularity of such programmes shows that organisations are beginning to realise the need to invest in healthy human resources. The City of Johannesburg's employees are afforded the constitutionally enshrined right and liberty to affiliate to any labour union, insurance, medical, and pension scheme/fund of their choice. Backed and supported by a strong moral and social rationale for its EAP, the Codi is further responsible for providing needle-stick prophylactic treatment as well as access to medical practitioners and a counselling service. For the latter to achieve maximum implementation, a comprehensive and regularly updated health and wellness programme is yet to be developed (ILO 2010-15).

The vital role of record-keeping within the context of the City of Johannesburg's EAP programme is also mandated and validated by the Compensation for Occupational

Injuries and Diseases (COID) Act, 1993 (Act No. 130 of 1993) – which provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, or due to death resulting from such injuries or diseases. It is incumbent management and employee representatives to ensure that employees are educated on, and familiarised with COID stipulations – such as the fact that they are entitled to compensation. Such compensation requires elementary record-keeping skills on the part of employees as well; such as keeping record of the date, the time and the place of an occurrence or incident (for example, illness, death, or accident at work). Accidents are deemed to have occurred in the course of employment under the following circumstances:

- whilst working on-site, in training, administering first-aid, or performing ambulatory duties; rescue work, fire fighting or any other emergency work whilst in the service of the employer.

On the other hand, compensation may be refused in the event that an employee submits falsified information or documentation, or refuses to submit to medical examination. In terms of the COID Act, an employee would be entitled to the benefits in the event of an accident arising from an incident in the course of rendering duties in compliance with an employee's contractual obligations. However, in the event that an accident is attributable to "serious and willful misconduct" by the employee, no compensation is payable unless the accident results in serious disablement or the employee dies, leaving dependants behind.

In the event that accidents occur on the way to or from work and transport is provided at no cost to the employee, and the vehicle is driven by the employer or appointed employee and is specifically provided for that purpose; the accident will be deemed to have occurred in the course of their employment. Except under highly exceptional circumstances (such as accidental death), the employer is obliged make transport available immediately to transport an injured employee to a doctor or medical facility. It is incumbent on the Compensation Fund (CF) or the Mutual Association (MA) concerned to defray the costs accruing from such incidents (Stanhope & Lancaster 2004).

Where a business is carried out primarily within South Africa, and an employee is involved in an accident whilst on official duty outside the country's borders, the employee would be entitled to compensation; and the accident would be deemed to

have occurred within South African borders. Employees who are likely to work outside the country for a period of more than twelve months should – together with the employer – complete form WAS 51, which validates the "employee" status of the worker as stipulated by the COID Act in such circumstances. The latter Act further stipulates that in the event the (secondary) occupational disease is aggravated by another existing (primary) disease, the employee may receive compensation for the treatment of the other (secondary) disease as well. In such circumstances, compliance requirements would be that the employee should within twelve months of being diagnosed with the disease, bring the disease to the attention of the Commissioner, the employer, or the Mutual Association concerned; failing which the claim for monetary compensation would be rendered invalid.

1.2.4. Maslow's Hierarchy of Needs

According to Maslow's Theory of Human Motivation, a deficiency in basic human needs motivates people when these needs are unmet. The longer the duration of the denial of the desire to fulfill such needs, the stronger they will become. The longer a person goes without food, the more hungry they will become. One must satisfy lower level basic needs before progressing on to meet higher level growth needs. Once these needs have been reasonably satisfied, one may be able to reach the highest level called self-actualization .The needs that are usually taken as the starting point for motivation theory are the called physiological drives.

If all the needs are unsatisfied, and the organism is then dominated by the physiological needs, all other needs may become simply non-existent or be pushed into the background. It is then fair to characterize the whole organism by saying simply that it is hungry, for consciousness is almost completely pre-empted by hunger. All capacities are put into the service of hunger-satisfaction, and the organization of these capacities is almost entirely determined by the one purpose of satisfying hunger. The receptors and effectors, the intelligence, memory, habits, all may now be defined simply as hunger-gratifying tools.

Maslow was careful to acknowledge that the term "self-actualization" had first appeared in the work of the psychiatrist Kurt Goldstein (*The Organism,* New York: American Book Co., 1939). Goldstein had used the term to describe the often remarkable ways in which brain-injured patients adapt to and compensate for their injuries.

1.3 PROBLEM STATEMENT

The central problem of the study is critically located in the current paucity of a uniform inter-organisational/inter-institutional employee assistance and support programme. Each country's legislative framework determines the extent to which various categories of workplaces idiosyncratically implement their own 'in-house' programmes within the ambit of the broader legal framework and governmental prescripts. Some factors that have influenced the evolution of the Employer Assistance Programmes include legislative provisions, as well as societal challenges as articulated by the level of consciousness of the particular society. Against this background, it is evident that such programmes should not be static in nature, but should constantly evolve with time and the societal needs that shaped them. South Africa should develop its own programmes by learning from both the positive and the negative experiences of other countries, and align them to the country's challenges. The non-effectiveness and inefficacy of the programmes rendered to employees currently by the City of Johannesburg is most disconcerting, despite its workplace policy advocating for the provision of an improved and effective programme to cater for all C.o.J facilities and employees. A cogent solution to this challenge is premised on the development of strategies that will monitor the role of the Employee Assistance Practitioner/ Professional and improving the Employee Assistance Programme itself. The empirically generated evidence from this study is intended to contribute to the relevant policy guidelines that are to be reviewed and developed for both employee wellness and organisational efficacy.

1.4 RESEARCH PURPOSE AND OBJECTIVES

Henning (2005:1) contends that there exists a relationship between the purpose (general aim) and objectives of a study on the one hand; and the methods of data collection, the research problem, and the research questions on the other hand. The purpose/aim of the study refers to the wider/general intentions of the study in relation to the tasks to be accomplished, including the research methodology and accomplishment of results/findings of the study (Muller 2004: 37).

1.4.1 Research Purpose

The purpose of this study is to explore, describe, and analyse the role of the EAPs in relation to their individual health, safety and wellness, as well as determining the extent of internal organisational functionality or otherwise.

1.4.2 Research Objectives

Whereas the purpose/aim of the study refers to the wider/general intentions of the study, the research objectives relate to the very specific and narrower intentions of the study in relation to the tasks to be accomplished (Henning 2005: 1; Muller 2004: 37). The objectives/more detailed intentions of the study are:

- To explore, describe, and analyse the framework and context of the role of the EAPs and concomitant EAP Programmes;
- To determine the extent of efficacy or inefficacy of the City of Johannesburg's EAPs and concomitant EAP Programmes;
- Based on the findings and recommendations, to develop an integrated EAP organisational framework for excellent employee service delivery.

1.5 RESEARCH QUESTIONS

The following questions are regarded as pertinent to the study, and have been constructed in close association with the purpose and objectives of the study. In addition, these questions have been formulated to incorporate the three essential stakeholder constituencies explored in the study; namely, the employees, the City of Johannesburg as their employer, and the EAP system as a whole. The following questions were developed in order to address all the three components mentioned above:

- How is EAP described and defined as an organisational performance instrument?
- Is the EAP system a relevant tool for organisational performance?
- Is the City of Johannesburg's EAP adequately conducive to acceptable employee wellness standards?
- How do EAPs view their roles in an organisational context?

1.6. SIGNIFICANCE OF THE STUDY

The significance of a study relates to the justification or motivation of the reasons advanced for the study being undertaken in the first place. It is specifically on the strength/weakness of the reasons advanced that a study is regarded as either

relevant or irrelevant. In this regard, the study should necessarily be assessed by its contributions to the body or field of knowledge; its practical socio-economic implications; and its specific contributions or meaningfulness to institutions or organisations. These three aspects of significance could apply collectively or individually to a study, depending on the focus of the particular study. The significance/ justification/ motivation of this study is mainly premised on the following three pillars.

1.6.1 Discipline-related Significance

Discipline-related significance relates to the extent to which the study meaningfully or reasonably contributes to the corpus of knowledge in a particular discipline/field of study –which in this case relates to EAP roles and functions in an organisational context. The role of EAPs in organisational/ institutional context has not been expansively researched both locally and internationally. It is the researcher's considered view that the current study's discipline-related significance/ scientific value and contribution is premised on the extent to which it address the inherent and observable lacunae in the roles of EAPs in organisations as a field of study. Based on the findings and attendant recommendations of the study, due recognition will be accorded to the roles of Employee Assistance Professionals and improvement frameworks developed for fully functional Employee Assistance Programmes.

I.6.2 Institution-specific Significance

The institution-specific significance of the study relates to the extent to which the study is relevant (or otherwise) to the enhancement of the particular organisation's or institution's performance or reputation. In this case, the City of Johannesburg is located as the particular institution/organisation being referred to, as well as the focal point of the research milieu. As employer to the EAPs, the City of Johannesburg will benefit immensely from the collective findings and recommendations of the study.

Wellness management is a useful concept to employ in relation to HIV/AIDS and sexually transmitted infection (STIs), as it clearly highlights the need and importance of preventing the spread of HIV/AIDS and STIs in the workplace. HIV/AIDS and STI services should be integrated into other workplace health and education programmes. Tuberculosis control and occupational health and safety programmes are useful examples with links to other workplace health and education programmes with useful links to.

Patients who require counselling and testing services should be referred to healthcare facilities outside the workplace if these services and facilities are not available on-site (at the workplace). External health services – such as public health services, traditional healers, and private practitioners – may also be able to supply relevant information on HIV/AIDS, TB and STI prevalence. However, external health service agencies should take cognisance that doctor-patient confidentiality should still be observed in the provision of information (Workplace HIV and AIDS Guidelines: 2007).

Having observed that it was unnecessary for organisations to struggle with the personal challenges of their staff, the EAP Programme will be able to explore and determine the specific workplace challenges experienced by employees and contribute towards the resolution of such challenges, such as providing professional psychological counselling where needed. As a form of short-term results-oriented therapy initiative, the EAP Programme focuses on clarifying the workplace health and wellness problem, implementing plausible solutions, and monitoring progress being made on the identified problems.

The EAP's role therefore focuses on the effectiveness of the programme and the issues concerning HIV/AIDS-infected employees and the manifest HIV/AIDS psychological effects, such as: discrimination, VCT support, and access to medical care. Furthermore, the EAP Programme also becomes the primary mechanism by which an organisation/institution (that is, the City of Johannesburg) could improve both its performance and reputation insofar as employee health and wellness is concerned.

This study should help employees in management positions and practitioners to contribute to the achievement of organisational goals and motivate them to improve their overall effectiveness; as well as identify issues that influence the effectiveness of the EAP programme.

1.6.3 Practical Socio-economic Significance

The practical socio-economic significance of the study relates to the extent to which the study meaningfully addresses, and contributes to social and economic development both within the City of Johannesburg (microcosmically) and the country

as a whole (macrocosmically). People/employees, as well as their health and material well-being, become pivotal factors in this regard.

It is an irrefutable and acknowledged fact that the HIV/AIDS epidemic has adversely impacted on the South African working population. As a result of HIV/AIDS and STI related deaths and infections, a plethora of socio-economic challenges have emerged, such as: increasing absenteeism from work; a declining workforce and loss of family incomes and support due to breadwinners' resultant deaths; families headed by children and/or single parents; increased medical and health insurance costs, as well as a myriad of other psycho-social instabilities experienced by sufferers.

At the 52nd session of the World Health Organisation (WHO) Regional Committee for Africa, it was succinctly articulated that one of the major challenges experienced by African countries has been the slow or inefficient manner of improving employees' productivity levels by ensuring that relevant health interventions are efficiently and effectively delivered, as these interventions/programmes are instrumental in defining employer-employee relations and workforce productivity (WHO 2002: 2). It was further noted that insufficient personnel and performance levels were some of the major constraints to achieving the millennium development goals for reducing poverty and diseases by 2015. Some of the actions proposed to rectify this situation included the enhancement of staff motivation, retention, productivity, and performance strategies (WHO 2002: 2).

Organisations and decision makers present at this WHO session proposed implementable goals that were to be put in place in this regard. It was envisaged that such implementable goals would result in a healthier and more productive employees who demonstrated improved relations at home and at work.

1.7 DEFINITION OF KEY CONCEPTS

It is necessary here to clarify the following key concepts, as they are used frequently in the study and are thematically linked to the research topic, its attendant research objectives and questions, as well as the research design and method. The key concepts are listed alphabetically below, and the alphabetic sequencing itself does not necessarily attenuate their pivotal role in the study; neither does the sequencing signify a particular prioritisation or transcendent order of importance.

1.7.1 AIDS: An acronym for Acquired Immunodeficiency Syndrome, which is a surveillance definition based on signs, symptoms, infections, and cancers that relentlessly render the immune system ineffective, preventing it from combating infections and diseases. AIDS is essentially a disease that destroys the human body's ability to defend itself against the daily onslaught from illnesses of which an individual is largely unaware. The virus infects through an exchange of body fluids, but does not survive for long in the atmosphere or easily transmit from an infected individual to a healthy person. The most common ways of transmission are by sexual intercourse, the indiscriminative use of hypodermic needles and using infected blood for transfusions.

Opportunistic diseases are normally warded off by a healthy immune system. A weakened immune system is vulnerable to attacks by the persistent and atrocious onslaught from the HIV virus. An AIDS-infected person is vulnerable to a protracted attack at any time, and this may lead to death, which may take place within a few months; but the progression of the disease often proceeds over a few years after the symptoms have appeared.

1.7.2 Employee Assistance Practitioner/Professional: Definitions of Employee Assistance Practitioner/Professional are constantly evolving, and South Africa has yet to incorporate recognition of the unique requirements of society. It is generally agreed upon, however, that the EAP is a professional who acts as an agent to assist and/or empower individuals, groups, families and communities to prevent, alleviate or better cope with crises, change and stress; thus enabling them to function more effectively in all areas of life. In this regard, the EAP becomes a valued multi-disciplinary health professional in the workplace.

1.7.3 Employee Assistance Programme: The Employee Assistance Programme has been defined as a programme "designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including, but not limited to health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other concerns which may adversely affect employee job performance" (The Employee Assistance Professionals Association (EAPA) 2013). It is an arrangement between a corporation, academic institution or government agency and its employees that provides a variety of support programmes. Although the programmes are aimed mainly at work-related situations, they can also assist employees with problems that originate outside the workplace but impact on work attendance and/or on-the-job performance.

The EAP is viewed as a sub-field of specialisation in the area of Occupational Health. In this context; those trained as EAPs constitute the HIV and AIDS team in the City of Johannesburg's Corporate and Shared Services Directorate. The Employee Assistance Practitioner grew within a group of other experts to add a very fundamental value necessary for the efficient management of the HIV and AIDS in the workplace. The group includes nurses, doctors and social workers, among other health and health care disciplines.

1.7.4 Employee Assistance Professionals Association (EAPA): A professional body that seeks to govern the profession by establishing norms, standards and ethics for EAP as a field of professional practice. Its objectives include expanding and developing the membership while providing services, research, and networking opportunities to professional EAPs. The international EAP Association was founded

in 1974, and the local South African chapter in 1998.

1.7.5 Employee Health and Wellness: A perspective that employees are able to perform to their optimum at work when their overall health and other relevant personal concerns are addressed in a coordinated and holistic manner.

1.7.6 Employee Service Delivery: The extent to which activities and programmes are delivered to the workforce, in order to improve organisational performance and employees' overall health and wellness concerns.

1.7.7 Health: A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (WHO 2002).

1.7.8 HIV: According to UNAIDS, HIV (the Human Immunodeficiency Virus) is a disease that infects cells of the human immune system (mainly CD4 positive T cells and macrophages - key components of the cellular immune system), and destroys or impairs their function. Infection results in the progressive deterioration of the immune system, leading to immune deficiency. The immune system is considered deficient when it can no longer fulfil its role of warding off infections and diseases. As opposed to the general population, people with a weak immune deficiency are more susceptible than the general population to a wide range of opportunistic infections which take advantage of a weakened immune system.

Some people may be HIV-infected and healthy, but immune to AIDS. However they still pose the threat of transmitting the virus to others, especially those with a mild immune deficiency system.

1.7.9 Legal Aspects: The statutorily promulgated and defined spheres of engagement between employers and their employees insofar as their rights are concerned with regard to both organisational performance (productivity) and overall employee health and wellness. In this study, the legal aspects of the study relate firstly to the researcher-specific obligations that ensure that the researcher does not act in a manner that violates the rights of the research subjects as guaranteed in the laws of the country. Secondly, the legal aspects ensure that HIV/AIDS sufferers are not discriminated against in the workplace.

1.7.10 National Wellness Institute: Wellness is an active process of becoming aware of, and making choices toward a more successful existence. The key words here are: process, aware, choices and successful. 'Process' implies that there is continuum for possibilities of improvement. **'Aware'** means that there is a conscious nature and propensity to continuously seek more information on ways of improvement. 'Choices' means that a variety of options has been considered, and only those options serving the best interest of the individual or organisation have been selected or applied. **'Successful'** is determined by each individual to be their personal collection of accomplishments for their lives. The National Wellness Institute ensures that all nationally developed wellness programmes and interventions for individuals and organisations are applied in a co-ordinated manner.

1.7.11 Psycho-social Aspects: A causal product of the employees' affective/ emotional state as a result of personal or work-related factors.

1.7.12 Quality of Work Life: In this study, quality of work life is symbiotically linked to employee service delivery. *Ipso facto*, the latter determines the former. Efficient and effective employee service delivery contributes *writ large* to an acceptably high quality of work life.

1.7.13 The Alliance Institute for Integrative Medicine: The institute views wellness beyond just a state of physical health. It also encompasses emotional stability, clear thinking, the ability to love and to create, to embrace change, to exercise intuition, and to experience a continuing sense of spirituality. The institute's mission is to inculcate a culture of vibrant health and well-being in both private and public organisations.

1.8 RESEARCH DESIGN AND METHODOLOGY

The research methodology opted for in this study incorporated mixed (qualitative and quantitative) research approaches, using both explorative and descriptive designs. The qualitative aspect of the research relates to the exploration and description of phenomena in real situations, allowing the researcher to generate new knowledge (where possible) about the research subject by describing the characteristics of an individual or individuals, his/her or their situation and the frequency with which the specific phenomena occurs (Burns & Grove 2011:37).

With regard to the quantitative aspects of the research, numerical data was obtained by means of descriptive, correlational, experimental and quasi-experimental methods. Stratified random sampling was used, involving the division of the research population into smaller groups known as 'strata', based on the group members sharing specific attributes or characteristics relevant to the research aim and objectives. These sub-sets/ strata then formed the basis of a random sample that consisted of social workers, human resource officers, occupational health practitioners, Compensation for Occupational Injuries and Diseases (COID) officers and doctors, as well as employees of the Codi's Employee Assistance Practitioner Programme. Questionnaires, guided by the objectives of the study and the literature review, were utilised as the primary research instrument. The questionnaire itself comprised of open- and closed-ended questions (see Appendix A). The construction of the questionnaire items was shaped mainly by ethical issues and the overall

intentions of the study. It was critically important to include items that would effectively and discretely solicit and elicit the required information and responses.

1.9 ETHICAL CONSIDERATIONS AND ISSUES

Ethical considerations and issues in research contribute to the scientific value and worth of a study (Henning 2005: 1). Furthermore, ethical considerations harmonised and reconciled the behaviour/conduct of the researcher with the expectations of the respondents (Gibbs 2007: 7). In this regard, the scientific worth and value of the study are then categorised into researcher-specific and research-specific 'behavioural protocol'. The orientation to 'behavioural protocol' or 'research etiquette' was also pivotal in determining the construction of both the research methods and data collection processes. Furthermore, researcher-specific ethical considerations ensured that professionally and legally stipulated limits and requirements were strictly observed and adhered to. The 'behavioural protocol' guided the researcher's expected conduct, in alignment with acceptable norms within the professional community of research practice, as well as the legal prescripts enshrined in the Constitution of the country.

The following ethical considerations compel that the researcher's dignified treatment of research participants be observed, respected and protected at all times.

- Permission was sought from the various participants (see Appendix D and Appendix E), and ethical guidelines rigorously adhered to – including confidentiality of records and information, as well as the recognition of the rights of the employees within the Employee Assistance Practitioner Programme regarding their HIV and AIDS status. The researcher could not of her own accord embark on the research project unilaterally without the due approval of this research project by the UNISA Health Studies Research & Ethics Committee;

- The explanation of the purpose of the study to the City of Johannesburg and the sampled respondents was critical for ensuring the validity and credibility of the empirical process. Non-compliance by the participants would have rendered the study's scientific worth invalid. Explanation of the study's empirical process included: the duration of the questionnaire administration; procedures to be followed; and how the results of the study would be used;

- The participants' right to human dignity was observed throughout the study. This entailed (but not limited to) their right to privacy and un-coerced, informed consent;

the right to full disclosure and withdrawal from participation at any stage of the process.

1.10 THE ORGANISATION OF CHAPTERS

This research report provides a descriptive qualitative research design of the role of the Employee Assistance Practitioners/Professionals in the HIV/AIDS programme of the City of Johannesburg .

Chapter 1 provides an overview of the historical and current context in which the EAP functions. The chapter further entails the rationale for undertaking the study, the objectives of the study, the research design and method, as well as the ethical considerations underlying the study.

Chapter 2 is essentially the exploration and review of relevant literature in respect of the role of the EAP in the context of HIV/AIDS. In that regard, national and international perspectives, trends, policies and relevant modules constituted the major thrust and focus of the review.

Chapter 3 explored the conceptual parameters within which the roles of the EAPs are expected to function effectively and efficiently. The workplace constitutes the pivotal research context within which the conceptual parameters are explored and discussed.

Chapter 4 addresses the research methodological perspectives and processes opted for in the study. Both qualitative and quantitative research designs were utilised in accordance with the research objectives to be accomplished, as well as the research questions to be answered by the findings and results of the study.

Chapter 5 focuses more on the practical aspects of the study in terms of a detailed analysis and interpretation of the generated data. Although data analysis was integrated throughout the research process, this chapter provides the crux of the analysis and interpretation of the data.

Chapter 6 focused mainly on major conclusions, the limitations, and the main recommendations of the study.

1.11 CONCLUSION

The effects of the HIV and AIDS epidemic are far-reaching. The current study is envisaged to make a contribution in the implementation of coordinated employee wellness programmes.

The effectiveness of the Employee Assistance Programme has not been adequately addressed by the City of Johannesburg as an employer. The professional classes are more vulnerable as adult prevalence rates in this category are already high, and will affect recruitment and staffing trends in all sectors. Such an occurrence will further exacerbate the loss of skilled labour, with adverse implications on investment of resources and training.

CHAPTER TWO

LITERATURE REVIEW

2. 1 INTRODUCTION

A review may form an essential part of the research process or may constitute the research in itself. In the context of a research paper or thesis, the literature review is a critical synthesis of previous research on a particular research topic. The evaluation of the literature leads logically to the research questions to be asked. The review of literature provided an overview of relevant and significant sources of information on the research topic, and focused on critical and current knowledge in articles, books, conference papers, theses, and journals. Furthermore, the literature review provided the effectiveness of evaluating selected documents on the research topic.

2.1.1 Purposes of Literature Review

In the context of research, the literature review provides a background to the study being undertaken (Babbie & Mouton 2001: 218). In the context of this study, the literature review provided different researchers' and experts' views and perspectives on the role of the EAPs in relation to their functions and programmes in an HIV and AIDS context. Mental health and drug abuse also affect different organisations as predisposing factors to psycho-social ill health. The background to literature review may consider one or more of the following aspects, depending on the research questions being posed:

- Theoretical background – past, present or future;
- Clinical practice – previous or contemporary;
- Methodology and/or research methods;
- Previous findings;
- Rationale and/or relevance of the current study;
- Distinguishing what has been done from what still needs to be done;
- Discovering important variables relevant to the topic;
- Synthesising and gaining a new perspective;
- Identifying relationships between ideas and practice;
- Establishing the context of the topic or problem;
- Rationalising the significance of the problem;
- Understanding the structure of the subject;

- Relating ideas and theory to applications;
- Identifying methodologies and techniques that have been used; and
- Placing the research in a historical context to show familiarity with state-of-the-art developments.

2.2 BACKGROUND AND CONTEXT OF EAP PRACTICE

The previous chapter provided an overview of the study, which mostly focused on the role of the Employee Assistance Practitioner/Professional in the workplace in the context of the scourge of HIV/AIDS and its impact on public and private workplace environments. As background to the research problem, it was first necessary to examine the history and current status of the EAP, before focusing on its role in the South African organisational environment.

An effective development of the role of EAPs requires adequate and flexible capacity among health professionals of all health disciplines. These professionals have to investigate the areas where tasks and functions could be executed by other health care workers under supervision. Health services are required to examine new options and opportunities to meet the current and future needs of the workplace, paying particular attention to defining new roles or ways of workplace improvement. The creation and development of new roles will support, and not diminish the context in which current roles are being performed (A Guide to Healthcare Support Worker Education and Role Development, NHS Education for Scotland 2010).

Despite on-going economic challenges and the pressure to control costs, organisations appear to have recognised the need to take a proactive approach to employee health and wellness. In consideration of the role of the EAPs, it is vital that relevant EAP strategies be developed, with employers clearly defining what these strategies mean for their organisations in relation to their corporate objectives and goals. This will enable them to properly organise comprehensive packages to meet the needs of their employees, ensuring that these strategies maximise the organisation's success and improve productivity. Participation and involvement of all employees in the formulation of the health and well being strategy is very important for the organisation's maximum investment from the benefits of their costing. This can even reduce the costs associated with ill-health, particularly if employers do engage employees with their recovery once they are on sick leave. The more

participation and involvement of employees, the more likely they are to return to work in the shortest possible time. In some cases, this may be more of a challenge, however. Some employees still perceive a stigma attached to their ill-health. The organisation should be actively involved in encouraging employees to take action to overcome challenges of such a verisimilitude, and offer benefits to support staff infected and affected by HIV/AIDS and other diseases.

2.2.1 The International Context of EAP Practice

Conrad (1999) suggests that EAP originated in the USA, and evolved from occupational health programmes. Occupational alcohol programmes themselves began in the 1930s for recovering alcoholics, providing assistance to hasten their rehabilitation and speedy return to work. The success of these programmes caused them to grow and expand during the 1940s and 1950s, during which period the methods and techniques were modified and improved. In the 1960s, the focus shifted from identification of symptoms to addressing the effects of alcoholism on job performance. From such programmes emerged the EAP concept in the 1970s as an effort to reduce substance abuse and intoxication in the workplace. The rapid development of EAP programmes during the 1960s and the 1970 led to the introduction of comprehensive EAP services. A new EAP model offered comprehensive EAP services to address a variety of broader employee health and wellness challenges; such as management of HIV/AIDS, psycho-social interventions, financial, and marital counselling, as well as depression, anger, stress management, anxiety, and physical illness. Legal and financial assistance was also made available. During its metamorphosis in the 1970s, the EAPs also provided day care for children of employees and elderly care for parents of employees.

In the UK, the Employee Assistance Professionals Association (the body that represents the interests of professionals concerned with employee assistance in respect of psychological health and wellness in the UK), was unequivocal in its declaration that their mission was to promote the highest standards of practice and the continuing development of EAPs. Correspondingly, their main objectives are (Journal of Employee Assistance 2013: 8-9):

• To provide leadership in promoting and developing EAPs in the UK;

- To set national (UK) standards of practice and professional guidelines for EAPs; and

- To provide support and stimulation for the professional development of its members.

The Journal of Employee Assistance (2013: 43) further alludes that the advent of the globalisation of EAPs necessitated that programmes be developed in different countries to cater for the needs of the local population and workforce. While multinational companies with their headquarters in the US, UK, Australia, and New Zealand have gradually been extending their services to their employees in these countries, to date, their attempts to bring EAPs into the Western hemisphere have had limited success. The design and delivery of Employees Assistance Programmes by practitioners in a non-Western environment compelled that the EA Practitioner needed to learn first, and educate second. The role of the Employee Assistance Practitioners is relatively a recent phenomenon across the Asia Pacific region. However, as the world of work becomes more global by the day, it is imperative that EAPs provides culturally competent services. A global perspective on EAP development has been projected thus:

> "In India, nearly two-thirds of the counselling services are delivered via email. In China, EAPs are now slowly emerging as well, but there is a different emphasis on promotion of the service to what is practiced in the UK or US environment. It says recently the advances in EAP offerings include online therapeutic services, such as computerized cognitive behavioural therapy (CBT) and instant-message counselling, and are designed to streamline programmes across international workforces. The EAPA's have a conversation that builds up, so that the employee can view the questions and responses, and store them so they can refer back to them. The great thing about this is it is not time-specific or country-specific. You could get a counsellor in the US who is doing that at midday, but it is midnight on another part of the globe. EAPs often deal with employees' marriage or financial problems, HIV/AIDS issues, but an international service is also concerned with issues such as relocation, settling into a new environment and culture, and schooling for children. There is a potential angle that says it is much more critical to provide an EAP to an international workforce than to a domestic workforce" (The Journal of Employee Assistance 2013: 43).

Johnson and Johnson's case study undertook a global view of EAP by introducing an EAP in 1977 to deal primarily with substance abuse issues among its 50,000 USA based staff (The Journal of Employee Assistance 2003: 33). However, the concept of holistic health led to a desire to broaden its EAP scope. Ninety percent of Johnson and Johnson's workforce is covered by an EAP, and it has a different programme in each country.

Their services were offered by an on-site psychologist, as well as doctors and nurses. "The Johnson and Johnson workforce is diverse and encompasses a broad range of ethnicity, religion, language, age and gender. It was critical to select EAP counsellors who are sensitive to each [employee's] needs" (The Journal of Employee Assistance 2003: 33). In 2004, the afore-cited case study was tasked with globalizing the EAP for the decentralized organisation's 120,000 staff in 67 countries across more than 250 companies. There are many local variables to take into account when designing an employee assistance programme for a global workforce. The EAA (Employee Assistance Association 2004: 34) illuminates that organisations have expanded internationally, and for that reason, the global employee assistance programme market has grown exponentially, with providers now offering services in more than 150 countries.

Extending EAP benefits across the world has its own challenges, including cultural barriers, costs, language, and the varying infrastructure of each country. Historically, there were only a handful of global EAP providers, each offering Anglo/American-centric services from a single hub. Customers then became savvier in their purchasing strategy and demanded more localised services – which came in parallel with EAPs as a global concept. The global EAP model propounds that although a centralised EAP model offers employers advantages such as centralised account management and data collection, local provision has improved and grown exponentially also. This expansion of services on an international scale presents employers with the challenge of how to provide the benefit throughout their organisations' offices worldwide.

It is uneasy for global providers who wish to have the exact same benefits everywhere in the world. An EAP programme does not necessarily hold the same status in every part of the world as in its country of origin. For as long as basic psychological services are provided (which are the core of the EAP), the particular EAP programme's chances of success in other countries are unlimited. Cultural differences between countries determined the nature of EAP services offered. In the UK, for example, EAP services are provided by counsellors or, in some cases, psychologists. In other countries where the numbers of counsellors are insufficient, such services may be provided exclusively by psychologists.

An international EAP service may also be modelled on what is already on offer to an organisation's domestic workforce. "It is almost like a commonality or equalization of benefits across the whole workforce. If an employee lives and works in the UK and gets an EAP, then if they go on assignment, their employer will want to give them an EAP as well, along with medical and dental cover" (EAPA 2004: 34). Organisations that have a culture of providing such EAP services to their localised workforce are more inclined to provide the selfsame services to their more mobile and international workers. "If staff are expats [sic]s, employers might be able to use simplified access points, such as international telephone services that dial direct to the UK, which will keep costs low and keep the service structured. If staffs are local nationals, they are probably going to want something that is answered locally" (EAPA 2004: 34).

EAP service delivery costs overseas are higher, which compels employers to be prepared for more expensive contracts. This (increased service delivery costs) has been occasioned by the limited number of providers in the market and variations in charging rates.

The Journal of Employee Assistance (2004: 34) reports that language could also become a barrier. If employers wish to roll-out their EAP programmes on a global scale, they have to consider that it is essentially multi-sited, and their communications materials would have to be adapted to all cultures and languages. Another challenge to be considered is the infrastructure of each country, including the business climate, legislation and state healthcare systems. Delivering services that meet the culture and the infrastructure of a particular country has to be considered seriously, as well as delivering services or commodities that could be common in all countries. A quality EAP should be able to provide uniform and consistent quality regardless of the location where the service is delivered. The user's experience and branding of the service across multiple countries are things EAPs can and should do that enhance the aggregate value of the service to the company (The Journal of Employee Assistance 2004: 34).

A major consideration for multinational employers is to either offer an EAP to expatriate employees or to local nationals. Each group is likely to have different

expectations and views concerning their benefits. For example, if an employee does not wish to consult a local EA Practitioner due to cultural or other reasons, the

desired route may be to connect with an EA Practitioner in their country by telephone. The local national employees may prefer to consult a local EA Practitioner who speaks the same language and shares their cultural experiences.

2.2.2 The South African Context of EAP Practice

Primordial EAP in South Africa is still a relatively new workplace phenomenon designed in the similar mould as the USA model and variant, and is still in the nascent phase as most of its policy implementation is integrated with the DPSA model of HIV/AIDS in the workplace. With its US antecedents, the EAP concept was introduced to work organisations by social workers and psychologists who had studied there (Maiden, 1992). Cunningham (1994: 3) explains that these Employee Assistance Practitioner Programmes were developed earlier in South Africa, but were at first concerned exclusively with problems of alcohol abuse, staffed primarily by indigenous non-professionals and recovering counsellors.

The Standards for the Employee Assistance Programme (SEAP) in South Africa (1999:10) argues that cogent EAP policy statements should take the following factors into serious consideration: physical health; mental health; referral procedures; record keeping; and confidentiality. In South Africa, it is obligatory to have an EAP policy that is adopted and implemented by different corporations for the promotion of their employees' health and wellness. Carol (2000) supports this view, maintaining that the policy statement should also indicate the required level of training for the EA Practitioners, especially the counsellors, and emphasises the significance of a code of ethics to which they (counsellors) should subscribe as an important component of the particular employee workplace wellness policy/strategy. The EAP in South Africa is relatively new, which means that the assistance given to employees in the workplace dating back at least four decades ago was not informed by adequately structured and defined procedural guidelines. It is on this basis that the workplace has to undergo transformation at a rapid rate. Irrespective of the resent on-going economic challenges and the pressure to contain costs, organisations appear to have realised the importance of taking a proactive approach to the recognition of the

role of EAPs, and implementing employee health and wellness programmes in different government departments.

In response to the far-reaching health and economic consequences of HIV/AIDS for employers and employees, the South African government launched a major voluntary counselling and testing (VCT) campaign in 2005. By raising HIV awareness, the campaign aimed at reducing the incidence rate by 50% by June 2011. The private sector demonstrated its concerted involvement by implementing and sustaining workplace programmes on HIV/AIDS and STIs in conjunction with the NSP (National Strategic Policy, 2007-2011), which evolved from its 1995-2007 and 2000-2005 'predecessors'. Workplace intervention was regarded as critical in confronting the impact of HIV/AIDS, including absenteeism, as well as reduced productivity and morale. Costs were increasing and employers were obliged to pay for additional employee benefits. The loss of skilled workers to HIV/AIDS meant that continuous training of new workers was necessary (South African Business Coalition on HIV and AIDS (SABCOHA: 2004).

Notwithstanding its neophyte status, the EAP profession is advancing rapidly in South Africa, a factor largely attributed to the challenges of globalisation, information and communication technologies, and increased competition faced by the workforce. These challenges are further complicated by stress, EAP's trauma, accidents, abuse, and the high incidence of HIV and AIDS, among many other factors (Journal of Employee Assistance Professionals Association 2003: 3). The social, political and economic revolution, particularly our organisational transformation, places a heavy burden on organisations to change. In addition, an intensely legislated labour environment has emerged through such initiatives as the National Human Resources Development Strategy and new labour laws such as the Basic Conditions of Employment Act (Act No. 75 of 1997). This new and sometimes complex legislation demands that EAPs adopt a complementary and systematic approach to the provision of workplace support. The overall strategy should be aligned to labour principles that optimise regulatory compliance and good practice, as well as achieve the desired objectives of improved and sustained productivity and workplace performance. Central to employer-employee relations, the EAP is inevitably affected by the legislation.

2.3 TRENDS AND PERSPECTIVES IN EAP PRACTICE AND DEVELOPMENT

Having described and explored both the international and local evolvement of the Employee Assistance Practitioner/Professionals synoptically, the remainder of this chapter addresses various inter-related aspects of EAP facets.

2.3.1 The Employee Assistance Professionals Association

The Employee Assistance Professionals Association (EAPA) is the world's oldest and most respected membership organisation for Employee Assistance Professionals. EAPA publishes the Journal of Employee Assistance, hosts professional conferences, and offers training and other resources to fulfil its mission. Its mission is to promote the highest standards of Employee Assistance Practices and the continuing development of Employee Assistance Professionals' programmes and services. EAPA broadened the EA Professionals' scope in respect of capacity building and developmental skills in the field. The EAP field is a multi-disciplinary one, integrated to other supportive teams such as social workers, professional counsellors and therapists, substance abuse practitioners, occupational health and wellness professionals, peer educators, HR professionals, risk management experts and benefits specialists, amongst others.

2.3.2 The Wellness Approach to EAP

At the heart of the wellness approach to EAP is the argument that employees' overall wellness is pivotal to their workplace performance; for that reason alone, the particular organisation's output benefits from employees' holistically derived wellness and input to their work. The modern EA Professional recognises that in addition to alcoholism, many other problems and factors might have a negative effect on the employee, who may now have to deal with a wide range of substance abuse problems – including emotional, psychological, family, financial, and legal issues. This comprehensive approach has helped employees overcome the stigma related to the origins of OAPs.

The first wellness centre established by Travis was defined as an integrated method of functioning oriented towards maximising the potential of individuals within the environment. Wellness programmes were intended to make workers healthier, happier, and more productive. The promotion of wellness involved the creation of a

healthy work environment, encouraging positive attitudes, rewarding good behaviour, and building the self-esteem of employees (Finkelstein & Frissel, 1990: 26-28).

The benefits of wellness programmes include greater stress tolerance, more vitality, fewer sick days, less substance abuse, fewer accidents, and less inter-personal conflict. It is important that wellness programmes be designed for all employees, such as those with serious problems; and those who are generally well should be noted. A healthy workforce is productive and leads to the success of the organisation. Wellness programmes lead to a creative, committed, enthusiastic and involved workforce. According to Erfurt and Foote (1992: 3), a good wellness programme focuses on reducing a variety of health risks and maintaining a reputable health care system. A wellness system approach moves beyond striving for the absence of disease and emphasises self-responsibility (Cooper & Payne 1988: 269). The individual is thus responsible for his/her achievement of health, and professionals mainly assist the individual to maintain that health standard and momentum. Wellness programmes have to be designed for all employees, whether to improve the health of those with serious health problems or to assist those who are generally well.

According to Erfurt and Footer (1992: 5), there is a need to link the EAP and worksite wellness programme activities. This is seen as a method of solving problems and bringing necessary follow-up procedures into the sphere of Employee Assistance programming. This method combines the services of EAPs and workplace wellness programmes to form a "mega brush"; that is, an overall employee health and assistance programme (Erfurt & Footer, 1992: 5). This linkage facilitates continuous follow-up with EAP clients. Very little stigma is associated with the content of wellness programme activities, and the EAP client is therefore not reluctant or embarrassed to visit the wellness office and interact with the wellness counsellors. No one will assume that a client consulting the wellness office has a substance abuse or mental health problem, since employees visiting the office for a myriad of non-stigmatic wellness activities such as blood pressure and cholesterol checks, as well as health improvement programme sign-ups (Erfurt & Footer 1992).

According to Carol (2000: 2) there are several reasons why employers should be closely involved in the physical and mental wellness of employees. It makes sense to have a healthy and high-performing workforce as it creates happier individuals who

provide quality service. There are various work-related issues that affect work performance, defined by some as occupational stress, which relates to work-induced pressure and its toll on employees (Cooper & Payne 1988). Organisational problems which may result from workers' stress include reduced morale and employee performance, poor employee and customer relations, expected high turnover rates, frequent absenteeism, accidents and injuries, disability, and excessive healthcare costs (Inslee & Mennen 2002: 16). As a result to these problems, it is important that job stress be dealt with effectively. Employers should assist with programmes that reduce the adverse outcomes of job stress, of which HIV and AIDS may be a significant contributory factor.

An individual's efforts to resolve a stressful situation through dynamic thoughts and actions is known as 'coping' (Inslee & Mennen 2002), which is not an automated response, but an active process of managing stress. Coping does not necessitate mastery as an outcome, but it has been estimated that stress-related illnesses are responsible for more absenteeism from work than any other single cause. On the other hand, job conditions and related mental strain could be damaging to workers' health and wellness. Decision making, ambivalence about job security, poor use of job skills and lack of social support from co-workers contribute variously to psychological strain on employees. The workplace could be a very stressful institution.

2.3.2.1 The 2012 Sandton Wellness Conference

The Health and Wellness Conference held in Sandton, Johannesburg in September 2012 noted that those organisations that implemented innovative and successful engagement (participatory) methods and activities were successful in motivating employees to take charge of their own health. Under the theme, *Creating a Healthy Culture through Innovative Engagement Methods*, EAP-related case studies and methods of best practice were discussed in great detail.

The Conference further noted that the biggest challenge facing employers and health programmes was not just convincing employees to believe in their employers' wellness programmes, but in convincing employees to be actively "engaged" in their health and wellness. It was observed that there were no best practice methods and innovative and successful "engagement" case studies and activities that employers

were using to actively involve employees in programmes designed to enable them in taking charge of their own health. The researcher contends that a sustainable wellness programme would make a difference in the performance of employees, and ensure that the organisation remains 'on top of its game' in a highly competitive business environment. Industry experts and associations at the Conference were in a position to provide organisations with tools and information based on current local and international research that would enable these organisations to implement effective EA programmes, while taking the needs and demographics of employees into account.

With the organisational health and wellness industry being flooded by a plethora of service providers, research and alternative health and wellness methods, it is not often easy to make a distinction between the 'should have' workforce programmes and 'nice to have' ones. Basic legislation and best practice information is often not readily available, and grossly incompetent service providers are sometimes appointed to provide employee health and wellness programmes.

2.3.2.2 Justification for the wellness approach to EAP

In terms of the employee wellness approach, the employees'/workforce's health and wellness are both central and pivotal to the organisation's performance. In many cases, South Africa has adopted more progressive labour laws which were designed to counter the effects of apartheid in the workforce and the economy. Consequently, the legislation calls for substantive and procedural accountability for all professionals and allied professionals to work together in developing an effective and workable model of EAP roles in the workplace.

Employees play a crucial role in a company's ability to produce commodities and services, and more broadly, in a country's ability to improve productivity and economic growth. The role of human resource development is essential, especially in a country such as South Africa that is characterised by a dearth in the availability of a largely skilled workforce. Although much is known about the implications of employees' commitment to organisations, less attention has been paid to the HR ramifications for employees themselves. Work-based motivation is a central issue in industrial organisational psychology, human resource management and organisational behaviour. Effective organisational commitment has been found to

have strong theoretical and empirical foundations (Klein, Becker, & Meyer, 2009: 3-6). EAPs share some of the same objectives as the Human Resource Development Strategy, that is, improving and sustaining the wellness and productivity of individuals and ultimately of the organisations that employ them. The Department of Health proposed that within this context, such practitioners need to play a facilitative role through the delivery of services that are aligned to national transformational requirements, human resources development objectives and legislation (South Africa 1997)

An Employee Assistance Programme is designed to help employment organisations to address productivity issues by assisting employees in identifying and resolving personal concerns. Since emotional, practical and/or personal difficulties affect employees' ability to perform in the workplace, perpetuating absenteeism and impairing productivity, it is sound business practice to provide relevant support to workers. Research indicates a direct link between an organisation's financial success and its commitment to management practices that view people as assets. The EAP role was then compared to that of a service provider's business support systems which cover product management, order management, and revenue management (Bilbrough 2013).

"The Politics of Climate Change in Australia Volume 59 issue 3, pages 429–448, September 2013) argues that deliberative democracy is best placed to meet the challenge that climate change poses to systems of governance, although the task of implementing it is challenging. Deliberative democracy extends on the basic idea of democracy by emphasizing the way in which citizens engage with issues, requiring reflection on all relevant dimensions. Where climate change is easily crowded-out in the prevailing nature of political debate, deliberation helps to make salient less tangible and complex dimensions associated with the issue. deliberation not only promises to transform the possibilities for action on climate change, but also to build the capacity to respond by improving the underlying conditions for environmental governance.

According to the article "Keep Government out of Business": Bank Nationalisation, Financial Reform and The Private Trading Banks in the 1930s (Australian Journal of Politics & History Volume 59, Issue 2, pages 161–177, June 2013)

stated that, during the early 1930s the private trading banks came under sustained attack from sections of the Australian Labor Party and the Country Party in calling for the for bank nationalisation or "socialisation of credit" or "social credit" heightened tensions within the banks and conservative political circles. National Security (Wartime Banking Control) Regulations ended what was a decade-long struggle waged by the trading banks against greater government control of the banking sector.

In many instances, workplaces only begin to address issues of a domestic and sexual nature after a tragedy has occurred. The cost of preventative measures is far outweighed by the formidable human and economic costs to employees, the organisation and its reputation after an incident has happened. Together with an organisation's legal team, EAPs could be an instrumental human resources tool with regard to the implementation of workplace training and policy development for EAP staff, managers/supervisors, all employees during new employees' orientation, or safety and health trainings (The Journal of Employee Assistance 2013:12).

2.3.3 Factors Conducive to Job Satisfaction

Job satisfaction has been described as a predominantly positive attitude towards the work situation (Bergh & Theron 2003:172). An individual may be dissatisfied with some aspects of his/her work, and be satisfied with other aspects; but if he/ she thinks positively about relatively more aspects of the work, it could then be declared that there is a general factor that could be labelled 'job satisfaction'.

According to Bergh and Theron (2003), mentally challenging work involves a fair amount of variety, freedom, utilising one's skills and abilities and receiving feedback on one's work. It brings equitable rewards such as salary increases, promotion policies and practices that workers perceive as fair in the context of the individual's skills and industry standards. Fairness is vitally important as opposed to the level of payment, as many workers are prepared to work for less money provided their work has other motivational rewards. It is important that working conditions be conducive to doing one's job well, including safety and comfort, a clean environment, relatively modern facilities, and adequate equipment. Job satisfaction is further advanced by friendly and supportive co-workers and employers. The type of supervisor who facilitates job satisfaction is one who shows an interest in workers, offers praise for

good performance, and listens to workers' opinions. The following factors are based on Kornhauser's criteria for assessing job satisfaction (Bergh & and Theron, 2003: 424):

- Levels of anxiety and emotional stress are systematically addressed;

- Positive or negative feelings towards self are determined;

- Feelings of hostility or confidence in accepting other people are expressed;

- Sociability and friendship as opposed to withdrawal, is encouraged;

- Contentment or lack of it with life in general is experienced and addressed; and

- Good personal morale or self-confidence, in contrast to alienation and despair, becomes a desirable norm.

There is a traditional view which propounds that employee satisfaction engenders good performance. The second proposition of the traditional view is that satisfaction is the effect, rather than the cause of performance and performance thus leads to rewards that result in a certain level of satisfaction. Another proposition considers both satisfaction and performance to be functions of rewards. According to Byers and Rue (2000: 303-394), research evidence rejects the more popular view that job satisfaction leads to effective performance. Employees who are satisfied with their job tend to be committed to the organisation and are more likely to be very loyal and dependable.

2.3.4 Eligibility of the Employee

An EAP is a confidential counselling and information service that allows the workforce to discuss personal problems and concerns in an understanding and professional environment away from the workplace. EAP services are available to employees and their dependant family members. Some employees may feel that their problems may not be suitable for the EAP programme. It is important to realise that using EAP services to address what may be considered a minor issue could help prevent the 'minor' issue from developing into something more significant and potentially unmanageable. Similarly, others may feel that their problems are too severe for the EAP programme. The following are examples of types of problems or concerns that often lead individuals to seek information and support from an EAP programme: family and marital relationships; personal and emotional challenges;

inter-personal relationships; stress-related illnesses; vocational/ careers challenges; alcohol and drug abuse; as well as financial and legal problems (http//www.eaplifestyle.com/faqhtlm).

According to Homedes and Ugalde (2004: 1), human resources are the most important assets of health systems, whilst Sullivan (1998: 2) asserts that development partners believed that training was the best way to improve productivity. However, over the years, it has been recognised that sustainable performance improvement depends on a number of factors, including: defined job expectations, goals, objectives, organisational culture, and feedback on standards, skills supervision and management support. Another performance improvement factor is located in the extent to which assistance is availed to provide employees with inter-personal skills suitable to the working environment (Fort & Voltero 2004: 4; Sullivan 1998: 3).

EAP programmes have been introduced in many large organisations to deal effectively with, and manage workplace issues for the purpose of improving the psychological health of employees and assist staff to develop coping skills and accept a greater degree of personal responsibility. In helping resolve individual, marital, family and job performance issues, the employees' productivity and attendance will improve, enabling them and their dependant's immediate access to confidential and free professional counselling. In order to build and maintain a healthy effective programme for the purpose of increased productivity and enhanced service delivery, organisations need to ensure that there are comprehensive health and wellness management services.

2.3.5 An effective health and wellness (EAP) strategy

An effective health and wellness strategy has the potential to deliver many benefits to both employers and employees. Other than nurturing healthier, happier and more productive employees, it could also improve an organisation's reputation among current and potential customers, as well as help to make it an employer of choice for new recruits. The Journal of Employee Assistance (2013: 43) explains that an effective health and wellness EA Programme could bring many rewards but needs careful research and planning, as well as the ability to change and adapt. Experts contend that over time, an effective wellness strategy can also bring about a

reduction in the cost of benefits such as income protection and private medical insurance (PMI). It is critically essential that a wellness strategy not only fits an organisation's philosophy and values, but is also sustainable and engages as many employees as possible. It is also advisable that an organisation should determine its own EAP conceptual parameters prior to its implementation. "EAP covers many things .... As well as the traditional areas of mental and physical health, it can also include financial and family health, work-life balance and, in the current climate, even career health. The culture and value is to be fitted in with the organisation" (The Journal of Employee Assistance 2013: 43). Some organisations' features could be better than others'. For instance, some organisations may focus on keeping employees physically healthy, while others may focus on HIV/AIDS, health and wellness. It is also logical for financial services organisations to improve their employees' financial health.

Aligning a wellness strategy to employees' demographics could also help to determine the areas it targets. Demographic variables such as age profile, gender, lifestyle, type of work, and other work-related issues should be helpful in determining the critical areas to be addressed by the particular employee wellness strategy. Management information is also critical in addressing other wellness strategy areas such as data on rate of absenteeism, employee assistance programme feedback, and information on private medical insurance claims.

Understanding its audience enables the organisation to package suitable initiatives which fit their employee profiles. For instance, if an employee is older than 55 years of age, an appropriate EA Programme for such employees should entail the psycho-social preparation for pensioning as part of the priority on the EA Practitioner's role. Organisations should also consider whether or not they wish to go further than just planning and focusing on employees; but also consider whether they wish to improve the health of dependants, customers and the community in general. Such an orientation by organisations will influence the broad role of EAP and type of initiatives that employers choose to implement.

Establishing a steering committee is a vital factor to improve the success of any EAP strategy. However, the steering committee should be fully supported by both

management and employees. Maximum benefit from the strategy would be derived by the involvement of different components of the organisation, including HR, occupational health, employee representatives and management. Such a participatory and engagement approach to the formation of the steering committee prior to its launch lends a modicum of credibility to employees. Employees highly appreciate the fact that their health and wellness concerns are acknowledged by their organisation and incorporated in the organisation's wellness strategy by engagement and participatory means.

Branding constitutes a critical component of the employee health and wellness strategy, as it establishes the identity of the EA Programme. Having incorporated branding/corporate identity into the health and wellness strategy, the challenge then lies in implementing the strategy in a sustainable manner as failure to do so may lead to concomitant failure of the EA Programme and a tarnished image and reputation of the organisation. A sustainable momentum of the strategy's effectiveness would best be served by the establishment of at least two different campaigns per year. These campaigns should clearly articulate the objectives to be achieved, as well as an implementable and very effective communication strategy. The communication strategy could be sustained by means of tools such as posters, flyers, the media, and the organisation's website, to mention a few. The steering committee may oversee the implementation of the strategy, but the most successful campaigns actively encourage employees to present their own ideas. The Journal of Employee Assistance (2013: 43) proffers the following maxim: "Speak to employees and find out what they want. If something did not work, ask them [employees] why. Get lots of feedback and ideas, so that the strategy does not stagnate".

As part of implementing the organisation's health and wellness strategy, workplace champions should be identified in order to complement the work of the EA Practitioners Assistance Practitioners. Workplace champions share their ideas and information with their peers and co-workers, and create trust and support around employees. Most importantly, they gather feedback from staff and develop an atmosphere of mutual respect and reciprocated rapport between employers and employees. The following statement indicates just how much beneficial employee engagement was in one actual situation: "It was extremely successful and many of

the employees also took advantage of additional one-on-one sessions with the trainer ... It is really important to make it fun. Employers will get much better results if their employees actually enjoy taking part" (The Journal of Employee Assistance 2013: 43).

2.3.6 Sensitivity to Employee Diversity

Trends and practices in the evolvement of the EAP profession from its cognate status as an offshoot of the social work and nursing and healthcare sciences indicate that EAPs in the workplace are entrusted with the health and wellness of a workforce that is itself the product of multiple socio-economic, cultural, and other factors. In that regard, EAPs should necessarily be well quipped in their training to practice their profession in a manner that embraces equal treatment of all employees – especially in an environment characterised by stigmatisation and prejudicial or opinionated views on HIV-infected employees. High ethical and professional conduct and standards are *sine qua non* in respect of the health and wellness needs of a diverse employee population.

An acknowledgement and acceptance that every individual is unique – that there are differences between and among individuals and groups of people – is an important initial phase in developing equitable and just employee health and wellness policies in the workplace. Diversity could be defined in terms of human differences that play an important role in the culture and operation of organisations. The culture of an organisation includes the customs, assumptions, beliefs, values, rules, norms, practices, arts and skills that prevail within the particular organisation. The organisational culture defines, guides, and informs EAPs and employees about the organisation's ontological being (that is, reasons for the organisation's existence), how its work is to be performed, the rules for membership, and the manner of relating to others within and without the organisation.

Given the preponderance of diverse employee categories, EAPs need to pay particular attention to the needs and problems of minorities; for instance, women, the same-sex oriented, and the physically challenged. In order to adequately address group-specific issues such as sexual harassment, family violence and role conflicts, female and other minority counsellors may be more sensitive to gender and cultural

nuances of a particular behaviour or problem area both in the workplace and in the community.

The EAP case loads originally reflected low numbers of women in the various designated workplace positions, which created the obvious need for alternative women components to be reined into the EAP profession and its various strata of positions. Congruent with the obvious need cited above, many EAP Programmes are now implementing initiatives such as women counsellors, women support groups, outreach programmes designed for women, and special training for women supervisors. The increase of the number of women in the workforce has many advantages in terms of equality and human rights, but some stereotypically chauvinistic perceptions and predilections may engender unfounded tensions. For instance, a woman counsellor may feel antagonised by a predominantly male workforce that may view her as threatening 'their world'.

The most critical aspect of diversity is for employees to communicate about their differences, as it relates to assessment, planning, and the development and implementation of activities, services, and strategies for effective workplace equity. Inter-personal discussions and feedback from diverse workforce perspectives has the desirable potential to assist the organisation in determining the kind of diversity strategies and activities that are most appropriate for the organisation, as well as best practice approaches according to which such diversity strategies could be marketed and communicated.

2.3.7 Employment Assistance Practitioner Evaluation

It is absolutely essential that Employment Assistance Programmes be evaluated. It is on the basis of the evaluation that any employment organisation – both in the private and public sectors – is able to determine the efficacy or otherwise of both the EA Programme and the organisation's corresponding health and wellness strategy. Both the process of the implementation and the outcomes should be evaluated, and there should be short-term and long-term outcome evaluations based on action plans. Since each action plan of the strategy includes an evaluation component, these evaluation plans should be implemented and not remain as mere appendages of the strategy. In addition to evaluating every specific initiative, it is important to evaluate the overall success and role of the Employee Assistance Practitioners continuously,

or after a significant change in the organisation, such as a change of managers. A repetition of the same higher priority items as can be handled in the first year is sometimes necessary for the following year as well, as repetition reinforces efficacy and deliverability of the intended outcomes. When considering solutions to the priority problems, it is important to take cognisance of the maxim: "Learn from Others", and find ways of solving the problem. An annual plan should be developed for each of the 3-5 year cycles of the overall plan, although the action plans do not necessarily all have to be executed immediately at the launch of the evaluation plan.

It should be borne in mind that the purpose of evaluation is to ensure that the EAPs reach the appropriate number of employees, including those with alcohol and drug problems. The evaluation of EAPs needs to be carried out in order to establish baseline data and outcomes in the performance of EAPs. An outcomes-based evaluation includes both quantitative and qualitative analyses. The quantitative evaluation determines the extent of the EAP's cost effectiveness. Specific elements are measured and compared with information on costs prior to the company's programme coming to existence. Subsequent quarterly and annual comparisons are used, and areas to be evaluated may include absenteeism, advanced leave, leave without pay, performance appraisal records, disability insurance claims, sick leave, industrial accidents, health insurance claims and workers' compensation claims. The data collected is matched to control groups according to age, gender and managerial differentiations. Data collection varies for each EAP contract; the evaluation should therefore be designed with data accessibility, the agency's interest and costs in mind (Masi 1992). EAPs can be evaluated qualitatively through a peer panel approach conducted by recognised experts in the field of psychiatry, social work, and psychology. These experts should be able to provide a professional, comprehensive, and constructive review of individual case records (Masi 1992).

2.4 A COORDINATED APPROACH TO LONG-TERM ILLNESS

Whereas the previous sub-section (Sub-section 2.3) provided an overview of trends in EAP practices, the current sub-section (Sub-section 2.4) specifically focuses on the illness domains of EAP practice.

Long-term illness could vary aetiologically from one disease to another. In this regard, EAPs need a coordinated approach to engage the chronically ill employee with the purpose of getting them back to work as soon as possible. The manager supporting the individual's return to work may also need EAP support. For instance, the EAP could discuss (where such discussion would not constitute a violation of the employee's right to privacy and confidentiality) the nature of the condition with the line manager, and a possible course of appropriate interventions. Many employers are concerned with the increasing loss of man/woman hours due to sickness, particularly HIV/AIDS and a host of other psycho-social maladies. In the UK, it was found that in 2009, 180 million days were lost to sickness, costing the UK economy £16.8 billion in that year alone (The Confederation of British Industry/Pfizer Absence and Workplace Health Survey 2010). The Journal of Employees Assistance (2013: 43) illuminates that engaging employees who are off work due to long-term illness is crucial:

> With long-term absences, the disconnect with the workplace can be quite profound. Coming back into the workplace can be very daunting, probably worse than starting a new job. It is therefore essential to talk to the employee about their return to work from day one of their absence. It is about keeping the individual's mind focused on the fact they are going to return to work. If the individual feels that is what everyone is aiming for, it encourages them to keep engaged with the process. The strength of the relationship between employee and line manager is key. It is the line manager who is the most important role player to take the responsibility for managing an absence. There should be a close working relationship and regular contact to keep the employee informed of what is happening in the workplace while they are away, and if they recognize their presence is valued by the employer, it will make a big difference. To fully engage an employee, their return to work needs to be a collaborative process. Employers will get quite a different outcome if the manager and HR do it 'to' a person rather than 'with' a person. They need to make sure the individual feels part of the process and decision-making.

The early involvement of any occupational health service is also recommended. Early intervention is considered the best way to manage absence and engage employees better. This approach to absence management gives the individual employee a different medical perspective from that of a professional practitioner. The early intervention also involves the employer in the individual employee's rehabilitation and support. It is in this regard that benefits such as the employee assistance programme, private medical insurance, and group income protection become

instrumental in the rehabilitation process. Employers should then determine which of their organisations' inordinate fringe benefits are to be utilised to engage staff in their own recovery. It is incumbent on employers to ensure that their employees are familiar with these.

2.5 THE EAP PROGRAMME AND SOCIAL FUNCTIONING

Modern EAP Programmes recognise that alcoholism and many other social and health maladies could have a negative effect on employees. It is largely due to this observed state of affairs that practitioners now focus on a range of substance abuse problems, as well as emotional, psychological, family, financial and legal issues. This broad and comprehensive approach has helped companies and other organisations to assist employees in overcoming the stigma attached to the original OAPs and the EAP programmes of recent times.

The fact that work is defined as "purposeful and meaningful activities which people execute in order to meet and fulfil various physical and psychosocial needs (Bergh & Theron 1999: 471) connotes the ubiquitous role played by work in one's life. To a greater or lesser degree, people – especially in post-modern times – define themselves in terms of their work, which has also been found to contribute to general life satisfaction as well.

Social work strives to view the individual's social functioning within an environmental context by recognising the multitude of factors that affect individuals (Sheafor, Horejsi & Horejsi 1994). In practice, an Employee Assistance Professional/Practitioner strives to be conscious of the employee's holistic needs and his/her total environmental adaptation. To the extent that EAPs permeate the holistic (personal and environmental) space of individuals, it is aptly suited to the social functioning of employees both as working individuals, as well as members of their families and members in their communities.

Human beings do not work in a vacuum, and human behaviour on the job is influenced by experiences in other areas of life. Human behaviour is shaped by many factors, and could be regarded as a system composed of many sub-systems (Fraser 1983). Human beings exist within the environment and interact with it. Most of the problems that face an EAP are problems that the employees encounter in their

interaction with their environment. The range of issues presented at counselling sessions covers the broad spectrum of human emotions and interactions.

Human functioning analogous with a system in a dynamic equilibrium, when balance is disturbed beyond permissible limits (which may vary from time to time and circumstance to circumstance) an overload or stress will exist (Fraser 1983). The source of the overload may lie in personal or work-related problems. When feelings engendered at home are later expressed at work, the effects may be observed in an employee's motivation and job performance as well as in the interpersonal realm (Cooper & Payne 1988).

2.5.1 The Role of Occupational Social Workers

It is usually recommended that the workforce EAPs should consist of a multi-disciplinary team of practitioners. Notwithstanding that, there has always been a dominance of occupational social workers in certain companies – which could be attributed to the fact that EAP itself, as both a field of study/discipline and a profession, is cognate from the social work domain. In the form of a *mea culpa,* Maiden (1992) and Cunningham (1994) have noted that both EAP practitioners and occupational social workers are not managed enthusiastically and utilised to their most optimum. The above two authors noted further that the preponderance and increasing dominance of occupational social workers as professional practitioners in Employee Assistance Programmes has resulted in a lack of collaboration and dearth in protracted social strategies. This state of affairs is changing gradually, despite the social work provenance and other disciplines being represented in EAP. The Master's level social worker has emerged as a preferred candidate for EAP positions.

2.5.2 The Role of the Occupational Health Nurse and Doctor

Taking cognisance of the fact that the EAP profession is cognate from other health professions, an effective and efficient EAP organisational environment is characterised by the medical model that includes primary, secondary and tertiary health prevention and promotion services. It is the primary responsibility of the doctor and occupational nurse to advise the employer and workers on:

- the requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work;

- the adaptation of work to the capabilities of workers in the light of their state of physical and mental health;

- implementation of pre-employment, periodic and exit employment strength testing policies, procedures and assessment;

- medical surveillance of workers to detect exposures to hazardous agents;

- health record-keeping of workers;

- providing first aid and training workers in first aid;

- general health care, curative and rehabilitation services;

- immunization of employees against endemic or work-related infectious diseases;

- disability management/return to work programmes (using a participatory approach that includes a health care provider, supervisors and workers, and workers' compensation carriers;

- provide information about alcohol and drugs, chronic illnesses including HIV/AIDS and employee assistance counseling services;

- provide programmes to assist individual according to needs (eg.VCT, ART, FP, etc.);

- implement healthy shift work policies; allow worker choice of shifts as much as possible, and provide guidelines for restful and effective sleep;

- provide confidential medical services such as health assessments, medical examinations, medical surveillance (e.g. Measuring hearing loss, blood lead levels, HIV status testing) and medical treatment if not accessible in the community (e.g., antiretroviral treatment for HIV); and

- provide confidential information and resources (e.g. condoms) for prevention of STIs.

2.5.3 The role of the Manager

A functional EAP programme prevails in an organisational environment that has free access to treatment or Private Medical Insurance (PMI), which is useful in engaging staff in their own recovery and early return to work; thus giving them fast access to amenities such as physiotherapy, chiropractic and osteopathy treatment. PMI and EAPs may also include a health information line or wellness portal, possibly giving staff information about their conditions. PMI can also provide access to a psychiatric nurse to oversee the management of stress-related conditions, ideally linking with the EAP to ensure support is offered once any counselling sessions are completed.

Other than the professional EAP team, the line function managers should also be involved in the health and wellness of the workforce. In this manner, the managers inadvertently become instrumental in improving workers' productivity and confidence. Managers have to create a healthy, supportive and safe work environment and ensure that health promotion and health protection become an integral part of management practices.The manager' role is manifested by the following activities:

• Foster work styles and lifestyles conducive to health and ensure total organisational participation;

• Regular liaison with the individual while they are off sick;

• Reassure them that their job is safe, and not threatened by their absence from work due to illness;

• Prevent them from rushing back to work before they are fully recuperated;

• Provide a phased return to work;

• Help them re-adjust to the workplace at a gradual pace;

• Ask the employee's permission to keep their team informed about their condition;

• Encourage colleagues to support the individual's rehabilitation; and

• Hold regular collegiate meetings to discuss the individual's condition and the possible impact on the team's work.

In the event of illness-induced absenteeism, the manager should assist employers to establish a seamless path for the employee through the absence management programme, including occupational health services, EAP, PMI, and income protection. Employees need to feel they are on a well-planned journey to full recovery and guaranteed return to work.

2.5.4 The EAP Programme and Mental Health

HIV and AIDS attack all the bio-physical and psycho-social developmental stages of the infected individual. Cognitive development is normally completed and cognitive abilities are refined during this level of development as the psycho-social task of identity consolidation becomes the major developmental task. Typically, an individual is very productive in the areas of work and family life, beginning to consolidate relationships and occupational status and the setting of personal goals and choices.

AIDS interferes on all fronts with the individual's ability to recognise the challenges and accept the responsibilities inherent in such roles as parent, worker or partner. Questions of dependence and independence, thought to have been resolved previously, are reawakened as illness forces a return to earlier developmental phases.

Discussing personal challenges is therapeutic in itself. Due to some perceived societal taboos and other factors (such as individuals' levels of formal education) consulting a counsellor sometimes generates some stigmatisation. The elimination of stigma out of therapy could help employees prevent perceptions of discrimination when they most need support. It is most advisable for employers and human resources professionals to be proactive whenever they notice employers who exhibit behaviour that is symptomatic of mental illness.

In other countries, EAPs are confronted with the challenge of helping employees with mental health problems. Work health and safety (WHS) laws impose obligations on employers to ensure the health and safety of workers as far as it is reasonably practicable, and provide a workplace environment which does not expose workers to risks to their health and safety. These obligations extend to physical and mental health/illness, as well as workplace stress – all of which are complex issue for employers as there is often the prevalence of a number of complicating factors such as an employee's own concealment of these types of illnesses. In many instances, stigmatisation associated with mental illness has engendered managers' tendency to avoid confrontation of mental illnesses in the same way as they might in relation to physical ailments.

In countries such as Australia, state regulators of WHS laws (such as 'Safe Work' and 'Work Cover' in Victoria) are focusing on mental health issues, such as issuing codes of practice or guidelines for addressing workplace violence. A 2013 report prepared by 'Safe Work' in Australia found that instances of accepted mental stress or illness workers compensation claims in Australia actually decreased during the period 2003-2004 and 2010-2011. The report further illuminates that only 68% of all mental stress/illness workers' compensation claims were accepted during the 2010-2011 compared to a 90% acceptance rate for claims for physical illnesses injuries during the same period. The 'Safe Work Australia' report found that of all types of

workers' compensation claims made by employees, mental illness or injury claims were the most expensive for employers.

In most Australian States and Territories, psychological injuries which arise from what may broadly be described as "reasonable management action" are excluded from the categories of compensable injuries under worker compensation laws. In the event that a performance, restructuring, promotion/demotion, or termination management process has been undertaken (and evidence to this effect is available) a health insurer may have grounds to reject a claim for workers' compensation payments for an injury which arose wholly or predominantly from that management action.

A viable starting point to prevent litigation against management action resides in ensuring that policies and procedures (including the WHS and anti-discrimination policies) adequately address the possibility that employees may be impacted by mental illness in the workplace. Providing training to managers and staff about mental illness, having well-publicised EAP Programmes, and addressing health issues (and their causes) when they become apparent will also assist in minimising risks of a worker's compensation or discrimination claims, or breach of WHS obligations. Many EAP providers also provide corporate assistance and access to qualified professionals who could provide a better understanding of mental health issues within the workforce.

When employees utilise EAP services, there are better performance results in stress management, anxiety management, and other mental health issues. A major responsibility for all in the workplace is to "notice and respond" to any mental health concerns. Employers should encourage work-life balance, offer effective wellness programmes, and encourage employees to use EAP services more vigorously.

EAP assessments offered by employers are a perfect opportunity to screen for anxiety, depression, and other stressors, as they are often used during the employee benefits enrolment process. Employers should offer employees training in order that they are able to recognize a co-worker in crisis. Ultimately, HR and employers should create a corporate culture characterised by a free flow of communication not just in regard to crisis, but all the time.

There is a danger that benefits such as EAP Programmes could be put in place but then be left unused or under-utilised by employees who are either unsure of their unsure of the existence of these EAP services, or the extent of benefits derived from these EAP services. An EAP and available EAP programmes should be the first line of support for all stress-related illnesses and competitive employee performance. An effective and efficient EAP programme will provide a number of face-to face counselling sessions, which could become an important tool to engage employees in their own recovery process.

2.6 HIV/AIDS IN THE WORKPLACE

The prevalence of HIV/AIDS in the workplace is arguably one of the most devastating occurrences that constitute at threat to employees' overall health and wellness. A sound knowledge of HIV/AIDS is critical to an effective workplace environment characterised by seamless health and wellness strategies and programmes. It is precisely on this basis that EAP participation and involvement becomes instrumental in inspiring employees' confidence and motivation in the capacity of their employers to improve their lives.

The precise origin of HIV and AIDS and has been a contentious matter within the scientific community since the illness first came to light in the early 1980s. For over twenty years, it has been the subject of fierce debate and the cause of countless arguments, with everything from a promiscuous flight attendant to a suspect vaccine programme being blamed.

According to the United Nations, the past two decades have seen about 60 million people infected by HIV/AIDS, with about 20 million resultant deaths. Ninety-five percent of the infected population currently lives in developing countries. The social and economic impact of the disease is intensified by the fact that the disease has maimed predominantly young and middle-aged adults during at the zenith of their productive years.

2.6.1 The Magnitude of the HIV/AIDS Problem

Holly and Carol (1988: 695-701) allude that the bio-psychosocial impact and magnitude of AIDS is far-reaching, permeating the biological, psychological, social, cultural, economic, political, and legal spheres of society's life.

According to UNAIDS-WHO (2007) 2.5 million people were newly infected worldwide in 2007, of which 1.7 million were adults and children living in sub-Saharan Africa. At the macro level, a devastation of the kind caused by HIV/AIDS on the workforce has adversely impacted the economies of entire countries. By reducing the labour supply and disposable incomes, the disease has severely affected markets, savings rates, investment and consumer spending. At the micro level, the formal business sector has experienced the severity of HIV/AIDS most clearly through their workforce (HIV/AIDS in Africa 2001).

As the disease presented itself increasingly in all population groups, the social, medical, and economic implications became clearer, and the search for a cure gathered momentum. Organisations gradually realised that most of their employees would be affected by the disease whether directly or indirectly, irrespective of their choice of lifestyle. Employers in particular were confronted with difficult moral, legal, and financial choices of employees. It is against such a background that the role of the EAP was acknowledged and recommended by other organisations in the workplace. Swanepoel et al. (1998: 589) state that the general population approached the prevalence of HIV/AIDS from a point of view of ignorance (rather than scientific fact and sober reflection), hence the prejudice and the stigmatisation.

The social reality presented by the disease is almost as intractable as the disease itself, and places a heavy burden on management to first inform employees and then to educate them about both the implicit explicit ramifications of the disease. Swanepoel et al. (1998:591) explains that the number of full-blown AIDS cases in South Africa is still much lower than in the rest of Africa. However, there is little doubt that HIV infection is already an established epidemic in South Africa. It is axiomatic that the disease affects mainly economically active individuals, and therefore has a profound impact on the business sector. Most South African employees can expect a reduction in the value of their benefits. Consequently, there will be an increased financial burden from medical aid care to retirement funding.

2.7 SOME MAJOR ISSUES PERTAINING TO HIV/AIDS

In the African region, as in many other developing parts of the world, there are several factors that constitute a threat to political stability. Among these factors are poverty, poor governance, economic mismanagement, conflicts caused by such

factors as ethnicity, as well as the presence of large numbers of refugees. Added to these factors is the new phenomenon of the HIV/AIDS pandemic. It is becoming increasingly ostensible that it is absolutely imprudent to regard HIV/ AIDS as purely a health problem (www.pioneer4change.org**).**

In a similar vein to alcoholism and mental illness, HIV/AIDS and TB constitute some of the major workplace challenges experienced by employers. In the case of HIV/AIDS and TB, treatment of the one disease could delay the healing of the other. An integrated approach is thus crucial in the treatment of both diseases. It is an adequately documented fact that HIV/AIDS and Tuberculosis continue to account for a significant burden of disease in South Africa. WHO (2009) estimated that HIV and AIDS account for 41% of the Disability Adjusted Life Years (DALYs) in South Africa. The results of the National Antenatal HIV and Syphilis Survey for 2008 reflect a national HIV prevalence rate of 29, 3%. While this figure reflects that the epidemic is stabilising – when viewed together with the 29, 4% recorded in 2007, and the 29, 1% prevalence recorded in 2006 – the reality is that HIV prevalence in South Africa is still unacceptably very high.

The impact of HIV/AIDS programmes is hard to measure and takes time to manifest. However, the Health System Trust (2000: 287) reported that South Africa has one of the most preponderant incidence and prevalence rates of HIV/AIDS in the world, based on the results of its annual clinical and anonymous antenatal surveys undertaken at sentinel clinical sites. Increased susceptibility to infection is due to numerous environmental, cultural, class, racial and socio-economic factors. Contrary to the experiences of the USA, Europe and other African countries, the reason for the proliferation and rapid spread of the epidemic in South Africa is complex. Factors such as poverty, migration, the position of women, socio-economic conditions, unemployment, illiteracy and poor education, as well as the challenge of development are collectively attributable to the rampant spread and complexity of the disease in the country. The epidemic in turn exacerbates these factors, creating a cycle of infection and vulnerability, leading to more poverty and social depression. The impact on young and economically poor women is more severe than in any other social category.

2.7.1 Integrating the EAP Vision in Plans and Activities

Adroitly conceptualised and developed legal and policy considerations evince a framework and environment within which principled decision-making and strategic implementation of programmes and activities occurs in a non-amorphous manner. A cogent legal and policy environment obviates the schism between development of guidelines and the actual execution/implementation of the selfsame guidelines and principles to be adhered to by workplace organisations.

A global plan of action (GPA) developed by the World Health Organisation (2007) endorsed the pre-eminence of workers' health and wellness in the workplace. The endorsement itself was preceded by the 1996 World Health Assembly's *Global Strategy for Occupational Health for All.* The 2006 *Stress Declaration on Workers' Health,* the 2006 *Promotional Framework for Occupational Health and Safety Convention (ILO Convention 187)*, and the 2005 *Bangkok Charter for Health Promotion in a Globalized World* also provided a new impetus and orientation in respect of viable policy and legal considerations in the recognition of employee health and wellness. The 2007 Global Plan of Action itself outlined the following objectives:

- To devise and implement policy instruments applicable to workers' health;
- To protect and promote health at the workplace;
- To promote the performance of, and access to occupational health services; and
- To provide and communicate evidence for action and practice, and to incorporate workers' health into other germane policies.

Most healthcare professionals and policy makers have rejected mandatory testing for the general population due to the unsupportable cost; the drain on resources that could be used for prevention; and the potential for coercion, injustice, and ineffectiveness.

Mandatory HIV screening of bodily fluids or other tissue has been widely adopted when intended for use in human transfusions or transplants. More controversially, HIV testing sometimes has been adopted in the context of potential occupational exposures. (Lance et al. 2006). Mandatory testing for "high risk" populations has also been opposed due to recognition of problems in identifying members of targeted groups and the danger of increased discrimination. Nonetheless, some laws continue to authorise mandatory testing for specific groups, including pregnant women and

newly born children, prisoners, immigrants, military personnel, and persons accused or convicted of certain crimes.

In order to mitigate the impact of the HIV/AIDS epidemic convincingly in the workplace, the rationale and intended outcomes related to HIV/AIDS management and health promotion should necessarily integrate the EAP/EAPP paradigm in their vision, strategies, and programmes. As an augmentation and improvement to EAP-oriented health and wellness service delivery, such a paradigm contributes significantly to the reduction of the impact of HIV/AIDS on individual employees and their families.

Workplace policies and programmes of varying sophistication are gradually becoming preponderant in large companies and other selected employment sectors. These programmes and other company-based interventions range from the institution of HIV/AIDS policies to VCT and ART provision. Other organisations have transcended these company-based interventions and accomplishments by instituting HIV education programmes and legal mechanisms to obviate discriminatory practices; as well as the development of supply-chain initiatives that may enable smaller companies to develop effective HIV programmes. In spite of these significant and progressive strides in the policy realm, some predictable challenges would still necessitate proactively constructed solutions.

These challenges include poor recognition and monitoring of legal violations by management and labour unions; lack of monitoring and evaluation (M&E) methodologies for workplace HIV prevention programmes; persistent stigma in the workplace resulting in the parlous uptake of HIV testing; and low enrolment on workplace ART programmes. The effectiveness of workplace interventions at the firm level, including prevention and treatment programmes, is difficult to assess with current available data. Research still needs to be undertaken urgently in order to address operational challenges and implementable monitoring and evaluation strategies.

The 2007-2011 HIV/AIDS and STI Strategic Plan for South Africa was intended to reduce the number of new HIV infections by 50%, while also reducing the impact of HIV/AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all people diagnosed with HIV.

This framework serves as a broad guideline for public service organisations in responding to HIV/AIDS and STIs.

According to National Strategic Plan of 2010/11-2012/13, new policies and strategies will be implemented during 2010/11-2012/13 to combat the scourges of HIV/AIDS and Tuberculosis. All HIV-positive children who are less than one year of age will be initiated on treatment, irrespective of their CD4 count. Antiretroviral Treatment (ART) will be provided to pregnant women with a CD4 count of 350 or less, in order to enhance maternal survival. ART will also be provided to people co-infected with TB and HIV with a CD4 count of 350 or less. Pregnant women who do not qualify for full HAART will receive dual therapy for PMTCT from fourteen weeks of pregnancy until post delivery. This will contribute significantly to reducing morbidity and mortality associated with TB and HIV and AIDS. Most importantly, HIV and AIDS and TB will be treated at a single site.

In its 2010/11-2012/13 vision, the National Strategic Plan envisaged that under the aegis of the South African National Aids Council (SANAC), the health sector would spearhead a massive campaign to mobilise all South Africans to be tested for HIV and AIDS, and also put in place measures and expand responses to these initiatives. Such an integrated and protracted approach to health services delivery would also extend to the delivery of antenatal care (ANC) and the Prevention of Mother to Child Transmission (PMTCT) of HIV. Furthermore, the health sector would continue to implement the Comprehensive Plan for HIV and AIDS underpinned by the fundamental principles and tenets of Care, Management and Treatment (CCMT).

2.7.2 The Effect of HIV/AIDS on Business and the Economy

The HIV/AIDS manifests itself mostly among the working-age individuals, who form the bulk of the private sector's workforce and consumer base. Deflecting the impact of the virus on employees and economies could only avert business costs and strengthen corporate reputations.

The study by SABCOHA (2004) corroborates the above-cited view, that the HIV/AIDS epidemic primarily affects working age adults, and that the epidemic far outweighed any other threat to the health and wellness of South African employees. The study further indicated that AIDS deaths would soon exceed all other causes of death amongst the workforce. At the level of individual business, it was predicted that

HIV/AIDS among managers, employees and their families would impose significant direct and indirect costs. (SABCOHA 2004). Despite this looming threat, it was encouraging that South African business continues to demonstrate steadfast commitment to fighting HIV/AIDS, some three decades after the discovery of the disease.

During the past two decades, global efforts have been focused more on understanding the complex social, economic, and political issues surrounding this disease, and less on developing a business case for HIV/AIDS programmes in the workplace. In recent years, however, business seems to have acquired a better understanding of its role and responsibility in the prevention and mitigation of HIV and its devastating impact. Large private sector corporations have demonstrated their acceptance of the leading role that business should play in the fight against HIV and AIDS by means of innovative workplace HIV/AIDS programmes. The study by the Bureau for Economic Research indicated that smaller businesses followed the leading role spearheaded by larger corporations in the fight against HIV/AIDS. Most small to medium-size businesses have shown insufficient understanding in terms of demonstrable leadership and action. Various reasons are attributable to this paucity. The afore-mentioned report argues that there is insufficient research to assist companies to better understand the specific issues that are faced by their respective industries and sectors. Secondly, while awareness about the disease is high, business-specific information and knowledge that is necessary to motivate leadership into action is also still lacking (SABCOHA 2004).

The epidemic will be deemed to have stabilised when the prevalence rate is less than one percent of the population. At present, about 75% of the allocation is used for prevention, including targeted intervention and awareness, with the remainder absorbed by treatment, in particular procurement of anti-AIDS drugs. Seventy percent of mobile telephone subscribers live in developing countries where the mean penetration rate of mobile telephony rose from 13.8% in 2003 to 41.6% in 2007. Despite these population densities, HIV and AIDS programmes have failed to take advantage of such opportunities. According to the White Paper of the Institute of Audio-visual and Telecoms in Europe titled *Mobile 2008: Market and Trends* published for the Mobile World Congress 2008, in Barcelona, half of the world's population owns a mobile phone. The report indicated there were 3.18 billion mobile

subscribers worldwide by the end of 2007, with developing countries accounting for 90% of the new subscriptions worldwide. Mobile telephone operators naturally target young people who prioritise adaptation to new technologies.

Two descriptive studies were conducted among higher education institutions (HEIs) to determine whether or not there were any workplace policies to address personnel with high-risk exposure to HIV/AIDS and PLWHA benefits in those higher education institutions (South African Journal of Higher Education 2007. Many persons living with HIV/AIDS also struggle with the challenges associated with mental illness, substance abuse, homelessness, and other conditions. Obtaining and maintaining employment is a major on-going obstacle faced by persons with all types of disabilities (Journal of Prevention, Assessment and Rehabilitation 2006).

The first study involved a purposive sample of 136 institutional representatives across 14 HEIs on which 14 group interviews were conducted. The study revealed that 57.1% of the tertiary institutions had an HIV/AIDS policy, and that HEIs generally had policies which complied with minimum standards of HIV/AIDS policy requirements.

The second study involved the completion of a structured questionnaire administered to a proportionate sample of 872 academic and support staff members in eight randomly selected tertiary institutions. This study revealed that employees generally had a receptive attitude towards HIV/AIDS policies in their institutions.

While re-entry into the workforce is generally a process, for HIV/AIDS-infected persons and people living with HIV/AIDS, the process could become even more daunting. Workforce re-entry involves a series of steps that may include re-education and/or retraining, job searches, resume development, and other activities. Sustaining employment, in turn, entails its own set of activities.

Advances in the management of HIV have increasingly focused attention on the possibilities of return to employment. However, while the mortality rates in South Africa have decreased and life expectancies have increased, life for the individual remains both complex and unpredictable – especially for the HIV/AIDS infected and the disabled. The mainstreaming process involves all internal and external stakeholders optimising existing resources and management strategies to maximise

the reduction of the long-term impact of HIV and AIDS on the individual, the family, the community, and society at large.

For the individual, AIDS can result in financial instability, through days lost from work because of illness and resultant loss of job and insurance benefits. Some insurers are avoiding, or reducing claims by isolating high-risk applicants with AIDS antibody tests, denying new policies to those at risk and aggressively fighting existing policy holders in court. Family and friends may be unwilling to assist the affected victim financially.

Faced by the challenges of the past and by pressure to become increasingly competitive internationally, South Africa has recognised that the education, training, and development of its labour force and citizenry will be instrumental in its long-term economic growth and social wellness. Consequently, an integrated framework of policy and legislation is being implemented to ensure that human resource development is placed firmly on the national agenda.

2.7.3 Ethical Issues in HIV/AIDS Practice

As opposed to the ethical issues of research outlined in Sub-section 1.9 of Chapter 1 (which emphasise on the expected research and researcher 'code of conduct'), the current sub-section emphasises a theory-driven perspective of the research subjects' environments as an area of contestation in respect of HIV/AIDS in the workplace. Holly and Carol (1988: 198) outlined the following respondent-centric perspectives in order for researchers to understand behavioural variables that influence or shape a context within which responses are elicited for the empirical aspect of research. Taking a stand on a research-related ethical issue involves more than merely assuming a moral position based on personal values. Holly and Carol (1988: 198) describe the following as dominant ethical theories.

Ideal observer theory: This perspective propounds that the characteristics of ethical reason are consistency, disinterest, dispassion, omnipresence and omniscience. These are the qualities of an ideal observer or moral judge. The ideal observer has only general interests in mind, such as the welfare of all, and does not make decisions on practical or emotional grounds.

Egoism: Driven by morality, the egoist responds to questions by stating that something is good because "I desire it, and it is therefore correct".

Deontology: This perspective suggests that rightness or wrongness depends on the nature or form of the action for moral significance.

Utilitarianism: According to this theory, good is happiness or pleasure, and right is "the greatest good for the greatest number of people". Implicit in this position is the assumption that one can weigh and measure harm and benefit and come out with the best possible balance of good over evil.

Theory of obligation: Based on the principle of beneficence and the principle of justice, the theory of obligation stipulates that "we do not just want good, but do good rather than evil, we distribute benefits and burdens equally throughout society."

Justice as fairness: The principles of justice as fairness stipulates that "each person is to have an equal right to the most extensive liberty for all; and that social and economic injustices are to be addressed so that the least advantaged receive the greatest benefit".

Holly and Carol contend further that there are definitive criteria for judging the rightness of any ethical issue. These are:

• Universality: the same principle holds for everyone;

• Generality: the ethical principle may not be geared to specific people or situations;

• Publicity: the principle should be known and recognised by all; and

• Finality: the ethical principal may override the demands of law or custom.

2.8 THE LEGAL CONTEXT OF HIV/AIDS

Legislation exists for protection of people with HIV/AIDS against arbitrary action and unfair discrimination based on their health status. The right to act against "unfair labour practices" is enshrined in the Constitution (South Africa 1966), and an equality clause states that everyone is entitled to equality and freedom from unfair discrimination. The Labour Relations Act (2003) regulates the relationship between employers and employees, prohibiting unfair discrimination and protects employees against unfair dismissals. The Act states that it is an unfair labour practice for an employer to unfairly discriminate against employees on a number of grounds, including acting unfairly in promotion or demotion issues, or in the unequal provision of training opportunities and benefits to employees. Furthermore, if the employer

applies disciplinary measures arbitrarily against an employee, or fails to reinstate an employee in terms of an agreement, it would still constitute discrimination against the employee concerned. Following below is a listing of laws (Acts) that have been selected in tandem with their relevance and symbiotic association with a variety of HIV/AIDS and other workplace-related factors. A brief prosaic explication of the particular Act's relevance follows the mentioned Act itself.

2.8.1 The Constitution of the Republic of South Africa Act 108 of 1996

Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.

2.8.2 The National Health Act 61 of 2003

Provides for a transformed national health system for the entire country.

2.8.3 The Basic Conditions of Employment Act 75 of 1997

Provides for the minimum conditions of employment with which employers should comply. The Act prescribes the minimum employment standards to which every employee is entitled, including maximum working hours and a minimum number of sick leave days to which every employee is entitled.

2.8.4 The Occupational Health and Safety Act 85 of 1993

Provides for the requirements with which employers should comply in order to create a safe working environment for employees in the workplace. Furthermore, employers should provide proper protective equipment to protect staff against possible infection and offer appropriate training in the application of universal precautions.

2.8.5 The Compensation for Occupational injuries and Diseases Act 130 of 1993

Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, including death resulting from such injuries or disease. Every employee has a common law right to privacy, and not obliged to inform the employer of their HIV status, which the healthcare worker may not reveal without proper prior consent. Employees have the right to desist from participating in a programme unless they are assured that their participation is confidential. Secure record-keeping and training for professional and support staff are therefore essential.

2.8.6 The Promotion of Access to Information Act 2 of 2000

Amplifies the constitutional provision pertaining to accessing information that is in the possession of various professional bodies.This protects employees' records against any unauthorised access.

2.8.7 The Skills Development Act 97of 1998

Provides for the measures that employers are required to take in order to improve the skills levels of employees in the workplace.

2.8.8 The Employment Equity Act 55 of 1998

Provides for the measures that should be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

2.8.9 The Promotion of Equality and the Prevention of Unfair Discriminatio

Act 4 of 2000

Provides for the further amplification of the constitutionally enshrined principles of equality and the elimination of discrimination.

2.8.10 The Unemployment Insurance Contributions Act 4 of 2002

Provides for the statutory deduction that employers are required to make from their employees' salaries.

2.8.11 The Labour Relations Act 66 0f 1996

Regulates the rights of workers, employers and labour unions.

2.8.12 The National Health Laboratory Service Act 37 of 2000

Provides for the establishment of a statutory body that renders laboratory services to the public health sector.

2.8.13 The Health Professions Act 56 of 1974 as amended

Provides for the regulation of health and medical practitioners, such as dentists, psychologists, and other related health professions, including community services by these professionals.

2.8.14 The Pharmacy Act 53 of 1974 as amended

Provides for the regulation of the pharmaceutical professions, including community services by pharmacists.

2.8.15 the Nursing Act of 2005

Provides for the regulation of the nursing profession.

2.8.16 Employment Standards

There is a phalanx of standards to be adhered to in respect of non-physical conditions in the workplace that might be considered basic conditions of work. A caveat has to be observed that many of these 'standards' may be misleading if governing standards entailed in various aspects of the legal framework are not stoically adhered to. Properly conceptualised standards could make the difference between safe and health-conscious jobs and those that are not. The EAPs are thus encouraged to take these non-physical conditions in the workplace (that might be considered basic conditions of work) into serious consideration and inform the employees during training or induction sessions about their existence and usefulness. These non-physical conditions include, but are not limited to:

- Hours of work (number of hours, and also time of day, nights versus day shifts);
- Wages (relative to cost of living), consecutive hours of rest per week, time allowed for meals, pregnancy/maternity leaves, paid vacation, paid sick time, work on public holidays, availability of contracts, minimum working age, compulsory overtime, equal pay for equal work ,non-discrimination in hiring (on the basis of sex, disability, ethnicity, etc.); and
- Accommodation of disabilities in the workplace.

2.9 MULTIPLE PERSPECTIVES ON HIV/AIDS AND THE WORKPLACE

The prevalence of HIV/AIDS among managers, employees and their families imposes significant direct and indirect costs to employment organisations. In spite of the copious health and wellness initiatives being undertaken constantly, an AIDS-free workplace – while desirable – is an almost utopian idea. Accrued statistical information seems to indicate that one or more employees will be infected, eventually compelling management to increasingly confront the question of how to deal with HIV-positive employees. Notwithstanding the increase in awareness and publicity campaigns by means of various communication channels, it has been observed that many employers have continued to adopt hostile and discriminatory attitudes towards HIV-positive employees in a variety of ways; which include coercion to undergo testing, unfair dismissals, or pressurising employees to resign. Employers still do not distinguish between employees who have full-blown AIDS and those who are only HIV-positive. Discrimination against the latter is always prejudicial, since these employees could live long productive lives and continue to perform their duties as

effectively as other employee suffering from viral infections, or other illnesses such as high blood pressure, diabetes, and other chronic ailments.

The increased risk of HIV transmission in the workplace has also manifested itself in the realm of socio-economic determinants that directly or indirectly link with the workplace. Some of these socio-economic determinants include migrant labour, single sex hostels, overcrowded housing, poor access to health care facilities, and a parlous lack of recreational facilities.

The loss of one or both parents has an immense emotional impact on dependants, and places financial hardship on most working class families. HIV/AIDS has had an impact on households who lose more than half of their per capita income due to death. The epidemic is creating many of the country's orphans, which puts pressure on the family as these orphans become their primary carers and 'breadwinners'. Children may have to relocate from their familiar neighbourhood and siblings may be separated, all of which can harm their development. (www.avert.org/aidssouthafrica.htm).

Due to increased financial costs, medical aid care, retirement funding, and other employee benefits are under pressure from expenses induced by high AIDS prevalence rates. Employers in particular, are confronted with difficult moral, legal and financial choices. Many other difficult issues will have to be addressed as the HIV and AIDS epidemic threaten the psychological and physiological integrity of the workplace. The concept of loss and the associated depression, anxiety, and suicidal inclinations is central to an understanding of the psychological impact of AIDS.

Economists agree that HIV/AIDS will bring about a severe decline in productivity and saving (allAfrica.com.Nigeria;htt//www.sky2net.net). The professional classes are more vulnerable because adult prevalence rates are already high. Accordingly, it will affect recruitment and staffing trends in all sectors. There is an anticipated loss of skilled labour, with a direct bearing on the waste of many resources invested in training. Shirley (2002) on the other hand, proposes a model that identifies individual perception (self-belief, anticipating success and critical thinking), experience of work (personal impact, competency, meaningful work, feedback and discretion), and work outcomes (job satisfaction, work stress, empowerment and motivation) as a 'barometer' for differences among individuals based on their experiences at work.

Flagon and Henry (1998: 23) stress the notion of a healthy working environment as the responsibility of an organisation, which should create and provide conditions conducive to good health.

In 2008, the then Minister in the Department of Public Service and Administration (DPSA) stated that "a historical approach to solving challenges of employee health and wellness within the public service, given tomorrow's complex environment, would be inadequate. The high-value public servant of the future will be characterised by a capacity for balanced and healthy living to ensure efficient service delivery". The Minister stated furthermore that current business approaches to the public servants' health and wellness – including the quality of their working life and work environments – were still based on a model that had increasingly become obsolete.

Bridging the gap between the challenges of the past and the complex problems of the immediate future requires an integrated model/approach, as well as focused initiatives and interventions serving as the basis for innovative solutions. This integrated model is responsive to employee and employer health rights and responsibilities, as it provides a platform for implementation and co-ordination in a synergistic manner by stressing the virtues of health as a priority for the workforce (NSP 2007-2011).

Quality of Work Life, as addressed in the Strategic Framework for the Quality of Work Life, addresses wellness management, occupational hygiene, and safety programmes in employee assistance wellness and work life. Productivity management is also often known as 'care management', or 'health and productivity', while management programmes are also termed 'disease self-management'. Health and productivity management integrates data from the domains of health promotion, disease prevention, care management, occupational health, disability management, and organisational dynamics. It offers a progressive stage-by-stage process to manage healthcare in the workplace.

Formal disease management programmes driven by the employee health and wellness programme should be developed for the management of all non-communicable and communicable diseases, including HIV/AIDS and STIs in the workplace. The effectiveness of workplace interventions at the organisational level, including the prevention and treatment programmes, is difficult to assess with

currently available data. Further research is urgently needed on workplace programmes which address operational challenges to implementation and development of monitoring and evaluation (M&E) strategies.

African national health systems are overwhelmed by numerous health challenges, and the capacity to respond and manage them is often limited. Most governments lack the fiscal capacity to cope with HIV/AIDS programme funding in the absence of external funding, which tends to be volatile and unpredictable (World Bank 2008).

Notwithstanding the existence of a phalanx of laws intended to ensure workers' health and safety, the HIV and AIDS epidemic continues to have a profound impact on workers' health. Such a situation irrefutably indicates that an integrated and unified approach is lacking in this area (legal framework). As a result, there is a paucity of occupational health service provision in both the public and private sectors.

With regard to employer-subsidised healthcare, there appears to be little coverage of low-income earners who experience significant barriers to affordable and accessible healthcare. Employer-funded workplace-based clinic services provide for a fraction of the workforce, and are limited in the nature of services they offer. The South African Health Review (2007) recommended that the Global Plan for Action on Workers' Health be utilised as a framework for improving and funding the health of workers.

Many companies have undertaken studies on the impact of AIDS on their workplace and employees, but the results have not been made available to the public. The few studies whose results are available point to the severe impact of HIV/AIDS and its potential to grow rapidly as the epidemic advances, claiming loss of employees and decreasing productivity levels.

On the other hand, absenteeism may also result in additional work for healthy employees who have to 'stand in' for sick colleagues. Working long hours could produce stress among employees, which may result in a decline in both the quantity and quality of the final product. Not only do HIV-affected organisations lose their employees as a result of absenteeism or AIDS-related deaths, but they also experience an increase in their medical benefits and costs. Medical expenses and training costs will be on the increase, while work hours will also be reduced.

According to UNAIDS, there is an irrefutable need for employers to increase the collection of information to improve client management and monitoring and

evaluation. Such data allows individuals to be tracked over time and between places, and enables the development of longitudinal patient-level information for clinical management. Patient-level information becomes even more important when used for the monitoring and evaluation services.

2.10. Maslow's perspective on individual and organizational hierarchy of needs

Maslow's hierarchy of needs is a theory in the field of Psychology proposed by Abraham Maslow in his 1943 paper "A Theory of Human Motivation". He subsequently extended the idea to include his observations of humans' innate curiosity. His theories parallel many other theories of human developmental psychology, some of which focus on describing the stages of growth in humans. Maslow used the terms Physiological, Safety, Belongingness and Love, Esteem, Self-Actualization and Self-Transcendence needs to describe the pattern that human motivations generally move through.

According to Maslow's, all humans have a need to feel respected; this includes the need to have self-esteem and self-respect. Esteem presents the typical human desire to be accepted and valued by others. People often engage in a profession or hobby to gain recognition. These activities give the person a sense of contribution or value. Low self-esteem or an inferiority complex may result from imbalances during this level in the hierarchy. People with low self-esteem often need respect from others; they may feel the need to seek fame or glory. However, fame or glory will not help the person to build their self-esteem until they accept who they are internally. Psychological imbalances such as depression can hinder the person from obtaining a higher level of self-esteem or self-respect.

Most people have a need for stable self-respect and self-esteem. Maslow noted two versions of esteem needs: a "lower" version and a "higher" version. The "lower" version of esteem is the need for respect from others. This may include a need for status, recognition, fame, prestige, and attention. The "higher" version manifests itself as the need for self-respect. For example, the person may have a need for strength, competence, mastery, self-confidence, independence, and freedom. This "higher" version takes precedence over the "lower" version because it relies on an inner competence established through experience. Deprivation of these needs may lead to an inferiority complex, weakness, and helplessness.

Maslow states that while he originally thought the needs of humans had strict guidelines, the "hierarchies are interrelated rather than sharply separated".[5] This means that esteem and the subsequent levels are not strictly separated; instead, the levels are closely related.

As Abraham Maslow noted, the basic needs of humans must be met (e.g. food, shelter, warmth, security, sense of belongingness etc.) before a person can achieve self-actualization - the need to be good, to be fully alive and to find meaning in life. Research shows that when people live lives that are different from their true nature and capabilities, they are less likely to be happy than those whose goals and lives match. For example, someone who has inherent potential to be a great artist or teacher may never realise his/her talents if their energy is focused on attaining the basic needs of humans.

2.11. CONCLUSION

The bio-psychosocial effects of HIV and AIDS occur indiscriminately. These effects manifest in the biological, psychological, developmental, social, cultural, economic, political, legal and ethical domains of those affected and infected. In any work organisation, the Employee Assistance Practitioners/Professionals and managers should seriously consider the entire spectrum of the effects of HIV/AIDS, in order that their health and wellness programmes become effective and relevant to the beneficiaries.

The HR departments in organisations should be instrumental in reinforcing the idea those EAPs and their corresponding EAP programmes are primarily intended to yield improvement on expected productivity outcomes. In this manner, the HR section of the organisation organically becomes a policy driver, which in itself contributes to the effective and efficient functioning of EAPs in the organisation.

CHAPTER THREE

CONCEPTUAL AND THEORETICAL FRAMEWORK

3.1. INTRODUCTION

Polit et al. (2004) elude that "conceptual framework" and "conceptual model" are used interchangeably. The model depicts phenomena with less prosaic expressions. Only visual or diagrammatic representations are used to represent abstract ideas in a more intelligible form than in the original conceptualisation. The conceptual or theoretical framework/foundations of the study, therefore, refers to the building blocks on which abstractions, concepts, or theories are assembled on the basis of their relevance to a common theme being interrogated or discussed. Polit and Hungler (1999: 107) further illuminate that conceptual frameworks are more loosely organised mechanisms for organising (abstract) phenomena than theories. Wood and Ross-Kerr (2011: 52) refer to a framework as being called a theoretical framework when the variables have been studied before and have been focused to be related to one another.

In this study, the theoretical or conceptual framework cuts across different, but thematically connected concepts, theories, and ideas. This view is corroborated by Stommel and Willis (2004: 4), who contend that a theory is essentially an organised, symbolic representation of reality that specifies relationships among key concepts, ideas or phenomena of interest. As such, it provides the framework for understanding and explaining patterns found in data. The concepts drawn from the selected theories together with the key concepts of this study will be utilised towards the formulation of recommendations of this study. Since the EAP field is essentially cognate from other health sciences and professions such as social work, nursing, and psychology, an important strategy (considering the vast array of possibilities) for the conceptualisation of phenomena was to perceive some structure or classification within which different theories could be compared and contrasted. The most pivotal and pervasive phenomena to be conceptualised throughout this study are: HIV/AIDS (and other diseases); the workplace environment (as conducive to employee health and wellness, or otherwise; and EAP as a developing health profession.

3.2 A FUNCTIONALIST OVERVIEW OF THE EAP CONCEPTUAL ENVIRONMENT

The International Employee Assistance Professional Association (IEAPA) – which includes external and internal EAP providers, purchasers, counsellors, consultants, and trainers working in the field of employee health and wellness – states that there are many local variables to take into account when designing an EAP programme for a global workforce. According to the IEAPA, the international expansion of organisations has induced a corresponding exponential growth in the global EAP market – with providers now offering services in more than 150 countries.

Extending EAP benefits across the world has its challenges, including cultural, cost, and language barriers, as well as the (in) tractable infrastructural environment of each country. Historically, there were only a handful of global EAP providers, each offering Anglo/American-centric services from a single hub, with employees becoming more selective in their purchasing strategy and demanding more localised services – which became contemporaneous with EAP service provision becoming a globally known a concept.

While a centralised global EAP model offers employers advantages such as centralised account management and data collection, local demand and provision have improved and grown exponentially as well. The expansion of global EAP services has presented employers with the challenge of providing the benefits of EAP (strengthened by effective psychological services) to their international conglomerates. It is mainly due to this state of affairs (global infrastructural expansions) that the researcher was imbued with a sense of viewing the cultural imperatives (infrastructure) that are common in all workplaces internationally. In this regard, the functionalist theory is the focal point of the EAP conceptual environment.

The functionalist theory identifies differentiated distribution of commodities as *sine qua non* to motivating members of society to occupy positions within organisations, and to execute their prescribed work-related tasks. The relevance of this theory in this context resides in the extent to which it accentuates the value of the EAPs' requisites skills in respect of the enhancement of prevention, care and management of HIV and AIDS in the workplace. This functionalistic perspective is a sociological view regarding the importance of each constituent part of society contributing towards the stability of society in its entirety. The functionalistic perspective further

emphasises the view that disorganisation and reduced productivity in an organisational system manifests itself in deviant behaviour such as absenteeism, alcohol abuse, and lateness at work. Durkheim's theory on functional organisations/ institutions propounds that the institution "survives only as a vestige of obsolete beliefs, anchored in popular lore for its coherence and its very existence" (Lodge 1977: 546). Accordingly, the infusion of the EAP system into the workplace health and wellness architecture is viewed as a conceptually relevant paradigm, since it locates the EAP system and its concomitant programmes as both pivotal and instrumental in designing functionally effective and efficient workplace health and wellness strategies for employee satisfaction and productivity in compliance with all applicable legal and moral prescripts.

3.2.1 The In-house EAP Programme Models

The in-house EAP programme models provide a collaborative perspective according to which employers, employees and their representatives collaboratively make significant contributions to employee health and wellness programmes within their respective organisations. The in-house EAP programme models do also provide a significant dimension to the functionalist perspectives in that they augment to a healthcare momentum and paradigm to the EAP functionalist school of thought (http://www.sociology.about.com).

Business enterprises could contribute to healthy and productive organisations by developing and implementing policies that address the physical and psycho-social working environments. Larger organisations that are involved in the enterprise community by providing secondary and tertiary health care services for the community, also contribute to enabling stakeholders in government, business and civil society to work together to create a world in which workers experience enhanced physical health and well-being as a result of their employment. It is envisaged that the day is imminent when all workplaces are healthy and safe environments, in tandem with the WHO's definition of healthy working environments.

The choice of a particular EAP programme model depends on the available resources for the particular organisation, as well as the needs and size of its workforce (Cooper & Williams 1994: 222). Such models should necessarily be designed to meet the needs of the organisation as a whole. According to Gould and

Smith (1988: 36), the in-house EAP programmes are be divided into four categories, as outlined below.

Table 1: In-house Models of EAP Programmes

In-House Models: 1 and 2
Model 1: Providing a limited range of EAP services
Target Population: Employees
Range of Services: Limited to diagnostic assessment and referral to community resources; special focus on substance abuse problems; and periodic training of supervisors in procedures for referring troubled and troublesome employees.
Administrative Considerations*:* Sponsored by the corporation under the auspices of the human resources, personnel, or medical departments. Labour and management may sponsor the EAP jointly without requiring a change in the definition of any of the other components.
Model 2: Providing a comprehensive range of services
Target Population: Extended to include family members
Range of Services: Crisis intervention; short-term counselling; rehabilitation programmes; special focus on substance-abuse problems; preventive interventions such as wellness workshops, support groups, and educational seminars; training of supervisors and shop stewards in employee referrals; and consultation with management and labour union representatives concerning organisational stress factors.
Administrative Considerations*:* Sponsorship and auspices may be the same as projected **in Model 1**
External Contractor Models: 3 AND 4
Model 3: Providing a limited range of services
Target Population: Employees only, same as Model 1
Range of Services: Diagnostic assessment and referral focus on substance abuse, and periodic training of supervisors as in Model 1.
Administrative Considerations*:* Sponsorship by corporation only or jointly with labour. Under the auspices of external contractor (i.e. family service agency, hospital, community mental health centre, or private consulting firm). Services are provided in-house and/or off-site, preferably close to the workplace. Joint sponsorship with labour does not require a

change in the definition of any of the components.

Model 4: Providing a comprehensive range of services

Target Population*:* Extended to include family members, same as in Model 2.

Range of Services*:* Crisis intervention, short-term counselling, same as in Model 2

Administrative Considerations*:* Sponsorship and auspices may be the same as projected in Model 3.

It is important that an appropriate number and level of Employee Assistance Practitioner/ Professionals be available to achieve the stated goals and objectives of the programme (EAPA SA 1999: 15). For EAP programmes to be effective, a minimum number of staff is needed to manage and administer those programmes.

An adequately staffed EAP programme enhances the provision of a more comprehensive EAP service to its major beneficiaries – the employees.

EAP professionals should be suitably qualified to perform their duties, gain credibility within the organisation, create better communications with management, and improve relations with employees. The EAP staff should be skilled communicators and trainers (Cooper and Williams 2001: 230).

Source: (Gould and Smith 1988)

The above-cited models are essential in determining the effective implementation (or otherwise) of a programme in any corporation, with clarity of communication channels to the entire workforce and effective liaison between the EAP provider and the company playing a critical role. The clarity of communication channels entails a considerable educational effort in keeping supervisory staff abreast of relevant new information and techniques (Cooper & Williams 2001: 231).

3.2.1.1 The strategic choice theory

The strategic choice theory complements the functionalist theory as it straddles two views of human nature, namely, the cognivist and the humanistic perspectives. . According to Stacey (2007: 72) these two perspectives relate to control and motivation among individuals in an organisation despite disparities among them. The role of the EAP is "to identify and manage differences, deviant and eccentric behaviour" (Stacey 2007: 72) in the workplace. Deviance is regarded as dangerous

and any disruption (alcoholism and absenteeism) has to be removed by more controls or additional motivators that EAP's deem necessary (Stacey 2007: 72).

3.2.2 EAP Practice in the KwaZulu-Natal Public Sector

As a factor of the practice of various in-house EAP programmes in different organisational environments, the following table depicts the practice of two EAP environments.

Table 2: Employee Assistance Programme in KZN

The Department of Transport is committed to providing an environment that is conducive to promoting the emotional and social wellness of all its officials. An Employee Assistance Programme was established recently in order to improve the quality of life of officials and their families by providing greater support and helping to alleviate the impact of everyday work and personal problems. This programme enhances officials' wellness by restoring impaired job performance whilst at the same time increasing the Department's effectiveness. The Employee Assistance Programme assists employees whose performance is impaired by emotional and behavioural difficulties related to personal or occupational stress. The aim is on timely identification, assessment and referral of troubled employees/underachievers to specialist treatment (internal or external services) for successful reintegration into the work environment, NOT the termination of employment.

The main objective of the Employee Assistance Programme is to enhance productivity, as well as social functioning. The main objective of the Employee Assistance Programme is to provide constructive assistance to every employee, who is experiencing any form of personal problem. A further objective is to prevent a decline of performance from employees with normally satisfying job performance and potential. The objective is NOT to terminate the employment of troubled employees. Within the KwaZulu-Natal Department of Transport, the Employee Assistance Programme will be used as follows:

Identification of (emotionally and psycho-social) troubled officials;

Counselling and carrying out activities with troubled officials to assist them with their problems and to achieve maintenance of productive performance;

Provision of programmes promoting healthy lifestyles and coping skills;

Advising on the use of community services to meet officials' needs and establish linkage with such programme/services;

Referrals to more specialised services when necessary;

Training of frontline personnel (union representatives, supervisors and managers) to enable them to:

Identify when changes in job performance warrant referral to the Employee Assistance Programme;

Carry out an appropriate approach to the official that will result in such referral; and

Motivate officials for self-referrals;

Rendering of community development projects to promote a healthy work environment;

Marketing the Employee Assistance Programme to all officials to create awareness and promote utilisation of the programme; and

Offering consultation to decision-makers in the management echelon concerning personnel utilisation.

Source: (http://www.kzntransport.gov.za/programmes/eap/index.htm)

It is apparent from the above that the KZN Transport Department's EAP model is conceptualised on the traditional EAP paradigm; that is, ensuring employee productivity and social functioning.

3.2.3 The Centrality of Employees' Needs

The centrality of employees' need could not be overlooked, as it is fundamental to the conceptualisation of any effective and efficient EAP model. That EAP models themselves are about employees' health and wellness in organisations inevitably demands that their involvement be central to the success and conceptualisation of EAP programmes in organisations. Multidisciplinary EAP teams should create a work environment where co-workers and supervisors are collaboratively supportive of employees' holistic needs. Employees need clear leadership and expectations in respect of a work environment characterised by effective leadership and support to employees in understanding their roles and the contribution of their work to overall organisational performance and productivity. In this regard, the goal of supporting workers' roles and needs could be achieved by the development and utilisation of the following framework:

- **Psychological fitness to work:** a work environment where there is appropriate fit between employees' interpersonal and emotional competencies, their job skills, and the positions they hold. An employee who was previously incapacitated to perform

her/his job should be rehabilitated and progressively be re-integrated into her/his previous job description;

- **Growth and development:** a work environment where employees receive encouragement and support in the development of their interpersonal, emotional and job skills;

- **Recognition and reward:** a work environment where there is appropriate acknowledgement and appreciation of employees' efforts in a fair and timely manner;

- **Involvement and influence:** a work environment where employees are included in important decisions and discussions pertaining to their work;

- **Engagement:** a work environment in which employees enjoy and feel connected to their work, and also motivated to excel in their work; and

- **Balance:** a work environment in which there is recognition of the need for balance between the demands of work, family, and personal life**.**

In the context of the centrality of employees' needs employees 'Maslow's hierarchy of needs model serves Managers, supervisors, and organisational executives are encouraged to;

3.2.3.1 The relevance of Maslow's hierarchy of needs

Maslow's hierarchy of needs model is congenial to the proposition and conceptualisation of the centrality of employees' needs in insofar as in-house EAP models is concerned. Considering the cognate nature of the EAP profession from various health professions – especially social work and nursing disciplines – it is contingent upon all practitioners of the multi-disciplinary EAP team to work collaboratively towards an understanding of employees' collective framework/model/ architecture of needs. In this regard, Maslow's hierarchy of needs model is most reflective of the range of needs in order to derive maximum employee performance.

In terms of Maslow's needs hierarchy, it is important to address issues closer to the base of the pyramid prior to those at the apex. For instance, problems related to physical safety and health are more basic and immediately threatening than those concerned with mental health and well-being, which is why countries usually develop legislation in this area first.

The hierarchy of needs model includes:

- Biological and Physiological needs - air, food, drink, shelter, warmth, sex, sleep. Safety needs - protection from elements, security, order, law, limits, stability, and freedom from fear.

- Social Needs - belongingness, affection and love, - from work group, family, friends, romantic relationships.

- Esteem needs - achievement, mastery, independence, status, dominance, prestige, self-respect, and respect from others.

- Self-Actualization needs - realizing personal potential, self-fulfillment, seeking personal growth and peak experiences.
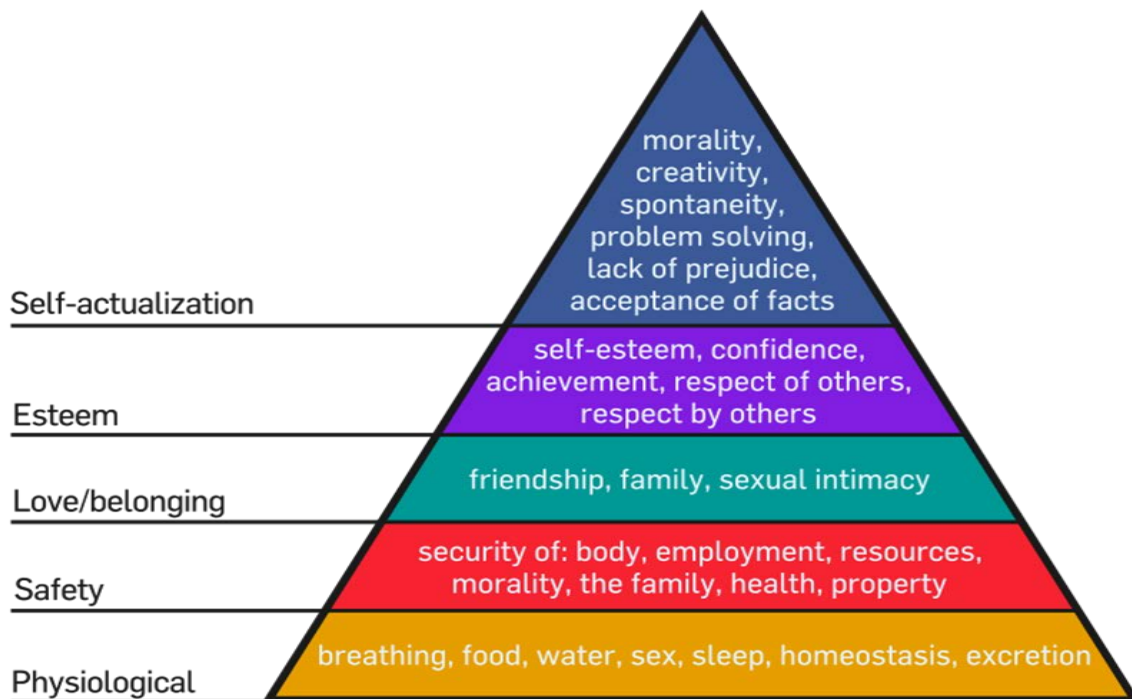
Figure: 1.Maslow hierarchy of needs.

Source: Maslow's (1943, 1954*)* hierarchy of needs.

The Maslow's Hierarchy of Needs five-stage model above (structure and terminologynot the precise pyramid diagram itself) is clearly and directly attributable to Maslow; later versions of the theory with added motivational stages are not so

clearly attributable to Maslow. These extended models have instead been inferred by others from Maslow's work. Specifically Maslow refers to the needs Cognitive, Aesthetic and Transcendence (subsequently shown as distinct needs levels in some interpretations of his theory) as additional aspects of motivation, but not as distinct levels in the Hierarchy of Needs.

Maslow (1943) stated that people are motivated to achieve certain needs. When one need is fulfilled a person seeks to fulfil the next one, and so on.

The deficiency or basic needs are said to motivate people when they are unmet. Also, the need to fulfil such needs will become stronger the longer the duration they are denied. For example, the longer a person goes without food the more hungry they will become.

One must satisfy lower level basic needs before progressing on to meet higher level growth needs. Once these needs have been reasonably satisfied, one may be able to reach the highest level called self-actualization.

Every person is capable and has the desire to move up the hierarchy toward a level of self-actualization. Unfortunately, progress is often disrupted by failure to meet lower level needs. Life experiences including divorce and loss of job may cause an individual to fluctuate between levels of the hierarchy.

Maslow noted only one in a hundred people become fully self-actualized because our society rewards motivation primarily based on esteem, love and other social needs.

> *'It is quite true that man lives by bread alone — when there is no bread. But what happens to man's desires when there is plenty of bread and when his belly is chronically filled?*
>
> *At once other (and "higher") needs emerge and these, rather than physiological hungers, dominate the organism. And when these in turn are satisfied, again new (and still "higher") needs emerge and so on. This is what we mean by saying that the basic human needs are organized into a hierarchy of relative prepotency' (Maslow, 1943, p. 375).*

3.3 THE HIV/ AIDS CONCEPTUAL FRAMEWORK

As HIV infection progresses to AIDS, affected employees are likely to be absent from the workplace more often. The periods of absenteeism may affect the productivity of the organisation, especially if the employee occupies an important position and is more difficult to replace. The effectiveness of workplace interventions at organisational level, including prevention and treatment programmes, are difficult to assess with currently available data. The table below provides a conceptual

framework within which relevant and strategic EAP interventions could be applied in the workplace in the context of HIV/AIDS prevalence.

Table 3: HIV/AIDS Impact on the Workplace

Progression of HIV/AIDS in the Workforce	Economic Impact of Individual Cases	Economic Impact of All Cases
Employee becomes infected with HIV virus	No cost to company at this stage	No costs to company at this stage
HIV/AIDS-related morbidity begins	Sick leave and other absenteeism increase; Work performance declines due to employee illness; Overtime and contractors' wages increase to compensate for absenteeism; Use of company's on-site health clinic increases; Payouts from medical aid schemes increase; Employee requires attention of human resource and employee assistance personnel.	Overall productivity of workforce declines; Overall labor costs increase; Additional use of medical aid benefits causes premiums to increase; Additional medical staff should be hired at the company health clinics; Managers begin to spend time and resources on HIV-related issues; HIV/AIDS interventions are designed and implemented;
Employee leaves workforce due to death, medical boarding, or voluntary resignation	Payout from death benefit or life insurance scheme is claimed; Pension benefits are claimed by employee or dependants; Other employees are absent to attend funeral; Funeral expenses are incurred; Company loans to employee are not repaid; Co-workers are demoralized by loss of colleague.	Payouts from pension fund cause employer and/or employee contributions to increase; Returns to training investment are reduced; Morale, discipline, and concentration of other employees are disrupted by frequent deaths of colleagues.
Company recruits a replacement employee	Company incurs costs of recruitment; Position is vacant until new employee is hired; Cost of overtime wages increases to compensate for vacant positions	Additional recruiting staff and resources should be arranged; Wages for skilled (and possibly unskilled) employees increase as labour markets respond to the loss of workers
Company trains the new employee	Company incurs costs of pre-employment training (tuition, etc.) Company incurs costs of in-service training to bring new employee up to level of old one;	Additional training staff and resources should be brought on board

	Salary is paid to employee training	
New employee joins the workforce	Performance is low while new employee comes up to speed Other employees spend time providing on the job training	There is an overall reduction in the experience, skill, institutional memory, and performance of the workforce; Work unit productivity is disrupted as turnover rates increase

Source: Simon, J et al. (2000)

3.3.1 The WHO Healthy Workplace Model

The WHO healthy workplace model emphasises the aspects of influence, process and core principles. The response of organisations to the HIV/AIDS epidemic has taken many forms, with some organisations believing they should increase medical care and institute prevention programmes to help employees become aware of the virus in order to protect themselves. Investments in prevention and treatment result in a net gain for most organisations. If chronic conditions of employees are not controlled properly, there may be increased medical costs (hospitalisation, medicine usage, and other healthcare costs); increased absenteeism and sick leave utilisation, loss of experience due to early retirement and/or premature death due to ill healt

and diminished performance and/or productivity due to physical incapability, and diminished overall effectiveness of the employee.

The imperative for organisations is to contribute to national and international efforts that prevent the spread of HIV, while also managing and mitigating its impact. The International Labour Organisation (ILO) Code of Practice on HIV and AIDS and the work place provides a framework agreed upon through tripartite and inter-regional consultations for programme and policy development. It helps the workplace partners implement policies that oppose discrimination and promote an environment of open and constructive discussion of HIV issues.

Wellness management addresses the entire spectrum of psychosocial stressors in the workplace in order to enhance individual and organisational wellness and, ultimately, productivity. Health and productivity management in the workplace covers chronic diseases, infectious diseases, occupational injuries, disability and occupational diseases so as to reduce the burden of disease by early entry into disease management programmes and thus enhance productivity in the public service. These activities converge to promote the general health of employees

through awareness, education, risk assessment, and support, and so mitigate the impact and effect of communicable and non-communicable diseases on the productivity and quality of life of individuals. The following diagrammatic representation addresses the entire spectrum of employee wellness.
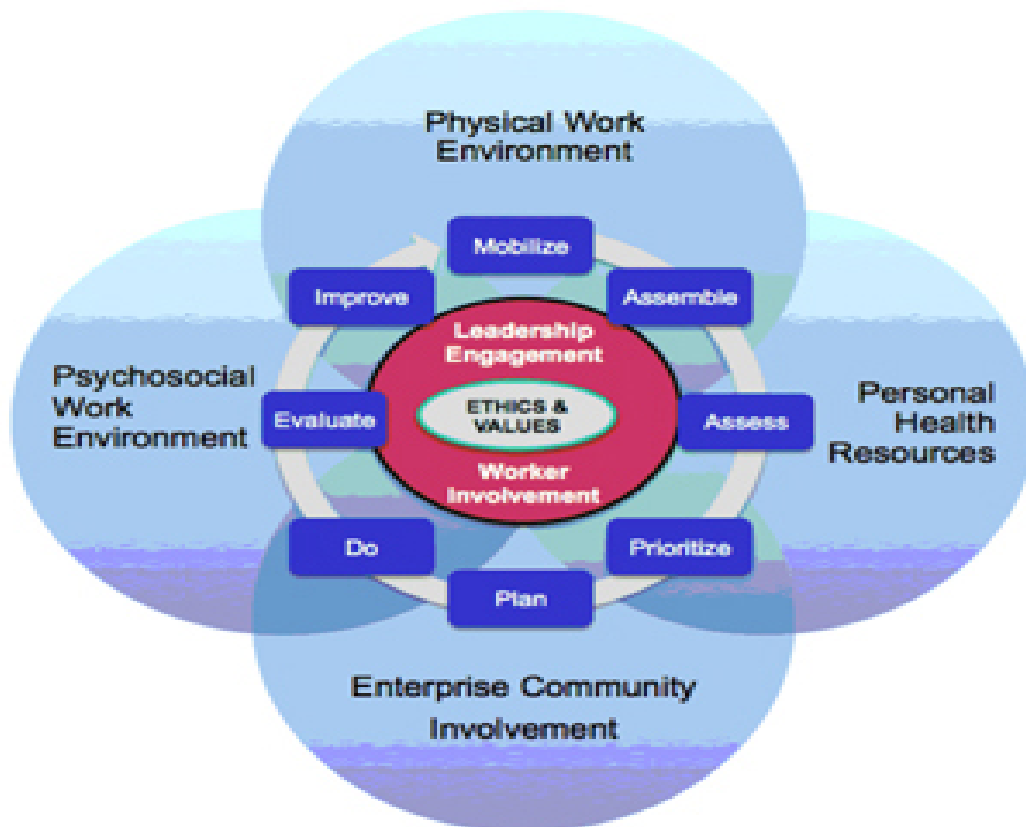
Figure 2: The WHO Healthy Workplace Model (2013)

Source: The World Health Organisation's Healthy Workplace Model for Action

A coordinated approach to workplace health promotion results in a planned, organized, and comprehensive set of programs, policies, benefits, and environmental supports designed to meet the health and safety needs of all employees. A comprehensive approach looks to put interventions in place that address multiple risk factors and health conditions concurrently and recognizes that the interventions and strategies chosen influence multiple levels of the organization including the individual employee and the organization as a whole.

A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers based on identified needs in these components:

- Health and safety concerns in the physical work environment.
- Health, safety and well-being concerns in the psychosocial work environment, including work organization and workplace culture.
- Personal health resources in the workplace.
- Ways of participating in the community to improve the health of workers, their families and other members of the community.

A successful organisation is one that is targeted to the specific employee population, suiting the workplace, employee needs, and personal and organisational health goals.

According to Bennett and Franco (2001, the role of an organisation is to communicate its goals, objectives, as well as strategies and resources for achieving them. While additional goals could become necessary, a system of feedback is used to develop staff knowledge and skills. Bennett and Franco (2001) also inform that problems of ineffectiveness identified in developing countries result in lack of courtesy to employees, high levels of absenteeism and poor quality of care. Shirpley (2002), on the other hand, proposes a model that identifies individual perception (self-esteem, anticipating success and critical thinking), experience of work (personal impact, competency, meaningful work, feedback and discretion), and work outcomes (job satisfaction, work stress, empowerment and motivation) as differences in that affect their individual experience at work. For Flagon and Henry (1998: 23), the notion of a healthy working environment is the responsibility of an organisation to create and provide conditions conducive to good health. Formal disease management programmes driven by the Employee Health and Wellness programme should be in place for the management of all non-communicable and communicable diseases (the latter including HIV and AIDS) in the workplace.

3.3.2 The DPSA HIV/Aids Workplace Framework

An estimated 5.6 million people were living with HIV and AIDS in South Africa in 2011, the highest number of people in any country. In the same year, 270,190 South

Africans died of AIDS-related causes. Although this number reflects the huge amount of lives that the country has lost to AIDS over the past three decades, it reflects 100,000 fewer deaths than in 2001, demonstrating the many lives that have been saved through a massive scale-up of treatment in the last few years. (www.avert.org/aidssouthafrica.htm).

The HIV/Aids Workplace Framework by the DPSA (Department of Public Service and Administration) admonishes that deaths may lead directly to a reduction in the number of available employees, since they occur predominantly among employees in their most productive years. As younger, less experienced employees replace experienced ones, the productivity may be reduced. In this regard, the EAP's role is based also on acceptable health and wellness standards.

The diagrammatic representation below illustrates the DPSA's HIV/AIDS Process in the Workplace model in the context of the process by which HIV and AIDS may affect the organisation and the Employee Assistance Practitioner's role; as well as the Employee Health and Wellness Strategy. The impact of AIDS also depends on the skills of affected workers, and in the event that skilled workers who occupy important positions in the organisation become ill or die from AIDS, the organisation may lose the 'institutional memory' accumulated through many years of experience. In addition, workplaces that have a health programme may find themselves responsible for substantial medical costs, as the insurance scheme of the organisation becomes more expensive as insurance companies increase the costs of coverage in response to high HIV prevalence rates.

FIGURE 3a: National Strategic Framework for HIV, AIDS, STIs, TB and Wellness Response 2012 – 2016.

HIV/AIDS absenteeism includes the time spent seeking medical treatment by employee, sick leave (exemption from duties on medical grounds), unofficial leave and caring for sick family members. In the C.o.J employee may have up to eighty days sick leave at full pay and then another 30 days special leave at full pay before becoming retired on medical boarding. Thereafter, the employee is put on half salary for another six months before being asked to retire on medical grounds. However, unlike in the private sector, public sector regulations on these provisions are not

strict, so a staff member may be given more time to recover, at full salary, at the discretion of the head of department.

HIV/AIDS also impacts on the **organisational level** by claiming the lives of highly qualified staff who may be difficult to replace. Many such civil servants have been trained abroad, have a long record of professional experience and may have specialised in areas that are not easy to fill in.

This framework is premised on the vision contained in the NSP namely to have; zero new HIV and TB infections ,zero new infections due to vertical transmission ,zero deaths associated with HIV and TB Zero discrimination associated with HIV and TB .

Secondly, it is based upon the strategic objectives of the organisation HIV, AIDS, STIs and TB Response, namely: Prevention of HIV, STIs and TB ,sustaining health and wellness ,Protection of human rights ,reducing structural vulnerability and Prioritising programmes such as ; stigma and discrimination ,inequality, substance abuse and multiple and concurrent partners
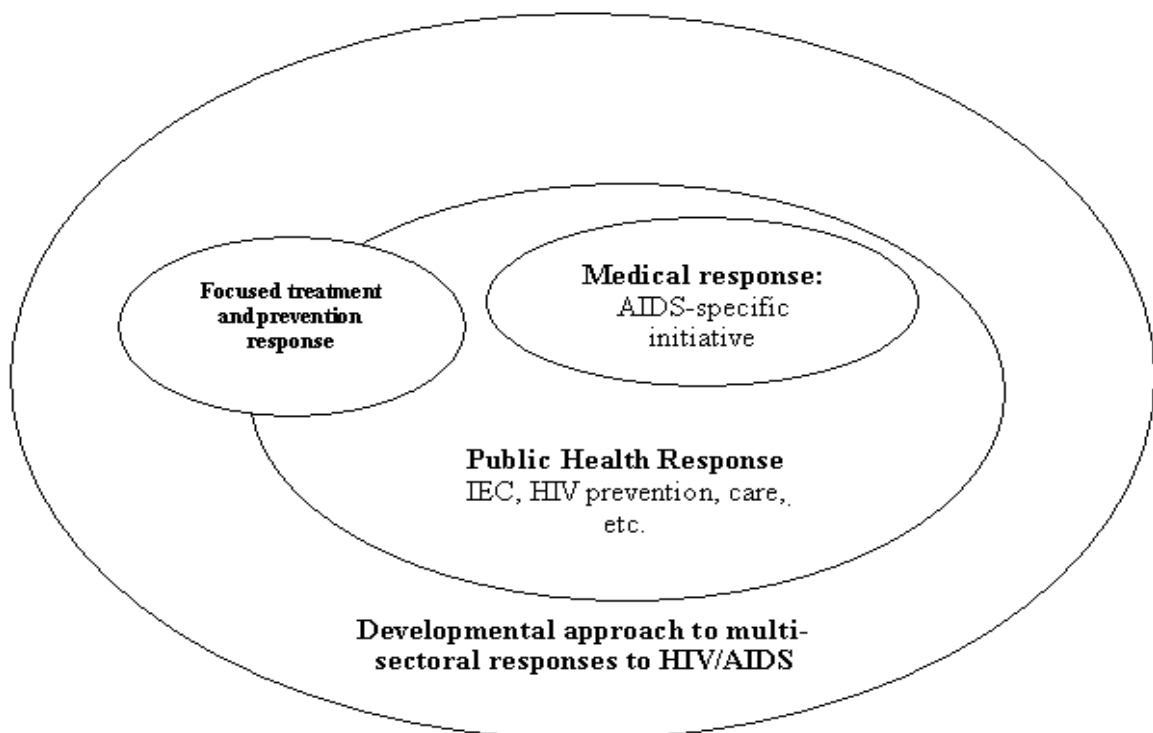
Figure 3b: Conceptual framework of responses to HIV/AIDSCity of Joburg Workplace has and will continue to support mainstreaming of gender and human rights in all aspects of the national response. Efforts will be made to eliminate stigma and discrimination against PLHIV, and strategies to address gender based violence

(GBV) will be developed and implemented. Workplace will continue to create awareness of the roles and responsibilities of EAP "duty bearers" and "rights of Employees;

The National Strategic Framework (NSF) builds upon lessons (positive and negative) learned and achievements of the workplace, while at the same time addressing the challenges and gaps encountered in the implementation of the role of the EAP in the multi-sectoral response. Successful implementation of NSF depends on a combined lateral strategy of interventions from medical, stakeholders and societal to economic activities, resulting in reducing the spread and impacts of HIV and AIDS across all aspects of life.

The NSF (National Strategic Framework) forms the basis for the multi-sectoral response to HIV and AIDS. The design provides the opportunity for all stakeholders to identify their areas of response based on their mandate, resources, capacity and more importantly their comparative advantage.

According to the South African Business Coalition on HIV and AIDS (SABCOHA), over a 20 year period the economic output might be as much as one-quarter smaller than it would have been, and there are indications that growth may slow down and fewer services be provided. The level of service provision may decline and the possible effects on life insurance and pension funds are of particular concern in South Africa. These are important sources of capital for both the private sector and the government.

The implementation of the NSP and Framework if decentralised, will provide greater opportunities for EAP"s, regions, constituencies and sectors to be involved in the national response through joint planning and strengthened multi-sectorial coordination. The roles and responsibilities of the various EAP's will be clearly defined and articulated in the Workplace HIV/Aids Coordination Framework.

3.3.3. The City of Johannesburg's Workplace EAP Framework

The City of Johannesburg's Workplace Framework of EAP functions and roles commenced in 2005 as a directive to implement the management of HIV in the workplace. Employee's health should be considered in the broader context of education, commerce, and economic development. Figure 4 below is an illustration of interactive processes of leadership, organisation and community involvement.

Figure 4: C.o.J. Wellness, HIV and AIDS (07/18/2011)

The HIV/ AIDS epidemic is likely to result in increased costs and declining productivity for organisations, and ultimately lead to declining productivity. However, the magnitude of the impact will depend primarily on five factors: the number of people infected in the organisation; their role in the organisation; the structure of the

production process and its ability to cope with absenteeism; the benefits provided by the company; and the effect on the organisational environment of HIV and AIDS in other organisations and in government (Loewenson and Whiteside 1997).

Many companies have undertaken studies on the impact of AIDS on their workplace and productivity, but the results are generally unavailable to the public. Those results that are available point to the seriousness of high levels of absenteeism and the resultant impact on productivity playing a significant part.

Organisations should be able to integrate with other external service providers or stakeholders for the purpose of referrals and networking Services including medical personnel from a neighboring large enterprise or community occupational health clinic, a representative from a local industry-specific network, or from a local health and safety agency may be valuable.

3.4 CONCLUSION

A healthy workplace is one in which workers and managers collaborate in the utilisation and implementation of continuous improvement processes to protect and promote the health, safety and well-being of employees; as well as the sustainability of the workplace by considering basic health and safety concerns in the physical work environment; health, safety and well-being concerns in the psycho-social work environment including organisation of work and workplace culture; personal health resources in the workplace; and ways of participating in the community to improve the health of workers, their families, and other members of the community.

CHAPTER FOUR
RESEARCH DESIGN AND METHOD

4.1 INTRODUCTION

Whereas the previous chapter addressed the conceptual and theoretical background, This Chapter 4 provides an explication and description of the research design and methods opted for in this study. Research methodology refers to the technique used to structure the research project, as well as the analysis and interpretation of information in a systematic manner (Polit & Beck 2008: 731).

This chapter further presents details of triangulation methods, according to which different techniques of data collection were used. Triangulation was deemed as relevant as the EAP concept itself embraces a multiple context of employees and family responses, adaptation of Codi programmes to HIV and AIDS in the workplace, as well as socio-economic and cultural issues (Talbot: 1995). The merits of triangulation are advantageous in the demonstration of independent strategies blending and yielding dependable data.

The research design of this project relates to the broader action plan of how the research was conducted; whereas the research methodology refers to the specific instruments used in meeting the objectives of the research (Mouton 2001: 55). A combined qualitative and quantitative approach (triangulation) was utilised in the data collection process of the study, with specific focus on exploratory and descriptive designs. The exploratory orientation of the research design was influenced by the limited availability of knowledge relating to the specific setting of the chosen research topic. The triangulated approach demonstrated how all of the various parts of the research project functioned collectively in an attempt to address the questions. This approach enabled the researcher to identify the appropriate research decisions intended to maximise the validity of the eventual research outcome (Polit & Beck 2012).

As stated in the previous chapters, the study focuses on the effectiveness of EAP programmes in the workplace, as well as issues of employees who are HIV/AIDS-infected and psychologically affected. The purpose of the study is also premised on determining the extent of efficacy or otherwise of the City of Johannesburg's EAP programmes. The study will assess the importance of linking individual health, safety

and organisational wellness to productivity and improved service delivery outcomes in order to improve the effectiveness of the EAP programmes.

The City of Johannesburg's EAP Department is one of the units situated within the Shared Service Department (also known as the Corporate Services). It services all employees of the City of Johannesburg within different regions (A-G) and Departments. The researcher was able to successfully negotiate entry as an employee of the City of Johannesburg Metropolitan Council.

4.2 DATA COLLECTION PROCESSES

Data collection describes a process of preparing and collecting data, for example as part of a process of improvement or a similar project. Its purpose here was obtaining information to keep on record, to make decisions about important issues, or to pass information on to others. The collected data was simultaneously analysed by mathematical techniques referred to as descriptive statistics. In this case, the collected data was also inferential due to all the inferences made concerning the sampled participants.

The choice of the research approach need not reflect the interests of the researcher conducting or benefiting from the research and the purposes for which the findings will be applied. Decisions about the kind of research method to use were based on the researcher's own experiences and on the research milieu (Polit & Beck 2012). It was necessary to determine how the role of the EAP is viewed. Furthermore, it was important to examine the manner in which the EAP addressed psycho social issues and HIV and AIDS in the workplace by:

- Evaluating the role of the Employee Assistance Practitioner;
- Contributing towards a reduction in psycho-social problems and HIV and AIDS in order to justify the need for, and costs associated with Employee Assistance Practitioner and their roles in the workplace.

4.2.1 Research Participants

The research population refers to a larger representative group from which a pre-selected set of traits or common characteristics is obtainable. The research population for this project included nurses, doctors, HR officers, employees and other administrative and executive members of the City of Johannesburg Metropolitan Municipality. Since the research population was too large to include all of its members, sampling mechanisms were employed to select a representative group of

research participants. According to Polit and Beck (2012) the population is the group consisting of all individuals on whom researchers wish to apply their research findings. A population can be defined as all people or items possessing the characteristic one wish to understand. A carefully chosen representative sample size of fifty-five participants was ultimately identified. Sampling procedures involved several decisions which included the definition of the sampling techniques, the population, selection of a sampling frame, and the sample size itself. It was also important to understand that the sample size was always viewed as an approximation of the whole, rather than as a whole in itself.

An appropriate sample size should be informed by the research objective, research question, and research design (Polit and Beck 2012; Neumann; Talbot 1995). A representative sample consisted of subsets of the different elements of the population, which allowed for study results to be generalized (Polit & Beck 2012).

For purposes of this study, a sample size of 55 employees was opted for, comprising four doctors, ten occupational health practitioners, three COID officers, four human resource officers, four social workers and thirty clients/employees. The 30 clients sampled were selected from the population of 79 clients registered on the programme and attending at least four continuous counselling sessions.

4.2.2 Sampling Criteria

The sampled participants reflected the characteristics of the population from which it was drawn. Since there is rarely enough time or money to gather information from all members of a population; the goal then becomes that of finding a representative sample (or subset) of that population. Inclusion and exclusion criteria were adopted in the selection of the research participants.

The sampling criteria refer to the extent to which the research participants do, or do not meet the pre-selected traits or characteristics intended to advance specifically the research objectives (Polit & Beck 2004: 218; Strydom & Delport 2002: 334). The research participants could either be included or excluded from participation in the study according to the pre-requisite criteria.

The inclusion criteria distinguished between the demographics and professional strands in the EAP programme. The latter strand adopted the view that EAP is multi-disciplinary, and for that reason, a heterogeneous group of participants would be relevant in making sense of determining and exploring the role of EAPs within the City

of Johannesburg Metropolitan Municipality context. For selection as research participants, the following major factors were considered.

- only employees of the City of Johannesburg Metropolitan Council;
- only those employees located within Corporate Services;
- only those employees rendering health and health care services; and/or
- only those employees who have regularly used EAP services within the City of Johannesburg Metropolitan Council.

Employees who were not included as research participants were categorised into the exclusion criteria. The major consideration in this category was those employees who did not attend the EAP service on a regular basis, that is, those who made less than four visits, as well as other staff members who are not directly involved with Employee Assistance Practitioner employees.

4.2.3 Sampling Techniques

Sampling techniques/methods are classified as either probability or non-probability (Neuman, 2011; Bryman, 2012). Probability sampling is based on the idea that the probability of selection of each respondent is known, while the probability of selection is not known with non-probability sampling (Polit and Beck 2012). The probability techniques include simple random, systematic sampling, stratified sampling, and cluster sampling; while the non-probability techniques include convenience sampling, quota sampling, snowball sampling, and judgment sampling. Probability sampling is advantageous in that the sampling error can be calculated. This error is the degree to which a sample might differ from the population. When inferring to the general population, results are reported with an approximated sampling error. In non-probability sampling, the degree to which the sample differs from the population remains unknown. (Polit and Beck 2012). In the event of non-probability sampling, members are selected from the population in some non-random manner.

4.2.3.1 Judgement/Purposive sampling

Judgment/purposive sampling is described as a common non-probability sampling method (Polit & Beck 2008: 343). In this study, purposive/judgement sampling was opted for, as the researcher is knowledgeable about, and familiar with the research milieu to be studied (Polit & Beck 2008:343). Based on her experience as a Codi employee, the researcher's own judgement was instrumental in determining inclusive criteria. The researcher selected the sample based on its compatibility with the

convenience sampling. For instance, the researcher decided to draw the entire sample from representative City of Johannesburg employees. In selecting this method, the researcher was confident that the chosen sample would be representative of the entire population in relation to its demographic and other characteristics.

This sample in the study included the City of Johannesburg employees: Employee Assistance Practitioners; human resource staff; nurses, occupational health practitioners, employees and doctors. The stratified method combined with convenience and judgment add the necessary dimension of EAP and employees are members of the same stratum and similar in respect of the characteristics of interest ensuring better coverage of the population.

4.2.3.2 Stratified sampling

Stratified sampling is often used when one or more of the stratums in the population have a low incidence relative to the other stratums (Polit and Beck 2012; Talbot 1995). Stratified sampling is also used as a probability method that reduces sampling error. The researcher first identified the relevant strata and their actual representation in the sample. A stratum is a subset of the population that shares at least one common characteristic. Examples of strata might be males or females, or managers and non-managers. Random sampling was subsequently used to select a sufficient number of subjects from each stratum. "Sufficient" refers to a sample size large enough for one to be reasonably confident that the stratum represents the population.

4.2.4 Document Review

A review of relevant documentation was the first step in the data collection phase of the study. The document review process enabled the researcher to develop a thorough understanding of the research topic and its attendant research variables, thus providing critical perspectives on findings of earlier studies, reviews, and evaluations associated with the study initiatives.

The main purpose of a review of documents is to corroborate and augment evidence from other sources (Polit & Beck 2012). The document review process occurred during both the pre-investigative and actual investigative stages of the study. Whereas both the primary and secondary sources of information contributed to the

construction and organisation of the critical aspects of the study such as the literature review, the research questions, and research methods and designs, the empirical aspect of the study benefited from the availability of documents at the research site (CoJ) itself.

For purposes that are consonant with both the research objectives and attendant research design and methods, the sampling criteria (outlined on page 85 above) guided the stratum of the study's preferred stratified random sampling technique. Accordingly, fifty five (55) City of Johannesburg employees were interviewed. Stratified random sampling is used instead of simple random sampling when the categories of the strata are thought to be too distinct and too important to the research interest, and/or when investigators wish to oversample a particularly small group of interest.

The stratified random sampling technique is a method of sampling that involves the division of a population into smaller groups known as strata. In stratified random sampling, the strata formed based on employees who ' shares attributes or characteristics. Fifty five questionnaires were distributed .A random sample from each stratum is taken in a number proportional to the stratum's size compared to the population. These subsets of the strata are then pooled to form a random sample. The stratified sampling helps in capturing key population characteristics in the sample. Similar to a weighted average, this method of sampling produces characteristics in the sample that are proportional to the overall population. Stratified sampling works well for populations with a variety of attributes. The strata are chosen to divide a population into important categories relevant to the research interest which included age, gender, designation etc.

Secondary data was generated from the documents and web-based information. Demographic information including the age, race, income and portfolios of the employees were available in the confidential records of the City of Johannesburg. Institutional documents were used as part of qualitative information gathering. These City of Johannesburg EAP records further gave insight on knowledge management practices within the public sector. Records and information outside the personnel records were maintained as strictly confidential at all times. The Employee Assistance Practitioners ensure the confidentiality of all medical and personal information of employees, which is their constitutional right. Confidentiality about a

person's HIV/AIDS and psychosocial status in particular, was not disclosed to any other party.

As is the case with any established profession, Employee Assistance Practitioners and associated professionals were expected to adhere to certain reasonable ethics and standards, some enforceable by law. Most data was handled under a pledge of confidentiality, an implicit or explicit promise made by the agency to the data providers that it would prohibit or prevent improper use of the data aimed at disclosing confidential information. The Employee Assistance Professionals are held responsible for the consequences of their actions should they behave in an unethical manner, such as breaching client confidentiality.

The study was conducted within the ambit of the City of Johannesburg Municipality's Occupational Health and Wellness programme, which is centralized in Region F (one of the seven Co. regions) and has a staff complement of 438 employees and approximately 5 HIV-positive client admissions on a monthly basis, especially after an awareness campaign has been embarked on.

Although 55 respondents were eventually sampled, a total of two hundred employee records were reviewed, with the focus gravitating on their different roles within the EAP environment. During this phase (review of employee records), each document page was reviewed and analyzed manually and taking cognisance of the confidentiality of employee information.

4.2.5 Face-to-face Interviews

Face-to-face interviews constituted an important aspect of the qualitative phase of this study, as they provide the opportunity for the researcher to investigate unresolved questions further, to solve problems, and to gather data which could not have been obtained in the quantitative phase. Face-to-face interviews are a suitable approach for ensuring a high response rate to a sample survey. However, there are some disadvantages to this approach. Respondents may not always be available for interviews and the travel costs of the interviewer could be high. In this study, face-to-face interviews were preceded by the submission of an Interview Guide, which was checked by the City of Johannesburg's Legal Advisor prior to its distribution to employees (Polit & Beck 2012).

4.2.6 Questionnaire Administration

The development and utilisation of the questionnaire as a quantitative research instrument played a central role in the data collection process of this study. A well-designed questionnaire efficiently collects the required data with a minimum number of errors. It facilitates the coding and capture of data and it leads to an overall reduction in the cost and time associated with data collection and processing (Polit & Beck 2012). The questionnaire was developed by considering prior measurements corresponding to each variable in the literature and theories in the context of the public sector. Each variable will be measured by multiple items in order to increase the reliability and validity of the measurements. The advantage of questionnaires was that they were simple and relatively inexpensive and could provide information from large numbers of subjects. The disadvantage was that they depended on personal reporting and therefore the inaccurate, usually ineligible information had to be corrected.

The use of the closed-ended questionnaire items was intended to obtain quantitative-based results, while open-ended questions were valuable in this study for the gathering of qualitative data. The open-ended-questions were used for complex questions that could not be answered in a few simple categories, but required more detail and discussion, while close-ended questions use fixed responses or structured questions.

There are advantages and disadvantages of using one type of question as opposed to the other. The open-ended question allows the respondent to interpret the question and answer it as he/she understands it. The respondent writes the answer or the interviewer records verbatim what the respondents say in response to the question. On the other hand, the close-ended question restricts the respondents to select an answer from the specified response options. For the respondent, a close-ended question is easier and faster to respond to. For the researcher, closed questions are easier and less expensive to code and analyse. Also, closed questions provide consistency, an element that is not necessarily going to be present with an open question.

Between April and May 2009, pre-testing of the questionnaire was conducted, with three questionnaires administered to EA practitioners, and seven to the employees who regularly utilised the City of Johannesburg's EAP services. Amongst other

envisaged improvements, the pre-administration and testing of the questionnaire helped in discovering poor wording or ordering of questions, and identification of errors either in the questionnaire layout or in the instructions to respondent. In order to determine problems caused by the respondent's inability or unwillingness to answer the questions, it was suggested that additional response categories could be pre-coded on to provide a preliminary indication of the length. Pre-testing could include the entire questionnaire, or only a particular section of it.

The data to be collected, as reflected in most questionnaire items, related to the psycho-social impact of HIV/AIDS in the workplace, based on the role of the Employee Assistance Practitioners in the City of Johannesburg. The practitioners carried out the administration of questionnaires during break time to avoid interruption of service, while the employees were administered to during their consultation or visit time, for which they gave consent. The questionnaire was administered to four or five employees per day for a period of about one month. The researcher recognised that there might have been certain pieces of requested information that the participants were not in a position to provide.

Other questionnaires were hand delivered in sealed envelopes, and collected from the respondents, and sealed again to ensure respondents' confidentiality and privacy. Employees who visited the service were given the opportunity to be asked the same questions stated on the questionnaire on a one-to-one basis. Some the questionnaires were e-mailed to practitioners and employees who have access to the Internet, and their responses printed out for manual analysis. With consideration to privacy and confidentiality issues, only the researcher had access to emailed responses.

4.2.7 Validity and Reliability of the Research Instrument

In quantitative research, reliability and validity of the instrument are very important for decreasing errors that might arise from measurement problems in the study (Sarantakos 1998: 168). Validity refers to "the degree to which an instrument measures what it supposes to be measuring" (Polit & Hungers 1998: 246). Reliability on the other hand, could be equated to the clarity, stability, consistency and accuracy of a measuring tool (Polit & Hungler 1998: 242). Reliability means the degree of consistency or accuracy with which an instrument measures. It also means the research instrument(s) can be repeated elsewhere under the same circumstances as

those that prevailed at the original research sites (Gibbs 2007: 100). Generalisability of the study's findings is also a factor (determinant) of the validity of the findings (Gibbs 2007: 93-94). Both validity and reliability of data collection and its instrumentation in this study were intended to:

- ensure that data collection is conducted in terms of the most current control plan revision;
- increase accuracy of inspection information using built-in data validation, checking and reminder mechanisms;
- enable positive means to document process problems by offering an easy mechanism to generate non-conformance reports
- reduce slothful paperwork and minimises data storage space; and
- enable a quick way to retrieve and analyse data and generate inspection documentation for customers upon request.

4.2.7.1 Internal validity

An instrument becomes internally consistent or homogenous insofar as there is an element of the same variables being measured. The internal consistency approach to estimating an instrument's reliability is regarded as the most widely used method among researchers today (Polit & Hungler, 1999: 89). Internal validity refers both to how well a study is conducted (research design, operational definitions used, how variables were measured, what was or was not measured, etc.), and how confidently one can conclude that the observed effect(s) were produced solely by the independent variable and not extraneous ones. In descriptive studies (correlation, etc.) internal validity refers only to the accuracy or the quality of the study (e.g., how well the study will be carried out).

In this study, internal consistency was maintained by ensuring that the pre-testing conducted between April and May of 2009 was not divergent from the overall objectives of the study and the most critical aspects of various questionnaire items.

4.2.7.2 External validity

External validity represents the extent to which a study's results can be generalized or applied to other people or settings, without veering off all data collection processes from the objectives of the study (Bowling 1997: 180). At the initial stages, the study was localised to only the City of Johannesburg research milieu. In order to afford adequate external validity to the study, the generalisability of the research results

would be tested by conducting further investigations on EAP and HIV/AIDS in the context of other metropolitan councils with approximately similar organisational characteristics as those of the City of Johannesburg.

4.3 CONCLUSION

The triangulation of the research design and methods added value to the value and credibility of the study. Given the multi-disciplinary nature of workplace EAP, it was crucial that both sampling procedures and techniques be configured to address this aspect. The same holds true for the design and development of the questionnaire as the primary research instrument of the study intended to elicit both qualitatively and quantitatively derived responses.

Given the sensitivities around HIV/AIDS, strict ethical conduct was adhered to by the researcher, in order to obviate litigations by either the City of Johannesburg or its employees. Research participation was on a voluntary basis. The respondents' anonymity and confidentiality were maintained, as their identities were required or mentioned. The purpose of the study and its results were fully explained to all the eligible participants according to the established inclusion criteria.

CHAPTER FIVE

DATA PRESENTATION AND ANALYSIS OF THE RESEARCH FINDINGS

5.1. INTRODUCTION

The previous chapter described the various and critical aspects of the research design and methodology in more detail. The current chapter presents the research findings, their attendant analysis, and practical implications on the role of the Employee Assistance Practitioners and employee health and wellness in the City of Johannesburg.

EAPs have often been regarded as providing assistance in the sphere of serious mental, substance abuse, and competence problems. When the role of EAPs was still understood as being an empowerment function available to improve the functioning of employees within the City of Johannesburg, EAPs were able to play a more pro-active role in ensuring higher levels of productivity within departments.

Plans that encourage a family member's participation should be sent as information to each employee, with the Employee Assistance Practitioner playing the role of an educator to employees about available EAP services in their place of employment. No employee, regardless of job title, is entirely immune from job-related stress, often caused by the demand for higher productivity (Cunningham 1994). Work-related stress can lead to serious health and interpersonal problems, a decrease in productivity, and increased organisational costs.

The objective of all good communication essentially should be to relay an understandable message that reaches its audience. A department's plausibly articulated and comprehensive EAP Programme, but only to be derailed by its (department's) failure communicate the existence of such a programme and its usefulness to the employees who are the essential beneficiaries.

5.2. DATA PRESENTATION AND ANALYSIS

Most of the EAP recognised that if left unattended to for a long time, employee problems could have an adverse effect on employee's health and job performance. The EAP role is thus designed to provide eligible employees and their immediate families with professional and confidential assistance in dealing with their variety of problems. The study found that each professional had a role to play under the overall

aegis of the EAP, which is a repudiation of claims in the literature that assistance is rendered only by social workers.

Table 4: Functions and roles of categorised respondents

Categories	Functions/Roles
Supervisors /Managers	Provide information on performance management and service delivery
Human Resource Practitioners	Providing information on available positions, leaves and circulation of policy circulars
Professional Nurses	Provide HIV, Counselling and testing, treating minor ailments, home visits and provision of ART
Social Workers	Provide information and interpretation of employee's psycho-social capabilities and counselling to individuals and families
Environmental and Safety Representative (COID)	Provides COID management and related claims, work related safety procedures / standards and records
Doctors	Provides medical consultation, employee's functional capacity / disability.

EAPs services are guided by the following objectives covered in the EAP Policy of the City of Johannesburg:

• Providing assistance to employees and their immediate family members;

• Rendering confidential service aimed at assisting employees; and

• Providing referral systems.

The EAP/HIV/AIDS Policy stresses the importance of confiding to an appropriate professional without the details of consultation sessions being disclosed to anybody without the particular employee's consent. However, there may be limits to confidentiality, for instance when documents are required by law or for professional obligation.

Guided by the above-cited EAP policy guidelines, the EAPs then provide the following services in respect to challenges faced by the City of Johannesburg's employees:

Emotional or behavioural problems;

- Marital, family and relationship problems;

- Psychological problems;

- Stress management;

- Substance abuse;

- HIV and AIDS counselling;

- Retirement preparation;

- Trauma counselling;

- Bereavement;

- Unsatisfactory work performance;

- Reasonable accommodation;

- Family violence; and

- Referrals (Referral can be made by a peer group, colleague, friend or family member for personal or psychosocial problems. The referral of an employee can also be made by his/her manager, if the manager is concerned about job performance, absenteeism, attitude or behavioural problems. A referral form has to be filled in by the manager, and the employee should be notified about the referral).

In terms of the City of Johannesburg's HIV/AIDS Policy, an employee can access EAPs for self referral, informally and formally through a line manager. Employees experiencing personal or social problems could approach the EAP directly without seeking permission from their line manager.

5.3. RESEARCH RESULTS

The findings of the research showed that the role of the EAPs differs in terms of the levels of HIV/AIDS services they render in the workplace. Not all respondents responded to all questions, hence the frequencies indicated are often less than the total number of respondents. Due to the rounding off of percentages to one decimal point, the cumulative percentages do not add up to exactly 100% in all cases. The findings are organised in relation to the questionnaires to professionals rendering EAP services and to employees utilising those services.

Although initial comparisons of data were made only from Employee Assistance Practitioners, it was not possible for all other employees who utilised the service. HR officers, occupational health nurses, doctors and COID officers were included due to their rendering the Employee Assistance Practitioner services.

Table 5: Projections of HIV prevalence among CoJ employees

	2008	2009	2010	2011	2012	2018
HIV+	4,644	4,665	4,661	4,653	4,628	4,275
NEW Infections	686	656	654	651	653	634
Exits (Ill-Health and Death)	665	660	662	676	691	704
%HIV Prevalence	18.6%	18.7%	18.7%	18.6%	18.5%	17.1%
Upper 95% CI	19.1%	19.2%	19.2%	19.1%	19.0%	17.6%
Lower 95% CI	18.1%	18.2%	18.2%	18.1%	18.0%	16.6%

Source: City of Johannesburg 2008 HIV Impact Presentation

Based on the above table, the researcher projected that by 2012, 4,628 employees might test positive; with new infections projected to be 653, ill health and death at 691, and a prevalence rate of 18.5%. A key impact of HIV/AIDS will be the increased numbers of employee deaths. There are further implications in terms of ill-health early retirement, absenteeism and productivity loss, which are also included in the projection model. Based on the present study, the projection rate may be reduced by implementing the EAP Programme and understanding its effect on the EAP. According to the City of Johannesburg's HIV/AIDS Policy, the Prevalence Survey is

repeated every two years, which will enable analysis of any reduction in the mentioned in the researcher's projection.
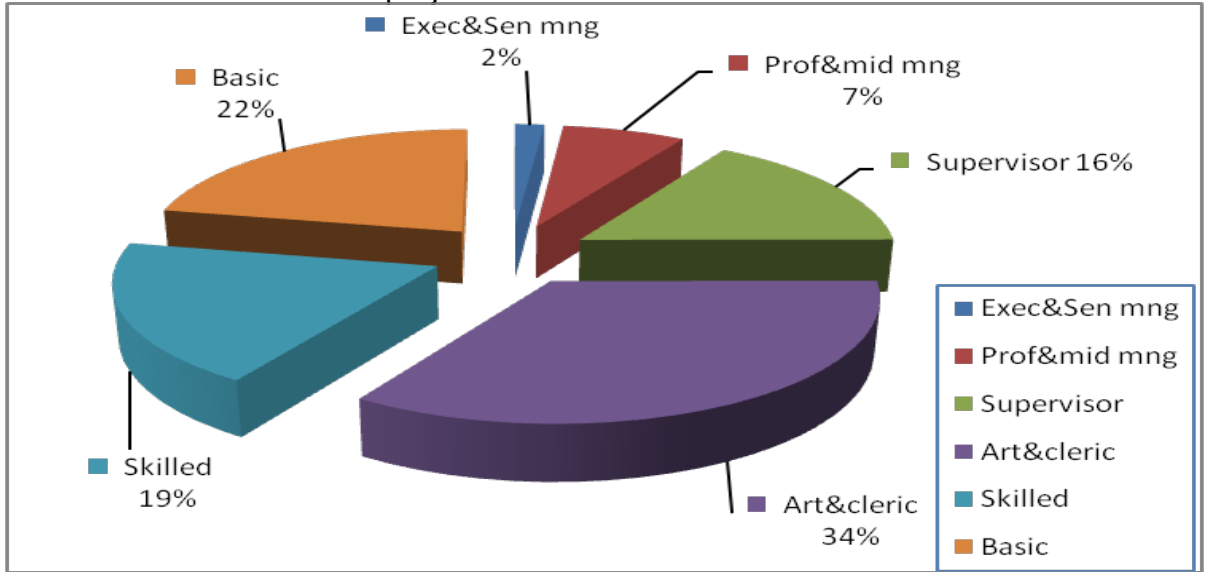
Figure 5: The City of Johannesburg Prevalence Survey

The above figure illustrates that there was a poor response from executives (2%) to the survey, as compared to 34% response from art and clerical staff.

Following below is respondents' brief personal information obtained from question 1 of the questionnaires.

Table 6: Summary of respondents' demographic information

Categories	City of Johannesburg
Employee count	24,938
Average age	45.1
Males	67%
Females	33%
African	78%
African	22%
Medical aid coverage	58%
Retirement fund coverage	76%

The aim here is to broaden the standard definition of related research in several ways in order to cover knowledge related to the theoretical, methodological, managerial, as well as the substantive dimension of the inquiry.

Table 5 above illustrate that HIV/AIDS in the C.o.J affects all employee categories.

In response to the employee's performance, Johannesburg has developed and implemented a range of systems and processes targeting improved performance and enhanced service delivery for its citizens. One such system is Johannesburg's Performance Monitoring System (PMS) originally designed in June 2001 and subsequently revised to respond to the experience of implementation, new legislation, and other imperatives. A performance monitoring system is an enforceable requirement of the PMS Act 32 of 2000, which requires all departments to establish a PMS to:

- promote a performance culture; and administer its affairs in an economical, effective, efficient and accountable manner;

- set Key Performance Indicators (KPIs) as the yardstick for measuring performance;

- set targets, monitor and review the performance of the municipality based on indicators linked to the IDP;

- monitor, measure, and review performance once a year;

- take steps to improve performance;

- report on performance to relevant stakeholders;

- publish an annual performance report on the performance of the department, forming part of its annual report;

- incorporate and report on a set of general indicators;

- conduct an internal audit of all performance measures on a continuous basis; and

- have their annual performance report audited by the external auditor.

According to the prevalence reports, it is projected that there may be organisational financial constraints to the HIV/AIDS benefit schemes in the future. Presently, employees with AIDS are entitled to all benefits, which are applicable to employees in

the same job classification. HIV infected employees continue to work under normal conditions in their employment for as long as they are medically fit to do so.

When an employee becomes too ill to work, the company follows the accepted guidelines regarding incapacity. These include attempts to adapt the associate's duties, to accommodate the associate's disability and to find alternative employment where possible.

5.3.1 Respondents' Characteristics According to Questionnaire Variables

The Interview Guideline highlighted the following major features:

• Personal Information: Demographic characteristics of the respondents**;**

• Employment Category or Directorate; and

• EAP Variability.

The questionnaire became the pivotal quantitative data analysis reference point as it focused on numbers or quantities, and less on the qualitative analysis, which focused on differences in quality. The results of the study are based on numeric analysis and statistics to quantify the qualitative analysis. The prevalence of fewer participants was largely influenced by the depth of the data collection process, which did not allow for large numbers of research participants.

As opposed to quantitative data, qualitative data is typically descriptive and is not easy to analyse. Qualitative research is useful for studies at the individual level, and also assists in the intensive exploration of the ways in which people think or feel. In the study, the participants did not express more of their feelings with regard to their medical conditions such as HIV/AIDS and high blood pressures. Exploring the experience of selected individuals, interviews were used to illustrate points of qualitative analysis to allow the respondent to talk in some depth, choosing their own words.

Of the 55 questionnaires distributed, 51 were returned and collected from the respondents, while two were not completed (blank) and four were returned unresponded to. In all cases below the numeric and statistical calculations are based on the number of questionnaires distributed (55) and not the number returned (4, or 51).

Table 7: Questionnaire response rates

Respondent Category	Number Sent	Number Received	Response Rate Percentage
Social worker	4	4	100%
Doctor	4	3	75%
HR Officers	4	3	75%
Professional Nurses/OHNP	10	9	90%
COID Officers	3	3	100%
Employees/Clients	30	27	90%
Blank	55	2	3.6%
Not returned	55	4	7.2%
Total	**55**	**55**	

The combined response rate of 89% above was considered very credible to the findings. It is apparent from the response rate above that the blank and unreturned questionnaires were respectively the lowest, indicating that their collective 10.8% did not result into a serious poor response rate.

Table 8: Age of respondents

Age Distribution Across Various Categories	Frequency of Occurrence	Percentage of Occurrence
21-30 years	6	10.9
31-40 years	17	30.9
41-50 years	16	29.0
51-60 and more years	10	18.1
Total	49	**88.9%**

The dominant age group above is presently between 31 and 40, which indicates the necessity for EAP practitioners and EAP programmes to be more effective.

It also shows that in a few years' time some employees will be on pension and will require the involvement of the practitioners.

The age distribution of both EAP and employees indicated that the majority of respondents were between the ages of 31 and 40, followed by the 41-50 years age group. The lowest frequency of 6 in the 21-30 years age group indicates that the EAP services have to focus more on this age group.

Table: 9: Religious affiliation of respondents

Religious Category	Frequencies	Percentage of Occurrence
Catholic	9	16.3
Zion	3	5.4
Christian	23	41.8
Other	11	20.0
Total	**46**	**83.5%**

Notwithstanding the Codi's organisational norms, the table above shows that the majority of employees are in fact affiliated a faith organisation of form or the other, which also implies that EA practitioners should be able to play the role of offering spiritual counselling.

Figure 6: Religious affiliation of respondents

The purpose of 'religious affiliation' as a research variable was to determine the extent of correlation (if any) between actual on-the-job behaviour and expected on-the-job behaviour as defined in various job description categories. Figure 6 above illustrates that the majority of respondents (49%) are Christian by their faith orientation. Whereas the distinction of 'Christian' categories may be problematic (taking cognisance that 'Catholic' and 'Zion' may also lay claim to the same 'Christian' affiliation, it is assumed that (whether in theory or actual practice), the majority of respondents do have a religious perspective also influencing their acquired knowledge and accumulated experiences.

Table10: Respondents' number of dependants

Number of Dependants	Frequencies	Percentage of Occurrence
0-3	32	58.1
4- or more	10	18.1
Total	**42**	**76.2%**

The majority of respondents, who were also single parents, have less than three children. The majority were single parents, which may increase their stress at home, and at work. They may require more attention from the Employee Assistance Practitioners.
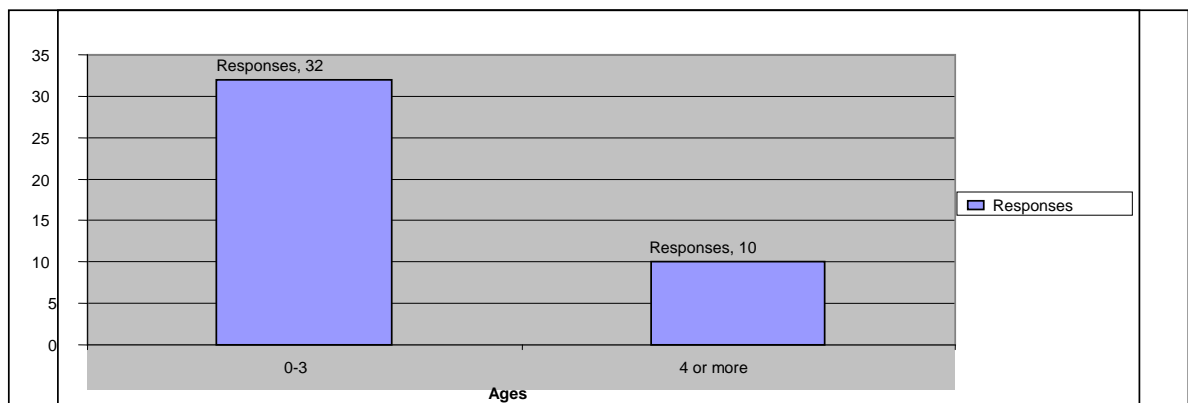
Figure 7: Respondents' number of dependants

Table 11: Marital status of respondents

Marital Status	Frequencies	Percentage of Occurrence
Single	29	52.7
Married	14	25.4
Separated	3	5.4
Widow /Widower	2	3.6
Other	1	1.8
Total	**49**	**61.9%**

The study included the distribution of respondents according to their marital status as characterised by the selected study population. Unlike 'gender' and 'age', marital status is not a biologically ascribed characteristic, but an acquired one. Furthermore, and in proportion to persons who are not married, marital status involves the establishment of a biological family in most societies, since it (marriage) it is the acceptable centre of institutionalised reproductive behaviours. The proportion of persons especially singles with a frequency of 29, of those whose marriages have been dissolved by death or divorce, or never married.

The pattern of marital status distribution is determined by the combined effect of various biological, social, economic, religious and legal factors affecting marriage.

These factors have resulted in the study population fact that in C.o.J, the proportion of singles who never marry is much higher (29) than separated (3) and widowed (2).
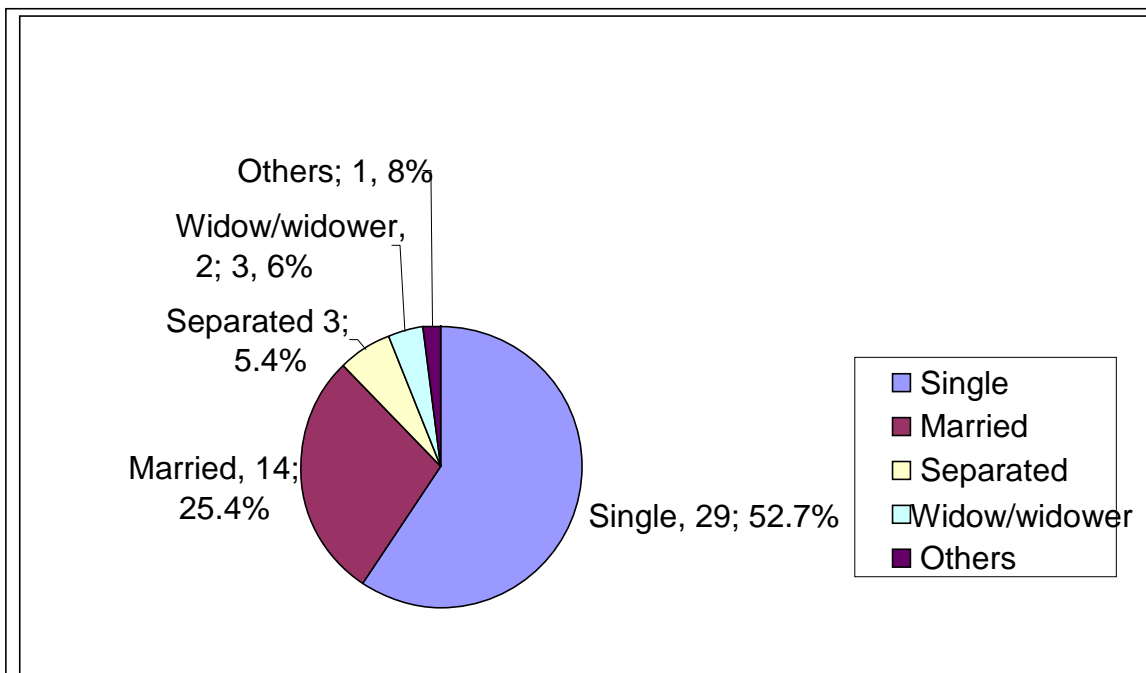
Figure 8: Marital status of respondents

Both Table 10 and Figure 8 above indicate that the majority of respondents were single (59%) and of childbearing age, which suggests a need for in-house training on parental care, as well as HIV/AIDS and psycho-social issues which may cause depression if one is not coping.

Table: 12: EAP allocation

Employee Category	Frequencies	Percentage of Occurrence
Social Worker	4	7.2
HR Officer	3	5.4
Professional Nurse (OCHN)	9	16.3
Medical Doctor	3	5.4
Employee	27	49.0
Other	3	5.4
Total	**49**	**88.7%**
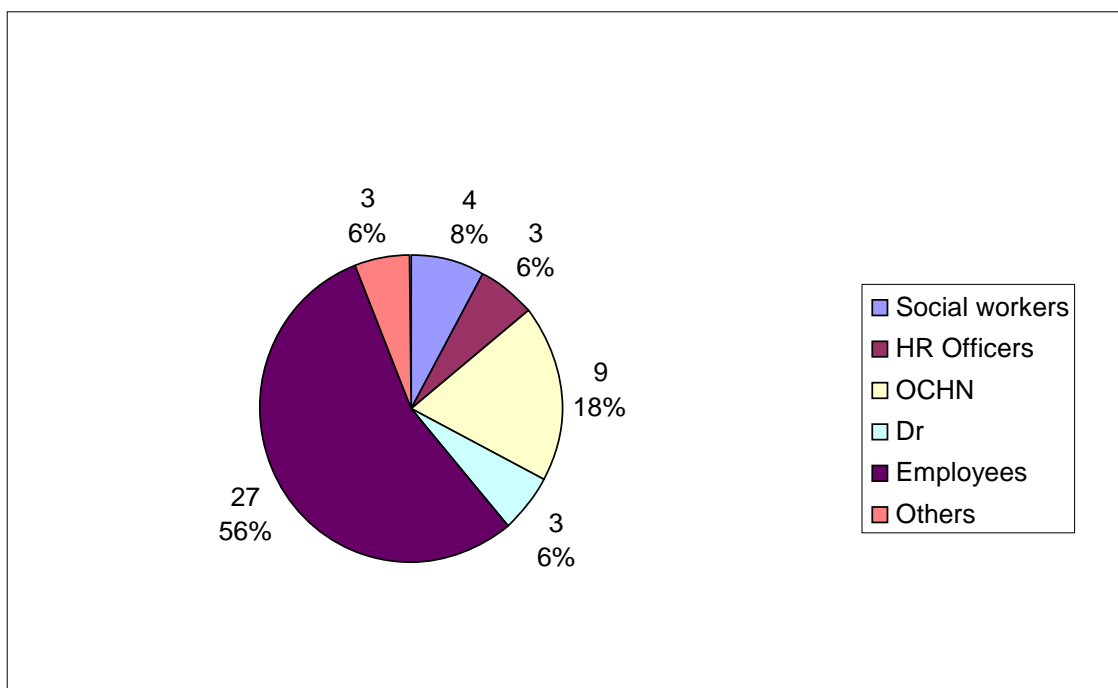
Figure 9: EAP allocation

Table 12 and Figure 9 above reveal that Employee Assistance Practitioners worked in different disciplines across the workplace environment. However, they all collaborated to offer an integrated EAP service.

Table 13: Respondents' educational background

Level of Education	Frequencies	Percentage of Occurrence
Post-matric diploma /certificate	19	34.5
Bachelor's Degree	11	20
Honours Degree	3	5.4
Master's Degree	2	3.6
Doctorate	2	3.6
Other	7	12.7
Total	**44**	**79.8**
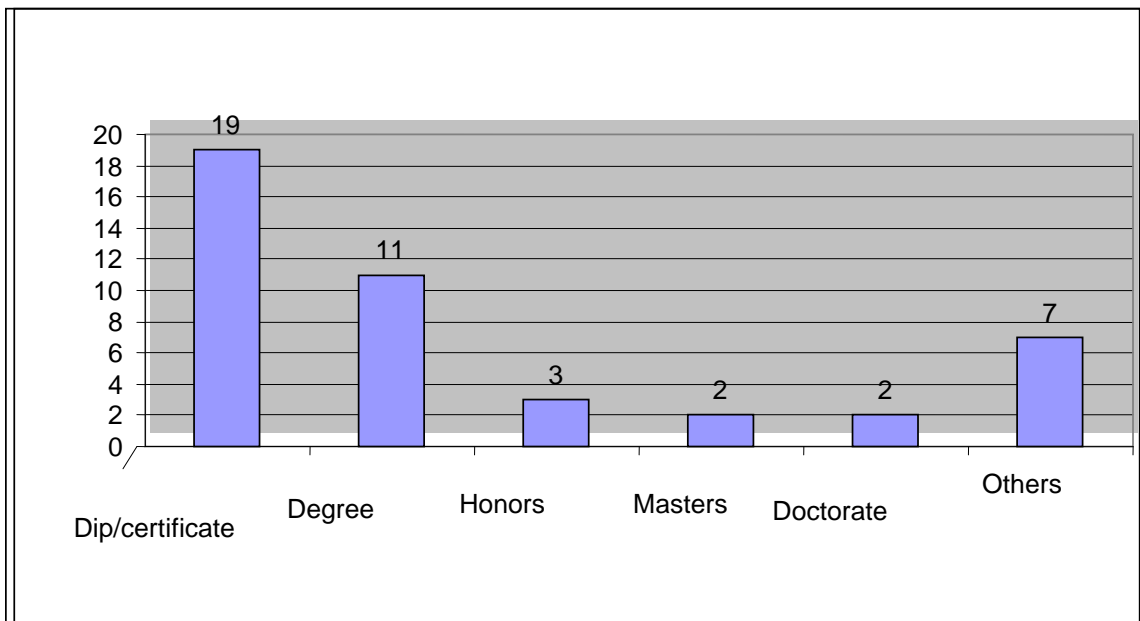
Figure 10 :Respondents' educational background

The educational background of the respondents enables them to be knowledgeable about the most recent developments in their disciplines and also be able to apply their expertise, understanding and skills within the particular circumstances of their employment. Their educational background further allows the generation of new

knowledge, which advances understanding and integration with complementary expertise and existing practices. The n= value was difficult to calculate as the respondents answered in terms of a single qualification only. As in other circumstances, the respondents possessed a diploma, bachelor's degree, honours degree, master's degree or a doctorate. Most respondents possessed a diploma or a certificate, while fewer had obtained a postgraduate degree or other qualification. It can therefore be assumed that the Employee Assistance Practitioners may have clinical experience, but lack the Employee Assistance Practitioner competencies expected from someone offering an Employee Assistance Practitioner programme.

In contrast, those participants that require relatively advanced qualifications have either remained stagnant or have indeed shrunk.

In this regard, a successful EAP programme rests on the staff members' education and work experience in the recognised mental health professions – psychology, social work, psychiatry, or psychiatric nursing – and they should have appropriate credentials and/or a license to understand the concepts and theories for the service rendered (Masi 1992).

5.3.1.1 Respondents' EAP Roles

The following question was posed in order to determine EAPs' understanding of their roles:

Question: What intervention regime do you apply?

This question from the interview guide was only posed to the Employee Assistance Practitioners who were doctors, OCHN, HR officers and COID Officers. Only 13 out of 22 responded to the question. Most of the intervention regime responses concerned care and support, management of minor ailments, counselling and psychosocial support.

Response: *Doing counselling and testing and treating minor ailments.*

Question: *How long have you been with the organisation?*

Sixteen respondents reported that they have been with the organisation (Codi) for more than 10 years and may consequently have had a solid background in management activities and the management of human resources in the organisation. Their chronological age seems to correspondent with the number of years in the

employment of the City of Johannesburg and the work experience accumulated over the years. Table 13 below corroborates this finding, in response to the question above.

Response 1: I am 50 years old and being working for the city for 30 years in one position

Response 2: I joined the organisation a year ago and I am furthering my studies to empower myself.

Table 14: Number of years in the organisation

Number of Years	Frequencies	Percentage of Occurrences
6 Months – 2 years	11	20.0
2 yrs – 5years	13	23.6
5 years – 10 years	7	12.7
10 years and more	16	29.0
Total	**47**	**85.3%**

Table 14 above indicate that most respondents (29%) had been working for the City of Johannesburg Metropolitan Council for ten or more years. This heightens the view that EAP programmes in the organisation are an absolute necessity, since there is an entrenched beneficiary base in the organisation.

Question: *What is the general health profile of the employees you see on a regular basis?*

Response: Only 17 Employee Assistance Practitioners responded that most of the employees sought advice on HIV and AIDS related illnesses.

Responses to Questionnaire (7-16)

In the questions stated below, data on the responses is reported. Questions 7-16 analyse those questions which attracted Yes or No; Major or Minor; Never or Sometimes; Agree or Disagree; and Always or Sometimes responses. The n=value

was impossible to calculate due to each practitioner responding to more than one issue. The items with the highest frequencies /responses are also analysed.

Question 7: *In your interaction with the different clients do you encounter any of these other health condition?*

The responses to the above question are reflected in Table 14 below.

Table 15: Conditions encountered during Employee Assistance Practitioner interactions

Health Conditions	Yes	Percentage of Occurrence	No	Percentage of Occurrence
Diabetes Mellitus	13	23.6	4	7.2
Heart failure	3	5.45	11	20.0
Infectious diseases	2	3.6	12	21.8
Malaria	1	1.8	1	1.8
HIV/AIDS	19	34.5	3	5.4
Alcohol or any illicit drug	16	29.0	0	0
Mental illness	0	0	8	14.5
Stroke	1	1.8	10	18.1
Malignancy	4	7.2	1	1.8
High blood pressure	17	30.9	0	0
Other	0	0	0	0

The statistical information presented above was gained from questionnaires completed by the Employee Assistance Practitioners only. It is apparent that HIV/AIDS, high blood pressure, alcohol or other illicit drugs were the most frequently reported health conditions. This gives a clear indication of organisational health problems which may include HIV/AIDS, and other related health conditions or complications. In relation to question 7 above, the response to one malaria case was not proved as the respondent did not have a laboratory proven result. It was based only on signs and symptoms given by the client during consultation.

Question 8: *Please elaborate or add relevant information based on question 7.*

Responses: *EAP Nurse Practitioners give out ART to infected employees.*

We are supplied with immune boosters for a month or more.

Question 9: *Please indicate any enablers or issues that enhance EAP efforts.*

Table 16: Enablers or issues that enhance EAP efforts

Enablers	Major	Minor
Quality of equipment	5	4
Condition of patient	3	1
Age of patient	6	3
Qualifications in EAP	12	3
Experience of EAP	8	2
Administrative support	5	2
Amount of administrative duties: recording, reporting, referencing	13	0
No reward for contribution	3	1
Involved by doctor and others	5	2
Participation in decision making	7	2
Contribution in policy making	6	1
Interests of family members	4	1
Teaching responsibilities for clients	4	1
Client expectations	3	5
Managers	7	1
Instruction activities	5	3
Other EAP activities	11	2
Other		

Accruing from the respondents, the highest number of EAP enablers enhances their work are in the realm of administrative duties: recording, reporting, and referencing; the qualifications of the Employee Assistance Practitioner; as other Employee Assistance Practitioner activities.

Question 10 (Personal experience of EAP and employees)

Question 10.1: *Please indicate whether you have had experience of the following problems?*

Table 17: Frequency of problems encountered by EAPs

Nature of Problem	Currently		In the past 5 years	
Response Type	Yes	No	Yes	No
Domestic violence	14	3	3	1
Abuse of alcohol	16	3	5	1
Substance abuse	11	5	2	2
Workplace violence	6	11	2	2
Sexual abuse at work	6	10	0	4
HIV/AIDS	19	3	11	1
Family problems	17	3	4	1
Divorce	11	6	2	2
Trauma	13	3	7	3

The above table illustrates that EAPs encountered more clients with HIV/AIDS, family problems, alcohol and substance abuse and trauma. This confirms that HIV/AIDS and substance abuse are major problems, and that in the previous five years HIV/AIDS, and employees with alcohol abuse and trauma problems had been particularly problematic. It could then be concluded that HIV/ AIDS occurrences remains a serious concern in the organisation.

Question 10.2: *To what extent has the above experience affected your work performance?*

Table 18: Effect of employees' health on EAP work performance

None	Moderate	Large extent	Very large extent
1	5	15	7

Fifteen (15) of the respondents were affected to a large extent, 7 to a very large extent while only one was not affected. Holly et al. (1988: 695-701) explain that the effects of HIV/AIDS impact all spheres of life; EAPs in this case were no exception. Their daily experiences with employees' health and wellness problems affected them immensely.

Table 19: Responses regarding assistance from managers/supervisors

Never	Sometimes	Half the time	Always
4	5	1	7

Seven of the 17 EAP respondents (41%) confirmed receiving assistance from their manager or supervisors in respect of fulfilling their employment expectations. Employers and managers should be informed about organisational HIV/AIDS policy, legal aspects of employment of persons with HIV/AIDS, accommodation for employees with HIV/AIDS related disabilities, employee benefits packages, and HIV/AIDS education and training in the workplace. Managers' understanding of this obligation could facilitate meaningful employment experiences for persons living with HIV/AIDS that may translate into benefits for employers, such as increased productivity among employees and protection from lawsuits. It then becomes that managers continuously assist EAPs in their role fulfilment.

Question 11: *How often do you experience each of the following work-related problems?*

Table 20: Frequency of work-related problems

Response Type	Never	Sometimes	Half the time	Often	Always
Nature of Work-related Problem					
Work pressure	10	14	9	6	10

Unhealthy working environment	6	19	9	7	5
Lack of support from co-workers	9	17	16	9	5
Lack of support from management	3	15	12	14	9
Role confusion	6	23	10	9	22
Job satisfaction	5	13	13	4	5
Job dissatisfactions	4	18	10	11	12
Low morale	5	6	7	5	19
Accident made at work	16	17	11	0	2
Taking frequent sick leave	13	15	14	5	20
Absent from work without reporting	22	7	11	7	0
Conflicts with colleagues	13	18	9	9	4
Failing to meet deadlines	15	14	11	5	4
Reprimanded for poor performance	19	10	12	3	1

According to Table 19 above, 22 EAP respondents and other employees each reflected that a state confusion (at times) and unreported absenteeism prevailed, followed by frequent sick leave and prevalence of low morale among staff. These factors were corroborated by Inslee and Mennen (2002: 16), who cited that reduced morale and employee performance and frequent absenteeism compounded workplace pressures.

Employee assistance programmes are important in preventing the adverse outcomes of job stress, to which HIV/AIDS may be also a contributory factor. Without support from co-workers, the stated job condition and related mental strain may be stressful for all workers when they feel they are not being supported.

Question 12: Stress and job satisfaction

To what extent do you agree with the statement below?

Table 21: Responses to forms of stress

12.1 Responses to personal stress					
Personal stress	Totally Disagree	Disagree	Unsure	Agree	Totally Agree
I feel like I am losing control of my life	5	13	10	17	5
I feel left behind in my work	10	25	11	6	4
I feel tense and angry with those around me	11	5	10	9	15
I feel I am not coping with my work	11	19	7	11	10
I feel confident about the future	7	12	22	12	7
12.2 Responses to work related stress					
	Totally disagree	Disagree	Neutral	Agree	Totally agree
My work is not exciting	6	11	15	12	6
I am looking for a new job	9	18	11	9	5
I work more than I am paid for	3	11	14	11	9
The best part of my work is when I am going on leave	4	14	13	19	17
I enjoy sharing in my work	5	7	11	14	3
12.3 Responses to job satisfaction					
	Totally Disagree	Disagree	Unsure	Agree	Totally Agree
There is empowerment and growth in what I am doing at work	11	15	7	13	8
My work is interesting to me	5	9	11	10	4
I always think of my work, even if not at work	10	14	10	7	11

My manager always recognises my job performance	4	7	17	10	6
I receive a reward for work I perform	9	11	11	9	16
The organisation supports my work	5	17	12	6	4
There are chances of promotion	10	15	12	10	4
I am part of decision makers in policy making and implementations	10	12	11	7	5
My salary is satisfactory compared to that in other organisations	9	13	13	14	9

Emanating from Table 20 above, the numbers of those who disagree will be added to yield one response while the figures for those who agree will also be added to yield a single response. In this regard, the responses concerning personal stress indicate that 22 respondents felt they were losing control of themselves, while 18 respondents disagreed. Twenty four felt irritable (tense and angry) with those around them. In relation to work related stress, 36 responded that the best part of their work was when they were going on leave, while 18 were unenthusiastic about their work. This general state of affairs reflects ennui in the workplace, with little self motivation.

Asked for responses to job satisfaction, 25 responded that they received a reward for the work, while 26 disagreed that empowerment and growth were prevalent in their work.

It has been estimated that stress-related illnesses are responsible for more absenteeism from work than any other single cause (Litchfield 1995). As mentioned in the literature review, the workplace could be a stressful institution. No employees, regardless of job title, are entirely immune from job-related stress. The demand for higher productivity brings much stress in the workforce (Ramathan 1992).

Work-related stress may lead to serious problems such as health and interpersonal problems as well as a decrease in productivity and increased cost to the workplace. According to Byars and Rue (2000:303), research evidence rejects the more popular view that satisfaction leads to performance. However, it supports the view that

performance leads to satisfaction. Employees who are satisfied with their jobs tend to be committed to the organisation and are more likely to be very loyal and dependable (Byars & Rue 2000:304). On the other hand, employees who are dissatisfied with their jobs tend to behave in ways that are detrimental to the organisation's expected performance levels.

In this regard, one should note, first, the traditional view that satisfaction causes performance. The second proposition is that it is the effect of job performance that leads to rewards rather than the actual job satisfaction. A third proposition considers both satisfaction and performance to be functions of rewards. In this study, both employees and EAPs had different views. Some had received performance rewards and others not. City of Johannesburg employees are rewarded according to their job descriptions and performance appraisal, as stated and attached in (Appendices I to J).

Question 13: *To what extent do you agree/disagree with each of the following?*

Table 22: Responses to referral system and EAP provision

13.1.Referral system				
	Strongly Disagree	Disagree	Agree	Strongly Agree
I have the ability to realise when an employee is experiencing a problem	2	1	7	6
I can confide in my manager when I have a problem	12	6	9	2
I usually handle the problems experienced by employees	1	8	12	2
We need training in handling troubled employees.	1	3	13	6
13.2.Provision of EAP				
	Strongly Disagree	Disagree	Agree	Strongly Agree
The EAP programme is well implemented	12	15	8	3

The EAP Policy is available and clear	10	16	10	4
EAP is well staffed	13	11	8	1
Personnel are qualified according to the job requirements	7	17	12	4
EAP is integrated with other services	7	14	7	2
Employees' reports kept in a private and confidential place?	6	11	11	4
HR is supportive of the EAP Programme	5	9	13	4
Labour unions are involved in grievance procedures	5	10	17	5
The EAP Programme is marketed to the employees (e.g. campaigns. posters, pamphlets).	11	11	14	4
HIV and AIDS employees are managed like any other chronic illnesses.	13	17	12	3
The performance management system is working well	13	12	11	1
The EAP Programme is always audited	4	8	11	4
A formal system of regular appraisals with reviews of past performance and setting of objectives is done	9	11	14	3
Informal reviews are undertaken especially when there is a performance problem	10	9	9	4
Not reviewed	7	15	4	3
No response	6	11	10	3
The working environment is very safe from hazards	8	13	12	3
I am clear about the policies and objectives of my work	7	11	14	3

Question 13.1 refers to respondents who were specifically Employee Assistance Practitioners, and who were dissatisfied with their roles in the system of client referrals. Nineteen of the respondents agreed that they needed training in handling troubled employees, while 18 disagreed that they were able to confide in their manager when they experienced difficulty.

For question 13.2, the respondents were the Employee Assistance Practitioners and Codi employees. Employee Assistance Practitioners analysed other Codi employees concerning the provision and efficacy of the EPA services to them. Twenty seven

(27) did not agree that the Employee Assistance Practitioner programme was well implemented, while 30 disagreed that HIV/AIDS employees were managed like any other chronically ill employees. Furthermore, 24 disagreed that personnel were qualified according to the requirements of the performance appraisal system.

On the other hand, 22 concurred that labour unions were involved in grievance procedures, while 18 agreed that the Employee Assistance Practitioner Programme was marketed to the employees in various ways.

According to Erfurt and Footer (1992: 5), there is a need for linking the Employee Assistance Practitioner and other worksite wellness programme activities. This synergistic approach is regarded as a method of solving problems and bringing much-needed follow-up procedures into the sphere of employee assistance programming.

The Employee Assistance Practitioners, especially if they undertake referrals, should be properly trained. They should understand the programme policies, procedures and services so that they are clear about their role in relation to the plan. Practitioners should know that referring an employee is a sign of skill rather than failure.

The Employee Assistance Practitioner should identify performance problems and should encourage employees to use their services. Practitioners should also understand that the use of these services is voluntary and should not be used as a step before a disciplinary process.

Question 14: *Who usually consults EAP?*

There were only 32 responses to this question from those Codi employees and their families with infected or affected by HIV/AIDS, experiencing psychosocial, disciplinary and minor health problems.

Question 15: *Who identifies with the EAP programme?*

Table 23: Identifiers of the EAP programme

	Always	Sometimes	Occasionally
Self	19	16	4
Family	9	14	9
Manager/supervisor	14	18	6
Peers /co-worker	4	22	4
Medical staff	10	17	3
Other	2	13	3

The responses in Table 22 above indicate that employees themselves are always confident of the work-based EAP programme's efficacy. According to Bilborough (2008), an Employee Assistance Programme is designed to assist organisations address productivity issues by assisting employees in identifying and resolving personal concerns. Since emotional, practical and or/personal difficulties impact on how employees are able to perform in the workplace, create absenteeism and impair productivity, it makes for good business practice to provide support for employees (http//www.english-spanishlink.com).

Question 16: *How are you/they referred?*

Table 24: Modes of referral

	Always	Sometimes	Occasionally
Self	14	10	4
Informal	9	13	3
Formal	9	7	10

Fourteen (14) participants responded that they were always self-referred, and 13 were sometimes being informally referred; while 10 responded that the system was occasionally formal.

Question 17: *Is the Employee Assistance Practitioner Programme well placed? If not, where do you suggest it be placed?*

This open-ended question was intended to elicit the information gained from both the Employee Assistance Practitioners and Codi employees attending the service. From the forty one (41) respondents, twelve (12) stated that the programme was well placed at OHASA (Occupational Health Association of South Africa), while nine indicated that the programme should be located in the Health Department. Ten (10) responded that they were unsure, while 6 responded that the Human Resource Department was appropriate; and 4 proposed the City Manager's Department. Furthermore:

- Fifty 55% of employees and practitioners recommended that the programme should be managed by HR (Human Resource Department);

- Thirty percent (30%) recommended it be located in the occupational health and safety department;

- Ten percent 10% recommended the health department; and

- Five (5%) were unsure.

Question 18: What do you recommend for an Employee Assistance Practitioner Assistance Programme to be effective?

Responses: *I wish that they employ more social workers;*

They had to have more nurses and doctors to be effective;

The city should increase their salaries;

To have twenty four hour services and during weekends;

To move the department to HR.

The 15 respondents to the above question were of the opinion that more professional social workers should be employed, and 17 recommended that they needed more nurses and doctors, not social workers; while salary increases was also mooted.

These responses are significant in that employees had greater expectations to be supported in the workplace, but were generally dissatisfied with the current work overload of the Employees Assistance Practitioners.

5.4 OVERVIEW OF THE RESEARCH FINDINGS

To obtain the findings or in-depth insight into and understanding the implementation and roles of EAPs, various employees, nurses, doctors and EAP practitioners and employees were interviewed as a focus group.

5.4.1 Some Key Findings

The following key findings were derived from the empirically generated responses from the research participants:

- Generally, EAP programmes are neither well-implemented nor well-received in most Codi departments;
- The general feedback from respondents seemed to encourage the establishment of a more comprehensive and well-oriented approach. Instead of isolating services and programmes (i.e., HIV and AIDS programme), there should be a shift towards an encompassing unit
- . Essentially, there appears to be a definite need for comprehensive EAPs with large-scale involvement in HIV and AIDS in the workplace;
- The perceived success amongst employees concerning the role of EAP could be largely attributed to the EAPs' own job performance rather than programmatic efficacy. This became evident during focus groups when respondents almost consistently referred to EAPs in personal capacity, as opposed to a formal position or department;
- EAPs are seemingly ideally suited to continually provide the required counselling;
- Employees' problems and AIDS-related disease strike at the heart of the organisation's primary role of providing a range of social and economic services to the public and private sectors. Employee Assistance Practitioners are so overworked that they cannot provide quality employee care;

- There is pressure on the organisation to deal with the HIV epidemic. This potentially creates a heavy burden for workplace programmes to deal with counselling, support, awareness creation and follow up within the organisation;
- EAPs felt that they were suffering from an overload of information about workplace programmes, stress, substance abuse, personal problems and HIV and AIDS; and
- There is a need for concise and accurate communication about these issues and the manner in which they could be adequately addressed.

5.4.1.1 Findings relating to EAP roles in the workplace

EAPs received predominantly positive feedback from the respondents. The benefits of EAP programmes are invaluable in addressing personal problems and effectively improving morale and productivity. The major issues on the role of EAPs are as follows:

- EAPs dedication and passion;
- Communication by EAP;
- Confidentiality by EAPs; and
- Information provided by EAPs.

The issue of confidentiality should be discussed briefly, as most confidentiality needs arose from the stigma surrounding alcoholism, HIV and AIDS and inability to cope in the workplace pressures. Not surprisingly perhaps, employees and respondents were not very keen to delve on these problems to be known.

It should be borne in mind that EAPs were meant to assist people who are often emotional and irrational and at times face very real, life-threatening or sensitive problems. For this reason, it is crucial for the EAP to be able to provide emotional support to affected employees. Although many of the EAP personnel are trained and qualified, it was found that in various instances the practitioners were maily counselling employees who were reined into managing projects.

Management commitment and leadership have proven to be the most important aspects influencing the successful functioning of EAP programmes. The general impression regarding the role and influence of leadership is that commitment and support of top and middle management varied. Some respondents reported that management were very committed to employees, EAPs and their involvement in

dealing with employee problems in the workplace; while other respondents were of the opinion that management were not committed to the strengthening of the EAPs in the workplace. Respondents were of the opinion that there was no visible top management commitment to the strengthening of EAPs.

Departments varied significantly in terms of providing budgets and resources for EAPs. Those with budgets specifically allocated towards HIV and AIDS management by EAPs, were consistently more successful in their provision of service to deal with HIV and AIDS in the workplace.

Very few departments had specific programmes in place to combat the stigma surrounding HIV and AIDS, and very few departments reported occurrences of disclosures. Many reported having a system in place to ensure the confidentiality of respondents, but few reported incidents of discrimination.

5.5. CONCLUSION

The most important issues regarding workplace EAP's roles are confidentiality. Fears of being marginalised, isolated, discriminated against, or being compromised in any other way, prevent numerous people from seeking help for their problem, particularly in the case of their HIV status, alcoholism and coping at work.

One possible solution would be to extend EAP involvement beyond just HIV and AIDS involvement. To facilitate this process, it is recommended that EAPs be transformed into comprehensive wellness centres. Probably the main obstacle hampering the utilisation of HIV and AIDS programmes are the stigma and fear surrounding it. Even where comprehensive HIV and AIDS programme are in place, EAPs are hesitant or afraid of making use of the available facilities as this would implicate them as being either HIV-positive or clearly at risk thereof.

The subsequent discrimination, be it in terms of career development or social life, is a strong deterrent. The stigma surrounding HIV and AIDS is an intangible obstacle dealing with personal issues and emotions since there are no quick solutions to this problem.

EAP respondents expressed a need for a basic evaluation system that would enable them to effectively report on the status of health programmes implemented in the department

CHAPTER SIX

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1. INTRODUCTION

As stated in the previous Chapter 4, qualitative and quantitative techniques were combined in respect of the findings and interpretation of data. From the data available data, the researcher was able to arrive at conclusions regarding HIV/AIDS in the workplace and the role of Employee Assistance Practitioner practitioners and concomitant programmes/policies within the workplace as an organisation.

6.2. SUMMMARY AND INTERPRETATION OF RESEARCH FINDINGS

In order to ensure a rapid sustainable and accessible Employee Assistance Practitioner programmes, the EAP department had to be well staffed. According to Cooper and Williams (1994: 230), a more comprehensive service should be provided, and there should be an appropriate number of professional EAP staff. The Employee Assistance Professionals should be suitably qualified to perform their duties, gain credibility within the organisation, create better communications with the management structures, and improve relations with employees. The Employee Assistance Practitioner staff should therefore be skilled communicators and trainers. It was found that the EAPs did not receive enough training, and should be empowered with EAP information updates in the form of in-house training, workshops and tertiary education with an educational subsidy.

It was also suggested that EAPs should fall under an organisation's HR or medical department, as corroborated by Masi (1992). The location of an EAP section in an organisation should be situated such that it is accessible to the physically disabled, be well-furnished, and in surroundings that demonstrate the company's commitment to the Employee Assistance Practitioners' course. If an Employee Assistance Practitioner is located off-site, there should be an office on the premises in which supervisors and clients could meet with the counsellors if requested.

The importance of health and wellness education in addressing employee problems in the workplace cannot be over emphasised. During the integration of wellness and HIV programmes, employees should be educated or communicated with, in order that they do not feel disempowered or stigmatised against. EAPs should be re-skilled

with specific HIV/AIDS information, and duplication avoided. Peer educators are not fully utilised, and they can be a very powerful tool for EAPs if educated and trained to address peers by counselling and meeting some of their emotional needs.

6.3. CONCLUSION

Some of the EAPs' roles and functions have been implemented, but their efficacy and impact still needs to be evaluated and monitored with the intention of providing continuous care and excellent service delivery to beneficiaries. An EAP should provide comprehensive services including traditional counselling, education, lifestyle management, peer education and support services. Monitoring and evaluation are very important for the success of the organisation and for re-planning.

6.4. RECOMMENDATIONS

Emanating from the research results, the following are recommended for the improvement of the EAP roles and functions.

6.4.1 Client Care

From the researcher's perspective, a culture of client care should be fostered by means of the following:

• Providing and ensuring adequate employee confidentiality;

• Providing comprehensive care;

• Integrating EAP and HIV/AIDS into a comprehensive healthcare and wellness system; and

• All EAPs responsible for counselling should receive adequate training to empower and re-skill them especially in referral issues and procedures.

6.4.2 Workplace Management

In terms of workplace management, the following are recommended:

• Improve leadership commitment to EAPs;

• Support management by ensuring the realisation and utilisation of EAPs;

• Managers to be visible by having one-to-one sessions with EA practitioners, address their concerns, and give feedback; and

• Ensure adequate budget and resources for EAP programmatic support.

6.4.3 Communication Improvement

Communication from managers should be a process of communicating strategies down the organisational level to let them understand the expected implementable. Feedback should be given continuously, depending on the urgency of the incident. Different communication channels should be used (e.g. meetings, billboards, and the Internet).

6.4.4 Performance Agreements

A clearly defined key performance management system should be implemented according to the organisation's policy. Such a system should list the minimum performance indicators and requirements for EAP compliance.

6.4.5 EAP Policy

A functional EAP policy should entail the following:

• Services to be provided should be well defined;

• Objectives to be achieved should be articulated;

• The employees should be informed of the role of the EAP by means of policy documents; and

• The policy should inform employees about ethical issues and referral procedures.

6.4.6 Integration of EAP to Other Services

It is recommended that EAP programmes should be integrated to the Wellness Programme, in order to enable the Employee Assistance Practitioners to work comprehensively in addressing HIV/AIDS without referring to the other practitioners in the same department. Wellness is a centralised department providing assistance and support from stress management, financial problems, psychosocial conditions and HIV/AIDS.

6.4.7 Services to be Provided

EAP involved in employees' problems in the workplace should provide the following programmes:

• Risk assessment (KAPS) Survey;

- Awareness and education;

- Counselling and support;

- Peer educator training; and

- A twenty four hour operational employee health and wellness centre.

6.4.8 Literature Based Recommendations

The following recommendations are adapted from a model for healthy workplaces by WHO (2010).

6.4.8.1 The physical work environment

The physical work environment (ergonomics) refers to the relationship between employees and the structure, air, machinery, furniture, products, chemicals, materials and production processes in the workplace. The absence or scarcity of these could pose biological hazards (e.g. hepatitis B, malaria, HIV, tuberculosis, mould, lack of clean water, toilets and hygiene facilities). It is recommended that hazards should be identified, assessed and controlled through a hierarchy of control processes, including the following.

Creating a psychosocial work environment: Psychosocial hazards to be typically identified and assessed using surveys or interviews.

Eliminate or modify at the source: Reallocate work to reduce workload, remove supervisors or retrain them in communication and leadership skills, enforce zero tolerance for workplace harassment and discrimination.

Lessen impact on workers: Allow flexibility to deal with work-life conflict situations, provide supervisory and co-worker support (resources and emotional support), allow flexibility in the location and timing of work and provide timely, open and honest communication.

6.4.8.2 Providing workplace personal health resources

Personal health resources are the health services, information, resources, opportunities, and otherwise supportive environments which an enterprise provides to workers to support or motivate their efforts to improve or maintain healthy personal lifestyles, as well as to monitor and support their physical and mental health. These may include medical services, information, training, financial support, facilities, policy support, flexibility and promotional programmes to enable and encourage workers to develop healthy lifestyle practices. Some examples in this regard include:

- Providing fitness facilities for workers or a financial subsidy for fitness classes or equipment;

- Encourage walking and cycling in the course of work functions by adapting workload and processes;

- Provide and subsidize healthy food choices in cafeterias and vending machines;

- Allow flexibility in timing and length of work breaks to allow for exercise;

- Put no-smoking policies in place and enforce them;

- Provide smoking cessation programmes for employees;

- Provide confidential medical services such as health assessments, medical examinations, and medical surveillance (e.g. measuring hearing loss, blood lead levels, HIV and tuberculosis status testing) and medical treatment if it is not accessible in the community; and

- Initiate health education and support activities upon employees' return to work from a work-related illness or disability to prevent relapse or repeat of injury.

6.4.8.3 Enterprise community involvement

Enterprise community involvement refers to the activities in which an enterprise might engage, or expertise and resources it might provide, to support the social and physical wellness of a community in which it operates. This particularly includes factors affecting the physical and mental health, safety and well-being of workers and their families. Business enterprises impact on the communities in which they operate, and are also impacted by their communities. Workers' health, for instance, is profoundly affected by the physical and social environments of the broader community.

Examples of enterprises involvement in the community include the following:

- Supporting community screening and treatment for HIV infection, tuberculosis, hepatitis or other prevalent diseases;

- Extending free or subsidized primary health care to workers and their families, or supporting the establishment of primary health care facilities in the community. These can serve groups that do not otherwise have access, e.g. employees of small and medium-size enterprises and informal workers;

- Instituting gender equality policies within the workplace to protect and support women or protective policies for other vulnerable groups, even when these are not legally required;

- Providing free or affordable supplemental literacy education to workers and their families;

- Providing leadership and expertise related to workplace health and safety to small and medium size enterprises;

- Extending access to antiretroviral medications to workers' family members; and

- Subsidising public transportation for employees to go to work.

In a country, city or region with universal health care and strong, well-enforced legislation related to health, safety, pollution emissions and human rights, enterprise initiatives in a community may make a profound difference for more vulnerable sectors of the enterprise's workforce or community's residents. In a setting where affordable health care is absent, or where labour and environmental legislation is weak or missing, the enterprise's community involvement could make a difference to the community's environmental health as well as to employees' and their families' quality of life.

6.5. CONTRIBUTIONS OF THE STUDY

The increase in the reported psychosocial problems and health issues may be an indication that priority will have to be accorded to HIV/AIDS in the workplace.

The City of Johannesburg's HIV/AIDS Workplace Policy was reviewed in 2007, and according to the content of the policy needs to be reviewed every two years; this stipulation needs to be adhered to strictly and implemented.

HIV is an illness that threatens different societies globally and is prevalent among economically productive people. If the study's recommendations are implemented, they will assist the Employee Assistance Practitioners to improve their approach to the treatment of HIV/AIDS sufferers and related needs of all other employees.

The best practice model should be considered, as discussed in the literature review. Further research is needed to validate these results in other organisations.

The study contributed to a greater understanding of the need for an integrated approach in the role and functions of the Employee Assistance Practitioners in a workplace context.

6.6 LIMITATION OF THE STUDY

The limitations of the study refer to those characteristics of the research design or methodology that impacted or influenced the application or interpretation of the results of your study in a limited (rather than complete) manner. They are the constraints on generalisability and utility of findings that are the result of the ways in which one chooses to design the study and/or the method used to establish internal and external validity.

Limitations of the study are acknowledged, as some are positive and some negative, which may allow other researchers to continue with further research.

Only one organisation was studied, which is the City of Johannesburg Metropolitan Council as a workplace/organisation, and only one statistical method was used.

The study results and the instrument developed may serve as a baseline for further research that may address aspects that were not considered, as it was the first study of its kind within the City of Johannesburg's Metropolitan Council.

The sample size was small and it was difficult to find significant relationships from the data, as statistical tests normally require a larger sample size to ensure a representative distribution of the population and to be considered representative of groups of people to whom results will be generalised or transferred. In this case, a small sample was selected to represent the entire population (Codi employees).

There was lack of data as some of the confidential information to be analysed was unavailable. This resulted in the scope of analysis becoming limited, because the employee's file and his/her family record are kept in one file, which is not properly labelled or filed. Spouse information and employee data is difficult to separate as filing was improperly organised. Other staff members were not sure of their SAP Numbers. The researcher believes that data is missing or is unreliable. Future research is needed in this regard, as there has been no research previously on this topic within the City of Johannesburg.

It is acknowledged that the exclusion of questions on the effectiveness of the EAP inhibited the ability to conduct a thorough analysis.

Data was self-reported, as the researcher had taken participants' responses superficially, whether in interviews, focus groups, or on questionnaires, and data contained several potential sources of bias that could be noted as limitations.

6.7. CONCLUSION

The EAP profession is advancing rapidly in South Africa. This can be attributed largely to the advances of globalisation, information and communication technology, and increased competition faced by the South African workforce. These workforce-related challenges are complicated further by stress, trauma, accidents, abuse, the high incidence of HIV/AIDS, and many other factors.

The choice of a particular programme model should reflect the resources available to the organisation, the needs of its employees and the size of the organisation (Cooper & Williams 1994: 222). Employee Assistance Practitioner models should thus be designed to meet the needs of the organisation as a whole.It is important that an appropriate number and level of Employee Assistance Practitioner professionals be available to achieve the stated goals and objectives of the programme.

EAP services and practitioners' roles should be a solution for addressing the employees' issues that were previously not addressed.

To create a healthy Employee Assistance Practitioner's role, an organisation needs to consider the avenues or arenas of influence where actions can best take place, as well as the most effective processes by which employers and workers could take action. According to the model and framework described in literature review, four key areas could be mobilised or influenced in healthy workplace initiatives: the physical work environment; the psychosocial work environment; personal health resources; and workplace employee involvement in the community.

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Appendix G: HIV and Aids impact

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┌─────────────────────────────┐
│   Impact of HIV/AIDS in the │
│         workplace           │
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┌──────────────┐ ┌──────────────┐ ┌──────────────┐ ┌──────────────┐ ┌──────────────┐
│  Increased   │ │  Increased   │ │Loss of skills│ │  Declining   │ │Loss of tacit │
│ Absenteeism  │ │staff turnover│ │              │ │   morale     │ │  knowledge   │
└──────────────┘ └──────────────┘ └──────────────┘ └──────────────┘ └──────────────┘
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┌──────────────────┐     ┌────────────────────────┐
│Insurance coverage│     │Increasing demands for  │
└──────────────────┘     │training and recruitment│
                         └────────────────────────┘
┌──────────────────┐
│ Retirement funds │
└──────────────────┘

┌──────────────────┐
│  Health & safety │
└──────────────────┘

┌──────────────────┐
│Medical assistance│
└──────────────────┘
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                              ┌──────────────────────┐
┌──────────────────┐          │  HIV and AIDS in     │
│Testing & counselling│       │  the workplace.      │
└──────────────────┘          │  Declining markets,  │
                              │  labour pool and     │
┌──────────────────┐          └──────────────────────┘
│   Funeral costs  │
└──────────────────┘
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┌─────────────┐  ┌─────────────┐     ┌─────────────┐     ┌─────────────┐
│  Increased  │  │  Declining  │     │  Declining  │     │  Declining  │
│    costs    │  │             │     │             │     │             │
└─────────────┘  └─────────────┘     └─────────────┘     └─────────────┘
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                  ┌──────────────────┐
                  │ Declining profits│
                  └──────────────────┘
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Appendix H: City of Johannesburg Regions

CITY OF JOHANNESBURG REGIONAL MAP

REGIONS	AREAS
A	Diepsloot, Midrand, Fourways, Sunninghill, Woodmead
B	Florida, Rosebank, Bryanston, Randburg
C	Braamfischerville, Thulani Florida)
D	Strictly Soweto only
E	Rosebank, Bryanston, Randburg, Parkwood, Highlands North, Alexander, Wynberg, Morningside, Douglasdale
F	Glen vista, Ormonde, City Deep, Benrose, Kensington Braamfontain
G	Lenasia, Eldorado Park and Protea

Map of the City of Johannesburg Metropolitan Municipality (www.city of joburg.org.za)

Appendix I: KPA for Director Corporate and Shared Services

Performance Scorecard: Director Human Resource Shared Services

City of Johannesburg

PERFORMANCE SCORECARD							
		Employee Number					
	Director: HRSS	Department:	Corporate and Shared Services				
Manager:	Executive Director	Date (Financial Year):					
Position Purpose:	Lead and manage the Human Resource Shared Services department to provide a World Class African strategic support service to all business units in the C.o.J						
Period of Performance: One financial year ;(June –June the following year)							
Signed and accepted by the Director: Human Resources Shared Services				Date:			
Signed and accepted by the Executive Director: Corporate & Shared Services				Date:			
Legislative Compliance	SPO	KPI No.	Key Performance Indicators (KPI s)	Baseline	Target	Evidence	Means of Verification

Municipal Systems Act Labour Relations Act Basic Conditions of Employment Act Skills Development Act Employment Equity Act	Maximise client and stakeholder satisfaction to all clients of Human Resources Shared Services	1.1	% Customer satisfaction	49%[1]	30% 40% 55% 60% 70%	Independent customer satisfaction assessment	Signed-off by City Manager
		1.2	% Roll-out of the Service Level Agreement to the departments	44%	25% 35% 45% 60% 85%	Bi-annual report	Report signed-off by Executive Director
		1.3	% Completion and roll-out of Shared Services projects	New indicator	60% 70% 80% 90% 100%	Progress report	Sign-off by City Manager

Appendix J: KPA for Employee Assistance Practitioner Practitioners

Performance Scorecard: EAP City of Johannesburg

PERFORMANCE SCORECARD			
Employee Name:		Employee Number	
Job Title:	EAP	Department:	OHASA (Occupational Health and Safety)
Manager:	Director OHASA	Date (Financial Year):	
Position Purpose:		To manage the EAP processes of creating and promoting a healthy and supportive environment for the wellness of C.o.J employees, councillors and the organisation.	
The period of Performance Plan			
Signed and accepted by EAP Facilitator		Date:	
Signed by the Director: OHASA		Date:	

Legislative compliance	KPA	KPI No	KPI	Base line	Target	Evidence	Means of verifications
Labour Relations Act EAPASA standards COID Act	Implementation of reactive 2	1.1	Counselling all cases referred to EAP	New	Q1 Q2 Q3 Q4	All Individual EAP's submitted stats	Collate stats and send to director

OHSA Act	Wellness programmes	1.2.	Debriefing within 72 hrs.	New	Q1 Q2 Q3 Q4	Reports	Collations of stats
		1.3	Bereavement counselling all cases referred		Q1 Q2 Q3 Q4	Reports	Stats collation
		1.4	Crisis intervention immediately	New	Q1 Q2 Q3 Q4	Reports	Stats collation

Appendix K: KPA for Human Resource Performance Scorecard: Human Resource

[City of Johannesburg]

Signed and accepted by the Human Resources				
Signed and accepted by the Senior Manager Human Resources:				
Signed by the General Manager: Human Resources				
LRA EEA BCEA C.o.J Policy (EE & R&S)	Source, select and place suitable candidates to fill available vacancies (ALL OR NOTHING)	Advertise and/or circularize vacant positions within specified timeframes plus shortlist and invite candidates for interviews	On-going	Recruitment, Selection and Placement Chart

Appendix A: Request for permission to Conduct Research:

Student Number: 073 59 217

Health Studies

UNISA

The Director

Shared Services (EAP)

158 Loveday Street

Braamfontain

Dear Madam/Sir

Request for permission to conduct research in Employee Assistance Programme as part of the Doctoral Litt ET Phil Studies at UNISA. (D Litt ET Phil)

I am presently working at the City of Joburg in the Workplace Wellness Department. I am registered with the University of South Africa (UNISA) for a Doctoral Degree. The title of the intended thesis is (*Employee Assistance Programme (EAP) and its Role in the City of Johannesburg)*; this research is part of the fulfilment of the requirements for the degree of D Litt ET Phil Degree at the University of South Africa.

The purpose of this research is to recognize the importance of linking individual health, safety and wellness, as well as organisational wellness to productivity and improving service delivery. The aim of the therapy is to help employees understand their problems, and develop the skills necessary to take care of their life. This is also to identify the strategy and approach to be able to improve the effectiveness of the Employee Assistance Practitioner and the practitioner's roles. The intended commencing date may be 2008/2009.

Kindly find the attached research proposal and the questionnaires for your perusal.

Your consideration will be highly appreciated.

Yours sincerely

Ms Mpuseng Matarose-Molehe: Student (D.Litt. et Phil)

Appendix B: Letter granting permission

City of Johannesburg
Department of Ocupational Health and Safety

Joburg

B Block 2nd Floor	PO Box1049	Tel +27(0) 11 407 6315/6321
Metropolitan Centre	Johannesburg	Fax +27(0) 11 339 4127
158 Loveday Street	South Africa	
Braamfontein	2001	www.joburg.org.za

26 January 2009

UNISA

TO WHOM IT MAY CONCERN

On behalf of the City of Johannesubrg, I am writing to formally indicate our awareness of the research proposed by Mpuseng Matrose-Molehe, a student at UNISA. We are aware that Ms Matrose-Molehe intends to conduct her research by observing our employees and administering a written survey.

I am the Director for Occupational Health and Safety Department. I give Ms Matrose-Molehe permission to conduct her research in our department.

If you have any questions or concerns, please feel free to contact my office at (011) 407-6315/6321.

Sincerely

THULI VAN DER WATH
DIRECTOR: OHASA
TEL: (011) 407-6315

CITY OF JOHANNESBURG
OCCUPATIONAL HEALTH
B-BLOCK, STREET LEVEL
METROPOLITAN CENTRE
BRAAMFONTEIN
TEL: (011) 407 7165/6362
FAX: (011) 339 4127

28/01/09

Appendix:C

UNIVERSITY OF SOUTH AFRICA

Health Studies Research& Ethics committee

(HSREC)

College of Human Science

CLEARANCE CERTIFICATE

Date of meeting: **20 October 2008** ....

Project No: **07359217** ....

Project Title: **HIV and AIDS in the workplace: The role of the Employee Assistant Practitioner.**

Researcher: **Mrs. Mpuseng Matarose-Molehe**

Supervisor/Promoter: **Prof ON Makhubela-Nkondo**

Joint Supervisor/Joint Promoter:

Department: **Health Studies**

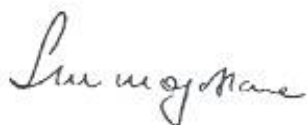Degree: D Litt et Phil

DECISION OF COMMITTEE

Approved   √   Conditionally Approved   ☐

Date: **4 November 2008** ....

Prof L de Villiers
RESEARCH COORDINATOR: DEPARTMENT OF HEALTH STUDIES

Prof SM Mogotlane
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

Appendix D: Consent:

Student Number: 073 59 217

Health Studies

UNISA

Dear Sir /Madam

Request for consent from participant

I intend conducting a study entitled "(*Employee Assistance Programme (EAP) and its Effectiveness in the city of Johannesburg)* in order to comply with the requirements for a D Litt et Phil in Health Studies which I am pursuing at UNISA. The study is done under the supervision and guidance of Professor O Makhubela-Nkondo and co supervised by Professor BL Dolamo of the Health Studies Faculty (UNISA).

The overall purpose of this research is to recognize the importance of linking individual health, safety and wellness, as well as organisational wellness to productivity and improving service delivery. The aim of the therapy is to help employees understand their problems, and develop the skills necessary to take care of their lives. This is also to identify the strategy and approach to be able to improve the effectiveness of the Employee Assistance Practitioner and the practitioner's roles. The intended commencing date is 2008/2009.

For these objectives to be achieved, a qualitative research study, which is contextual, exploratory and descriptive in nature, is envisaged. Selection of the participants will be done by utilizing o purposive sample.

It would be highly appreciated if you agree to be one of the participants. Should you agree, requesting you to not indicate your name on the questionnaires will protect your identity.

Your Department as well as the employees, stands to benefit directly and indirectly from the outcome of this research study.

The research result will be available on request.

Should you agree as requested, you will be required to give informed consent by attaching your signature at the end of this letter as indicated. You reserve the right to

withdraw your consent at any stage during the process of this research study. You are under no obligation to participate in this study.

I will be pleased to answer any questions/query related to the study.

Thank you

Yours truly,

Mpuseng Matarose Molehe

D Litt ET Phil (Health Studies)

Participants: Signature: ---Date: ---------------------------

Appendix: E: Research interview guidelines

Employee Assistance Programme

Please answer each of the following questions by marking a cross in the place provided:

Demographic Characteristics

1. A).CATEGORY or DIRECTORATE

Social Worker	
HR Officer	
Professional Nurse	
Medical Doctor	
Other	

B)   Age

21-30	
31-40	
41-50	
51-60 and more	

C)   Religion

Catholic	
Zion	
Christian	
Other	

D)   Dependants

0-3	
4 or more	

2. Marital status

Single	

Married	
Separated	
Widow	
Other	

3. What area of employee assistance programme are you allocated to?

4. What is your educational and training background?

Post-Matric diploma /certificate	
Bachelor's Degree	
Honours Degree	
Master's Degree	
Doctorate	
Other	

5.   OCCUPATION

5.1. What intervention regime do you apply?

_____

_____

5.2. How long have you been with this organisation?

0-6 Months	
6 Months-2 years	
2 years-5 years	
5 years-10 years	
10 years and more	

6. What is the general health profile of the employees you see on a regular basis, please describe?

7. In your interaction with the different clients do you encounter any of these other health conditions?

☐   Diabetes mellitus   Yes ☐   No ☐

☐   Heart failure   Yes ☐   No ☐

☐   Infectious diseases   Yes ☐   No ☐

☐   Malaria   Yes ☐   No ☐

☐   HIV/STI   Yes ☐   No ☐

☐   Alcohol or any illicit drugs   Yes ☐   No ☐

☐   Stroke   Yes ☐   No ☐

☐   Malignancy   Yes ☐   No ☐

☐   High blood pressure   Yes ☐   No ☐

☐   Other   Yes ☐   No ☐

8.   Please elaborate or add relevant information

_____

_____

_____

_____

9.   Please indicate any enablers or issues that either enhances EAP efforts

Major   Minor

☐   ☐   Quality of equipment

☐   ☐   Condition of patient

☐   ☐   Age of patient

☐   ☐   Qualifications of EAP Experience of EAP

☐   ☐   Administrative support

☐   Amount   of   administrative   duties: recording,   reporting, referencing

☐   ☐   No reward for contribution

☐   ☐   Involved by doctor and others

☐   ☐   Participation in decision making

☐   ☐   Contribution in policy making

☐   ☐   Interests of family members

☐   ☐   teaching responsibilities for clients

☐   ☐   Client expectations

☐ ☐ Managers

☐ ☐ Instruction activities

☐ ☐ Other EAP activities

☐ ☐ Other

10. Personal experience

10.1 Please indicate whether you have had experience of the following problems?

	Currently		In the past 5 years	
	Yes	No	Yes	No
Domestic violence				
Abuse of alcohol				
Substance abuse				
Workplace violence				
Sexual abuse at work				
HIV/AIDS				
Family problems				
Divorce				
Trauma				

10.2 To what extent has the above experience affected your work performance?

None   Moderate   Large extent   Very large extent

10.3 How often have you received assistance from your manager/supervisor about your personal experience?

Never   Sometimes   Half the time   Always

11. Work related problems

How often do you experience each of the following work related problems?

	Never	Sometimes	Half the time	Often	Always
Work pressure					

Unhealthy working environment					
Lack of support from co workers					
Lack of support from management					
Role confusion (not knowing really what to do)					
Job satisfaction					
Job dissatisfaction					
Low morale					
Accident at work					
Taking frequent sick leave					
Absent from work without reporting					
Conflicts with colleagues					
Failing to meet deadlines					
Reprimanded for poor performance					

12.   Stress and job satisfaction

To what extent do you agree with the statements below?

	Totally disagree	Disagree	Neutral	Agree	Totally agree
12.1 Personal stress					
I feel like I am losing control of my life					
I feel behind in my work					
I feel tense and angry with those around me					
I feel I am not coping with my work					
I feel confident about the future					

12.2   Work related stress

My work is not exciting					
I am looking for a new job					
I work more than I am paid for					
The best part of my work is when I am going on leave					
I enjoy sharing about my work					

12.3   Job satisfaction

There is empowerment and growth in what I am doing at work					
My work is interesting to me					
I always think of my work, even if not at work					
My manager always recognizes my job performance					
I receive reward for work I perform.					
The organisation supports my work					
There are chances of promotion					
I am part of decision makers in policy making and implementations					
My salary is satisfactory compared to other organisations					

13.   To what extent do you agree/disagree with each of the following?

	Strongly disagree	Disagree	Agree	Strongly agree
13.1 Referral system				
I have the ability to realize when an employee is experiencing a problem				

I can confine in my manager when I have a problem			
I usually handle the problems experienced by employees			
We need training in handling troubled employees.			
13.2 Provision of EAP *			
EAP programme is well implemented			
EAP Policy is available and clear			
EAP is well staffed			
Personnel are qualified according to the requirements			
EAP is integrated with other services			
Employees' reports are kept in a private and confidential place			
HR is supportive to the EAP Programme			
Unions are involved in grievance procedures			
EAP Programme is marketed to the employees (e.g. campaigns, posters, pamphlets)			
HIV and AIDS employees are managed like any other chronic illnesses			
The performance management system is working well			
The EAP Programme is always audited			
A formal system of regular appraisals with reviews of past performance and setting of objectives is done			
Informal reviews are undertaken			

especially when there is a performance problem			
Not reviewed			
No response			
Working environment is very safe from hazards			
I am clear about the policies and objectives of my work			

14.   Who usually consult to EAP?

15.   Who identifies EAP problem?

	Always	Sometimes	Occasionally
Self			
Family			
Manager/supervisor			
Peers /co worker			
Medical staff			
Other			

16.   How are you/ they referred?

	Always	Sometimes	Occasionally
Self			
Informal			
Formal			

17.   Is the Employee Assistance Practitioner Programme well placed? If not where do you suggest it to be placed? *

18.   What do you recommend for an Employee Assistance Practitioner Programme to be effective?

_____

Thanks for your co-operation in completing the questionnaire

APPENDIX G: BRIEF CURRICULUM V ITAE FOR:

Martha Mpuseng Matarose Molehe (M.M.Matarose-Molehe)

EMPLOYMENT HISTORY/PREVIOUS EXPERIENCE

I have previously worked at Baragwaneth Hospital from 1987-89, George Mukhari Hospital, City of Tshwane (2003-2005) and Gauteng Provincial Health (1989-2003). Presently I am working for the City of Johannesburg Metropolitan, Safety Health and Environmental Department from 2006 to date.

ACADEMIC QUALIFIATIONS:

D LITT PHIL (Doctorate Degree) [Health studies; Research registered 2007 to date, (UNISA);

Psychology: Basic psychology and Psychology in society. (UNISA) passed.

Master's degree in Public Health; Management Policy and Health System, Epidemiology, Occupational & Environmental Health, Research, Health management, legislation and health, primary health care, basis in environmental, learning in public health, human resource management, financial management, industrial sociology and psychology, occupational health law, data analysis, disease control society and health, project management, health system and economy, applied research, health risk assessment and health research report.(University of Pretoria; 2005);

B Cur degree: Administration, research, community and education (University of Pretoria; 1996);

Diploma in Nursing Science (George Mukhari Hospital 1987), Diploma in Midwifery (Baragwaneth Nursing College, Diploma in Nursing Education (University of Pretoria), National Higher Diploma in Community Health Nursing: Administrative aspects, Community nursing practice, psycho-Social aspects, scientific foundations, Occupational health and safety and NOSA (National Occupational Health and Safety (Pretoria northern Technikon);

Medicine management [Kalafong Hospital in collaboration with Pretoria University]

Research experience:

Employee Assistance Practitioners (EAP) and its effectiveness in the City of Johannesburg UNISA: Doctorate thesis 2007 to date.

Authorship of the research, presented at Gauteng Health Department for primary health care [Prakash Vahlal] 2002: Prevention of mother to child transmission.

Authorship; Research at the University of Pretoria. MPH Desertation.Effect of Morale and Motivation among personnel in Provincial Health Department. (Region C Pretoria)

Contact details:

M.M. Matarose Molehe

Mobile: 0824125597

Work: 011 4077194

E-mail: mpusengm@joburg.org.za / mpusengmm1@gmail.com