**A QUALITATIVE ASSESSMENT OF THE DEVELOPMENT OF EMPLOYEE ASSISTANCE PRACTICE IN SOUTH AFRICA**

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***ABSTRACT***

*The South African government continues to emphasise the importance of the health, well-being and safety of both employees and organisations. From* a *management perspective, an employee assistance programme (EAP)* is a *valuable strategy for promoting and manage organisational and employee health and well-being. Some people believe that South African companies are not yet efficiently utilising EAPs to manage their employees' wellbeing, while others believe that EAPs in South Africa are growing at an unprecedented rate. Despite the fact that there* is *little evidence of and opposing views on developments in employee assistance (EA) practice in South Africa, the burning* issue *of employee and corporate health and well-being, seen against the backdrop of the limited focus on EAPs* as *a strategic business* issue *in South Africa, emphasises the need to explore the development of EA practice in this country. This research outlines a qualitative exploration of developments in the field of EA practice in South Africa, based on data obtained from* a *focus group where the participants all have extensive experience in the EA field. The evidence that has been provided in this research shows that EAPs in South Africa seem to have developed to such an extent that they now address a variety of work-related problems which include* a *comprehensive range of services, such* as *the initiation of some organisation interventions based on the recognition of the systemic origins of employee problems.*

**1. INTRODUCTION**

Recent legislation that was passed in South Africa indicates a strong commitment to the physical health and mental well-being of South Africans. The right of the employee to a safe workplace is enshrined in the Constitution, and the Reconstruction and Development Programme (RDP} recognises the fact that if it is to achieve its goals it requires people who are sufficiently healthy, both physically and mentally (Harper, 1999).

Government regards mental health, substance abuse and the HIV/AIDS pandemic as priority issues that need to be addressed. In his state of the nation address the President had the following to say regarding health issues: "This year, the government will work further to develop our greatest resource, our people including the working people, the women, the youth and the disabled. Particular attention will be paid to such matters as health, including AIDS, education and training and the National Youth Service" (Mbeki, 2002). The Minister of Health, stated: "In South Africa we have adopted a slogan - Health in Action - because we are convinced that by mobilising and joining together to make extra effort, we can improve the health of our nation. We believe that every Individual has the power to take action for better health and communities, united in their effort, are a powerful force for a healthier world" (Tshabalala-Msimang,2002). Furthermore, stringent anti-tobacco laws and high "sin" taxes have been imposed on the use of alcohol and tobacco. The Minister of Health also mentioned that the Tobacco Product Control Amendment Act had been passed to ensure that non-smokers were protected from the harmful effects of tobacco smoke in the workplace and other public places (Tshabalala-Msimang, 2002).

From the above it is clear that there is a positive movement towards health promotion and disease prevention in South Africa. This is in sharp contrast to the situation in other areas where poverty is still rife and the levels of crime, unemployment and illiteracy are high. What is more, the country still has to survive in a global world with ever increasing transformative pressures and competitive drives. At organisational level, the employee assistance programme (EAP) seems to be a valuable tool to promoting health, yet Harper (1999) concludes that most South African companies do not yet regard the EAP infrastructure as an integral part of effective human resource management nor as an integrative tool to address the issues of health and well-being facing the country.

**2. THE NATURE AND IMPORTANCE OF EAPs**

EAPs have developed from alcohol treatment programmes into more integrative behavioural health programmes (Masi, 1992; White, McDuff, Schwartz, Tiegel & Judge, 1996). Despite the many different ways in which an EAP is defined and managed, it can essentially be defined as a vehicle through which personal and psychological problems affecting work performance can be identified and professional assistance provided to employees and their dependants in an effort to help the employee to return to his or her normal level of performance as soon as possible (Amato, 2000; Berridge & Cooper, 2000; Peters, 1999). Dejoy and Wilson (1995) define an EAP as a job-based programme operating within an organisational environment in order to identify employees with personal problems, motivate them to resolve these problems and provide them with relevant and appropriate access to services such as counselling treatment. Peters (1999) emphasises the aim of an EAP as the development, implementation and maintenance of a structure (including policies and procedures) for the early identification of personal problems that threaten productivity. This may ultimately influence the remuneration of the employees.

Research points to the need for structured and formalised management of behavioural health problems in the workplace (Greaves, 1999; Volpe, 1998). Most of this research seems to focus on the costs that may be directly or Indirectly incurred as a result of behavioural problems affecting work performance and behaviour (Masi, 1992; Volpe, 1998).Whether the source of employees' behavioural problems is at home or at work, their effect has been linked to impaired productivity, performance and lowered morale, as well as to absenteeism, tardiness, accidents, safety, conduct at work and a decline in the quality and quantity of work. Human resource development costs in the form of recruitment, education and training time spent as a result of affected performance are additional costs related to employees' experiencing behavioural health problems. Behavioural and

personal problems have a strong correlation with the incidence of absenteeism and health-related problems, such as fatigue and lack of concentration in the workplace, burnout and symptoms of general poor health, such as headaches and backache (Masi, 1992; Murck & Kamp, 1995). A study by Sprang and Sec•-et (1999) reveals that personal crises impact on employees’ ability to cope by fostering increased tardiness, absenteeism and tendency to make mistakes at work. Employees also become less productive productive and more impatient with their co-workers. General decreases in job morale and job satisfaction were also reported.

EAP experts estimate that approximately 20 percent of any workforce is affected by personal problems which have a detrimental impact on job performance (Masi,1992).According to Amato (2000), it is estimated that 20 percent of all employees have problems that can reduce job performance by as much as 25 percent. This implies that at least 20 percent of employees in a company may need professional psychological assistance (see also Peters, 1992).

Hence the application of the core technology of an EAP in a working environment may result in the following (Amato, 2000; Berridge & Cooper, 2000; Evans & Trice, 1995; Masi, 1992):

* enhanced retention of employees
* reduced responsibility of managers and supervisors for counselling (for which they are not trained)
* the existence of a cost-effective process for troubled employees and time savings
* a reduction in employers' health care and health Insurance costs
* the building of employee morale and trust (thus optimising employee relations between employer and employee)
* a definite legal asset for employers, minimising employer liability for the serious consequences of personal problems
* a decrease in indirect costs and organisational losses as a result of absenteeism, tardiness, fatigue, turnover and accidents

The value of an EAP in an organisation that is attempting to thrive or survive in our globalised and ever-changing economy is therefore obvious According to Csiernik (1997), there are at least 10 000 EAPs in North America alone. In contrast, Terblanche (in Maiden, 1992) reports that EAPs in south Africa are a relatively new phenomenon and that they are not managed and utilised to their fullest. However, 1nternat1onal interest in the south African EAP market seems to have sparked new interest in the strategic value of employee well-being m South African businesses (Harper, 1999; Volpe, 1998).

**3. THE DEVELOPMENT OF AN EAP**

According to Googins and Davidson (1993), employee assistance services should be constructed and maintained on the basis of a conceptual awareness that individual problems are experienced within a broader context and that there is evidence to suggest that environmental factors influence human behaviour. This awareness has influenced the development of EAPs in the past few years. This development seems to have been based primarily on a change in focus in EA practice from a structure that was formerly hidden away somewhere within the organisational structure, emphasising individual psychological problems as viewed from a medical/pathological model, to a more flexible and salient structure focused on various aspects of organisational issues (Beard, 2000; Padiachy, 1996; Van den Bergh, 2000). Ginsberg, Kilburg and Gomes (1999) even propose organisational counselling as a contemporary model for employee assistance practice. According to these authors, organisational counselling integrates the core technology and traditional focus of EAP with increased emphasis on understanding and working with the dynamics and ecology of organisations as a whole. The organisation as a whole seems to have become the primary client of the EAP as opposed to the historic “troubled employee”. This implies that the EAP practitioner needs to integrate his or her knowledge base to include organisational and systems theories in order to maintain an effective, value-adding EAP in today's complex, rapidly changing and multifaceted institutions.

To understand the stages of development in EA practice, Berridge and Cooper (2000) present a specific developmental model that supports the core issues addressed in this research. In their model of the development of EAPs, they emphasise that internationally. An EA practice has developed through four main stages:

1. Initially EAPs focused on a limited range of issues and the staff involved needed only experiential qualifications. The emphasis was on the identification and referral of employees with problems.
2. In the second stage, the EAP recognised a wider range of employee problems and employed qualified EAP workers mainly on an in-house basis, with services now expanding to include supervisor and employee education.
3. In the third stage, an EAP included a comprehensive range of services, initiating organisational interventions because of the recognition of the systemic origins of employee problems.
4. In the fourth stage, EA practitioners act more as organisational development (OD) consultants to management, employees and unions, with less emphasis on the distinctions between EAP and OD roles and interests.

In analysing the above four stages proposed by Berridge and Cooper (2000},there are three main areas of evolvement in EA practice, namely the range and scope of employee problems addressed, the range and scope of services offered, and the resultant role requirements of the EA practitioner. These three areas of development will be specifically used as the structure when reporting the research results.

**4. RESEARCH PROBLEM**

4.1 Problem statement and objectives

The research problem can be defined as the tack of research on the recent development in EA practice in South Africa.

The objective of this research is therefor to explore and report on recent developments in EA practice in South Africa, in terms of:

* the scope of employee problems addressed within an EAP
* the scope and nature of services delivered by an EA practitioner
* the role requirements of an EA practitioner

4.2 The need for the study

International research trends show that EAPs have developed from a narrow focus on individual assistance to a broader organisational focus (as discussed in point 3).However little is known about the development of EAPs in the South African context. EAPs began to emerge in South Africa in the early 1980s (Harper, 1999; Maiden, 1992). According to Maiden (1992), as a younger field of practice, EAPs here have essentially skipped a generation of development because of their brief history and rapid development. Padiachy (1996) states that although EAPs are growing at an unprecedented rate in this country, they may still have some unique Third World characteristics and are in some areas still quite underdeveloped. He also refers to the common trend in which EAPs develop from a personal problem orientation towards more work-related problems, and ultimately towards the shaping of more comprehensive EAPs in response to the needs of both the individual and the organisation. In this regard, despite the increasing number of EAPs that have been implemented in South Africa, many companies appear to be unaware of the scope and role of EAPs and of the role that EA practitioners can and should be playing in their organisations (Harper, 1999).

Apart from the fact that there is scant evidence of developments in EA practice in South Africa, the burning issue of employee and corporate health and well-being, viewed against the backdrop of the limited focus on EAPs as a strategic business issue in South Africa, emphasises the need to explore the development of EA practice in this country. Volpe (1998) also recognises and emphasises the need for local research into EAP developments.

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**5. RESEARCH METHODOLOGY**

The methodology of this research is based on a qualitative study, which has wide application opportunities in industrial psychology (Bogdan & Biklen, 1992; Hanna & Shank, 1995; Janesick, 1994; Miles & Huberman,. 1994). According to Bogdan and Biklen (1992), in a qualitative study, research questions are not framed by operational variables; instead, they are formulated to investigate complex topics in context. Qualitative researchers are concerned with understanding behaviour from the subject's own frame of reference. The researcher's role is to gain a "holistic" overview of the context being studied: its logic, layout and explicit and implicit rules. The researcher (moderator) is also the main "measurement device" in the research (Miles & Huberman, 1994). Because of the qualitative nature of this research it represents an exploratory study. The findings can be used as preliminary research for further research and to formulate, and test hypotheses about the current phenomenon (Miles & Huberman, 1994; Mouton & Marais. 1988).

**5.1 Sample**

The sample consisted of 12 EA practitioners. A purposive sampling strategy was implemented because all the participants were chosen on the basis of the research goals (Miles & Huberman, 1994; Morgan, 1998). The rationale was that the vast experience of this group would enhance the quality of the data collected, to enable the researchers to draw more substantial conclusions from the results. The average age of the participants was 40, 8 years. The qualifications of the participants ranged -widely from a higher diploma to a master's degree, in the human sciences. The average length of service as an EA practitioner was 7, 56 years, and the average length of service as an EA practitioner in the current organisation was 6, 2 years. The focus group participants were all employed by a particular EAP service provider, which preferred to remain anonymous. This EAP service provider is, however, registered with the international EAP Association's Chapter of South Africa (EAPASA, 2002). Since the organisation was a highly reputable institution in the field of EAP services, length of service in the organisation related to the average number of years spent overall as an EA practitioner reflected the level of experience of the participants in the field. They worked mainly in the following industries: mining. electricity-gas water, finance-insurance-real­ estate and manufacturing. The participants had exposure to industries such as the wholesale- retail trade-.catering-accommodation. information technology and government services.

**5.2 Source of information**

In line with qualitative research methodology, a focus group was used as the data-gathering technique. A focus group was considered to be the ideal vehicle to realise the research objectives, because it gives individuals the opportunity to respond in their own words, using their own categorisation and perceived association (Stewart & Shamdasani, 1990). The assembly of participants resembled a *full group* type of focus group as mentioned by Greenbaum (1998) where participants are recruited for the session on the basis of their common demographics and attitudes. Finally, these persons represented a homogenous group, because they had similar characteristics. They all worked m the same company and were all professionals with extensive combined experience in EA practice. This made the group compatible, which meant that they would be able to spend less time getting to know one another, and more time discussing issues at hand (Morgan, 1998). An assistant moderator and moderator were involved in managing the research procedure (Krueger, 1998a). They were responsible for the preparation, implementation and analysis of the research (Greenbaum, 1998).

**5.3 Preparation phase**

In the preparation phase, a moderator guide (Greenbaum, 1998) was developed stipulating the purpose of the focus group; clarifying the different roles of the moderators; ensuring the tac1hty, date and time made available by the participants in the focus group; determining what equipment needed to be assembled (tape recorder, etc); and ascertaining the information flow, scope and timing of carious topics (including the key questions asked). Preparation material was sent to all the participants one month before the focus group w.as held and they were requested in a covering letter to read it. The material stated the purpose of the focus group as well as the theory on different fields of 1ndustnal psychology, in order to give all the participants the same frame of reference.

Different types of questions were developed for the focus group (Krueger, 1998a).The following opening question dealt with what the participants enjoyed in the field of EAP: "Please introduce yourself by giving your name and telling us what you find particularly enjoyable in your work as an EA practitioner." Thereafter a transitionary question was asked enabling the moderator to move smoothly into the key questions: "Think of one of your colleagues in EA practice whom you admire most. Give the reasons for your admiration of his/her success in the field of EAP." This question also enabled the moderator to gain ·insight into the role requirements of the EA practitioner. Five key questions were then developed to gain insight into the areas of central concern in the research as outlined in the research objectives (see point 4.1);

1. "You have different educational backgrounds, yet you are all EA practitioners. Now, as an experienced EA practitioner, looking back, how did your education empower you to be successful in your job?"
2. "If you were responsible for the training and development of EA practitioners in South Africa, what would you include in a training and development programme, to deliver successful practitioners in the field?"
3. "In your opinion, what is different now in EA practice compared with how it was practised when you first started?"
4. "In what way do you think EA practice will be different in the future?''
5. "Tell us more about the reasons that you think make it necessary to include EAP training in the field of industrial psychology."

Concluding questions were developed to summarise the main topics discussed and to ensure that nothing important had been omitted:

(1) "Do you agree that the most important issues discussed today include..?

(2) "Have we left out any critical aspects of the training and development of EA practitioners?"

**5.4 Implementation phase**

During the implementation phase, the moderator introduced the focus group in order to create a pensive atmosphere, lay down the ground rules and set the tone for the discussion (Krueger, 1998b). During the session, the moderator tried to anticipate the flow of information in order to recognise beneficial topics of discussion as opposed to dead ends. Further skills such as controlling reactions. probing as needed by using follow-up questions, sense of humour, flexibility and active listening were also employed (Krueger, 1998b; Stewart & Shamdasani, 1990). The assistant moderator took notes and operated the tape recorders, but did not actively participate in the discussion. Before the participants dispersed after the conclusion of the focus group, a biographical form was distributed to all of them, in order to aid the analysis phase. In the implementation phase, reliability and validity were increased by making the five research questions (key questions) clear and ensuring they had a bearing on the topic of the research (Miles & Huberman, 1994).

**5.5 Data analysis phase**

During the data analysis phase. the recorded version of the focus group discussions was transcribed. The transcription was verified against the notes taken by the assistant moderator during the actual session. Codes were developed on the basis of the key questions, each representing a central idea of the research (Bogdan & Biklen, 1992; Glesne, 1999). The codes were verified against the aims of the research, and data was then slotted in under the different codes. Different codes could be categorised

into common themes. Data that showed a relation to a particular theme were extracted from the transcribed version of the focus group discussions and placed under that particular theme. This made the correlation and interpretation of the data easier. The results were reported under each of the themes. During the data analysis phase, the assistant moderator and moderator made coding checks which showed adequate agreement (Bogdan & Bikten, 1992; Glesne, 1999). Internal validity was increased by the conclusion that the data made sense to the moderators and seemed convincing. An expert in the field reviewed the final results to determine the truth value of the final conclusions drawn from the results (Miles & Huberman, 1994).

1. **RESULTS**

The responses of the focus group were analysed in terms of the three areas of EAP evolvement identified in Berridge and Cooper’s (2000) developmental model, namely scope of employee problems, scope of EAP services and the role requirements of EA practitioners. Different themes emerged from the focus group responses as developmental trends in the field of EAP as practised in South Africa. These themes are integrated into the relevant theory in the discussion.

* 1. **Scope of employee problems**

**6.1.1 More focus on work related behavioural problems**

Steele (1998) regards the EA practitioner's main task as establishing and maintaining a working relationship between management and labour in addressing problems that affect the workplace. According to Volpe (1998) and the global development of EAP requires acknowledgement that behavioural health problems have a direct effect on the workplace. Leiter and Wahlen (1996) are also of the opinion that the rote of the EAP should be distinctively limited of performance issues or issues regarded as appropriate within the purview of employer intervention. These authors mainly emphasise what is generally known as one of the core tasks of EAPs initially defined by Rosen and Blum that is to identify employee behavioural problems on the basis of performance issues (Evans & Trice, 1995).

Although there was no discussion on the type of employee problems encountered in EA practice, the participants did imply that previously they had had to deal with mainly social issues and personal problems. As one respondent stated: EAPs just had to do with social problems and social issues and that type of thing … people with problems went there that had nothing to do with work performance most of the time". The focus group stated that it was of utmost importance to understand and be able to explain the impact of problems in the workplace and deal with the reasons why people have problems in the workplace, as opposed to providing a welfare system directed at any type of social problem.

In comparison with international trends, South Africa seems to have realised somewhat belatedly that the focus of EAP should be on work-related behavioural problems. This realisation appears to have evolved specifically from the increasing pressure on EAP vendors to substantiate and validate their ability to add value to the organisation's productivity and efficiency. Thus, in accordance with the literature, the importance of linking behavioural problems to work performance has become an integral principle in the way in which EAP services are rendered in this country.

6.1.2 Wider variety of individual and group behavioural problems

Cunningham (1992) emphasises the fact that the focus of EAPs has broadened to include more types of problems requiring a wider range of expertise in the health professions to qualify people to enter the field of EA practice. Berridge and Cooper (2000) concur that the current new behavioural problems facing employees are more complex and intangible than the past problems of the past. They emphasise the fact that EAP has moved beyond the simple assessment and referral model that identifies problems at an individual level towards the inclusion of wider group and organisational types of problems (see also Googins & Davidson, 1993; Leiter & Wahlen, 1996).

In agreement with evidence provided in the literature, the participants' responses indicate that the scope of services offered in EAPs has developed to cover a wider variety of individual and group behavioural problems. One respondent reported as follows on current EAP services: "What enjoy most about EAP is that it offers fully-fledged services to employees and their families." Responses also referred to the EA practitioner as a "generalist" and not a "specialist" in terms of addressing behavioural problems. Another respondent confirmed that "they must be able to do a broad range, types of counselling". Discussions in the focus group also emphasised the importance of the EA practitioner's ability to

Identify and recognise organisational problems and trends from both data analysis and liaison with managers, employees and union representatives. It would therefore appear that the research results confirm the trend identified in the literature towards addressing a wider variety of problems.

The upshot of the above is that the scope of EAP services has also expanded. This topic will be handled as a separate theme under point 6.2.1.

6.1.3 Addressing more system-related problems

There are many indications that in the international arena, that from as early as the 1990s EAP's have been moving away from addressing only individual and even group-related behavioural problems to focusing on system-related problems (Beard, 2000; Dorn. 1994). Research by Cunningham (1992) shows that there is a significant need among EA practitioners to enhance their knowledge and understanding of organisational issues, including organisational politics, the role of unions and the impact of different managerial styles on work performance. An EAP's effectiveness is directly related to the EA practitioner's confidence in and knowledge of organisational issues at the appropriate managerial levels (Beard, 2000). Leiter and Wahlen (1996) confirm that EA practitioners require a conceptual framework of how organisations work, including an understanding of how work environments affect employees' emotional well-being and ability to assess organisation-wide problems and trends. Van den Bergh (2000) emphasises the need to recognise system issues underlying individual behavioural problems and the value of asking ecologically focused questions in order to solve behavioural problems. Shain (1996) claims that EAPs have typically dealt with the question of individual misbehaviour on a case-by-case basis. It is apparent that EA practitioners should also be able to recognise the manifestations of a broader systemic dysfunction and influence behavioural change in individuals, groups and the organisation as a whole by influencing required policy and procedural changes (Shain, 1996). Acknowledging work-related etiological factors as well as the manifestation of systemic dysfunctions as opposed to mere individual pathology creates a new customer focus for EA practice (see point 6.2.2 below).

The focus group also indicated that some movement in this direction has lately been discernible in South Africa. In the words of one respondent: "We are not only servicing the la2'.y within the company ... positive stuff must be done to enhance the environment and the people within the company". Another respondent said: "Understanding the company, under­ standing the politics and understanding how they function, the system that is helping me a lot". Many participants referred to their responsibility to provide organisations with feedback relating to EAP trends and their impact on the organisation's systems. One respondent emphasised the importance of understanding organisational processes and explained that "processes in terms of systems, how things link up with each other ... is beneficial". Another stated: "You pick up interesting trends and things that are happening in the company that you need to be knowledgeable about to see where you can link these to EAP

The research results seem to indicate that EAP in South Africa is also experiencing a shift from addressing individual and even group-related problems to recognising more system-related problems. However, the responses show that experience in this area is still in its infancy and practitioners have not had much practice with the new approach. South African EA practitioners seem to acknowledge the fact that they lack related skills and may still need more practice in boosting their confidence in intervening on an organisation-wide level.

**6.2 The Scope and nature of services**

**6.2.1 A wider range of services**

Because the human and social needs of organisations are changing rapidly and becoming increasingly complex, coupled with factors such as diminishing organisational boundaries, AIDS crises and child-care shortages, Googins and Davidson (1993) emphasise the need for EAPs to be reconceptualised and repositioned with new practice, knowledge, skills and roles. The authors include the following in their scope of EAP services: helping management to manage employees, establishing efficient behavioural management systems and managing major events such as trauma. financial issues, AIDS and retrenchment which may impact on work groups and the organisation as a whole. As such, EAP services should help the organisation to anticipate and understand the organisation's internal and external environment. White et al (1996) propose an enhancement of the basic EAP model to include services such as managed behavioural health activities. stress management seminars, remuneration, wellness programmes, financial assistance and critical incident stress debriefing.

According to the participants, the scope of EAP services has changed from a narrow, mainly clinical service delivery model to a broader-based model, including a wider range of services. One participant, for example, claimed that in EA practice there are currently "a lot of challenges” ... lots of changes, always new things and “a lot of variety”. Another stated “The reason to enjoy this job is the varied activities ... it is not a humdrum life ... you are never in one spot for ten minutes". More specifically, two newly included services mentioned by participants were legal and financial services. The changes in trends in EA practice regarding the scope of services seem to be extremely rapid and participants believe that EAPs in South Africa are following international best practices. According to the target group, this includes adding on more services in the near future as well as linking up with managed care and work-life programmes such as child and elderly care and even pet grooming. The impact of change on the scope of services can be summarised as follows: "It has been three months now, and it has already changed ... in my opinion it is just the start of it all; 1 have an idea it is going to be broader, wider after a year or two". Regarding specific EAP activities, the participants concurred that new responsibilities have been defined as part of the services EA practitioners have to render. These include promotion of services, accountability to the client organisation as a whole through statistical analysis and interpretation, feedback and report writing, measuring the impact of services on a business's bottom line, education of clients in terms of the nature and scope of EAP and quality control of services. Despite a general trend in the research results indicating the application of a wider range of services, the field does not seem to be as far developed as indicated in the literature on international trends. For example, little seems to have been done about aligning EAPs with total managed behavioural health care, performance management, and remuneration and health benefits. The focus group, however, provided sufficient evidence, however, to support the fact that South African EAP services also include financial services, critical stress debriefing and assistance with regard to HIV/AIDS and retrenchment.

6.2.2 A stronger focus on the organisation as the client

According to Beard (2000), it is the EA practitioner's responsiveness to client needs that will ensure the survival of EA practice as opposed to merely complying with a set number of EAP assessment and referral sessions. According to Googins and Davidson (1993, the organisation becomes the client and not merely the individual employee. Dorn (1994) suggests that an EAP should expand its practice increasingly into organisational development, and emphasises the need for the EA practitioner to become more knowledgeable about organisational behaviour, work structures and procedures, strategic planning and organisational culture and politics. Berridge and Cooper (2000) state that one of the future core tasks of EAP is the ability to modify its services in accordance with an organisation's expectations and needs.

The focus group confirmed a change in the EAP paradigm towards a more strongly client-focused orientation in general. One respondent agreed that this was highly valuable and stated: "I got a lot of insight into Whatever customer needs are, the way they do things, the way they Think about things ... that has helped me to build a lot of relationships in organisations for which I am now responsible." What is also interesting, however, was the participants ‘emphasis on the fact that their client focus was on the organisation as a whole and not the individual "troubled" employee, as before. One respondent emphasised the importance of understanding the company; understanding the politics and understanding how things function". She also emphasised the following: "The part that I enjoy the most is getting to know companies and how they function ...” Another respondent referred to his role as "especially building relationships with the organisation". Someone else summarised this development by stressing the extent of business acumen needed by EA practitioners: "I just want to say that one needs to be well read in every aspect of the business acumen, project management, financial management, industrial relations and so on ... so you can really understand the business ...they look at the whole work, industrial things, products and so on ... and that increases productivity".

6.2.3 A stronger focus on an EAP's cost control and performance efficiency

Steele (1988) emphasises the need for EA practitioners to be able to show the impact of employing EAP services on increasing profits, reducing managerial difficulties in behavioural management, boosting labour efficiency, improving turnover, scrap, absenteeism, and accidents and effecting a reduction in sick leave costs. Volpe (1998) also regards evaluation and feedback as primary EAP functions in order to provide organisational proof in terms of how the EAP services benefit employees and contribute to the organisation's productivity and safety as well as its ability to attract and retain valuable employees. The use of EAP services should also be legitimised by indicating worker satisfaction, solidarity and an enhanced corporate community image (Steele, 1988).From a systems perspective, Beard (2000) argues that certain environmental forces are resulting in the introduction of more stringent measures for cost control and performance efficiency in the delivery of EAP services. Volpe (1998) defines the objective of EA practice as educating the business community in terms of the impact that behavioural health problems have on organisational productivity.

The focus group results emphasise the change in EAP services from being ad hoc, responsive and "nice to have" to services that are more structured, purposeful and formalised within companies in order to better link the EAP to business systems. Responses included that EA practioners are prepared to contribute, sharing the same vision making, it is a practice with standards, with structures and with a special identity. We have to move away from the role of charity and away from welfare. The issue surrounding accountability also ties in with the changing nature of EAP services from a welfare model to a business or productivity model. Participants pointed to the fact that previously an EAP had been "nice to have" in an organisation, and had been subsidised, with little concern about its cost effectiveness and no linkage with work performance. One participant emphasised "business principles, anything to do with what business is based on, in terms of productivity ...", while another confirmed that "picking up EAP needs is just one part of the business ... you can't just go in and say your employees need therapy ...that is not what they look at; they want to see how productivity is influenced by that". One respondent specifically referred to the fact that "you have got to work out profit margins and explain different aspects in financial terms". Participants also emphasised increasing accountability that EA practitioners have towards client organisations regarding service delivery. Such accountability coincides with the EA practitioner being required to provide regular feedback to clients and to continually evaluate the impact of their services in terms of adding to the productivity of the client company. One respondent summarised this point succinctly by saying that "the whole concept of EAP, that whole productivity model where you know exactly when you have an EAP in place - what you are adding to the bottom line ... you can work it out now ... we couldn't do that 15 years ago ... it was nice to have". Another respondent elaborated on this: "We wrote reports to the office staff, but nothing to the client that has changed over the years to where we are now, where we are world class ... and we are accountable".

Accountability is further underscored by the importance of quality control by the EA practitioner. According to a response from one focus group member: "Clinical work is now managed, case managed, checked and you have to report, and it is transparent ... for the first time there is quality control over psychotherapy ...there is accountability ...;the quality control issue is a major contribution that EAP has brought to the company". Another respondent stated: "The other thing that I think has changed is the whole formulisation and measurability of our activities; you know you can measure these figures and formulas". Participants also emphasised their increasing esponsibility to provide feedback on the basis of scientific and statistical analysis to enhance the quality control of their service delivery. It seems evident from the research results that quality control and accountability for higher cost-efficiency and increased productivity have become primary issues for current South African EAPs. There has been a definite move from the welfare perspective in this regard. Although the researchers did not pick up on a historical welfare or "nice-to have" approach in the literature on the development of EAP worldwide, this development does bring South African EAP more in line with the international benchmark of being able to prove and substantiate the value-added of an EAP.

6.2.4 A stronger focus on a shorten therapeutic model

Berridge and Cooper (2000) consider one of the core future tasks in the field of EAP to be the provision of cost-effective therapeutic services with a specific nature and form. Volpe (1998) sees the nature and form of EAPs as a preventive resource for solution-focused assessment and brief therapy to address the personal problems of employees.

In the focus group, the participants focused mainly on a short-term therapeutic model in EA practice which is applied to employees' work­ related problems. One participant mentioned that previously there were “no limitations on the number of sessions" during therapeutic intervention, and went on to say that "everything that is long-term and specialist orientated does not fall within the EAP structure".

Clearly the South African EAP therapeutic model is also aligning itself more with the international benchmark of short-term therapy or brief counselling, and the research results support the literature in this regard.

6.3 Role requirements of an EA practitioner

6.3.1 An evolving business consultant role

Various researchers emphasise the shift from with a mainly therapeutic focus for EAP to a more business-oriented focus. This includes the conceptualisation of the various roles and key performance areas of the EA practitioner. Various international researchers (Dorn, 1995; Googins &Davidson, 1993; Leiter& Wahlen, 1996; Rospenda, 1995; Shain, 1996) have come up with the idea of EAP professionals increasingly fulfilling the role of an organisational development consultant. Beard (2000) and Googins and Davidson (11930 indicate that EA practitioner should keep abreast of business trends and their impact on individual and organisational and that EA practitioner competence should be enhanced to include an understanding of the business and organisational contexts within which EA functions, as well as knowledge about management styles and their impact on work performance. Dorn (1994) and manage the business and corporate environment in order to enhance holistic health promotion

The focus group highlighted the role multiplicity of the EA practitioner, with special emphasis on the business consultant role, as one of the major changes in EA practice. Previously, the role of an EA practitioner had been one dimensional with a mainly clinical or therapeutic focus and limited liaison responsibility. In the focus group responses in this regard, one respondent mentioned that now "looking at how to be a business consultant and not just solely an EAP consultant or practitioner" has become a vital task, and "I think one needs to leverage with management, making recommendations, being a consultant". One respondent confirmed that "now your role has really become that of a consultant ... there is just such a wide variety *of* being in this professional position". Another respondent stated: "A lot of feedback you get from the company is that you can be a consultant that you can contribute to the business as such, not only finish the contract, but to contribute to the business".

The research results seem to indicate that the evolving role of the EA practitioner in South Africa is following the trend of the business consultant as conceptualised in the literature. Although none of the participants made specific reference in the focus group to adopting an organisational development role, they frequently alluded to the activities and skills underlying such a role.

6.3.2 An evolving managerial role and higher decision-making authority

Although Steele (1988) feels that EA practitioners lack the necessary authority to influence organisational decision making, he recognises the EA practitioner’s responsibility for acquiring resources and mobilising, coordinating and implement them, as well as motivating organisational decision makers towards health promotion in the organisation.

Participants reported being empowered by the fact that their role had also changed from a mainly therapeutic role to a more managerial one. One respondent said: "What I enjoy most now is being part of the driving team of the organisation because I regard the EA practitioner as part of management". Another respondent reported that "the management role is also a very challenging role". A third respondent specifically compared his present role as an EA practitioner with what his role had been like in the past: "The role that I am in now us opposed to the one I was in before counselling as well as implementing, controlling, positioning, programming ... the role that I am in now Is primarily managing and evaluating". Ultimately, it would seem that the EA practitioner's decision­ making authority and level of accountability have increased. As one respondent put it, "Responsibility moved down ... we take decisions now that would have been at MD level a year ago ... so the responsibility and accountability, everything has just come down a lot". The participants perceived that the impact EA practitioners have on organisations has increased because of their higher decision-making authority. One responded claimed that organisations now value your input into how they do their daily tasks and how they apply the feedback you give to them".

Since there was scant reference in the literature to the fact that the practitioner is becoming more of a manager, one could interpret this to mean that the South African experience can be related to the fact that EA practitioners are feeling more empowered within their specific companies and also feel that they have an impact on their clients. Such empowerment can also be directly related to the fact that EA practitioners feel more accountable and responsible and are also required to network and liaise at a broader level {see point 6.3.3 below).

6.3.3 Increasing multilevel liaison responsibilities

Beard (2000) relates the effectiveness of.an EAP directly to the ability of the EA practitioner to communicate organisational issues at the appropriate management levels. She goes on to distinguish several multilevel liaison responsibilities as the basis for understanding client needs in order to ensure the business development of an EAP. Googins and Davidson (1993) reiterate that the EA practitioner is not hampered by previous clinical boundaries and should liaise with and influence all important policy makers and decision makers. As mentioned earlier, Steele (1988) introduced the role of the constructive broker as the primary role fulfilled by an EA practitioner on the strength of his or her multilevel liaison responsibilities. According to Steele (1988), an EA practitioner, should facilitate joint action and understanding among different groups in the organisation, such as employees, management, union, other staff functions such as HR, as well as external role players such as treatment facilities, the government, insurance providers and professional organisations (see also Beard, 2000).

It is clear from the focus group results that, historically, liaison with either the occupational nurse or the EAP coordinator seems to have been the EA practitioner’s main responsibility. The EA practitioners in the target group have recently found that they have had multilevel liaison responsibilities. This is opposed to the situation in the past where they had singular interactions with one or possibly two role players in the organisation. As one respondent stated, "Previously you focussed here on the sister, you visited her from time to time; made her happy and liaised with her just to be nice". The current enjoyment of the practice was also explained as follows: “I like the interaction with people on different levels… I like knowing the MD in the company and the security guard on first name terms". Another respondent added, "My interest is to interact on different levels in the organisation…I like interacting with top if management ...".A third respondent felt that "establishing relationships with different personnel is very challenging and ... you get more control".

From the above it is evident that the experience of the focus group confirms that trend that is evident in the literature. The role of the EA practitioner in South Africa has also evolved from singular liaison responsibilities to multilevel liaison responsibilities.

6.3.4 Higher formalisation of EAP role boundaries

Berridge and Cooper (2000), Googins and Davidson (1993) and Steele (1988) all emphasise the fact that the EA practitioner is required to play a multiplicity of roles but still retain his or her role boundaries. Berridge and Cooper (2000) specifically caution against the potential role overload, role conflict and lack of professional role clarity, and state that the EA practitioner rote requires professional and organisational legitimacy distinct from that of a clinician, organisational development consultant or business consultant.

Besides emphasising the many roles of the EA practitioner, the target group also agreed that the role boundaries of their practice have become more clearly defined, which ties in with EAP services becoming more formalised, structured and purposeful. One respondent stated: "Because when we restructured... there is now a very clear distinction between clinical services and your EA practitioners". Another indicated that " the roles have been separated... initially the clinical therapist would do everything-marketing, visiting the EAP coordinator... but now it is compartmentalised".

The research results indicate that South African EA practice has experienced a shift away from being generalist to being more specialists. This has involved a clear distinction between the roles of clinicians and EA practitioners. What has evidently not yet been addressed in South Africa is the potential role confusion or potential opportunity which an evolving business consultant and organisational development role (as part of the make-up of an EA practitioner) could bring to EA practice, and specifically how this could be managed.

7 CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

Existing literature indicates that the development of EAP in South Africa does not seem to be tagging too far behind international trends. From the themes identified it seems that EA practice in South Africa may be between development stages three and four as identified in the developmental model of Berridge and Cooper (2000).The evidence that has been provided concludes that EAP in South Africa has developed to such an extent that it now includes a comprehensive range of services, including the initiation of some organisational intervention as a result of recognising the systemic origins of employee problems. This corresponds with development stage three according to the Berridge& Cooper (2000) model. The evidence that EA practitioners are starting to act as more as business consultants with multilevel liaison responsibilities, yet with distinctive role boundaries remaining, shows s1m1lanty to what Berridge and Cooper (2000) defined in their fourth developmental stage. These researchers have, however, distinctly identified the organisational development consultant role as prominent, de-emphasising the distinction between EAP and organisational development roles and interests. Primary conclusions to be drawn from the research results indicate the following specific developments in the practice and focus of EA practice in South Africa.

7 .1.1 Scope of employee problems

The focus of EAP in South Africa has moved from a purely clinical focus on a limited number of individual behavioural problems to a wider variety of behavioural problems that are specifically work related. Traditionally, the EA practitioner looked after the individual, and this care included tong therapeutic sessions to solve his or her social and personal problems. The focus was therefore solely on the individual with little or no regard for the impact of EAP services on the productivity and hence bottom line of the organisation. What is evident in the results is a movement towards

addressing system-related problems as opposed to only md1v1dual and group-related problems.

*7* .1.2 Scope and nature of services

Owing to the broader focus in terms of addressing a variety of individual, group and system-related problems, the scope of services rendered by EAPs in South Africa has also expanded. This development has led to a stronger focus on the organisation as a client. EAP services have been reported to have become far more formalised, structured and purposeful,

tncludmg a stronger emphasis on quality control and performance efficiency. Previously, EAPs in South Africa tended to be provided on the basis of a welfare-oriented model as opposed to the current approach which incorporates definite productivity model, thus emphasising the contribution of services to bottom-line end results in the organisation. This means that the EA practitioner has to concentrate on system-related problems which include an understanding of organisational issues such as politics and different management styles.

**7 .1.3 Role requirements of the EA practitioner**

With increasingly more organisations struggling to survive it is crucial tor any service rendered to the organisation to be cost-effective and to add value to its core business? The EA practitioner's role in South Africa seems to have developed from a pure clinician/social work/counsellor role to one with higher decision-making authority involving multilevel liaison responsibilities. The implication of this is that the EA practitioner not only has contact with one or two role players, but is able to communicate and influence decisions about EAP services at all levels. The results indicate !hat EAP in South Africa seems to be rising to the challenge, with increasing emphasis on the role of the EA practitioner as a business consultant as opposed to a mere a clinical and therapeutic service provider. The business consultant role, which includes managerial responsibilities, appears to be the most prominent role requirement of EA practitioners today. Results also indicate that the EA practitioner's rote needs to remain distinct from other consultant roles through clear definition and clarification *of* role boundaries within and outside client organisations.

**7.2 Recommendations**

**7 .2.1 Training and development**

The number of formal and informal EAP courses and resultant formal qualifications available in South Africa are limited. EAP training is usually included as part of a course towards a degree in the health professions. There is now a need for more formal training and development of EA practitioners in South Africa. Developments in the types of problems that EA practitioners address, as well as their evolving role requirements, indicate the need to place more emphasis on business acumen and process or organisational consulting skills as opposed to mere clinical and/or counselling skills. In particular, it would seem that training in the field of industrial and organisational psychology should focus on making students competent in the field of EA practice.

The question of distinguishing EA practice as a distinct profession became apparent during this research. Practising in the field of EAP in the USA and UK requires certification with the International EAP Association (EAPA) based on passing their Certificate EAP examination (CEAP) (EAPA, 2002). Although a chapter of the EAPA exists in South Africa, such a certification is not yet a prerequisite for practising in the field (EAPASA, 2002). As a result EA practice Is not regarded as a profession in South Africa. It is recommended that the opportunity for certification and the development of a professional code of conduct for EA practice in South Africa be explored. This furthermore emphasises the need to give formal training in EA practice more prominence in the degrees presented in South Africa.

7.2.2 Future research

This research represents an exploratory study. Further research may be required to determine and confirm whether industrial and organisational psychology indeed constitutes an appropriate training field for EA practice. Further research in South Africa may also be required on the impact of managed behavioural health care on EA practice and whether or not these two fields can be integrated. Similar comparative qualitative research could be conducted with other focus groups to substantiate and elaborate on the developmental themes identified in this research. Also, follow-up research may indicate further developments in comparison with · international trends in EA practice and in the world of work. Actual survey research may be needed, using larger samples, to investigate and confirm the results of this research. There is a need to establish quantitative data sets to obtain more insight into the use and scope of EA practices in South Africa.

7 .2.3 EAP in business

It is clear that EAP in South Africa is evolving rapidly. However, there is still a limited focus on EAP as a strategic business issue, and organisations may still struggle to establish the appropriate EAP infrastructure required to effectively influence productivity. There is also limited awareness of the scope and role of EAPs in organisations. Firstly, it is recommended that business In South Africa needs to be educated in term of the value provided by EAP services to the productivity and efficiency of organisations as opposed to its being a nice-to-have/corporate image building/moral responsibility activity. Secondly based on the themes identified in this research, such education should also make business aware of the standard and best practices required to ensure value-adding EAP services that will optimise healthy and productive employee relations. Organisations should not simply acquire EAP services for the sake of their public image. The new developments m terms of the scope of problems addressed, the types of services rendered and the role requirements of EA practitioners could act as a basic understanding of the minimum level requirements or benchmarks m the employment of an EA practitioner as either an in-house employee or a consultant. Hopefully, the themes identified in this research will serve to guide corporate expectations in terms of employing, planning, implementing and benchmarking EAP services.

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