Employee substance abuse in the SAPS: strengthening the collaborative working relationship between First Line Managers and Police Social Workers by evaluating the Sober Workplace Programme for Managers

by

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I declare that the above dissertation/thesis 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**.**

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ABSTRACT

An intoxicated police employee can never keep the community safe and secure, as mandated by law enforcement prescripts. However, limited attention is given to harmful or hazardous substance abuse or the binge drinking habits of police employees. Substance abuse being a 'culture' in law enforcement agencies and the maintenance of the blue wall of silence as a protective measure necessitates scientific research to explore how a collaborative working relationship between the occupational social worker and especially First Line Managers (FLMs) can contribute to addressing this phenomenon in a timeous manner.

The researcher applied a quantitative research approach and utilised a switching replication quasi-experimental design to determine whether the collaborative working relationship between South African Police Service (SAPS) FLMs and Police Social Workers (PSWs) can be strengthened to the extent that they effectively and efficiently deal with the harmful or hazardous substance abuse or binge drinking habits of SAPS employees by exposing the FLMs to a social work intervention, namely the Sober Workplace Programme for Managers. The pre-, mid-, and post-test measurements are based on knowledge, attitude, and behaviour constructs to determine if the two hypotheses formulated were supported. The study, however, did not indicate that the Sober Workplace Programme for Managers strengthens the collaborative working relationship between the FLMs and PSWs to address the harmful or hazardous substance abuse or binge drinking habits of employees in the workplace. Alternative research and occupational social work strategies are recommended to establish if and how the Sober Workplace Programme for Managers can be implemented to strengthen the collaborative working relationship between the FLMs and PSWs to address the harmful or hazardous substance abuse or binge drinking habits of employees.

Key terms: employee substance abuse, collaborative working relationship, police social worker, first line manager, workplace social work intervention, occupational social work, switching replication quasi-experimental research.

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LIST OF ABBREVIATIONS

CDA:	Central Drug Authority
CIPD:	Chartered Institute of Personnel Development
EHW:	Employee Health and Wellness
EAS:	Employee Assistance Services
FAS:	Foetal alcohol syndrome
FLM:	First Line Manager
HHSA/BD:	Harmful or hazardous substance abuse or binge drinking
HRD:	Human Resource Development
NACADA:	National Authority for the Campaign Against Alcohol and Drug Abuse (Kenya)
NDMP:	National Drug Master Plan
NIU:	National Intervention Unit
ORS:	Operational Response Services
PEP:	Performance Evaluation Plan
PSW:	Police Social Worker
SINTEF:	Stiftelsen for industriell og teknisk forskning (Norwegian)
SAP:	South African Police
SAPS:	South African Police Service
SANDF:	South African Defence Force
SWS:	Social Work Services
UK:	United Kingdom
UNISA:	University of South Africa
UNODC:	United Nations Office on Drugs and Crime
US:	United States
WHO:	World Health Organization

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CHAPTER 1: GENERAL ORIENTATION

1.1 INTRODUCTION

Literature abounds with proof of the adverse effects of substance abuse on individuals, families, communities, workplaces, and the economy (Carroll & Miller 2006:7; Jacobs & Schain 2010:1; Ling, Smith, Wilson, Brierly-Jones, Crosland, Kaner & Haighton 2012:1, Odgers 2005:210; Smook, Ubbink, Ryke & Strydom 2014:60; Webb, Shakeshaft, Sanson-Fisher & Havard 2009:375). Although employees with an alcohol dependence problem are present in many workplaces, the existence of harmful or hazardous substance abuse or binge drinking (HHSA/BD) habits amongst employees and their specific influence on the functioning of employees in the workplace cannot be ignored, as they pose a threat to the wellbeing of every employee (Baenziger 2007:742; Jacobs & Schain 2010:1; Sonnenstuhl 2003:231; Stanley 2009:15).

The South African Police Service (SAPS), like any other workplace, is challenged by the phenomenon of the HHSA/BD habits of its employees.

Rising to the challenge and addressing the phenomenon of the HHSA/BD habits of the SAPS employees, Social Work Services (SWS) as a sub-section of the Component Employee Health and Wellness (EHW) of the SAPS, continuously reviews the substance-related interventions available to address the phenomenon within the SAPS work environment. The outcome of an informal SWS substance abuse prevalence study in 2015 motivated the researcher to conduct this in-depth research study to determine whether a newly developed, untested, and as yet not formally implemented SWS intervention developed for First Line Managers (FLMs) can significantly contribute to establishing a collaborative working relationship between them and the Police Social Workers (PSWs) when addressing HHSA/BD related issues within the SAPS.

The results provided by this research study indicated to what extent the SAPS SWS interventions, which aim to expand the perceived knowledge and change the

behaviour and attitude of especially the FLMs, succeeded in establishing a collaborative working relationship between the FLMs and the PSWs when addressing these HHSA/BD related phenomena.

As an orientation to the study, this chapter will be indicative of the general background of challenges associated with substance abuse in the work environment, as well as the theoretical framework applied in the study of this specified phenomenon. The formulated research problem statement and hypotheses will be discussed. The purpose of the research, as well as its value and scope, will be outlined. The terms used in the study will also be defined.

In support of this chapter's content, Chapter 2 will expand on the literature reviewed for the study. The research methodology and its application will be discussed in Chapter 3 and the resultant research findings obtained in Chapter 4. Lastly, conclusive remarks will be provided in Chapter 5, as well as suggestions for future research.

However, it is vital to first develop a general understanding with regard to substance abuse as a problem in workplaces in general, and then with specific reference to the law enforcement workplace environment.

1.2 BACKGROUND OF THE PROBLEM

Ensuring the safety and security of the citizens of their respective countries and proactively and reactively controlling crime are the mandatory obligation of law enforcement agencies worldwide, including the SAPS (Schafer, Buerger, Myers, Jensen III & Levin 2012:1; Walker & Hemmes 2015:6; Williams 2016:130). The occurrence of HHSA/BD habits within law enforcement agencies is well-documented (Alpert, Dunham & Stroshine 2015:190; Kirschman, Kamena & Fay 2014:135; Kroll 2014:49; Smook et al 2014:79). Law enforcement agencies and their management will fail miserably in fulfilling this mandate if the adverse effects of HHSA/BD habits are not addressed in an appropriate manner (Alpert et al 2015:190; Kirschman et al 2014:135; Smook et al 2014:79).

For a very long time, society has believed that the term alcoholic applies only to those employees diagnosed with a dependent state who experience and cause problems with an evident impact on the workplace, whilst other types of drinkers “do not experience nor cause any problems” (Jacobs & Schain 2010:1; McCann, Burnhams, Albertyn & Bhoola 2011:7; Schutte, O’Donnell, Kastner, Schmidt, Schafer & Reimer 2014:1). Research has proven that the problematic workplace experiences of employees are not only the result of addiction to a substance, but are also the result of HHSA/BD habits (Davey, Obst & Sheehan 2000:205; Jacobs & Schain 2010:1; McCann et al 2011:1; Schutte et al 2014:1).

HHSA/BD related problems in the workplace contribute to the international interest of researchers with regard to the role this phenomenon plays in the workplace and why it is important to address it (Lee, Roche, Duraisingam, Fisher, Cameron & Pidd 2014:54; Pidd, Roche & Buisman-Pijlman 2011:162).

Studies regarding the occurrence of and role played by HHSA/BD habits in the workplace are well-represented in literature. An American workplace study indicated that 10% of employees with substance abuse habits experience substance abuse related problems and 30% of their sober co-workers are affected by this phenomenon (Reynolds & Lehman 2008:1827). Another American workplace study indicated that a substantial percentage of employees (29%) who are employed full-time drink alcohol excessively, whilst others (8%) are guilty of harmful and hazardous drinking, and some (8%) even resort to illicit drugs (Levy Merrick, Volpe-Vartanian, Hogan & McCann 2007:1262). It is mentioned by Pidd et al (2011:164) that a prevalence study with 2829 American workers in 2006 indicated that the substance most commonly used by the workforce is alcohol (15%), followed by drugs (1%). This correlates with a study by Frone in 2006 (Ames & Bennett 2011:175), indicating that some American employees (1.8%) tend to drink alcohol before going on duty, while others (7.06%) drink alcohol during the course of the work day. A survey of alcohol abuse of the United States (US) workforce done in the same study by Frone indicated that 1.8% of employees drink before work, some (1.6%) conduct their work whilst under the influence, others (7.06%) drink during the work day, and a high percentage (9.23%) experience hangover symptoms at work.

Although statistics with regard to HHSA/BD in European workplaces have shown a reduction or stabilisation, 41% of people referred for substance-related rehabilitation were employed (Verstraete 2011:31). In the United Kingdom (UK), drug specimens were obtained for testing from 82 workplaces. These specimens were mainly that of males and of the 308 positive drug tests obtained, only nine men were taking legitimately prescribed drugs (Verstraete 2011:15). Employees in some French workplaces are expected to submit themselves to annual compulsory occupational medical examinations. These tests indicate that alcohol was most abused by employees (20%) to cope with work-related stress. A large percentage (20%) abused drugs to be in a better state for their work, some (12%) used drugs to address workplace-related symptoms, and others (18%) abused drugs to relax from difficulties experienced at work (Verstraete 2011:20)

Australian studies on the matter indicate that the HHSA/BD habits of employees contributed to workplace deaths (5%), as well as non-fatal workplace injuries (4% to 11%) (Pidd & Roche 2013:2). An additional study by Pidd et al (2011:1623) indicates that alcohol consumption by employees while at work varied from 3.1% to 56% for train drivers and 6.6% to 46% for police officers.

An investigation into the prevalence of HHSA/BD habits amongst employees in workplaces in East Asian countries/regions indicated that problem drinking occurred with 16.5% of the Japanese male employees and with 3.8% of the women, whilst in Korea 18.4% of men and 3.2% of women employed proved to be problem drinkers (Hasegawa, Murata, Ninomiya, Takabayashi, Noda, Hayasaka, Nakamura & Ojima 2013:495).

Research studies on the prevalence of the HHSA/BD habits of employees are highlighted in the 2012 National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) report for African countries like Kenya, and in the 2008 SINTEF Health Research report for Malawi (Braathen 2008:7; NACADA 2014:3). The NACADA target group for this research was employees employed in the public sector of Kenya and it was indicated that 33.3% of these employees use alcohol, 3.8% used *miraa* (an addictive herb chewed for a stimulating effect), 1.1% used *bhang* (an edible form of cannabis), and 0.4% used narcotic drugs. With regard to

the alcohol intake of these employees, 7.2% consumed alcohol on a daily basis, 8.8% were absent from work annually because of hangovers, and 9.25% started their day with alcohol first thing in the morning to be able to start working (NACADA 2014:4). Research findings on substance abuse in Malawi indicated that especially the youth of the country were severely affected by substance abuse (mainly traditional brewed beverages and cannabis locally known as *chamba*), which led to a decline in the country's workforce and the productivity of the nation (Braathen 2008:15). For Africa as a whole, according to the World Health Organization's (WHO) Global status report on alcohol and health (WHO 2018:98), alcohol contributed to most diseases and injuries in the workplace.

Already in 2011, the WHO's Global status report (WHO 2018:102) on alcohol rated South Africa as the country with the most dangerous and highest prevalence of alcohol abuse on the continent of Africa. In South Africa, 48.1% of the men and 41.2% of the women engaged in binge drinking episodes and this led to high rates of alcohol-related problems, violence, and motor vehicle accidents. This is in support of the findings of Burnhams, Parry, Laubsher and London (2014:14), who indicate that amongst South African employees in the informal and formal sectors 70% resorted to HHSA/BD and heavy episodic drinking, with detrimental effects on the workplace. These findings are in line with international studies indicating that although HHSA/BD mainly occurs amongst men, there is an alarming increase of HHSA/BD amongst women that has become a subject of great concern (Samuelsson 2015:189).

When considering substance abuse in the work environment of the police, alarming reports surfaced in the media expressing concerns about illegal drug use by police officials in countries across the world (Cidambi 2018; Gorta 2009:85). Literature indicates that the HHSA/BD habits of police officials are coined as the culture of the police, and in order to cope with workplace stress and trauma HHSA/BD habits are accepted and even encouraged (Alpert et al 2015:190; Gorta 2009:85; Kirschman et al 2014:135; Smook et al 2014:79).

Research studies of Australian police indicated that the majority of the participants drink alcohol to some degree and that the police men are more often guilty of

HHSA/BD than their female counterparts, although the drinking habits of these female police employees increase with age (Cross & Ashley 2004:26; Ruiz & Marrow 2008:311).

Even studies of the HHSA/BD habits of the American police employees proved these to be serious in nature, but one study did show that the alcohol consumption of the police employees are consistent with those of the general population and that some (70%) did not drink at all or rarely indulged, and this served as an indication that not all police employees were guilty of HHSA/BD (Ross 2012:48; Willman 2013:2).

Despite the lack of formal substance abuse related research concerning police employees, the EHW Field Work Report reflects that on a national level in the year 2017 to 2018, 746 SAPS employees were involved in substance-related counselling sessions (SAPS 2017/2018). This, however, is not a true reflection of the substance-related problems within the SAPS, as a) symptoms of substance abuse, such as absenteeism and financial or relationship problems, are reported only to discover the root problem is related to substance abuse, and b) employees prefer to engage in external counselling and self-referral for inpatient treatment to "keep the problem out of the workplace environment to avoid stigmatization or discrimination" and react with the blue code of silence as a measure to protect themselves against negative consequences (Coady, James & Miller 2000:6; Dempsey & Frost 2011:83; Skolnick 2005:301).

However, the phenomenon does exist and often goes undetected and unattended due to various factors and may eventually contribute to the misconduct of police employees (Alpert et al 2015:190; Gorta 2009:85; Kirschman et al 2014:135; Smook et al 2014:79). This being the case, it poses a specific challenge to the law enforcement work environment, as it is expected of police managers to apply the governance, policies, and legislation that guide them to deal with this matter in an effective and efficient manner.

In general, a workplace policy exists to assist in the management of substance abuse, as it will ensure that all employees are fit for work and are provided with a

framework that will assist and guide both the managers and employees with testing procedures, education, rehabilitation, counselling, and potential disciplinary action arising from drug and substance testing, or use and abuse of substances at the workplace (McMillian 2011:4).

In the South African law enforcement environments, the South African Defence Force (SANDF) and the Metro Police Department have formal substance abuse policies, but the SAPS does not have a formal substance policy to guide managers and employees with regard to HHSA/BD habits. To address HHSA/BD that affects the performance of the SAPS employees, managers are guided by the South African Police Service Act 68 of 1995 (South Africa 1995b), the SAPS National Instruction of 1/2005 on the Performance Enhancement Process (SAPS 2005), the SAPS Discipline Regulations (SAPS 2016b), as well as other South African Acts and prescripts, such as: the Constitution of the Republic of South Africa (South Africa 1996: section 108), Labour Relations Act 66 of 1995 (South Africa 1995a), the Occupational Health and Safety Act 85 of 1993 (South Africa 1993b), the Employment Equity Act 55 of 1998 (South Africa 1998), the Compensation for Occupational Injuries and Diseases Act 130 of 1993 (South Africa 1993a), and the Prevention of and Treatment for Substance Abuse Act 70 of 2008 (South Africa 2008).

The lack of a formal substance abuse policy leaves the SAPS FLMs quite vulnerable, as they will at one time or another be challenged to manage the substance-related behaviour problems of employees. For this reason, it is crucial that the SAPS managers, and especially FLMs, should be exposed to SWS interventions that provide them with additional information about the effects that the HHSA/BD habits of employees under their command have on the individual, the work team, and the community. Should workplace behaviour challenges due to HHSA/BD habits occur, they would be knowledgeable about how to address such habits holistically in a collaborative relationship with the PSWs in order to limit the effect it will have on the individual employee's work performance, the workplace, and their families (Ames & Bennett 2011:175; Belker, McCormick & Topchik 2012:53; Bennett, Reynolds & Lehman 2003:46; Schutte et al 2014:2; Steenkamp 2011:17).

To provide FLMs with this additional information on the HHSA/BD habits of employees and guide them to address it holistically, SWS as a section of the Component EHW, operating on Provincial and National Head Office level, appears to be in a unique position for the task. In all provinces of South Africa, the PSWs work within a cluster consisting of a number of police stations and decentralised national units, whilst on National Head Office level they work within a division consisting of components, sections, and sub-sections. be it in the components of a division or in a cluster in a province, the PSW closely liaises with all the managers/commanding officers of different managerial levels to obtain access to the SAPS employees and expose them to various social work interventions.

Although the PSWs practise case work, group work, and community work in their service delivery to the SAPS employees, awareness, prevention, and educational training programmes as social work interventions are initiated by them in collaboration with the managers and seen as essential to advocate a healthier lifestyle attitude and behaviour with regard to substance use amongst police employees (Smook et al 2014:79; Snow, Swan & Wilton 2003:47; Steenkamp 2011:16).

The Section Social Work Services stationed at the National Head Office consists of two sub-sections; the Sub-section Interventions and the Sub-section Norms, Policy and Standards. The Sub-section Norms, Policy and Standards is tasked with continuously evaluating the effectiveness and relevance of the SWS programmes as social work interventions. In 2015 the existing generic substance dependency programme that served as a preventative social work intervention was reviewed. The aim of this programme is to provide employees with knowledge on the phases of alcoholism, specifically to: create an awareness of the differences between substance dependency and abuse/misuse; to create ab awareness of the physical, psychological, and social impact of substance abuse on the individual; to enable employees to identify the various defence mechanisms used by the substance abuser; and to be knowledgeable about the treatment facilities and other resources available to assist employees with substance dependency problems and governance that regulates referrals (Du Plooy 2004:2; SAPS 2014).

The SAPS employees who attend this programme as part of a social work intervention are either voluntary attendees or nominated by their FLM. When implementing a programme as a social work intervention, the PSW stimulates discussions that focus on the disadvantages of alcohol and other drug use and abuse in the workplace and, with the assistance of cognitive behavioural interventions, attempts to change the thinking patterns of employees regarding substance use and abuse. As a social work intervention, the generic substance dependency programme ultimately attempts to improve the knowledge, attitude and, to an extent, the behaviour of employees regarding the abuse of substances (Du Plooy 2004:2; SAPS 2014).

The Sub-Section Norms, Policy and Standards commenced with the review of the mentioned programme by first conducting an informal substance abuse prevalence research study with the PSWs. Informal or preliminary research in this instance refers to “conducting an informal survey” (Diggs-Brown 2012:200). The purpose of the study was to gather information from PSWs via a survey about the challenges associated with the substance abuse cases they are dealing with. The ultimate objective was twofold. Not only is the information used to further enhance the above-mentioned generic programme as a social work intervention, but it is also used to obtain feedback from the PSWs about their work relationship with FLMs, the challenges associated with these relationships, and how FLMs generally manage employees with HHSA/BD habits or deal with the occurrence of HHSA/BD habits in the workplace (SAPS 2015).

The PSWs were required to provide information based on their substance abuse related cases for the period of 2014 to 2015 and to submit the completed surveys to the National SWS office for analysis. A total of 117 surveys were received and the challenges experienced by PSWs with regard to how FLMs deal with the HHSA/BD habits of employees, as indicated by the analysed feedback, are discussed below.

General knowledge and skills of FLMs in dealing with HHSA/BD habits in the workplace (SAPS 2015):

- FLMs are not necessarily familiar with the signs and symptoms of substance abuse.
- FLMs often lack the knowledge and skills to address the substance related problems in the workplace.
- When confronting an employee about their substance related behaviour, FLMs believed the “promises” of the employees to improve performance.
- FLMs first tried to solve the “problem” on their own in an attempt to protect the employee.
- FLMs tend to avoid getting involved until fellow employees complain and they then hope that after a “good chat” with the employees the behaviour will change.

Challenges with regard to the working relationship with the social worker (SAPS 2015):

- FLMs tend to downplay the substance abuse related problems until they get out of hand and only then do they refer the employee with substance abuse problems to a social worker.
- FLMs tend to only refer employees to the PSW to “cover their backs” and believe it is the responsibility of the SWS to handle and “fix” the problematic substance abuse of the employee.
- FLMs ignore substance abuse related workplace problems of employees under their command or refer them for assistance, as they themselves are often abusing substances in a problematic manner.
- FLMs do not involve or refer employees with substance abuse problems, as they have a negative view of SAPS SWS.

Challenges with regard to the FLMs’ relationship with employees (SAPS 2015):

- FLMs also tend to dread the reactions of employees with substance abuse problems should they confront them and prefer to have “good” relationships with those under their command.
- Often the relationship between FLMs and employees are strained and the substance abuse related behaviour of employees is addressed with threats of disciplinary action in the hope that they will correct their conduct.
- FLMs are too busy trying to cope with operational demands to detect the substance abuse related behaviour of employees and, in their ignorance, they do not manage to address it in time.

These mentioned challenges strain the working relationship between FLMs and PSWs due to a conflict of interest, as it is the main responsibility of the PSWs to

ensure the social wellbeing of not only the SAPS employees, but also that of their family members (Bouwer 2009:390; Williams 2016:130).

As a result of the above-mentioned, the Sober Workplace Programme for Managers was developed to be tested and implemented during the research process. The aim of the Sober Workplace Programme for Managers as intervention is (1) to arm the FLMs with relevant information to identify and address the HHSA/BD habits of employees under their command, especially when it affects their performance in the workplace; and (2) to equip them with skills to holistically address employees' HHSA/BD habits in collaboration with the social worker and other important role players. The role and function of the PSW will be to establish how informed the "community" of FLMs in a cluster/division is about the impact of the HHSA/BD habits of employees on the broader workplace community, as well as the productivity of a workplace entity, as it impacts on the general performance of the SAPS. The PSW then needs to negotiate and motivate the exposure of this management community to the Sober Workplace Programme for Managers.

Considering the above-mentioned, it becomes clear that special and pertinent attention is required to strengthen the already existing, but strained, relationship between the FLMs and PSWs so that they can work in collaboration to effectively and efficiently address the HHSA/BD habits of employees under the command of FLMs. With this in mind, the researcher formulated a problem statement relating to the formation of a collaborative working relationship between the FLMs and PSWs.

1.3 STATEMENT OF THE PROBLEM

It is important for SWS to determine if the newly developed and untested social work intervention, the Sober Workplace Programme for Managers, will help to inform FLMs about the impact of HHSA/BD habits on the SAPS work environment. It is also important to establish whether the FLMs view it as a workable solution to implement this programme content as an interim arrangement, to collaborate with the PSWs to effectively address the substance abuse of employees in the absence of a formal substance policy.

According to literature, a problem must first be established or identified before a problem statement can be formalised (Johnson 2013:65; Keele 2011:17; Porte 2010:11; Vithal & Jansen 2010:7). For the formulation of a problem statement, the problem area for a research study has to be identified and then broadly explored in literature before it is narrowed down to a specific problem of a relevant population to enable the researcher to formulate a researchable problem statement that can serve as frame of reference for the study (Johnson 2013:65; Keele 2011:17; Porte 2010:11; Vithal & Jansen 2010:7).

In order to apply the literature guidelines in this research study, it was required of the researcher to formulate a problem statement to establish what exactly prevents FLMs from working in a collaborative working relationship with PSWs and why the working relationship fails to appropriately address the HHSA/BD habits of employees in the SAPS work environment.

The SAPS Annual Performance Plan (2018a:5) indicates that human resources are the most valuable asset of the department. The SAPS Annual Report (2018b:61) declares that the Component EHW is responsible for ensuring that the staff complement of 193297 are functioning as healthy and productive employees. The priority EHW programmes that the SAPS employees were to be exposed to that fall within the ambit of SWS are the following: substance abuse, domestic violence, sexual harassment and anger management. According to Annual Priority 3 for the EHW performance expectation that was determined with the EHW Statistical Field Work Reporting System April 2017 to March 2018 (SAPS 2018c), SWS only reached 2% of the SAPS employees with substance abuse programmes. Out of this 2%, only 0.2% were commissioned officers that formed part of the managerial component of the SAPS.

It needs to be stated that not all police employees are guilty of HHSA/BD in an attempt to numb the effects of stress and trauma experienced as a result of their police work (Alpert et al 2015:190; Cross & Ashley 2004:27; Gorta 2009:85; Kirschman et al 2014:135; Smook et al 2014:79). However, the small percentage of SAPS managerial staff exposed to substance abuse social work interventions, especially programmes, emphasises how important it is that FLMs in particular

understand the connection between these factors, as well as how certain employees may choose to cope with or react to workplace stress and trauma. This will contribute to FLMs being positioned to plan strategies and apply interventions in collaboration with the PSWs that may enhance the coping skills of employees when having to deal with the specific demands of policing (Cross & Ashley 2004:24; Smook et al 2014:79; Snow et al 2003:47; Steenkamp 2011:16). If the problems caused by the HHSA/BD habits of employees are not addressed effectively, it may consume a lot of managerial time, contribute to a loss in productivity, escalate health and medical expenses of the individual employee, and become expensive for the organisation due to property damages and wasted work time due to presenteeism or absenteeism (Ghodse 2005:4; Odgers 2005:210; Phillips 2001:36)

Given the fact that the HHSA/BD habits of police employees are viewed as part of the police culture, because it is accepted as the way police officials deal with stress and trauma in the workplace (Allsop & Pidd 2001:16; Cross & Ashley 2004:27; Willman 2013:2), the FLMs have a responsibility to respond appropriately in addressing employees' HHSA/BD habits. Due to the lack of an effective functioning collaborative working relationship between FLMs and PSWs (SAPS 2015) with regard to this phenomenon, it will continue to hinder the fulfilment of the mandate of the SAPS employees' work performance. Most importantly, the SAPS' professional service delivery to communities will also be affected by HHSA/BD habits if not attended to.

Although PSWs liaise with FLMs to access the SAPS employees, the researcher attempted with this research to establish whether the exposure of the FLMs to the newly developed and untested social work intervention, the Sober Workplace Programme for Managers, will significantly influence the collaborative working relationship between FLMs and PSWs in future when the FLMs are confronted with the HHSA/BD habits of employees. The absence of a collaborative working relationship between FLMs and PSWs to address the HHSA/BD habits of employees in the workplace contributes to the formulation of the following problem statement: A newly developed and untested social work intervention, a programme, needs to be tested and implemented with the FLMs to strengthen a collaborative working relationship between FLMs and PSWs to efficiently and effectively deal with

the HHSA/BD habits of SAPS employees that influence performance in the workplace.

PSWs base their social work interventions in their service delivery to the SAPS employees on the principles of the Occupational Social Work Practice Model that not only focuses on the employees (micro level) and their families (mezzo level), but also on the organisation and broader community (macro level) (Williams 2016:134). Against this background the rationale for the study will be explained.

1.4 RATIONALE OF THE STUDY

The rationale or reason for a research study, according to O'Donoghue (2010:50), normally "identifies a gap in our knowledge of the chosen area and a need for the study to justifying its importance". The rationale of a study is based on the identified problem and attempts to explain the reason for the study or "why" the study is being undertaken (Merriam & Tisdell 2016:76; O'Donoghue 2010:50; Vithal & Jansen 2010:11). To undertake a research study the researcher thus studied literature, defined a problem area that posed to be under- or unexplored, and identified the knowledge gap in the specific field that warranted or validated more research.

Managing and addressing the substance abuse of SAPS employees was identified as a priority for all managers, inclusive of FLMs (SAPS 2014). In the absence of a formal substance abuse policy, managers need to rely on the SAPS Standing Orders (SAPS 2006) and other legislation which give guidance to managers on how to deal with the HHSA/BD habits of employees in the SAPS. FLMs who are responsible for small, but vital segments of SAPS employees have the responsibility to see that policies are applied and that procedures, standing orders, and regulations that will support those they are supervising will be followed to realise the required standard of performance. They are also responsible for providing practical policing assistance to these employees and motivating them to achieve the day-to-day work performance goals as indicated in their annual performance plans (Moore & Miller 2015:355; Smit, Cronje, Brevis & Verba 2007:13; Townsend & Dundon 2015:2).

The SAPS generic job description for FLMs indicates that they have to manage and control the human resources of the work environment under their command (SAPS 2018d). The FLMs not only have to manage the administrative procedures regarding personnel, e.g. absenteeism management, to ensure effective service delivery, but they also have to support the employees regarding personal and work-related problems by following the correct procedures.

Considering that policing is a service-orientated profession within an ever-changing and diverse environment, SAPS employees are faced with the impact of high levels of crime, stressful working environments, constant organisational transformation, and a lack of resources in their attempt to sustain law and order (Dar, Alam & Lone 2011:48; Kroll 2014:48). This often results in negative outcomes that include increased rates of illness, absenteeism from work, burnout, early retirement, transfers, insubordination, substance abuse, and even suicide (Anshel 2000:1; Phillips 2001:36; Violanti 2004:33). On a daily basis, those police employees responsible for maintaining law and order may be exposed to volatile, high-stress, and dangerous situations as they perform their duties, but so may the FLMs. This is the reason why FLMs need to have appropriate emotional and behavioural responses to employees' reactions to these workplace demands, especially when HHSA/BD habits come into the equation.

It thus appears as if novel skills are required from the FLMs, as it is their responsibility to change destructive managerial values and beliefs with regard to HHSA/BD should it exist as the police culture in their working environment (Moore & Miller 2015:355). Appropriate responses by the FLMs, according to Burnette (2006:100), particularly during highly stressful police operations, may contribute to positive, lifesaving outcomes for the organisation and the community and enhance the image of the SAPS.

The South African Labour Guide (South Africa 2011:1-3) emphasises the fact that there must be reciprocated respect between managers and employees, which includes clear guidelines with regard to employment justice, to ensure the optimal operation of the SAPS as an organisation. Dismissal for unacceptable performance

as a result of incapacity should only be considered after the prescribed counselling and rehabilitation steps have been considered and implemented.

Considering the aforementioned, the FLM level seems to be the key managerial level the PSWs have to focus on, as they are the important organisational strength that acts as a buffer between the upper management and the rest of the of SAPS employees (Moore & Miller 2015:335; Smit et al 2007:13).

FLMs also need to be warned not to ever diagnose an employee as being someone with a substance dependency problem, but to only focus on and address the performance problems of the employee with a substance-related problem (Belker et al 2012:52; McCann et al 2011:286; Smook et al 2014:171). It is indicated by Moore and Miller (2015:355), “a contemporary management sets the tone to change the paradigm and create a foundation that results in a truly supportive working environment.” Hence, the importance of enhancing the collaborative working relationship between FLMs and PSWs.

The findings of the informal SWS Substance Prevalence Study of 2015 alluded to the fact that a relevant, newly developed social work intervention is needed to guide FLMs on how to work in a collaborative working relationship with PSWs to effectively and efficiently handle the HHSA/BD habits of employees. The individual employee as well as the SAPS will benefit from a newly developed social work intervention like the mentioned programme aimed at addressing the HHSA/BD of employees (Bennett et al 2003:46; Landy & Conte 2016:400; Smook et al 2014:71).

The PSWs are in a unique position with their social work interventions to facilitate the programme with FLMs, due to the already existing working liaison and the occupational social work practice model being implemented by SWS. Occupational social work was defined when promulgated in the South African Regulations relating to the registration of a speciality in occupational social work (South Africa 2010:3) as a “specialized field of social work practice which addresses the human and social needs of the work community within a developmental approach through a variety of interventions which aim to foster optimal adaptation between individuals and their environment”. The SWS’ practice model, as indicated by Williams (2016:134) and

Van Breda and Du Plessis (2009:323), consists of four intervention focus areas: (1) organisational (workplace) interventions, (2) work-person interventions, (3) promotive interventions, and (4) restorative interventions. The PSW not only works on a micro level within the organisation, but also on the mezzo and macro levels.

Consequently, the Social Work Section of the Component EHW adheres to the aim of the EHW Policy (SAPS 2017:2) "to create a safe and healthy working environment through the inclusion of an organisational culture that enhances healthy lifestyle and behaviours through the implementation of Employee Health and Wellness interventions and programmes." This specifically was the purpose with the exposure of FLMs to the Sober Workplace Programme for Managers. The main aim with the content of the newly developed and untested programme is to empower managers with information contributing to a collaborative working relationship with social workers to effectively and efficiently deal with employees that practice HHSA/BD habits whilst under the command of FLMs. This adopted occupational social work approach thus ensured that the workplace demands placed on SAPS employees due to the nature of policing and their reactions towards these demands, which may include substance abuse, are addressed.

Since this research study should be addressed within a certain theoretical context, a discussion of the theoretical framework will be highlighted in the following section.

1.5 THEORETICAL FRAMEWORK

A theory in general is defined as reliable ideas, paradigms, definitions, proposals, and generalised declarations proposed to present a rational view, whilst offering inclusive, simple, and dependable principles about an empirical truth they attempt to explain, predict, or describe with the aim to determine the interrelationship between more specific proposals or observable phenomena (Cargan 2007:30; Ellinger & Yang 2011:118; Greene 2010:5). For this reason, this research study was approached from a systems and ecosystems theories perspective that served as causal structure or frame for the research (Merriam & Tisdell 2016:85) and allowed the researcher to determine the relationship between the identified concepts, with the aim to test the hypothesis of the intended quantitative research study.

Another reason for electing the systems and ecosystems theories as causal structure for the research study is the fact that, according to Williams (2016:133), PSWs:

> …pursue both a systemic and a developmental approach which requires social workers employed by the SAPS, to grant equal attention to the individual employee, the organization and the broader environment when devising needs-based interventions or activities irrespective of whether they are at a micro, mezzo or macro level.

For the researcher operating in the SAPS as occupational setting, these theories were viewed as rational arrangements of concepts that provided a basis for organising and understanding data obtained in the study. The theories also assisted to establish the success of the social work intervention (Sober Workplace Programme for Managers) which aims to guide FLMs to establish a collaborative relationship with PSWs to effectively deal with the HHSA/BD problems of employees they have to manage (Greene 2010:4).

In the exploration of literature concerning the systems theory, the following concepts were utilised to provide a theoretical framework for the research study: system, sub-system, homeostasis, boundaries, roles, relationships, negative feedback, positive feedback, and equifinality (Kirst-Ashman & Hull 2009:10; Zastrow 2009:39; Zastrow 2010:49). A discussion of the way these concepts are defined and explained in literature follows below.

The systems theory can be defined as a theoretical outline used to guide social work practice in the conceptualisation of client systems within the situation in which they function, understand the structural qualities of a social system, and attempt to explain the multi-layered interaction between the different groupings within the system (Berg-Weger 2016:319; Greene 2010:167; Smith-Acuna 2011:6).

A system is seen as an organised, meaningful whole or unit whose parts interact with other units over a period of time with the aim to contribute to the overall functioning in a circular and dynamic fashion in accordance to an underlying set of

rules (Berg-Weger 2016:319; Brandell 2014:4; Cetkow-Yanoov 2013:5; Greene 2010,167; Kirst-Ashman & Hull 2009:10).

It appears that the systems theory implied the concept of interrelated parts that influence one another as part of an ordered whole. With systems theory, a holistic view of these individuals within a setting can be developed, as the theory is best applied to circumstances where several sub-systems inseparably connect and influence one another (Teater 2014:19; Van Wormer 2007:30; Zastrow & Kirst-Ashman 2016:35). This concept can be employed where the background to understand behaviour of individual sub-systems is needed to determine the most appropriate social work interventions, since strengthening a part of the system can improve the whole system.

Each sub-system within the bigger system constantly strives to maintain a homeostasis or a relatively stable and constant state of equilibrium or balance (Kirst-Ashman & Hull 2009:11; Teater 2014:19; Zastrow & Kirst-Ashman 2016:205). When a problem threatens the homeostasis of one of the sub-systems or the system as a whole, the concept of equifinality is applied as there are many different means to the same end since change in one part may mean change in the whole system (Marksberry 2013:357; Teater 2014:19; Van Wormer 2007:30).

The systems theory emphasises that boundaries or margins (Teater 2014:19; Van Wormer 2007:31; Zastrow & Kirst-Ashman 2016:35) separate the sub-systems, as each has its own defined role (Greene 2010:211) that involves tasks, and specific expected behaviour patterns and status within the bigger system. Yet these sub-systems have an active relational connection between one another that regulates how they think about, feel about, and behave towards one another in their relationships (Zastrow & Kirst Ashman 2016:35). The special kind of input and output each sub-system gives or receives from the other can result in negative or positive feedback that allows these sub-systems to choose whether or not to correct any deviations or mistakes in an attempt to maintain the homeostatic state preferred (Kirst-Ashman & Hull 2009:11; Zastrow & Kirst-Ashman 2016:35).

To enrich the theoretical framework of the study, ecosystem theory concepts like social environment, adaptation, person-in-environment-fit, stress, stressors and coping, relatedness, and niche (Kirst-Ashman 2011:17; Teater 2014:24; Zastrow & Kirst-Ashman 2016:35) were included. These concepts are defined and explained in literature as set out below.

The ecosystems theory was developed to expand the systems theory and is defined as a biotic and functional unit which is able to sustain life, and includes the living relationship amongst and interactions between individuals (micro system), families (mezzo systems), and organisations (macro systems) within the environment where they co-exist (Berg-Weger 2016:319; Jorgensen 2002:10; Kirst-Ashman & Hull 2009:13; O'Donoghue & Maindment 2005:37).

To understand human behaviour using the ecological perspective, the researcher was urged to examine the interaction and relationship between the client systems and their larger social and physical environment, rather than only looking at the cause of this interaction (Berg-Weger 2016:371). The researcher attempted to establish the macro level interactions within the system (Kirst-Ashman & Hull 2009:15).

Sub-systems functioning within the bigger system are, however, not static, but dynamic and in constant movement with interfaces that contribute to a constant process of change (Kirst-Ashman & Hull 2009:1; Van Wormer 2007:31; Zastrow & Kirst-Ashman 2016:34). Between the system and its sub-systems there is a constant input and output of information or energy, as it constantly flows from and towards the other (Zastrow & Kirst-Ashman 2016:35).

For this study the researcher applied the concepts and constructs of the systems and ecosystems theories as discussed below.

PSWs as a sub-system interrelates with sub-systems like FLMs and employees with substance abuse problems within the SAPS as a system. As interrelated sub-systems they influence one another with either social work interventions or work-related behaviour, as each one functions within the SAPS as a system with a specific

mandate. The PSWs, FLMs, and other employees will thus be viewed holistically as sub-systems within the SAPS work environment, as they are inseparably connected to and influencing one another. Since an individual system like the FLMs can be strengthened by a social work intervention by the PSWs as another individual system, the change in their behaviour may improve the SAPS as a system.

In the ecosystem theory the social environment refers to the situations, settings, and human exchanges that exist within a system or sub-systems and are dependent on the effectiveness of those exchanges to not only survive, but also to prosper, as these exchanges can be positive or negative, and active and lively (Pardeck & Yuen 2006:7). The ecosystems theory also provides a viewpoint that assisted the researcher not only to assess, but also to understand the complex aspects of situations where the various systems are involved on a macro level (Kirst-Ashman 2011:25).

Systems need to adapt not only to the conditions of the social environment, but also to the surrounding conditions to function. To continue with effective functioning, constant change and interaction is essential. This implies that a person-in-environment-fit is required, as the behavioural styles and goals of the system need to fit or match the characteristics of its environment (Kirst-Ashman 2011:23; Teater 2014:24; Zastrow & Kirst-Asham 2016:23). The person-in-environment construct is of utmost importance, as those in helping professions like social work simultaneously attend to the person, the environment, and the transactions between them with the aim to improve both the immediate environment of the person, as well as the transactions between the environment and the person that will culminate in the overall improvement of their social functioning as well as the human environment (Rasmussen 2009:279).

The ecosystems concept stressor refers to a demand, situation, or circumstance that leads to physiological or emotional stress, which in turn affects the internal balance of the sub-systems (Greene 2010:214; Kirst-Ashman 2011:23). A wide range of variables and circumstances in the social environment of a system can be classified as stressors. Systems cope with strain by a) changing the way they act, think and feel; b) changing aspects in the environment contributing to the strain; c)

regulating their own reactions, as well as the environment; or d) engaging in a mixture of these suggestions (Kirst-Ashman 2011:23; Pardeck & Yuen 2006:7; Zastrow & Kirst-Ashman 2016:34)

The extent to which systems relate to one another influences their sense of belonging to the system and the support they give and receive to cope with the stressors in the environment. Their sense of relatedness determines the strengths upon which individual systems draw to solve problems (Pardeck & Yuen 2006:7). The niche of each individual in a system refers to that individual's particular social position. The niche can be positive and supportive, or negative and isolating, thus impacting on the functioning of the system (Greene 2010:212; Kirst-Ashman 2011:23; Pardeck & Yuen 2006:7).

The following table serves as a guide to illustrate how the researcher applied the concepts to the field of study.

Table 0.1: Theoretical Frameworks as a Guide

APPLICATION OF SYSTEM AND ECOSYSTEM THEORETICAL CONSTRUCTS TO THE SAPS WORK ENVIRONMENT			
THEORY	**CONCEPTS**	**DEFINITION OF CONCEPTS** (Pardeck & Yuen 2006:7; Teater 2014:24; Zastrow & Kirst-Ashman 2016:32)	**APPLICATION TO THE SAPS ENVIRONMENT**
Systems & Ecological	Input	A constant flow of information and energy towards a system or sub-system.	Flow of information towards individual employees, FLMs, and PSWs.
Systems & Ecological	Output	Constant flow of information or energy from a system or sub-system.	Flow of information from individual employees, FLMs, and PSWs.
Systems & Ecological	Interface	Sub-systems functioning within the bigger system are, however, not stationary, but active and it is the continuous movement between them that contributes to an unceasing process of change.	The continuous interaction between the individual employees, FLMs, and PSWs of the sub-sections within the organisation.
Systems	System	A whole entity.	The SAPS as organisation.
Systems	Sub-system	Smaller entities or sub-systems are functioning within a bigger system.	Divisions, components, stations, and sub-sections where individual employees are managed by top- and middle-management and FLMs.
Systems	Homeostasis	When the system constantly strives to maintain homeostasis or a moderately unchanging or	Within the SAPS the employees, FLMs, and PSWs as entities constantly

		constant state of equilibrium or balance.	strive to maintain stability in order to perform their duties.
Systems	Boundaries	Margins separate the sub-systems.	SAPS employees, FLMs, and PSWs all have boundaries within which they function to accomplish specific tasks.
Systems	Roles	Involve tasks and specific expected behaviour patterns and status within the bigger system.	Employees, FLMs, and PSWs occupy specific roles within the working environment of the SAPS and have defined tasks to fulfil.
Systems	Relationships	Dynamic interpersonal networks between systems that determine their cognition, emotional experiences, and behaviour towards one another.	SAPS employees working in relationship with one another shape the way they think and feel about the work environment, as well as their general behaviour in reaction to the work environment.
Systems	Negative Feedback Positive Feedback	The output each sub-system gives or input it receives from other systems can result in negative or positive feedback that allows these sub-systems to choose and correct any nonconformities or errors in an attempt to maintain the homeostatic state preferred.	SAPS employees, FLMs, and PSWs are constantly providing each other with either positive or negative feedback with regard to their ability to perform and reach the goals of the organisation.
Systems	Equifinality	The orientation that there are many different means to the same end with many resources available to bring about change, as change in one part of a system may mean change in the whole system.	SAPS employees, FLMs, and PSWs are subjected to challenges in the workplace and resources are utilised to adjust to the difficulties of the work environment.
Ecological systems	Social environment	It refers to the conditions, circumstances, and human interactions that include all systems and sub-systems. Within this social environment the systems and sub-systems are dependent on effective interactions to not only survive, but also to thrive, as these interactions can be positive or negative and active or dynamic.	The SAPS as organisation with its conditions, circumstances, and interactions serves as the social environment for all its employees.
Ecological systems	Adaptation	These are the incessant, change-orientated, cognitive sensory-perceptual, and behavioural reactions people apply to bear with or adjust the manner in which they relate to one another and their environment.	SAPS employees, FLMs, and PSWs have to adapt not only to the conditions within their work environment, but also to the surrounding social environmental conditions.
Ecological systems	Person-in-environment-fit	It is the actual fit between an individual or collective group's needs, rights, goals, and capacities and the qualities and operations of their physical and social environments within a particular cultural and historical context. This fit could be classified	It is required, as the behavioural styles and goals of the SAPS employees need to adjust to or match the demands of the SAPS environment within which they function.

		as favourable, minimally adequate, or unfavourable.	
Ecological systems	Stress	The consequential physiological and/or emotional strain as a result of strenuous aspects that disturb a person's internal balance.	In the SAPS as working environment, employees deal with stress daily and they each react differently to obtain internal balance to perform their duties.
Ecological systems	Stressors & coping	Stressors are generated by critical life aspects that people view as above or beyond their personal and environmental resources to deal with. A stressor entails serious harm or loss and is associated with a sense of being in danger. Coping mechanisms are special behaviours, often novel, that are invented to handle the demands posed by life. Successful coping depends on various environments and personal resources.	In the SAPS work environment, employees experience stressors in the form of demands and challenging situations or circumstances that lead to physiological or emotional stress, which may affect the internal balance of the employees, FLMs, and PSWs. The employees devise different methods to cope with these stressors.
Ecological Systems	Relatedness	Relatedness implies special and meaningful bonds with other employees, family members, and friends contributing to a sense of belonging to a co-operative and thoughtful social network.	SAPS employees develop friendships within the work environment that determine the strengths upon which individuals draw to solve the problems they face in executing their tasks.
Ecological systems	Niche	It refers to a position occupied by the individual or group within the social structure or community. The reality of repressive niches refers to issues of power.	The niche of an employee, FLM, or PSW refers to their particular social position within the work environment of the SAPS.

When the researcher applied the mentioned concepts to the research study, it appeared as if the SAPS as an organisation is a whole system, according to the systems theory, consisting of interrelating sub-systems like divisions, components, police stations, and sub-sections, where individual employees are managed by top- and middle-management and FLMs. The PSWs, as sub-systems, serve these mentioned sub-systems through social work interventions. The FLMs and PSWs function within the SAPS as systems and none of these entities are stationary, but active and in constant movement within changing boundaries that are the reason for the constant adjustments required. With this study the researcher plans to explore, determine, and explain if and how continuous interaction between the PSWs, the FLMs, and employees, being individuals or groups, materialises in the SAPS as organisation.

There is also a constant flow of information or energy as input and output between these various sub-systems, as information continuously transfers from and towards the employees, FLMs, and the PSWs. Despite the changes established by these inputs and outputs, the employees, FLMs, and PSWs constantly strive to maintain homeostasis or a relatively stable and constant state of equilibrium or balance that will enable them to maintain the stability to function according to the expectations of the SAPS and to reach their performance goals. When a problem or change seems to threaten the internal balance reached by of one of the sub-systems or the system as a whole, the concept of equifinality is applied, as there are many different manners in which the social work interventions may succeed to address the situation, since change in one part may mean change in the whole system.

The systems theory emphasises that boundaries or margins separate the employees, FLMs, and PSWs, as they all have their own defined roles that involve reaching specific objectives that require explicit, expected behaviour related to a status within the SAPS as an organisation. These parties have active interpersonal relationships that determine how they think about each other or feel about and react towards one another in their particular relationships. The special kind of input and output the PSWs, FLMs, and employees give to or receive from one another can result in negative or positive feedback. The kind of feedback received or provided allows them to adjust any nonconformities or mistakes that occur as each party strives to maintain the internal balance they prefer.

The PSWs' client system may be any individual, group, or the organisation itself. In the case of this research, the PSW will act as change agent system that initiates the planned change processes, like the Sober Workplace Programme for Managers, to the client system, the FLMs. When the PSWs gain support for change in a client system, an action system (the top management) gets involved and mobilises people (the middle managers/Station Commanders) who will work together with the PSWs to obtain the proposed change.

In applying the ecosystem theory ideas to the research framework, the researcher attempted to comprehend interactions between FLMs and PSWs on a macro level of functioning when dealing with the HHSA/BD patterns of employees. The

complexity of the situation when the PSWs and FLMs deal with these employees on a macro level will also be determined.

When viewing the SAPS as a social environment with its unique conditions, circumstances, and human interactions, all employees and the organisation itself are included. Within this social environment the employees are dependent on effective interactions to not only survive, but also to thrive, as these interactions can be positive or negative and active or dynamic in nature. Employees of the SAPS need to adapt not only to the conditions in the work environment, but also to the conditions of the surrounding social environment. To continue with effective functioning, constant change and interaction is essential. This implies that a person-in-environment-fit is required, as the behavioural styles and goals of the SAPS employees need to fit or match the characteristics of their environment. The extent to which the employee's (individual) and FLMs' (group) needs are met are determined by various variables that the researcher determined.

In the SAPS as organisation, an internal or external stressor can also be described as a requirement, a state of affairs, or conditions that contribute to the physiological or emotional stress of the organisational system as a whole or the various sub-systems. This stress experienced may affect the internal balance of the employees, the FLMs, or the PSWs. A wide range of variables and circumstances in the SAPS workplace can be classified as stressors.

Individual employees, FLMs, and PSWs adjust to cope with organisational stress by either altering their behavioural, cognitive, or emotional reactions, by changing the environmental conditions contributing to the stress and adjusting their own reactions, as well as the environment, or by utilising a combination of these options mentioned. With this research study the researcher determined the manner in which FLMs cope with the stress caused by the low performance of employees due to substance abuse habits.

The extent to which the individual employees, FLMs, and PSWs relate to one another will influence their sense of belonging to the organisation and the support they receive and give to one another to cope with the stress of the work demands.

Their sense of relatedness determines the strengths upon which individuals draw to solve the problems they face. The social position or niche of each individual refers to that individual's particular social position within the work environment. The FLM's and even the PSW's niche in the organisation can be positive and supportive or negative and isolating, thus impacting on their ability to work in a collaborative relationship when addressing the substance abuse problems of employees.

The researcher, with the application of the ecosystems theory, was able to assess and recommend whether the Sober Workplace Programme for Managers is an appropriate intervention strategy to impact on the micro (an individual), mezzo (a small group), and macro (an organisation/community) levels, and to be considered in relation to the larger social context in which the SAPS functions (Brandell 2014:3).

The researcher succeeded in using the principles and concepts of the systems and ecosystems theories as a theoretical framework in this research study. The systems theory specifically served as an organising theoretical framework or meta-theory of understanding, as it does not specify a particular theoretical framework for understanding, neither does it prescribe specific social work interventions to be applied (Brandell 2014:3).

The system and ecosystem theory as theoretical framework assisted the researcher to formulate questions and objectives that could be explored to establish the scope of this study where the researcher attempts to strengthen the collaborative relationship of the PSWs and FLMs when addressing the substance abuse of employees.

1.6 SCOPE OF THE STUDY

With the scope of the research study the researcher refers to the demarcation of the area or field of the study and indicates where it was done, who was involved, what the guiding principles for the study were, and with what kind of method it was done. These aspects will be discussed in this section.

This research study was done within the SAPS as a governmental organisation. The demarcation for the actual study focused on the FLMs working within a specific subsystem of the organisational system, the Provincial Clusters and components of a National Head Office Division. A condition was that another subsystem of the organisation, the PSWs allocated to the cluster or division, should also be included in the study.

The sample of FLMs the researcher planned to involve in the study were those who functioned on the lowest managerial level and worked closest to the employees whose performance they determined according to the guiding principles of the SAPS Performance Enhancement Process.

Another reason why the scope of the study is narrowed to the FLMs as subsystem is because the performance appraisal of each FLM is linked to the priorities as reflected in the SAPS Annual Performance Plan of each financial year. The process for determining the actual performance of the SAPS employees and the priorities to enhance or address performance deviations will be explained in the simplified flow diagram of SAPS organogram Figure 1.1.

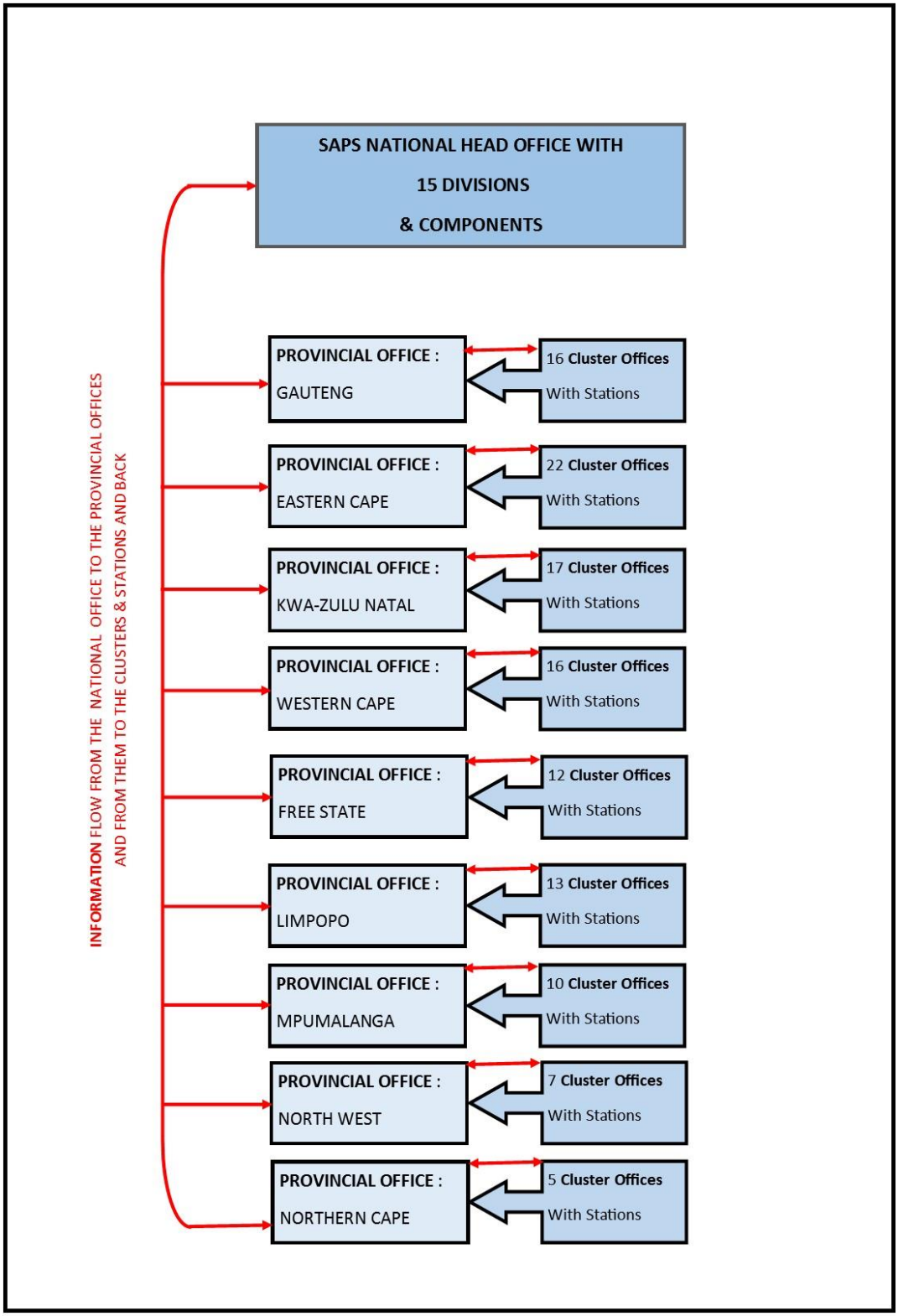

Figure 0.1: The Simplified SAPS Organogram

This simplified organogram indicates that the SAPS is composed out of a National Head Office with several divisions subdivided into components and sub-sections/units that have the responsibility to guide various aspects of the organisation in the nine provinces of the country. On provincial level, each province has a provincial office that guides and directs clusters consisting of various numbers of police stations and decentralised national units. The performance of each province in the various workplace activities is reported to the National Office monthly, quarterly, bi-annually, and annually. According to this feedback, the SAPS workplace priorities concerning various policing and other areas are established. Aspects that impact on the optimal functioning of the organisation are prioritised and expected to be addressed by the respective Provincial Clusters, divisions, and components.

In the SAPS Annual Performance Plan (SAPS 2018a), the substance abuse of its employees is indicated as one of the priorities to give attention to as it impacts on the productivity of police employees. This aspect needs to be addressed by the Component EHW function within the SAPS Human Recourse Management as part of the Division Personnel Management.

The reason why the PSWs are included in the study is because the Section SWS as sub-section of the Component EHW functions as an entity within the SAPS Human Recourse Management. As part of a multidisciplinary team with the other EHW functionaries, PSWs deliver social work services to the employees and the organisation. As already indicated, the specific role and function of the PSW within the EHW team is to apply the community work skills. The purpose of applying these skills is to establish how informed the First Line Management “community” of the cluster/ division is about the impact various social and work-related problems may have on the employees as individuals, the broader workplace community, as well as the productivity of a workplace entity. The PSWs are then to negotiate and motivate the exposure of this management community to various applicable social work interventions that will empower the managers to address these problems in a collaborative relationship with them.

As already indicated, the practice model of SWS is linked to the definition of occupational social work as promulgated in the South African Regulations relating to the registration of a speciality in occupational social work (South Africa 2010: Regulation 5 (2)). This enables SWS to align their practice model for service delivery in the SAPS to focus on the interactions between the organisation and its employees, as well as their families, and to an extent the broader community (Kruger & Van Breda 2001:948).

The military environment of the SANDF developed the Occupational Social Work Practice Model (Bouwer 2009:396; Kruger & Van Breda 2001:948) and contributed to the development of the PSW practice model as outlined in Figure 1.2 (Williams 2016:34). The model emphasises four intervention areas: (1) workplace interventions that aim to normalise accessing the organisation with the use of work-focused evaluations to determine the necessities of all client systems, by examining their mutual connection and impact within the organisation; (2) work-person interventions that are based on the profiles of the workplace community as determined by the PSWs when applying the standards of the SWS Standard Operating Procedures (SAPS 2012) with the main aim to determine the employees' social and organisational needs; (3) promotive interventions formulated as a result of proactive and needs-based interventions that focus on the development of the optimal social functioning and wellbeing of the employer, employees, their biological family members, as well as the community in general, and lastly; (4) restorative interventions that aim to assist with the individual problems of employees and their family members with the implementation of the short-term intervention model (Williams 2016:34). It needs to be considered, as Williams (2016:34) states, that: "These four intervention focus areas are never regarded in isolation, but integrate influences from the economic, community, political or environmental arenas."

Figure 1.2 depicts the Occupational Social Work Practice Model.

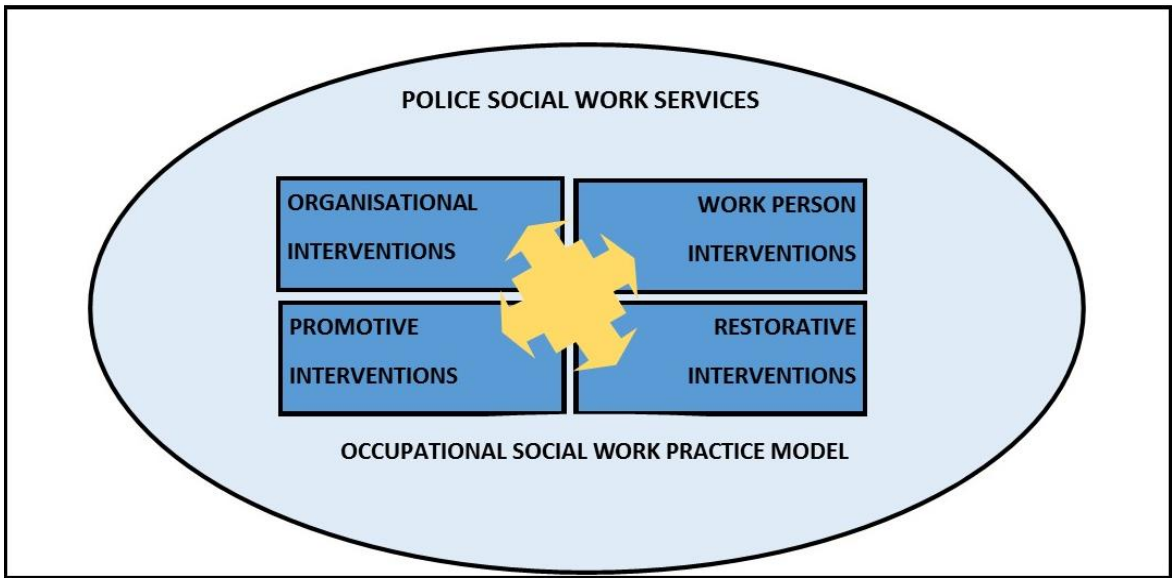

Figure 0.2: The Occupational Social Work Practice Model

Awareness, prevention, and educational programmes initiated by PSWs are essential to advocate a healthier lifestyle attitude and behaviour with regard to substance use amongst police employees (Smook et al 2014:79). SWS' generic substance dependency programme ultimately aims to address and improve the perceived knowledge, attitude and, to an extent, the behaviour of employees regarding the use or abuse of substances (Du Plooy 2004:2; SAPS 2014).

Substance abuse is indicated as a priority in the SAPS Annual Performance Report (SAPS 2018b:61). With the insignificant percentage of FLMs reached with the SWS' substance programmes, as indicated in the Priority 3 Annual EHW Statistical Field Work Reporting System (SAPS 2018c), it is crucial to narrow the scope of the study to the SAPS management, and especially FLMs. It needs to be determined if they can be made aware through social work interventions of the effects of the HHSA/BD habits of employees under their command and, should this kind of substance abuse or binge drinking occur, be knowledgeable on how to address it holistically in order to limit the effect it will have on the employees' work performance, the workplace, and their families.

The EHW Policy (SAPS 2017:4), as guiding document for the functionaries of the sub-sections of the Component EHW, indicates that the main objectives of the component are to ensure an organisational culture and climate that are conducive

to improving the general wellbeing of the employees and to maximise their productivity by providing prevention programmes and strategies to ensure it.

Although employees may voluntarily access the assistance of their preferred EHW functionary, a FLM or union representative may also (after consulting with the employee in need of such services) make a formal written referral of an employee for care and support (SAPS 2017:9).

Based on the profiling of the workplace community, the PSW at times negotiates with management to allow employees to attend specific SWS interventions. Management may also request SWS for a needs-based social work intervention to address a workplace challenge, e.g. the exposure of employees of high-risk units to the Stress Management Programme, as they are often exposed to stressful and traumatic workplace events.

On both National Head Office and provincial level it is required of the PSW to work in a close collaborative working relationship with all managers according to the principles of the Occupational Social Work Practice Model.

For the scope of this study, quasi-experimental research methodology was implemented with the intention of determining whether the newly developed and untested social work intervention, the Sober Workplace Programme for Managers, contributed to strengthening the collaborative working relationship between the two mentioned parties. More specifically, the study attempted to assess whether the content of the new Sober Workplace Programme for Managers, as developed by SWS, succeeded in its aim to enhance the perceived knowledge of FLMs with regard to the substance abuse of employees and to influence their attitude and behaviour when identifying and addressing the substance abuse of employees under their command. With the above-mentioned aspects in mind, the researcher proceeded to formulate the hypotheses for the research study that need to be tested.

1.7 RESEARCH HYPOTHESES

In formulating the hypotheses for the study, it was considered that a hypothesis is defined as being more specific than a research question in that it tentatively states the expected relationship between constructs, as well as the expected outcome, as it is mostly used in quantitative research studies (Heppner, Wampold, Owen, Thompson & Wang 2016:27; Mangal & Mangal 2013:27; Johnson 2013:65;).

A hypothesis focuses a research study, as it tests the reliability of a theory and motivates the researcher to think logically and critically about why particular events happen. A hypothesis predicts a specific outcome without explaining or providing a solution and is based on informed guesses and inferences about causal connections phrased in a testable statement. This untested idea is usually phrased in the future tense, as it occurs prior to the study. When a hypothesis is tested it can only be accepted or rejected, confirmed or disproved, and although testable it is not necessarily provable (Johnson & Christensen 2014:108; Thomas & Hodges 2010:49).

In quantitative research, according to Creswell (2014:140), the researcher needs to narrow down the study to a specific hypothesis based on a few variables. The researcher also needs to formulate a hypothesis indicating the relationship between variables being researched, followed by a research question (Johnson & Christensen 2014:108).

Since the researcher conducted a quantitative research study, the main aspect that the researcher investigated was whether the content of the newly developed and untested Sober Workplace Programme for Managers contributed significantly to strengthening the collaborative working relationship between PSWs and FLMs in order to ultimately deal effectively with the HHSA/BD habits of SAPS employees.

The following two hypotheses were formulated to be tested in this study:

- If the FLMs are exposed to the content of the newly developed and untested SWS' Sober Workplace Programme for Managers, the collaborative working

relationship between them and the PSW in general will be strengthened to address the HHSA/BD habits of SAPS employees; and

- if the FLMs are exposed to the content of the newly developed and untested SWS' Sober Workplace Programme for Managers, they will be empowered with knowledge on how to effectively and efficiently address the HHSA/BD habits of employees under their command in collaboration with the PSWs.

In the next section the goals and objectives formulated to test these hypotheses will be indicated.

1.8 RESEARCH GOALS AND OBJECTIVES

In order to test the hypotheses, certain goals and objectives were established to provide direction to the research study.

The goal, aim, or purpose of a research study is to describe, predict, and explain human phenomena; formulate questions that will assist in discovering ways of helping; compare approaches; determine whether the approaches successfully accomplish what they intended to; and identify ways to include other approaches (Maree & Van der Westhuizen 2009:46; Rubin & Babbie 2010:41). Normally the goals for the study are obtained from the formulated question/s generated by the problem the researcher intended to investigate, as well as the expected outcomes to be achieved with the study (Calabrese 2009:134).

Goals for a research study give direction to the researcher, as two main questions are to be answered in formulating the goals: a) what does the researcher want to achieve with the study, and b) what does the researcher envision the outcome of the study will be?

With this in mind, the researcher's main goals were to establish whether the content of the newly developed and untested Sober Workplace Programme for Managers: a) will enhance the collaborative working relationship between FLMs and PSWs so that substance abuse of employees is dealt with effectively and efficiently; and b) will significantly contribute to the knowledge, attitude, and behaviour of the FLMs,

enabling them to deal effectively and efficiently with the HHSA/BD habits of employees under their command.

Objectives of a research study are defined as present tense statements indicating what is to be accomplished with the research, for whom or with whom it will be done, what probable results it will have (knowledge, a model, suggestions for improvement or change), and why these results are relevant to those involved (Grove, Gray & Burns 2015:145; Jonker & Pennink 2010:14; Kent 2015:285). In both qualitative and quantitative research studies the research objectives focus on the exploration, description, and determination of relationships between two or more existing groups, as well as chosen variables (Grove et al 2015:146). A research study's objectives for a quantitative study are focused, present tense statements aimed to explore, describe and determine relationships between variables.

The objectives emanating from these goals were to explore the research goals and test the formulated hypotheses. These objectives are as follows:

- To obtain samples of PSWs and FLMs in two different identified provinces and at two National Office divisions to participate in the experimental and comparison groups.
- To collect pre-test data from PSWs and FLMs from the two experimental groups at Provincial and National Office level with the administration of self-developed, non-standardised questionnaires one month before exposure to the intervention, namely the newly developed and untested Sober Workplace Programme for Managers.
- To collect pre-test data from PSWs and FLMs from the two control groups on Provincial and National Office level by administering two self-developed, non-standardised questionnaires directly before the intervention, namely the newly developed and untested Substance Abuse Programme for Managers, and a post-test questionnaire directly afterwards.
- To subject the two experimental groups at Provincial and National Office level consisting of PSWs and FLMs to another pre-test questionnaire followed immediately by the newly developed and untested intervention, namely the Sober Workplace Programme for Managers, facilitated by the researcher and to follow up with the collection of post-test data directly after the intervention.

- To collect another set of post-test data from the comparison groups of PSWs and FLMs at Provincial and National Office level one month after being exposed to the newly developed and untested intervention, namely the Sober Workplace Programme for Managers.
- To statistically analyse data obtained through the pre-test post-test questionnaires utilising the IBM SPSS software.
- To present the results.
- To obtain confirmation for the two stated hypotheses and based on the results make recommendations (if needed) to adjust the newly developed and untested programme as a social work intervention aimed to strengthen the collaborative working relationship between FLMs and PSW, to deal effectively and efficiently with substance abuse of employees.

The achievement of the research study objectives may contribute significantly to the SWS and the social work intervention development, as will be discussed in the next section.

1.9 VALUE OF THE STUDY

The value of this research study will be discussed within the historical context of SWS within the SAPS.

To fully comprehend the importance of the working relationship between the PSWs and FLMs when addressing the social wellbeing of employees, the historical development of SWS within the SAPS, as well as the nature of policing and the demands on SAPS employees need to be described.

The SWS within the SAPS evolved through three major phases: the pre-social work phase, the transitional phase, and the structural repositioning phase (Williams 2016:131).

The pre-social work phase entailed the period where the spiritual needs of police employees were addressed upon request by a chaplain during a church service. This was done on contractual basis. The chaplain was also requested to address

the social needs of police employees. Eventually, on a National Head Office level, a full-time chaplain was appointed to address the spiritual and social needs of the police employees, whilst police employees stationed in the rest of the country had to invent their own strategies to attend to their spiritual and social needs. As the social problems of police employees increased, the Minister of Police appointed welfare officers in 1969. Although the welfare officers appointed had to adhere to certain criteria and report to the Chaplain Services, the then South African Police (SAP) force soon realised the need for appointing qualified social workers. As a requirement to work as a social worker at that stage, the worker had to be subjected to police training on a basic level. Only in 1991 did the social work profession become an independent occupational class within the Human Resource Management structure (Stutterheim & Weyers 2004:3; Williams 2016:51).

From 1995, the transitional phase commenced when the autonomous component, the Helping Professions, was established. It consisted of three sub-sections: Chaplain Services, Psychological Services, and Social Work Services. With the appointment of a National Director for Social Work Services in 1996, Forensic Social Work Services, HIV and AIDS, and Disability Management became part of the Sub-section SWS (Stutterheim & Weyers 2004:3; Williams 2016:51).

The repositioning phase for social work began due to the name change of the SAP force to the SAPS and the organisational changes that occurred. Although the SAPS at that stage strongly considered outsourcing SWS, the strategic repositioning and redirection to implement occupational social work principles as part of social work service delivery ensured the approval of 203 SWS posts in 2002 (Stutterheim & Weyers 2004:3; Williams 2016:51). This resulted in the organisational relocation of the sections Forensic Social Work Services, HIV and AIDS, and Disability Management that were not encompassed in the principles of occupational social work.

In 2007, the SAPS management decided that the three sub-sections (Spiritual Services, Social Work Services, and Psychological Services) of the Component Helping Professions needed to work in an integrated approach. This integrated service delivery approach contributed to a name change of the component to the

Employee Assistance Services (EAS) (SAPS 2008:65; SAPS 2009:50). However, the name change caused confusion as it was associated with the traditional Employee Assistance Programme and its principles. After careful reconsideration, the name was changed again considering the service rendering structures of the three sections and it was changed to the Component EHW. The Section SWS then re-aligned its service delivery approach according to a practice model based on the fundamentals of the speciality field of occupational social work. In 2017, the EHW Policy (SAPS 2017:1-14) was formulated as a guideline and framework for the occupation specific interventions offered by EHW functionaries, as guided by their respective councils' regulatory bodies and scope of practice. The scope of practice for the PSWs is aligned with the regulations for social workers who register as and specialise in occupational social work (South Africa 1978). This indicates that occupational social work entails: a) work-focused assessment by assessing the requirements or problems of various client systems in the workplace and the mutual relationship between them; b) the assessment of the involvement and impact of the employing organisation upon the community in which the workplace operates; c) work-focused interventions with individuals, groups, employing organisations, and communities; d) the implementation of organisational and community involvement and activities to ensure a social responsibility in the employing organisation; e) the advancement of a philosophy in the workplace to improve human rights applications, social justice, and productivity; and f) work directed policies and programme development.

Literature consulted states that although occupational social work includes advanced generalist practice methods, it also encompasses group, organisation, and policy-level work with the workplace programmes as a particular practice domain (Iversen 2008:252). Although counselling of the individual employee remains important, the main focus is or should be on the relationship between work and the emotional problems of employees (Ambrosino, Hefferman, Shuttlesworth & Ambrosino 2016:490).

The research results of this study will be indicative of: a) how valuable the application of the Occupational Social Work Practice Model is in the planning and executing of social work interventions within the SAPS, and b) how the social work

interventions specifically and in general strengthen the collaborative working relationship of the FLMs and PSWs to effectively address any personal problems experienced by SAPS employees under their command.

Lastly, as part of the general orientation of the research study, it is important to define the specific terms or concepts focused on in this study.

1.10 DEFINITION OF TERMS

For the purpose of this research study, specific key concepts were of importance and as such are defined and clarified.

1.10.1 Social Work Intervention

A social work intervention is implemented when a social worker uses judgement and authority to engage or intervene with clients on micro (individual), macro (groups), or mezzo (organisations) level to provide support and prevent harm, neglect, or abuse and is prescribed by circumstances, the needs and wishes of clients, as well as the demands of an organisation (Gray, Plath & Webb 2009:56; Lindsay 2013:xiii; Parker 2017:8). A broad-based, fluid, and holistic assessment normally informs the kind of intervention needed. A social work intervention can be an activity, programme, or initiative with a specific goal/s in mind and a rationale (Parker 2017:26; Wood & Tully 2006:9; Zastrow 2013:108). A successful social work intervention is preceded by a proper assessment and then focuses on change as determined by the set goals to be achieved (Parker 2017:33).

A constructive and substantial relationship needs to exist between the social worker and client system when implementing the social work intervention, as it promotes and fosters a positive change (Lindsay 2013:15). The main aim of a social work intervention is that the social worker and client work in a collaborative relationship in finding a common understanding of the client's problem; what it is, what causes it, and how it is linked to other aspects (Cournoyer 2017:420; Gray et al 2009:56; Lindsay 2013:15). Social work interventions entail various techniques to support and challenge the client and the social worker adopts different roles while working on these various levels (Lindsay 2013:16).

For this study, a social work intervention implies: The newly developed and untested Sober Workplace Programme for Managers, with its specific goals set out to address the HHSA/BD habits of employees in the SAPS work environment. This research study focuses on the extent to which the exposure of the FLMs to the mentioned programme content, used as a social work intervention, succeeded in strengthening their collaborative working relationship with the PSWs.

1.10.2 Harmful Substance Abuse

The concept of harmful substance abuse describes the use of any substance by a person that results in negative effects (e.g. physical or psychological/mental harm) (Peltzer, Davids & Njuho 2011:30; Woody & Cacciola 2011:118). Harmful substance abuse, according to Stockwell, Gruenewald, Toumbourou and Loxly (2005:5), not only depends on the type of drug or alcohol used, but also the function of the dose or amount consumed, the manner of its administration, and the setting in which it occurs, as it negatively affects development, physical health, personal safety, mental health, and social wellbeing. Harmful drinking is defined as a drinking method that results in problems and causes mental and physical damage to the drinker (Greenfield & Hennesey 2011:12; Hasegawa et al 2013:490).

Harmful drinking of alcohol includes a variety of facets like: the detrimental health and social functioning of the drinker that results in harmful medical consequences for the drinker, and poses negative consequences for those around them and society at large (Econometrix 2013:30; Muskin 2016:155). Since the South African population's preferred substance to abuse is alcohol, it contributes to a lot of harmful health risks (Econometrix 2013:30; Smook et al 2014:59).

For this study, harmful substance abuse in the SAPS is viewed as substance consumption that affects the employees' physical, mental, and social function to such an extent that they cannot function optimally in performing their duties.

1.10.3 Hazardous Substance Abuse

The term hazardous or risky alcohol consumption has been operationalised in different countries and is mainly used to indicate or define the daily quantity of

alcohol consumed that is viewed as excessive and dangerous for the functioning of the man or woman who abuses this indicated quantity of alcohol (Saunders & Latt 2011:103).

The term hazardous drinking refers to the quantity or method, or repetitive substance use or alcohol consumption that contributes to the person being in danger, with the hazardous results referred to as being low-, medium-, or high-risk. This hazardous consumption leads to a person being at risk of experiencing negative health events and injuries (Chung 2008:34; Peltzer et al 2011:30; Saunders & Latt 2011:103).

The WHO defines hazardous substance abuse as patterns of using a substance that pose a high risk of future damage that can be either physical or mental and can be assessed according to specific signs and symptoms (Greenfield & Hennesey 2011:12).

For this study, hazardous substance abuse is viewed as the extent to which the employee is intoxicated when reporting for duty and the possibility that they may harm themselves or others intentionally or unintentionally whilst performing their duties.

1.10.4 Binge Drinking

Although there is no internationally agreed upon definition of binge drinking, both Marsden (2018:457) and Watson (2012:8) state that Wechler defined binge drinking in 1994 as “the act of consuming large enough amounts of alcohol in a short enough period of time to put the drinker, as well as other people, at risk”. The term binge drinking is defined by Borsari (2013: 333) as follows:

> A pattern of drinking alcohol that brings blood alcohol concentration to 0.08% or above. For most male adults, this method of drinking refers to drinking five or more drinks, or females drinking four or more drinks in about 2 hours. These dangerous drinking episodes are marked by lengthy periods of sobriety but is dangerous for the drinker as well as society.

Chopko, Palmieri and Adams (2013:483), as well as Peltzer et al (2011:30) and Tomberg (2010:213), agree with Borsari, referring to binge drinking as the consumption of five or more drinks of alcohol for males and four or more drinks for females on the same occasion within two hours, once or twice a month, resulting in a blood alcohol concentration of 0.08g or above. As indicated by Rivis and Sheeran (2013:572), this behaviour typifies the consumption of at least one half of a recommended weekly intake of a substance in a single session, contributing to serious health problems. In South Africa a standard drink of beer is 340ml, wine 120ml per glass, and spirits 25ml per tot (McCann et al 2011:13).

For this study, binge drinking is viewed as the episodic alcohol or drug consumption of employees that contribute to them reporting for duty whilst still being intoxicated or struggling with withdrawal to such an extent that they are not able to perform their duties to standard.

1.10.5 Police Social Worker

In the SAPS the SWS adopted the practice model for occupational social work as defined in the South African Regulations relating to the registration of a speciality in occupational social work as a “specialised field of social work practice which addresses the human and social needs of the work community within a developmental approach through a variety of interventions which aim to foster optimal adaptation between individuals and their environment” (South Africa 2010:3).

PSWs are thus not only responsible for enhancing and maintaining the social wellbeing of the police officers (micro level service delivery), their biological family members, and the personnel of the organisation (mezzo level service delivery), but also have the responsibility of contributing towards the optimal functioning of the organisation (macro level service delivery) (Williams 2016:130).

For this study, PSWs are the operational social workers who are responsible for applying the Occupational Social Work Practice Model according to the Standing Operational Procedure for SAPS SWS in their service delivery to the organisation, the employees, and their family members.

1.10.6 First Line Managers

FLMs or supervisors are defined as being promoted to the first level of management from the position of general employee with general operational knowledge, to a position and role to handle additional tasks associated with managerial responsibilities (Greene & Kirton 2009:138; Lawton 2006:2).

FLMs are defined as those responsible for small, but important sections of the workplace with the primary responsibility of applying policies, procedures, and rules to assist those whom they supervise and to give instructions that will assure that high-quality performance is achieved in that they provide technical/operational assistance and motivation to achieve the day-to-day work performance goals of the organisation (Moore & Miller 2015:355; Smit et al 2007:13).

For this study, FLMs are those commanders that are responsible for the quarterly performance rating of the employees under their direct command and to whom these employees report.

1.10.7 Collaborative Relationship

A collaborative relationship exists in workplaces where the managers have progressed over time and moved away from a confrontational approach to address problems and workplace safety in a more cooperative manner, by working together to create a safer and healthier work environment for their employees (Lutchman, Maharaj & Ghanem 2012:1; O'Rourke & Collins 2008:56).

Collaborative work relationships, according to Amey and Brown (2004:9), exist when people in a workplace work independently on a project or organisational goal whilst focusing on their own specific tasks by utilising their own expertise, attributes, and qualities and in the end bringing these pieces together in a combined assignment to achieve a finished product. A strong convener is needed to help set the vision, goals, roles, and tasks of those involved and guide them until an interdependent relationship emerges that is identified by trust, joint respect, a common and shared vision, adherence to time frames, open and regular communication, and the ability to accommodate one another (Amey & Brown 2004:10).

Collaborative relationships in workplaces are defined by Cowen and Moorhead (2011:475) as the ability of different professionals to successfully work together and share the responsibility to solve mutual problems by making sound decisions in line with legislative prescripts and to apply these prescripts consistently when addressing issues of those in their care or under their supervision.

For this study, a collaborative work relationship refers to a relationship between the FLMs and PSWs working respectfully together as professionals in their own respective fields of expertise to obtain productivity and wellness goals that are to the benefit of the employees under their command with substance abuse challenges.

1.11 SUMMARY

This chapter started with the provision of an outline of the occurrence of HHSA/BD problems in the workplace and how the results of an informal preliminary research study of substance abuse in the SAPS indicated specific needs with regard to enhancing the working relationship between FLMs and PSWs to address this phenomenon within the SAPS.

Based on these preliminary research findings and an in-depth literature study, a research problem statement was formulated. The purpose of the study and how the Sober Workplace Programme for Managers aims to enhance the collaborative working relationship between the FLMs and the PSWs was explained, as well as how the systems and ecosystems theories served as a framework for this study.

To understand the value of the research study for SWS in the SAPS, the manner in which the SAPS SWS evolved, as well as intervention approaches that were developed to address the occurrence of substance abuse were discussed in depth. The chapter concluded with the definition of terms relevant to the study.

The research originated from an in-depth literature study with regard to the HHSA/BD habits of employees in the workplace. All relevant literature findings will be discussed in the next chapter.

CHAPTER 2: REVIEW OF THE LITERATURE

2.1 INTRODUCTION

In reviewing literature as part of this research study, the researcher not only aimed to assess what is known about HHSA/BD as indicated in the problem statement in Chapter 1 (see Section 1.3), but also what impact this phenomenon has on employees in the workplace in general and specifically on the SAPS as work environment. It also became important to ascertain the knowledge, attitude, and behaviour required of police FLMs to effectively and efficiently deal with the HHSA/BD habits of employees and how this can be done in a collaborative working relationship with the PSWs.

With the review of the literature, the researcher explored the importance the study could have for occupational social work and how it can serve as a comparison standard for other studies (Avey 2014:4; Creswell 2014:28; Jesson, Matheson & Lacey 2011:10; Oliver 2012:6).

The purpose of an in-depth literature study according to Keele (2011:18) is to establish what has already been written about the topic and to obtain more knowledge about the topic (Avey 2014:6; Jesson et al 2011:3; Oliver 2012:5; Vithal & Jansen 2010:14). This enabled the researcher to determine ways to formulate the research problem, the hypotheses, as well as the aims and objectives of the study to assist with the methodological issues.

In approaching the literature review for this research study, the researcher first established the general prevalence of HHSA/BD amongst employees in workplaces throughout the world, as well as findings on the prevalence of HHSA/BD amongst employees within law enforcement work environments as specified in Chapter 1 (see Section 1.2).

The important role and function of FLMs in the workplace was explored and also mentioned in Chapter 1 (see Section 1.2).

The role and function of the PSWs in the SAPS as occupational setting, especially as part of the EHW team, was discussed in Chapter 1. The application of social work skills to identify the needs of the FLMs to effectively and efficiently deal with the social problems experienced by employees was also mentioned in Chapter 1.

This chapter will commence with a short outline of the concerns regarding the HHSA/BD habits of the South African population and the indirect impact on South African workplace environments, including the SAPS.

Attention will be paid to the knowledge needed by FLMs to understand HHSA/BD in order to identify: a) the HHSA/BD habits of employees; b) the legislation with regard to HHSA/BD in the workplace; c) the workplace stressors that contribute to the HHSA/BD habits of employees; and d) the obstacles FLMs may experience when trying to effectively and efficiently address the HHSA/BD problems of employees.

The possible negative and positive attitudinal aspects of FLMs when they are confronted by the HHSA/BD habits of employees in the workplace will be discussed, as well as the appropriate manner in which FLMs are to react (behave) with regard to the HHSA/BD habits of employees in the workplace.

Lastly, the important role and function of the PSWs in the utilisation of the newly developed and untested Sober Workplace Programme for Managers as an intervention to impart information to strengthen the collaborative working relationship with the FLMs when dealing with the HHSA/BD habits of employees in the SAPS workplace will be highlighted.

As indicated, this section will commence with a short outline of the concerns regarding the HHSA/BD habits of employees in South Africa and the impact this phenomenon has on the South African workplace environments, which includes that of the SAPS.

2.2 THE PREVALENCE OF HHSA/BD IN SOUTH AFRICA

In general, the prevalence of HHSA/BD amongst employees, as discussed in Chapter 1, has been a concern for employers worldwide (Hasegawa et al 2013:490; Lee et al 2014:54; Pidd et al 2011:1623; Reynolds & Lehman 2008:1827; Willman 2013:2).

It is the opinion of Pidd et al (2011:1623) that to date research mostly focused on the effects of alcohol and drug abuse on the workforce and not on substance abuse in the workplace (Pidd et al 2011:1623). Employers need to take note that workforce substance abuse refers to substance abuse after work hours and removed from the work environment, and that these employees normally do not return to the workplace until the adverse effects of the substances, e.g. a hangover, have subsided and they do not pose a direct safety and/or productivity risk (Pidd et al 2011:1623). HHSA/BD in the workplace is defined as “alcohol and other drug use that occurs during work hours, just prior to commencing work or just after work but before going home” and it poses a direct safety and productivity risk to the employer (Martin, Kraft & Roman 1994:7; Pidd et al 2011:1623; Schifano 2005:63). Employee’s harmful and hazardous substance abuse and binge drinking before, during, and after work hours destructively affect workplace safety, productivity, and the wellbeing of fellow employees and the employer, and for FLMs it is not always straightforward or easy to manage these risks (Pidd & Roche 2013:1).

To estimate the possible negative effects of HHSA/BD habits on the South African workplace, including the SAPS, the findings of studies of the HHSA/BD habits of South African adults (Harker Burnhams, Dada, Linda, Myers & Parry 2013; Peltzer et al 2011:35; Smook, Ubbink, Ryke & Strydom 2017:50) need to be considered, since most of the participants of the studied groups involved in HHSA/BD practices were employed in the public service sector.

A general explanation for the lack of specific research on the HHSA/BD habits of SAPS employees can be that the validity of statistics obtained from studies on HHSA/BD amongst law enforcement employees is sensitive and problematic, and police departments in general do not want researchers to know about the HHSA/BD

problems they experience because they fear stigmatisation and the loss of public trust (Davey et al 2000:2; Ross 2012:48).

A concern, based on the findings of studies on HHSA/BD practices in South African workplaces, is that South African communities with these HHSA/BD trends normally serve as the source for recruitment of future SAPS employees. Another concern is that SAPS employees live in and are subjected to the HHSA/BD culture of their communities, which has a definite impact on their norms, values, and beliefs with regard to this phenomenon, thus the value of these prevalence studies.

It is indicated in the studies of Harker Burnhams et al (2013), Peltzer et al (2011:35), and Smook et al (2017:198) that substance abuse types differ according to age, sex, population groups, vicinity type, province, education, employment, and income status and it was established that:

- HHSA/BD habits are more prevalent amongst men in South Africa; chiefly amongst Coloured males, followed by White and Black African males;
- the age group most frequently associated with binge drinking is 25 to 34 years, and 20 to 24 years for harmful or hazardous drinking;
- both men and women have higher rates of alcohol abuse in urban than rural areas;
- women are more likely to experience drug-related problems than men;
- for both sexes, HHSA/BD habits were reported to be more prevalent in the Western Cape and Northern Cape than any other province;
- HHSA/BD is more prevalent amongst individuals with job training and tertiary education than amongst individuals with little or no education; and
- the proportion of HHSA/BD habits increased with a higher income.

In conclusion, Peltzer et al (2011:30) state that in South Africa alcohol use disorders (e.g. depression, PTSD, etc.) ranked first in prevalence (44.6%), with interpersonal violence (e.g. assault, domestic violence, etc.) second (23.2%), and foetal alcohol syndrome (FAS) third (18.1%). This correlates with the findings of the Central Drug Authority (CDA) which reveal that the consumption of substances in South Africa is twice the world norm and alcohol remains the preferred substance, followed by

cannabis (Smook et al 2014:60). This is also confirmed by McCann et al (2011:2), who indicate that although some South Africans live a sober lifestyle, males (45%) and females (18%) consume alcohol and their rate of consumption places South Africa as one of the countries with the highest alcohol consumption in the world. These figures were also confirmed in the World Health Report (WHO 2018:83).

With the above-mentioned results of the HHSA/BD habits of the adult South African population in mind, it must be considered that these individuals may be full-time employees in any workplace environment, even the SAPS, and that can have devastating repercussions for the individual employee and their family members, the work team, and the employing organisation at large (Hasegawa et al 2013:490; Lee et al 2014:54; Pidd et al 2011:1623; Reynolds & Lehman 2008:1827; Willman 2013:2).

This emphasises the importance of ascertaining what kind of knowledge as well as attitude and behaviour are required from FLMs in the police environment to assist employees effectively and in a timeous manner with their HHSA/BD habits.

2.3 FLMs' KNOWLEDGE REQUIREMENTS TO DEAL WITH HHSA/BD IN THE WORKPLACE

The knowledge requirements for well-functioning FLMs were explored and it appeared that they need to have sound, technical knowledge (the application of specialised actions and methods to fulfil tasks), conceptual knowledge (to know and understand the different sub-sections of the company and how it functions internally as a whole, as well as how it fits into the external environment), as well as human knowledge (the ability to work effectively with individuals and groups, to encourage others, be sensitive to the needs of others, and effectively listen and communicate) (Casey & Mitchell 2007:13; Sims, Veres II, Jackson & Facteau 2001:3; Marker 2006:513).

According to Marker (2006:513), well-functioning FLMs are able to identify, comprehend, and resolve a multifaceted problem such as HHSA/BD, as they apply their knowledge to ensure the application of the five main control tasks in the

workplace which entails: labour, productivity, maintenance, resources, and information control (Kilroy & Dundon 2015:412). It is also important to bear in mind that the FLM fulfils three very discreet roles with specific priorities in the organisation as: a policy enactor (instilling the practices and policies of the organisation); an organisational leader (encouraging employee's behaviours in the desired direction); and an employee coach (inspiration and motivation of employees) (Kilroy & Dundon 2015:413-414).

For this reason, the foundation of a truly supportive working environment requires continuous empowerment of FLMs with new skills and the modification of traditional ways of operating, as FLMs play an important role if an organisation is to become a learning organisation (Gaines & Kappeler 2011:127; Moore & Miller 2015:355; Murari 2015:28). An empowered organisation is marked by individual FLMs who personally want to prosper, apply their knowledge and skills, and have a need and are able to recognise the chances for personal success that eventually contribute to organisational success (Moore & Miller 2015:407; Sims et al 2001:117).

FLMs of the SAPS need to balance their skills when dealing with HHSA/BD by knowing all the ethical and operational requirements of policing (technical knowledge), comfortably working with lower and higher ranking police employees (human knowledge), being able to assess the complex demands of policing in an ever-changing society (conceptual knowledge), and having the motivation to optimally manage and coach employees to their own advantage and that of the organisation by using all resources and support systems to their maximum availability (Koontz & Weihrich 2009:5).

As part of their knowledge on human behaviour, FLMs need to have a deeper knowledge and understanding of HHSA/BD as phenomenon. They also need to have knowledge about aspects in the police work environment that can contribute to or maintain the HHSA/BD habits of employees. FLMs also need to know what the indicative signs and symptoms of HHSA/BD habits in the work environment are and what negative impact it can have on the individual employee, colleagues, and the organisation. Lastly, they need to understand how a strengthened collaborative

working relationship with the PSW can be of assistance to support the employee with HHSA/BD habits.

2.3.1 Understanding the HHSA/BD phenomenon

When a FLM considers the impact of the HHSA/BD habits of employees on the workplace, it is important to know and understand the differentiation made between a substance use disorder and a substance induced disorder.

According to the American Psychiatric Association's (2013:483-484) *Diagnostic and Statistical Manual of Mental Disorders,* substance-related disorders are divided into two groups, namely substance use disorders and substance-induced disorders. To diagnose a substance use disorder, pathological patterns of behaviour related to the use of the substance must be determined according to specific criteria. These criteria are impaired control, social impairment, risky use, and pharmacological criteria. According to the number of symptom criteria present, substance use disorders can range from mild to severe. Substance use disorders, according to Taylor (2010:603), often result in the person building a higher resistance towards the substance and reacting with physical withdrawal symptoms and an overwhelming desire for the substance.

HHSA/BD as part of the substance use disorder category may include the failure to fulfil major role commitments due to HHSA/BD (e.g. at work or at home), HHSA/BD contributing to situations that are physically hazardous (e.g. while driving a vehicle or carrying a firearm), and HHSA/BD leading to legal problems (e.g. domestic violence or assault). HHSA/BD also includes problems in interpersonal and social areas (e.g. arguments with a significant other or failure to get along with colleagues) (Willman 2013:3).

Substance use disorder entails the use/abuse of both alcohol and other psychoactive substances and appears to be more serious in nature, as physical cravings for the substance as well as serious withdrawal symptoms from the substance will be experienced by the employee.

FLMs thus need to understand that HHSA/BD may include psychoactive substances that can lead to a dependence syndrome, which may result in various behavioural, cognitive, and physiological effects, followed by repeated abuse of the substance, a strong desire to keep on using the substance, and a difficulty in controlling the use of the substance (Marsden 2018:451).

Substance induced disorders can be defined as substance-related mental disorders that involve problems caused by the direct effect of the HHSA/BD habits of an employee. With a substance induced disorder, all or most of the occurring psychiatric symptoms, such as mild depression, anxiety, and lesser or full-blown manic psychosis, are the direct result of substance use or abuse (American Psychiatric Association 2013:485). These symptoms often improve once the substance use/abuse is stopped.

When FLMs identify and address the observed HHSA/BD symptoms of employees in a timeous manner and also refer the employee to the PSW, the PSW will be able to assess and diagnose the existing or underlying problems that contribute to the employee's HHSA/BD habits with the employee and prevent the development of severe substance use or a mental health disorder (American Psychiatric Association 2013:485; Damingo & Zhang 2019).

When considering the importance of addressing the HHSA/BD habits of employees in the workplace, it is vital to create an awareness of how timeous intervention measures will prevent the time spent in the treatment process, as indicated by Eberlein in Smook et al (2014:68) and presented in Table 2.1.

Table 0.1: Intervention Measure According to Each Level of Substance Use

Stage/Category of substance use	Intervention measure	Intervention Measures
No use	Prevention	Prevention
Use (moderate/ social drinkers)	Prevention – no treatment	Treatment Early intervention and
Misuse	Prevention and brief/early intervention	
Abuse	Brief intervention and in- or out-patient intervention services	treatment
Dependence	Detoxification and in- or out-patient treatment services Aftercare services/ Continuing support Harm reduction for individuals with chronic dependence	

It appeared as if FLMs need to vigilantly address HHSA/BD occurrences in the first three stages or categories to avoid negative consequences for the employee and workplace.

To prevent this harmful end result of HHSA/BD where a higher priority is given to the abuse of the substance, resulting in negative social and economic outcomes that not only affect the workplace but also the wider community (Martin et al 1994:26), FLMs in the police workplace appear to be in a unique position to address the HHSA/BD of employees in a cost-effective collaborative work relationship with the PSWs.

It is important that FLMs have sound knowledge about the mandates that govern the functioning of the SAPS as workplace and how these mandates can result in workplace stressors that may contribute to the HHSA/BD of employees in the workplace.

2.3.2 How police work contributes to HHSA/BD

For FLMs to execute the mandate of the police work, namely to ensure the safety and security of all citizens, they have to work in and understand complex, political

and organisational environments (Casey & Mitchell 2007:1; Perez & Barkhurst 2010:2). Police employees work with matters at all “ends” of the justice system, have to fulfil many roles at different times in different situations, and are continuously examined on internal and external levels to account for their actions (Gaines & Kappeler 2011:13; Kirschman et al 2014:11; Casey & Mitchell 2007:2).

The sheer variety of police work demands that FLMs, who are constantly faced with different challenges, apply special skills and abilities to address these challenges and still adhere to the policing prescripts and accountability requirements (Casey & Mitchell 2007:2; Davey et al 2000:205; Gaines & Kappeler 2011:1; Waters & Ussery 2007:171).

The social and psychological work environment of the police has an atmosphere of combined dissatisfaction and cohesiveness due to the continuous implementation of new policing models to stay relevant and manage crime prevention in the ever-changing society (Beiglbock & Faselmayer 2009:51; Gaines & Kappeler 2011:15; Moore & Miller 2015:404). Although command and control are still a valid management method for many police operations, FLMs need to understand when to apply other more innovative ways to obtain the same goal (Casey & Mitchell 2007:1; Kirschman et al 2014:88; Perez & Barkhurst 2010:18). The divide between the “street cop” and the “management cop” frequently contributes to internal conflict, tension, and dissatisfaction when police employees get the idea that they are managed by FLMs who do not know the business of policing (Casey & Mitchell 2007:17; Kirschman et al 2014:11; Perez & Barkhurst 2010:18).

Since laws infuse policing, the police work environment is organised as a disciplined organisation with rules emanating from specific guidelines and codes of conduct (Dixon 2007:23; Gaines & Kappeler 2011:341). Thus, the law clarifies and sets limits to policing (Dixon 2007:23; Joubert 2010:13; Perez & Barkhurst 2010:25). The ambivalence of police employees towards the law is well known, as they will often be unhappy about how legal aspects and processes interfere with the methods police apply to prevent crime (Dixon 2007:24; Moore & Miller 2015:404). The “street cops”, those at the lowest operational level, are often faced with the requirement of compliance with instructions from the FLMs (“management cops”) even when

disagreeing with the instructions or not sharing their managerial objectives (Galea & Ghodse 2005:37; Moore & Miller 2015:404). Functioning within this restrictive framework often contributes to police employees' HHSA/BD habits, as they tend to get together to ventilate their frustrations in an attempt to de-stress (Lee et al 2014:54; Silverii 2014:78). Studies about the binge drinking habits of younger employees indicate that these habits were marked by a sense of risk and an element of rebellion against authority, which may be true as the police by nature is an authoritative organisation with strict policing protocol and rules that constitute workplace stressors (Hackley, Bengry-Howell, Griffin, Mistral, Szmigin & Hackley née Tiwsakul 2013:936).

In general, workplace stressors relate to the extent to which an employee perceives control over his/her work environment and the work itself, and if there is a lack of control the employee may experience an imbalance that has definite health and wellbeing consequences (Gordon & Schnall 2017:2; Kottler & Chen 2008:8; Levi 2017:19; Siegrist 2017:28). A workplace stressor as a source of stress produces stress that manifests in either physically (headaches, blood pressure, etc.), psychologically (anger, anxiety, etc.) or behaviourally (substance abuse, excessive smoking) for the employee (Bruk-Lee & Spector 2012:5; Strank 2005:2; Traux & McDonald 2002:131). Workplace stressors that can be experienced as either negative or positive affect not only the police work environment, but also each individual employee (Beiglbock & Faselmayer 2009:51; Moore & Miller 2015:402).

FLMs need to have a sound knowledge base of the three main categories for work place stressors that contribute to HHSA/BD, are often related to qualities inherent to the workplace, and are psychological in nature (e.g. the police culture and blue code of silence), or specific task stressors that are physiological or behavioural in nature (e.g. boredom, shift work, role conflict, and uncertainty) and that are normal functional aspects of police work (Bruk-Lee & Spector 2012:5; Clarke & Cooper 2004:13; Strank 2005:2).

Shift work, being an integral part of how the police work environment functions, is a workplace stressor that may contribute to the HHSA/BD habits of employees. Not only does this life disruptive work routine negatively impact on the police employees'

family life and general relationships, but also on their general health (Burchfiel, Hartley, Andrew, Charles, Tinney-Zara & Violante 2013:930; Gaines & Kappeler 2011:325; Miller & Moore 2015:405). Police employees who have worked shifts over the years often suffer from a “shift work sleep disorder” due to their disrupted sleep cycle and tend to experience prickliness, edginess, and unease, which lead to chronic fatigue, mood disorders, etc. and which eventually require psychotropic drugs to keep them awake and alert. This in turn may eventually result in drug addiction if not properly administered and managed (Arlinghaus & Nachreiner 2016:43; Costa 2016:24; Gorta 2009:85; Vila, Samuels & Wesenten 2017:731).

The above-mentioned stressors often result in a loss in productivity and an increase in the absenteeism of the shift worker (Burchfiel et al 2013:931; Martin et al 1994:5). Findings of experimental studies indicate that the abuse of alcohol and sedatives by an individual in particular contributes to impairment in reaction time, reasoning, coordination, care, and judgement (Moore & Miller 2015:406; Sokro 2010:88).

Policing also often entails long hours of tedious and mundane administrative or routine tasks, interspersed by extreme traumatic and non-traumatic stressors that incite dread due to their randomness (Burchfiel et al 2013:931; Gaines & Kappeler 2011:16; Hess 2009:349; Moore & Miller 2015:404). Young, inexperienced police employees who do not experience the job satisfaction they envisioned when joining the police then become involved in illegal drug abuse, as they tend to view policing as just a job and not a career (Gorta 2009:85; Lee et al 2014:54). Research findings also indicate that due to social and peer pressure, alcohol is the substance of choice and alcohol binge drinking habits are the most prevalent amongst the young and “upwardly mobile” employees of organisations (Galea & Ghodse 2005:38; Rivis & Sheeran 2013:572; Sokro 2010:87). However, other police employees join the police after leaving school and become entrenched in the police culture, as they work in the environment until they retire (Miller & Moore 2015:404).

Every organisation develops a culture that is founded on the shared norms, values, and morals that eventually become its tradition and predicts how its employees will think, feel, and behave (Cockcroft 2015:4; Crank 2015:3; Perez & Barkhurst 2010:14; Strank 2005:17).

Concerning the police culture as a workplace stressor contributing to HHSA/BD, it needs to be remembered that on an international level the prevalence of HHSA/BD amongst law enforcement employees is historically known as being part of the police culture and contributes to the HHSA/BD behaviour of most police employees (Conn 2018:11; Gorta 2009:85; Kirschman et al 2014:135; Smook et al 2014:79; Waters & Ussery 2007:175; Willman 2013:2). The police culture of HHSA/BD habits is established through organisational socialisation. This implies that the flow of influence with regard to HHSA/BD already commences at the training academy level and continues on from one police generation to the next. Learning occurs in informal as well as formal manners and behaviour and expectations via peer group pressure and collegial socialising become the norm in the workplace (Conn 2018:11; Lee et al 2014:54; Silverii 2014:78; Yüksel & Tosun 2015:172).

A study by Sokro (2010:85) indicates that the HHSA/BD habits of employees occur due to the employees' conviction that it reduces stress, modifies moods, and enhances performance. The habits are related to social and peer pressure and contribute to socialisation and fun, but once these convictions or beliefs become the cultural norm of an organisation, they become very difficult to change (Hellriegel & Slocum 2009:459).

It is indicated that the police culture and the socialising traditions of police employees with regard to HHSA/BD play a more significant role than the policing stress they experience (Charman 2017:16; Kirschman et al 2014:8; Silverii 2014:78). Studies also found that police employees already had set HHSA/BD patterns prior to admission to the organisation. These pre-existing HHSA/BD habits increased due to peer pressure, as they have more episodes of substance abuse with fellow police employees than with friends and family members that are not SAPS employees (Conn 2018:12; Gaines & Kappeler 2011:315; Silverii 2014:78). The problems associated with the HHSA/BD habits of police employees are often well covered up until absenteeism becomes a crisis or it results in unlawful policing practices that lead to them getting arrested (Conn 2018:11; Miller & Galvin 2016:483; Waters & Ussery 2007:175).

With the police traditionally being a male dominant work environment, it involves males who are most often reluctant to seek support for their HHSA/BD, as they do not want to appear weak or helpless. Succumbing to peer pressure norms eventually has a negative influence on PSWs' attempt to successfully address the prevalence of HHSA/BD habits amongst employees in the police work environment (Dempsey & Frost 2011:92; Lee et al 2014:53).

This reluctance to reach out for support is reinforced by the blue code of silence, as FLMs and fellow colleagues are often aware of the problems experienced by the individual employees due to their HHSA/BD habits (Charman 2017:16; Miller & Galvin 2016:498). Although this blue code of silence serves to protect police officials against genuine threats and danger, and ensures their safety and wellbeing, this inflated sense of allegiance to one another can frequently serve the complete opposite function and endanger the life of not only the individual with a serious HHSA/BD problem, but also those of fellow colleagues and even family members (Coady et al 2000:6; Dempsey & Frost 2011:83; Skolnick 2005:301). High ranking police employees will however often, on an informal level, admit to problems caused by the HHSA/BD habits of those under their command, as well as them drinking together after work, engaging in heavy drinking at work, and being absent due to hangovers, but will seldom "expose" those with HHSA/BD problems until it becomes unmanageable (Alpert et al 2015:209; McCann et al 2011:71; Beiglbock & Faselmayer 2009:51).

The results of these workplace and task stressors need to prompt FLMs to address HHSA/BD habits in a more formal manner to prevent workplace accidents and costly claims against the law enforcement agency because of the unlawful conduct of police employees (Lee et al 2014:54; Martin et al 1994:26).

Within the work environment of the SAPS, the South African National Drug Master Plan (NDMP) (Department of Social Development 2013) and other labour legislative guidelines as mentioned in Chapter 1 (Section 1.2), provide FLMs with national directives to promote the effective and efficient management of HHSA/BD in the workplace (Smook et al 2014:63). The CDA was responsible for the formulation of the NDMP in terms of the Prevention of and Treatment for Substance Abuse Act 70

of 2008 (South Africa 2008). The implementation of the NDMP is directed, guided, and overseen by the CDA and the annual report of the CDA indicates resolutions aimed at combating substance abuse in South Africa (Smook et al 2014:63). Some of these resolutions according to Smook et al (2014:63) were:

> …to intensify campaigns to inform and educate people about the dangers of substance use and abuse, to change from a top-down to a bottom-up approach, and the application of research to address predicted future needs in the field of substance use and abuse.

Additionally, for SAPS FLMs, the SAPS standing Order (G) 91 (1) (a) stipulates that the discipline of indirectly addressing HHSA/BD related behaviour in the workplace must be maintained by all employees of the SAPS, but especially by the FLMs (SAPS 2016b).

It thus appears as if the responsibilities of employers as well as employees of the broader South African workforce are stipulated in several of the country's Acts and guidelines.

Some of these guidelines proposed the education of FLMs in the early identification of HHSA/BD problems, referral to specialist agencies or support services, use of registered in- and out-patient treatment centres, as well as the application of effective intervention measures and aftercare (Hess 2009:356; Martin et al 1994:90; Miller & Galvin 2016:498; Smook et al 2014:64).

The important aspect appears to be that police FLMs must have knowledge about the early identification of the signs and symptoms of HHSA/BD habits amongst employees in the workplace.

2.3.3 Signs and symptoms of HHSA/BD prevalence in the workplace

As indicated in various research studies, it is not only the individual employee with HHSA/BD problems that experiences medical and legal costs, but even fellow employees and the employer who are affected by the unproductivity and negative consequences of the HHSA/BD of these employees (Bennett et al 2003:3; Hess 2009:349).

With the SAPS being a male dominant work environment, where males are often reluctant to seek support for their HHSA/BD problems and/or resist any support by denying the existence of their HHSA/BD problems, FLMs need to have a sound knowledge base about the signs and symptoms that serve as an indication that the employee is using his HHSA/BD habits to cope with workplace-related or personal problems (Bennett et al 2003:33; Miller & Galvin 2016:483).

Although performance deterioration is very small in the early stages of HHSA/BD and it is often difficult to identify the HHSA/BD problems of employees, FLMs need to know what signs and symptoms to look out for that will have a definite impact on work performance of the employee (Hess 2009:359; Schifano 2005:65).

FLMs need to focus on the surfacing of signs and symptoms that can serve as sure indicators of the presence of HHSA/BD problems of employees in the workplace in the following three areas: performance, behaviour/appearance, and the intensifying of safety hazards (Martin et al 1994:5; Schifano 2005:63).

With regard to performance, the following will become prevalent and needs to be noticed by FLMs: a decline in the quality of tasks being done, an increase in the amount of mistakes made, a slower work pace, missing deadlines, errors in judgement, a general lack of concentration, overloading co-workers with redistributed tasks because of the employee's frequent absences (mostly on Mondays and Fridays), coming in late or departing early, and longer lunch or coffee breaks (Cabric 2015:99; Jacobson & Kominoth 2009:321; Martin et al 1994:5; Schifano 2005:63). Employees with HHSA/BD habits tend to be absent from work more often and when at work ("presenteeism") they function lower than optimal and contribute to higher financial losses than just those of absenteeism (Lee et al 2014:54; Phillips 2001:36).

A definite sign of the prevalence of HHSA/BD of police employees of all ages is the low quality of their work performance and the tendency to isolate themselves and avoid supervisors (Lee et al 2014:54).

Another sure indicator of HHSA/BD amongst employees is behaviour changes which include irritability, moodiness, workplace relationships marked by conflict, financial problems resulting from borrowing money, stealing from the employer, drastic changes in and neglect of dress code, surfacing of behavioural complaints from fellow colleagues and the public, as well as insubordination towards the instructions of FLMs (Schifano 2005:63; Martin et al 1994:7).

Lastly, HHSA/BD contributes to safety hazards depending on the type of work employees do. Employees with HHSA/BD problems are more prone to accidents and as such endanger not only their own lives, but also those of colleagues. They also contribute to fatal and non-fatal workplace injuries as a result of the careless operation of vehicles, apparatus, etc. or potentially dangerous equipment like firearms, that lead to long periods of absenteeism. These cost large amounts of money in lost productivity (Ghodse 2005:5; Hasegawa et al 2013:491; Martin et al 1994:6; Pidd & Roche 2013:1; Schifano 2005:63). HHSA/BD habits in the workplace, therefore, impact more directly on the safety and productivity of employed adults than those with a substance use disorder.

FLMs are aware that police employees are frequently exposed to traumatic experiences in the line of duty (Burns, Morley, Bradshow & Domene 2008:21; Waters & Ussery 2007:172). If they do not deal effectively with these traumatic experiences, it increases the possibility of them becoming involved in illegal drug abuse and/or HHSA/BD. The danger it poses to the police work environment is that even the residual presence of any substance due to HHSA/BD often impacts on their reaction times in dangerous situations, contributes to slow thinking and reflexes, and may result in unfit aggressive behaviour in the workplace (Burchfiel et al 2013:93; Waters & Ussery 2007:175).

FLMs need to know that the situation becomes even worse when taking into consideration that the police employee frequently has to use legally prescribed medication for valid reasons. The concern is the influence of even legal, properly prescribed medication that may impair the cognitive functioning of an employee (Hindmarch 2005:69), as any legal psychoactive medication has the same effects on the performance of habitual workplace tasks as a substance obtained in any

other way. Psychoactive drugs are normally prescribed for depression, anxiety, and psychological disorders, such as PTSD, and have a direct effect on the central nervous system (Hindmarch 2005:69). HHSA/BD habits also increases employees' risk of long-term health problems (Lee et al 2014:53). Modern psycho-active pharmaceutical medication may compromise a person's cognitive and motor abilities, resulting in slower reaction times and reduced decision-making abilities, as well as poor hand-eye coordination, and has the potential to interfere with everyday decision making and the performance of tasks in the workplace (Harker Burnhams et al 2013; Hindmarch 2005:69). It is however, according to Hindmarch (2005:69), the responsibility of the FLM to enquire about the possible side-effects of strong prescribed medication on the employee and to take the necessary safety precautions to prevent injuries, as liability rests on the employer should an accident occur.

The manner in which the FLMs acquaint themselves with regard to the signs and symptoms of the HHSA/BD habits of employees will be a good indicator as to what their attitude is towards the HHSA/BD habits of employees and how they will act towards the impact of this phenomenon in the workplace.

2.3.4 Attitude of FLMs towards HHSA/BD in the workplace

When considering the attitude of FLMs with regard to the HHSA/BD habits of employees under their command, it is not only the workplace culture, norms, and values that play a determining role in their attitude, but also the fact that the FLMs are individuals with their own personalities, traits, abilities, needs, and motives that are dynamic in nature, change over time, and may even be in conflict with one another (Galea & Ghodse 2005:33; Kusluvan 2003:38; Mukherjee & Basu 2005:107; Robbins, Judge, Odendaal & Roodt 2009:109). These aspects will either maintain or inhibit managerial behaviour and determine the choice or direction of their actions. In addition, organisational expectations can also change the behaviours of FLMs (Mukherjee & Basu 2005:107; Robbins et al 2009:109).

Behaviour reflects attitudes, as attitude refers to an evaluation of a subject or object that influences a person to act in a specific manner (Kusluvan 2003:25; Mukherjee & Basu 2005:107). Attitudes involve the following three aspects: cognition (thoughts

the person has about a subject or object), affect (feelings harboured towards the subject or object), and action (behaviour reflected in the intended manner in which the subject or object is to be dealt with) (Kusluvan 2003:25; Mukherjee & Basu 2005:108).

It appears that when the term attitude is discussed, not only cognition, but also affect and behaviour should be considered.

It is generally believed that a change in one of the aspects will contribute to an overall change, as people desire consistency between their attitude and behaviour to appear rational and to avoid the discomfort of attitudinal beliefs and behaviour conflict (Kusluvan 2003:26; Mukherjee & Basu 2005:108). However, it is argued by Furnham (2005:269) and Kusluvan (2003:27) that this is not necessarily always the case.

The cognition aspect includes the beliefs, opinions, and information the FLMs have about the impact of HHSA/BD in the workplace and their personal abilities to deal effectively with the phenomenon. Concerning affect, it entails the FLMs' feelings about HHSA/BD practices in the workplace, as well as towards the employees involved in these practices. Behaviour will refer to the intended actions of FLMs, indicating how they will deal with HHSA/BD in the workplace when it occurs (Kusluvan 2003:25; Mukherjee & Basu 2005:108).

Although the culture of the workplace to an extent shapes the attitude of the FLMs towards HHSA/BD, two other aspects may also influence the attitude of the FLMs: the level of job satisfaction experienced by them and their commitment to the organisation (Kusluvan 2003:44; Mukherjee & Basu 2005:108).

When FLMs experience job satisfaction, their needs and interests are met, their working conditions are satisfactory, and they have good working relationships with senior and junior colleagues (Kusluvan 2003:44; Mukherjee & Basu 2005:108; Robbins, Judge, Millet & Jones 2010:289). FLMs who are committed to their organisation are loyal and seriously involved in the application of the workplace policies of the organisation that will contribute to its successful functioning, as they

intend to remain in the organisation on a long-term basis (Kusluvan 2003:44; Mukherjee & Basu 2005:108).

However, in general, attitude and behaviour are good predictors of the work-related actions of FLMs when dealing with the HHSA/BD habits of employees in the workplace (Furnham 2005:269).

2.3.5 Behaviour of FLMs in response to the HHSA/BD habits of employees

At times the best functioning FLM seems to miss the early signs and symptoms of HHSA/BD habits of employees, as these employees tend to cover up or always provide original excuses for their HHSA/BD related behaviour (Quelch & Knoop 2018:90). Another dilemma for FLMs is that the abuse and resulting problems, particularly of new substance abusers, seldom manifest as “typical” signs and symptoms of HHSA/BD habits, but the toxins of the used substances still impair their ability to function and perform efficiently in the workplace (Sokro 2010:86). It also appears, according to Rivis and Sheeran (2013:579), that the implementation of traditional health behaviour theories by FLMs, with the intention to change HHSA/BD behaviour of employees, is most effective with employees who have less experience with HHSA/BD, as they can be approached with a variety of methods. However, for those employees with more advanced or entrenched HHSA/BD habits, targeting only cognition about the phenomenon may not be sufficient because cognition does not predict drinking behaviour (Rivis & Sheeran 2013:579).

FLMs need to understand that often employees with serious HHSA/BD habits do not reach out for assistance or support services due to feelings of shame, beliefs that they can handle their HHSA/BD problems on their own, being uninformed about the support services available, lacking the time to reach out, or not believing in the success of the support services available (Fertman 2015:215).

On top of it all, some employers opt not to adopt drug testing policies, as they are positive that the FLMs with the legislative guidelines at their disposal are able to address the HHSA/BD habits of the employees that they supervise (Sokro 2010:86).

However, FLMs need to take the time to reflect on each individual employee's behaviour in the workplace. Once performance changes in the absenteeism, presenteeism, and job satisfaction of these employees are observed, it is best to act as soon as possible since early interventions always prevent the development of serious substance use or induced disorders (Fertman 2015:159; Quelsh & Knoop 2018:90).

Behaviour or actions of FLMs in response to HHSA/BD are overt actions or activities that are directly observable and also measurable (Kusluvan 2003:26).

The extent to which FLMs identify HHSA/BD in the workplace is influenced by aspects such as their supervisory styles and their tendency to hide and cover up the signs and symptoms of HHSA/BD of employees or fellow colleagues. As primary change agents in the organisation, the FLMs' actions in response to HHSA/BD in the workplace will set an example for important behavioural changes required in this regard (Robbins et al 2010:358).

Although performance evaluation is supposed to be the best and most legitimate measure to identify HHSA/BD in the workplace, it does not always succeed in its goal (Soko 2010:86). Random drug tests are also not effectively identifying the HHSA/BD habits of employees (Schifano 2005:65).

FLMs in the SAPS have the attitude of allowing the HHSA/BD habits of employees to fly under the radar until they are forced to act. When they then act and refer an employee to the PSWs, his/her HHSA/BD habits have progressed to a substance use disorder that normally has negative implications for the employee and employer (Quelsh & Knoop 2018:90; SAPS 2016a).

The demarcation of roles and responsibilities of both the FLM and PSW regarding how to work in collaboration when addressing the HHSA/BD habits of employees in the workplace appear to be another important aspect to consider.

2.3.6 FLMs confrontation of HHSA/BD in the workplace

As indicated, FLMs are in daily contact with the employees under their command and they are responsible for overseeing adherence to the production and performance standards of the organisation. As a result, they will be the first to detect deviations in the behaviour of these employees and they then need to document their observations for future analysis (Calogero, Midford & Towers 2001:92; Moore & Miller 2015:407; Schifano 2005:66).

Although FLMs play an important role in the implementation of workplace policies and procedure with regard to HHSA/BD practices in the workplace, they should avoid making some of the worst mistakes a FLM can make when attempting to deal with the HHSA/BD habits of employees at all costs, and these are: being harsh and threatening; being unfriendly towards the employee; acting reserved or superior; not adhering to confidentiality expectations with regard to the problems of the employee; being overly ambitious when attempting to solve the HHSA/BD problems of the employee on their own; and failing to maintain an ethical team conscience amongst employees under their command (Furnham 2005:269).

As already mentioned, FLMs should never diagnose or assess the HHSA/BD problems of an employee, but should focus on the performance problems of the employee as a result of the HHSA/BD habits (Calogero et al 2001:93; McCann et al 2011:286; Smook et al 2014:171).

It is important that any intervention of the FLMs with regard to employees' HHSA/BD rests purely on the performance and productivity deviations of the employee and to remind the employee that personal problems that are having a negative impact on the workplace functioning or contributing to HHSA/BD habits need to be referred to the applicable support services for professional assessment, evaluation, or diagnosis (Moore & Miller 2015:407). Throughout the confrontation intervention the FLM should guide, support, and direct the employee with the HHSA/BD problem with the aim to: (a) instil the responsibility in the employee to modify performance behaviour, and (b) prevent the problematic performance resulting in disciplinary actions (Calogero et al 2001:93; Hill, Hill & Richardson 2016:16; Moore & Miller 2015:411).

The process of confronting the employee with HHSA/BD problems is as follows: (a) recognising the problem behaviour; (b) documenting incidents, indicating where, when, and how performance was not on standard before; (c) confronting the employee with the documented behaviour, whilst formulating an action plan with the employee to take personal responsibility for the rectification of the behaviour; and (d) referring the employee to professional support services and treatment before the final step; namely (e) reintegration into the work environment (Calogero et al 2001:93; Campbell & Langford 1995:85).

The content of the newly developed and untested Sober Workplace Programme for Managers of the SAPS aims to assist FLMs in the SAPS to understand important aspects of the "confrontation" process against the general background of HHSA/BD, as it can manifest in the workplace of the police.

2.3.7 Social work Intervention programme to assist FLMs

The World Drug Report by the United Nations Office on Drugs and Crime (UNODC) (2011:8) indicates that there is an enormous unmet need for the prevention and treatment of HHSA/BD, as well as care and support for adults with substance abuse problems, as children exposed to these habits of their employed parents are themselves at greater risk of substance abuse or other risky behaviour. Although employers and unions made a considerable effort over the past few years to address this phenomenon, the workplace remains underutilised as an intervention and prevention setting to address the HHSA/BD habits of employees (Pidd & Roche 2013:2; Schifano 2005:66).

The education of FLMs pertaining to the dangers of HHSA/BD habits of those under their command is very important, as it will empower the police management to understand the demands innate to police work that may contribute to HHSA/BD and how they can assist the police to cope with these demands and support those who rely on HHSA/BD habits in an attempt to cope (Cheng & Henry 2005:204; Martin 2011:8).

In formulating the content of the newly developed and untested Sober Workplace Programme for Managers as a social work intervention to address the HHSA/BD habits of employees, the PSW's main aim when facilitating this programme is to offer practical solutions in that FLMs should be: (a) aware of workplace policies and legislation to implement in this regard; (b) informed about the medical aid benefits, as well as internal and external counselling and aftercare processes to assist the employee with HHSA/BD challenges; (c) educated about the health hazards and impact HHSA/BD habits have on the performance and productivity of the individual employee with the problem, the work team/unit in which he/she functions, and the organisation at large; (d) aware of how to utilise specific support groups/services when referring employees with HHSA/BD challenges for assistance; (e) knowledgeable about how to respect an employee's privacy whilst adhering to confidentiality rules; and f) striving to reduce the stigma of dealing with HHSA/BD in the workplace (Allsop, Phillips & Calogero 2001:155; Cheng & Henry 2005:204; Sokro 2010:90; Sonnenstuhl 2003:231).

FLMs should also be made aware of the constant possibility of lapses and relapses of HHSA/BD conditions, as well as the unique challenges it presents in the maintenance of sobriety. They need to comprehend that the prevention of relapses depends solely on the ability of the employee to change his/her attitude, behaviour, and values towards his/her HHSA/BD habits (DiClemente, Holmgren & Rounsaville 2011:774; Olson, Mueller, Walt & Aose 2011:148). For this reason, the PSW needs to assist employees with HHSA/BD challenges to develop skills in identifying what contributes to their substance abuse, as well as what the signs and symptoms and high-risk situations are that may contribute to a relapse (Anderson 2009:172; Sokro 2010:90; Sue, Sue, Sue & Sue 2014:285). In the end it remains the choice of the employee to practise HHSA/BD habits or not.

As advocated by Steenkamp (2011:15), a substance prevention programme contains information on the consequences of substance abuse with the aim to improve the knowledge of the target group, as improved knowledge in this group leads to attitude change and a change in attitude leads to behaviour change. Programmes need to succeed in addressing work climate risks (e.g. enabling behaviour), as well as personal health skills (reduce alcohol intake) (Reynolds &

Bennett 2015:182), to assist employers to effectively address HHSA/BD to enhance workplace safety, health, and performance (Sokro 2010:89). Educational SWS programmes, like the Sober Workplace Programme for Managers, are designed to equip FLMs with knowledge to effectively and efficiently perform their daily tasks (Green, Lynch & Lynch 2013:107; Moore & Miller 2015:21).

Although some employers and employees may respond positively to SWS workplace programmes related to HHSA/BD, others will either react controversially or be ill-informed about it because they lack an understanding about factors motivating employees' HHSA/BD patterns. They also lack information about evidence-based intervention strategies and good practices aimed at preventing the impact of substance abuse in the workplace (Bennet et al 2003:32; Pidd & Roche 2013:1). If employers and employees have a sound knowledge of these aspects mentioned, Pidd and Roche (2013:1) argue they will be able to identify risks factors influencing workplace safety, productivity, and employee health and wellbeing, and be motivated to develop and implement strategies and interventions to address these factors.

It appeared to be important to develop an effective intervention programme like the Sober Workplace Programme for Managers to address the HHSA/BD habits of employees to prevent the eventual loss of trained and skilled police employees. In general, when trained employees have to leave an organisation it implies financial losses and the loss of expertise (Burton 2012:5). If police officials have to leave the SAPS due to HHSA/BD it will not only be a financial loss for the organisation due to costly training, but it will also contribute to the loss of expert knowledge and the specific experience of police men and women.

2.3.8 The role and function of the PSW

As already mentioned, the SAPS SWS' awareness, prevention, and educational programmes are initiated by PSWs and are essential to advocate a healthier lifestyle attitude and behaviour with regard to substance abuse amongst police employees (Smook et al 2014:79). Although the main function of the PSW is to negotiate the exposure of all operational police employees to these programmes, the development of the new and untested social work intervention, the Sober Workplace

Programme for Managers, was developed specifically to reach FLMs with specific information on the HHSA/BD habits of employees under their command.

Two main goals were established for the PSW to reach in the facilitation of the content of the Sober Workplace Programme for Managers and these are:

- to facilitate the content of the programme in such a manner that it strengthens the collaborative working relationship between especially the SAPS FLMs and PSWs to ensure that the effects of the HHSA/BD habits of employees upon the work environment are dealt with in an effective and efficient manner; and
- to significantly contribute to the perceived knowledge, attitude, and behaviour of the FLMs with the content of the programme to enable them to deal effectively and efficiently with the HHSA/BD habits of employees under their command.

Three objectives emanated from the set goals and these are the following:

- To enlighten the FLMs with relevant information on how to identify and address the HHSA/BD habits of employees under their command, especially when it affects the employees' performance and productivity in the workplace and their general social functioning.
- To equip the FLMs with skills to holistically address employees' HHSA/BD habits in a strengthened collaborative work relationship with the PSWs and other important role players.
- To imbed the supportive but "confrontational" guidelines in the Sober Workplace Programme for Managers to enable the FLMs and PSWs to, in a collaborative work relationship with proper demarcated roles and responsibilities, address and counsel the employees with a HHSA/BD problem in a more effective and efficient manner.

The newly developed and untested Sober Workplace Programme for Managers focuses on strengthening the collaborative working relationship between FLMs and PSWs in order for these managers to become more skilled in the timeous, effective, and efficient handling of employees with HHSA/BD habits. Both the employee and the employer will benefit from these educational aspects as outlined in the

programme content (Landy & Conte 2016:400; Smook et al 2014:71). The programme advocates the continuous and primary involvement of the FLM, as well as the secondary involvement of the PSW to recognise when the HHSA/BD habits of employees impact on productivity and workplace behaviours.

The programme content of the Chartered Institute of Personnel Development's (CIPD) Guide (2007:19) was adjusted to serve as a guide for the two main sections of the Sober Workplace Programme for Managers of the SAPS (see Addendum 1).

Module One concentrates on:

- the importance of the programme;
- application of legal mandates for a substance-free workplace;
- effects of substance abuse in the workplace; and
- workplace factors contributing to substance abuse.

Module Two concentrates on:

- how to recognise substance abuse amongst employees in the workplace; and
- the important phases to implement when addressing substance abuse in the workplace in collaboration with the PSWs.

The flow diagram in Addendum 1 was developed to explain the activities, roles, and responsibilities of the PSW, FLM, and employee in this collaborative relationship when dealing with the substance abuse challenge of the employee.

The provision of this programme on HHSA/BD habits to FLMs, especially in a male-dominated workplace where help-seeking behaviour may be stigmatised, may prove to be a perfect opportunity to provide micro, mezzo, and macro interventions for the employer and employees. The researcher agrees with Sokro (2010:89) that effective substance-related intervention programmes in the workplace go beyond focusing on the HHSA/BD problems experienced by and from the individual employee, but include the entire workplace, with substance intervention strategies that focus on all managerial staff, all employees, and all visitors, as well as guests at workplace functions. However, social work intervention programmes will ensure the

opportunity for the PSWs to provide primary care and market specialist services and assistance with regard to HHSA/BD related issues to the workforce of the SAPS (Lee et al 2014:6; Kroll 2014:50).

2.4 SUMMARY

In this chapter the main focus was on the important aspects FLMs need to take note of with regard to the HHSA/BD habits of employees in the workplace.

To stress the prevalence of HHSA/BD problems in a workplace like the SAPS, the HHSA/BD habits of the general population that forms the workforce of the country and their contribution to the HHSA/BD habits of employees in the workplace were explained.

Concepts like the knowledge, attitude, and behaviour of FLMs with regard to HHSA/BD were highlighted. It was explained how important these concepts were in the motivation of FLMs to effectively and efficiently deal with the HHSA/BD habits of employees in a collaborative working relationship with the PSWs, once they understand the HHSA/BD phenomenon, grasp how the SAPS as workplace with its unique functioning and inherent workplace stressors contribute to the phenomenon, and how they need to be vigilant to “read” the signs and symptoms of HHSA/BD that impact on the performance and productivity of the employee with HHSA/BD habits.

The chapter concluded with the role and function of the PSW in the facilitation of the content of the Sober Workplace Programme for Managers to convey the important values and skills required from the FLMs to deal with the HHSA/BD habits of employees under their command in collaborations with the PSW.

In the next chapter the focus will be on the research process, methods, and data analysis procedures followed by the researcher to ascertain whether the Sober Workplace Programme for Managers can strengthen the collaborative working relationship between FLMs and PSWs when addressing the HHSA/BD habits of employees under their command.

CHAPTER 3: RESEARCH METHODOLOGY AND METHODS

3.1 INTRODUCTION

This chapter will describe the research methodology and methods used by the researcher to guide the quantitative research study to determine to which extent the two hypotheses could be proved or not. The hypotheses were: (a) If the FLMs are exposed to the content of the newly developed and untested SWS' Sober Workplace Programme for Managers, the collaborative working relationship between them and the PSW in general will be strengthened to address the HHSA/BD habits of SAPS employees; and b) if the FLMs are exposed to the content of the newly developed and untested SWS' Sober Workplace Programme for Managers, they will be empowered with knowledge on how to effectively and efficiently address the HHSA/BD habits of employees under their command in collaboration with the PSW.

The manner and processes involved in obtaining access to the respondents, who were the studied populations, and how these respondents responded to the research questionnaires will be explained. The sampling procedures followed and the nature of the samples will also be discussed.

The development of the measurement instrument will be discussed, as well as the data collection process applied in the pilot and formal research study.

The methods of data analysis will be elaborated on and the application of the ethical considerations used as guidelines for this study will be discussed.

Lastly, the assumptions and limitations of the study will be outlined.

3.2 RESEARCH METHODOLOGY

The research methodology deals with and considers the reason behind research methods, which broadly differentiate between quantitative (e.g. inferential, simulation, or experimental studies) and qualitative research (e.g. biographical

narratives or case studies). Research methods focus on the planning, design, and implementation aspects utilised to collect and analyse data (Bhattacharyya 2006:17; Daniel & Sam 2011:18; Mangal & Mangal 2013:46; Vithal & Jansen 2010:7).

A quantitative research method was selected for this research study. As the values underlying a quantitative research study are neutrality, objectivity, and the acquisition of a sizable scope of knowledge with the main aim to measure variables and test relationships between variables in order to reveal patterns, correlations, and causalities, it appeared to be the most suitable method for this research study. With the study, a situation was created where the consistency of the measurement instrument was repeatedly tested as far as possible in an attempt to generalise the results obtained (Daniel & Sam 2011:18; Levi 2017:9; O'Dwyer & Bernauer 2014:5). The main purpose of quantitative research is to explain and evaluate by strictly following firm goal-orientated procedures, in order to achieve objectivity with its results by standardising all steps as far as possible to ultimately ensure intersubjective verifiability as the central norm for quality assurance (Flick 2011:10; Levi 2017:9; O'Dwyer & Bernauer 2014:9). Thus, successful quantitative research studies give attention to deductive research methods and the reliability of the tools utilised to obtain linear data collections and analysis aimed at proving or disapproving or lending credibility to existing theories on the studied subject (Andrew, Pedersen & McEvoy 2011:46; De Poy & Gitlin 2016:146).

3.2.1 Research Approach

According to Muijs (2004:3), a quantitative research approach assumes human behaviour to exhibit some lawfulness and predictability that can be studied by collecting numerical data to explain particular human behaviour or phenomena. With a quantitative approach a researcher strives to determine (Vithal & Jansen 2010:7) the relationship between constructs of data obtained from a relatively large number of respondents by generating and averaging nomothetic data and testing research hypotheses through scientific methods. Data analysed via a variety of statistical tests rely upon "numbers data" rather than "language data" (Andrew et al 2011:46; Heppner et al 2016:121).

The four main elements inclusive in a quantitative research study, according to Barkman (2003:598), that were also included in this study are as follows:

- The formulation of a hypothesis prior to the study to serve as a tentative statement about the expected relationship between two or more variables. In the case of this study the hypotheses are a) that exposure of the FLMs to the content of the newly developed and untested SWS intervention, the Sober Workplace Programme for Managers, will strengthen the collaborative working relationship between the FLMs and PSWs when dealing with the HHSA/BD habits of an employee, and b) that the knowledge, attitude, and the behaviour of the FLMs will be enhanced with regard to HHSA/BD once exposed to the programme as intervention.
- An independent variable may be an intervention, treatment, or condition that may or may not be controlled by the researcher. In this research study the independent variable, the Sober Workplace Programme for Managers, was facilitated in a one-day workshop session with the FLMs by the researcher.
- A large enough sample size to provide statistically meaningful data. A sample of FLMs from two Provincial Clusters and National Office Divisions was obtained with random sampling methods, as respondents had to complete the self-developed measurement instrument to obtain statistically meaningful data.
- Lastly, to conduct data analysis that relies on statistical procedures. With the assistance of a statistician, the data were analysed with various statistical procedures to provide the research findings.

With this quantitative research approach, the researcher aimed to answer the two hypotheses in the form of numbers, i.e. the percentage of people who experience a certain effect from the social work intervention. The researcher did a systematic empirical investigation to determine whether exposure of the FLMs to the content of the newly developed and untested social work intervention, the Sober Workplace Programme for Managers, will strengthen the collaborative working relationship between FLMs and PSWs in their joint effort to effectively and efficiently deal with the HHSA/BD of employees of the SAPS.

In exclusion of unexpected effects of independent variables, the researcher attempted to study the behaviour of the FLMs in relation to PSWs under semi-controlled conditions utilising a switching replication quasi-experimental design to explore and describe findings obtained from the experimental and comparison groups by utilising self-developed, non-standardised questionnaires in all three the measures. The utilisation of the obtained data in the process of measurement provided the researcher with a fundamental connection between empirical observation and the mathematical expression of the relationship between the FLMs and PSWs.

3.2.2 The research design

A research design is defined by Heppner et al (2016:66) as “a set of plans and procedures that researchers use within specific inquiries to obtain empirical evidence about isolated variables of interest”. This enables the researcher to draw inferences about the concepts and constructs utilised in the research hypothesis.

In quantitative research, either experimental or non-experimental research designs can be utilised. Experimental research is normally a systematic enquiry of a researcher, who introduces change, notes effects, and is in full control of the design and study (Baumeister & Bushman 2008:17; De Poy & Gitlin 2016:141; Jackson 2015:147).

With experimental research designs, descriptive and explanatory data are obtained from respondents randomly assigned to an experimental group whilst being subjected to manipulation and a comparison group where the respondents are not manipulated (Fain 2017:218; Muijs 2004:13).

The aim of non-experimental research designs is to explore existing situations and provide feedback on these findings, as it is understood that the change in the independent variable has already occurred and the researcher cannot manipulate the change (Jackson 2015:147; De Poy & Gitlin 2016:146; Muijs 2004:13). With this kind of research, a survey questionnaire is used to investigate the situation and the descriptive data provided can be used for predictive purposes.

Experimental research design can fall into one of the following types of designs: a) quasi-experimental between-subject designs (non-equivalent group designs), or b) pure experiment within-subject designs (pre- and post-designs).

The establishment of the two most important characteristics of this quasi-experimental research design were: (a) to establish whether the content of the newly developed, but untested SWS intervention, the Sober Workplace Programme for Managers, strengthened the collaborative working relationships between FLMs and PSWs when addressing the HHSA/BD habits of SAPS employees; and (b) whether the time lapses in the data collection process made a significant difference in the measurement of the data sets (O'Dwyer & Bernauer 2014:59).

With quasi-experimental pre-, mid-, and post-test design, pre-treatment [t1], mid-treatment [t2], and post-treatment [t3] scores for four groups of respondents were compared.

Quasi-experimental research designs differ from pure experimental designs in that the experimental and comparison group respondents are not randomly selected (De Poy & Gitlin 2016:144; Fain 2017:221; Jackson 2016:154). The most commonly used quasi-experimental design is the non-equivalent group design, where a pre-test and post-test are required for the treated as well as the comparison group (Trochim, Donnelly & Arora 2016:529).

According to Jackson (2015:150), the standard quasi-experimental designs are as set out in Table 3-1.

Table 0.1: Quasi-experimental designs

QUASI-EXPERIMENTAL DESIGNS	
One Group of respondents	Two Groups of respondents
Single group post-test only design	Non-equivalent control group post-test only design
Single group pre-test/post-test design	Non-equivalent control group pre-test/post-test design
Single group time-series design	Non-equivalent control group time series design

From the assortment of quasi-experimental designs with their specific applicability and noteworthy features that were developed, the switching replication quasi-experimental design is just one type of quasi-experimental design and was selected for this research study. The switching replication quasi-experimental design includes one treatment group and a wait list control group. The treatment or intervention is replicated (repeated) with both groups at different times (Huelar 2012:205).

Figure 3.1 explains the two groups and three waves of measurements utilised in the switching replication quasi-experimental design.

Group	Pre-test	Treatment	Mid-test	Treatment	Post-test
1	O	X	O	TIME	O
2	O	TIME	O	X	O

Figure 0.1: Measurements: Quasi-Experimental Design

Respondents of both groups are subjected to a pre-test. For group two, a time lapse follows whilst group one is subjected to the one-day workshop session/programme/intervention immediately after the pre-test. Immediately after the intervention, group one is subjected to a mid-test. Group two is subjected to a pre-test, after a period of time to a mid-test, then subjected to the programme/intervention, and afterwards to a post-test. After a time lapse, group one is also subjected to a post-test.

Since both groups were eventually subjected to the one-day workshop session/programme/intervention, it is probably one of the most ethically feasible quasi-experimental designs and most effective at controlling the internal validity (Edmonds & Kennedy 2017:59).

The two important purposes of the switching replication quasi-experimental design are to observe if more than one response to the treatment will enable the researcher to estimate the variability in responses that is not associated with the treatment differences and if the number of applications increase the reliability of the conclusions drawn from the observed data (Huelar 2012:205).

The selection of a quantitative quasi-experimental design appeared to be the best and most practical method to measure and establish whether the content of the newly developed and untested Sober Workplace Programme for Managers contributed significantly to strengthen the working relationship of the FLMs and PSWs when addressing the HHSA/BD problems of employees in the workplace, since access to and exposure of FLMs to test the effectiveness of a social work intervention specifically for managers, can be quite challenging.

The researcher utilised the switching replication quasi-experimental research design with an experimental and comparison group to collect descriptive and exploratory data from the same FLM population with different randomly selected sample groups over multiple time periods. A positivist perspective was applied, as objectivity is honoured with data being subjected to statistical analysis and generalisation to determine if the scientific evidence of the switching replication quasi-experiment revealed the true nature of the collaborative working relationship between the FLMs and PSWs when dealing with the substance abuse issues of employees.

For this purpose, an intervention and non-standardised, self-developed questionnaires were utilised (see Addendum 2a & 2b).

Figure 3.2 indicates the application of the switching replication quasi-experimental research design with the selected groups of SAPS FLMs.

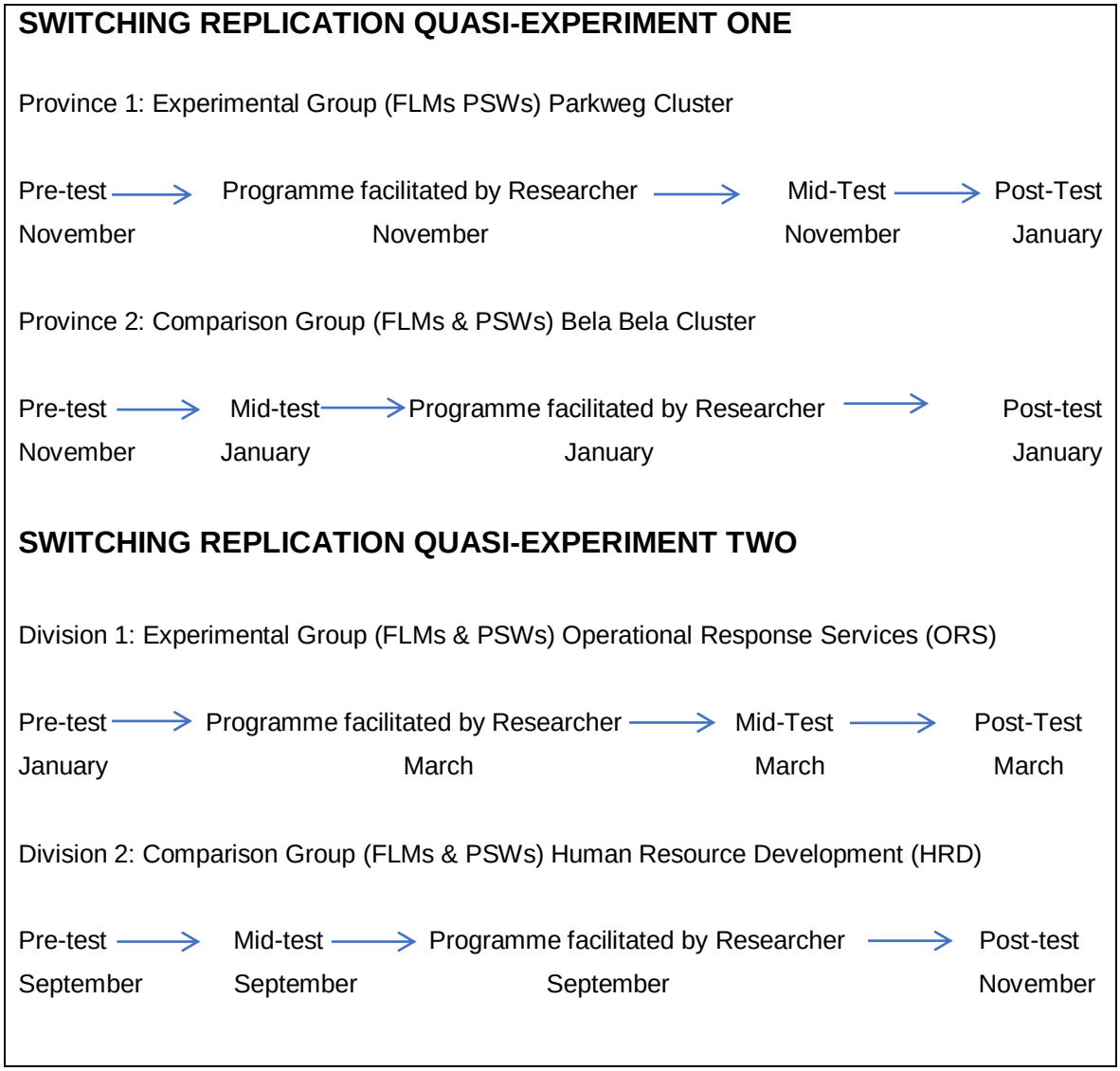

Figure 0.2: The Switching Replication Quasi-Experimental Design

The diagram illustrates the switching replication quasi-experiments applied to the four sample groups of FLMs selected from the two Provincial Clusters and two National Office Divisions.

In the first experiment the FLMs from the two Provincial Clusters, Bela Bela in the Limpopo Cluster and Parkweg Cluster in the Free State, were the experimental and comparison groups. FLMs of Parkweg as an experimental group responded first to a pre-test (questionnaire) and were then exposed to the one-day session/intervention (The Sober Workplace Programme for Managers). Directly afterwards they were exposed to a mid-test (questionnaire) and, after a time interval

of one month, to a post-test (questionnaire). The FLMs of the Bela Bela Cluster, as comparison group, were first exposed to a pre-test (questionnaire) and after a time lapse of one month to a mid-test (questionnaire), followed by the one-day session/intervention (The Sober Workplace Programme for Managers) and directly afterwards to a post-test (questionnaire). This time lapse of one month was the minimum time prescribed in literature to ensure that a sufficient amount of time had lapsed for the respondents not to remember the answers indicated on the previous questionnaire (Houser 2015:82).

The exact same procedures were followed with the two National Office Divisions ORS and HRD. The FLMs of the Section Division Operational Response (ORS) as experimental group were first exposed to a pre-test (questionnaire), followed by the one-day session/intervention (The Sober Workplace Programme for Managers), and directly afterwards to a mid-test (questionnaire). After a time lapse the same group of FLMs were exposed to a post-test measurement (questionnaire). The FLMs of HRD as comparison group were first exposed to a pre-test (questionnaire) and after a time lapse to a mid-test, followed by the one-day session/intervention (The Sober Workplace Programme for Managers) and immediately afterwards to the post-test (questionnaire).

The researcher, as part of the social work section Norms and Standards and being responsible for the development of programmes, was responsible for the facilitation of this newly developed and untested Sober Workplace Programme for Managers for the two experimental and two comparison groups.

A field worker was trained prior to the sessions on: a) ethical aspects that are relevant when conducting research (see Addendum 22); b) how to explain the reason for and the process of the research study to the respondents, and obtain consent for their voluntary responses; as well as c) how the questionnaire as measurement instrument should be completed; and d) the coding process for the three questionnaires of each respondent before data capturing. During the four research sessions it was the role and responsibility of the fieldworker to deal with the instructions regarding the completion and collection process of the pre-, mid-, and post-test questionnaires of the respondents. The field worker also dealt with the

coding of the three sets of questionnaires per respondent to ensure confidentiality before providing the questionnaires to the researcher to compile a database. The role and responsibility of the researcher was to ensure that enough pre-, mid-, and post-test questionnaires were printed and available in envelopes for the newly developed and untested Sober Workplace Programme for Managers to be facilitated as a one-day workshop session.

3.3 RESEARCH POPULATION

The focus of this research study was aimed at all FLMs of the SAPS. The PSWs responsible for each division/cluster were to be included in the study, as they also had to be exposed to the content of the newly developed and untested Sober Workplace Programme for Managers as part of an intervention in the pre-, mid-, and post-test session of the research process. This included the FLMs and PSWs working in the nine provinces, as well as at the National Head Office. The particular FLM groups included in this study execute their duties according to specified prescripts and have two main characteristics in common: they determine the performance of and are responsible for the optimal functioning of those employees under their command (Babbie 2008:211; Daniel 2012:9; Newman 1995:205; Singh & Nath 2007:33). The group of PSWs worked in collaboration with these FLMs and assisted employees with needs-based social work interventions.

To access the population of FLMs and PSWs, the researcher submitted a formal application to the Section Head of SWS at the National Head Office who, after recommending it, forwarded it to the Component Head of EHW for approval (see Addendum 3). Once the Component Head of EHW approved the study the application was forwarded to the Divisional Commissioner of Research who in turn obtained approval from the Provincial and Divisional Commissioners to facilitate FLMs from the requested clusters and divisions to participate in the research (see Addendum 4). Only after all these Provincial and Divisional Commissioners confirmed approval for the research did the Divisional Commissioner of Research provide formal permission to proceed with the research.

Approval was received from the SAPS Divisional Commissioner of Research (see Addendum 5, 6, 7, 8, 9, 10 & 11) to conduct the research in four provinces and divisions. Two of the Provincial Clusters for which permission was granted could not be included in the study, as the PSW at one Provincial Cluster resigned and the research design could not be applied there and one other division did not respond to the researcher's request to act as control group. A research undertaking was signed by the researcher and submitted to the SAPS (see Addendum 12).

Appointments were made with the provincial/cluster commanders with the assistance of the PSWs allocated to the respective clusters, as well as the Divisional Component Commanders and the respective PSWs allocated to the division who were included in the study, to explain and negotiate the availability of FLMs to participate in the pilot and formal research process.

These PSWs then proceeded to arrange the invitations/call up instructions of the managers to the two research sessions per group (Addendum 13, 14, 15 & 16).

The researcher met with the FLMs and PSWs on the agreed dates and, with the trained field worker's assistance, obtained the research measurements.

On the first meeting with the experimental groups, the field worker explained the reason for the research, obtained consent from the respondents to participate (see Addendum 17 & 18), and obtained the pre-test measurement. Afterwards the researcher exposed the FLMs of the experimental groups to the one-day session of the Sober Workplace Programme for Managers and the field worker obtained a mid-test measurement directly after being exposed to the intervention. A second session was arranged with the respondents of the experimental group for the field worker to obtain a post-test measurement.

On the first contact with the comparison groups during a general management meeting, the field worker explained the reason for the research and consent was obtained from the respondents (see Addendum 19 & 20). The pre-test measurement was done and a follow-up session was confirmed. This action was part of a marketing strategy for the programme, as well as to start engaging the FLMs in a

collaborative working relationship with the PSW when addressing employees' HHSA/BD habits in the workplace. On the second meeting the mid-test measurement was done with the control group with the assistance of the field worker and the FLMs were exposed to the one-day session/intervention of the newly developed, but untested Sober Workplace Programme for Managers facilitated by the researcher, and the field worker obtained a post-test measurement directly afterwards.

The provision of and access to the feedback report containing the research results were confirmed with all four groups.

3.3.1 Sample groups

As mentioned, the focus of this research study was on all FLMs of the SAPS, but the PSWs who worked at the nine provinces and National Head Office were also attending the three sessions to be informed about the programme content and guidelines discussed with the FLMs. If the FLMs were influenced positively by the content of the programme and decided to work in collaboration with the PSW in future when dealing with the HHSA/BD of employees under their command, the PSWs would also know the principles suggested in the programme.

The relationship between the two sample groups of the Provincial Cluster and national office level that were selected for the study is presented as Figure 3.3.

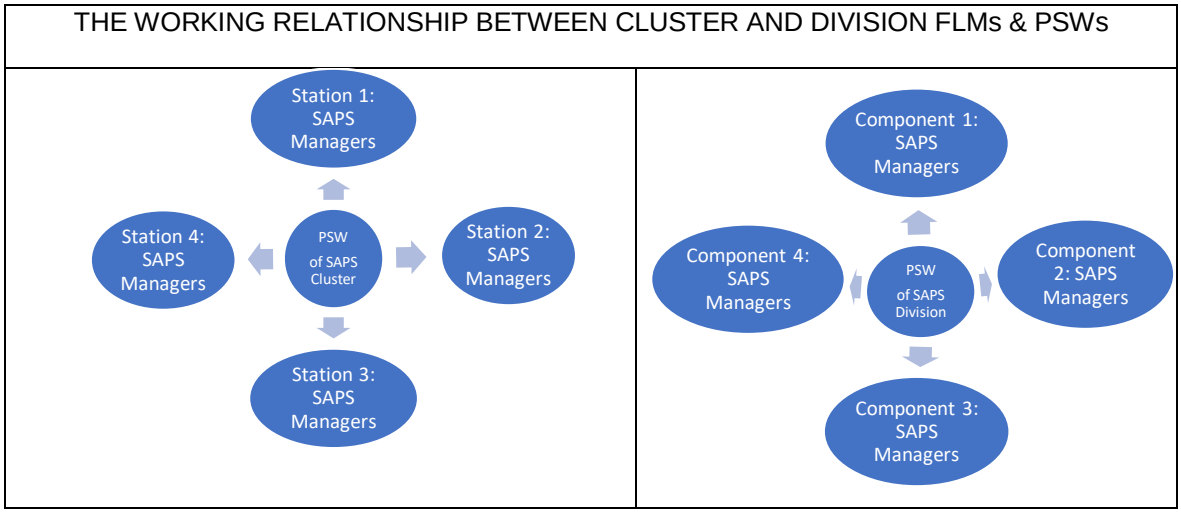

Figure 0.3: The working relationship between FLMs and PSWs on cluster and division level

On a provincial level, each PSW is allocated to a cluster which consists of a number of Police Stations, depending on the size of the cluster. These Police Stations each have SAPS managers, consisting of a Station Commander and FLMs under their command. The PSW directly liaises with the SAPS management in a collaborative working relationship to obtain access and deliver services to the SAPS employees and their families. Since the Station Management Team and PSW are directly liaising with one another, the Station Commander and FLMs were included in the research study.

At National Head Office level, the PSW is allocated to a division with a SAPS Management Team consisting of a number of components with its sections and sub-sections. These components and section commanders liaise directly with the PSW to deliver social work services to those under their command.

These two population groups, the FLMs and the PSWs, were included in the two switching replication quasi-experimental research studies. Only the FLMs completed the pre-, mid-, and post-test measurements.

As there is no prescription for a fixed number or percentage of respondents to be included in the sample as an adequate representation of the population, the ideal or

required sample size depends on the nature of the preferred population or the data to be gathered and analysed (Singh & Nath 2007:41). For effective sampling in this research study, Daniel's (2012:7) guideline was followed and the following aspects were considered: "a) the objectives of the study, b) the defined population, c) the nature of the population, d) available resources and e) ethical and legal considerations."

3.3.2 Sampling methods

For this research study the researcher opted to include two portions of very specific SAPS employees; FLMs and PSWs. In selecting the sampling methods from the two main types of sampling methods, namely a) random sampling (probability sampling) where participants are selected by chance and b) non-random sampling (non-probability sampling) where methods of chance are not used, the researcher opted for random probability sampling methods (Rosenthal 2012:5). This was achieved by applying sampling methods as a process where a small proportion of the SAPS FLM and PSW population was selected in such a manner that it accurately described or reflected the total FLM and PSW population from which it was selected, as the aim was to observe and analyse findings about that population. Thus, inference for the general FLM and PSW population was made when observing the characteristics of the sample (Babbie 2008:212; Daniel 2012:1; Fowler 2009:4; Singh & Nath 2007:33).

Random sampling methods eventually selected and applied included stratified and cluster sampling.

Stratified sampling was used for the FLMs, as there are well-defined sub-divisions of FLMs within a bigger SAPS population with the same characteristics or well-defined data and each area was separately dealt with in the enquiry (Bracken 2007:170; Blakenship 2010:89). These strata of FLMs of the SAPS population were defined by the researcher based on their shared characteristics.

Cluster or area sampling as a random sampling method was applied for the PSWs, as groups of PSWs or elements of social work services are available in the field as

an intact group that exists naturally and is not formed by the researcher for data collection (Ramachandran & Tsokos 2009:11; Burt, Barber & Rigby 2009:269).

The sampling was executed as follows: for the two Provincial Clusters, all the Station Commanders of the various Police Stations and all FLMs with whom the PSWs had a working relationship were included in the research study with the utilisation of the cluster sampling method, as they were intact groups functioning at each Police Station within each cluster. This sampling method was also applied to the two National Head Office Divisions and the Component Commanders with their FLMs and the designated PSW.

However, with the random selection of the PSWs and FLMs for the experimental and comparison groups, unbiased and equal inclusion of respondents in the experimental and control groups was ensured (Fain 2017:218; Houser 2015:166).

The sample of FLMs was randomly selected with stratified sampling by obtaining a list of the Provincial Clusters that were within driving distance of the national office in Pretoria, as well as details of the personnel strength of FLMs and location of each cluster. After careful consideration with the aim to avoid contamination of the FLMs whilst busy with the switching replication quasi-experiment, the researcher selected the Parkweg Cluster in Bloemfontein in the Free State Province and the Bela Bela Cluster in Bela Bela in the Limpopo Province. The FLMs of each cluster were identified as pre-existing groups of managers that were already in a working relationship with the PSWs allocated to the respective clusters.

The same process was repeated with the selection of the two National Office Divisions to use in the pilot study. The divisions were selected based on the work being done (office bound versus operational). once the two divisions were selected, the personnel strength FLMs of each component and section was requested and finally the FLMs of the Component ETD Curriculum Development and Standards of the Division Human Resource Development and the FLMs of the Section National Intervention Unit (NIU) of the Component Section Specialized Operations in the Division ORS were selected as a pilot sample.

Thus, the utilisation of cluster sampling for the selection of PSWs allowed the researcher to identify intact groups already existing within the population to form part of the study. Although this sampling method is generally viewed as a weak form of sampling (Gravetter & Forzano 2012:151) and cluster sampling can increase sampling bias (Blakenship 2010:89), the researcher attempted to ensure that the samples were reasonably representative and were not strongly biased by selecting specific groups of employees within the SAPS for the study, as these groups were working in a specific relationship with one another to reach a common goal (Gravetter & Forzano 2012:151).

A requirement in the selection of the two Provincial Clusters and National Office Divisions as sample groups for the research study was that a there must be a PSW working at each cluster and division. Thus, the PSWs of the SAPS who directly deliver services to SAPS employees and their family members in the different Provincial Clusters and divisions at national office were selected with stratified random sampling and included in the study.

The two Provincial Clusters and all the station commanders of the various police stations, as well as all FLMs with whom the PSWs had a working relationship, were included in the research study. Cluster sampling was utilised as sampling method, since this population sample exists naturally as intact groups that function at each Police Station within each cluster and were not formed by the researcher for data collection (Burt et al 2009:269; Ramachandran & Tsokos 2009:11).

The same sampling method was also applied to the two National Head Office Divisions and the component and section commanders with their FLMs and the designated PSW. This ensures that samples from two population group types were included in the two switching replication quasi-experimental research studies: the PSWs and the FLMs.

The two National Head Office Divisions that were selected to form part of the pilot test as a feasibility study were also included in the actual research study with the two Provincial Clusters, since no modifications were required to the research design or the data-collection instrument and as such it contributed to the consistency of the

data collection process (Alfoldi & Hassett 2013:278; Gray, Grove & Sutherland 2016:493; Polit & Beck 2008:217; Wilson & Sapsford 2006:103).

As part of a National Head Office Divisions, the sample of the population of FLMs to be part of the experimental group of the actual research was selected from the Section NIU of the Component Section Specialized Operations in the Division ORS. These are FLMs of employees that are deployed for operational duties nationally. The division and FLMs are structured as in Figure 3.4.

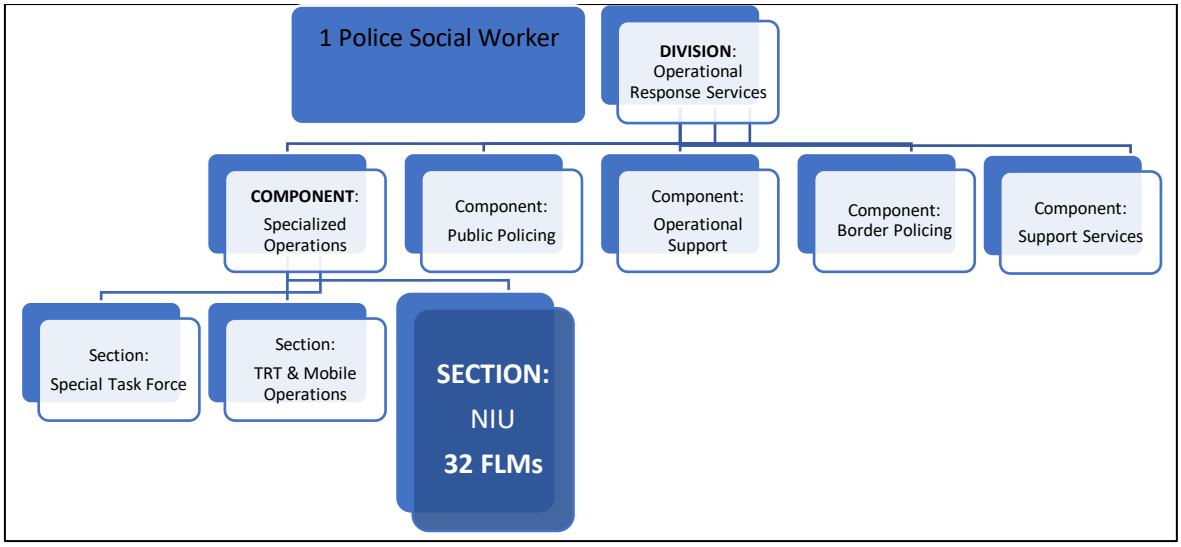

Figure 0.4: The structure of the Division Operational Response Services

The Division ORS consists of five components with various operational functions. In the research study the focus was on the 32 FLMs of Section NIU of the Component Specialized Operations. This division with all its employees is allocated to one PSW.

The population sample of FLMs from the National Head Office selected to form part of the comparison group in the formal research was selected from the Component ETD Curriculum Development and Standards of the Division Human Resource Development. These are FLMs of employees that are doing more office-bound administrative duties. The division and FLMs are structured as in Figure 3.5.

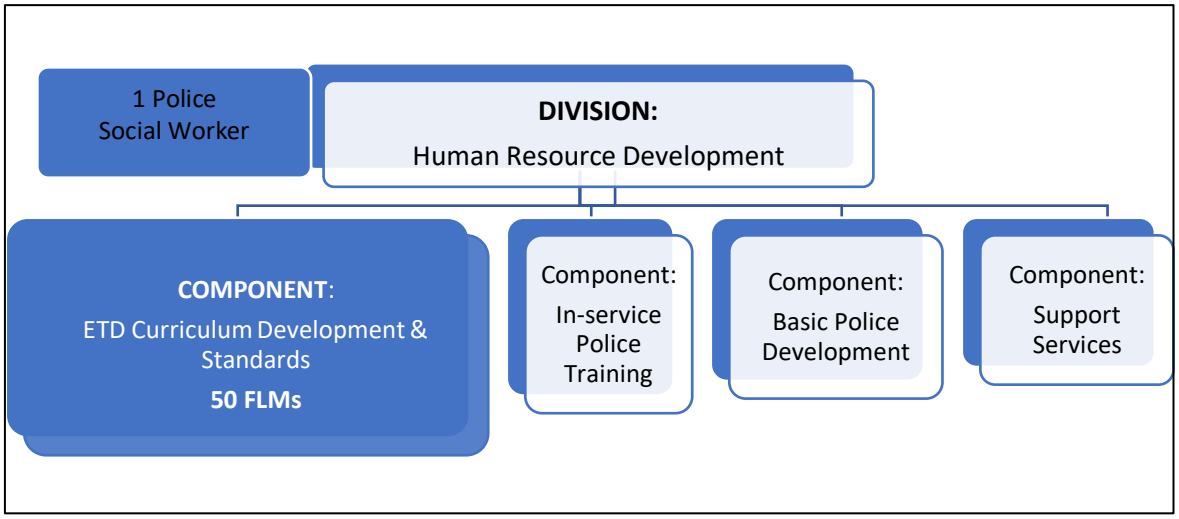

Figure 0.5: The structure of the Division Human Resource Development

The Division Human Resource Development consist of four components. The focus in this research was on the 50 FLMs of the Component ETD Curriculum Development and Standards. One PSW is allocated to render services to the employees of this division.

For the FLM population of the experimental group, the Provincial Cluster Parkweg located in Bloemfontein in the Free State Province was selected as a sample. FLMs of this cluster police a more urban area. The cluster with its FLMs is structured as in Figure 3.6.

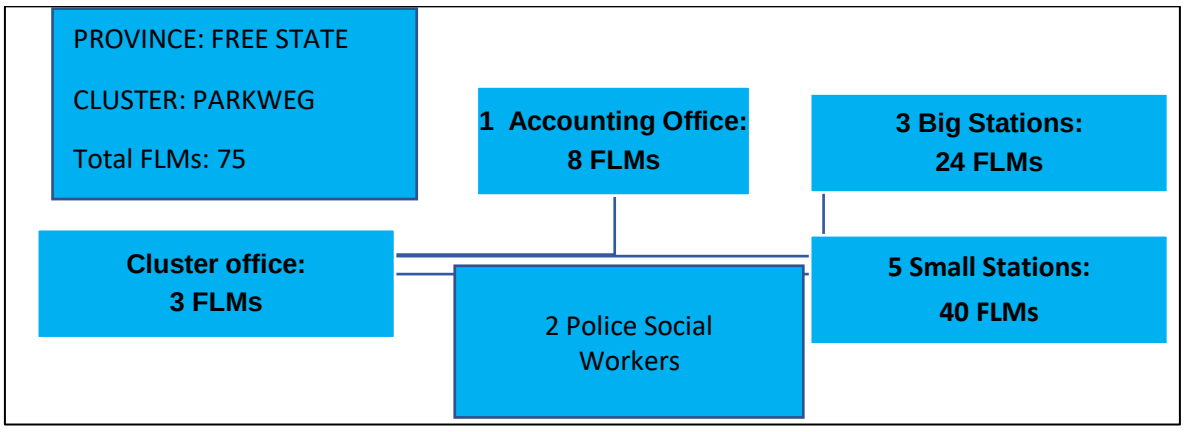

Figure 0.6: The Structure of the Free State Provincial Cluster Parkweg

The Provincial Cluster Parkweg consists of a cluster office, an accounting office, and eight police stations, of which three are big and five are smaller stations. The

75 FLMs of all these offices and stations were included in the research study. Two PSWs are allocated to this cluster to provide SWS to the employees.

For the provincial FLM sample population for the comparison group, the Provincial Cluster Bela Bela in Bela Bela in the Limpopo Province was selected as a sample. FLMs and employees of this cluster police a vast rural area. The cluster with its FLMs is structured as in Figure 3.7.

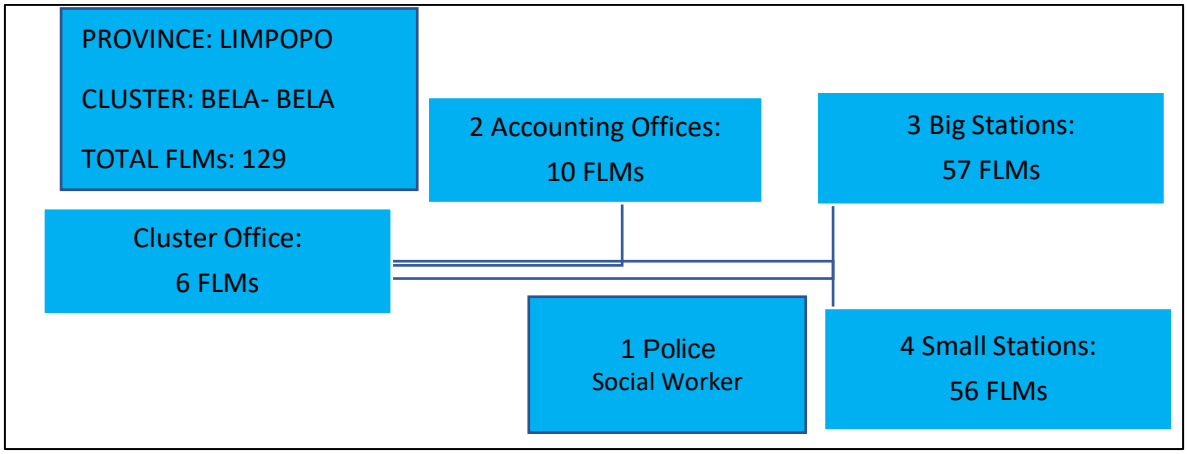

Figure 0.7: The structure of the Limpopo Provincial Cluster Bela Bela

The Bela Bela Cluster consists of one cluster office, two accounting offices, and seven police stations, of which three are big and four are smaller stations. All 129 FLMs in this cluster were included in the formal research study. One PSW is responsible for SWS to the employees of this cluster.

The application of a stratified sampling method with the PSWs enabled the researcher to establish something meaningful about this PSW sub-group, who had the same professional training attributes and characteristics as social workers.

With cluster sampling of the FLMs, the researcher selected an existing group or unit of subjects from the SAPS management population that was already divided into separate groups called clusters and the data obtained from these clusters of managers were analysed as research findings.

The selected sample and total number of respondents for the experimental and comparison groups of PSWs and the FLMs for inclusion in the pilot and formal research study are reflected in Table 3.2.

Table 3.2: Selected sample groups of FLMs

GROUP A – COMPARISON GROUP		
SAMPLE GROUPS	**FLMs RESPONDENTS**	**PSWs**
DIVISION: HRD	50	1
CLUSTER: BELA BELA	129	1
GROUP B – EXPERIMENTAL GROUP		
DIVISION: ORS	32	1
CLUSTER: PARKWEG	75	2

The sample of FLMs and PSWs to be included in the pilot comparison group will consist of 50 FLMs and one PSW from the Division HRD. Whilst the sample of FLMs and PSWs to be included in the pilot experimental group will consist of the 32 FLMs and one PSW from the Division ORS.

The sample of FLMs and PSWs obtained as a formal comparison group for the research study included the 129 FLMs and one PSW from the Bela Bela Cluster and the 75 FLMs and two PSWs from the Parkweg Cluster.

Due to operational responsibilities and work-related arrangements beyond the control of the researcher, the actual sample group of FLMs and PSWs to participate in the pilot and formal research are reflected in Table 3.3.

Table 3.3: Actual sample groups of FLMs

GROUP A – COMPARISON GROUP		
SAMPLE GROUPS	**FLMs RESPONDENTS**	**PSWs**
DIVISION: HRD	26	1
CLUSTER: BELA BELA	51	1
GROUP B – EXPERIMENTAL GROUP		
DIVISION: ORS	21	1
CLUSTER: PARKWEG	50	2

In the pilot study, 26 of the FLMs of the Division HRD responded as part of the comparison group and 21 of the FLMs of the Division ORS responded in the experimental group.

In the comparison group of the formal research study, 51 of the FLMs from the Bela Bela Cluster responded and 50 FLMs from the Parkweg Cluster responded in the experimental group.

3.4 INSTRUMENTATION

The main constructs to be studied with this research study were identified through the literature review. This process ensured a sound theoretical base underlying the measurement, as well as the contextualisation of the analysed measures obtained.

Literature was also scanned for existing relevant and validated questionnaires or scales to allow for the measurement of the following identified constructs:

- The general knowledge of managers with regard to HHSA/BD in the workplace.
- The attitude of managers with regard to HHSA/BD in the workplace.
- The behaviour of managers with regard to HHSA/BD in the SAPS.

When no applicable measurement scales are available on the aspects to be researched, the researcher has to develop a new, non-standardised pre-, mid-, and post-test questionnaire in line with the objectives of the research study with the purpose of collecting quantitative data from the respondents (Gray et al 2016:493). The danger with a self-developed, non-standardised questionnaire is the possibility of formulating wrong or poorly phrased questions or asking them in the wrong sequence. To prevent this from happening, the researcher had to construct statements that were not too complex or difficult to answer, and at the same time had to consider the length and layout of the questionnaire (Brace 2008:1; Dornyei & Taguchi 2010:12).

For these self-developed, non-standardised statements of the questionnaires, Likert scales were used, as they are summated rating scales utilised for measuring the

attitudes and opinions of the FLMs and PSWs with regard to aspects of HHSA/BD in the workplace. Questions were presented with one or more phrases and each question had a number of answer options measuring approval, agreement, or frequency which is associated with a numeric score (Trendowicz 2013:89). The researcher selected the types of scales accordingly to agree with the statement of the variables. These types of scales are useful, as it is quite attractive to the respondents and they are more willing to complete it, and this improves the response rate and generalisation of reliability (Di Lorio 2005:161). Another advantage of the Likert scale is that the levels of the scale can be assumed to be intermediate, thus serving as an approximate interval. The disadvantage of the Likert scale is that respondents may respond the way they think they should or complete the questions in a manner that they believe will put them in a more desirable light (Jupp 2006:161).

The content of the statements was based on the results of the literature study, as well as inputs provided by experts, and was utilised in the pre-, mid-, and post-test data collections (see Addendum 2a & 2b). These experts include specialists of the SAPS Disciplinary Section as well as the senior SWS management (see Addendum 24).

The aim of this data collection tool was to identify the respondents' perceived knowledge, attitudes, beliefs, opinions, and behaviour with regard to the HHSA/BD habits of employees in the workplace (Barkman 2003:598). The aim of the statements in the questionnaire was to establish what information the FLMs have accumulated on how to deal effectively with HHSA/BD in the workplace. According to Schrader and Lawless (2004:9), knowledge can be interpreted in three ways: (1) "declarative, or knowing what, (2) procedural, or knowing how and (3) conditional, knowing when and why". Once knowledge has been adopted by the FLMs, they will be able to decide how to use it strategically and this will contribute to the development of skills like planning, monitoring, and reviewing (Carpenter 2016:185).

To capture the construct of knowledge reliability and validly is a problem, according to Schrader and Lawless (2004:10), as respondents in research may respond with the correct data (truthful responses) or deliberately provide incorrect or non-

representative data (responses believed to be preferred). This in turn results in a measurement of the respondents' confidence with regard to a specific topic and not their true knowledge about it (Schrader & Lawless 2004:10). For this reason, Schrader and Lawless (2004:10) state that "the selection of a scale format and the construction of its content should be a rigorous endeavour, involving multiple iterations and pilot tests." A research study, according to Schrader and Lawless (2004:10), demands of a researcher that he/she ensures that the knowledge that is intended to be measured is measured, and to do so consistently across and within subjects to be able to claim the effectiveness of the intervention.

As far as attitude is concerned, the researcher concurs with Schrader and Lawless (2004:10) that to define the concept three components are involved: cognition, affection, and the conative. The cognitive component in this case would be the FLMs' beliefs or ideas related to HHSA/BD. The affective component refers to the FLMs' evaluation of HHSA/BD in the law enforcement environment and their emotions associated with the phenomenon, whilst the conative represents their obvious actions and their tendency to deal with the phenomenon in the workplace. Since the most valuable quality of attitude is its evaluative dimension, most assessment and scaling techniques result in a score that locates the participants on an evaluative continuum (Schrader & Lawless 2004:11).

To measure or determine behaviour, the researcher concurs with the definition of Schrader and Lawless (2004:11) referring to behaviour as the way in which the FLMs respond to a specific set of conditions.

The utilisation of the multiple construct assessment methodology, according to Schrader and Lawless (2004:11), informs the relationship between knowledge and behaviour – what a FLM knows may inform his/her attitude about the topic and how he/she feels about the topic may influence his/her behaviour. As attitudes can be aligned with behaviour, behaviour that informs attitude and knowledge is important for attention. However, it needs to be considered that the relationship between these three dimensions is dynamic and sometimes mutual.

With the development of the non-standardised questionnaires, the following were considered: to produce statistics that would a) be quantitative or numerical descriptions about some aspects of the studied population; b) ask the respondents questions where their answers constitute the data to be analysed; and, lastly, c) collect information about only a fraction of the population, in other words a sample, rather than from every member of the population (Daniel 2012:1). The prime goal with the questionnaire was to obtain the subjective feelings of a sample from the population and numerous facts about the behaviour or specific situations involved when FLMs and PSWs have to deal with employees with HHSA/BD problems (Fowler 2009:3).

The resultant data were analysed and interpreted with the use of descriptive and inferential statistics (Mertler 2016:113).

3.5 PILOT TESTING

The researcher planned to pilot the surveys utilised in the switching replication quasi-experiments with the FLMs in the presence of the operational PSWs of two divisions of the National Head Office (HRD and ORS). The results were to be tested to improve the final surveys. The researcher attempted to minimise biases and the contamination of data during the research process with the repeated testing of measurement procedures for reliability and that was achieved by the piloting of the surveys with the National Head Office PSWs FLMs of the two divisions. Although the intent was not to include the pilot group of FLMs in the formal study, they were eventually included in the formal research due to factors beyond the control of the researcher, as PSW from one of the clusters identified for the formal study resigned and the one division did not provide permission for the study. The inclusion of the pilot study in the formal study was done with the aim to add more significance to the generalisation of the findings of the already small sample drawn from SAPS FLM population.

3.6 RESEARCH PROCEDURES

The researcher followed specific steps of preparation required for the collection of data in this quantitative research study.

3.6.1 Preparation for data collection

For this quantitative research, the protocol to be followed in preparing for data collection includes recruiting and obtaining consent from respondents, assigning respondents to the relevant part of the study, implementing an intervention, and collecting the data.

Consent to conduct a research study in the SAPS was requested from the Component Head of Employee Health and Wellness (see Addendum 3). Once this was obtained, permission was requested from the Divisional Commissioner of Personnel Services to utilise the PSWs in the provinces and divisions and to inform the Provincial Social Work Managers accordingly (see Addendum 3). The PSWs of the two divisions and clusters were contacted and initial meetings were arranged with the cluster commanders on provincial level and the component commanders on divisional level to explain the value of the research and the intervention for the organisation and SWS. Time frames were negotiated and these PSWs proceeded to arrange for the researcher and field worker to meet with the FLM respondents of the comparison and experimental groups in two sessions each. At different intervals the respondents of the experimental and comparison groups were exposed to the newly developed and untested intervention, the Sober Workplace Programme for Managers.

In the selection of a mode for data collection, the researcher considered the different types of research questions and choice of appropriate scales that may influence the reliability and validity of the collected data (Pallant 2011:6). Since the domain of this research may be quite sensitive and personal for the responding FLMs in the study, a self-administered method of data collection with a self-administered questionnaire that offered higher levels of potential anonymity was utilised (Millen & Vernarelli 2008:177).

3.6.2 Method of data collection

Although data collection in a quantitative research study includes the use of written questionnaires, surveys, structured interviews, structured focus groups, rating scales, and psychological tests (Mangal & Mangal 2013:313), the researcher decided to only use a written questionnaire to be answered by the respondents without any assistance (Monette, Sullivan & De Jong 2011:169).

For the structure and design of a questionnaire, the following aspects were considered. Firstly, a cover letter was drafted to explain all relevant aspects of the research. Secondly, good direction was provided for the respondents to complete the questionnaire. Thirdly, the formation of the questions and the order in which they were asked were important, as the wording and ordering of the questions would determine the response rate of the questions (Monette et al 2011:170). The questionnaires consisted of mostly Likert scale statements varying from disagree strongly, disagree, neither agree nor disagree, to agree and agree strongly (Brace 2008:73).

Prior to the distribution of the questionnaires, specific aspects as already discussed were considered to ensure that the statements were answered adequately and that a high response rate was achieved.

The field worker first provided the FLMs with a formal letter regarding the research, as well as a consent form (Addendum 17, 18, 19 & 20), followed by the pre- and post-test questionnaire for completion (see Addendum 2a). Afterwards the field worker collected the sealed envelopes containing the consent forms, as well as the pre- and post-test questionnaires from the FLMs. After coding the questionnaires, it was provided to the researcher for analysis (Millen & Vernarelli 2008:177).

For the data collection in the pre-, mid-, and post-test of the research process, self-administered pre-test and post-test questionnaires were distributed in person by the field worker to the respondents, the FLMs.

The pre-test questionnaires (see Addendum 2a) aimed to especially identify the following:

a) The knowledge and attitude of FLMs towards the hazardous or harmful substance abuse or the binge drinking habits of employees under their command.
b) Whether the FLMs were aware of the support and disciplinary procedures to follow to address the impact of substance abuse and binge drinking on the productivity of employees under their command.
c) What kind of challenges FLMs experienced when attempting to implement the legislative governance to deal with the hazardous or harmful substance abuse or binge drinking habits of employees under their command.
d) The quality of the collaborative relationship existing between the FLMs and PSWs to address the hazardous or harmful substance abuse or the binge drinking habits of employees.

The intervention/programme presented by the researcher to the PSWs and FLMs focused on: the application of legal mandates for a substance-free workplace, the effects of substance abuse in the workplace, workplace factors contributing to substance abuse, how to recognise substance abuse amongst employees in the workplace, and how to address substance abuse in the workplace in collaboration with the PSWs (see Addendum 23). The PSWs assisted the researcher with a letter to the respective clusters and divisions requesting the FLMs identified as a sample group to come together at a selected venue where the newly developed and untested Sober Workplace Programme for Managers was presented over three hours. For the presentation of the programme, the researcher relied on group work skills to engage all the respondents using small group discussions and even individual feedback on topics discussed. The important knowledge to impart was discussed with the assistance of a slide show presentation and afterwards each FLM was presented with a manual to serve as a future reference as to what was discussed.

The programme content emphasised the role PSWs played on the micro (with individuals), mezzo (with groups), and macro (with communities/organisations) level within the organisation and in collaboration with the FLMs, as well as with other

stakeholders. The roles of each party were defined in the programme and the boundaries and responsibilities of each clearly outlined during the intervention.

The post-test questionnaire (see Addendum 2b) aimed to especially identify:

a) whether the knowledge, attitude, and behaviour of the FLMs with regard to the hazardous or harmful substance abuse or binge drinking habits of employees under their command significantly changed after exposure to the Sober Workplace Programme for Managers;
b) whether the FLMs were able to successfully implement the support and disciplinary procedures stipulated in the programme;
c) how the FLMs overcame the challenges they experienced in implementing the legislative governance to deal with the hazardous or harmful substance abuse or binge drinking habits of employees under their command; and
d) to what extent the collaborative relationship between the PSWs and FLMs were enhanced to successfully address the hazardous or harmful substance abuse or binge drinking habits of employees.

3.6.3 Data analysis

According to Pallant (2011:102), a researcher needs to select the correct statistical techniques to analyse the data obtained from respondents in a research study. It is also stated by Crowther and Lancaster (2008:198) that only data adaptive to quantitative analysis can be analysed using quantitative tools and techniques. The researcher thus required an overview of tools and techniques to explore the relationship between variables or those that explored the differences between experimental and control groups.

As indicated, a self-developed questionnaire was used in this research study and not only were the demographic variables of the FLMs included in the experimental and comparison groups, but scales/statements were also formulated with regard to concepts like the knowledge, attitude, and behaviour of the FLMs when dealing with the HHSA/BD habits of those employees under their command in a collaborative working relationship with the PSWs.

The results of the questionnaires were analysed in conjunction with a statistician through the use of an available software programme, namely IBM SPSS (latest version), and the following steps were followed in the analysis of the data:

- Frequency tables (item basis) were constructed with the aim to assess the variation in the response distributions per item/statement.
- Next, a reliability analysis was done with the aim to assess the internal consistency reliability of the various scale measures included in the pre-, mid-, and post-test questionnaires. These self-developed scales/statements were informed by literature, theory, and previous research studies on the matter, and attempted to establish construct and content validity through a deductive approach. According to Connolly (2007:5), reliability of data is the extent to which an instrument measures and proves an interpretation that is consistent and trustworthy, producing the same results under the same conditions. Reliability is normally undermined through poorly worded questions that are not understood by the respondents, or when two questions are asked in one. In this case, the consistency reliability analysis involved calculating the Cronbach alpha coefficient as well as other related statistics (item means, inter-item correlations, corrected item-total correlation, and squared multiple correlations). According to Stemler and Tsai (2008:39), “a Cronbach’s alpha coefficient is a measure of internal consistency reliability and is useful for understanding the extent to which the ratings from a group of participants hold together to measure a common dimension.” When the Cronbach’s alpha estimate (α) among the participants is low, it implies that the variance of the total composite score is really due to error variance and not due to true score variance. Due to the non-clinical nature of the scales/subscales, an $\alpha = 0.65$ is viewed as minimally acceptable (De Vellis 2003:126), $\alpha = 0.79$ is viewed as acceptable, and $\alpha \geq 0.8$ as highly reliable (Jackson 2003:87-91). Based on the assessment and recommendations, adjustments were made on the items underlying each construct measure and all scale/statement items measuring less than 0.65 were removed for the analysis, since it had a low item total correlation (Pallant 2011:100).

- After the first round of reliability analysis, a second classification of item/construct was again assessed for internal consistency reliability. From this assessment, only the constructs with a measure which reported $\alpha \geq 0.65$ were further analysed for the purpose of hypothesis testing.
- Once inter-reliability was established, the observed measure for each construct was calculated with summated mean scale measures as a move from item to construct measures. Scales/statements with regard to these concepts were combined or clustered and constructs were formulated representing the proposed attributes of the FLMs and PSWs that often cannot be measured directly, but can be assessed using a number of observed variables. These constructs consist of scaled statements that indicate the measurements.

With reference to the pre-, mid-, and post-test measurements (see Addendum 2a & 2b), the constructs formulated in line with the concepts of knowledge, attitude, and behaviour that were measured through scales/statements clustered under the various constructs with alpha measure of 0.65 and above as reflected in Table 3.4.

Table 0.4: Knowledge, attitude, and behaviour constructs

KNOWLEDGE CONSTRUCTS		
Constructs	Clustered statements	Cronbach Alpha Count
Substance abuse as response to workplace requirements	Clustered Statements in 4.1: a, c, g	0,65
Legislative issues concerning substance abuse	Clustered Statements in 4.1: b, e, h	0,65
Employee behaviour in relation to substance abuse	Clustered Statements in 4.1: k, l, m, n	0,70
Substance abuse as response to work related demands	Clustered Statements in 4.1: d, f, j	0,70
Indication of correct definition for substance abuse	Clustered Statements in 4.2: a, b, c	0,65
SAPS managers' value of the Occupational Social Work Practice Model	Clustered statements in 4.4: a, b, c, d, e	0,70
Managers' value of SWS for the SAPS	Statement in 4.4: f	0,70
Managers do not value SWS for the SAPS	Statement in 4.4: g	0,65
Physical signs and symptoms of substance abuse	Statement in 4.5: j	0,70
Psychological signs and symptoms of substance abuse	Clustered statements in 4.5: l, n, o	0,70

Workplace signs and symptoms of substance abuse	Clustered statements in 4.5: a, b, c, d, e, f, g, h, I, j, k, m, p	0,70
Need for a substance policy in the SAPS	Statement in 4.6: g	0,70

ATTITUDE CONSTRUCTS		
Constructs	Clustered statements	Cronbach Alpha Count
Ineffective actions towards substance abuse	Clustered statements in 5.1: a, b, c, d	0,70
Not understanding the employee's denial of the substance abuse problem	Clustered statements in 5.2: a, b,	0,70
Positive about collaborative working relationships	Clustered statements in 5.3: a, b, c, d	0,65
Negative about collaborative working relationships	Clustered statements in 5.3: c, d	0,70
No tolerance for substance abuse in the SAPS	Statement in 5.4: a	0,70
BEHAVIOUR CONSTRUCTS		
Constructs	Clustered statements	Cronbach Alpha Count
Correct steps to deal with substance abuse in the SAPS	Clustered statements in 6.1: a, b, c	0,70
Correct supportive measures	Clustered statements in 6.2: a, b, c	0,70
Non-conducive attitude towards substance abuse in the SAPS	Clustered statements in 6.3: a, b, c	0,70

Thirteen constructs were formulated to measure the knowledge of FLMs with regard to HHSA/BD amongst employees. The constructs consist of clustered statements/scales to measure if the FLMs are aware of the functioning or operation of the SAPS, the legislative aspects that govern and prescribe policing, specific police beliefs and behaviour, and workplace stressors contributing to the HHSA/BD habits of employees. The knowledge of FLMs with regard to the phenomenon of HHSA/BD and the negative impact of this on the workplace was measured. The knowledge of the FLMs about the Occupational Social Work Practice Model and the extent to which they value or do not value SWS in the SAPS was measured. Their knowledge of the physical, psychological, and workplace signs and symptoms, as well as their knowledge about the existing legislative guidelines and need for a substance abuse policy for the SAPS were measured.

With regard to the attitude of the FLMs, statements/scales were clustered in five constructs to measure the ineffective actions of FLMs towards HHSA/BD in the workplace, as well as their knowledge as to why employees tend to deny their HHSA/BD habits and the problems created by these habits in the workplace. The attitude of FLMs towards working in a collaborative working relationship with the PSWs as professionals when addressing the HHSA/BD problems of employees was

also determined. Lastly, the no-tolerance attitude of FLMs towards the HHSA/BD of employees in the workplace was measured.

Three constructs consisting of scales/statements that measure the behaviour of FLMs in response to HHSA/BD focused on the correct steps, as well as supportive measures to take when an employee's HHSA/BD problems negatively affect the productivity and performance of that employee. The last construct measures the non-conducive behaviour of FLMs when dealing with the HHSA/BD of employees in the workplace.

Hypothesis testing is a technique using data to prove that claims about a population are valid or invalid. For the hypothesis testing of this research, the statistically significant differences in construct measures between and within the identified control and experimental groups were tested. The hypothesis testing involved testing for statistically significant differences in the measurement of the constructs and in the measurement between and within the identified experimental and comparison groups. The selection of the appropriate test statistics was done in line with the assumptions relating to the test procedures. This included the sample size, normality distribution of the scores of the dependent variables, the type of data underlying measurements, as well as the dependent and independent tests within and between the four groups. The sample size was considered a possible limitation, as some groups reported $n \leq 30$ in the pairwise and listwise perspectives applied to cope with missing data due to the high attrition rate amongst the respondents. Listwise and pairwise techniques are positions to fall back on in an attempt to deal with the missing data in the two sample groups. Three kinds of missing data mechanisms are commonly considered in this process – missing completely at random, conditionally missing at random, and missing systematically. The easiest response to missing data in a multivariate setting is "listwise deletion", where data in any variable that has a missing entry is struck from the data. Another related response in a multivariate setting is pairwise deletion where the analysis proceeds with listwise deletion, but only for each pair of variables (Berk 2017:160; Pallant 2011:127). After careful consideration the listwise analysis of variance (in ANOVA), deletion was used to handle the missing data, since the procedure provided unbiased results that will be reported on in Chapter 4.

The limitation of the sample groups, coupled with the ordinal nature of measurement, restricted the adoption of the normality assumption and central limit theorem and as a result, non-parametric tests like the Kruskal-Wallis test to compare the results of the measurements of the four groups (the two comparison and two experimental groups) were implemented. The Kruskal-Wallis test as a nonparametric analogue test compares the medians of more than two population groups with the aim to establish whether or not they are different. It is also used because the normality assumptions for a one-way ANOVA are not met due to small sample sizes, non-normally distributed data, and no homogeneity of variance or ordinal data measurements (Plichta & Garson 2009:195; Rumsey 2007:296; Scholtshauer 2007:270).

The Mann-Whitney U test, one of the most well-known, non-parametric statistical hypothesis tests, is applied for assessing if one of two independently observed samples, for example the comparison or experimental group, tends to have a larger value than the other; thus, it is applied to compare the results of the data sets of the two main groups (Ireland 2010:186; Pal 1998:394). The test requires that the sample sizes be fairly large to reliably detect the presence of significant differences between the experimental and comparison groups. Although the sampled data does not need to adhere to a given data distribution, it is important that the two compared sample groups possess the same relative frequency distributions and have equal variances as the ranking procedures will not work if the samples are skewed in opposite directions (Ireland 2010:186; Lee, Lee & Lee 2000:765). The Mann-Whitney U test is used in situations where the t-test will be unsuitable (Gravetter & Wallnau 2007:647). If there is no real difference between the average ranks of the two samples, the nil hypothesis is true (Jekel, Katz, Elmore & Wild 2007:180).

Lastly, another non-parametric test, the Friedman test, as a two-way analysis of the variance method, was applied to the two related sample groups of ordinal data consisting of numerical scores to assess the differences in the repeated measurements; exact probabilities were calculated in addition to the asymptotic view (Gravetter & Wallnau 2007:697). This test is used to analyse the field trail data in situations where relatively small sample sizes inevitably lead to the violation of

assumptions of a standard ANOVA (Gravetter & Wallnau 2007:697). The aim with the test is to measure if there is a development over time in the outcome variable (Twisk 2003:53). Results and findings obtained with the Mann-Whitney U test report on the within group results, whilst results and findings obtained with the Friedman test report on between the group testing results, and both sets of results will be reflected in Chapter 4.

3.6.4 Ethical considerations

Since ethical considerations are important aspects when planning and implementing any research study, it was the main aim of the researcher to consistently and congruently adhere to all the ethical considerations applicable to this type of research study.

Regardless whether qualitative or quantitative research is being conducted, the following ethical considerations must be adhered to: respondents must be protected against any form of harm, voluntarily participation must be allowed, informed consent must be provided, privacy must be ensured, and professional colleagues must be dealt with honestly (Polgar & Thomas 2008:25).

The first and foremost ethical consideration the researcher had to adhere to was to obtain written permission from the SAPS to conduct research within the organisation, as the research population consists of only SAPS employees.

The research proposal and the required additional information was also submitted to the University of South Africa's (UNISA) Social Work Departmental Research and Ethics Committee for their approval (see Addendum 21).

In the application of the switching replication quasi-experimental quantitative research methodology, the researcher consistently strived to adhere to the following broad ethical principles of the Ethics in Health Research of the Republic of South Africa (South Africa 2015:14-15): beneficence and non-maleficence, distributive justice (equality), and respect for persons (dignity and autonomy).

The researcher also adhered to the key norms and standards stipulated by the Ethics in Health Research of the Republic of South Africa (South Africa 2015:15) to ensure that the research study is relevant and of value, namely scientific integrity, ensuring role-player engagement, the fair selection of respondents, a fair balance of risks and benefits, obtaining informed consent from respondents, and showing on-going respect for respondents (which includes privacy and confidentiality), as well as being a researcher suitably qualified and technically competent to carry out the proposed research.

Based on the broad ethical principles mentioned, the following ethical principles are to be highlighted: informed consent, confidentiality, and anonymity.

3.6.4.1 Institutional approval

To access the SAPS workplace population, the researcher submitted a formal application to the Section Head of SWS at the National Head Office who, after recommending it, forwarded it to the Component Head of EHW for approval (see Addendum 3). Once the Component Head of EHW approved the study, the application was forwarded to the Divisional Commissioner of Research, who in turn obtained approval from the Provincial and Divisional Commissioners to facilitate FLMs of the requested clusters and divisions to respond to the research (see Addendum 4). Only after the Provincial and Divisional Commissioners confirmed approval for the research did the Divisional Commissioner of Research provide formal permission (see Addendum 11) to proceed with the research.

A formal application to conduct research within four Provincial Clusters and four National Head Office Divisions of the organisation was submitted to the section of the SAPS that deals with research applications. Approval was received from the SAPS Divisional Commissioner of Research (see Addendum 11) to conduct the research in four provinces and divisions.

3.6.4.2 Informed consent

To conduct ethical research, it was essential for the researcher to obtain informed consent from all respondents who responded to the research study, as it confirmed

the autonomy of each research respondent and is viewed as a major principle of research ethics (Johnson & Christensen 2014:148; Rubin & Babbie 2010:257).

The three major components of informed consent are (Johnson & Christensen 2014:148; Polgar & Thomas 2008:25; Rubin & Babbie 2010:257):

- providing information to the respondents as to what the research project entails;
- ensuring that they comprehend the purpose, methods, and risks associated with the research project; and
- obtaining voluntary consent from the respondents, as no respondent should be forced to respond.

According to the formal communication structure of the SAPS, all the FLMs had to be formally “called-up” to attend both the preparation session for the pre-test measurement and the one-day workshop session/intervention or the follow-up session for the post-test measurement and the one-day workshop session/intervention. The researcher ensured with the training and assistance of the field worker that written consent was obtained from all respondents that participated in the research study (Rubin & Babbie 2010:250) and that the consent form (see Addendum 17, 18, 19 & 20) indicated to the respondents that they had the legal capacity to give or deny consent and exercise their free will without any force to respond to or withdraw from the research project. The main goal with the consent form was not to pressure the respondents into responding, but to gain their true consent (Monette et al 2011:50). As part of the ethical considerations, a consent form was provided to the FLMs before the completion of the first and second survey. The field worker provided the respondents with the survey questionnaire only once the consent form was signed.

3.6.4.3 Debriefing of the respondents

Debriefing, according to Whitley, Kite and Adams (2013:83), has two important purposes for the researcher: a) it explains the reason for the research study as the researcher explains it in her own words, and b) the respondents are educated about

the research topic and its benefits, and subsequently their knowledge about the topic is increased.

The researcher intended to debrief all the respondents via correspondence after the analysis of the survey data was finalised. The disadvantage of waiting until all the surveys were analysed is that it could delay the feedback rather than ensure immediate feedback. The advantage of feedback about the study will be that the respondents receive interesting first-hand knowledge of the findings (Jackson 2008:50).

3.6.4.4 Confidentiality

Confidentiality in the research project was ensured by protecting the privacy of the respondents. This is done by ensuring that data collected from those who responded to the research study are not made public and cannot be linked to any individual respondent, even when the research data are released to the public in aggregate form (Monette et al 2011:59; Polgar & Thomas 2008:25; Rubin & Babbie 2016:85).

The researcher is able to ensure confidentiality and anonymity with the FLMs who responded to the research study, as the researcher will never be able to link any of the collected data to any of the respondents. This was achieved by utilising a trained field worker who gave out the survey questionnaires and received them once completed. The field worker who was responsible for the coding of each completed survey she received from the respondents also signed a confidentiality agreement (see Addendum 22) to ensure that no names or any identifying particulars were reflected on the survey questionnaire or would be shared with anyone ever.

3.6.4.5 Anonymity

Anonymity means to ensure that no one, including the researcher, can link any data to any individual research respondent, thus the respondents' identities are protected (Monette et al 2011:58; Polgar & Thomas 2008:25; Rubin & Babbie 2016:85).

In the interest of all respondents it was ensured at all times during the research process that the respondents' identities were protected whilst they responded to the research. The researcher ensured the anonymity of respondents by not including

any names on the questionnaires that could link the survey data to a specific respondent. The three separate survey questionnaires of each respondent were provided with the same code by the field worker for the purpose of statistical analysis. It was however still impossible for the researcher to identify the respective respondent, as the coding list stayed in possession of the field worker. Research data could only be linked collectively to FLMs and PSWs from the specific division or province.

3.7 ASSUMPTIONS OF THE STUDY

The researcher selected a quasi-experimental quantitative research approach based on the assumption that the FLMs allocated to the division and Provincial Cluster are not always readily available to attend a newly developed and untested social work intervention like the Sober Workplace for Managers to complete a questionnaire on the matter, due to the fact that they often first have to attend to operational demands or attend courses, and could even be on personal or sick leave.

With the implementation of a switching replication quasi-experimental research design the researcher aimed to also test the best working method for PSWs when engaging or liaising with SAPS managers in the process of marketing or follow-up on the content usability of a presented programme.

In an engagement session with the comparison group of FLMs with regard to the intervention (the Sober Workplace for Managers Programme), they were first orientated about the need for this programme and the benefit of a collaborative working relationship for all systems involved was explained. Once they completed the pre-test [t0] questionnaire, it was assumed that the questions would stimulate and encourage them to think about the matter of HHSA/BD before attending the programme. It was expected that the mid-test [t1] results would differ from the pre-test [t0], as the FLMs would either have obtained more information on the subject or would attempt to create an impression of “knowing” the correct answer. Once exposed to the one-day workshop session, a definite change was expected in the responses of the post-test [t2], indicating a change in their knowledge, attitude, and

behaviour in working in a collaborative working relationship with PSWs when addressing the HHSA/BD habits of employees.

With the experimental group, no formal orientation or marketing with regard to the Sober Workplace Programme for Managers was done. As per the usual communication practice of the SAPS, the FLMs were called up (invited) to attend the session after arrangements were made with a senior manager. They were briefly orientated about the research and then exposed to the one-day session/intervention, namely the Sober Workplace Programme for Managers, after completing the pre-test [t0] beforehand. They also completed a mid-test [t1] directly afterwards. A difference in the scores from the pre- and mid-test was expected, as it was to indicate that they understand the importance of addressing the HHSA/BD habits of employees in collaboration with the PSWs. In the follow-up session after a time interval, a post-test [t2] was done and the draft policy on substance abuse in the SAPS provided for their inputs. This follow-up session served as an attempt to emphasise the importance of working in collaboration with each other in an attempt to address HHSA/BD amongst employees. The expectation was that the measurements of the post-test would have increased or stayed unchanged, as it was expected that FLMs would invest time into studying the Sober Workplace Programme for Managers Manual provided at the intervention session and that they would apply the programme content and formulated principles with regard to the HHSA/BD habits of employees under their command.

The main assumption of this study was that the research results would give a clear indication with the pre-, mid-, and post-test results that the newly developed and untested intervention, the Sober Workplace Programme for Managers, strengthened and changed the perceived knowledge, attitude, and behaviour of the FLMs in working in a collaborative relationship with the PSWs when dealing with an employee's substance abuse.

Another assumption was that the PSWs being exposed to the programme facilitation process with the FLMs would maintain and improve the collaborative relationship between the PSWs and the FLMs when dealing with the HHSA/BD habits of employees. The FLMs would then also be able address the substance abuse

problems of employees in collaboration with the PSWs and as such ensure the enhancement and maintenance of the social wellbeing of the police officers (micro level service delivery), their immediate family members, and support personnel (mezzo level service delivery), but also have the responsibility of contributing towards the optimal functioning of the organisation (macro level service delivery) (Williams 2016:130).

3.8 LIMITATIONS OF THE STUDY

The switching replication quasi-experimental design as part of an experimental quantitative research design proved to be limiting due to the high level of attrition of respondents who did not complete the mid-test questionnaire, as they had to leave during the intervention session to attend to urgent operational policing matters elsewhere and did not return to complete the mid-test questionnaire.

Additional attrition occurred due to the already limited sample group when FLMs who did complete the pre-test and mid-test could not complete the post-test session, as they did not attend that arranged session due to various reasons beyond their control. Although the remaining sample, after the listwise deletion technique was applied to ensure only the inclusion of respondents with three test measurements, remains a random sample from the original population, the standard errors will be inflated because less information was used. Thus, in using a less than ideal sample size, the researcher acknowledged that there are no absolute minimums and power analyses were utilised to maximise the validity of the findings. Findings and results obtained from this hypothesis-generating study with the final small and unstable sample need to be followed up with a larger confirmatory study (Cameron & Trivedi 2005:928; Hacksaw 2008:1141).

Another limitation of the study was the long process the SAPS followed to approve the study and the confusion at the National Office Divisions as to who to communicate with regarding access to the FLM population, as well as the non-availability of the FLMs.

This long application process also forced the researcher to limit the time interval between the pre- and mid-test, as well as the mid- and post-test questionnaires to a minimum of one month to ensure that the respondents did not remember how they answered the questions in the previous questionnaire (Houser 2015:82). An interval of six to eight weeks would have been preferred for this study.

It is also viewed as a limitation that only five PSWs were exposed to the content of the newly developed and untested Sober Workplace Programme for Managers, and that they could not be involved in a focus group discussion after the post-test session about the relevancy and how implementable the programme is, as this would have ensured triangulation. This was however not feasible due to the geographical distance between the PSWs whose clusters and divisions were included in the study and the organisational and financial constraints of the SAPS.

3.9 SUMMARY

In this chapter the quantitative research methodology that was applied in an attempt to determine whether the two formulated hypotheses could be proved or not was discussed. Focus was placed on explaining the implementation of the switching replication quasi-experimental design and how it was applied with the experimental and comparison groups of the two clusters from different provinces, as well as the two different divisions from the National Head Office.

The manner and processes followed to obtain access to the population to respond to the study, as well as how the random stratified and cluster sampling procedures were implemented in the sampling process, were explained.

The self-developed Likert scale measurement instrument, the pilot, and formal data collection process, as well as the ethical considerations to be applied throughout the research process were also explained.

The steps involved in the data analysis to overcome the missing data due to the high rate of attrition of respondents were also explained.

Lastly, the assumptions and limitations experienced in the research process were highlighted.

The next chapter will highlight the research findings obtained from the data analysis.

CHAPTER 4: RESEARCH RESULTS AND FINDINGS

4.1 INTRODUCTION

In this chapter, the results and findings of the research study are presented in the following manner: The first part reports the descriptive statistics of the sample FLMs as indicated in Chapter 3 (specifically Section 3.3).

Part two reports the results of the study based on the outcomes of the knowledge, attitude, and behaviour constructs tested with the two FLM groups in relation to the hypotheses formulated in Chapter 1 (see Section 1.7).

In the next section a short, summarised overview of the research process and data analysis will be provided.

4.2 SUMMARY OF THE RESEARCH PROCESS AND DATA ANALYSIS

Findings from the informal SWS substance prevalence study indicated that the FLMs of the SAPS need to be made aware of the negative impact of the HHSA/BD habits of employees in the workplace.

This contributed to the development of the SWS programme, the Sober Workplace Programme for Managers. Although the aim with this newly developed and untested social work intervention, the Sober Workplace Programme for Managers, was to enhance the knowledge, attitude, and behaviour of the FLMs through the programme content to deal more effectively and efficiently with employees' HHSA/BD, the goals with this formal research study was to determine: a) if the content of the newly developed and untested Sober Workplace Programme for Managers will strengthen the working relationship between FLMs and PSWs to deal collaboratively with the HHSA/BD problems of employees, and b) if it will significantly contribute to the knowledge, attitude, and behaviour of the FLMs to empower them to timeously address the HHSA/BD habits of employees effectively

and efficiently in collaborative working relationship with the PSWs. These goals were formulated into two hypotheses to be tested with a formal academic study.

Once the Research and Ethics Committee of UNISA approved the application for this academic research study, a formal application was made to the SAPS for permission to conduct the pilot study in four National Office Divisions and to implement the actual study in a cluster of four different provinces. Due to the time-consuming approval process of the SAPS and other obstacles beyond the control of the researcher, the pilot study was eventually done in two National Office Divisions (HRD & ORS) and the formal study in two Provincial Clusters (Parkweg & Bela Bela) in the Free State and Limpopo provinces respectively.

Since no radical changes were observed in the pilot study and no major changes were required for the measuring instrument, and since an already small sample of FLMs represented the two groups of the formal study, the two pilot sample groups were included in the analysis of the formal study to ensure a more representative sample.

The researcher elected to do a quantitative research study and eventually implement an experimental switching replication quasi-experimental research design. This research design provided the researcher with the opportunity to not only test the extent to which subjection of the FLMs to the intervention (The Sober Workplace Programme for Managers) strengthened their collaborative working relationship with the FLMs, but also provided the opportunity to ascertain the best working method for PSWs to engage or liaise with SAPS managers in the process of marketing or following up on the content usability or applicability of a presented programme. Thus, the research design assisted the researcher to establish to what extent not only the overall research process strengthened the collaborative working relationship between the FLMs and PSWs when engaging and liaising with them to address a phenomenon, but also if the two hypotheses could be tested.

Guided by the in-depth literature study with regard to the HHSA/BD phenomenon in the police work environment and consultations with SAPS experts, a self-developed questionnaire consisting of mainly Likert scale questions was developed by the

researcher. The statements in the questionnaire focused on knowledge, attitude, and behaviour aspects of FLMs with regard to HHSA/BD. These statements focused on aspects the FLMs needed to be acquainted with in order to timeously, effectively, and efficiently address these in a collaborative working relationship with the PSWs.

The validity of the questionnaire was achieved in the test and retest pilot period.

The FLMs of the two sample groups were requested to complete the pre-, mid-, and post-test questionnaires as required by the switching replication quasi-experimental design indicated in Table 4.1.

For the data analysis, frequency tables were constructed to assess the variation in the response distribution per item/statement. A first round of reliability analysis was done to assess the internal consistency reliability of the various scale measures included in the questionnaire by calculating the Cronbach Alpha coefficient, as well as other related statistics.

Based on this assessment of the ordinal data and recommendations to address the small and unstable sample groups, the researcher, guided by literature reviews, moved from an item to a construct measurement with the clustering of the scaled items/statements in constructs. Then this second classification of constructs was assessed for internal consistency reliability and the observed Cronbach Alpha coefficient for each construct was obtained.

The hypothesis testing involved testing for statistically significant differences in construct measures between and within the comparison group, Group A (Bela Bela Cluster and Division HRD), and the experimental group, Group B (Parkweg Cluster and Division ORS). The sample size was considered to be a limitation, as some sample groups reported $n \leq 30$. To overcome this and ensure that only measurements that were obtained from respondents in all three the test sessions were included in the data analysis, a listwise procedure was applied to exclude all the responses with missing data that were the result of high respondent attrition.

The sample size coupled with the ordinal nature of measurement restricted the adoption of the normality assumption and, as a result, non-parametric tests like the Mann-Whitney U test and Friedman test were employed to calculate exact probabilities in addition to the asymptotic view as indicated in Figure 4.1.

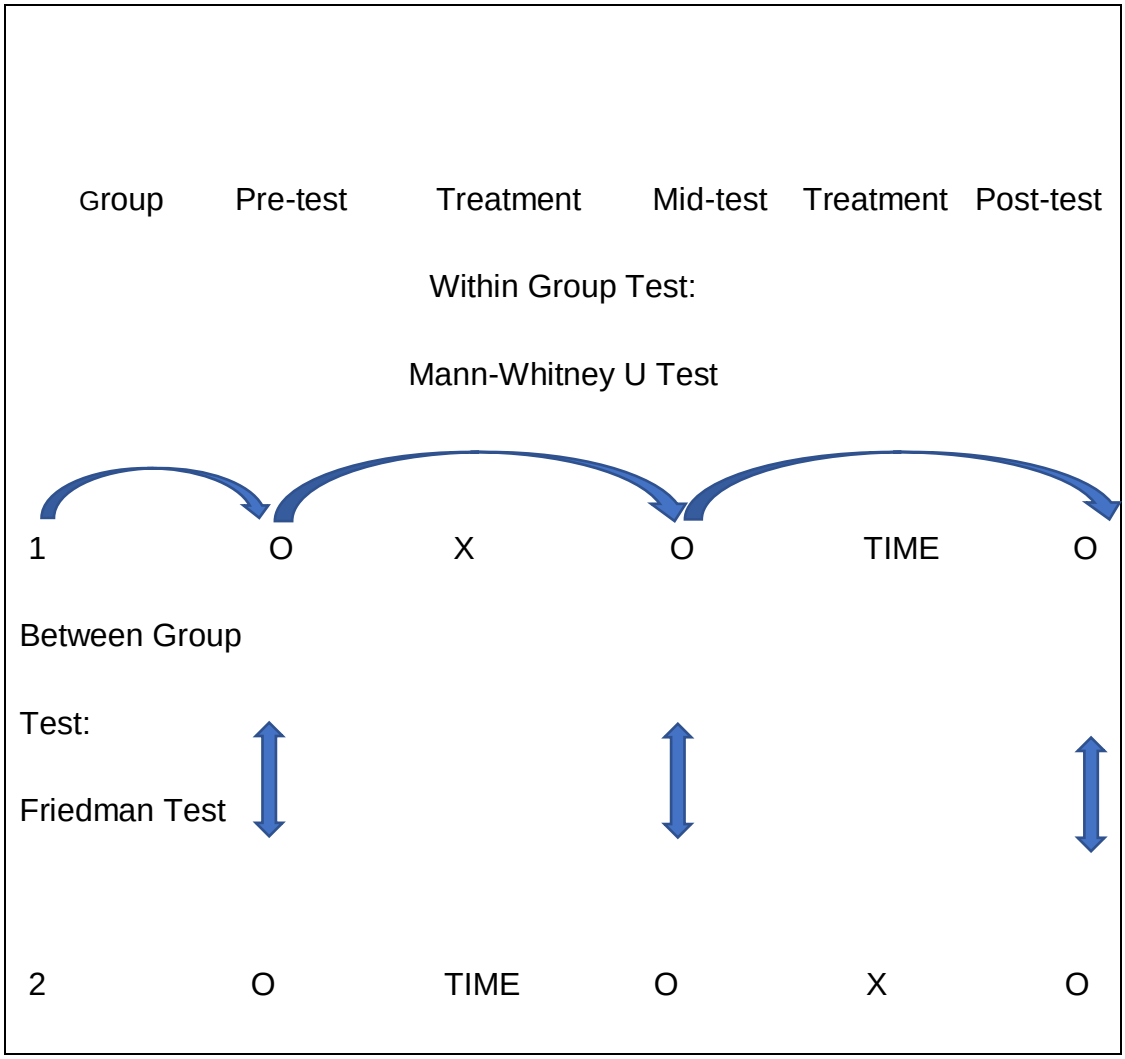

Figure 0.1: Diagram of within-group and between-group testing

4.2.1 Characteristics of the FLM sample groups

The responses of the FLMs eventually included in the final results and findings of this chapter are part of the four sample groups initially identified for the study as depicted in Table 4.1.

Table 0.1: Description of the sample groups

FLMs	GROUP A (Comparison group)		GROUP B (Experimental group)	
	Division: HRD	Cluster: Bela Bela	Division: ORS	Cluster: Parkweg
Actual number employed	50	129	32	75
Participants in research	26	51	21	50
Included in the research	8	8	10	22
TOTAL: (FLMs who measured on all three points)	16		32	

The 16 FLMs of the comparison group, Group A, included FLMs from the National Office Division HRD and the Provincial Cluster Bela Bela. From the 50 FLMs employed at the Component of the National Office Division HRD, 26 participated in the pilot study, but only eight provided three data measurements obtained in the pre- [t0], mid- [t1], and post-test [t2] as selected with the listwise technique.

At the Bela Bela Cluster in the Limpopo Province, 129 FLMs are employed, but only 51 participated in the formal research study and with the application of the listwise technique, also only eight FLMs provided all three data measurements obtained in the pre- [t0], mid- [t1], and post-test [t2].

The 32 FLMs of the experimental group, Group B, included FLMs from the National Office Division ORS and the Provincial Cluster Parkweg. From the 32 FLMs employed at this section of the National Office Division ORS, 21 FLMs participated in the pilot study, but after application of the listwise technique only 10 provided all three data measures obtained in the pre- [t0], mid- [t1], and post-test [t2]. At the Parkweg Cluster in the Free State Province, 75 FLMs are employed of which 50 participated in the formal research study and only 22 provided all three data measurements obtained in the pre- [t0], mid- [t1], and post-test [t2] once the listwise technique was applied to the data set.

The characteristics pertaining to the small and unstable (difference in the total respondents of each group) sample group of 48 FLMs of the comparison and experimental groups will be reported on with descriptive statistics. Information will also be supplied on the distribution of scores on the continuous and categorical variables of the four individual sample groups to which the listwise technique was applied (Pallant 2011:55).

4.3 FLM SAMPLE GROUP MEASUREMENT RESULTS

Before reporting on the results and findings of this non-parametric tests, results with regard to the characteristics descriptive of the sample groups will be reported on.

4.3.1 Total service years of FLMs in the SAPS

The majority of the 48 FLMs (39,6%) had been employed in the SAPS for between 26 and 30 years at the time of the study. The majority of the FLMs (22.9%) had been employees of the SAPS for between 21 and 25 Years as reflected in Table 4.2.

Table 0.2: Total service years of FLMs in the SAPS

Service years	HRD		Bela Bela		ORS		Parkweg		Total	
0- 5 years	0	0,0%	0	0,0%	1	10,0%	2	9,1%	3	6,3%
6-10 years	1	12,5%	0	0,0%	0	0,0%	0	0,0%	1	2,1%
11-15 years	1	12,5%	0	0,0%	0	0,0%	2	9,1%	3	6,3%
16-20 years	0	0,0%	0	0,0%	1	10,0%	0	0,0%	1	2,1%
21-25 years	1	12,5%	2	25,0%	2	20,0%	6	27,3%	11	22,9%
26-30 years	3	37,5%	1	12,5%	5	50,0%	10	45,5%	19	39,6%
31-35 years	2	25,0%	4	50,0%	1	10,0%	0	0,0%	7	14,6%
Not specified	0	0,0%	1	12,5%	0	0,0%	2	9,1%	3	6,3%
Total	8	100,0%	8	100,0%	10	100,0%	22	100,0%	48	100,0%

4.3.2 Total years FLMs functioned as managers

When the FLMs' experience as managers is considered, 23.3% had been FLMs for 11 to 15 years, but in total the majority had been FLMs for between six and 20 years at the time of the study, as can be observed in Table 4.3.

Table 0.3: Total Years each FLM functioned as a manager

Years as FLM	HRD		Bela Bela		ORS		Parkweg		Total	
0-5 years	1	14.3%	1	14.0%	0	0.0%	4	18.2%	6	14.0%
6-10 years	1	14.3%	1	14.3%	2	28.6%	5	22.7%	9	20.9%
11-15 years	1	14.3%	0	0.0%	3	42.9%	6	27.3%	10	23.3%
16- 20 years	2	28.6%	2	28.6%	1	14.3%	3	13.6%	8	18.6%
21-25 years	1	14.3%	1	14.3%	1	14.3%	1	4.5%	4	9.3%
26-30 years	0	0.0%	1	14.3%	0	0.0%	3	13.6%	4	9.3%
31-35 years	1	14.3%	1	14.3%	0	0.0%	0	0.0%	2	4.7%
Total	7	100.0%	7	100.0%	7	100.0%	22	100.0%	43	100.0%

Literature indicates that FLMs that have been managers for a long period, as well as having many service years in total, have the tendency to resist intelligence-focused management requiring policing and management aspects that are not in line with their formal or traditional training, as they often prefer to maintain a less demanding reactionary posture to policing and even human resource management (Dunham & Alpert 2015:304; Ratcliffe 2016:135).

4.3.3 Highest qualifications of the sample group

When observing the qualifications of the sample group, as reflected in Table 4.4, the majority (47,8%) have a matric certificate and 23,9% obtained a diploma.

Table 0.4: Qualifications of the sample group

Qualifications	HRD		Bela Bela		ORS		Parkweg		Total	
Matric	0	0,0%	5	62,5%	6	75,0%	11	50,0%	22	47,8%
Diploma	0	0,0%	2	25,0%	2	25,0%	7	31,8%	11	23,9%
Degree	3	37,5%	1	12,5%	0	0,0%	4	18,2%	8	17,4%
Post-Graduate	5	62,5%	0	0,0%	0	0,0%	0	0,0%	5	10,9%
Total	8	100,0%	8	100,0%	8	100,0%	22	100,0%	46	100,0%

As indicated by Vadackumchery (1999:16), no academic qualifications or special training is needed to be a FLM, as any police employee with normal intelligence can acquire skills in the art of supervising if he/she is willing to study the principles and methods of police supervision and apply these thoroughly, consistently, and persistently.

4.3.4 Gender distribution of the sample group

Although a small sample, the descriptive data proved that the SAPS is a male-dominated work environment, as 59,6% respondents were male and 40.4% females, as can be observed in Table 4.5.

Table 0.5: Gender of the FLMs

Gender	HRD		Bela Bela		ORS		Parkweg		Total	
Male	5	62.5 %	5	62,5%	9	100,0 %	9	40,9%	28	59,6%
Female	3	37,5%	3	37,5%	0	0,0%	13	59,1%	19	40,4%

In accordance with literature, female police employees have faced gender discrimination for some time in reaching the so-called “brass and glass top ceiling” (Stevens 2018:207). This small sample group proved that quite a substantial female representation (40.4%) achieved acceptance in the FLM ranks of a stereotypical masculine work environment.

4.3.5 Age distribution of the sample group

With regard to the age spread of the sample group, the majority of FLMs (52.4%) were between the ages of 50 and 60 at the time of the study, but in total 81.2% of the FLMs in the sample group were between the ages of 40 and 60 at the time of the study, as can be observed in Table 4.6.

Table 0.6: Age distribution of the FLMs

Age	HRD		Bela Bela		ORS		Parkweg		Total	
20 to 29 years	0	0,0%	0	0,0%	0	0,0%	1	4,5%	1	2,4%
30 to 39 years	0	0,0%	0	0,0%	0	0,0%	2	9,1%	2	4,8%
40 to 49 years	3	42,9%	2	28,6%	2	33,3%	10	45,5%	17	40,5%
50 to 60 years	4	57,1%	5	71,4%	4	66,7%	9	40,9%	22	52,4%
Total	7	100,0%	7	100,0%	6	100,0%	22	100,0%	42	100,0%

Literature indicates that FLMs are usually the older (40 years and older), more experienced police employees (Andrade 1985:150), and this corresponds with the descriptive data of the sample groups of this research study.

In summary it appears as if the descriptive data for this sample group of FLMs is in line with the typical characteristics of the police work environment.

The focus will now shift to the results obtained from the two FLM sample groups in the pre- [t0], mid- [t1], and post-test [t2] which aimed to test the two hypotheses with the application of non-parametric statistical tests. The researcher considered these tests appropriate and the results obtained highlighted the fact that the sample was small and unbalanced/not normally distributed. The outcomes of the between-group measures (Mann-Whitney U test) and in within-group measures (Friedman test) will be reported on in the next section.

4.4 HYPOTHESIS TESTING OF MEASUREMENT RESULTS OF FLMs

In this section, results will be provided with regard to the extent to which the measurements supported or did not support the two hypotheses:

a) If the FLMs are exposed to the content of the newly developed and untested SWS' Sober Workplace Programme for Managers, the collaborative working relationship between them and the PSW in general will be strengthened to address the HHSA/BD habits of SAPS employees; and
b) If the FLMs are exposed to the content of the newly developed, but untested SWS' Sober Workplace Programme for Managers, they will be empowered with knowledge on how to effectively and efficiently address the HHSA/BD habits of employees under their command in collaboration with the PSW.

The focus will be on the outcomes of the responses of the 48 FLMs of the experimental and comparison sample groups once the listwise technique has been applied to the data set. The FLMs response outcomes of the knowledge, attitude, and behaviour constructs measured during the pre- [t0], mid- [t1], and post-test [t2] were obtained with the non-parametric Mann-Whitney U test for between group measures and the Friedman test for the 'within group' measures.

As the assumption of central limit theorem could not be adopted with confidence, the researcher was guided to employ non-parametric tests because of: a) the ordinal nature of the item measurement, b) the small and unbalanced sample sizes (hence the exact Monte Carlo testing procedures were applied), and c) the non-normality of the data.

The results of the response measurements of specific knowledge, attitude, and behaviour constructs to test the two hypotheses and the findings obtained will now be reported on. These constructs were selected based on literature reviews and the discussions with SAPS experts.

4.4.1 The between group test results of FLMs

4.4.1.1 Between test results for hypothesis one

For the first hypothesis a significant difference should be indicated in the scores of the pre- [t0], mid- [t1], and post-test [t2] of the knowledge, attitude, and behaviour construct measures of the two sample groups to indicate if the intervention (The Sober Workplace Programme for Managers) succeeded in strengthening the collaborative working relationship between the FLMs and PSWs to address the HHSA/BD of employees in the workplace. The construct scores to be focused on for this purpose are as follows:

- The knowledge construct scores, to test the extent to which the FLMs can define HHSA/BD; how the FLMs, based on their knowledge of the SAPS SWS, value the Occupational Social Work Practice Model implemented by the PSWs; and whether the FLMs, being knowledgeable about the workplace-related signs and symptoms of HHSA/BD amongst employees, will work in collaboration with the PSWs to address the phenomenon.
- The attitude construct score, to test if the FLMs are positive about working in a collaborative working relationship with the PSWs to address the HHSA/BD habits of employees.
- The behaviour construct score to test the FLMs' ability to implement the correct supportive measures to deal with employees with HHSA/BD habits.

To obtain results with regard to the constructs that test the two hypotheses, the Mann-Whitney U test was applied to measure the between-group results of Group A (ORS & Parkweg) and Group B (HRD & Belal Bela); and, secondly, the Friedman test was applied to establish the within-group results of Group A and Group B as obtained at three times under three different conditions. The knowledge, attitude, and behaviour construct results with regard to the first hypothesis will be reflected in the table below.

These results are summarised in Table 4.7.

Table 0.7: Between Group Results Obtained for Hypothesis One

HYPOTHESIS ONE: BETWEEN GROUP MEASURES WITH THE MANN-WHITNEY-U TEST	
KNOWLEDGE CONSTRUCT	**FLMs' ability to define HHSA/BD**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=3.98, SD=0.590, n=16) and B(ORS/Parkweg) (M=3.99, SD=0.804, n=32), U=243.500, z=-0.281, exact p value=0.789, r=0.05)
MID-TEST RESULT; [t1]	A(HRD/BB) (M=3.98, SD=0.590, n=16) and B(ORS/Parkweg) (M=3.99, SD=0.804, n=32), U=243.000, z=-0.294, exact p value=0.776, r=0.12)
POST-TEST RESULT; [t2]	A(HRD/BB) (M=3.98, SD=0.590, n=16) and B(ORS/Parkweg) (M=3.99, SD=0.804, n=32), U=214.000, z=-0.975, exact p value=0.338, r=0.00)
FINDING r value according to Cohen: .1=small effect, .3=medium effect, .5=large effect	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the knowledge construct (FLMs' ability to define HHSA/BD) with pre-test [t0] (p value= 0.78) with a small effect size (r=0.05) reported and a mid-test [t1] (p value= 0.05) with a small effect size (r=0.12) reported, as well as a with the post-test [t2] (p= 0.33) and no effect size (r=0.00) reported.
KNOWLEDGE CONSTRUCT	**FLMs' value of the SWS Occupational Model**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=3.63, SD=0.563, n=16) and B(ORS/Parkweg) (M=3.44, SD=0.744, n=31), U=204.50, z=-0.992, exact p value=0.330, r=0.15)
MID-TEST RESULT; [t1]	A(HRD/BB) (M=3.63, SD=0.563, n=31) and B(ORS/Parkweg) (M=3.44, SD=0.744, n=31), U=215.00, z=-0.763, exact p value=0.444, r=0.13
POST-TEST RESULT; [t2]	A(HRD/BB) (M=3.63, SD=0.563, n=16) and B(ORS/Parkweg) (M=3.44 SD=0.744, n=31) U=163.00, z=-1.967, exact p value=0.050, r=0.35.
FINDING r value according to Cohen: .1=small effect, .3=medium effect, .5=large effect	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the knowledge construct (FLMs' value of the SWS Occupational Social Work Practice Model) of the pre-test [t0] (p value=0.33) with a small effect size (r=0.15) reported and the mid-test [t1] (p value= 0.44) with a small effect size (r=0.13) reported, but a statistically significant difference on the post-test (p value=0.050) with a medium effect size (r=0.35) reported.
KNOWLEDGE CONSTRUCT	**FLMs' knowledge of workplace signs and symptoms of HHSA/BD**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=3.79, SD=0.645, n=16) and B(ORS/Parkweg) (M=3.86, SD=0.466, n=32) U=250.500, z=-0.120, exact p value=0.902, r=0.02
MID-TEST RESULT; [t1]	A(HRD/BB) (M=3.79, SD=0.645, n=16) and B(ORS/Parkweg) (M=3.86, SD=0.466, n=32) U=204.500, z=-1.133, exact p value=0.262, r=0.16.
POST-TEST RESULT; [t2]	A(HRD/BB) (M=3.79, SD=0.645, n=16) and B(ORS/Parkweg) (M=3.86, SD=0.466, n=32) U=172.00, z=-1.846, exact p value=0.064, r=0.26.
FINDING r value according to Cohen: .1=small effect, .3=medium effect, .5=large effect	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the knowledge construct (FLMs know the workplace signs and symptoms of HHSA/BD of employees) at pre-test [t0] (p value= 0.90) with a small effect size (r=0.02)reported, the mid-test [t1]

	(p value= 0.26) with a small effect size (r=0.16) reported, and the post-test (p value= 0.06) with a small effect size (r=0.26) reported.
ATTITUDE CONSTRUCT	**FLMs are positive about a working relationship with the PSWs**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=3.69, SD=0.574, n=16) and B(ORS/Parkweg) (M=3.21, SD=1.124, n=31) U=190.50, z=-1.323, exact p value=0.193, r=0.19
MID-TEST RESULT; [t1]	A(HRD/BB) (M=3.69, SD=0.574, n=16) and B(ORS/Parkweg) (M=3.21, SD=1.124, n=31) U=214.00, z=-0.791, exact p value=0.436, r=0.12
POST-TEST RESULT; [t2]	A(HRD/BB) (M=3.69, SD=0.574, n=16) and B(ORS/Parkweg) (M=3.21, SD=1.124, n=31) U=158.00, z=2.070, exact p value=0.039, r=0.30
FINDING r value according to Cohen: .1=small effect, .3=medium effect, .5=large effect	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the attitude construct (FLMs are positive about a working relationship with the PSWs) with the pre-test [t0] (p value=0.13) with a small effect size (r=0.19) and mid-test [t1] (p value= 0.36) with a small effect size (r=0.12) reported, but a statistically significant difference with the post-test [t2] (p value=0.03) with a medium effect size (r=0.30) reported.
BEHAVIOUR CONSTRUCT	**FLMs know how to implement the correct supportive measures**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=3.15, SD=0.860, n=16) and B(ORS/Parkweg) (M=2.15, SD=1.298, n=30) U=166.500, z=-1.708, exact p value=0.089, r=0.25
MID-TEST RESULT; [t1]	A(HRD/BB) (M=3.15, SD=0.860, n=16) and B(ORS/Parkweg) (M=2.15, SD=1.298, n=30) U=92.500, z=-3.538, exact p value=0.000, r=0.52
POST-TEST RESULT; [t2]	A(HRD/BB) (M=3.15, SD=0.860, n=16) and B(ORS/Parkweg) (M=2.15, SD=1.298, n=30) U=200.500, z=-0.919, exact p value=0.366, r=0.13
FINDING r value according to Cohen: .1=small effect, .3=medium effect, .5=large effect	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the behaviour construct (FLMs know how to implement the correct supportive measures to deal with the HHSA/BD habits of an employee) at pre-test [t0] (p value= 0.08) with a small effect size (r= 0.25) reported, with a statistically significant difference at the mid-test [t1] (p value= 0.00) with a large effect size (r=0.52) reported, but no statistical significant difference in the post-test [t2] (p value= 0.36) with a small effect size (r= 0.13) reported.

4.4.1.2 Between-group test results for hypothesis two

For hypothesis two a significant difference should be indicated in the scores of the pre- [t0], mid- [t1], and post-test [t2] of the knowledge, attitude, and behaviour construct measurements of the two sample groups and indicate that the intervention (The Sober Workplace Programme for Managers) empowers the FLMs with knowledge and contributes to an attitude and behaviour change that will motivate

them to address the HHSA/BD problems in a collaborative working relationship with the PSW.

The construct scores that focus on the testing of hypothesis two are as follows:

- Three knowledge construct scores, to test the knowledge of FLMs about the workplace demands integral to the SAPS work environment that can contribute to HHSA/BD habits of employees, as well as their knowledge on behaviour of employees in relation to HHSA/BD that impacts negatively on the workplace, and lastly the knowledge of the FLMs regarding a policy on substance abuse in the SAPS that can guide and influence the collaborative working relationship of the FLMs and PSWs when attempting to address the HHSA/BD phenomenon.
- The attitude construct score, to test whether the FLMs have a no-tolerance attitude towards the HHSA/BD habits of employees in the workplace and the extent to which they will work in collaboration with the PSWs when addressing employees who are guilty of HHSA/BD practices that impact negatively on the workplace.
- The behaviour construct score, to test the ability of the FLMs to follow the correct action steps to deal with the HHSA/BD of employees in collaboration with the PSW until they need to implement disciplinary steps.

These results are summarised in Table 4.8.

Table 0.8: Between-group results obtained for hypothesis two

HYPOTHESIS TWO: BETWEEN GROUP MEASURES WITH THE MANN-WHITNEY-*u* TEST	
KNOWLEDGE CONSTRUCT	**FLMs' knowledge of workplace demands that contribute to HHSA/BD of employees**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=3.58, SD=0.661, n=16) and B(ORS/Parkweg) (M=3.74, SD=1.057, n=32), *U*=206.000, z=-1.103, exact p value=0.273, r=0.16)
MID-TEST RESULT; [t1]	A(HRD/BB) (M=3.58, SD=0.661, n=16) and B(ORS/Parkweg) (M=3.74, SD=1.057, n=32), *U*=238.500, z=-0.386, exact p value=0.700, r=0.06)
POST-TEST RESULT; [t2]	A(HRD/BB) (M=3.58, SD=0.661, n=16) and B(ORS/Parkweg) (M=3.74, SD=1.057, n=32), *U*=235,500, z=-0.455, exact p value=0.657, r=0.07)
FINDINGS r value according to Cohen: .1=small effect,	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the knowledge construct (FLMs to have knowledge of

.3=medium effect, .5=large effect	workplace demands that contribute to HHSA/BD of employees) at pre-test [t0] (p value= 0.27) with a small effect size (r= 0.16) reported, the mid-test [t1] (p value= 0.70) with a small effect size (r=0.06) reported and the post-test [t2] (p value= 0.65) with a small effect size (r= 0.07) reported.
KNOWLEDGE CONSTRUCT	**FLMs' knowledge of employees' behaviour in relation to HHSA/BD**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=2.55, SD=0.857, n=32) and B(ORS/Parkweg) (M=2.71, SD=0.857, n=32) *U*=222.000, z=-0.748, exact p value=0.464, r=0.11
MID-TEST RESULT; [t1]	A(HRD/BB) (M=2.55, SD=0.857, n=32) and B(ORS/Parkweg) (M=2.71, SD=0.857, n=32) *U*=187,500 z=-1.503, exact p value=0.137, r=0.22
POST-TEST RESULT; [t2]	A(HRD/BB) (M=2.55, SD=0.857, n=32) and B(ORS/Parkweg) (M=2.71, SD=0.857, n=32) *U*=196.500, z=-1,310 exact p value=0.191, r=0.19
FINDINGS r value according to Cohen: .1=small effect, .3=medium effect, .5=large effect	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the knowledge construct (FLMs' knowledge of employees' behaviour in relation to HHSA/BD) at pre-test [t0] (p value= 0.46) with a small effect size (r= 0.11) reported, the mid-test [t1] (p value= 0.13) with a small effect size (r=0.22) reported, and the post-test [t2] (p value= 0.19) with a small effect size (r= 0.19) reported.
KNOWLEDGE CONSTRUCT	**FLMs' knowledge about the need for a substance policy**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=4.38, SD=0.744, n=8) and B(ORS/Parkweg) (M=4.00, SD=0.949, n=21) *U*=65.000, z=-1.009, exact p value=0.333, r=0.05
MID-TEST RESULT; [t1]	A(HRD/BB) (M=4.38, SD=0.744, n=8) and B(ORS/Parkweg) (M=4.00, SD=0.949, n=21) *U*=80.000, z=-0.215, exact p value=0.850, r=0.12
POST-TEST RESULT; [t2]	A(HRD/BB) (M=4.38,SD=0.744,n=8) and B(ORS/Parkweg) (M=4.00,SD=0.949,n=21) U=40.00,z=-2.355,exact p value=0.028,r=0.44
FINDINGS r value according to Cohen: .1=small effect, .3=medium effect, .5=large effect	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the knowledge construct (FLMs' knowledge about the need for a substance policy) at pre-test [t0] (p value= 0.33) with a small effect size (r= 0.05) reported, and the mid-test [t1] (p value= 0.85) with a small effect size (r=0.12) reported, but a statistically significant difference with the post-test [t2] (p value= 0.02) with a medium effect size (r= 0.44) reported.
ATTITUDE CONSTRUCT	**FLMs have a no-tolerance attitude towards HHSA/BD in the workplace**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=4.06, SD=1.124, n=16) and B(ORS/Parkweg) (M=4.06, SD=0.854, n=31) *U*=226.500, z=-0.526, exact p value=0.612, r=0.08
MID-TEST RESULT; [t1]	A(HRD/BB) (M=4.06, SD=1.124, n=16) and B(ORS/Parkweg) (M=4.06, SD=0.854, n=31) *U*=213.500, z=-1.192, exact p value=0.235, r=0.17
POST-TEST RESULT; [t2]	A(HRD/BB) (M=4.06, SD=1.124, n=16) and B(ORS/Parkweg) (M=4.06, SD=0.854, n=31) *U*=188.500, z=-1.428, exact p value=0.158, r=0.21
FINDINGS r value according to Cohen: .1=small effect, .3=medium effect, .5=large effect	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the knowledge construct (FLMs a no-tolerance attitude towards HHSA/BD in the workplace) at pre-test [t0] (p value= 0.61) with a small effect size (r= 0.08) reported, the mid-test

	[t1] (p value= 0.23) with a small effect size (r=0.17) reported, and the post-test [t2] (p value= 0.15) with a small effect size (r= 0.21) reported.
BEHAVIOUR CONSTRUCT	**FLMs follow the correct action steps against HHSA/BD behaviour of employees in the workplace**
PRE-TEST RESULT; [t0]	A(HRD/BB) (M=2.610, SD=0.712, n=16) and B(ORS/Parkweg) (M=2.35, SD=0.971, n=31) *U*=207.500, z=-0.911, exact p value=0.365, r=0.13
MID-TEST RESULT; [t1]	A(HRD/BB) (M=2.610, SD=0.712, n=16) and B(ORS/Parkweg) (M=2.35, SD=0.971, n=31) *U=163.00*, z=-1.915, exact p value=.0.055, r=0.28
POST-TEST RESULT; [t2]	A(HRD/BB) (M=2.610, SD=0.712, n=16) and B(ORS/Parkweg) (M=2.35, SD=0.971, n=31) *U*=170.00, z=-1.755, exact p value=0.078, r=0.25
FINDINGS r value according to Cohen: .1=small effect, .3=medium effect, .5=large effect	The Mann-Whitney U test revealed no statistically significant difference in the score levels for the two sample groups (A vs B) on the behaviour construct (FLMs follow the correct action steps against the HHSA/BD behaviour of employees in the workplace) at pre-test [t0] (p value= 0.36) with a small effect size (r= 0.13) reported, the mid-test [t1] (p value= 0.055) with a small effect size (r=0.22) reported, and the post-test [t2] (p value= 0.78) with a small effect size (r= 0.25) reported.

4.4.2 Within-group test results

4.4.2.1 The within-group test results for hypothesis one

The Friedman test was applied as a non-parametric test to obtain results of the same respondent sample's knowledge, attitude, and behaviour constructs measurements, measured at three points at different times and under different conditions (Pallant 2011:235). The results of the constructs measured with this test to prove hypothesis one will be presented in Table 4.9.

Table 0.9: Within group measures for hypothesis one

HYPOTHESIS ONE: RESULTS ON WITHIN GROUP MEASURES WITH THE FRIEDMAN TEST	
Knowledge Construct: FLMs' ability to define HHSA/BD	
RESULTS	A(HRD/BB) x^2 (2, n =16) =0.913 , exact p-value =>0.655). B(ORS/Parkweg) $\chi 2$ (2, n =32) =6.436 , exact p-value =>0.041).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01 * Significant at p ≤ 0.05	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)
Knowledge Construct: FLMs' value of the SWS Occupational Model	
RESULTS	A(HRD/BB) x^2 (2, n = 16) = 2.235, exact p-value =>0.345). B(ORS/Parkweg) $\chi 2$ (2, n = 31) = 11.899, exact p-value =>0.003).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01 * Significant at p ≤ 0.05	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)
Knowledge Construct: FLMs' knowledge of workplace signs and symptoms of HHSA/BD	

RESULTS	A(HRD/BB) x^2 (2, n = 16) = 3.433, exact p-value =>0.191). B(ORS/Parkweg) x^2 (2, n = 32) = 6.521, exact p-value =>0.036).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01 * Significant at p ≤ 0.05	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)
Attitude Construct: FLMs are positive about a working relationship with the PSWs	
RESULTS	A(HRD/BB) x^2 (2, n =16) =0.341, exact p-value =>0.886) B(ORS/Parkweg) x^2 (2, n = 31) =2.021, exact p-value =>0.370).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01 * Significant at p ≤ 0.05	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)
Behaviour Construct: FLMs are implementing the correct supportive measures	
RESULTS	A(HRD/BB) x^2 (2, n = 16) =2.178, exact p-value =>0.360). B(ORS/Parkweg) x^2 (2, n =30) =12.788, exact p-value =>0.001).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01 * Significant at p ≤ 0.05	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)

4.4.2.2 The within-group test results for hypothesis two

Friedman's test was also applied to obtain the results of the constructs measured to prove hypothesis two as presented in Table 4.10.

Table 0.10: Within-group measures for hypothesis two

HYPOTHESIS TWO: RESULTS ON WITHIN GROUP MEASURES WITH THE FRIEDMAN TEST	
Knowledge Construct: FLMs' knowledge of workplace demands that contribute to HHSA/BD of employees	
RESULTS	A(HRD/BB) x^2 (2, n = 16) =2.178, exact p-value =>0.360). B(ORS/Parkweg) x^2 (2, n = 32) =1.655, exact p-value =>0.453).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01 * Significant at p ≤ 0.05	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)
Knowledge Construct: FLMs' knowledge of employees' behaviour in relation to HHSA/BD	
RESULTS	A(HRD/BB) x^2 (2, n = 16) =3.836, exact p-value =>0.153). B(ORS/Parkweg) x^2 (2, n = 32) =6.661, exact p-value =>0.036).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01 * Significant at p ≤ 0.05	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)
Knowledge Construct: FLMs' knowledge about the need for a substance policy	
RESULTS	A(HRD/BB) x^2 (2, n = 8) =3.714, exact p-value =>0.337). B(ORS/Parkweg) $\chi 2$ (2, n = 21) =6.541, exact p-value =>0.034).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)

* Significant at p ≤ 0.05	
Attitude Construct: FLMs have a no-tolerance attitude towards HHSA/BD in the workplace	
RESULTS	A(HRD/BB) x^2 (2, n = 16) =0.341, exact p-value =>0.886). B(ORS/Parkweg) x^2 (2, n = 31) =2.021, exact p-value =>0.370).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01 * Significant at p ≤ 0.05	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)
Behaviour Construct: FLMs follow the correct action steps against HHSA/BD behaviour of employees in the workplace	
RESULTS	A(HRD/BB) x^2 (2, n =16) =1.782, exact p-value =>0.438). B(ORS/Parkweg) $\chi 2$ (2, n = 31) =0.271, exact p-value =>0.886).
FINDING *** Significant at p≤ 0.000 ** Significant a p ≤ 0.01 * Significant at p ≤ 0.05	There was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) & B (ORS/Parkweg)

In this research study valid research methods were employed to test the hypotheses and every attempt was made to provide the results with clarity, transparency, and honesty despite whether the outcome proved or disproved the hypotheses.

The results of this study indicated that the two hypotheses were not supported by the measurements obtained from the sample groups and that the dependent variable (The Sober Workplace Programme for Managers) did not statistically significantly affect the independent variable (the knowledge, attitude, and behaviour of the FLMs) (Tokunaga 2016:125; Weisberg, Krosnick, Bowen 1996:187).

4.5 FINDINGS OF THE PSWs MEASUREMENTS

As indicated, the focus of this research study was aimed at all FLMs of the SAPS. The PSWs responsible for each division/cluster where these FLMs functioned was however included in the study, as these PSWs also had to be exposed to the content of the newly developed and untested Sober Workplace Programme for Managers as part of an intervention in the pre-, mid-, and post-test session of the research process.

The actual sample group of FLMs and PSWs who participated in the pilot and formal research are reflected in Table 4.11.

Table 4.11: Actual sample groups of FLMs and PSWs

GROUP A – COMPARISON GROUP		
SAMPLE GROUPS	**FLMs RESPONDENTS**	**PSWs**
DIVISION: HRD	26	1
CLUSTER: BELA BELA	51	1
GROUP B – EXPERIMENTAL GROUP		
DIVISION: ORS	21	1
CLUSTER: PARKWEG	50	2

In the pilot study, one PSW and 26 of the FLMs of the Division HRD were respondents in the comparison group, and one PSW and 21 of the FLMs of the Division ORS were respondents in the experimental group.

In the comparison group of the formal research study, 51 of the FLMs and one PSW of the Bela Bela Cluster responded, and 50 FLMs and two PSWs of the Parkweg Cluster responded in the experimental group.

Before reporting on the results and findings of the PSWs with regard to the constructs measured for each hypothesis, results pertaining to the characteristics descriptive of these sample groups will be reported on.

4.5.1 Total years the PSWs have been employed in the SAPS

Except for the one PSW at Parkweg who had been employed between 16 and 20 years in the SAPS, the majority of the PSWs had been employed between six and 10 years in the SAPS at the time of the study, as reflected in Table 4.12. This serves as an indication that the individuals in the sample group are well acquainted with the workplace community of the SAPS.

Table 4.12: Total years employed as PSW in the SAPS

CLUSTER/DIVISION	Parkweg 1	Parkweg 2	Bela Bela	ORS	HRD
Service years as PSW	16 to 20	6 to 10	6 to 10	6 to 10	6 to 10

4.5.2 Total of general employment years as social worker

The social workers from the Parkweg Cluster and Bela Bela Cluster did not have employment experience other than the SAPS, whilst the social workers from Division ORS and HRD have other social work experience as reflected in Table 4.13.

Table 4.13: Total years of general employment as a social worker

CLUSTER/DIVISION	Parkweg 1	Parkweg 2	Bela Bela	ORS	HRD
Total service years as social worker	16 to 20	6 to 10	6 to 10	11 to 15	11 to 15

4.5.3 Gender distribution of the PSW sample group

As indicated in Table 4.14, only one male (ORS) social worker is included in the sample group and the rest are females.

Table 4.14: Gender distribution of the PSW sample group

CLUSTER/DIVISION	Parkweg 1	Parkweg 2	Bela Bela	ORS	HRD
Gender distribution	Female	Female	Female	Male	Female

4.5.4 The age distribution of the PSW sample group

At the time of the study, three of the PSWs were in the age group of 40 to 49, while the PSW from Bela Bela was in the age group 30 to 39, according to Table 4.15.

Table 4.15: Age distribution of the PSW sample group

CLUSTER/DIVISION	Parkweg 1	Parkweg 2	Bela Bela	ORS	HRD
Age distribution	40 to 49	40 to 49	30 to 39	40 to 49	40 to 49

4.6 HYPOTHESIS TESTING OF MEASUREMENT RESULTS OF PSWs

In this section results will be provided with regard to the extent to which the measurements supported the two hypotheses:

a) If the FLMs are exposed to the content of the newly developed and untested SWS' Sober Workplace Programme for Managers, the collaborative working relationship between them and the PSW in general will be strengthened to address the HHSA/BD habits of SAPS employees; and
b) if the FLMs are exposed to the content of the newly developed and untested SWS' Sober Workplace Programme for Managers, they will be empowered with knowledge on how to effectively and efficiently address the HHSA/BD habits of employees under their command in collaboration with the PSW.

The focus will be on the outcomes of the responses of the five PSWs of the experimental and comparison sample groups based on the average response obtained with each construct. The PSWs response outcomes of the knowledge, attitude, and behaviour constructs measured during the pre- [t0], mid- [t1], and- post-test [t2] were obtained determining the average response of each construct.

The results of the PSWs' response measurements of specific knowledge, attitude, and behaviour constructs to test the two hypotheses and the findings obtained will now be reported on.

4.6.1 The results for hypothesis one of the PSWs

For the first hypothesis a significant difference should be indicated in the measurements of the pre- [t0], mid- [t1], and post-test [t2] of the knowledge, attitude, and behaviour construct measures of the two sample groups to indicate if the intervention (The Sober Workplace Programme for Managers) succeeded in strengthening the collaborative working relationship between the FLMs and PSWs to address HHSA/BD of employees in the workplace. The construct measurements to be focused on for this purpose are as follows:

- The knowledge construct measurements, to test the extent to which the FLMs can define HHSA/BD; how the FLMs, based on their knowledge of the SAPS SWS, value the Occupational Social Work Practice Model implemented by the PSWs; and whether the FLMs, being knowledgeable about the workplace-related signs and symptoms of the HHSA/BD of employees, will work in collaboration with them to address the HHSA/BD phenomenon.
- The attitude construct measurement, to test to what extent the PSWs are of the opinion that the FLMs are positive about working in a collaborative working relationship with the PSWs to address the HHSA/BD habits of employees.
- The behaviour construct measurement, to test if the PSWs believe that the FLMs have the ability to implement the correct supportive measures to deal with employees with HHSA/BD habits.

To obtain these measurement results to the constructs that test the two hypotheses, the average construct measurements of each PSW in Group A (ORS & Parkweg) and Group B (HRD & Bela Bela) were obtained. The knowledge, attitude, and

behaviour construct results with regard to the first hypothesis will be reflected in the table below.

The measurement results of the PSWs for hypothesis one are summarised in Table 4.16.

Table 4.16: Measurement results of PSWs for hypothesis one

HYPOTHESIS ONE							
GROUP A: EXPERIMENTAL GROUP				**GROUP B: COMPARISON GROUP**			
KNOWLEDGE CONSTRUCTS							
PSWs' ability to define HHSA/BD							
PSWs	**[t0]**	**[t1]**	**[t2]**	**PSW**	**[t0]**	**[t1]**	**[t2]**
Bela Bela	*strongly agree*	*agree*	*agree*	***Parkweg***	*agree*	*agree*	*strongly agree*
HRD	*agree*	*agree*	*agree*	***ORS***	*unsure*	*agree*	*agree*
FINDINGS							
PSWs of Bela Bela and HRD could define HHSA/BD with all three measurements				PSWs of Parkweg could define HHSA/BD with all three measurements. The PSW of ORS measure unsure with [t0] and with [t1] and [t2] were able to define HHSA/BD.			
FLMs value of the Occupational SW Model							
PSWs	**[t0]**	**[t1]**	**[t2]**	**PSW**	**[t0]**	**[t1]**	**[t2]**
Bela Bela	*agree*	*unsure*	*disagree*	**Parkweg**	*agree*	*agree*	agree
HRD	*agree*	*agree*	*agree*	**ORS**	*agree*	*agree*	unsure
FINDINGS							
PSW of Bela Bela agreed with [t0] that the FLMs value of the Occupational SW Model, but measure unsure in [t1] and disagree in [t2]. The PSW from HRD agreed in all three measurements that the FLMs value the Occupational SW Model.				The PSWs of Parkweg agreed in all three measurements that the FLMs value the Occupational SW model. The PSW of ORS agreed with the measurements of [t0] and [t1] that the FLMs value the Occupational SW Model, but measure unsure with [t2].			
FLMs' knowledge of workplace HHSA/BD signs & symptoms							
PSWs	**[t0]**	**[t1]**	**[t2]**	PSW	**[t0]**	**[t1]**	**[t2]**
Bela Bela	agree	agree	agree	Parkweg	agree	agree	agree
HRD	agree	agree	agree	ORS	agree	agree	agree
FINDINGS							
Both the PSWs from Bela Bela and HRD agreed in all three measurements that FLMs know the workplace signs and symptoms of HHSA/BD.				Both the PSWs of Parkweg and ORS agreed in all three measurements that the FLMs know the workplace signs and symptoms of HHSA/BD.			

<table>
<tr><th colspan="8">ATTITUDE CONSTRUCT</th></tr>
<tr><td colspan="8">FLMs are positive about a collaborative working relationship with PSWs</td></tr>
<tr><td>PSWs</td><td>[t0]</td><td>[t1]</td><td>[t2]</td><td>PSW</td><td>[t0]</td><td>[t1]</td><td>[t2]</td></tr>
<tr><td>Bela Bela</td><td>disagree</td><td>agree</td><td>unsure</td><td>Parkweg</td><td>disagree</td><td>disagree</td><td>unsure</td></tr>
<tr><td>HRD</td><td>agree</td><td>agree</td><td>agree</td><td>ORS</td><td>disagree</td><td>agree</td><td>unsure</td></tr>
<tr><td colspan="8">FINDINGS</td></tr>
<tr><td colspan="4">The PSW of Bela Bela with [t0] measured a disagreement with FLMs being positive about a collaborative working relationship with the PSW, agree with measurement [t1], and are unsure with measurement [t2].

The PSW of HRD in all three measurements agreed that the FLMs are positive about a collaborative working relationship with the PSW.</td><td colspan="4">The PSWs of Parkweg’s measurements indicate with [t0] and [t1] that they disagree that the FLMs are positive about a collaborative working relationship with the PSWs and the [t2] measurement indicates that they are unsure.

According to the [t0] measurement of the PSW of ORS, the PSW disagree that the FLMs are positive about a collaborative working relationship with the PSWs, agrees in [t1], and is unsure with [t2].</td></tr>
<tr><th colspan="8">BEHAVIOUR CONSTRUCT</th></tr>
<tr><td colspan="8">FLMs are able to apply the correct supportive measures</td></tr>
<tr><td>PSWs</td><td>[t0]</td><td>[t1]</td><td>[t2]</td><td>PSW</td><td>[t0]</td><td>[t1]</td><td>[t2]</td></tr>
<tr><td>Bela Bela</td><td>disagree</td><td>unsure</td><td>disagree</td><td>Parkweg</td><td>disagree</td><td>disagree</td><td>disagree</td></tr>
<tr><td>HRD</td><td>agree</td><td>strongly agree</td><td>agree</td><td>ORS</td><td>agree</td><td>agree</td><td>agree</td></tr>
<tr><td colspan="8">FINDINGS</td></tr>
<tr><td colspan="4">The measurements of the PSW of Bela Bela measured disagreement with [t0] that the FLMs will apply supportive measures towards employees with HHSA/BD problems, although [t1] measured unsure and [t2] measure disagreement again.

The PSW of HRD in all three measurements agreed that the FLMs will apply supportive measures towards employees with HHSA/BD problems.</td><td colspan="4">The PSWs of Parkweg measure with all three tests that they disagree that the FLMs will apply supportive measures towards employees with HHSA/BD problems.

The PSW of ORS measured with all three measures that the FLMs will be able to apply supportive measures to employees with HHSA/BD problems.</td></tr>
</table>

4.6.2 The results for hypothesis two of the PSWs

For hypothesis two a significant difference should be indicated in the measurements of the pre- [t0], mid- [t1], and post-test [t2] of the knowledge, attitude, and behaviour construct measurements of the two PSW sample groups and indicate that the intervention (The Sober Workplace Programme for Managers) empowers the FLMs with knowledge and contributes to an attitude and behaviour change that will motivate them to address the HHSA/BD problems in a collaborative working relationship with the PSW.

The constructs measurements to focus on the testing of hypothesis two are as follows:

- Three knowledge construct measurements, to test if the PSWs indicated that the FLMs have knowledge about the workplace demands that are integral to the SAPS work environment and that contributes to the HHSA/BD habits of employees; if the PSWs are of the opinion that the FLMs have knowledge of the behaviour of employees in relation to HHSA/BD that impacts negatively on the workplace; and lastly, if the PSWs are also of opinion that the FLMs have the knowledge that a policy on substance abuse in the SAPS can guide and influence the collaborative working relationship between them when attempting to address the HHSA/BD phenomenon.
- The attitude construct measurements, to test if the PSWs view the FLMs as having a no-tolerance attitude towards the HHSA/BD habits of employees in the workplace and the extent to which these FLMs, according to the PSWs, will work in collaboration with them when addressing employees who are guilty of HHSA/BD practices that impact negatively on the workplace.
- The behaviour construct measurement, to test the PSWs' view that the FLMs are able to follow the correct action steps to deal with the HHSA/BD of employees in collaboration with the PSW until they need to implement disciplinary steps.

These results are summarised in Table 4.17.

Table 4.17: Measurement results of PSWs for hypothesis two

HYPOTHESIS TWO							
GROUP A: EXPERIMENTAL GROUP				**GROUP B: COMPARISON GROUP**			
KNOWLEDGE CONSTRUCTS							
1. FLMs know when the HHSA/BD habits of employees are a reaction to workplace demands							
PSWs	**[t0]**	**[t1]**	**[t2]**	**PSW**	**[t0]**	**[t1]**	**[t2]**
Bela Bela	*occasionally*	*rarely*	*occasional-ly*	***Parkweg***	occasionally	frequently	frequently
HRD	*always*	*frequently*	*always*	***ORS***	frequently	occasionally	frequently

FINDINGS	
The PSW of Bela Bela with [t0] and [t2] indicated that FLMs occasionally or rarely [t1] know that HHSA/BD habits of employees are a reaction to workplace demands. The PSW of HRD indicated with [t0] and [t2] that the FLMs always know when the HHSA/BD habits of employees are in reaction to workplace demands	The PSWs of Parkweg indicate with [t0] that the FLMs occasionally know when HHSA/BD habits of employees are a reaction to workplace demands and with [t1] and [t2] that they frequently have this knowledge. The PSW of ORS indicated with [t0] and [t2] that the FLMs frequently know when HHSA/BD habits of employees are a reaction to workplace demands and with [t1] that they occasionally know.

2. FLMs are aware of employees' behaviour in relation to HHSA/BD

PSWs	[t0]	[t1]	[t2]	PSW	[t0]	[t1]	[t2]
Bela Bela	*occasionally*	*rarely*	*Occasional-ly*	**Parkweg**	*frequently*	*always*	*frequently*
HRD	*always*	*frequently*	*frequently*	**ORS**	*frequently*	*rarely*	*frequently*

FINDINGS	
PSWs of Bela Bela in [t0] and [t2] indicated that the FLMs occasionally know that employees' behaviour is in relation HHSA/BD habits, whilst in [t1] they indicated that FLMs rarely know. The PSW of HRD in [t1] indicated that the FLMs always know when employees' behaviour is in relation to their HHSA/BD habits and in [t1] and [t2] indicated that the FLMs frequently know about the relationship between the employees' behaviour and HHSA/BD.	The PSWs of Parkweg indicated with [t0] and again with [t2] that the FLMs frequently know that employees' HHSA/BD behaviour are a reaction to their HHSA/BD habits. The PSW of ORS in [t0] and [t2] indicated that the FLMs frequently know that behaviour of employees are in relation to their HHSA/BD habits, but with [t1] indicated that the FLMs are rarely aware of this relationship.

3. FLMs know there is a need for a substance policy in the SAPS

PSWs	[t0]	[t1]	[t2]	PSW	[t0]	[t1]	[t2]
Bela Bela	*agree*	*strongly agree*	*agree*	***Parkweg***	*strongly agree*	*strongly agree*	*strongly agree*
HRD	*none*	*none*	*none*	***ORS***	*none*	*none*	*none*

FINDINGS	
The PSW of Bela Bela with [t0] and [t2] indicated that FLMs agree that the SAPS is in need of a substance policy and with [t1] indicated that the FLMs strongly agree to a substance policy for the SAPS. The PSW of HRD did not complete these three measurements.	The PSWs for Parkweg in all three measurements indicated that the FLMs strongly agree that the SAPS needs a substance policy. The PSW of ORS did not complete these three measurements.

ATTITUDE CONSTRUCT

1. FLMs have no tolerance for substance abuse in the SAPS

PSWs	[t0]	[t1]	[t2]	PSW	[t0]	[t1]	[t2]
Bela Bela	*agree*	*agree*	*agree*	**Parkweg**	*agree*	*strongly agree*	*agree*
HRD	*agree*	*agree*	*agree*	**ORS**	*disagree*	*agree*	*unsure*

FINDINGS	
The PSWs of Bela Bela and HRD with all three test measurements indicated that they agree that the FLMs have a no-tolerance attitude towards substance abuse in the SAPS	The PSWs of Parkweg in [t0] and [t2] agree that the FLMs have a no-tolerance attitude towards substance abuse in the SAPS and in [t1] even strongly agree. The PSW of ORS with [t0] disagreed that FLMs have a no-tolerance attitude to substance abuse in the SAPs, agreed with [t1], but was unsure in [t2].

2. FLMs are positive about a collaborative working relationship with the PSWs

PSWs	[t0]	[t1]	[t2]	PSW	[t0]	[t1]	[t2]
Bela Bela	*disagree*	*unsure*	*disagree*	**Parkweg**	*disagree*	*agree*	*agree*
HRD	*agree*	*agree*	*agree*	**ORS**	*disagree*	*agree*	*unsure*

FINDINGS	
The PSW of Bela Bela with [t0] and [t2] indicated a measure of disagreement with the fact that the FLMs have a positive attitude about a collaborative working relationship with the PSW to address the HHSA/BD habits of employees and with [t1] indicated an unsure measure. The PSW of HRD has the same measure in all three tests, as an agreement is indicated that the FLMs are positive about a collaborative working relationship with the PSW to address HHSA/BD habits of employees.	The PSWs of Parkweg with [t0] indicated that they disagree that the FLMs have a positive attitude about working collaboratively with the PSWs to address the HHSA/BD of employees, but with [t1] and [t2] indicated that they agree that the FLMs have a positive attitude. The PSW of ORS with [t0] disagreed that the FLMs have a positive attitude about working collaboratively with the PSW to address the HHSA/BD of employees, agreed with [t1], but was unsure in [t2].

BEHAVIOUR CONSTRUCT

3. FLMs are able to follow the correct action steps to deal with substance abuse in the SAPS

PSWs	[t0]	[t1]	[t2]	PSW	[t0]	[t1]	[t2]
Bela Bela	*most likely*	*most likely*	*most likely*	**Parkweg**	*not at all*	*definitely*	*unsure*
HRD	*definitely*	*most likely*	*definitely*	**ORS**	*not at all*	*definitely*	*possibly*

FINDINGS	
The PSW of Bela Bela in all three tests indicated that the FLMs will most likely follow the correct action steps to deal with substance abuse in the SAPS. The PSW of HRD in [t0] and [t2] indicated that the FLMs will definitely follow the correct action steps to deal with substance abuse in the SAPS, or most likely as indicated with [t1].	The PSWs of Parkweg indicated with [t0] that the FLMs will not at all follow the correct action steps to deal with substance abuse in the SAPS, although in [t1] they indicated that the FLMs definitely will follow the correct steps, just to indicate with [t2] that they are unsure whether the FLMs will follow the correct steps. The PSW of ORS also indicated in [t0] that the FLMs will not at all follow the correct steps to deal with substance abuse in the SAPs, whilst indicating in [t1] that they may definitely or [t2] possibly will follow the correct action steps.

4.7 SUMMARY

In this chapter the focus was on reporting the results and findings obtained with the SSPS analysed data.

As an introduction to the chapter, a short summary of the research process was provided.

The descriptive statistics of the FLM and PSW sample groups were provided to describe their characteristics, focusing on aspects such as number of years employed in the SAPS as police employee or PSW, number of years actively serving as a FLM, actual years employed as a social worker, gender and age distribution, as well as the qualifications of the FLMs.

The knowledge, attitude, and behaviour construct measurements of the FLMs, tested with the 'between group' Mann-Whitney U test and the 'within group' Friedman test, were reflected as an indication of whether the two hypotheses were supported or not as tested with the findings.

It appeared as if the Mann-Whitney between group test revealed none to medium statistically significant differences in the three score levels for the two sample groups on the knowledge, attitude, and behaviour constructs that were tested to indicate to what extent the two hypotheses were proved or not.

The results obtained with the 'within group' Friedman test indicated that there was no statistically significant difference in the mean score of the construct measure across the three time points for A (HRD/BB) and B (ORS/Parkweg).

The average measurement response of the PSWs to these knowledge, attitude, and behaviour constructs were reflected as an indication of the PSWs' beliefs and opinions regarding the knowledge, attitude, and behaviour of the FLMs and the extent to which they believe the two hypotheses are supported or not.

The results and findings will be discussed in more detail in the next chapter.

CHAPTER 5: DISCUSSIONS, CONCLUSIONS, AND SUGGESTIONS FOR FUTURE RESEARCH

5.1 INTRODUCTION

When embarking on this research study, the researcher perused research literature as an attempt to explore other studies that evaluated the extent to which programmes utilised by occupational social workers may have strengthened, enhanced, or influenced their working relationship with especially FLMs when addressing a workplace phenomenon such as HHSA/BD amongst employees.

This kind of research would have served as a benchmark or guideline for the current study. The researcher would have been in the position to generalise existing research, as it would have been of assistance with the formulation of the hypotheses for this research study. However, no relevant existing research material of this nature could be found and, in the absence thereof, the research proceeded to formulate two hypotheses as predictions and assumptions with regard to how the Sober Workplace Programme for Managers will strengthen the collaborative working relationship of the FLMs and PSWs when addressing the HHSA/BD habits of employees in the workplace.

The aim with this research study was not only to prove that exposure of the FLMs to the newly developed and untested Sober Workplace Programme for Managers would strengthen the collaborative working relationship between the FLMs and PSWs when addressing the HHSA/BD of employees, but also that it would enhance the knowledge, attitude, and behaviour of the FLMs to effectively and efficiently address this phenomenon in collaboration with the PSWs. With these aims the researcher would be able to establish if the predictions and assumptions formulated in the hypotheses were supported or not (Johnson & Christensen 2014:108; Rees 2011:96; Thomas & Hodges 2010:49). Without exposing the FLMs to the Sober Workplace Programme for Managers, it would have stayed an unproved speculation that the programme content contributed to the knowledge, behaviour, and attitude change of these managers and them being able to work in a collaborative working

relationship with the PSWs when addressing the HHSA/BD habits of employees (Hannekom, Kposowa & Riddle 2013:248; Johnson & Christensen 2014:108; Thomas & Hodges 2010:49).

For this reason, two hypotheses were formulated as a generalised or probabilistic view about the evaluation of the following:

a) If the FLMs are exposed to the content of the newly developed and untested SWS' Sober Workplace Programme for Managers, the collaborative working relationship between them and the PSW in general will be strengthened to address the HHSA/BD habits of SAPS employees; and
b) If the FLMs are exposed to the content of the newly developed and untested SWS' Sober Workplace Programme for Managers, they will be empowered with knowledge on how to effectively and efficiently address the HHSA/BD habits of employees under their command in collaboration with the PSW.

Data in this regard was collected and analysed reflecting only the particular sample groups obtained with the listwise technique and those whose responses were measured on three time points to obtain results to prove the two hypotheses as supported or not supported, as was indicated in Chapter 4.

In this chapter the results will be discussed and reference will be made to literature that served as a baseline for this study. Reference will be made to indicate if the literature statements obtained with the literature study support the results and findings of this study or not.

Conclusions will be highlighted according to the knowledge, attitude, and behaviour construct measurement results for each hypothesis based on how the collaborative working relationship between the FLMs and PSWs can be strengthened with the exposure of the FLMs to the newly developed and untested Sober Workplace Programme for Managers to address the HHSA/BD problems of employees.

Lastly, suggestions and recommendations will be made about the findings and results as well as possible future research studies within the SAPS as a bigger

system and the FLMs and PSWs as sub-systems as attempts to strengthen their collaborative working relationship to address the HHSA/BD habits of employees.

5.2 DISCUSSION

An in-depth literature study guided the researcher in the formulation of the two hypotheses, as well as with the construction of the statements for the pre-, mid-, and post-test questionnaire. The statements were eventually clustered into knowledge, attitude, and behaviour constructs to be measured with the goal to obtain results and findings. The results and findings of these constructs indicated whether the hypotheses were supported or not.

The Mann-Whitney U test (between groups) and the Friedman test (within groups) were applied to the responses of the small, but unstable sample group that was obtained after the listwise technique was applied as described in Chapter 4. The results in general indicated that no real statistically significant differences occurred in the measurements of the knowledge, attitude, and behaviour constructs for the pre-, mid-, and post-tests applied to the two groups (see Chapter 4).

Although the statistically non-significant research results and findings of this study did not support the two hypotheses, it is argued that statistically non-significant results neither confirm nor deny that the Sober Workplace Programme for Managers had an effect, as the results could have been due to the treatment or chance, based on arguments by Greenland (2008:51), Mitchell and Jolley (2010:348), and Robinson and Sprayberry (2009:34).

Nevertheless, the differences observed in the FLM and PSW sample groups of this study cannot be made a basis for making an inference towards the bigger FLM and PSW population, but these results do contribute to the knowledge (Ary, Jacobs, Irvine & Walker 2014:116; Cottrell 2014:116; Mitchell & Jolley 2010:349) of the SAPS SWS, as it indicated that a programme alone will not strengthen the collaborative working relationships between the FLMs and PSWs to address the HHSA/BD problems of employees.

The outcome of this study thus opened a door and served as a stepping stone for future research on this subject with the aim to explore a different set of variables to establish what kind of interventions or strategies on micro, mezzo, and macro level will contribute to strengthen the collaborative working relationship between PSWs and FLMs. Alternatively, a correlational study can be conducted instead of a quasi-experimental study, while follow-up qualitative research can also be done with the FLMs to reconcile the discrepant results and findings achieved with this quantitative quasi-experimental study.

Aspects that could have contributed to the results and findings not supporting the hypotheses are as follows:

- The research design applied may not have been applicable for this study due to the high attrition of attendees in the first and last test session. The quasi-experimental design did not allow the researcher to follow up with FLMs of Group A who could not be present at the first test session to complete the pre-test, nor with those FLMs of Group B who could not attend the third test session to complete the post-test, as it would lead to contamination of the responses, which is to be avoided even with a quasi-experimental research design.
- The high attrition of the available FLM sample group over the three time points for measurement contributed to an even smaller and unstable sample group obtained with the listwise technique for the final results to prove the hypotheses.
- The lack of the inclusion of qualitative open-ended questions to explain the quantitative scaled statements to obtain clearer explanations for certain aspects.
- The fact that FLMs from two other provinces could not be included as initially planned, as a larger sample group would have been more representative of the SAPS FLM population (Greenland 2008:151; Mitchell & Jolley 2010:357; Weisberg et al 1996:187).
- The fact that in the absence of a standardised questionnaire, self-developed non-standardised questionnaires were employed to collect data and obtain specific information about the value of the Sober Workplace Programme for

Managers in strengthening the collaborative working relationship between the FLMs and PSWs when addressing the HHSA/BD problems of employees.

- The formulation of the measurement statements of the questionnaire were done using words or phrases that may not have been familiar to or understood by the FLMs.
- The exposure of the FLMs to new and correct, but unfamiliar concepts and terminology pertaining to substance use, abuse, and addiction/dependency.
- The manner and condition in which the programme was presented, as limited time was allowed for in-depth discussions due to the strict time frame granted for the presentation of the programme so as not to interfere with operational duties. The FLMs were also often called out during the programme to attend to urgent policing matters and thus lost out on vital information.
- The possible distrust of the researcher as presenter of the programme by the FLMs, because she was an unknown person from the National Head Office doing research on a very sensitive subject.
- The FLMs' unfamiliarity with the dangers of HHSA/BD in their work environments.

Even though some FLMs do not view it as their responsibility to "manage" and "address" employees' HHSA/BD habits, it is however indicated as an aspect of human resource management in their job descriptions and is measured with the quarterly Performance Evaluation Process as a serious aspect. Often times FLMs are more likely to focus on their performance with regard to the operational police tasks at hand.

Although statistical inference is useful in assisting the researcher with an interpretation of a set of results, it is also the responsibility of the researcher to assess the substantive significance of the results, as it is indicated that although the results were obtained from a small and unstable sample group, the respondents in these groups were still a representation of the general SAPS FLM and PSW population (Greenland 2008:151; Mitchell & Jolley 2010:357; Weisberg et al 1996:187) and thus the findings can be generalised.

In the next sections the statistical results with regard to the two hypotheses will be discussed as generalised findings and substantiated or explained within the framework of the studied literature.

5.2.1 Discussion on results and findings for hypothesis one

Knowledge, attitude, and behaviour constructs were selected and the measurement results of these constructs applied to prove the first hypothesis, which was: “If the FLMs attend the SWS’ Sober Workplace for Programme for Managers, the collaborative working relationship between them and the PSW will be strengthened to address the HHSA/BD habits of SAPS employees.”

A discussion will follow with regard to the three knowledge constructs’ measurement results to support this hypothesis as incorporated in the Sober Workplace Programme for Managers. These knowledge constructs are: a) the empowerment of the FLMs to have a clear understanding and definition of HHSA/BD, to be able to b) know the signs and symptoms of HHSA/BD as it appears in the workplace, and to c) understand the value of the Occupational Social Work Practice Model applied by the PSWs to address the HHSA/BD problems of employees that would motivate the FLMs to d) work with a positive attitude in a collaborative relationship with the PSWs when addressing the HHSA/BD of employees.

Findings obtained from the knowledge, attitude, and behaviour construct measurements as mentioned above that reflect the opinions and views of the PSWs with regard to hypothesis one will also be highlighted.

5.2.1.1 Discussions on the results of the knowledge constructs for hypothesis one

The FLMs, after being exposed to the Sober Workplace Programme for Managers, indicated no statistically significant differences on the knowledge construct measure to ascertain if they have sufficient knowledge about the difference between a substance use disorder and the HHSA/BD habits of employees in the workplace. With the Mann-Whitney U test measurements on the score levels for the two sample groups (A vs B) with a pre- [t0], mid- [t1], and post-test [t2] score (p-value = 0.05), a small to no effect size (r = 0.00) was reported. The Friedman test also indicated no

statistically significant difference in the mean score (p-value = 0.05) of the knowledge construct measure across the three time points for Group A (HRD/BB) and B (ORS/Parkweg). The results on this knowledge construct measured for hypothesis one implies that the FLMs still do not have a clear understanding of the difference between a substance use disorder and the HHSA/BD habits of employees. These results confirm the stance of Jacobs and Schain (2010:1), McCann et al (2011:7), and Schutte et al (2014:1), indicating that as long as FLMs believe that being diagnosed with a substance use disorder applies only to those employees diagnosed with a dependent state and experiencing and causing problems with an evident impact on the workplace, whilst employees with HHSA/BD habits “do not experience nor cause any problems,” the establishment of a collaborative working relationship with the PSWs to timeously address the HHSA/BD of employees in the workplace will be jeopardised.

Four of the five PSWs reflected with the knowledge construct measurements of the pre- [t0], mid- [t1], and post-test [t2] that they are aware of the definitions of harmful and hazardous substance abuse and binge drinking. Only one PSW in the pre-test [t0] was unsure about the definitions for the terms, but after exposure to the programme content indicated a clear understanding of the terms with the measurements of the mid- [t1] and post-test [t2].

Measurement results for another knowledge construct were obtained with the Mann-Whitney U test indicating no statistically significant differences in the score level for the two sample groups (A vs B) at pre- [t0], mid- [t1], and post- test [t2] (p-value = 0.05), with a small effect size (r = 0.1) reported. Additionally, the Friedman test indicated that there was no statistically significant difference in the mean score (p-value = 0.05) of the construct measure across the three time points for Group A and B with regard to the knowledge of the FLMs about the workplace signs and symptoms of HHSA/BD. This also corresponds with Sokro (2010:86), Schifano (2005:65), and Verstraete (2011:89) who indicate that although the evaluation of work performance deviation is supposed to be the best and most legitimate measure to identify HHSA/BD in the workplace, it does not always succeed in achieving its goal and even random drug testing is an ineffective measure to identify the HHSA/BD habits of employees.

Although the aforementioned knowledge construct measurement results of the FLMs indicated no statistical significant differences in the score levels of the two sample groups, the PSWs measurement results on this knowledge construct with regard to the FLMs indicated in the pre-, mid-, and post-tests that they agree that the FLMs are keenly aware of workplace signs and symptoms of HHSA/BD. This is in line with findings of Baenziger (2007:742), Jacobs and Schain (2010:1), Sonnenstuhl (2003:231), and Stanley (2009:15) that the HHSA/BD habits of employees have a specific influence on their functioning in the workplace and since it poses a definite threat to the wellbeing of these employees, as well as the organisation as a whole, PSWs are often tasked with addressing substance-related wellness issues or raising awareness about the impact thereof. For this reason, PSWs need to have a sound knowledge of HHSA/BD and substance abuse disorders.

The last knowledge aspect tested in support of hypothesis one was to determine to what extent the FLMs understood and valued the Occupational Social Work Practice Model implemented and applied by the PSWs to address substance-related issues on different levels in the workplace. In this regard the Mann-Whitney U test indicated no statistically significant differences in the score levels for the two sample groups (A vs B) at pre- [t0] and mid-test [t1] (p-value = 0.05), with a small effect size (r = 0.1) reported, but did indicate statistically significant differences with the post-test [t2] (p-value > 0.05), with a medium effect size (r = 0.35) reported. The Friedman test also indicated that there was no statistically significant difference in the mean score (p-value = 0.05) of the construct measure across the three time points for Group A and B. The shift in opinion with the Mann-Whitney U test in the post-test measurement results indicated that the FLMs at first did not score the Occupational Social Work Practice Model applied by PSWs to address substance issues to be of value, but after exposure to the Sober Workplace for Managers Programme the post-test results indicated that they did value the Occupational Social Work Practice Model applied by the PSWs. The results indicated that exposure of the FLMs to the Sober Workplace for Managers and the explanation of the Occupational Social Work Practice Model contributed to an increase in the value FLMs assign to this operational model of the PSWs. The FLMs' understanding and value of the

Occupational Social Work Practice Model may contribute to strengthening their collaborative working relationship with the PSWs to address the HHSA/BD habits of employees in the SAPS work environment.

The two PSWs from the Division HRD and Parkweg Cluster indicated with their pre- [t0], mid- [t1], and post-test [t2] measurement results for the knowledge construct with regard to the Occupational Social Work Practice Model being valued by their FLMs that they fully agree that the FLMs do value the SWS model. The PSWs from Bela Bela indicated with the mid-test [t1] and the PSW from ORS indicated with the post-test [t2] that they are unsure if the FLMs value the Occupational Social Work Practice Model. Although PSWs have to market and explain the goal and purpose of the Occupational Social Work Practice Model to especially the FLMs, the systems theory according to Zastrow and Kirst-Ashman (2016:35) emphasised that FLMs and PSWs have their own defined roles that involve specific objectives to reach by the implementation of explicit and expected behaviour.

5.2.1.2 Discussions on the results of the attitude construct for hypothesis one

With regard to the attitude construct measured to determine if hypothesis one was supported, the Mann-Whitney U test indicated no statistically significant differences in the score levels for the two sample groups (A vs B) at pre- [t0] and mid-test [t1] (p-value = 0.05), with a small effect size (r = 0.1) reported, but indicated a statistically significant difference in the post-test [t2], with a medium effect size (r = 0.30) reported. The Friedman test, however, indicated that there was no statistically significant difference in the mean score (p-value = 0.05) of the construct measure across the three time points for Group A and B.

Although the findings about the FLMs' attitude construct measurements in the pre- and post-tests indicated that they were not positive about working in a collaborative relationship with the PSWs to address the HHSA/BD habits of employees, it appeared as if their exposure to the Sober Workplace Programme for Managers not only contributed to the them developing knowledge about the value of the Occupational Social Work Practice Model for the SAPS, but also contributed to them understanding that it is possible to have a positive collaborative working relationship

with the PSWs to address the HHSA/BD habits of the employees in a timeous, effective, and efficient manner. These findings concur with the statements of Fay (1991:5), Miller and Galvin (2016:483), and Secord (2003:2) that the extent to which FLMs are able to identify the HHSA/BD of employees and are willing to address it in collaboration with the PSWs will be influenced by aspects like their supervisory styles, as well as their tendency of hiding and or covering up the signs and symptoms of HHSA/BD of employees under their command or fellow colleagues of the same rank.

The pre- [t0], mid- [t1], and post-test [t2] measurement results of the attitude construct of the PSWs of Bela Bela, Parkweg, and ORS concur with the initial test results of the FLMs not being positive about a collaborative working relationship with the PSWs when addressing the HHSA/BD habits of employees.

The fact that the PSW of Division HRD's measurements on the pre- [t0], mid- [t1], and post-test [t2] indicated that they agreed that the FLMs can work in a positive collaborative working relationship with the PSW to address the HHSA/BD habits of employees emphasised the statements of Fay (1991:5), Miller and Galvin (2016:483) and Secord (2003:2) that the FLMs' supervisory styles and their ability to objectively deal with the HHSA/BD of employees to a large extent contribute to their ability work in a positive collaborative relationship with the PSW when addressing the HHSA/BD phenomenon. As a change agents within the organisation, PSWs need to create an awareness on a macro level within the organisation on how important an objective supervisory attitude is to deal effectively and efficiently with the HHSA/BD habits of employees.

5.2.1.3 Discussions on the results of the behaviour construct for hypothesis one

The measurement results of the behaviour construct, testing the extent to which the FLMs will implement the correct supportive measures when the HHSA/BD habits of an employee are to be addressed in a collaborative relationship with the PSWs, followed the same pattern as the previous two measurement results. The Mann-Whitney U test indicated no statistically significant differences in the score level for the two sample groups (A vs B) at the pre- [t0] and mid-test [t1] (p-value = 0.05),

with a small effect size (r=0.1) reported, but indicated a statistically significant difference in the post-test [t2] (p-value = 0.00), with a small effect size (r = 0.13) reported. The Friedman test, however, indicated that there was no statistically significant difference in the mean score (p-value = 0.05) of the construct measure across the three time points for Group A and B. These results indicated the possibility that the FLMs did benefit from the guideline as indicated in the diagram (Addendum 1) based on the CIPD's Guide (2007:19) that was provided to the FLMs during the facilitation of the Sober Workplace Programme for Managers as intervention. The aim was to explain the demarcation of the roles and responsibilities of the FLM and PSW when addressing the HHSA/BD of employees.

With reference to the measurement results of the PSWs with regard to the behaviour construct testing the extent to which the FLMs are able to implement the correct supportive measures when the HHSA/BD habits of an employee are to be addressed in a collaborative relationship with the PSWs, the measurement results of the pre- [t0], mid- [t1], and post-test [t2] of the PSWs of HRD and ORS indicated that they agreed that the FLMs will be able to implement the proposed supportive measures of the adjusted CIPD's Guide (2007:19). The PSWs of Parkweg and Bela Bela indicated with the mid-test [t1] that they are unsure whether the FLMs will be able to implement the guideline's supportive measures, and indicated with the pre- [t0] and post-test [t2] that they disagree that the FLMs would be able to do this. The different measurements of the PSWs could be because the PSWs do not understand that that the FLMs are not able to apply the guidelines to support a collaborative working relationship with PSWs when addressing employees' HHSA/BD habits, as they may not always be able to balance the various management skills when dealing with the HHSA/BD habits of employees. The reason for this is because FLMs also have to a) know all the ethical and operational requirements of policing (technical knowledge), whilst b) comfortably working with lower and higher ranking police employees (human knowledge), c) being able to assess the complex demands of policing in an ever-changing society (conceptual knowledge), and d) having the motivation to optimally manage and coach employees to their own advantage and that of the organisation by e) optimally using all resources and support systems available including SWS.

The PSWs working with FLMs on the division level at National Head Office may have more support from top management, who in turn will ensure that the FLMs work in collaboration with PSWs when addressing the HHSA/BD behaviour of employees. Those PSWs working in the clusters may not really enjoy this kind of support from top management on provincial level due to geographical distances between the cluster offices and the provincial office.

5.2.2 Discussion on results and findings for hypothesis two

Hypothesis two stated: “If the FLMs attended the SWS’ Sober Workplace Programme for Managers, they will be empowered to effectively and efficiently address the HHSA/BD habits of employees under their command in collaboration with the PSW.” The measurement results regarding the knowledge, attitude, and behaviour constructs selected to prove hypothesis two will be indicated in this section.

To prove hypothesis two, the knowledge, attitude, and behaviour constructs selected were: a) the knowledge the FLMs would have obtained in attending the Sober Workplace Programme for Managers to understand how the workplace demands integral to the SAPS work environment can contribute to the HHSA/BD of employees; b) the knowledge the FLMs gained about the behaviour of employees in relation to HHSA/BD; and c) the FLMs’ understanding of the importance of a substance policy for the SAPS to address HHSA/BD related issues in the workplace. Result measurements with regard to the acquired knowledge will be indicative of how effectively and efficiently the FLMs will apply their knowledge to work in collaboration with the PSWs when addressing the HHSA/BD of employees under their command. The attitude construct to verify hypothesis two is the extent to which the FLMs intend to treat the HHSA/BD habits of employees in the workplace with a no-tolerance attitude and the behaviour construct measurement results showed the extent to which the FLMs are willing to implement the correct action steps as explained in the Sober Workplace Programme for Managers to address the HHSA/BD of employees.

5.2.2.1 Discussion on the knowledge construct results and findings for hypothesis two

For the first knowledge construct measured in support of hypothesis two, the Mann-Whitney U test revealed no statistically significant difference at the pre-, mid-, and post-test score levels (p-value = 0.05), with a small effect size (r = 0.10) reported for the two sample groups (A vs B) on the knowledge construct that FLMs, after attending the Sober Workplace Programme for Managers, will have a sound understanding of the workplace demands that impact on the individual employee and could contribute to the HHSA/BD of employees. The Friedman test also indicated that there was no statistically significant difference in the mean score (p-value = 0.05) of the construct measure across the three time points for Group A and B. The results of this research concur with the findings of Casey and Mitchell (2007:1), Conn (2018:10), and Perez and Barkhurst (2010:2) that although FLMs may have an understanding of the emotional, physical, and social demands of police work on the police employees mandated to execute this work in a complex political climate and within an ever-changing organisational environment in an attempt to ensure the safety and security of all citizens of South Africa, the FLMs often fail to comprehend just how much these work demands can contribute to the HHSA/BD habits of employees.

The PSWs from HRD, ORS, and Parkweg indicated with the pre- [t0], mid- [t1], and post-test [t2] measurement results of the knowledge construct that the FLMs frequently or occasionally have the knowledge to understand how the SAPS workplace demands impact on individual employees and contribute to their HHSA/BD habits. The PSW from Bela Bela indicated with the mid-test [t1] that the FLMs rarely know that the workplace demands of the SAPS contribute to the HHSA/BD habits of employees. This emphasises the argument of Casey and Mitchell (2007:1), Conn (2018:10), and Perez and Barkhurst (2010:2) that FLMs, in their attempts to fulfil the operational mandate of police work in a complex political climate and within an ever-changing organisational environment, do not always have the opportunity to gain the knowledge of how these workplace demands contribute to the HHSA/BD habits of employees. This finding also indicates the difference in the status of the respective collaborative relationships of the FLMs and PSWs from Parkweg, Bela Bela, and ORS.

The second set of knowledge construct measurements to prove hypothesis two aimed to establish if the knowledge the FLMs obtained in the Sober Workplace Programme for Managers about the typical behaviour of SAPS employees in relation to HHSA/BD habits that may impact on how effectively and efficiently the FLMs work in collaboration with the PSWs, will enable them to address the HHSA/BD of employees in the SAPS. In this regard the Mann-Whitney U test revealed no statistically significant difference at the pre-, mid-, and post-test score levels (p-value = 0.05), with a small effect size (r = 0.10) reported for the two sample groups (A vs B). The Friedman test also indicated that there was no statistically significant difference in the mean score (p-value = 0.05) of the construct measure across the three time points for Group A and B. Literature confirmed that the FLMs are aware that the habitual HHSA/BD behaviour of police employees, as part of the "police culture", was established through the years due to organisational socialisation that commenced with these HHSA/BD habits already being instilled at the training academy level. It then continued as a cultural norm from one police generation to the next, as the police employees informally as well as formally learned HHSA/BD behaviour, norms, and expectations via peer group pressure and collegial socialising in the workplace (Conn 2018:11; Lee et al 2014:54; Silverii 2014:78; Yüksel & Tosun 2015:172).

The pre- [t0], mid- [t1], and post-test [t2] results of the HRD and Parkweg PSWs indicated that they felt the FLMs always or frequently know that the typical behaviour of SAPS employees are the result of or relate to their HHSA/BD habits. The mid-test results of the ORS and Bela Bela PSWs show that they felt the FLMs rarely know that the SAPS employees' behaviour is as a result of or related to their HHSA/BD habits. These results concur with the findings of Conn (2018:11), Lee et al (2014:54), Silverii (2014:78), and Yüksel and Tosun (2015:172), as they indicate that PSWs are also aware of and consider the consequences of the role "police culture" plays with regard to the HHSA/BD habits of employees and how it will influence the FLMs' ability to collaboratively work with them to address it.

The third and last knowledge construct measured to prove the second hypothesis was the extent to which FLMs gained knowledge and understanding from exposure

to the Sober Workplace Programme about the importance of a substance policy for the SAPS to serve as a guiding document on how to deal with substance issues in the SAPS, as well as how to work in collaboration with the PSWs to address the HHSA/BD problems of employees. The Mann-Whitney U test indicated no statistically significant differences in the score level for the two sample groups (A vs B) at the pre- [t0] and mid-test [t1] (p-value = 0.05), with a small effect size (r = 0.1) reported, but indicated a statistically significant difference in the post-test [t2] (p-value = 0.02), with a medium effect size (r = 0.44) reported. The Friedman test however indicated that there was no statistically significant difference in the mean score (p-value = 0.05) of the construct measure across the three time points for Group A and B. These research results confirm that FLMs are aware that if employees are faced with problems because of their HSA/BD habits, they react with the “blue code of silence” as a measure to protect one another against the negative consequences of their HHSA/BD habits (Coady et al 2000:6; Dempsey & Frost 2011:83; Skolnick 2005:301). As indicated by Dixon (2007:23) and Gaines and Kappeler (2011:341) the positive post-test results of the FLMs emphasise that since laws infuse policing, the police work environment is organised as a disciplined organisation with rules emanating from specific guidelines and codes of conduct.

The pre- [t0], mid- [t1], and post-test [t2] measurement results of the PSWs from Bela Bela and Parkweg show that they agree and strongly agree that the FLMs are in favour of a substance policy for the SAPS. This thus emphasises the findings of Dixon (2007:23) and Gaines and Kappeler (2011:341) that the FLMs will be able to work in a collaborative relationship with them, as they are keen and adequately trained to apply and implement the prescripts of laws and policies.

5.2.2.2 Discussion on the attitude construct results and findings for hypothesis two

The attitude construct measurement results, to prove hypothesis two, aimed to indicate if the FLMs would demonstrate a no-tolerance attitude towards HHSA/BD in the workplace after being exposed to the Sober Workplace for Managers. With regard to this attitude construct, the Mann-Whitney U test revealed no statistically significant difference at the pre-, mid-, and post-test score levels (p-value = 0.05), with a small effect size (r = 0.10) reported for the two sample groups (A vs B). The

Friedman test also indicated that there was no statistically significant difference in the mean score (p-value = 0.05) of the construct measure across the three time points for Group A and B. The results of these measurements emphasise the indication of Conn (2018:10), Verstraete (2011:89), and Quelch and Knoop (2018:90) that at times the best functioning FLM seems to miss the early signs and symptoms of HHSA/BD habits of employees, as these employees tend to cover up or always provide original excuses for their HHSA/BD related behaviour. The fact that FLMs may miss the early signs and symptoms of employees' HHSA/BD also supports statements that the other dilemma they are faced with and that may impact on them having a no-tolerance attitude is that the substance abuse and resulting problems of new substance abusers in particular seldom manifest as "typical" signs and symptoms of HHSA/BD habits, but the toxins of the used substances still impair their ability to function and perform efficiently in the workplace (Fay 1991:5; Sokro 2010; 86; Verstraete 2011:90). Nevertheless, it is expected of FLMs working closely with employees under their command on a daily basis to serve as primary change agents in an organisation where the FLMs' actions towards HHSA/BD in the workplace will set an example for important behavioural changes required in this regard (Lasley 2012:137; Mbaku 2016:22; Robbins et al 2010:358).

Thus, it appears as if the demarcation of roles and responsibilities for both the FLMs and PSWs in how to address the HHSA/BD habits of employees in the workplace needs to be stressed and addressed in a variety of manners and at various times by the PSWs to strengthen the collaborative working relationship with the FLMs.

The pre- [t0], mid- [t1], and post-test [t2] of all the PSWs show that they agree and strongly agree that the FLMs, despite difficulties in identifying the HHSA/BD signs and symptoms in the early stages according Conn (2018:10), Verstraete (2011:89), and Quelch and Knoop (2018:90), will have a no-tolerance attitude towards the HHSA/BD behaviour of employees.

5.2.2.3 Discussion on the behaviour construct results and findings for hypothesis two

The behaviour construct measured to establish the ability of the FLMs to follow the correct action steps to address the HHSA/BD habits of employees, as outlined in

the Sober Workplace Programme for Managers, indicated with the Mann-Whitney U test that no statistically significant difference was revealed at the pre-, mid-, and post-test score levels (p-value = 0.05), with a small effect size (r = 0.10) reported for the two sample groups (A vs B). The Friedman test also indicated that there was no statistically significant difference in the mean score (p-value = 0.05) of the construct measured across the three time points for Group A and B. As stated by O'Keeffe (2006:192), well-functioning FLMs can identify, comprehend, and resolve a multifaceted problem like HHSA/BD when they apply their knowledge not only obtained with the Sober Workplace Programme for Managers, but also knowledge contained in the SAPS policies and prescripts. When FLMs succeed in applying this knowledge, they will be able to execute the five main control tasks of a manager which entails: labour, productivity, maintenance, resources, and information control (Armstrong 2007:94; Kilroy & Dundon 2015:412; Lewis, Goodman, Fandt & Michlitch 2007:10).

The pre- [t0], mid- [t1], and post-test [t2] measurement results of the PSW of HRD indicated that the FLMs will definitely or most likely be able to apply the corrective steps in dealing with the HHSA/BD habits of employees in a collaborative working relationship with the PSWs. The findings of these two PSWs correlate with O'Keeffe's (2006:192) statement that well-functioning FLMs are able to identify, comprehend, and resolve the problems the HHSA/BD habits of employees cause in the workplace. The pre- [t0], mid- [t1], and post-test [t2] measurement results of the PSW of Bela Bela indicate the FLMs are most likely able to behave as well-functioning managers with regard to the HHSA/BD habits of employees, whilst the pre- [t0], mid- [t1], and post-test [t2] measurement results of the PSW of Parkweg and ORS indicated ambivalent measurement results like not at all, possibly, and unsure.

Concluding remarks based on the results and findings of the research study will be discussed in the next section.

5.3 CONCLUSIONS

The results obtained with the pre-, mid-, and post-test measurements of the FLMs to prove the two hypotheses formulated in regard to how the Sober Workplace Programme for Managers can strengthen the collaborative working relationship between the FLMs and PSWs when addressing the HHSA/BD habits of employees mostly indicated no statistically significant differences. The measurement results obtained with the pre-, mid-, and post-test measures of the PSWs indicated that only the test measurements of the PSW from HRD proved the two hypotheses to be correct, whilst the measurements of the other three PSWs' pre-, mid-, and post-tests did not always support the two hypotheses. These results serve as indication that the PSWs cannot and should not solely rely on the Sober Workplace Programme for Managers to strengthen the collaborative working relationship with the FLMs.

To highlight this statement, the conclusions reached with regard to the measurement results of the knowledge, attitude, and behaviour constructs for both hypotheses will be indicated.

5.3.1 Conclusions with regard to construct measurement results for hypothesis one

The conclusions reached based on the measurement results of the knowledge, attitude, and behaviour constructs to prove hypothesis one will be discussed in this section.

5.3.1.1 Conclusions reached with regard to the knowledge construct results obtained for hypothesis one

The results obtained with the knowledge construct measurement to indicate if the FLMs know the difference between HHSA/BD and a substance use disorder emphasise the conclusion reached that various strategies must be used by PSWs to vigilantly explain, clarify, and promote these different definitions. These strategies may include awareness raising like organisational messages, defining the different terminology to be circulated on the SAPS intranet, or explanatory pamphlets distributed at management meetings or substance awareness events.

At the same time, it emphasised the importance of continuous professional development of the PSWs to ensure that they obtain relevant and updated information on substance abuse and HHSA/BD to be able to deal effectively and efficiently with the phenomenon in the workplace.

Conclusions reached with regard to the knowledge construct measurement findings about the ability of FLMs to recognise the signs and symptoms of HHSA/BD in the workplace stress indications by Fay (1991:5), Hess (2009:359), and Schifano (2005:65) that although performance deterioration is very small in the early stages of HHSA/BD, it is often difficult for FLMs to identify the HHSA/BD problems of employees, thus PSWs need to continually inform and remind FLMs about what to look for and how they need to observe employees' performance behaviour for signs and symptoms of HHSA/BD that have a definite impact on the workplace. The findings emphasise the fact that the PSWs have an active educator's role to play in this regard to continuously develop the FLMs and reinforce knowledge about the HHSA/BD behaviour of employees despite the fact that the PSWs participating in this research in all three test measures agreed that the FLMs are well aware of the signs and symptoms of HHSA/BD amongst employees, as it occurs in the workplace.

Lastly, conclusions with regard to the results of the knowledge construct measurement findings to indicate the extent to which FLMs value the Occupational Social Work Practice Model applied by PSWs in social work service delivery indicated that this model was valued by the FLMs.

Even though two of the PSWs indicated that they disagree or are unsure that the FLMs value the Occupational Social Work Practice Model of SWS, it should continuously be implemented as part of the marketing strategy of SWS by indicating to the SAPS management how this model can be applied on a micro, mezzo, and macro level as an approach to address the HHSA/BD of employees.

5.3.1.2 Conclusions reached with regard to the attitude construct results obtained for hypothesis one

The conclusions reached with regard to the attitude construct measurement results correspond with findings by Miller and Galvin (2016:483) and Conn (2018:10), indicating that the SAPS FLMs, being in a male dominant work environment with especially male FLMs, are in general reluctant to seek support from a PSW with regard to the HHSA/BD problems of their employees. This concurs with statements by Bennett et al (2003:33) and Verstraete (2011:89) that FLMs are resistant to address the HHSA/BD problems in collaboration with the PSW, or they may tend to just deny the existence of the HHSA/BD problems of the employees under their command altogether. PSWs as change agents within the organisation and in their roles of educators have to persist in ensuring that the FLMs have a sound knowledge base about the signs and symptoms of HHSA/BD amongst employees, as these are often the manner in which employees attempt to cope with workplace-related or personal problems.

5.3.1.3 Conclusions reached with regard to the behaviour construct results obtained for hypothesis one

The measurement results of the behaviour construct for hypothesis one contribute to the conclusion that the FLMs benefitted from the guideline as indicated in the diagram based on the CIPD's Guide (2007:19) and provided (see Addendum 1) to them at the presentation of the Sober Workplace Programme for Managers to explain the demarcation of the roles and responsibilities of the FLM and PSW when addressing the HHSA/BD of employees. PSWs have to advocate for the correct and consistent implementation of this guideline that will contribute to the formation of a strong collaborative working relationship between the FLMs and PSWs when addressing HHSA/BD in the workplace. It was also concluded that if the successful implementation of this guideline by FLMs and the change in performance of an employee's HHSA/BD behaviour is mentioned in the feedback report of the PSWs to the top management, it may serve as recognition to the FLMs and reinforce their behaviour to deal effectively and efficiently with the HHSA/BD behaviour of employees in collaboration with the PSWs.

5.3.1.4 General conclusions reached with regard to hypothesis one

In general, it can be concluded with regard to the measurement results of the knowledge, attitude, and behaviour constructs to prove hypothesis one that no statistically significant difference was indicated in the score level for the two sample groups of FLMs and inconsistent measurement results of the PSWs. However, the fact that post-test scores of some construct measurements indicated a statistically significant difference demonstrated that the Sober Workplace Programme for Managers can, with certain adjustments to the programme content and method of presentation, be utilised as one of the strategies to play a role in strengthening the collaborative working relationship between the FLMs and PSWs to address the HHSA/BD habits of employees. Suggestions for other strategies and activities that can be implemented to strengthen the collaborative working relationship between the FLMs and PSWs regarding the HHSA/BD habits of employees will be discussed as recommendations in this chapter. Lastly, PSWs need to be trained in the benefits of the Sober Workplace Programme for Managers to confidently present it to the FLMs as an answer to collaboratively addressing the HHSA/BD habits of employees.

5.3.2 Conclusions reached with regard to construct measurement results obtained for hypothesis two

The conclusions reached with regard to the knowledge, attitude, and behaviour constructs measurement results for hypothesis two will be discussed in this section.

5.3.2.1 Conclusions reached with regard to the knowledge construct results obtained for hypothesis two

The researcher agreed with Beiglbock and Faselmayer (2009:51), Gaines and Kappeler (2011:15), and Moore and Miller (2015:404) that FLMs have to cope with various workplace demands, as well as the continuous implementation of new policies and policing models to stay relevant and manage crime prevention in an ever-changing society. These aspects eventually contribute to a work environment and atmosphere of combined dissatisfaction and cohesiveness where the often aggrieved FLMs had to cope with employees, knowing that these very workplace demands contributed to the development of the police culture founded on shared norms, values, and morals that eventually predict how employees should think, feel,

and behave (Cockcroft 2015:4; Crank 2015:3; Perez & Barkhurst 2010:14; Strank 2005:17). It is agreed that since the FLMs themselves are exposed to tremendous workplace demands, they will often not deem it as important to plan and implement preventative measures in collaboration with the PSWs to address the challenges and the demands of the variety of police work required of police employees whilst still adhering to police prescripts and accountability requirements (Casey & Mitchell 2007:2; Davey et al 2000:205; Gaines & Kappeler 2011:1; Waters & Ussery 2007:171). The results of this study agree with statements by Lee et al (2014:54) and Silverii (2014:78) that police employees often gather together to ventilate their frustrations in an attempt to de-stress and in the end are overcome by their HHSA/BD habits that contribute negatively to their work environment. The research results with regard to this knowledge construct also confirm that FLMs are aware that if police employees are faced with problems because of their HSA/BD habits, the FLM as well as the employees tend to react with the blue code of silence as a measure to protect one another against the negative consequences of their HHSA/BD habits (Coady et al 2000:6; Dempsey & Frost 2011:83; Skolnick 2005:301).

A conclusion is reached that it is of utmost importance that the PSWs focus on strategies and plan strategies on how to assist police employees and FLMs to develop positive coping mechanisms that will contribute to their resiliency and to prevent HHSA/BD from being rife in the SAPS environment.

A last conclusion reached based on these knowledge construct measurement results is the SAPS' urgent need for a policy guiding document to give the FLMs the guidelines needed to address the HHSA/BD of employees and demarcate roles and responsibilities between themselves and the PSWs and so enable them to work in a strong consistent working relationship with police employees with HHSA/BD problems.

5.3.2.2 Conclusions reached with regard to the attitude construct results obtained for hypothesis two

The fact that the attitude construct measurement with regard to the FLMs having a no-tolerance attitude towards HHSA/BD in the workplace did not support hypothesis

two indicates that the FLMs are facing a valid dilemma that can contribute to them not having a no-tolerance attitude to HHSA/BD in the workplace, as substance abuse and the resulting problems of new substance abusers in particular seldom manifest as “typical” signs and symptoms of HHSA/BD habits, but the toxins of the used substances still impair their ability to function and perform efficiently in the workplace (Fay 1991:6; Sokro 2010:86; Verstraete 2011:90). Yet it is expected of FLMs working closely with employees under their command on a daily basis to serve as primary change agents in an organisation where the FLMs’ actions towards HHSA/BD in the workplace will set an example for important behavioural changes required in this regard (Armstrong 2007:94; Lewis et al 2007:10; Robbins et al 2010:358). Since FLMs are not professionally skilled to diagnose the substance problems of employees, it is concluded that in the absence of a substance policy, the demarcation of roles and responsibilities for both the FLM and PSWs in how to address the HHSA/BD habits of employees in the workplace needs to be stressed and addressed in a variety of manners and at various times by the PSWs to strengthen the collaborative working relationship with the FLMs, as it will prevent the FLMs from making serious judgement mistakes.

5.3.2.3 Conclusions reached with regard to the behaviour construct results obtained for hypothesis two

With regard to the measurement results of the behaviour construct to prove hypothesis two to indicate the extent to which FLMs are willing to follow the proper action steps to address the HHSA/BD behaviour of employees in a collaborative working relationship, it can be concluded that the FLMs are not as yet able, as stated by Armstrong (2007:94), Kilroy and Dundon (2015:413), and O’Keeffe (2006:192), to take into consideration that they have to fulfil three very discreet roles with specific priorities in the organisation. These are as a policy enactor (instilling the practices and policies of the organisation), an organisational leader (encouraging employees’ behaviours in the desired direction), and an employee coach (inspiration and motivation of employees). It can thus be concluded that the SAPS FLMs may still, due to various factors, not be able to fulfil these roles or expectations. In addition, they may be resistant to apply the action steps to address the HHSA/BD of employees in a collaborative working relationship with the PSWs, as advocated in

the Sober Workplace Programme, as the programme content is not reflected in an official guiding document such as a substance policy manual.

5.3.2.4 General conclusions reached with regard to hypothesis two

In general, the non-statistically significant differences obtained with the measurements of the knowledge, attitude, and behaviour constructs to prove the two hypotheses confirm the indications of Kusluvan (2003:26) and Mukherjee and Basu (2005:108) that although it is generally believed that a change in one of the aspects will contribute to an overall change, as people desire consistency between their attitude and behaviour to appear rational and to avoid the discomfort of attitudinal beliefs and behaviour conflict, it is not necessarily always the case (Furnham 2005:269; Kusluvan 2003:27). The cognition aspect that included the beliefs, opinions, and information the FLMs have about the impact of HHSA/BD in the workplace and their personal abilities to deal effectively with the phenomenon, entailed the FLMs' feelings about HHSA/BD practices in the workplace, as well as about the employees involved in these practices. The behaviour aspect referred to the intended actions of FLMs, indicating how they will deal with HHSA/BD in the workplace when it occurs (Kusluvan 2003:25; Mukherjee & Basu 2005:108). It appeared that the culture of the workplace to an extent shaped the attitude of the FLMs towards HHSA/BD. Two other aspects may also have influenced the attitude of the FLMs, namely the level at which they experienced job satisfaction and their commitment to the organisation (Kusluvan 2003:44; Mukherjee & Basu 2005:108). Thus, the PSWs need to consider having a great deal more understanding about the nature of the FLMs' work, the demands of this work, and how they react to workplace demands. This knowledge and understanding can assist the PSWs in their attempts to build collaborative working relationships with the FLMs in an attempt to address the HHSA/BD behaviour of employees in the workplace.

The conclusion was also reached that the fact that this study's measurement results did not support either of the two hypotheses emphasised the World Health Report (WHO 2018:102) depicting South Africa as the country with the most dangerous and highest prevalence of alcohol abuse on the continent of Africa, where heavy episodic drinking (binge drinking) is most prevalent amongst men who are either employed in the South African formal or informal sector (Burnhams et al 2014:14;

Fay 1991:6). Thus, various strategic approaches need to be implemented by especially the PSWs to strengthen their collaborative working relationship with the FLMs to address not only the workplace problems caused by employees' substance induced disorders (American Psychiatric Association 2013:483-484), but also safety risks and problems as a result of employees' HHSA/BD habits.

A piecemeal approach to planning changes in the FLMs' knowledge, attitude, and behaviour towards the HHSA/BD habits of employees and to address it in a collaborative work relationship with the PSW will be very disappointing to all involved.

For some time now the PSWs have been focussing on individual casework or awareness programmes as the focal point to address the relationship between work and emotional problems. Although PSWs gave input for policy issues, little attention has been given to the role they can play from an organisational change perspective as organisational change agents.

To work successfully in a workplace like the SAPS, PSWs practising social work in an occupational setting like the SAPS need to do community profiling of the work environment in such a manner that the additional knowledge and understanding of the behaviour of the FLMs and police employees they command are understood in the context of the broader behaviour of the organisation.

Thus, the researcher recommends that the SAPS as organisation, the FLMs as key role players, and the PSWs can contribute to a strong collaborative working relationship between FLMs and PSWs to address the HHSA/BD habits of employees, as will be discussed in the next section.

This indicates that occupational social work entails: a) a work-focused assessment by assessing the requirements or problems of various client systems in the workplace and the mutual relationship between them; b) the assessment of the involvement and impact of the employing organisation upon the community in which the workplace operates; c) work-focused interventions with individuals, groups, employing organisations, and communities; d) the implementation of organisational

and community involvements and activities to ensure a social responsibility in the employing organisation; e) the advancement of a philosophy in the workplace to improve human rights applications, social justice, and productivity; and f) work directed policies and programme development.

5.4 RECOMMENDATIONS

When approaching this research study, the systems theory was used to provide a theoretical background and guiding principles for the study.

When offering recommendations in general and specifically, it will be based on the results as discussed and the conclusions that were reached. The recommendations will focus on the FLMs and PSWs as sub-systems within the SAPS system. The main aim will also be to offer recommendations that will focus on how the collaborative working relationship between the two sub-systems, the FLMs and PSWs, can be strengthened to the extent that these parties can effectively and efficiently address the HHSA/BD habits of employees of the SAPS.

Firstly, recommendations will be offered about how the SAPS system can contribute to a strong collaborative working relationship between the FLMs and PSWs.

Secondly, the focus will be on recommendations with regard to the role and responsibilities of the FLM system that will contribute to strengthening the collaborative working relationship with the PSWs when addressing the HHSA/BD habits of employees.

Lastly, research and practice recommendations will be offered with regard to the PSW system and how the PSWs can contribute to address the HHSA/BD habits of employees in a strong collaborative relationship with the FLMs.

5.4.1 Recommendations for the SAPS system with regard to addressing employees' HHSA/BD in the workplace

The first and most important recommendation for the SAPS system is to develop and provide a substance abuse policy for the organisation. The policy linked with

the disciplinary guidelines as well as the EHW Policy should demarcate the roles of the FLM and PSW, as well as the expected substance-related behaviour of all employees as a guiding document.

Future research about the need for a substance policy, as well as the expectations with regard to the policy content, can be of benefit for SWS considering their scope of work, as already indicated.

The second recommendation for research is the expectation of the SAPS, as reflected in the SAPS Annual Performance Plan (2018a:5), that human resources are the most valuable asset of the SAPS and the Component EHW is responsible for ensuring that the staff complement of 193297 are functioning as healthy and productive employees (SAPS 2018b:61). Since the performance of the PSWs are measured with regard to the total number of employees exposed to high priority programmes, such as substance abuse, domestic violence, sexual harassment, and anger management, it needs to be established how valuable these programmes are to the individual police employee who attended and how it influences the SAPS system positively.

5.4.2 Recommendations for the FLM system with regard to addressing employees' HHSA/BD in the workplace

Regardless of the results and findings of this research study showing no statistically significant difference in the measurement results of the two FLM sample groups, the researcher stays keenly aware that the FLM as a sub-system in the SAPS system that is working closest to the operational police employee system fulfils a vital role as primary change agent with regard to HHSA/BD. These FLMs can implement their role as change agents more effectively and efficiently if they work in a strong collaborative working relationship with the PSWs when addressing employees' HHSA/BD.

Thus, it is recommended that future research focus on how the FLMs view their generic job descriptions, which indicate that they have to manage and control the human resources of the work environment under their command (SAPS 2018d), and what they see as their function when managing the administrative procedures

regarding police employees, but also the supporting procedures on personal and work-related problems. It is also recommended that research focus on how, when, and with whom the FLMs as a sub-system liaise or work in collaboration with the PSWs as a sub-system and what their expectations and needs are to work in collaboration with the PSWs, especially with regard to HHSA/BD habits of employees.

5.4.3 Recommendations concerning the PSW system with regard to addressing employees' HHSA/BD in the workplace

With regard to the PSW system, the practical application of the Occupational Social Work Practice Model in the SAPS work environment needs to be researched in depth.

It is suggested by the researcher that the presentation of the Sober Workplace for Managers be preceded by a comprehensive community profiling strategy of the FLMs' system as part of the PSWs' community profiling of the workplace. This profiling of the FLMs can serve as an indication for the PSWs to determine when, where, and who to expose to the Sober Workplace Programme for Managers or involve in attending the course. Proper community profiling will then ensure that the FLMs attending the programme are ready, able, and willing to internalise the knowledge, attitude, and behaviour change requirements advocated in the Sober Workplace Programme. They will then also be able to address HHSA/BD habits of employees in a strong working relationship with the PSWs.

The aim with this FLM profiling will however not only be to determine the readiness of exposing the FLMs to the Sober Workplace Programme for Managers, but to a variety of other social work interventions attempting to strengthen the collaborative working relationship between the FLMs and PSWs to address HHSA/BD of employees.

In applying the systems theory as discussed in Chapter 1, the PSWs need to focus on the interaction between the individual FLM and his/her work environment at the various levels within each system where these FLMs are functioning. As indicated in the Annual Performance Plan of the SAPS (2018a), a call was made on social

workers to assist the managers in appropriate ways to address the HHSA/BD problems of employees. This requires the PSWs to apply the systems approach and invest in more than one intervention strategy directed at all levels of the workplace with the intention to affect the workplace from the individual FLM upwards to the total corporate management.

The SAPS as workplace is the community of the PSW and he/she must compile a general profile of the community (cluster, section, division, etc.) where social work services are rendered to police employees. Since these employees are managed by FLMs, it is vital for the PSW to apply community work roles in the occupational social work milieu to obtain a profile of the specific workplace communities, in this case that of the FLM system.

In profiling the FLMs in a SAPS work environment, the PSWs will have to apply the roles of researcher, needs analyser, educator, and change agent. In the process of obtaining a profile of the FLM system as a whole and the FLMs as individuals, an adjusted version of Vadackumchery's (1999:29) model to understand the police management can be applied. A flowchart for this process is reflected in Figure 5.1.

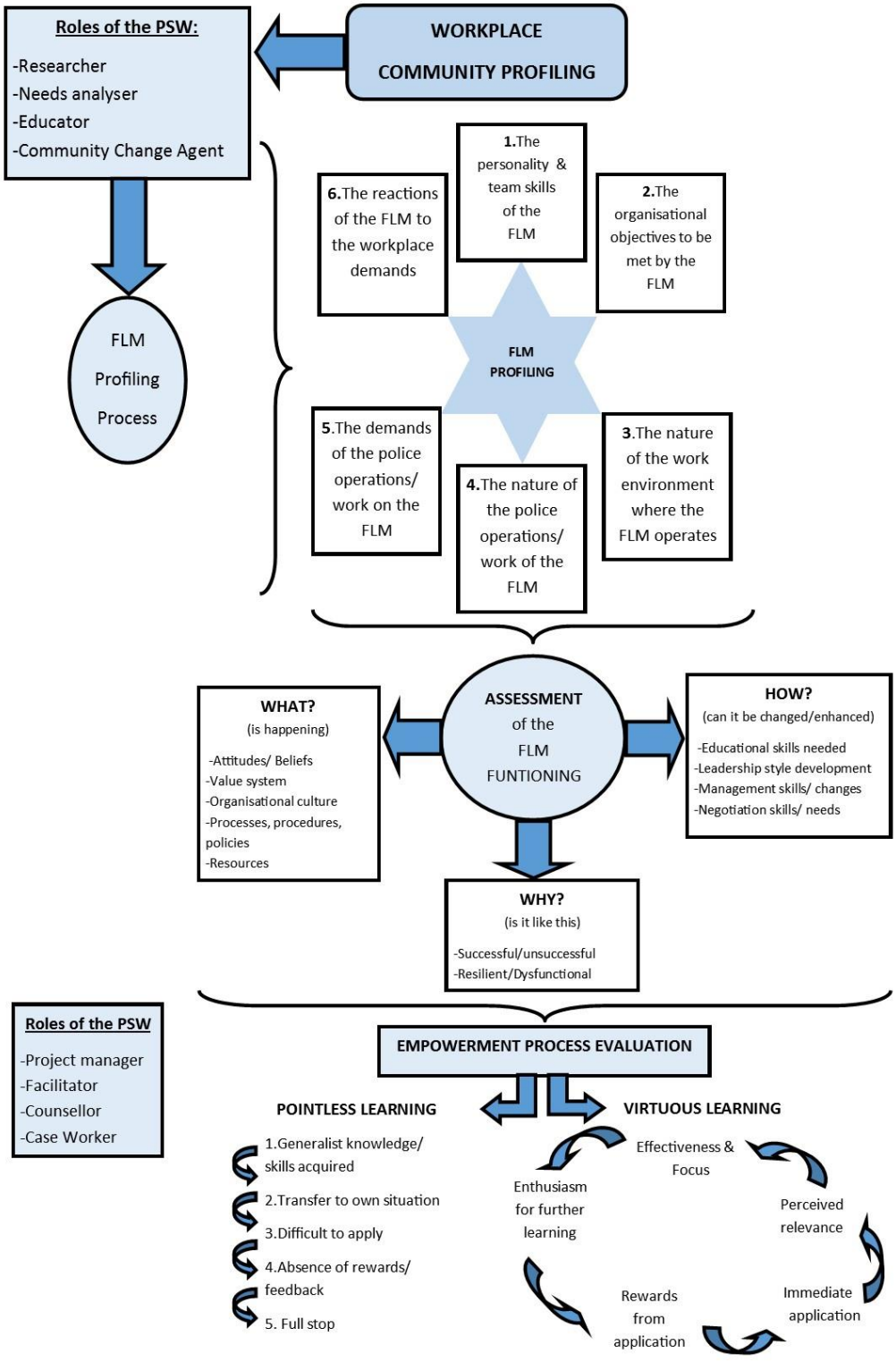

Figure 0.1: SWS profiling process of FLMs

Over time, the PSW needs to answer the following six questions to profile the FLMs as a system or individually:

- What are the personalities of the FLMs? As all PSWs are trained in the Keirsey Personality Sorter, it can assist the PSW to ascertain the management styles of each FLM and how they function as a team bearing in mind their individual personalities.
- The PSW then has to establish what the exact organisational objectives are to be reached by the FLMs, as these serve as indicators that targets/goals have been reached.
- The PSW also has to know and study the physical work environment where the FLMs must function – the facilities, demographics, surrounding community, etc.
- Then the PSW has to know what the FLMs are actually doing – what is on their job description and Performance Evaluation Plan (PEP) that indicates the expected performance targets.
- As the following step, the PSW has to use interviewing skills to determine what the FLMs generally experience as workplace demands and what each individual perceives as demanding workplace expectations.
- Lastly, the PSW either enquires or attentively observes (in meetings or in general) how these FLMs react to workplace demands and how these reactions fit in with the personality of the individual FLM or the general "personality" of the team. The main aspect to observe or listen for is the role HHSA/BD plays either as part of the team's activities or as a coping mechanism of the individual; how often, where, when, and who.

During the profiling process the PSWs, based on a model of Fourie (2001:103), need to continuously ask the following questions, being guided by specific aspects:

1. Why? Why are the FLMs as a team or as an individual functioning successfully in the work environment with all its demands and strains or why are they unsuccessful? Likewise, why are they more resilient or dysfunctional in coping physically, psychologically, or socially with the demands of policing?

2. What? What are the attitudes and beliefs of the FLM team and the individual FLMs? What value systems are they adhering to and how do they react to diversity? What are the organisational cultural beliefs they honour (the police culture/blue code of silence)? What processes, procedures, and policies (especially with regard to HHSA/BD) do they as a team and as individuals apply or adhere to, how and when do they differ from one another, and how do they deal with differences and conflict? What resources that are needed to function and do what needs to be done are available or lacking? What commanding structures are in place and how effective are they?
3. How? The PSW needs to assess how to assist the FLMs as a team and individually with relevant and applicable social work interventions to address or enhance their functioning as FLMs. Can it be addressed or enhanced with communication, leadership development, management skills, negotiation abilities, education, or support? Through group work, individual case work sessions, or awareness programmes? How, when, where, and with whom?

Once the FLMs have been exposed to the Sober Workplace Programme for Managers, the outcome can be evaluated with the utilisation of Mumford's model (Fourie 2001:89) to evaluate if pointless or virtuous learning took place, especially if the PSW in the role of educator attempted to instil skills that requires knowledge, attitude, and behaviour change with regard to HHSA/BD in the workplace.

It is recommended that the PSW work diligently in a strong, collaborative working relationship with the FLMs to address the HHSA/BD of employees and always have plans in place to strengthen this collaborative working relationship with the FLMs. What appears to be important is planning to manage and strengthen the collaborative working relationship and to be aware of and manage the dynamics that may impact on the strength of the working relationship with the FLMs in an attempt to address the HHSA/BD of employees.

The recommended model requires the PSWs to take a leap and view their approach to working in collaboration with FLMs differently. The key element is the point of view supporting a change of mindset or framework and to plan a powerful systems-orientated work approach that requires a holistic work method of long-term, creative,

and constructive initiatives for community profiling, assessment, and evaluation of the workplace in an attempt to build strong collaborative working relationships with the FLMs.

It is finally recommended by the researcher that future research focus on: a) a follow-up study on the manner in which the FLMs are being exposed to the Sober Workplace Programme since its implementation and the manner in which the content directives are being applied to enable the FLMs and PSWs to work in a collaborative relationship when addressing HHSA/BD habits of employees; and b) the extent to which the social work community profiling of the FLMs have been implemented by the PSWs, to assess and evaluate if the social work interventions aimed to enhance the skills of the FLMs contributed to them working in a collaborative relationship with the PSWs to address the HHSA/BD of employees.

5.5 SUMMARY

This chapter commenced with an introduction to the discussion and conclusions reached based on the results and findings obtained with the application of the switching replication quasi-experimental design with regard to the knowledge, attitude, and behaviour constructs from the two sample groups who took part in the research study.

The discussions and conclusions were based on the extent to which the measured knowledge, attitude, and behaviour construct results proved or disproved the two hypotheses.

Lastly, recommendations with regard to research and developments were made pertaining to the SAPS as system and the FLMs and PSWs as sub-systems, with the aim to enhance the establishment of a strong collaborative working relationship between the FLMs and PSWs to address the HHSA/BD habits of employees in the SAPS in an effective and efficient manner.

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