

**RENDERING SERVICES WITHIN THE EMPLOYEE ASSISTANCE
PROGRAMME (EAP) IN THE GAUTENG DEPARTMENT OF HEALTH:
VIEWS AND EXPERIENCES OF SOCIAL WORKERS**

By

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submitted in accordance with the requirements

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DEDICATION

This study is dedicated to my late dearest parents, Mr. and Mrs. Mudzanani, for always encouraging me to further my studies even though they could not attain high school education. *Vha edele nga mulalo* [rest in peace]; “*I made it.*”

DECLARATION

I, **Lebogang Jacobeth Mphothi**, declare that the study on Rendering Services within the Employee Assistance Programme in the Gauteng Department of Health: Views and Experiences of Social Workers, is my own work. All sources used and referred to are acknowledged by means of in-text citations and the comprehensive reference list.



Signature

14 January 2021

Date

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ABSTRACT

The Employee Assistance Programme is regarded as a tool that could assist employees in organisations with both their personal and work-related problems. This has become evident as more employers are offering these services to their employees. The goal of this study was to gain an in-depth understanding of social workers' views and experiences in rendering EAP services in the Gauteng Department of Health (GDoH).

The study used a qualitative research approach by focusing on the explorative, descriptive, and contextual designs. Constructivist theory and the person-environment-fit model formed the framework of this study. Purposeful sampling (a criterion-based sample) was used to select social workers rendering EAP services in the GDOH. Eleven social workers who met the criteria participated in the study and their ages ranged between 33 and 50 years. Data was collected by means of semi-structured interviews. The Tesch's eight steps of data analysis was used, and data verification was conducted based on the Guba model.

The findings in this study indicate that EAP is an important programme. However, it is not prioritised by the GDoH. Consequently, EAP practitioners experience challenges that negatively affect the provision of quality EAP services. Despite the challenges, most of the EAP practitioners nonetheless continue to render these services albeit under difficult circumstances since they love and have a passion for the work they do.

ABBREVIATIONS

DPSA – Department of Public Service and Administration

EAP – Employee Assistance Programme

EAPA – Employee Assistance Programme Association

EHWP – Employee Health and Wellness Programme

GDoH – Gauteng Department of Health

NASW – National Association of Social Work

WHP – Work Health Promotion

WWP – Worksite Wellness Programme

PIE – Person-in-Environment

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CHAPTER ONE

GENERAL ORIENTATION TO THE STUDY

1.1 General introduction, statement of the problem, and motivation of the study

1.1.1 General introduction

Globally, Employee Assistance Programmes (EAPs) have become an important tool in helping employees with their personal and productivity issues experienced in their organisations (Yu, Li & Hsu, 2009:366). While EAP is frequently used to define the formal mode of employee assistance, projects such as the Employee Wellness Programme (EWP), Worksite Wellness Programme (WWP), or Workplace Health Promotion (WHP) (Jarman, Martin, Venn, Otahal & Blizzard, 2016:1; Pink-Harper & Rauhaus, 2017:352; Shea & Scanlon, 2017:126:1) are often used; however, the principle of focusing on behavioural health and mental health (Rebecca, 2012:26), and helping employees to deal effectively with their personal and work-related problems which affect productivity and their work performance remains crucial (Yu *et al.*, 2009:366; Ndhlovu, 2010:1). Since its inception, the EAP has evolved and expanded from being an alcohol and substance abuse programme to include wellness and work/life services such as healthy lifestyle programmes; for instance, the end-of-life programme indicated in the study by Pawlecki (2010). EAP has expanded to focus on health (behavioural health and mental health), personal and workplace challenges (Rebecca, 2012:26), stress management, HIV/AIDS services, work/life, health and wellness (Terblanche, 2009:208), all of which are influenced by the change that diversity and workplace characteristics demand (Frauenholtz, 2014:154).

EAPs are also widely regarded as a cost-effective solution to an unhealthy and unproductive labour force, which affects the success of the economy as well as employees' health (Cancelliere, Cassidy, Ammendolia & Cote, 2011:2). Hence, 75% of employers internationally are offering EAP services to their employees (Cassio, 2013:609; Gale, 2018:50) as a preventative measure to address chronic absenteeism or sickness among working personnel, enhance employee productivity, and organisational image (Li, Sharar, Lennox & Zhuang, 2015:67; Ames, Chen, Huang, Chang, Chang &

Chuang, 2016:1). Although the provision of EAP services or wellness programmes is unregulated employers are increasingly providing these services (Baldwin, 2016:24). Many employers attest to the positive effects EAP services have on improving health and reducing medical costs, reducing absenteeism, increasing productivity, reducing the number of workforce injuries, and improving morale and staff retention (Sinha & Sarah, 2010:241). The positive effects of EAP have led to more employers developing wellness policies to respond to a growing diverse workforce (Goetzel, Henke, Head, Benevent & Calitz, 2017:229).

According to Cox and Pardasani (2013:655), organisations need to develop strategic policies and guidelines to deal with the psychosocial needs of their employees. Globally, the private sector is ranked the highest in terms of developing work-life policies compared to the public sector which still lags behind (Connerley & Wu, 2016:480). Furthermore, in the United States of America (USA) services such as childcare and support for working mothers are mostly offered by private rather than public companies. In an effort to ensure that employers implement EAPs in their organisations, the USA has introduced a regulation under their Affordable Care Act of 2010 with the intention of encouraging employers to implement EAPs to promote healthy living and prevent disease (Baldwin, 2016:24), such as the cardiovascular prevention programme indicated in the study by Goetzel *et al.* (2017).

There seems to be a plethora of reasons why employers should provide EAP services, but it is mostly driven by practical challenges that need to be addressed within an organisation (Mogorosi, 2009:345). However, most employers are motivated to provide EAP services on humanitarian and economic grounds, and to promote retention of their skilled employees (Santamour, 2010:18). For instance, in the study by Fink, Smith, Singh, Inrke and Cislser (2016) on obese employees' participation patterns in wellness programmes, the employer instituted EAP services to address the obesity problem; in the study by Pawlecki (2010) on end-of-life it was found that the employer implemented the programme to address end of life; and in the study by Goetzel *et al.* (2017) on workplace programmes, policies and environmental support to prevent cardiovascular disease, the employer instituted the programme to address cardiovascular disease

which is considered a leading cause of death in the USA. The EAP model adopted by an organisation often reflects its individual and organisational experience, expectations, and challenges (Fertman, 2015:270). Therefore, the rationale for establishing an EAP is its potential to modify services to suit the needs and expectations of an organisation (Fertman, 2015:270). However, regardless of the difference in the need of assessment for EAP services, it seems that most employers provide EAP services because of their positive effects on productivity. They believe these services will produce the intended results (Mogorosi, 2009:345) and show returns on investments such as a reduction in health care related costs (Yu *et al.*, 2009:366); this is considered a vital service provided it is run by professionals (Shakespeare-Finch & Scully, 2014:72).

The provision of counselling in the workplace or occupational social work services is widely known and is one of the major organisational interventions in response to the psychological and mental wellbeing of employees (McLeod, 2010:23; Reisinger, 2013:239). However, due to the demographic characteristic changes and lifestyles of employees, the scope of the programme has also expanded to render comprehensive services which include marital, personal, financial, legal, and mental health services to respond and adapt to changes in the workplace (Pink-Harper & Rauhaus, 2015:353), for instance, stress management programmes indicated in the study by Arthur (2010) on employee assistance programmes. In addition to the expansion of services is the integration of the spiritual role in EAP services (Van Wyk & Terblanche, 2018:1).

The employee assistance programme is regarded as a fledgling specialty field. However, its origin can be traced back to World War I when occupational social work was initiated in England to render counselling and recreation services to troubled workers (Frauenholtz, 2014:154). It was in the same era when the USA introduced occupational alcoholism programmes in their business industry to help identifying and treating employees with alcohol abuse problems (Frauenholtz, 2014:154). However, between 1970 and 1980 organisations changed their focus from alcohol and substance abuse to comprehensive counselling to include all employees' health (behavioural health and mental health), personal, and workplace problems (Rebecca, 2012:26; Frone, 2013:177), and incorporating other aspects such as psychosocial, physical,

mental, and spiritual wellness (Van Wyk & Terblanche, 2018:1). These led to an evolution of the EAP (Frauenholtz, 2014:214). The financial wellness programme highlighted in the study by Monroe (2010:12) is a case in point.

As is the case in many countries, South Africa has introduced EAPs as a tool to alleviate alcohol and substance abuse problems and effectively help employees with their personal and productivity issues in the workplace (Sieberhagen, Pienaar & Els, 2011:5). The programme was initiated by the South African Chamber of Mines in the 1940s, after the return of soldiers from the Second World War, because of the need for healthcare services (Sieberhagen *et al.*, 2011:5). This initiative gave birth to the Springkell-Sanatorium Hospital in Modderfontien, Johannesburg (Gauteng Province), which focuses on healthcare services. However, by 1961 this hospital was focusing on the treatment of alcohol and drug problems for individual workers (Ndhlovu, 2010:20). The number of organisations such as Chevron (EAPA-SA, 2014:4) in South Africa implementing EAPs has since increased considerably. For instance, in 1999 about 45 percent of the 93 surveyed companies in South Africa offered EAP services.

South Africa is viewed by other African countries as a good EAP benchmark on the African continent. This is evident as the Department of Public Service and Administration (DPSA) which administers 41 government departments have developed an Employee Health and Wellness Strategic Framework which includes a wellness management policy and guidelines to ensure that government departments implement EAP services (DPSA Employee Health and Wellness Strategic Framework, 2008). In 2017 the DPSA released a circular, Employee Health and Wellness (EHW) No 1 of 2017, to instruct government departments to develop policies that promote the health and wellbeing of employees (DPSA, Circular No: Employee Health and Wellness No 1 of 2017). South Africa has also initiated a project by the Employee Assistance Professionals Association of South Africa (EAPA-SA) to help African countries develop EAP structures in their countries with the focus on increasing EAPs in Africa (EAPA-SA for Africa, 2014:4). EAPA-SA shared their programme with other African countries in a response to requests by many companies such as Chevron who distribute their products on the Africa continent. Their aim was to expand EAP services to African

countries in order to address the needs of their employees as some African countries seem to lack their own resources and infrastructure to render EAP services. The EAPA-SA project was responsible for introducing, initiating, and developing EAP structures on the continent and to assist them to form committee structures which could oversee the programme (EAPA-SA for Africa, 2014:4). Table 1.1 illustrates the EAP activities that took place in African countries.

Table1.1: Launch of EAP in Africa (EAPA, 2014:4)

Country	Dates for EAP launch	Activities
Botswana	2011	<ul style="list-style-type: none"> • Launch of EAP by Ms Vandayar from EAPA-SA. • Local EAP/Wellness group is formed. • The committee consults with the country's legal team to align EAP services with the law of the country.
Namibia	2011	<ul style="list-style-type: none"> • Launch of EAP by Prof L Terblanche from EAPA-SA. • Local EAP/Wellness group is formed.
Nigeria	2012 – 2017	<ul style="list-style-type: none"> • Launch of EAP by Ms R Vandayar and Smith from Chevron. • Local EAP/Wellness group is formed. • Host for the EAPA conference in Nigeria. • EAPA-Nigeria honour and recognise EAPA-SA for the leadership role in the establishment of EAP in Nigeria (EAPA-Nigeria 2017).
Malawi	2012-2014	<ul style="list-style-type: none"> • Launch of EAP Africa project by Prof L Terblanche from EAPA-SA. • Local EAP/Wellness group is formed. • Planned follow up session for the local EAP/Wellness group.
Swaziland	2012	<ul style="list-style-type: none"> • Launch of EAP Africa project by Mr T Mamaila from EAPA-SA.
Tanzania	2013	<ul style="list-style-type: none"> • Launch of EAP Africa project by Mr T Mamaila from EAPA-SA.

Table 1.1 illustrates that African countries only introduced the EAP after the year 2000 with the assistance of EAPA-SA (EAPA-SA, 2014:4). In 2014 countries such as Ghana, Kenya, Lesotho, Mozambique, Zimbabwe, and Uganda showed an interest in EAPs.

Although EAPs can be rendered by other professions such as psychologists, nurses, psychiatrists, and some non-professionals, social workers are still considered the most relevant profession to render these services due to their statutory affiliates and job description (Occupational Social Work Regulation, 2010; EAPA Conference, 2016). It seems that social workers are the preferred and key providers of EAP services, because of their expertise in the person-in-environment (PIE) field, their ability to intervene on micro (individual), meso (group), and macro (community) levels, and the advocacy role they play in society (National Association of Social Workers, 2012). Social workers are regarded by the business world as professionals who understand workers holistically and can make provision for effective intervention within the work organisation, and also assist employers and employees to deal effectively with certain situations in their organisations (Cox & Pardasani, 2013:644). Social workers have the ability and the skills to advocate for policies that can protect the rights of employees by ensuring that those policies are responsive to the needs of the employees (Cox & Pardasani, 2013:644).

Several studies have indicated that EAP services are effective as they decrease absenteeism, increase productivity, decrease work-related accidents, and cut healthcare-related cost (Keefe, 2010:11; Jacobson & Sacco, 2012:469; Dickens, Dotter, Handy & Waterman, 2014:104). For instance, the study by Frauenholtz (2014:153) in response to the Affordable Care Act indicates that social workers rendering EAP services are in a more comfortable position to play a leading role in cases where there is a need to respond to changes in an organisation. The National Association of Social Workers (2012) further highlights that EAP services offered by social workers yield a positive outcome, since social workers have the necessary knowledge, experience, and credentials needed to render these services. However, further training and development in the EAP field for social workers is encouraged (Jacobson, Pastoor & Sharar, 2013:469) as the EAP is regarded as a specialised field in social work (Mogorosi, 2009:343). Social workers have the necessary skills to provide training and counselling to organisations which have to confront change. For instance, in the study by Cox and Pardasani (2013:644) on Alzheimer's disease in the workplace, it was found that social workers do respond to Alzheimer's and Dementia cases in the workplace. Social

workers provide effective EAP services to the individual's and organisational wellbeing by way of advocating suitable policies which focus on the individual's and organisational need or changes (Williams, 2016:130).

However, social workers in the EAP field are faced with many challenges due to new trends and realities in organisations. A lack of formal education among social workers in the EAP field has a significant impact on the growth and development of the profession (Gambrill, 2014:391). The study by Masi and Carlson (2015:192) on responses to the challenge of training international EAP professionals highlights that many professionals in the EAP field have had no prior training in EAPs; they learn by working on the job – and that causes a lack of practical knowledge and personal development in the field. The study by Csiernik, Darnell and Trotter (2015:159) on the perceptions of employee assistance counsellors indicates that social workers receive minimal training and professional development in this field and they experience a dearth of support post hiring as they are expected to continue with their role without support (Csiernik *et al.*, 2015:349). Frauenholtz (2014:459) suggests that social worker educators should provide practical courses to prepare student social workers for their roles in the workplace.

Organisational structures and systems such as changes in organisational leadership, location of the programme, organisational integration, cost cutting, planning (Khubana, 2012:97; Raijin, 2012:54; Frey, Pombe, Sharar, Imboden & Bloom, 2018), and inadequate allocation of human resources such as social workers for EAP services have an impact on the implementation of the EAP (Raijin, 2012:54). Organisational systems may also affect the flexibility and accessibility of the programme and the use of EAP services in the organisation (Khubana, 2012:97). In the study by Raijin (2012) on the Employee Assistance Programme in the South African Police Service, logistical challenges such as the proximity of offices, poor attendance of EAP activities, lack of or inadequate budgets, time allocation for these services, and meeting places or venues were identified as having a negative impact on the rendering of EAP services (Raijin, 2012:54). Hence, some authors state that an understanding of organisational culture can be an advantage to the professionals rendering EAP services because workplaces

tend to have their own culture with specific characteristics (Jia, Gao, Zheng & Fu, 2017:2). It is therefore important that professionals such as social workers understand the processes within the company and how things are done within that company (Frey *et al.*, 2018:6). Moreover, they should understand the significance and the influence of organisational culture as that will assist them in offering services relevant to the culture of the organisation (Connerley & Wu, 2016:421).

Due to a particular business model that employers use in their organisations, social workers often find themselves in a situation contrary to their professional expectations (Sinha & Sarah, 2010:243; Csiernik *et al.*, 2015:350). For instance, in the study by Csiernik and Darnell (2010) on the perceptions of EAP affiliates based on social work it was found that social workers experienced ethical challenges as they are instructed to have limited sessions with the clients due to organisational cost-containment measures which would have an impact on the quality of service. The limitation in sessions makes it impossible for social workers to provide services post-termination of services; this raises an ethical concern that their clients may be left unfulfilled (Csiernik *et al.*, 2015:159). Lastly, the low payment rate, delayed payment, and lack of influence and input in organisational policies are only a few of the challenges experienced by social workers rendering EAP services as external service providers (Csiernik *et al.*, 2015: 351).

1.1.2 Problem statement

The problem statement describes the purpose or the need for the study (Bloomberg & Volpe, 2012:03; Suter, 2014:03). Sandelowski (2012:2) states that the problem statement often identifies and targets a gap in the literature about the knowledge or inconsistency between the known and unknown. According to Wentz (2017:3), the problem statement is a “link between what is known and how the problem will be answered.”

Although social work is a preferred profession for rendering EAP services (National Association of Social Workers, 2012), there is little knowledge on their views and experiences in rendering these services; rather, much attention has been paid to a

quantitative approach which focuses on the broader scope of employees' perspectives as to who uses EAP services. A case in point is the study by Richmond, Pampel, Wood and Nunes (2016) on the impact and outcome of Employee Assistance Programme services in the workplace; Govender (2009) on critical analysis of the prevalence and the nature of the Employee Assistance Programme; and McLeod (2010) on the effectiveness of workplace counselling. During a literature search the researcher came across only a few qualitative studies, e.g., Khubana (2012) on workplace support groups for people living with HIV and AIDS; Raijin (2012) on Employee Assistance Programmes in the South African Police Service; Csiernik and Darnell (2010) on the perception of affiliates of EAP Counsellors; Dugmore (2013) on the perceptions of occupational social workers in Gauteng regarding their potential engagement in corporate social responsibility; and Jacobson *et al.* (2018) on the experiences of internal and hybrid Employee Assistance Programme managers – however, in these studies considerable attention is paid to multiple professionals who render EAP services externally. For instance, in a study by Raijin (2012) on Employee Assistance Programmes in the South African Police Service the participants comprised four social workers and three pastors, whereas in the study by Csiernik and Darnell (2010) on the perceptions of affiliates of EAP Counsellors, the participants consisted of social workers, psychologists, and counsellors who offered EAP services externally. In the study by Khubana (2012) on workplace support groups for people living with HIV and AIDS, the focus was on the challenges faced by social workers who render services to HIV/AIDS support groups. Sufficient attention has not really been paid to exploring the views and experiences of social workers rendering EAP services within an organisation. Given the fact that social workers play a crucial role in EAPs, it is therefore vital that a study be conducted to gain an understanding of social workers' views and experiences in rendering EAP services within an organisation.

Therefore, the problem statement for the research study is formulated as follows: **There is a lack of knowledge on the views and experiences of social workers rendering EAP services in the GDoH.**

1.1.3 Motivation for the study

There are two aspects that piqued the researcher's interest in the topic. First, the researcher has, in rendering social work services within the EAP, observed that most of the social workers often express dissatisfaction and frustration when rendering EAP services in the workplace. However, those expressions of dissatisfaction are rarely recorded and addressed by the authorities. This prompted the researcher to investigate the views and experiences of social workers rendering EAP services in the GDoH.

Second, although research exists internationally on the experiences of social workers rendering EAP externally and other professionals (Csiernik & Darnell, 2010); on the perceptions of affiliate EAP counsellors (Reisinger, 2013); on psychologists in Employee Assistance Programs (Csiernik *et al.*, 2015), and on the perceptions of Employee Assistance counsellors, there seems to be a lack of qualitative research within the South African context which focuses on the views and experiences of social workers rendering EAP services. It is therefore important that research be conducted within the social work profession, and in particular in the local context to explore the views and experiences of social workers and to give them a voice in the EAP field.

Therefore, this research study is aimed to fill the literature gap by giving the social workers rendering EAP services in GDoH a much-needed voice to describe their views and experiences about rendering EAP services.

1.2 Theoretical framework

A theoretical framework refers to the theoretical design that assists researchers to ensure that their studies are easily followed and focused on the outcome (Green, 2014:35). The theoretical framework assists the researcher to explore how theory can influence focus, design, and outcome (Anfara & Mertz, 2009:267). The theoretical framework refers to the processes that are applied to understand a phenomenon (Anfara Jr, 2012:2).

In this research study, the constructivist theory and the person-environment fit model were applied.

1.2.1 Constructivist theory

Constructivist theory seeks to understand the subjective meaning individuals give to their experiences in the world in which they live or work (Loseke, 2015:8). In constructivist theory there is a belief that there is not one reality, but multiple realities; and the meanings that people ascribe to multiple realities are based on how all individuals view the world and how they construct meaning in their own way in the context of where they live or work (Creswell, 2014:37). The constructivist theory is also inductive, therefore, patterns of meaning are developed rather than starting with theory (Trujillo, 2010:53). In this study constructivist theory allowed the understanding of the subjective meaning that social workers construct around rendering EAP services in their context. The study explored how the social workers in the GDoH construct meaning based on their own views and experiences regarding the EAP services they render.

1.2.2 The person-in-environment fit model

The person-in-environment fit model emphasises that individuals construct meaning to their lives within their social environment. An individual is seen and regarded as part of the environment in the context of where they live or work (Green & McDermott, 2010:2417). The use of person-in-environment model in this study allowed the understanding of the participants in their social environment within their workspace.

1.3 Research question, goal, and objectives

1.3.1 Research question

The research question is defined by Bloomberg and Volpe (2012:6) as a framework used to understand a phenomenon. It is through the research question that researchers will indicate what they want to discover from the study (Sandelowski, 2012:2); often the question asked in the research has an influence on the outcome of the study (Suter, 2014:9). Qualitative research supports the notion of formulating a research question which is often broad and an ongoing process throughout the study, rather than formulating hypotheses which restrict or commit to specific variables (Sandelowski, 2012:2).

In order for the research to be measurable, it is important that the research question is clear, specific, and simply stated (Bryman, 2008:69; Bloomberg & Volpe, 2012:6). Sandelowski (2012:2) emphasises that the research question in the qualitative inquiry often indicates the theoretical and methodological orientation of the study.

The research question for this study was formulated as follows:

- **What are the views and experiences of social workers rendering EAP services in the GDoH?**

1.3.2 Research goal

The research goal denotes the broad or general purpose of the study (McNall, 2018:2). It assists to describe the research process clearly and indicate what they wish to gain from a research study (Malcolm, 2008:2).

The goal of this study was **to gain an in-depth understanding of social workers' views and experiences in rendering EAP services in the GDoH.**

1.3.3 Research objective

Research objectives are specific statements which are formulated to indicate the intention of the study. The objectives assist the researcher to indicate the specific issues the study plans to investigate (Thomas & Hodges, 2013:2; Nishishiba, Jones & Kraner, 2017:7; Wentz, 2017:4). Objectives are viewed as the activities that the researcher undertakes to reach the goal of the study.

The research objectives for this study were formulated as follows:

- a. To explore the views and experiences of social workers rendering EAP services in the GDoH.
- b. To describe the social workers views and experiences in rendering EAP services in the GDoH.

1.4 Research approach

Since the main aim of the study was to obtain an in-depth understanding of the views and experiences of social workers rendering EAP services, a qualitative research approach was applied using an explorative, descriptive, and contextual design to satisfy the set goal. According to Lichtman (2017:2), researchers often use a qualitative approach when they want to learn more about the interaction of humans in their environment. A detailed description of the application of the qualitative approach and its justification will be presented in Chapter Three of this report.

1.5 Ethical consideration

Ethics has to do with behaviour that is considered right or wrong (Bertram & Christiansen, 2014:65; Mertens, 2018:2). Lichtman (2014:56) states that ethics means doing the right thing and treating participants in a fair manner. In this study, ethics are understood as rules that need to be observed when one undertakes a research study. In this study the following ethics were adhered:

1.5.1 Informed consent

Informed consent implies that all participants should be fully informed about the research study before they consent to take part (McLaughlin, 2012:59). Suter (2014:18) adds that participants need to be made aware of the risk that might be involved in taking part in the study before they agree. In this study, informed consent refers to the agreement participants sign before they agree to be part of the study. To minimise bias and conflict of interests with the participants, the services of a research assistant were used to facilitate the process of recruiting and acquiring the informed consent from the participants since the participants are the researcher's colleagues. The research assistant had the responsibility to discuss the following components that were highlighted in the informed consent form (Owens, 2012:3):

- a. Purpose of the study.
- b. Risk involved in taking part in the study, namely that participants may experience setbacks and trauma when relating their experiences.

- c. Benefits for participating in the study.
- d. How confidentiality and anonymity will be ensured.
- e. Compensation for injury was not provided for in the study.
- f. Contact information of the researcher if they needed clarity.
- g. Description of alternative participants.
- h. Statement that participation was not coerced; therefore, participants could opt for not participating in the study, in which case there would be no penalty or loss on the part of the potential participants.

Orne and Bell (2015:81) state that the research assistant should make participants aware that they could withdraw from the study at any time and that they would not be penalised in any way. Lichtman (2014:59) claims that the informed consent form should provide details as to how participants could lodge a complaint; the consent form should include a signed declaration from the participants to the effect that they understand what is required of them and that they have a choice whether or not to take part in the research study.

In this study the research process were transparent to the participants. Contact details of the researcher, the purpose of the research, and what the participants' rights are (Addendum A) were provided in writing. Participants who agreed to take part in the study were required to sign an informed consent form (Addendum B). Participants received copies.

1.5.2 Confidentiality

Confidentiality refers to the researcher collecting information from the research participants but ensuring that their identities would not be made known to anyone (Sullivan, 2009:2). Ogden (2012:2) notes that confidentiality is a principle that assures participants that the information they share cannot be disclosed to anyone. Confidentiality in this research study was maintained by storing data in a secure area, and by replacing personal information with pseudonyms on the coding sheets and interview transcripts (Ogden, 2012:2, Shaw & Holland, 2017:19). In this study the pseudonyms were assigned in alphabetical order to the interview scripts and the coding

sheet. The transcripts and coding sheet contained the personal information of each participant, all of which were stored in a locked cabinet.

1.5.3 Anonymity

Confidentiality is maintained when data is anonymised (Shaw & Holland, 2017:19). Anonymity refers to the data collected from participants who are not known to be associated with the study (Kennedy, 2011:2). McLaughlin (2012:62) states that anonymity refers to those outside the research who will not know the identity of the participants. Anonymity protects participants from harm that may arise from disclosing their identities (Ogden, 2012:20). Therefore, anonymity is a strategy used to maintain confidentiality. Based on the above explanation, in this study anonymity is a strategy used to protect the identity of the participants. The names of the participants or their organisations were not disclosed, but pseudonyms were assigned to identify each of them.

1.5.4 Management of information

Management of information refers to how the information that involves other people can or cannot be disclosed and protected (Child & Petronio, 2018:2). Chapman (2018:4) points out that the management of information refers to the respect given to, and the responsibility when handling, information and never to exploit the owner of the information. Management of information is closely linked to confidentiality and anonymity. It is crucial that when a researcher deals with sensitive and private information, this must be secured in a safe place such as lockable cabinets or an electronic device that is password protected for security purposes (Chapman, 2018:4). The researcher recognises that the management of information includes how information is collected from the participants and the subsequent care taken in ensuring confidentiality at all costs.

In this study the information and data collected were stored in a locked cabinet in in Tshwane District Health Services offices at the corner of Lilian Ngoyi and Pretorius Streets in Pretoria, which was only accessible to the researcher. Personal computer

which is password protected to secure all personal information was used. The information was later disposed of after use.

1.5.5 Beneficence

Beneficence refers to the benefits that people or society in general might realise as a result of the study (Brill, 2011:2). Bertram and Christiansen (2014:66) emphasise that beneficence means that the study must be beneficial, in the sense that it should be of benefit to the research participants, other researchers, and to society at large. Additionally, beneficence implies that the study will contribute to the health and welfare of the participants and facilitate increased knowledge (Kitchener & Kitchener, 2013:12). This study directly benefitted the participants and their organisations as it assisted participants to reveal their views and experiences, and to have a voice within the EAP field. The data, findings, and recommendations of the study were shared with the managements of the institutions that formed part of the study to keep them apprised of any new developments relating to the EAP.

1.5.6 Debriefing of participants

Debriefing is an activity in which the researcher gives more information about the study to the participants at the end of the study (Patterson, 2012:2). Leech and Onwuegbuzie (2012:2) add that debriefing can be conducted to give the participants the results of the study, and clear the air at the end of the interview session in case it was sensed that participants were uncomfortable. In addition, a debriefing session can be used to restore confidence in the participants in terms of maintenance of confidentiality.

Depending on the sensitivity of the research, the researcher can obtain assistance from professionals to offer debriefing sessions to the affected participants. At the outset of the study the participants were given the contact details of a qualified social worker based in Pretoria for debriefing intervention (Addenda C and D) if they experience any form of trauma.

1.6 Clarification of key concepts

Under this subheading, the key concepts central to this study are clarified as well as the context in which the terms were applied in the study.

1.6.1 Employee Assistance Programme

EAP is defined as a worksite programme that prevents, identifies, and resolves personal and productivity issues that can affect work performance (National Association of Social Workers, 2012)

1.6.2 Experience

Experience is defined as individual perspectives on events and their meaning (Sandelowski, 2011:3). Sullivan (2009:2) defines experience as the sum of knowledge or skills gained in participating in an activity. For the purpose of this study experience referred to the knowledge of events gained through participating, which included attitudes, feelings, behaviour, perceptions, and needs.

1.6.3 EAP services

EAP services refer to counselling services for personal or family issues, productivity concerns, healthy coping strategies, lifestyle change coaching, education, trauma, and critical incident support (Bureau of National Affairs, 2012:13). Rebecca (2012:12) further defines EAP services as comprehensive counselling which includes employees' health, personal and workplace problems; incorporating other aspects such as psychological, physical, mental, and spiritual wellness. EAP services in this study will refer to any services rendered under the Employee Assistance Program.

1.6.4 Social worker

Social worker in the proposed study is any person who holds the prescribed qualification and satisfies the prescribed conditions set by the Council with the approved certificate of registration and practice (South African Social Service Profession Act of 110 of 1978).

1.6.5 Views

Views is defines as the direct and special meaning a person give to an experience (Sakhareva,Kulanthaivel & Balasundaram,2020:416).

1.7 Structure of the research report

The research report will be divided into the following chapters:

Chapter One: General introduction of the research topic, problem statement and problem formulation, motivation, research questions, goal and objectives, ethical consideration, limitation of the study, clarification of key concept, and the content plan of the research report.

Chapter Two: A literature review to develop an in-depth understanding of the origin and the history of the EAP in the public sector. A detailed explanation on the EAP models that employers can adopt to determine EAP services. This chapter also discusses the growing trend of the EAP as a profitable business and its implications and effects. EAP education challenges globally and the new development in EAP education and how other countries deal with the challenge are presented in this chapter. In conclusion, the EAP marketing model employers could use will be discussed.

Chapter Three, research methodology: the application and the justification of the qualitative research process will be described.

Chapter Four: This chapter presents the findings of the investigation carried out on the views and experiences of social workers rendering EAP services within the GDoH. Thereafter literature control was applied to compare and contrast the findings with those from other literature related to the topic. The focus is on the biographical profiles of the participants and the four themes that emerged, namely Theme 1 – EAP services; Theme 2 – views and experiences of social workers rendering EAP services; Theme 3 – challenges experienced by EAP practitioners; and Theme 4 – participants' needs and suggestion on how to improve service delivery.

Chapter Five: This chapter consists of the summaries and recommendations of the four previous chapters, followed by the presentation of the conclusion made from the research process and the research findings based on the four themes that emerged. Lastly, the recommendations based on the qualitative research process, research findings, and suggestions for future studies are set out.

1.8 Conclusion

This chapter introduces the research by outlining the general introduction of the EAP topic; the problem statement is unpacked with the objective to identify the gap in the literature. The motivation of the study is described from the researcher's experiences as a social worker rendering EAP services in the GDoH. The theoretical framework applied in this research study is outlined as well as the research goals and objectives. Ethical considerations are presented. Chapter Two focuses on the literature review of this research study.

CHAPTER TWO

LITERATURE REVIEW ON EAP

This chapter presents the literature review related to the EAP. The purpose of this chapter is to review literature on the following aspects: origin and history of the EAP in the public sector; models of intervention; EAP as a profitable business; and EAP education.

2.1 Introduction

Literature has proven that often employers provide EAP services because they want to address certain challenges in their organisations (Ward, 2010:39). EAP services have also been proven to improve employees' performance and are regarded as a cost-effective measure that saves organisations money by reducing organisational losses due to unreliable and substandard work production (Soeker, Matimba, Machingura, Msimango, Moswaane & Tom, 2016:571). The EAP has expanded to become a more preventative measure with more integrated services such as work/life and wellness as most organisations want to assist their employees to address their work/life challenges; hence, EAPs focus has shifted from challenges in productivity problems in the workplace. The programme clearly needs to adapt to change (Sandys, 2012:206).

This chapter discusses the origin and the history of the EAP in the public sector. It further discusses the EAP models that employers can choose to apply in their organisations. The EAP as a profitable business model is elaborated upon, and lastly this chapter discusses EAP education. Various sources of literature were reviewed to gain knowledge on the topic based on previous studies. According to Hart (2018:13), conducting a literature review assists in determining whether or not the intended research is indeed researchable. A literature review confirms the knowledge a researcher has on a topic, and helps to identify the gap of knowledge that may exist (Jesson, Matheson & Lacey, 2011:10). Therefore, a literature review provides the description of and the circumstances around a topic, and assists in defending the findings and conclusions of a study (Machi & McEvoy, 2016:5).

2.2 Origin and history of the EAP in the South African public service sector

Globally, EAPs in the public sector can be traced back to 1981 when the National Consultation on Productivity was presented in Trinidad by Dr Michael Breaubrun. In 1988, the EAP approach was then adopted by the cabinet in the Republic of Trinidad and Tobago (Masi & Tisone, 2010:245) towards improving the productivity level of public servants in that country.

In the South African public sector, the EAP as a workplace intervention is still a relatively new concept (Mugari, Mtapuri & Rangongo, 2014:258). Nationally in 2008, the South African public sector under the administration of the Department of Public Services and Administration (DPSA) officially launched the Employee Health and Wellness Strategic Framework for all state departments to adopt to help their employees improve their health and mental wellness. The objective of the framework was to ensure that government departments implemented the four pillars of the Employee Health and Wellness Programme, namely the management of HIV, TB, STI, health and productivity; safety and risk; quality; and wellness (including the EAP) within the public service by developing and providing the tools of the trade such as policies, guidelines, and plans to guide government departments on how to implement the framework (Employee Health and Wellness Strategic Framework, 2019:2).

However, in Gauteng the Department of Health (GDoH) which consists of five districts, namely Tshwane, West Rand, Ekurhuleni, Johannesburg Metro, and Sedibeng launched the programme before the DPSA could launch the Employee Health and Wellness Strategic Framework. In 2000, the GDoH had already introduced the programme based on the management of HIV/AIDS in the workplace; the Employee Assistance and Occupational Health and Safety were later incorporated. In 2003, the GDoH developed a clear policy, strategy, and a framework to focus on the integrated health and wellness approach after mobilising stakeholders such as labour unions and the DPSA (Gauteng Department of Health Policy Guideline on implementing the GDoH Employee Wellness Programme, 2008:3).

2.3 EAP models of intervention

Organisations experience challenges when they are to decide on a suitable EAP model. Hence, Berger (2019:28) recommends that employers need to take into consideration factors such as the target group, organisational needs, and the goals the employer aims to achieve. The type of model the organisation selects would also influence the type of services offered and could determine the relationship the EAP practitioner would have with the organisation (Jacobson & Attridge, 2010,11). Donnelly, Valentine and Oehme (2015:2) add that when choosing an appropriate model, the importance of the EAP in the organisation should be associated with the cost that the work demands. Hence, Attridge, Cahill, Granberry and Herlihy (2013:1) advise employers to embark upon a process of benchmarking with other organisations for best practices before adopting any EAP model. According to Sharar, Pompe and Attridge (2013:1); Nunes, Richmond, Pampel and Wood (2018:700) there are two common EAP models adopted by most employers, namely the internal and external modules. Table 2.1 below illustrates the differences between the two models.

Table 2.1 Differences between the internal and the external models

Internal	External	Sources
1. Service rendered by internal personnel	Service is rendered by external personnel	(James, Braam Rust & Kingma, 2011:1555)
2. Offer specific services	Offer comprehensive services through a network of sub-contracts	(Muto,Haruyama & Higashi, 2012:322)
3. Services are not for profit as services are rendered by organisational staff members	Services are for profit enterprise as services are purchased from the external service provider	(Taranowski & Mahieu, 2010:173)
4. Services are offered on a long-term basis	Services are offered on the short-term basis	(Attridge <i>et al.</i> , 2013:12)
5. Counsellors are have knowledgeable and understand the organisation better	Counsellors lack knowledge and understanding of the organisation	(Sharar <i>et al.</i> , 2013:1)
6. There is ownership of the programme	There is lack of ownership	(Attridge, Amaral, Bjornson, Goplerud, Herlihy, McPherson, Paul, Routledge, Sharar, Stepheson & Teems, 2010:4)
7. Time is not used to measure EAP activities	Time is valued and used as costing measure on EAP activities	(Cowell, Bray & Hinde, 2012:60)
8. Confidential service is often questioned	Confidentiality is often guaranteed	(Lewis, 2017:37)

Globally, most employers prefer to use external rather than internal services (Milot, 2020:16). Although internal and external services are the most common models, there is a growing trend of organisations using the hybrid model, which is a combination of the internal and external services; there is an internal staff member who is trained in a certain area of expertise, and if the problem presented by an employee exceeds his or her capacity it is then referred to the external service provider (Mio, 2016:124). The hybrid model is often used by organisations that have several smaller sites (Jacobson & Attridge, 2010:11). According to Pillay and Terblanche (2012:236), the adoption and implementation of the hybrid model presents itself with both advantages and disadvantages. The advantages of the hybrid model are that the services are rolled out quickly to the employees and services are offered for seven days week, 24h, and for 365 days. On the other hand, the main shortcoming of the hybrid model is that if the model is used by an organisation which has more than one site, then standardised services might not be suitable for all sites since the job description and the nature of the job within departments may differ.

In Africa, there is equal implementation of external, internal, and hybrid models which all share an equal proportion of 33.3% (Roche, Kostadinov, Cameron, Pidd, McEntee & Durajingam, 2018:177). However, in South Africa organisations mostly prefer to use the hybrid model due to the tough working conditions such as time constraints and deadlines (James *et al.*, 2012:1554). In the study conducted by Pillay and Terblanche (2012:229) on the Caring of South Africa's Public Sector Employees in the Workplace, eight out of nine government departments offer EAP services through the hybrid model; therefore, government departments in Gauteng prefer to use a combination of both the internal and external services in rendering EAP services (Maynard, 2017:12). In the study conducted by Mashiane (2017:67) on the Perception of Health and Wellness Programme Coordinators and on the Implementation of the Programme in Gauteng Government Departments between 2012 and 2014, Gauteng government departments were found to prefer the hybrid model since it offers employees the opportunity and choice to receive confidential and credible services. For instance, the study conducted by Pillay and Terblanche (2012:236) on the Caring of South Africa's Public Sector Employees in the Workplace, the Gauteng Department of Health across its five districts

offer EAP services through the hybrid model as it has approximately five hundred sites across Gauteng Province. Most of the institutions in the GDoH, as indicated in Table 2, employ internal personnel and they use one external service provider to cater for all the sites, irrespective of size.

Table 2.2: GDoH institutions with internal personnel

District	Number of internal personnel	Title	Number of an external service providers
Tshwane district	14	4 social workers, 4 nurses, 2 psychologist, 1 counsellor, 1 labour relation and 2 coordinators	1
West Rand district	4	1 counsellor, 2 human resources personnel and 1 coordinator	1
Johannesburg district	11	7 social workers, 1 chaplain, 2 human resources, 1 nurse	1
Sedibeng district	1	1 counsellor	1
Ekurhuleni district	7	3 social workers, 3 nurses	1

2.4 EAP as a profitable business

Globally, there is a growing trend to implement the EAP as a profitable business (Roche *et al.*, 2018:173). Therefore, EAPs have become a highly competitive field as providers reduce their cost for services which could have a negative effect on the quality of service rendered (Goforth, 2019:32), and compromise the goal and mission of the EAP and its value (Cekiso, 2014:46). Sandys (2012:200) argues that due to the EAP field incorporating business and social services values, there seems to be challenges in the provision of quality service. Hence, an additional model or business value model was developed which would focus on the nature and the quality of services offered by various EAP service providers (Attridge *et al.*, 2010:2).

The business component of EAPs comes with its own challenges, though. First, as highlighted in the study by Csiernik and Darnell (2010:9) on the perception of affiliate EAP counsellors, practitioners for external service providers were found to be rendering

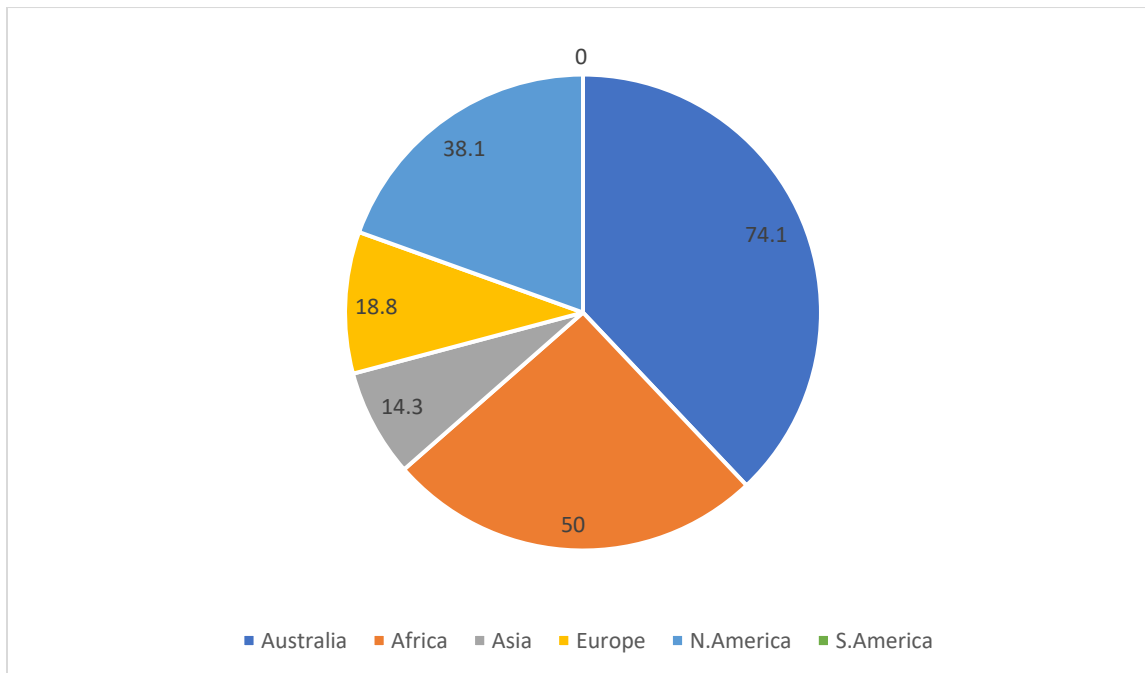
short-term intervention due to the limited number of counselling sessions, thus raising an ethical concern since the services do not allow for a therapeutic relationship to be established. Second, external service providers offer services at a high cost which could constitute a barrier for employers to purchase the services (Andors, 2012:46). Third, in most countries there is nothing that regulates external service providers. There is therefore no standard way of service provision (Csiernik *et al.*, 2016:1). In South Africa, employers also prefer to use external services. However, there are no regulations which external service providers have to adhere to. Instead, there are standard guidelines on how external service providers should operate (EAPA Standards and Professional Guidelines, 2010:15). According to Ruiz, Pfrang, Kriston, Omar, Van Den Bossche and Boon-Brett, (2018:1427), standards are often drafted by non-governmental organisations (NGOs) and organisations use these on a voluntary basis, whereas the aim of regulations is to encourage organisations to operate within the boundaries of the law. Papazoglou (2011:1) notes that having regulations in place could lead to the emergence of compliance constraints which emanate from sources such as regulatory bodies to ensure compliance; therefore, compliance regulations will ensure that services are timeously monitored, tested, and improved. According to Srinivas, Das and Kumar (2018:1), the lack of standards and regulations for EAP external service providers could negatively influence the effectiveness and efficiency of services, monitoring and evaluation of services, and implementing a standard structure for services

2.5 EAP education

Globally, EAP education seems to be inadequate or lacking altogether. Most of these services are offered by professionals with counselling and psychotherapy qualifications such as social workers and psychologists (Masi & Tisone, 2010:228). As such, most of the professionals practising the EAP are not professionally trained in the EAP field and they acquire their experiential by learning while on the job (Masi & Carlson, 2015:192). As a result, EAP services are rendered by few qualified professionals in the public sector (Masi & Tisone, 2010:225). According to EAPA-SA (2017:3), a career in EAP requires an individual to obtain a bachelor's or master's degree in behavioural, health, and business science. A study conducted by Roche *et al.* (2018:177) on the

development and characteristics of employee assistance programmes around the globe indicates that globally 61.8% of EAP practitioners have undergone some form of formal education, but it is not compulsory. Figure 2.1 illustrates the percentage of professionals around the globe with formal education.

Figure 2.1: Percentage of professionals around the globe with formal education (Roche *et al.*, 2018:177)



This figure demonstrates that Australia rates the highest when it comes to utilising formal professionals in rendering EAP, followed by Africa, and the lowest being South America; this is caused by the fact that formal education in EAPs is not mandatory for individuals offering EAP. However, it seems that most countries have now partnered with the School of Social Work for ongoing employee assistance training activities (Masi & Carlson, 2015:193; Hughes, Olsen & Newhouse, 2018:383). Responding to the need for the professionalisation of EAPs, the EAPA independent certification training of EA professionals was developed (Jacobson & Attridge, 2010:15). For instance, the USA developed an individual online CEAP programme (Certified Employee Assistance Professional) with countries such as China, Trinidad, Indonesia, Germany, and Greece, enrolling their individual practitioners to answer to the need of EAP education (Masi & Carlson, 2015:207).

In the South African context between 1998 and 2001 there were only two universities offering training in the EAP field on a master's and short-course levels, namely University of Witwatersrand which offers training in occupational social work, and the University of Pretoria which offers a master's degree in the employee assistance programme (Terblanche & Taute, 2009:4). Recently, the University of South Africa (UNISA) introduced a short course in employee wellness through distance learning (EAPA-SA, 2017:4). To develop and train EAP practitioners the GDoH enrolled most of their EAP practitioners to undergo training on the Integrated Health and Wellness Programme through the Graduate School of Public and Development Management, University of the Witwatersrand, South Africa in 2005.

Formal education or training for social workers in the EAP field must be encouraged as it is a new area for social work education and practice (Al-Makhamreh, Alnabulsi & Asfour, 2016:856). According to Wamsler, Brink and Rentala (2012:14), formal education has positive effects by increasing individual awareness and understanding; increasing adequate support such as institutional support; and improvement in how one copes with challenges. Kim, Kim and Besley (2012:174) add that formal education ensures effective and efficient ways of gathering information; provide the necessary skills to make sense of complicated information; and a willingness to engage in deliberate reasoning. Therefore, formal education can create new knowledge that enhances problem-solving skills, decision making, and the ability to work in teams which could influence innovation and research (Magoutas, Papadogonas & Sfakianakis, 2012:88).

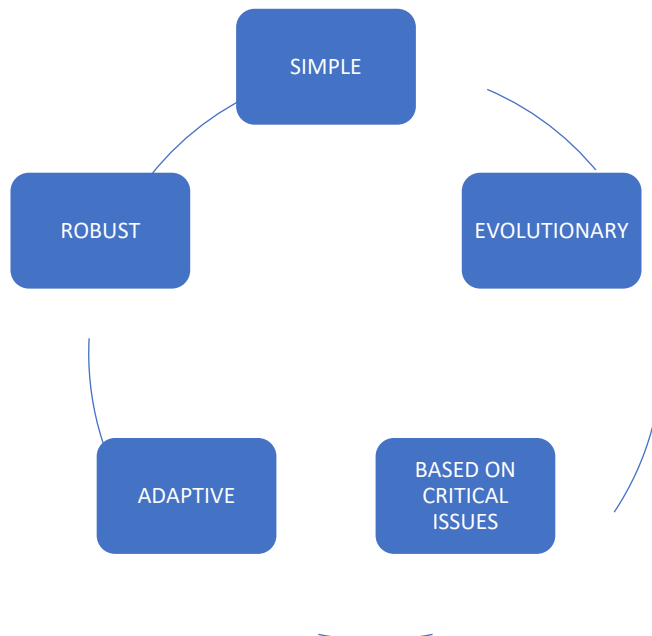
2.6 EAP marketing

Organisations that have a better understanding of their EAP components are one step ahead in meeting employees' needs (Groforth, 2019:32). Employers must take note that often employees do not use the programme because they are unaware of its existence in the organisation. They do not know about the service and/or how to access it (Berger, 2019:28). Marshall (2018:13) contends that the marketing strategy that an organisation utilises could determine the choice of a programme. According to Shank and Lyberger (2015:5), the aim of marketing is to create, communicate, deliver, and exchange

services that are valuable to the employees. Organisations must therefore ensure that they choose and implement the most appropriate EAP which must satisfy the criteria as illustrated in Figure 2.3 (Leeflang, Wittink, Wedel & Naert, 2013:102).

Model selection could be a difficult exercise for most organisations as it is interrelated with model uncertainty. Hence, Hansen and Racine (2010:1) advise that organisations implement a marketing model as illustrated in Figure 2.3.

Figure 2.2. Marketing model for marketing the EAP in the organisations (Leeflang *et al.*, 2013:102).



According to Leeflang *et al.* (2013:102) the marketing model must meet the following criteria: **firstly**, the model should be simple in order to represent a real world phenomenon; **secondly**, it must be evolutionary, meaning that organisational management must be part of the process from the beginning to highlight important elements; **thirdly**, the model must focus on critical issues, therefore prioritisation that which is important; **fourthly**, the model should be adaptive, meaning that it should be able to survive despite any changes occurring in the organisation; and **lastly**, the model must be robust, meaning that it should, from the outset, aim for a positive effect.

2.7 Conclusion

Literature was reviewed in this chapter to develop an in-depth understanding of the origin and the history of the EAP in the public sector. A detailed explanation of the EAP models that employers can adopt to determine EAP services to offer was discussed. The chapter also discussed the growing trend of EAPs as a profitable business, its implications and effects. EAP education challenges globally and the new development in EAP education and how other countries deal with these challenges are highlighted. Finally, the most appropriate EAP marketing model which employers could use is discussed.

CHAPTER THREE

APPLICATION OF THE QUALITATIVE PROCESS

3.1 Introduction

This chapter orientates the reader to the chosen research paradigm and provides a detailed description and justification of the research methodology adopted to guide the study. Literature is used to provide a sound basis for the qualitative research methodology. The justification for the methodology flows from the research question, which links with the research goal including the research and task objectives.

3.2 Research methodology

Research methodology refers to the strategies used to study a particular question (Sullivan, 2009:2). It is through the research methodology that the type of research design, the approach to be used to measure the variables, data-collection methods, sampling of participants, and the plan on how data will be analysed is outlined (Deforge, 2012:2).

In the next section, the qualitative research method used in the study is explained. The rationale and application of the research approach includes the research designs, namely explorative, descriptive, and contextual.

3.2.1 Research approach

This study used a qualitative research approach. This study was conducted in an actual and natural setting, and the subjective meaning given to the phenomenon was then interpreted without exploitation (Sandelowski, 2011:3; Norum, 2012:3). Qualitative research supports the theory of knowledge or epistemological assumption in which a small sample of participants to gather in-depth and detailed information from their point of view is used (Crawford, 2009:2; Staller, 2012:3). According to Creswell (2013:20), researchers choose to use qualitative research as they intend to gather an in-depth understanding of a problem or issue within the context of where the participants live or work. Qualitative research slows down the researcher's perception, but it releases

researchers from familiarity to a state of full and clear awareness (Shaw & Holland, 2017:6).

Based on the characteristics mentioned by Shaw and Holland (2017:4) on qualitative research, the study was guided by the following:

- a) This research study was conducted in an existing and natural setting, meaning that the research was not a mental image, but reflected the actual daily lives of the participants. Data was collected at the setting where the problem was lived or experienced. The research study was conducted in the participants' work environment in order to study events in situation and also gathered what Norum (2012:2) describes as "sensory data," namely what participants see, feel, smell, hear, and taste in their environment. The interviews were conducted in the participants' work environment where they render EAP services.
- b) The researcher was the main tool for the collection of data, meaning that she personally collected the data. According to Wicks (2012:4), in a qualitative study the researcher is the primary data-gathering tool.
- c) Qualitative research allows the use of many and various data-collection methods such as interviews, observations, and documents. In this study semi-structured interviews were used with the aid of open-ended questions which were included in an interview guide to collect data. Data was collected from the point of view of individual participants' skills of attentiveness and empathy, meaning that the data collected gave a detailed description and interpretation of people and their environment based on their own perspectives (Sandelowski, 2011:3). The process of bracketing was used to suspend the researchers own experiences and views, a process of reflexivity to reflect on how her own values and personal experiences shape her interpretation. She kept a journal for both bracketing and reflexivity to keep a record of the assumptions, beliefs, attitudes, and influences on decision making throughout the study (Dowling, 2012:2).
- d) The research was conducted using inductive theory throughout the study to build patterns and themes, in particular during interaction with participants. In

qualitative research the researcher develops patterns of meaning rather than starting with theory (Trujillo, 2010:53).

- e) Flexible or emergent design was used in this research process which allowed any changes that may occur in the field. This means that there was no commitment to a specific plan as the process could change. Emergent design is based on the belief that much is not known about a phenomenon before the researcher enters the field of study (Wicks, 2012:4). Therefore, the field of study is entered without a plan; however, an interview guide was used to assist to ask open-ended question to cover the topic.
- f) Qualitative research is interpretive in which the main task is to view how individuals assign meaning to their experiences within the context of their environment. Interpretive research is guided by the researcher's desire to understand and then interpret the meaning constructed by the participants (Bhattacharya, 2012:2). In this study the participants were interviewed , then analysed the data in order to interpret and understand the meaning constructed by social workers who render EAP services in the GDoH.

This study used a qualitative approach with the intention of exploring the views and experiences of social workers rendering EAP services in GDoH. The researcher needed to understand the subjective meaning social workers give to the EAP services they are rendering. Qualitative inquiry was applicable in this study as it enabled the researcher to access the research field to gain an in-depth understanding of the individual experiences of participants by adapting to the realities of their environment (Staller, 2012:4).

3.2.2 Research design

Research design is defined as a plan that is used to guide and to put forward the research ideas (Cheeks, 2012:3). Nishishiba *et al.* (2017:4) further elaborate that research design is a framework that is created to seek answers to the research question. It influences the researcher's decision in terms of the research concept, conduct, and how the study will contribute towards the area of study. Moreover, the

research design provides the theoretical framework, methodological, and ethical considerations for data collection and data analysis (Bryman, 2008:31; DeForge, 2012:2).

According to Creswell (2013:69), there are five qualitative strategies of enquiry that a researcher can choose from, namely narrative research, phenomenology research, ground theory, ethnography, and case study. In this study the exploratory, descriptive, and contextual research design were used.

3.2.2.1 Exploratory research design

Explorative research design is a broad, systematic data-collection method designed to maximise discovery of generalisations based on the description and direct understanding of an area of study (Stebbins, 2012:2). Explorative design is appropriate in an area where the study intends to investigate or discover the depth of human experiences (Stebbins, 2011:2; Adams & Van Manen, 2012:5). Davies (2011:2) explains that explorative design is mainly concerned with discovering, generating, or building theory. There seems to be sufficient knowledge on research evaluation of the EAP from the end-user's perspective such as the impact, prevalence, need analysis, and prevalence of the programme (Gcwabe, 2015). As regards the utilisation of the Employee Health and Wellness Programme for the National Office of the Department of Rural Development and Land Reform (Govender, 2009), a critical analysis of the prevalence and nature of the Employee Assistance Programme in the Eastern Cape Buffalo City Municipality as well as the efficacy of workplace counselling should be undertaken (McLeod, 2010). However, less is known about the experiences of social workers rendering these services; therefore, in this study an explorative design was used to explore the unknown views and experiences of social workers rendering EAP services in the GDoH. Explorative design was therefore deemed suitable because the subject under investigation is relatively limited within the GDoH.

3.2.2.2 Descriptive research design

As one of the objectives of the study was to describe the experiences of social workers rendering EAP services, a descriptive design was employed to allow the provide

participants to provide information about their lived circumstances and environment (Thomlison, 2011:2). Descriptive design refers to a design that describes phenomena as they exist (Vogt, 2011:2). Given (2011:2) explains that descriptive design provides a detailed description of the phenomena under study. The researcher understands descriptive design as a design that describes a phenomenon in its natural setting. In this study the use of a descriptive design was deemed appropriate as it was used to describe the experiences of social workers rendering EAP services within their working environment in the GDoH. Descriptive research allowed the description of the phenomena as they exist (Vogt, 2011:2).

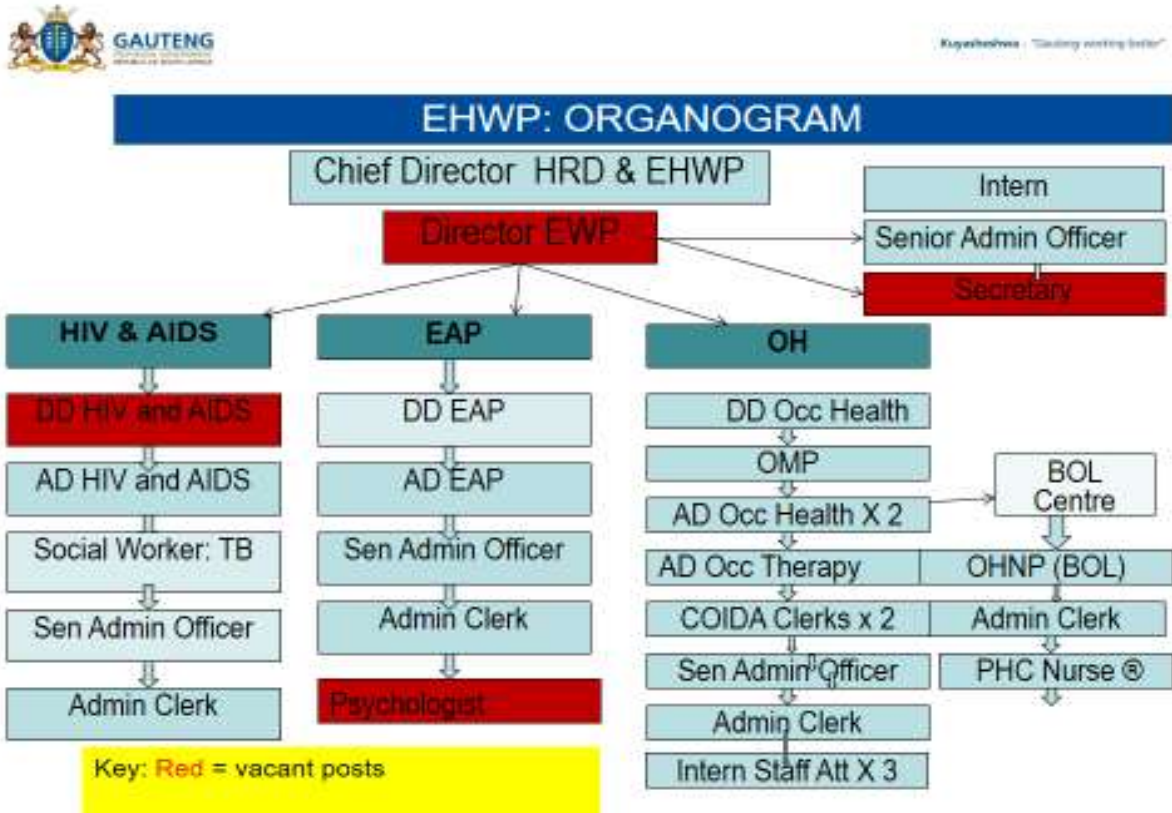
3.2.2.3 Contextual research design

Qualitative research or inquiry provides the opportunity to explore the context of the research study (Hennink, Hutter & Bailey, 2011:288). Contextual design seeks to understand the investigated phenomenon within its natural setting (Creswell, 2013:81). Norum (2012:2) explains that contextual design allows the opportunity to collect sensory data such as that which the participants see, feel, hear, and taste in their environment, meaning the data collected is not imagined but is what participants actually go through daily (Shaw & Holland, 2017:40). In this study, contextual design is understood as a design that enables participants to be studied in their real-life environment.

According to Hennink, *et al* (2011:288), when writing a research report for a qualitative study, there are various types of context that could be conveyed throughout, namely the **subject context** which describes the nature of the topic; **theoretical context** which describes the theoretical perspective of the topic; **cultural context** which describes cultural issues such as the beliefs and norms of the studied population; **physical context** (Figure 3.1) describes the hierarchical structure of the GDoH head office, including the characteristics of the sites studied; and lastly, the **methodological context** – the setting of the interview – is described. In this study data was collected by means of face-to-face interviews in the work environment of participants to study certain factors as they exist, and gather sensory data which allowed gathering data as to what participants see, feel, smell, hear, and taste in their environment. The interviews

were conducted on the premises of the participants' work environment where they render EAP services. The chosen venue was mutually agreed upon by the participants and deemed suitable to the participants.

Figure 3.1: GDoH organogram



3.2.3 Population

The term population denotes a group of people or objects that can satisfy a researcher's curiosity to study in order to draw a conclusion (Lepkowski, 2011:2). Taylor (2012:2) adds that a population is a set of individual things or units from which findings will be used to generalise. Moreover, population can be described as a group of people with certain characteristics which are of concern to a researcher (Taylor, 2012:2). The population of this research study consisted of all social workers employed by the GDoH and render EAP services.

The GDoH comprises five districts, namely Tshwane, Sedibeng, West Rand, Central Johannesburg, and Ekurhuleni (Addendum E), and social workers rendering EAP services are dispersed across all these districts. The GDoH has approximately 300 social workers across Gauteng. Since all social workers cannot be included in the study due to time and financial constraints, a sample was drawn from the population.

Due to the limitation of resources such as funds, time, or the inaccessibility of the entire population, a sample was drawn.

3.2.4 Sampling

Sampling is a section of a population that is selected to form part of a study (Bryman, 2008:168), which has the same qualities or characteristic traits of the entire population (Shield, 2017:3). Daniel (2012:2) points out that sampling occurs when the researcher looks closely at the essential qualities and nature of the population, objectives of the study, available resources, ethical and legal considerations, and research design; the results are used to generalise the population. Many studies use sampling to cut cost and time, or in the event that the larger portion of the population is not accessible (Huck, Beavers & Esqueivel, 2012:2). In this study a sample from approximately 300 social workers across the GDoH was used. The nonprobability sampling was used. Nonprobability sampling is used when the entire population cannot be accessed and cannot assure certainty of an individual being selected for the sample (Hussey, 2012:2). With nonprobability sampling the sample size only becomes clear during the selection process (Creswell, 2013:156). In qualitative research either purposeful or purposive sampling can be used, based on the criteria for selection. Purposeful sampling means that the participants are selected because they fit certain predetermined criteria to either form part of, or be excluded from, the study (Daniel, 2012:7). With regard to purposive sampling, Hussey (2012:5) explains that this form of sampling is more relevant when the study aims to explore a phenomenon. This study sought to explore and describe the views and experiences of social workers rendering EAP in the GDoH. Therefore, purposive sampling was deemed relevant for the purpose of this study.

The inclusion criteria for the study were as follows:

- a. Participants had to be social workers.
- b. Participants had to be able to communicate in English to minimise the use of the language translator.
- c. Participants had to render EAP services in the GDoH.
- d. Participants had to have had at least 12 months' experience in the EAP field as they would have more knowledge about EAP services in their institution.
- e. Participants had to be willing and available to form part of the study.

The exclusion criteria for the study were as follows:

- a. Any other professionals practicing as EAP practitioners.
- b. Participants who do not render EAP services in the GDoH.
- c. Participants who have less than 12 months experience in the EAP field.
- d. Participants who are not willing to be part of the study.

In this study, 11 participants were interviewed; however, the sample size was not determined at the beginning of the research. Data was collected until the point of saturation was reached. Data saturation is a stage in the data-collection process according to which the researcher realises that the results of the data collected are the same and that no new information is forthcoming (Hesse-Biber & Leavy, 2011:74; Saumure & Given, 2012:2). In this regard, data saturation was reached interviewing the eighth participant. However, data collection continued until the 11th participant to be certain that no new data would emerge. Data saturation was confirmed by an independent coder (Addendum F).

3.2.5 Preparation for data collection

In qualitative research, data is often associated with the participants' comments, and may be collected via different methods, namely interviews, field notes, and memos (Firmin, 2012:2). In this study, preparation of data collection process only started after approval from the Department of Social Work's Research and Ethics Committee at UNISA had been granted; ethical clearance was approved on 16 April 2019 (Addendum

G). Once the approval and ethical clearance had been granted, formal approval was also sought from the Gauteng Provincial Office of the Department of Health (Addendum H). Instead of approaching each provincial office individually to seek permission for data collection, permission was sought online through the National Health Research Database (NHRD) which oversees all the Gauteng provincial departments of health. The NHRD provided a list of all the facilities stored on their database from which the most appropriate were selected. Orne and Bell (2015:72) pointed out that the process of obtaining permission might prove challenging since participants are not always known; in this study the process of obtaining permission from the GDoH proved to be more time-consuming than anticipated.

The NHRD was also responsible for distributing the request for and collecting permission from the selected facilities on behalf of the researcher. Once permission had been granted (Addendum I), the assistance of a research assistant was sought, a qualified professional social worker with a Bachelor's degree from the University of South Africa (UNISA). He had been practising as a social worker for two years and had the necessary skills and understanding of the ethical implications such as confidentiality, which he exercises daily. The research assistant was requested to sign a confidentiality agreement form (Addendum J) in order to confirm his ethical obligations. The research assistant's duties were, among others, to recruit prospective participants and to distribute invitations and informed consents forms to them and to collect their responses, all of which were done by email. The information collected by the research assistant was carefully stored in the researcher's office in a locked cabinet. The research assistant performed all these activities on behalf of the researcher to safeguard her against possible claims of undue influence and coercion as the participants were colleagues of the researcher.

Anonymity was emphasised from the initial stages of the recruiting process and later reiterated when the participants were met face-to-face. The research assistant, on behalf of the researcher, assured the potential participants that their names and the names of their institutions would be kept strictly anonymous and confidential, including the final research report after publication.

The participants who took part in the study were given a letter of invitation to participate (Addendum A) which highlighted the research topic, reason for the study, the intended benefit of the study, and ethical issues, all aimed at giving social workers rendering EAP services a voice in the EAP field. The information was always stored in a locked cabinet in the researcher's office, which was only accessed by the researcher for the sake of anonymity, confidentiality, to the benefit of the study.

In this study, the data analysis method set out in Creswell (2013:146) and Lichtman (2014:250) were applied, which indicates the actions followed in preparation for data collection. The events are outlined as follows:

- **Choice of individuals**

During this phase the characteristics of the participants were correlated with the criteria for inclusion and exclusion in the study. It is important that participants that are selected are accessible and able and willing to participate in a study (Creswell, 2013:147). In this study, social workers who have been rendering EAP services in the GDoH for a minimum of 12 months were included. After identifying the most suitable participants the researcher, with the support of a research assistant, contacted these potential participants by letter to invite them to be part of the study (Lichtman, 2014:250) (Addendum A).

- **Gaining access and establishing rapport**

This activity involves the researcher gaining access to the participants. This means that the approval from the relevant authorities as well as organisations to facilitate data collection has to be sought; in cases where vulnerable minors are involved the authorities might require the researcher to conform to certain procedures and request the researcher to provide information about the study and obtain ethical clearance for conducting the study (Creswell, 2013:151). In this study all relevant requirements were adhered to in obtaining the contact details of all the individuals who gave their permission to take part in the study; the outline of the study was discussed with them. The requirements set out in the policy and the GDoH ethical committee were followed by providing them with the ethical clearance certificate which contained the contact

details of the Department of Social Work Research and Ethics Committee. The letter that was written to the GDoH authorities outlined the details of the study (Addendum H).

- **Venue arrangements**

It is most important that an appropriate venue is selected which would allow interviews to be conducted in a quiet and private environment (Lichtman, 2014:252). In this study a suitable venue was mutually agreed upon by the participants. Since one of the characteristics of qualitative research is observing the participants in their natural setting, the participants were interviewed at their place of work and in a private room to ensure that participants did not incur any costs; also by allowing them to choose a venue which they deemed suitable increased their confidence and enabled them to relax during the interviews.

- **Recording the interviews**

Most researchers prefer to initially record the interviews and analyse the data at a later stage (Lichtman, 2014:253). It is therefore important that the participants be made aware of this, and that for the protection of their privacy, any uncertainties they may have be addressed before the interviews are conducted (Lichtman, 2014:253). In this study the researcher used an audio voice recorder. The research assistant explained and assured the participants that the interview recordings would be safely stored in a locked filing cabinet in an office which would only be accessed by the researcher.

3.2.6 Methods used for data collection

In qualitative research there are four general methods that can be used to collect data, namely observation, interviews, documents, and audio-visual equipment (Creswell, 2014:241). Nishishiba, Jones and Kraner (2014:7) add that data may be collected by means of words or text, photographs, videos, and sound which will be used to describe, categorise, label, and identify the details and significance of the phenomenon under study.

Semi-structured interviews were used to collect data with the aid of an interview guide (Addendum D). The semi-structured interview is defined by Ayres (2012:2) as a data-collection strategy used in qualitative research; the researcher controls the interview by asking participants open-ended questions that are prepared beforehand. Mason (2011:2) states that semi-structured interviews allow the data collection process to be flexible and fluid, meaning that the interview does not follow a certain direction; it can change from one participant to another. Semi-structured interviews encourage the participants to give a detailed picture of their experiences (Bryman, 2008:438).

Semi-structured interviews help to explain the participants' knowledge, understanding, interpretation, experiences, and interaction about the phenomena. The researcher plays an important role in the process where knowledge is constructed (Mason, 2011:2). Data collection in semi-structured interviews is collected through the interaction between the researcher and the participant with the aid of an interview guide (Mason, 2011:2). The interview guide contains a list of questions that the researcher formulates before the interview to cover the topic of the study (Morgan & Guevara, 2012:2). The sequence of the questions is not definitive thus allowing the researcher to modify questions, change the venue of the study (Creswell, 2013:146).

Open-ended questions were asked with the aid of questioning strategies mentioned in Lichtman (2014:267) such as active listening, paraphrasing, elaboration, probing, moments of silence, and neutrality to explore the lived experiences of the participants. Active listening involves techniques that focus the researcher's attention on the participants' verbal communication. The goal of active listening is to allow the researcher to attentively listen to the participants (Ayres, 2012:2). Probing is a technique that encourages the participant to explain further, which can be done nonverbally or verbally through follow-up questions. The use of probing in a semi-structured interview helps to gauge the underlying meaning of that which has been communicated (Roulston, 2012:2). Neutrality is described by Lichtman (2014:269) as a strategy that prevents researchers from posing leading questions in order to control the direction they intend the interview to go.

In this study data was collected by means of semi-structured interviews guided by the interview schedule (Addendum K). By conducting semi-structured interviews, the researcher was able to use her skills such as probing to gain clarity on issues relating to the topic.

3.2.7 Pilot study

A pilot study tests the feasibility of the approach, method, and the procedures which would apply to a larger study (Thabane, Ma, Chu, Cheng, Ismaila, Rios, Robson, Thabane, Giangregorio & Goldsmith, 2010:1). Similarly, Rothgeb (2011:2) describe the pilot study as a form of “dress rehearsal” that is conducted prior to the full study being conducted in order to ensure that the questions asked will produce the required data, to check if the formatting is user-friendly, identify any challenges as to the content of the questions, assess the reliability of the questionnaire, and to ensure that the data analysis procedure performs as planned (Thomas, 2011:2). This process is often implemented using a small scale (sample) of participants (Rutherford-Hemming, 2018:2). This pilot study addressed the purpose, processes, and the outcome of this study.

a) The purpose of pilot study

The purpose of conducting a pilot study is to provide the opportunity to identify problem areas, determine whether the participants are interpreting the questions correctly, and also whether the tools that are used to collect data are valid and reliable (Ruel, Wagner III & Gillespie, 2018:2). Therefore, a pilot study can be regarded as a process that assesses the general workability (Rohrbach, English, Hansen & Johnson, 2011:5) and the feasibility of the study (Schreiber, 2012:2).

The pilot study in this instance was conducted to determine whether the questions were clear and unambiguous, and to identify any challenges that may occur before the main study could be undertaken. The feasibility of the study was assessed and the verification of the effectiveness of the interview guide (Willoughby, Brickman, Niu & Liu, 2016:7). The outcome of the pilot testing assisted in addressing problems before the main study took place (Rothgeb, 2011:3).

b) The process of the pilot study

In this study a pilot study was conducted with two social workers who met the criteria of the main study. Rothgeb (2011:2) highlighted that it is crucial that a pilot study reflects and uses the same procedures that will be used when conducting the full study (Rothgeb, 2011:2). For instance: firstly, the permission to conduct the study from the Gauteng Department of Health Research Committee (Addendum H) was secured; secondly, the research assistant was identified to recruit suitable participants and facilitate the process of signing of the informed consent. Then the participants were contacted to arrange dates for the interviews. The aim of the study and the procedures to be followed, were described in the invitation; the fact that the interviews would be audio recorded was highlighted in the informed consent letter. During the first contact with a participant, the aim of the study and procedures to be followed were emphasised. Both the invitation letter and the informed consent letter were signed by each participant to confirm that there had been no coercion (Addendum A and B).

After each interview the interview guide was discussed with the participants to determine whether the questions contained in the interview guide proved to be valid and reliable and whether the interview guide as a tool of collecting data answered the research question (Ruel *et al.*, 2018:2).

c) The outcome of pilot study

The outcome of the pilot study was deemed beneficial in that it provided the opportunity to refine and modify certain questions of the interview guide to render them effective for the larger study (Rohrbach *et al.*, 2011:7). The pilot study also granted the opportunity to practise and improve interviewing skills such as probing and to finalise the interview guide based on the inputs of the participants (Singh, 2019:4). The use of probing was beneficial in this pilot study as it assisted to elicit further explanation, clarification, or elaboration on the topic (Roulston, 2012:2). Willis (2001:3) advise that to avoid pitfalls during probing the researcher needs to list prompts to each topic-related question to enable participants to elaborate on the topic; the author pressed upon researchers the necessity of asking balanced questions and not to lead the participant or suggest any outcomes. Therefore, having a list of prompts for an interview is very useful when

planning and preparing for an interview (Olsen, 2014:2). Prompts allow researchers to create their own content on the topic which they wish to explore (Plakans, 2018:3). Thus in this study a list of prompts were created: caseload, support, commitment, usage, employees' and employers' perceptions on the EAP. The Initial interview guide was formulated as follows:

Biographical questions

- From which ethnic group are you?
- How old are you?
- In which district in the GDOH are you rendering EAP services?
- How long have you been providing EAP services at the GDOH?

Topic-related questions

- Please tell me more about the EAP services that you are rendering in GHOH.
- What are your views and experiences in rendering EAP services?
- What are the most common problems that are referred for EAP services?
- What are the challenges you experience while rendering EAP services?
- What can be done to minimise the challenges experienced while rendering EAP services?
- What are your suggestions on how best EAP services can be rendered?
- Share with me any suggestions on how EAP services can be improved in the GDOH.
- After the supervisor's input, the first question "From which ethnic group are you?" was changed to "What is your race?"
- The following three additional questions were added, namely;
 - * What is your marital status?
 - * What is your highest qualification?
 - * Do you have any additional training on the EAP?

The changes made under topic-related questions were based on the verbal reports provided by participants that signalled a clear problem with question interpretation (Willis, 2011:7). For instance: the question "Please share with me about EAP services

you are offering in the Gauteng Department of Health” was amended to “Please share with me your views about the EAP services you are rendering in your institution.” This question was changed in line with a response from one participant who asked “You mean in my institution?” The researcher realised that the question needed to indicate a specific institution. The second question had to be changed from “What are your views and experiences while rendering EAP?” to “What are your views and experiences while rendering EAP services in your institution?”

Therefore, the final interview guide was presented as follows:

Interview guide

Biographical questions

- What is your race?
- How old are you?
- From which district in the GDoH are you rendering EAP services?
- How long have you been providing EAP services at the GDoH?
- What is your marital status?
- What is your highest qualification?
- Do you have any additional training on the EAP?

Topic-related questions

- Please tell me more about the EAP services that you are rendering in your institution.
(Prompts: clients, statistics, type of services)
- What are your views and experiences in rendering EAP services in your institution?
(Prompts: caseload, support, commitment, usage, employees’ and employers’ perceptions on the EAP)
- What are the most common problems that are referred for EAP services?
(Prompts: type of problems presented by beneficiaries of the EAP)
- What are the challenges you experience while rendering EAP services?

(Prompts: things that have a negative impact on rendering EAP services, damages)

- What can be done to minimise challenges experienced while rendering EAP services?

(Prompts: possible solutions)

- What are your suggestions on how best EAP services can be rendered?

(Prompts: things needed for effective, efficient EAP services, policy structure)

- Share with me any suggestions on how EAP services can be improved in GDOH.

(Prompts: how social workers would like the EAP services to be rendered)

The process leading up to the pilot study also granted the opportunity to practise and improve skills such as probing, and to finalise the interview guide based on the inputs of the participants (Singh, 2019:4).

3.2.8 Method of data analysis

Data analysing is a process that involves intersecting, separating, and collating data (Creswell, 2014:245). Kozinets (2013:2) adds that analysis consists of breaking the whole into parts and comparing them in different ways. The process of data analysis in qualitative research is interrelated with data collection and report writing (Creswell, 2013:182). With data analysis in qualitative research, the researcher might not use all the data collected; the researcher might focus on some data and disregard irrelevant data based on what would be most beneficial to the study.

In this study Tesch's eight steps as outlined in Creswell was followed (2014:248) to analyse the data:

- a) The interview data was organised by sorting information into different types of files. The interviews were transcribed verbatim ; this involved writing field notes gathered in the field, sorting, and organising data into different categories of information; Roulston (2013:12) refers to this process as memo writing or "memoing" (Kozinets, 2013:2) which involves the researcher reading and writing notes as they come to mind.

- b) In order to gauge a sense of the information obtained from the participants all the transcripts were carefully read, and notes were made in the margins
- c) Once the reading was completed and writing of notes on all interviews, the topics that had emerged were listed, and grouped according to topics, including the surplus topics. This process is called “coding” (Creswell,2014:249).
- d) The topics were coded by means of abbreviations and the codes were written in the margins of the transcripts. The most appropriate abbreviations to the identified topics were assigned and noted next to the relevant sections in the data; Kozinets (2013:2) refers to these as “labels.”
- e) The topics were categorised by assigning relevant, descriptive wording for each and then sorted them into themes/ categories.
- f) The researcher made a final decision as to which abbreviations to use, and then arranged these in alphabetical order.
- g) Data that belonged together was organised in specific sections and preliminary analysis conducted.
- h) The data was recoded and the process of reporting the findings of the study started.

3.2.9 Method of data verification

Data verification is a process which enables verification of the accuracy and credibility of the research findings (Creswell, 2014:251). According to Franzosi (2011:4), data verification assists in inspecting the coded data for any errors that might have occurred, and should any errors be discovered these would be corrected. Qualitative research is often criticised for following quantitative validation criteria. Data verification in quantitative research is based on the validity, reliability, replicability, and the generalisability of the study; in qualitative research these terms have a different meaning (Krefting, 1991:2014). For instance, validity in qualitative research means that researchers verify the accuracy of their findings by following certain procedures and reliability means that are applied consistently across different research projects.

Researchers such as Lincoln and Guba (cited in Krefting, 1991) proposed new terms to substantiate the trustworthiness of the study, namely credibility, dependability, transferability, and conformability; these can be used in qualitative research to validate the findings of the research study (Barbour, 2013:4).

In this study the Guba's model for data verification was used to ensure the trustworthiness of the data collected (Krefting, 1991:215). Guba's model addresses four aspects to ensure the trustworthiness of a study:

a) Truth-value

Truth-value cannot be defined beforehand, but can be determined during the process of exploring people's lived and perceived experiences, in this instance those of the participants; Lincoln and Guba called this credibility. Truth-value demands of a researcher to establish confidence in the truth of the findings, not only for the participants but also in the context of the study. In this study the credibility was used, which is one of the strategies to establish trustworthiness (Krefting, 1991:215). The following criteria were followed to establish credibility:

- Interviewing technique

The interview guide was used to assist with the interview process. Skills such as active listening, probing, elaborating, moments of silence, and neutrality were used in the interview process (Lichtman, 2014:269).

- Triangulation

Triangulation refers to the activity of using multiple sources to analyse data to improve the credibility of a study (Hastings, 2012:2; Flick, 2018:3). There are four types of triangulation: data method, data source, theoretical triangulation, and triangulation of investigators. In this study the triangulation of data, data source, and theoretical triangulation were used by collecting information from participants, documents, and comparing these with the relevant literature (Krefting, 1991:219).

- Peer examination

This process involves finding someone who can review and ask questions about the study (Creswell, 2014:252). In this study the process and the findings were discussed with the academic supervisor.

- Authority of the researcher

The researcher is a social worker working in the EAP field. She has been part of the programme from 2010 to date. The researcher works with other employee assistance practitioners across the GDoH, and she has established relationships with other professionals in the field.

- Reflexivity

Reflexivity is a process of becoming conscious of the self as a researcher. This means that researchers become involved in self-critique and self-reflection on their own cultural and ethical biases. The best technique to achieve this is through keeping a journal in order to record and to demonstrate decision-making processes (Begoray & Banister, 2012:2; Dowling, 2012:2).

Since the researcher is part of the population of social workers rendering EAP services in the GDoH, the process of bracketing and reflexivity was used in this study to set aside her own experiences regarding the programme in order to explore the experiences of social workers rendering EAP services in the GDoH (Gearing, 2012:2). The researcher kept a journal from the beginning of the study in order to keep a record of what was happening in the field and what was observed. This process of bracketing allowed the researcher to enter the field as a learner who intends to explore the experiences of social workers rendering EAP services.

b) Applicability

Applicability refers to the extent to which the findings can be applied in other contexts and settings. Applicability is the ability to generalise the findings of the larger population

(Krefting, 1991:216). There are two perspectives of applicability for qualitative research that researchers need to be aware of:

- The ability to generalise is not relevant in qualitative research

Qualitative research is conducted in a natural setting with few controlling variables. Each situation is treated as unique.

- Applicability in qualitative research has two criteria, fitting and transferability.

The research meets the fitting criteria if the findings fit the context outside the study. Transferability criteria are solely the responsibility of the researcher who wants to transfer the findings (Krefting, 1991:216; Dick, 2014:2).

In this study the transferability criteria was used by giving a detailed description of the research methodology used.

c) Consistency

Consistency in qualitative research refers to whether the findings would be consistent if the study were to be repeated with the same participants or in the same context. In qualitative research consistency is defined in terms of dependability, which implies trackable variability (Krefting, 1991:216). In this study the services of an independent coder were outsourced in order to compare the findings of this study (Addendum F)

d) Neutrality

Neutrality refers to the freedom from bias during the research procedure (Krefting, 1991:217). Neutrality means that researchers do not resort to verbal or nonverbal behaviour to lead participants in the direction that they want the participants to go (Lichtman, 2014:269). In this study neutrality was practiced by entering the field as a learner willing to learn from the participants' experiences.

3.2.10 Conclusion

This chapter presented the research approach undertaken in this study. A qualitative approach was applied to develop an in-depth understanding of the views and

experiences of social workers rendering EAP services in the GDoH. The chapter also provides a detailed explanation of the research methodology and techniques applied in the study. The justification of the application of the research method is presented in this section.

CHAPTER FOUR

PRESENTATION OF THE RESEARCH FINDINGS

4.1 Introduction

This chapter presents the research findings, with a focus on the comparison and contrasting the narratives of the 11 participants, with supporting literature. Data was analysed following Tesch's eight steps (Creswell, 2014:248). During data analysis, the services of an independent coder were used to give credence to the findings. Consultation with the independent coder and the supervisors led to an agreement on the four themes and 27 subthemes that emerged from the data.

4.2 Biographical profiles of participant

In this section the biographical profiles of participants will be presented. Eleven participants were interviewed after they met the researcher's inclusion criteria. Table 4.1 presents the biographical details, which include gender, race, age, marital status, duration as EAP in GDoH, highest qualification, additional EAP training. Districts which indicate area of work in the GDoH were omitted from the profile data as it would have compromised anonymity and confidentiality. Alphabets were used to identify the participants to ensure anonymity.

Table 4.1 Biographical profiles of participants

Partici- pant	Gender F=Female M=Male	Race	Age	Marital status M=MARRIED S=Single	Duration on EAP in GDOH	Highest qualification	Additional EAP training
A	F	African	38	M	6 years	Masters' in EAP	Masters' in EAP
B	F	African	48	S	11 years	Bachelor of Arts in Social Work	16-months block course in Integrated Health and Wellness (University of Witwatersrand)

Participant	Gender F=Female M=Male	Race	Age	Marital status M=MARRIED S=Single	Duration on EAP in GDOH	Highest qualification	Additional EAP training
C	M	African	42	M	5 years	Bachelor of Arts in Social Work	None
D	M	African	38	M	6 years	Master's in healthcare	None
E	F	African	50	S	14 years	Bachelor of Arts in Social Work	None
F	F	African	40	M	2 years	Bachelor of Arts in Social Work	Two-week EAP short course (University of Pretoria)
G	F	African	39	S	12 months	Bachelor of Arts in Social Work	Two-week EAP short course (University of Pretoria)
H	F	African	33	S	3 years	Master's in occupational social work	None
I	F	African	42	M	9 years	Bachelor of Arts in Social Work	16-months block course in Integrated Health and Wellness (University of Witwatersrand)
J	F	African	41	M	11 years	Bachelor of Arts in Social Work	None
K	F	African	34	S	8	Bachelor of Arts in Social Work	16-months block course in Integrated Health and Wellness (University of Witwatersrand)

4.2.1 Race

Race refers to the genetic characteristics of an individual or a group within a social construct (Pittman, 2011:2). Boyd (2017:69) believes the employment of members of a

certain ethnic or racial group in the social work profession is often determined by the social distance of the group and the demarcation area. For instance, by 2010 the American Labor's Bureau of Labor Statistics reported that 86 percent of social workers in America were white with only 8 percent black in (Hayes, 2010:10). However, in South Africa there are more Africans in the labour force than any other population group (Statistics South Africa, 2019:31). Although the study was opened for all racial groups, it was only Africans who participated in the study regardless of the efforts to reach all racial groups. There are currently 3 460 registered black social workers in the labour market in Gauteng Province (Statistics South Africa, 2019:54).

4.2.2 Gender

Gender comprises a range of characteristics and attributes that fit a particular social and cultural construct, notably male and female (Oliver, 2014:2). This can result in power and privilege, voice and neglect, or advantage and disadvantage (Dye, 2012:2). Noble and Pease (2011:33) explain that accomplishment in the workplace is often shaped by structural constraints, particularly in terms of gender. The social work profession is historically regarded as a female-dominated occupation with male social workers still in the minority; around 85% of social work students and professionals are women (Romero & Villena, 2017:276; Nashwan & Bowie, 2018:35), which is still evident globally judging by the huge increase of women in the workforce (Wittmer, Werth & Rudolph, 2016:495). Hence, nine females and two male social workers participated in this study. Statistics South Africa (2019:1) further indicates that in South Africa there are more females than men in the community and social service occupation.

4.2.3 Age distribution

The age distribution of the participants in this study ranged between 33 to 50 years of age. Of the 11 participants four were between the age of 33 and 38 at the time of conducting the interviews, and seven participants were between the age of 40 and 50 years. This age distribution of the participants is consistent with that of the South African Public Service Termination of Service Policy, which indicates that the employable age

for employees in the public sector is between 18 and 60, and the maximum retirement age is 65 years.

4.2.4 Marital status of participants

In this study six participants were married and five were single at the time of the interviews. Studies confirm that marital status does not necessarily influence how professionals conduct themselves (Gorjidoz & Greenman, 2014:128). However, Kuruku and Alao (2018:72) argue that there are factors such as stress that can affect a social worker personally and as a professional, depending on the nature of the job, and an inability to separate work from home life can have a negative impact on the individual and the workplace. Finzi-Dottan and Kormosh (2016:12) emphasise that it is essential for social workers to practise self-differentiation as a personal resource to reduce the effect of secondary traumatisation on their marital quality. However, studies confirm that social workers can constructively resolve interpersonal conflicts since they are most often engaged in training and workshops which would empower them to effectively deal with interpersonal conflict (Vrgovic, 2019:1449).

4.2.5 Duration of the participants in the EAP post in the GDoH

According to Liamputtong (2014:3), participants who have experienced traumatic events or situations are able to project their experiential expertise into the field of social work, which would improve their ability to render a more valuable service and enrich the connection with their clients. Studies confirm that work experience influences and enhances decision making in the workplace (Custodio & Metzger, 2014:154). The participants in this study had professional EAP experience between 12 and 14 months; three participants had EAP experience between one to five years, four participants had between six and 10 years EAP experience, and four participants had between 11 and 14 years of EAP experience.

4.2.6 Highest qualification

To practice as an EAP practitioner a minimum requirement is the accreditation by a professional body (Nicola, 2013:1) in which competency and skills must be obtained

(Hayes, 2010:10). Based on the EAPA-SA (2017:3), individuals can only practise as EAP professionals if they have acquired NQF level 9 in behavioural studies such as social work and psychology. However, of the 11 participants only three had a master’s degree and the remaining eight participants had a bachelor’s degree in social work.

4.2.7 The participants’ additional training on EAP

According to the United State Government Accountability Office Report (2012:6), training in the field of study improves service delivery and assists in advancing the expertise of and retaining skilled employees. According to Hayes (2010:10), it is only through training that people will acquire more skills. Training provides the opportunity to keep abreast of the new development in the field (Munyewende, Rispel & Chirwa, 2014:12).

Although some studies confirm that additional training in the field and in practice is important to obtain skills and knowledge (Ben-Porat, 2017:1303; Schiff, Dekel, Gilbar & Benbenisity, 2018:472), social workers are highly regarded for the provision of EAP services as they hold the necessary knowledge and credentials to render these services (National Association of Social Workers, 2012), other studies emphasise that most professionals in the EAP field learn while in the field (Masi & Carlson, 2015:192). In this study only three participant had a master’s degree, one in EAP, the second participant in Occupation social work and the third participant master’s in healthcare and a two-week short course, three participants had a two-week short course in EAP, two participants had a 16-month block course, and four participants had no training at all in the EAP field.

4.3 Discussion of findings and literature control

In this section the findings of the study and what the literature claims are discussed. The table below sets out the themes, subthemes, and categories.

Table 4.3.1: Themes and subthemes

Themes	Subthemes
1. EAP services rendered	1.1: Types of cases referred to EAP

Themes	Subthemes
	1.2: Importance of EAP
	1.3: Stigma attached to EAP
	1.4: The roles of EAP practitioners
	1.5: Training offered by EAP practitioners
	1.6: Type of referrals and processes followed
2. Views and experiences of participants	2.1: Practitioners' love and passion for their work
	2.2: Participants' role and views on the external service provider
	2.3: EAP case load in different institutions
	2.4: Teamwork approach
	2.5: Participants' views on challenges facing service users
3. Challenges experienced by EAP practitioners	3.1: Managers' misconceptions, misunderstanding, and lack of appreciation for the programme
	3.2: Challenges with staffing and related consequences
	3.3: Inadequate office space and unprofessional handling of files
	3.4: Lack of managerial support and funding for the programme
	3.5: Lack of additional resources for service delivery
	3.6: Shortcomings in the implementation of interventions
	3.7: Participants' feelings of failure as service providers
	3.8: Participants' efforts to address some of the challenges
	3.9: Pressure on practitioners within institutions
	3.10: Lack of proper supervision, staff development, monitoring, and evaluation
4: Participants' needs and suggestions on how to improve service delivery	4.1: Review of the EAP structure
	4.2: Required managerial support in the appointment of suitable staff
	4.3: Encourage and enforce an integrated approach
	4.4: Social support for EAP practitioners
	4.5: Debriefing and prioritisation of EAP practitioners' wellbeing
	4.6: Offer ongoing training for EAP practitioners

4.3.1 THEME 1: EAP services

4.3.1.1 Subtheme 1.1: Type of cases referred to EAP

Employers provide EAP services to address employees' challenges in the organisation which affect their productivity and wellbeing (Merrick, Hodgkin, Hiatt, Horgan, Greenfield & McCannan, 2011:300). Therefore, employers offer EAP services in an attempt to address problems identified within an organisation (Osilla, Cruz, Miles, Zellmer, Watkins, Larimer & Marlatt, 2010:194). Most of the participants indicated that they usually receive cases that address work-related problems such as absenteeism, substance abuse, and mental health problems. Some of the cases which the participants referred to are captured in the excerpts below.

... I mainly render services to staff members who experience work or personal problems. So, in most cases I deal with personal problems like marital issues at home which affects their ability to function in the workplace. So, I mostly deal with personal than work challenges, but I do have work-related cases which are referred to me. Mostly the ones that I am dealing with will be issues of absenteeism and the issues of late-coming issues like conflict with the managers and supervisors.(P.H)

The most common problems which are referred for EAP... [thinking] I will quote from the Care Ways Zinakekele office of the premier's report... the [intimate] relationships are on the top of the list [thinking] the second one is that of stress-related issues and then you have the work-related stress and then others are just, you know, your general problems where people just want to be equipped, and also violence in the workplace; it is part of those cases that are referred to EAP services.(P.D)

The storylines articulated above confirm that not all employees' challenges are caused by the workplace environment (Kelloway, 2016:3). Some of the challenges can arise from personal issues such as marital and relationship problems (Roche *et al.*, 2018:175). It is therefore important that employers create an environment and support by providing services that can address stress and relationship problems in the workplace (D'Arienzo, 2014:1).

The EAP has also been expanded to include workplace mental health cases (Attridge & Scott, 2011:12). For instance, in China, unlike the USA, EAPs rarely focus on alcohol or

substance abuse intervention but rather on improving the mental health of their employees such as depression and anxiety (Zou, 2017:32). The excerpt below is testament to this view:

Yes, mental health ... what I can say on mental health is that the environment is also contributing to the employees' mental unhealthy state, which is mental illness, depression, bipolar; I am not talking about stress because ... stress can be both positive and negative but if not treated it may lead to mental health, so I am talking about depression cases; bipolar you know depression and bipolar are the ones that are rife. (P.B)

This storyline is in line with the assertion that mental health problems in the workplace are rife and costly for organisations (LaMontagne, Martin, Page, Reavely, Noblet, Milner, Keegel & Smith, 2014:1). There is a need for legal mental health knowledge in the workplace as managers continue to make unjust decisions about mental health issues (Henderson, Williams, Little and Thornicroft, 2013:73). Therefore, organisations have a responsibility to address mental health challenges; this could be accomplished through training (Kelloway, 2016:3)

Moreover, employers will refer cases that promote their own interest in boosting work productivity in the organisation (Dembe, Beihl, Smith & Gutierrez, 2013:661). The same assertion was expressed by the participant below;

Okay [(sigh)] there are a variety of problems and it depends on who is referring the problem. A supervisor will refer a problem of absenteeism but when the person comes in and I do assessment I realise the underlying problem is alcohol abuse or substance abuse or there is marital difficulty or depression, which is a mental health issue. So, there is a variety of problems but mostly it is more about the inability to balance work and life demands (P .K)

In contrast to these storylines, other studies confirm that referral to the EAP does not only benefit the employer but both the individual and society as a whole will benefit from the programme (Kugathasan, Lecot, Leberge, Tremblay & Mathieu, 2019:6). Bajorek (2016:27) emphasises that referral to the EAP can also benefit the organisation as it

could improve the health and wellbeing of employees; productivity can also be enhanced.

4.3.1.2. Subtheme 1.2: The importance of EAP services

Employee Assistance Programme (EAP) services are regarded as important since they are meant to improve the health and psychological wellbeing of employees (Meyer, Jayawardana, Muir, Ho & Sackett, 2018:1). Vyas-Doorgapersad and Surujlal (2015:6685) emphasise that EAP services are crucial as they ease workplace pressure by offering a variety of services to employees (Mellor-Clark, Twigg, Farrel & Kinder, 2013:14). Thus, workplace outcomes differentiate EAP services from the traditional way of rendering psychotherapeutic services as they promote work productivity (Li, Sharar, Lennox & Zhuang, 2015:67). The findings of this study are consistent with these studies as participants reported that they regard EAP services as essential since they assist in improving and reducing work-related issues such as absenteeism. These views are supported by the excerpt below:

Our services are actually aiming at improving productivity and reducing absenteeism at the same time.(P.C)

This storyline seems to suggest that employees with poor health and unhealthy habits decrease productivity and increase the rate of absenteeism, which can create a financial burden for employers (Kugathasan *et al.*, 2019:2). Globally, 81 percent of employers view EAP services as important, and are therefore committed to promoting the culture of health to improve individual engagement and the performance of the organisation (Rizzo, 2014:1). However, some researchers believe that the value of EAP services depends on the employers' level of engagement with the EAP (Sipek, 2016:2), as one of the participants explains:

However, they are not utilising it the way it is supposed to be utilised, they are utilising it more as a reactive intervention rather than a proactive intervention. Hence, you know it becomes even difficult to assist them on some of the issues that are already complicated...(P. K)

Studies confirm that despite research findings which confirm the effectiveness of EAP services, the labour industry in South Africa is still lagging behind (Kurzman, 2013:381).

Nunes *et al.* (2017:707) argue that the increasing number of employers offering EAP services suggest that employers regard the programme as a key business strategy to improve job performance and reduce absenteeism. Similarly, Vyas-Doorgapersad and Surujlal (2015:6685) point out that some employers respect the value of EAP service because of the demand and competitive environment that are based on performance to ease the work pressure through EAP intervention. This assertion is further supported by the extract below:

EAP services are a good service, you know. It is a very good product we have in all the workplaces. It is actually very effective only if people respect it, if people also feel that it is something of importance to them...(P .F)

The finding above seems to be consistent with the assertion that it is of the outmost importance that employers should value EAP services offered in their organisations (Barret, 2011:52). Moreover, organisational managements should understand that the EAP is designed to ensure that management builds on the productivity of each individual employee in an organisation (EAPA-SA, 2017:1). It is therefore up to the employer to ensure that EAP services are well marketed within the organisation and create a culture according to which EAP services are understood and accepted (Sipek, 2016:31).

4.3.1.3 Subtheme 1.3: Stigma attached to EAP

Employees are frequently reluctant to use counselling services within their institution due to the possibility of being stigmatised (Torun, 2013:135). Fandie and Naude (2019:648) explain that stigma constitutes a negative attitude towards utilising certain services, often for cultural and social reasons (Shaw, 2018:17). Hence, employees often wait until a point of crisis arises before they attempt to access professional help (Kennedy, Whybrow, Jones, Sharpley & Greenberg, 2016:395). Participants in this study confirmed that EAP services have a stigmatising effect within the GDoH. Employees use EAP services as a last option rather than a preventative method, as illustrated below:

My experience is that there is still a lot of stigma around EAP. Many people think when you come to access counselling it means you are weak person. So I see many people wait until they are in deep serious circumstances, people wait when they are already traumatised, already depressed, already they have complicated family problems that they are dealing with, you know, before they access EAP; and when I do my assessment with them I always pick up that people think that they know what counselling is; yes, they recognise its importance but there is still a lot of stigma. People want to be at the very most dire circumstances before they can fully access EAP; hence, I feel there is a gap there because sometimes [challenges] they are so deep to an extent that is already affecting their work they are not coming to work or some of them already in the process of divorce for an example you know where I feel if they had come earlier, you know, we could have intervened, we could have assisted them to address the problem at an earlier stage...(P K)

This storyline seems to support the view that EAP services have a stigmatising effect which can be associated with confidentiality concerns which need to be addressed to improve how employees view the programme (Zhou, Carder, Hussey, Gittins & Agius, 2017:526). Similarly, some participants expressed their concern about the use of non-professionals for EAP service in other institutions, which can have an impact on confidentiality and how the end-users view the programme. This concern was expressed in the extract below:

The employees sometimes do not trust us and I believe them, that is why we are having external service providers because people that are rendering this programme they are not all professionals, they don't know anything about confidentiality...(P.B)

This storyline seems to be consistent with the assertion that organisational culture must be taken into consideration as this has an impact on the perceived importance of an organisation and the behaviour of the employees within that organisation (Coltoff, 2011:12). Therefore, an organisation-employee relationship should be promoted so that employees can feel valued and supported in order that they may perform their duties in the workplace effectively (Jamil, Rathore, Qaiser & Kanwal, 2019:1).

Stigma is a major threat in the workplace (Ghodse, 2016:2014) and it can influence various aspects of life; it can have a negative effect on people who are dealing with life

challenges (Hanisch, Twomey, Szeto, Birner, Nowak, & Sabariego, 2016:2). Stigma could lead to discrimination, which may affect service users (Keyes, Hatzenbuehler, McLaughlin, Link, Olfson, Grant & Hasin, 2010:1370). The comment below attests to this view:

The programme is now stigmatised as one of those programmes and stigmatised in inverted commas that are just here to implement what the employer says.(P.D)

This storyline supports the assertion that employees tend to avoid the programme services due to the stigma attached to it (Hanisch *et al.*, 2016:2). Stigma creates unwillingness in people to seek help (Teh, King, Watson & Liu, 2014:3) as their attitudes and feelings could be compromised. Therefore, managers should minimise stigma by creating an environment of trust which can create willingness to seek help (Obesity, Fitness & Wellness Week, 2019:6982).

4.3.1.4 Subtheme 1.4: The roles of EAP practitioners

According to Waehrer, Miller and Hendrie (2016:53), the role of EAPs include, but are not limited to, screening assessments, short-term intervention counselling, referrals to other service providers, and case management which would include follow-up consultations. However, over the past 10 years the roles of EAPs have evolved due to the increased requests of employers to provide more services which depend on the trends within the organisation (Jacobson, 2012:1). Most of the participants in this study mentioned services such as counselling, trauma debriefing, and case management. The storylines below concur with this opinion:

Most of the EAP services that are rendered involve psychosocial support which includes counselling one-on-one, telephone counselling trauma debriefing, trauma diffusion as well as crisis intervention, and in some cases we do group work and also community outreach; yes, that is about it.(P.D)

As a social worker, I am doing counselling one-on-one, and then, I am also rendering services like I was saying trauma debriefing, doing presentations, I am also responsible to sit in the meetings...(P.I)

I do case management. I believe obviously it is either, it starts with the formal referral or self-referral and the next process will be the assessment, plan of

action, implementation of the plan will include follow-up counselling, support counselling and referral...(P.C)

We [EAP practitioners] are rendering counselling and trauma debriefing for employees who have experienced trauma in the workplace... (P.F)

These opinions reveal that the roles of EAP practitioners have expanded to include other aspects such as the physical, emotional, psychological, spiritual, and medical healthcare of employees to assist in reducing work-related conflict by creating a work environment conducive to optimum service provision (Vyas-Doorgapersad & Surujlal, 2015:6685). Basically, the programme is meant to assist employees with their modern life challenges, which may include work-related or personal challenges (Clark, 2014:34). Currently EAPs focus on the broad-brush approach which is a form of intervention that focuses on other issues such as legal services and mental health cases rather than only on alcohol-related problems (Merrick *et al.*, 2011:300), as is evident in the excerpts below:

I chair committee meetings which include the Employee Health and Wellness Programme, including sports, peer education, and also provide training to employees for example financial wellness in conjunction with the financial institutions who are very good at what they do. They are experts and then I am also conduct training on EAP services so that the employees will be more abreast in terms of what is it that is been rendered.(P.E)

This is done for our employees to be healthy and also the physical part which is the wellness part of our employees is taken care of by involving them in physical health, physical wellness we have sporting activities, aerobics, we also have wellness days where we do medical screening and general medical check-up to keep them going and also do preventative methods [avoid something before it happens], yes.(P.E)

Studies confirm that EAPs are not designed equally, since the roles of EAP practitioners will be affected based on the need, budget, and model adopted by an organisation (Roberts, 2015:1). However, the model adopted by an organisation will determine the type of services that will be offered. For instance, organisations may decide to use an internal model where the services will be offered within the organisation as opposed to the external model where the practitioner onsite will assess and refer cases to the

external service for further intervention as they might have more resources to render service (Mio, 2016:124). However, in some instances organisations adopt both models. One participant pointed out that her employment organisation is using both onsite and external services. Her response is described below:

Since we are outsourcing Care Ways I also make sure that I utilise Care Ways to refer for further intervention if there is a need for further intervention but in most cases before I refer I will do an assessment and check way whether it's vital for me to refer some of the cases I deal with myself because most of them are social problems...(P.H)

This storyline confirms that although internal and external services are the most common models used by employers, there is a growing trend of using a combination of both the internal and the external services; this is called a hybrid model (Attridge *et al.*, 2013:12). A hybrid model is a combination of both internal and external services (Sharar *et al.*, 2013:1). Therefore, the model adopted by the organisation will influence the roles of the EAP practitioners (Roberts, 2015:24).

4.3.1.5 Subtheme 1.5: Training offered by EAP practitioners

Employers need to adopt a full-service EAP that offers services beyond counselling to include services such as training and to tap into educational resources (Attridge, 2019:628). O'Donnell, Holt, Nobel and Zurek (2018:1369) believe that most of the time training improves knowledge and has an influence on intended practice. The participants in this study reported that they offer training such as financial management and stress management to improve and empower employees of the GDoH, as described in the excerpts below:

We are rendering financial management training in conjunction with service providers and then, we do stress management, we do trauma debriefing ...(P.A)

We are rendering workshops related to substance abuse, anger management programmes, conflict management programmes, programmes such as retirement, financial planning; and we also have programmes such as colleagues' sensitivity.(P.F)

According to Barret (2011:49), one of the responsibilities of EAP practitioners is to identify the training needs of the organisation before training and supporting its managers and employees. Consistent with the above, participants in this study confirmed that the training that is offered by the EAP practitioner often depends on the needs within the organisation, as indicated in the excerpt below:

So, it is like a number of training that I do depending again on the need at that particular time because you cannot just, you know, provide the training without any need being requested; but then I have shared some few that I have done but then it depends on what is it that they need at a particular time. (P.A)

Employees who are offered training and development by their employers develop a sense of job satisfaction in their occupation and can accomplish their career objectives (De Grip, Fouarge, Montizaan & Schreurs, 2019:6). The excerpt below indicates that training could equip employees with information:

We do stress management and trauma. Part of our responsibility is to alert employees when they are exposed to trauma ... just to train them and make them aware of what they are facing when they are within the system because some people get employed not realising that the environment that they will be exposed to is traumatic and sensitive at the same time.(P.A)

This comment seems to support the assertion that training offered by EAPs empowers can engender greater resilience and inspire employees towards self-care and awareness of an individual being (Sabbath, Shaw, Stidsen & Hashimoto, 2018:273). Therefore, training provided by EAP counsellors can improve how employees view their EAP and improve their trust (McRee, 2017:41)

4.3.1.6 Subtheme 1.6: Types of referrals and processes

Referral is a process that connects the client with the service provider and it is often done upon request of the client (O'Donnell *et al.*, 2018:1370). According to Shaw (2018:17), referring an employee to an EAP may reduce absenteeism by 54 percent. However, only six percent of employees will take advantage of EAP services as a resource. The participants in this study reported two types of referral systems which they are using, namely formal and informal referral.

I will complete the referral form and depending on the nature of the problem I will either indicate if it's a formal referral or informal referral.(P.K)

There are two processes [of referral]. The first one is through supervisors who can refer employees to our wellness centre and the second one is through the distribution of the pamphlets that are written the numbers of Careways , so employees can actually directly without having the mediator contact Careways and they get their assistance from there...(P.D)

Studies confirm that 21 percent of referrals are done by supervisors. This is due to the training offered to supervisors which equip them with recognition, intervention, and appropriate referrals (formal referrals) compared to the nine percent of self-referrals (informal referrals) due to the lack of knowledge and information about the EAP referral system (Mugari, Mtupari & Rangongo, 2014:260). Therefore, any referral to an EAP may lead to recovery and may save a life (Greer, 2019:2).

Supervisors seem to be integral to the process of referral (Lewis, 2017:39). More often managers refer clients to EAPs formally to request feedback on the intervention offered. It is therefore important that practitioners understand and be sensitive to the nature of organisational work (Nicola, 2013:7). One participant explained that when the client is offered services externally through formal referral they receive feedback reports.

...it depends if it is a formal referral they know, they are aware that at the end of the intervention I am going to receive reports, I act more like their case manager and they send me the reports...(P.K)

This excerpt confirms the assertion that often when formal referral is done, the reason for the referral is communicated to the EAP practitioner, and the practitioner will then release limited information to the referee (supervisor) after receiving consent from the employee (Ghodse, 2016:211). Therefore, formal referral is often done after an assessment by a practitioner who will see a need for further intervention (Amoah & Phillips, 2017:2). Hence, the practitioner plays a dual albeit neutral role in the referrals received (Shotlander, 2010:68).

4.3.2 THEME 2: Views and experiences of participants on rendering EAP services

4.3.2.1 Subtheme 2.1: Practitioners' love and passion for their work

Professionals in the helping field such as social workers often have compassion for their clients and they have a passion for helping other people to become whole (Harlow, 2010:2). According to Anthony (2012:1), people who have a passion for helping others give them their time despite challenges experienced. Similar assertions were reported by participants in this study, as illustrated below:

... because of the love of what I do, because of the love of my work and understanding that I am here to help our employees, I give it my best ... (P.C)

I am happy, I am passionate about what I am doing, neh! [emphasising] and I love what I am doing.... (P. B)

It is because I love it, because working with employees is very satisfying I have been doing it since 2008 and I have gained experience from different institutions. I gained more experience and learned a lot working with different people from different organisations yes. (P.J)

... I am that person who likes going extra mile like when you come to my office complaining about the marital. I do not only focus on you, as social workers you do not only focus on an employee, but we also focus on employee as a person. Hence, I handle cases myself. I do hospital visits where there is an employee who's admitted. I do because now my focus is on EAP, not Employee Wellness in general ... (P.H)

These comments seem to indicate that social workers who show a passion towards their choice of career are likely to love their work; they are ardently engaged and can show compassion for their clients (Miller, Lee, Shalash & Poklembova, 2019:10). Professionals such as social workers develop and show their passion in practising their skills, from the beginning of their education and throughout their careers (Bentum, Abdullah, Amponsah & Cudjoe, 2019:11). They are encouraged to enhance their professional skills by developing tolerance and reducing any negative attitudes they may harbour (Hogan & Bailey, 2010:422). Hence, Kam (2019:18) suggests that social work education should focus on the development of personal qualities such as a desire for effective practice.

4.3.2.2 Subtheme 2.2: Participants' roles and views on external service providers

Organisations employ EAPs based on their organisational needs, the models they prefer to adopt, and the employees they would like to reach (Roberts, 2015:1). As such EAPs do not have to be a uniform model; rather, organisations can offer tailor-made, appropriate services (Agyemang, Williams & Kim, 2015:612). The service provider adopted by the GDOH is reported on by the participants:

The name of the service provider that is appointed by the Department of Health is called Careways although they operate under the banner of the Zinakekele Programme which is coordinated through the premier's office.(P.B)

What I do is to coordinate trauma debriefing sessions with the external service provider which is Zinakekele Careways ...(P.A)

These opinions seem to suggest that some of the employers within the South African government sector prefer to offer EAP services through external contracts or services (Maynard, 2017:3). It is generally believed that external EAP service providers have access to several counsellors and they can offer confidential and independent EAP services to the employees without fear of being stigmatised (Soeker *et al.*, 2016:571). Similarly, Detweiler (2016:30) asserts that employees prefer the use of external services since they ensure privacy, especially when they are dealing with highly stressful issues. Some of the participants even referred employees to external service providers, as the extract below illustrates:

... then I will assess and ask for the employee consent to say, can I refer you to our external service provider which are the same people like me. I will also explain to them that external service providers are social workers. Most of them end up agreeing to the referral and thereafter I will complete the referral form ...(P.K)

This extract illustrates that partnerships and good working relationships with external service providers are important in assisting in developing strategies and mechanisms to address issues in the organisation (Joseph & Walker, 2017:185). Hence, Naidoo (2017:85) encourages the use of external service providers as data is likely to be shared with all relevant stakeholders to get a sense of what is happening in an

organisation. Moreover, external service provision of the EAP is advantageous as it is private, confidential, and can provide a wide range of services from specialised staff (Sharar *et al.*, 2013:12).

Due to the competitive nature of the business world of external service providers, the quality of EAPs has decreased as services are not intended to address workplace problems (Sandys, 2012:206). Similarly, two participants shared their negative experiences with external services:

Mostly you find that we refer our employees to external service provider, and unfortunately we don't have a full comprehensive report in terms of who is suffering from what because they are afraid of bridging confidentiality; so sometimes the report come just as statistics and you are unable to actually measure the impact of those services because we do not even know the individuals that are actually attended to in those service. That is generally my views.(P.D)

I think for me it is like there is a gap there because the service provider is supposed to be alerting me like in my institution in terms of saying that you know from our side we received such number of cases, so it is not done but they communicate directly with our central office. (P.A)

These participants confirm that it is essential that employers allow EAP external service providers to have access to an organisation, as is the case with internal services, and collaborate with other sections within an organisation for effective service delivery (Attridge *et al.*, 2010: 4) Hence, some studies encourage the use of internal services as it improves employees' health (Carter, Kelly, Alexander, & Holmes, 2011:763); they can also provide services based on a holistic approach (Fogarty, 2013:46). Some of the participants expressed preference over onsite services rather than external services as illustrated by the excerpts below:

I am that person who likes going extra mile, like when you come to my office complaining about the marital problems I do not only focus on you; as social workers we do not only focus on an employee, but we also focus on employee as a person. Hence, I handle cases myself. I do hospital visits where there is an employee who is admitted I do because now my focus is on EAP not employee wellness in general ...(P.H)

So, for some of the cases, depending on the need, I refer them to our external service provider but for most of them, I would say ninety percent of them, I attend to them as a social worker [internally] ...(P.K)

Zinakekele will conduct six sessions and from there they will tell them [employees] that okay, we have done our part; they do not actually add more of their sessions for employees so after they have done their six sessions I will still do aftercare to check and also ask them if they are satisfied; if they are not they still continue, then I will add maybe two more or until they are ready for termination because at the end of the day the intention is not about the session per se but is the process of change ...(P.E)

... employees do not want to go to external service provider as they feel that you [social workers] are the relevant person to assist because referral to external service provider is a long procedure so they want me to assist them ...(P.F)

Although the use of external services is regarded as beneficial to organisations, some studies confirm that external services has changed from a professional service to a competitive business product that employers purchase for the benefit of employees. Hence, many organisations prefer the use of internal services as it appreciates the value of organisational service (Hughes *et al.*, 2018:384). Therefore, employers need to make an informed decision when purchasing these services as paying less for a service could mean getting less service (Pyrillis, 2014:1). Three participants from the study illustrate the same sentiments as indicated in the excerpts below:

I feel the Department of Health is wasting money on the external service provider rather than employing permanent staff that should be fully trained on all programme pertaining to EAP...(P.A)

They [Department of Health] are wasting money because there are millions and millions that are being spend on the external service provider, but I do not see anything tangible ... (P.A)

Careways [external service provider] for me does not make sense because if I am a social worker employed as a coordinator I can still offer the service that is the same as the one that they will get at Careways ... (P.C)

These statements seem to suggest that to ensure sustained EAPs, it is crucial that an employer selects the most appropriate EAP model for the organisation (Sipek, 2016:47) to provide services that correspond with the language, cultural identity, and the needs of

the employees (Gatchel & Schultz, 2012:461; Rizzo, 2014:6). Attridge *et al.* (2013:6) advise employers to calculate the benchmark with regard to best practices to decide on the best model for the organisation, and to determine the best prices to pay for these services, which will encourage funding or budgeting for EAP services (Attridge *et al.*, 2010:1)

4.3.2.3 Subtheme 2.3: EAP caseloads in different institutions

The expansion of EAPs to include a range of services has an influence on the EAP caseload (Kurzman, 2013:382). Caseloads may vary from institution to institution with some institutions having a high employee turnover, which is usually determined by the number of employees in an institution. Some participants reported that they are working alone in their EAP professional posts, and they are not coping in rendering quality EAP service. Their sentiments are expressed in the storylines below:

As I have already mentioned that for now even the number of the employees is more and I am the only one social worker for the department, which is too much for me...(P.J)

I am the only one social worker who is rendering EAP services ... (P.K)

These comments could be an indication that high caseloads add to the strain and extreme pressure under which professionals have to perform their duties (Baginsky, 2013:34). Burns and MacCarthy (2012:31) highlight that a high caseload can negatively impact the reputation of the programme. Roberts (2015:1) further notes that caseloads also depend on how organisations operate. For instance, employers who operate on one site will have a high client turnover whereas employers with multiple sites will have different client turnovers due to by-word-of-mouth promotion and personal interaction. These assertions are expressed in the storylines below:

The district has thirty-eight [38] facilities with three social workers; our staff component is almost four thousand three hundred [4300] and that is the number, so all those facilities receive EAP services from this office. (P.I)

... we are three social workers offering services to the whole district of about six thousand [6000] people; we have a staff establishment of about plus minus [estimate] six thousand people ...(P.I)

Our total staff establishment is one thousand nine hundred [1900] but, in a month there are almost fifteen to thirty staff members [estimates of the number of employees who need EAP services]. Some of them are new and some of them are continuous cases. You find that the person is coming back for the third time or the fourth time, and very few maybe half of them would be new cases that come for counselling sessions.(P.K)

... per quarter I will say because now I see maybe plus minus 60 [sixty] clients per quarter; sometimes they are coming for enquiries almost every day. Sometimes it does happen the whole day that I have to extend my services to the college students at the college, because they do consult the doctor and sometimes you find they have experienced trauma they need urgent assistance I have to intervene; so, I am also assisting the college when there is a need. Even the Department of Infrastructure and Development [DID] people, sometimes if the case is urgent, I have to intervene before I refer. (P.J)

We have a staff establishment of about plus minus [estimate] 6000 [] people, whereby two thousand and five hundred are permanent employees; we have just absorbed the Community Health Workers recently, they are around two thousand five hundred themselves; we have just absorbed the EPWPs, that is an extra staff that is supposed to be part of the staff of the district and we are supposed to render services to those, so social workers can get overwhelmed and is going to be difficult for us to be able to render the total clinical therapeutic services to the employees of staff establishment... (P.I)

These storylines seem to be consistent with a study by Morazes, Benton, Clark and Jacquet (2016:243) who found that high caseloads prevent practitioners from fulfilling their “true social work” functions; thus, high caseloads have an effect on the quality of services clients receive (Van Berkel & Knies, 2015:4). Therefore, more positions relating to EAP services will ease the caseload and it will mean that social workers would improve on their case management; they would be able to spend more time on cases, and conduct follow-ups thorough investigations (Rentz, 2015:1).

4.3.2.4 Subtheme 2.4: Team-work approach

The establishment of inter- and multidisciplinary teams has been the focus of many organisations; clinically trained individuals such as social workers are included in these teams (Hughes *et al.*, 2018:390). In South Africa, EAP teams often comprise social workers, psychologists, nurses, medical doctors, labour personnel, and occupational

therapists. However, the staffing pattern will differ from organisation to organisation, depending on the location, the organisational structure, and the service provided (Soeker *et al.*, 2016:571). Interprofessional care and service collaboration which could combine the expertise of different specialised professionals to work together to provide care for individuals and their families is trending in the social work field (Ambrose-Miller & Ashcroft, 2016:101). Participants in this study expressed the need to implement a teamwork approach, as illustrated below:

It is better if there is a multidisciplinary team on site. That way I am able to refer either to a psychologist or a psychiatrist rather than going outside and like looking for a psychiatrist, and then the case can take longer to be resolved rather than having those specialists within the institution. So, for me I have been struggling with those services whereby an employee will need to go through psychiatric assessment and you find that an employee is not on medical aid so it is so difficult to refer a client or an employee to the psychiatrist for an assessment ... (P.A)

These comments seem to demonstrate that the use of a multidisciplinary approach is beneficial in improving health outcomes and for increasing accessibility of other services (Ambrose-Miller & Aschcroft, 2016:101). Rishel and Hartnett (2017:35) further highlight that the teamwork approach also promotes learning from other professionals. Previous studies have also confirmed that a multidisciplinary or teamwork approach is beneficial when implementing high quality care and a positive outcome of a programme (Chung, Tabatabai & Paetow, 2019:36). The benefits of the multi- and interdisciplinary teams were further highlighted by the participants:

If they [organisations] can have the psychologist because there are cases that need a psychologist, a psychiatrist ... a psychiatrist that can assist you. Now you have to refer to the hospital and sometimes you find out for the hospital they have a long list the employee have to wait. If employee does not have a medical aid to see the psychiatrist those are the services that we need. (P.J)

... fortunately, for us we have an Employee Wellness Centre and in the centre we have a team that is responsible for OHS [Occupational Health and Safety], they are two professional nurses; we have a doctor we are in the same centre all four of us and we work together. Some of my cases come from nurses in OHS. Some of my cases they come from the doctor and some of my cases I refer to

the doctor for further management where there is need for clinical intervention, so we more or less work in a team although we have different roles we play, but we do an integrated kind of approach in terms of addressing needs of the staff.
(P.K)

A multidisciplinary or teamwork approach can assist professionals to identify health risks that employees may not be aware of and network them with available resources (Gatchel & Schultz, 2012:461). A multidisciplinary approach could lead to improved recommendations (Rosell, Alexandersson, Hagberg & Nilbert, 2018:1) and an improved outcome from multiple expert opinions (Chirgwin, Gray & Mileskin, 2010:295). Similarly, the EAPA (2017:2) advises that EAP professionals should liaise with third-party professionals for their input which could lead to further intervention. However, most of the times those services are not provided in the organisation.

4.3.2.5 Subtheme 2.5: Participants' views on challenges facing service users

Workplace programmes such as the EAP should give employees alternatives for the organisation to achieve its programme goals (Steck, 2018:497). Thus, employers are faced with a challenge of developing effective approaches to motivate employees to participate in wellness activities which may be due to the culture pertaining to health within the institution (Rizzo, 2015:6).

The EAP was designed to be rendered by professionals who meet a certain standard of practice, adhere to a code of ethics, and possess the required qualifications and experience needed to provide high quality care; therefore, the use of non-professionals will have a negative effect on the quality of care (Gatchel & Schultz, 2012:447). Kurzman (2013:387) argues that non-professionals are often employed in employee assistance programmes because it is a field rather than a profession, and the requirements to be a Certified Employee Assistance Professional (CEAP) does not require an individual to even have a high school diploma. Therefore, the lack of formal training in EAPs services can have a negative impact on the nature of service (Taranowski & Mahieu, 2013:185).

The excerpts below encapsulate the general view of the participants on the challenges facing them:

I have realised that most of the EAP services were done by non-social workers and I would always wonder how they then maintaining their clients in as much as counselling is concerned because in as far as I have noticed they would always refer ... I do not refer them unless I need to incorporate some of the disciplines ... (P.E)

There are people who were doing this programme who were not social workers, so employees at some point they were reluctant to utilise the services because of the issues of confidentiality ... (P.B)

Other institutions have an administrator who is supposed to do everything and that is a gap. It also explains why the programme is not effective because it is not properly given the resources in terms of human resources to run the programme ... (P.K)

In some institutions [colleagues in the EAP field] you find that people have high hopes, they are referred to a wellness coordinator with the hope that they are going to be counselled ... only to find the person is not a social worker, they do not have the clinical insight into doing a proper assessment, proper referral, proper monitoring, and the proper evaluation. (P.E)

Okay, let me explain: as a district we have subdistricts and in the subdistrict we have employees who are also wellness coordinators. However, they are not professional social workers. Some of them are nurses and maybe to put it clear that they came as representatives for their facilities and they are part of the wellness committee then with the passion and the interest of doing EAP at the facility levels I work with them. However, our areas of function are not the same because they are not doing case management then they will be assisting maybe in other activities that do not require professionalism in that manner, yes. (P.E)

These viewpoints seem to reveal that the EAP is also rendered by individuals who are professionals in other fields, namely social workers, psychologists, counsellors, and occupational nurses. Professionals such as social workers and psychologists are preferred due to the values, knowledge, methods, roles, principles, and the speciality the profession holds (Masi, 2013:3). A study by Zou (2017:35) suggests that for successful EAP services to be rendered, skilled professionals with a clearly defined confidential statement should be employed to improve the effectiveness of the programme.

Although the use of onsite services is encouraged as it allows the employees to develop relationships with the professionals offering services (Hroncich, 2019:1), it may also be beneficial for an organisation as it will fit the needs of the organisation (Sharar *et al.*, 2031:1). One participant reported the following challenges in rendering onsite EAP services:

It is difficult for employees to come to me when they are having problems, because other employees can see where they are going to consult. There is no space sometimes. They meet me in the passages and they share their problems there. (P.B)

This participant concurs with the assertion that employees may not be comfortable using EAP services due to a fear of stigmatisation. Therefore, employers need to promote a healthy environment by reducing negative attitudes about EAP services (Attridge *et al.*, 2010:4). Confidentiality needs to be maintained for employees to sufficiently trust the programme (Gibson, Benson & Brand, 2012:7). Lack of confidentiality will lead to tension and mistrust (Petrova, Dewing & Camilleri, 2014:5). Employees need to be assured of confidentiality when dealing with highly stressful issues (Detweiler, 2016:30).

4.3.3 THEME 3: Challenges experienced by EAP Practitioners

4.3.3.1 Subtheme 3.1: Managers' misconceptions, misunderstanding, and lack of appreciation for the programme

Although the EAP has been in existence for more than two decades, it is still regarded as just a counselling service rather than a valuable service in organisations. Most managers do not regard EAPs as an important part of an organisation; rather, they view it as “compliance” or an “optional extra” (EAPA-SA, 2017:1). The same assertion was reported by five participants in this study, as encapsulated by the following:

I believe that management here, I will say maybe they don't understand the core business of EAP and how it functions. Maybe they were not educated about the program because they will just walk in even when you have place a note outside the door that you are busy with a session. There is no privacy. Those are the challenges that I'm not happy about. (P.F)

It is still difficult for managers to understand. However, I do not know if I should say it is difficult or they are just arrogant, but we [EAP practitioners] need to make sure they understand the benefits of this programme to the institution. We also need to organise more information-sharing sessions and until they understand, and these challenges will be minimised. In terms of staff members, we need to educate them more and more on this programme until they understand the importance of this programme and if they understand and all these challenges will be minimised. (P.H)

... the only challenge is that we still have managers who utilise this programme [EAP] for their own benefit. That is the main challenge I'm experiencing right now. It makes it difficult for us to deal with other cases because it seems like they have their own agendas ...(P.H)

Okay, there is minimal support in a sense that supervisors themselves are not aware, fully aware, of the services that are rendered in employee health and wellness, which I am partially blame; I take the blame from our side for not marketing the programme radically enough, so supervisors themselves find it difficult to actually refer their employees to our services with that support. In as much as we want to blame them they are not supporting us it's because they do not even know how to support us, so I think that's where the problem lies; basically when the supervisors refer employees it is because labour relations could have told them that no, this person needs a psychosocial evaluation; that's the only time when they refer to us. (P.D)

They do not take it serious but they [organisations] do not prioritise the programme because whether it is there or not there for them there is no problem. The fact that they do not employ the relevant professionals to the programme is a clear indication that it's a "nice to have". When they budget they don't think of taking budget for EAP because every year we write the business plan, we cost it, we write the demand plan for the programme but still, come the budget allocation you get zero, so to me is like a nice to have programme and I'm not experiencing this alone in the district of Jo'burg [Johannesburg] metro district; even in other districts they are experiencing the very same problem because like for instance you are having capacity building workshops you want the employees to be released; they don't release them; they look at the service delivery. We are not saying that they must bring everybody to attend those courses; we know that service delivery is going to be compromised; at least release two, but no, they say work first; and those are the employees that are troubled; how do you expect those employees to perform their duties while they are not okay; that's why there are a lot of litigations, that's why there are a lot of cases of mental illness in the department; is because the very same management is not supporting the

employees. They even label them; they have started with their craziness what is that is being insensitive. (P.B)

It lacks support from management; we are struggling with that ... or should I say management is not taking this programme as they should and supporting it as they should, be one of the challenges that I'm picking up as an EAP service provider ... (P.G)

These sentiments contrast with the assertion that managers should support and act as agents in marketing programmes in an organisation (Barton & Ambrosini, 2013:739). It is therefore crucial that employees receive support from their managers, the lack of which could lead to employees being unable or unwilling to perform optimally (Cullen, Edwards, Casper & Gue, 2014:270). Management support is important to sustain organisational commitment in the workplace (Bourne, 2011:7).

Although EAP is regarded as a cost-effective solution to many organisations' problems to attract and retain employees (Carchietta, Mse & Faaohn, 2015:132), it is still not valued as highly as it should be (Lewis, 2017:38). Participants in this study concurred with this assertion as illustrated below:

... recognising the EAP services by also budgeting for it, include it as a priority for patients but they also need to recognise the EAP and support it financially by ensuring that we the EAP's [practitioners] are in a conducive place because if you check now some of our offices are not conducive. (P.F)

The Gauteng Department of Health EAP services is taken as a "nice to have" kind of programme from my point of view. Management is aware that there is employee wellness programme that they are supposed to support with everything that it needs, but they are not doing that because I don't think they are looking at it as an important_section that they should be supporting into with its whole entirety. I believe that it should get support because most of the resources the department use is employees; without a nurse at the clinic it's difficult for the Department of Health; therefore we need to make sure that our staff are mentally sound and well and happy and content in the workplace ...

These opinions contrast with the assertion that management and the organisation should prioritise EAP services by setting boundaries that are supportive such as modelling the behaviour themselves, and encouraging employees to participate in EAP activities by giving them time off to participate (Sabbath *et al.*, 2018:274). A Study by

Camelia, Ioana-Valentia-Alexandra & Larisa-Andreea (2019:94) on organisational culture confirms that managers' positive behaviour encourages employees to identify with organisational values and beliefs. Therefore, managers' attitudes towards the programme will determine how the employees will behave in the organisation (Dimoff & Kelloway, 2019:14).

4.3.3.2 Subtheme 3.2: Challenges with staffing and related consequences

Social workers continue to be a preferred profession or “principal players” to offer EAP services because they have the expertise, skills, and are adequately trained to identify and link employees with the required resources (Kurzman, 2013:243; Nunes *et al.*, 2017:700). Similarly, Webster (2019:1) notes that experts provide guidance and can assist the workforce to cope with life challenges. However, the participants in this study reported that some institutions do not use social workers for rendering EAP services, and this poses a challenge as illustrated in the extracts below:

I think we need to be honest and to say the intentions are very good, you know, there is that commitment that says every institution must have an EAP practitioner, which is good. However, there is a big gap in that not every institution has a social worker. In some of the institutions there are coordinators who, according to me, do not have clinical skills to render effective EAP services (P.K)...

... when you are an EAP practitioner you are supposed to be a social worker ... and in these five districts [regions within Gauteng] only two are social worker, in other three districts there are no social workers, there are not even nurse that matter, they are just admin or support staff but they are coordinating the programme ... (P.B)

I am the one who is supposed to render EAP services to those employees because the coordinators [not qualified social workers] themselves when they realise that the services of the external service provider are discontinued; they just sit back and fold their arms, all the cases they throw it to me when there is a crisis, even in Pretoria or Ekurhuleni, all these district they will phone there is a crisis, please come and assist because there are no coordinators in other institutions and management when you tell them to appoint, they do not want to employ the coordinators in other institutions and because you are at provincial office you then supposed to render those services to those institutions that do not have coordinators ... (P.B)

These excerpts suggest that organisations should appoint qualified social workers as this is a highly respected profession which offers expertise and implementation strategies in workplace programmes such as the EAP (Farmer, 2011:201). Hence, the EAPA Standards and Professional Guidelines (2010:15) encourage organisations to employ EA professionals with the necessary experience, education, certification, credentials, and licences to provide this service. However, organisations continue to use non-social workers although social workers are a preferred profession in rendering EAP services (Csiernik & Csiernik, 2012:8).

Organisations also need to institute a human resource development plan which will ensure that the programme has appropriate and adequate staffing as well as competitive incentives to address salary gaps and skills which would facilitate effective and efficient service delivery (Kay, 2017:56). However, the participants in this study felt less valued in terms of salary, as illustrated in the excerpt below:

Coordinators are employed at salary level six, others at salary level eight, and others at salary level nine [salary category] so there is inconsistency there; whereas we are doing the same thing; do you get what I am saying? So if at least the employer appoints at least have standard and uniformity and others are getting OSD [Occupational Specific Dispensation] and others are not getting OSD that's another inconsistency, there is no uniformity.(P.B)

This participant's response suggests a need for organisations to develop a relationship with their employees, which will give rise to job satisfaction on many levels, not least salary, promotion, appreciation, availability of information, and support, all of which are essential for employees to perform their duties effectively (Jamil *et al.*, 2019:1). Hertel (2014:60) argues that employees with a higher salary are motivated and experience a feeling of appreciation, which in turn increases the level of their job commitment. Similarly, a study by Boundrias, Desrumaux, Gaudreau, Nelson, Brunet and Savoie, (2011:377) confirm that employees who are fairly rewarded and remunerated feel respected and consequently experience a sense of belonging in the organisation.

It is crucial that social workers receive standard guidelines and training on how to execute their duties in an organisation (Schiff *et al.*, 2018:467). Boundrias *et al.* (2011:377) contend that clear and transparent procedures provide guidelines which are

geared towards improving competency and autonomous actions. Furthermore, a study by Joseph and Walker (2017:190) indicate that organisations need to establish best practice guidelines for EAP service delivery. Two participants shared their frustration about the lack of clear guidelines:

I feel totally lost since I have joined this department [Department of Health] because compared to where I am coming from at the security cluster, things were done differently, and they follow protocols. Everything is in order, everything is standardised, training is standardised, we all do training the standardised one, a weekly report form is standardised statistics format is standardised, everything, quarterly reports are standardised annual report is standardised so you could see whether the person is performing or not [emphasising]. So here you are just using your own format, you are doing your own things, there is nothing that is standardised, it is totally different and there is lack of support ... (P.G)

... I feel it is very frustrating for us in terms of providing resources, of providing support to the programme and to make sure that actually we are monitored, we are evaluated that we are functioning properly and responding to the needs of the organisation. (P.G)

These responses seem to be consistent with the assertion of Bond (2015:7) that the use of standards will assist employees to attain the required level of expertise, training, supervision, and professional development required to provide service to the clients. A study by Broadhurst, Hall, Wastell, White and Pithouse (2010:1061) on risk, instrumentalism, and a humane project in social work further confirm that organisations that use standard protocols can provide useful practice tools the lack of which could lead to inconsistency, powerlessness, and psychological strain (Day, McCarthy & Leahy-Warren, 2012:740; Boundrias *et al.*, 2011:377). Hence, countries such as England have established new regulatory bodies which focus on improving standards, quality, training, education, and social work practice (Whyte, 2016:271).

4.3.3.3 Subtheme 3.3: Inadequate office space and unprofessional handling of files

Social workers are constantly required to make decisions that involve difficult ethical issues or dilemmas (Dolgoft, Harrington & Loewenberg, 2012:4). According to the South African Council for Social Service Profession (SACSSP), policy guidelines for codes of

conduct and ethics have to be adhered to, and it is the duty of social workers to ensure clients' privacy, and to safeguard information at all times; they will be deemed guilty of unprofessional conduct should clients' personal information be overheard in an office environment. Hence, private working space is regarded as a valuable resource that employers need to provide for service delivery (Jeyasingham, 2016:216). However, often social workers find themselves in situations where they are victims of failed systems in an organisation (Blomberg, 2019:243). Three of the participants shared their frustration about the lack of suitable office space:

The space they are providing you [EAP practitioner] is not user-friendly. There is no confidentiality because the atmosphere is not suitable for me to render EAP services in a professional way. After a year of working here we were moved to a new office space. We had lockable cabinets which is one of the things that you must have as a therapist so that you can lock the files of clients; so now we moved to another places we moved to this building when we get there, we were sharing an office ... and the space to render or counselling the same happened when we were moved to another building as like the previous building we are like a call centre, we are sitting in an open plan [no offices]. We are sharing a desk, there is somebody opposite, there is somebody sideways at your back, no cabinet, no nothing ...(P.B)

We do have a wellness centre here but if you go and look at my office, it is not a welcoming space to render counselling. It is a small room which is cramped up. Employees won't be able to sit comfortably there so it can be frustrating because I feel the counselling room does not comply with the standard of what a counselling room is supposed to be. It is just a makeshift space where we are put there and, you know, people [management] seem to be comfortable and to say we have a wellness centre when actually we do not have a right wellness centre which have resources that make a place comfortable enough for staff members to experience healing before you can even talk to them, because I think counselling is more than just about talking. I think the space always need to talk to the intention of providing counselling so for now we do have wellness centre but just a small space that we are utilising and management does not seem to understand that we need the tools, we need resources to make the wellness centre to be a conducive space for healing for our staff member and also while on that ...(P.K)

...I even went to management to tell them that I am no longer doing counselling rather what I will do I will explain to people why I am not doing counselling and

then refer them to the external service provider, and unfortunately these people do not want to be referred ... management does not care about whether you are a professional social worker or not; they do not even respect employees because if they did they would not allow them to have counselling in an office that is just like sitting in a corridor and do counselling in public where everybody is passing and listening to what you are saying ... (P.K)

The challenges articulated above are consistent with the findings in the study conducted by Alpaslan and Schenck (2012:408) on challenges related to working conditions and the experiences of social workers practising in rural areas, namely that social workers frequently occupy office space that is in an appalling state of disrepair and that they are expected to work with limited resources. According to Tims and Derks (2013:231), job resources such as office space serve as motivational factors for employees, which could lead to high levels of work engagement. Hence, it is important that social workers are provided with the necessary resources such as office space which is conducive to dealing with sensitive issues in private, and that records should be handled in a professional manner. Unprofessional handling of records could destroy confidence in the social work service system (American Public Health Association, 2013:16). One participant shared her frustration:

...and remember that we moved [to the new office space] with the boxes of files and those files are the clients' files. Imagine what is going happen with those files because we moved into a building with very limited space. There was no way that we could take these files to our offices because even our offices were very small. We were even sharing space so those boxes with client files were put at basement in a parking lot with other stuff, and then when you go there you check sometimes those box are opened, so it is a mess; even now those files are still there. (P.B)

These comments reaffirm that it is the duty of social workers to protect clients' privacy (Reamer, 2013:167). Therefore, practitioners must be proactive about keeping clients' records confidential to protect themselves from allegations of unethical and harmful behaviour (Luepker, 2012:167). However, Pritchards and Leslie (2011:50) emphasise that it is the organisation's responsibility to ensure that there are systems in place to manage and ensure the confidentiality of records.

4.3.3.4 Subtheme 3.4: Lack of managerial support and funding for the EAP programme

Lack of funding allocation for EAP services can have an impact on the quality of services (Sipek, 2016:2). Dembe *et al.* (2012:664) also emphasise that to sustain an initiative such as EAP services employers need to increase their level of engagement with the EAP, increase their resources, commitment, and subsidies for the programme (Caillier, 2017:298). Some participants reported that despite efforts to get a budget allocated for this programme, there continues to be a lack of funding to escalate EAP services. Their frustration is highlighted in the excerpts below:

... the issue of funding ... we came up with wonderful ideas with Occupational Health and Safety [OHS], and the medical doctor to say we should buy this tool [tool of trade]; maybe we should buy that to assist us in rendering effective services, but there is no support in terms of providing the budget for those resources so it can be very demoralising and its tiring actually because when we go to meetings with management they always say submit a plan. We submit plans yet there is no money to back up those plans to ensure that we render effective services ... (P.K)

I mean if management was financially supportive of the programme automatically they [employees] would also have a buy-in into the programme because there are funds allocated to it and management would cascade the information down to your supervisor your facility managers at districts to say there is this kind of programme that needs your support as management through the DMT [District Management Team]. The team at the district level should encourage people to go through the programme that is funded and available to staff to receive professional assistance.(P.I)

These responses correspond with the findings of the study conducted by Alpaslan and Schenck (2012:408) in that it seems as if it is the norm that social workers are expected to render effective social work services without necessary resources such as funding. A study by Smith and Clark (2011:1952) indicate that social workers who have a lack of resources such as funding experience stress in their jobs. Hence, it important that management should prioritise the provision of resources such as funding, the lack of which could exacerbate worker frustration, helplessness, and fatigue (Hsieh, 2014:396).

A study by Raeymaeckers and Dierckx (2013:6) came to the conclusion that the role of social workers' perceptions on activation of the programme in an organisational context highlights factors such as organisational structure, culture, and leadership style as these have an impact on service delivery. One participant reported that a change of leadership in her institution had a positive impact on the funding of services and activities, as indicated in the excerpt below:

All in all, what I like about them, they [management] have a very positive attitude most of them, they are willing to learn and they are also willing to share some of their resources that they have in making sure that we host a programme that is effective and successful at the end of the day ... (P.C)

This storyline seems to confirm Peterson's (2013:11) assertion that effective managers should have their eyes and ears to the ground. Most importantly they need to listen and communicate effectively within their organisation. Moreover, management should support the EAP and view it as a sound financial investment that will assist the organisation to reduce financial cost and mitigate the risks within the organisation (Joseph & Walker, 2017:183). Therefore, organisations have the responsibility to provide adequate resources such as funding and support towards the programme (Taylor, 2019:11). According to Dembe *et al.* (2010:661), it is crucial that besides offering services in the organisation, employers have the task to take additional measures to help employees to obtain and access care.

4.3.3.5 Subtheme 3.5: Lack of additional resources for service delivery

All professions have a set of job demands and job resources to perform their duties; a balance between the two must be maintained to ensure a positive outcome (Harney, Fu & Freaney, 2017:238). Therefore, a lack of resources can damage the way employees feel about their careers within the organisation (Patton 2019:1). Montani, Vandenberghe, Khedhaouria and Courcy (2020:84) emphasise that service delivery depends heavily on the availability of resources in an organisation. A study by Boundrias *et al.* (2011:39) on modelling the experiences of psychological health at work confirms that resourceful employees tend to be happier despite the difficult circumstances they come across. Moreover, it is the organisation's responsibility to

provide support to its employees by offering instrumental and expressive resources which should include, but not be limited to, access to information, professional advice, special skills, and access to necessary equipment and material to achieve the objective of an organisation (Jamil *et al.*, 2019:1). However, some participants expressed the lack of or limited resource as a challenge:

For me it is lack of resources because working under limited resources can limit you [EAP practitioner], you cannot like fly like an eagle, you know, and do what you feel is applicable to do ...(P.A)

I do not have a computer even before the fire incident [part of the hospital was on fire]. I used to struggle too much before it crushed due to the fire. I complained and reported that I cannot insert memory sticks, when I insert them they automatically make short cut, I went to report to IT [Information Technology], and they told me I was not the only person since almost the whole hospital is experiencing that, so there is nothing I can do seriously IT. So, I am battling with a phone, sometimes is not in use at times, hence I am saying mo ke ga Satane [here is Satan's home – meaning we are suffering].(P.F)

We do not have computers, we are sharing computers, which is another challenge; we do not have printers. We must walk to other offices to print documents; those are the challenges for now. They said they do not have the budget – that is all.(P.J)

These responses seem to suggest that a highly demanding position exacerbated by a lack of resources could result in strain and impaired wellness in employees, whereas the effects of a highly demanding position could be alleviated and balanced by the availability of sufficient resources, which in turn would lead to a positive outcome (Harney *et al.*, 2017:237). Boudrias *et al.* (2011:391) argue that EAP practitioners who experience a lack of or fewer resources are likely to be dissatisfied with their jobs and could experience burnout (Robins, Roberts & Sarris, 2017:254). Employees who have access to adequate resources are dedicated to their tasks, they experience fulfilment, institute fewer grievances, and there is a lower probability of staff turnover. Therefore, organisations should always strive to provide adequate resources to enable employees to deliver creative, cost-effective services to clients (Hopkins, Meyer & Shera, 2014:421). Sheraz, Batool and Adnan (2019:1) emphasise that employees who are

provided with supportive resources will display a positive professional attitude towards practice.

4.3.3.6 Subtheme 3.6: Shortcomings in the implementation of interventions

Social work intervention is often associated with creativity, insight, and experiential knowledge (Radulescu, 2010:65). However, social workers experience challenges such as high caseloads as well as timescale and budget problems (Morris, Mason, Bywaters, Featherstone, Daniel, Brady, Bunting, Hooper, Mirza, Scourfield & Webb, 2018:367). Some of these challenges were expressed by the participants as follows:

The main challenge is that this programme is a sub-function of HR [Human Development]. I consult with clients and make recommendations. However, those recommendations have to be implemented at those facilities and you find that managers do not implement them. They are only recommendations and some of the recommendations are not accepted by managers. They take them as unreasonable or they feel that it is too much; they cannot do that or afford employees the opportunity to move from one section to another because of a lot of conflict in the workplace. (P.E)

We understand their the frustrations and pressure that [managers or supervisors] they are experiencing but they need to take us serious as coordinators of the programme [EAP] and also to understand that all we are doing is to enable them to function in a better way, if they can only implement our recommendations and take them serious because there is no point of referring employees whilst you are not prepared to restructure. If they can take them seriously and start implementing I think that would also give us joy for doing the job, yes.(P.E)

These comments are in line with assertions that most failures in organisations are because EAPs are not implemented properly, if at all (Ahmadi, Ali, Salamzadeh, Daraei & Akbari, 2012:289). Organisations need to overcome any organisational barriers that have an impact on implementation (Gagliardi, Brouwers, 2012:7). Meyers, Durlak and Wandersman (2012:15) caution that a lack of implementation could lead to the likelihood that the desired goal may not be accomplished.

According to Reamer (2013:166), social workers have a duty to meet certain standards when rendering services, especially intervention protocols, to their clients. Casework, group work, and community work are some of the core professional intervention

methods which social workers are encouraged to use in their day-to-day service provision (Healy, 2012). However, one participant highlighted that due to the high caseloads, some social work methods of intervention are impossible to implement, as stated in the excerpt below.

I do not give enough effort to group work, neh! [emphasising] well, it is a gap that is there which is why I will talk about the need of a social worker to assist in filling that gap and then I would focus more on marketing the services ... (P.C)

Group work in social work practice helps individuals with coping strategies at personal, group, and community levels (Brown, 2017:8). According to Cohen and Lotan (2014:6), an effective group work intervention can enhance the intellectual and creative learning of members of the group.

4.3.3.7 Subtheme 3.7: Participants' feelings of failure as service providers

EAP practitioners are often held accountable for organisational failures caused by problems such as high caseloads, lack of resources, lack of training, and poor supervision (Whyte, 2016:268). Therefore, EAP practitioners may experience moral and emotional distress when they are unable to render or offer services optimally (Manttari-Van der Kuip, 2016:87). Three participants experienced a sense of guilt due to their perceived failure to render effective service caused by organisational challenges:

I feel as if I am failing employees because there are things that are beyond my control. I have boundaries. I have limitations, so when I feel that the employee requires my assistance, but I cannot fly as much as I can, it become so is so demoralising as I know exactly what the person needs. (P.A)

It makes me feel like I am failing employees. In the first place, should anyone, for example, test for HIV and they are positive I need to be able to play a role of advocating for services for that person. Firstly, the person needs to be on treatment and secondly, the person needs to go through support groups, and thirdly, the person needs to go through a programme that we call wellness champions where they are able to assist themselves, they are able to receive different support from different structures ... (P.D)

I feel that I am no longer doing justice to my profession. Hence, even when people come here I refer them because I'm so weak inside, so how am I going to

help them if unable to help myself, so I am not doing any justice to them and because I do not want to compromise them so, I rather refer them to people that are strong enough to handle their challenges, so what does that do to my profession, so you see my profession is going down the drain. (P.F)

These participants seem to affirm that social workers are natural leaders; however, if they do not have the proper tools of trade and training, they are set up for failure (Farmer, 2011:7) Similarly, Aiello and Tesi (2017:73) argue that social workers experience physical and emotional exhaustion if they are unable to assert their competence, ability, and creativity (Aiello & Tesi, 2017:73). Kadushin and Harkness (2014:9) emphasise that if social workers receive supervision, they could be provided with an environment that will allow them to do their job effectively; subsequently, supportive supervision will assist them to feel good about rendering their services. Therefore, organisations need to provide developmental interventions such as training to build and broaden their employees' thoughts and actions (Boundrias *et al.*, 2011:391).

4.3.3.8 Subtheme 3.8: Participants' efforts to address some of the challenges

Despite the challenges experienced, social workers often display an inner resilience, which is a positive adaption to a given situation (Schiff *et al.*, 2018:467). Often, social workers come up with creative ways of providing services despite any barriers they come across within their organisation (Prynallt-Jones, Carey & Doherty, 2018:90). Social workers often have to deal with demands such as high caseloads, emotional demands, and organisational demands which require of them to delve into their own personal resources and resilience (Aiello & Tesi, 2017:73; Robins *et al.*, 2018:255).

In the public service, employees are entitled to paid annual leave, which is applicable over a period of twelve months (South African Policy on Determination on Leave of Absence in the Public Service). According to Skinner and Pocock (2016:682), employees need time off to attend to personal commitments and other aspects of their lives, and this periodic downtime is regarded as crucial to employees' health and wellbeing. Potocnjak, Grgic and Catipovic (2014:160) view paid annual leave as a right

that employees are entitled to, which could assist them to be more productive when they return to the workplace.

... when I am on leave I hand over cases to them [hospital social workers]; so, they are the ones who are assisting me in rendering EAP services, so I have taken that upon myself so that I do not miss out on that clinical support that I need, that I must request the support from the social work department, so that is how I tried to counter a gap that is there ... (P.K)

This storyline affirms that employees who work in teams or facilitate teamwork improve in their work performance (Xie, Ling, Mo & Luan, 2015:1). Hence, it is important that organisations create an environment that encourages employees to take their annual leave and return to work revitalised (Rimmer, 2019:2). Colleagues who provide social support to each other can have a positive effect on employees' health and wellbeing (Birkeland, Nielsen, Hansen, Knardahl & Heir, 2017:2). Therefore, a lack of proper peer support can over time undermine their passion for the job, which would prevent them from attaining success in their careers (Lock, 2011:5).

The policy on conditions of service in the South African public sector stipulates that an employee is supposed to be given a job description once appointed to a position, which outlines the expectations, performance, and indicators relating to the duties to be performed. A job description sets out a clear role, duties, and tasks and will also assist to ensure that proper supervision is provided (Kok & Muula, 2013:5; Lee, Choo, Cho, Kim, Lee, Yoon & Seomun, 2014:58). However, one participant explained the challenges experienced around the job description, as illustrated below:

I requested a job description on my first day on duty and they said I must draft my own of which I was a little bit confused because I was expecting a standardised job description and a service level standard that is going to guide me on how to rate my performance. But, now I am just performing whether I am right or wrong; I do not know and I was expecting them to say okay, and even if I have send that report there is no rectification to say this is right. this is wrong; they are quiet which means it is right so I am not sure whether I am on the right track or not.(P.G)

This storyline is in contrast with the assertion that a job description **firstly** assists employers to have a basis for hiring new staff; **secondly**, it can be utilised as an interview tool to find the best candidate for a position, **thirdly** the job description can assist employers to outline their expectations; **fourthly**, it can act as a baseline for performance; and **lastly**, a clear job description determines the salary levels for employees (Mader-Clark, 2013:11). Thus, the lack of a proper job description can have a negative influence on the job performance and reputation of the organisation (Jacobson, Trojanowski & Dewa, 2012).

Social workers who are more resilient and perhaps more likely to “think out of the box” tend to identify more organisational resources in their environment and ensure that their needs are met or satisfied (Boundrias *et al.*, 2011:390). Hence, social workers tend to invest their own time and money on resolving issues, from sheer frustration (Prynallt-Jones *et al.*, 2018:99), as illustrated below:

I tried ... I even escalated it to the level of our Deputy Director at central office. She said there is nothing she can do about it unfortunately.(P.C)

This storyline seems to confirm that professionals often get frustrated when their challenges are addressed too slowly or not at all (Band-Winterstein, GoldBlatt & Alon, 2014:804). Social workers are therefore encouraged to address the challenges in their working environment (Reisch & Jani, 2012:15). Organisations are urged to create a favourable working environment by means of a clear organisational structure which includes a description of employees’ responsibilities, task allocation, the organisation’s hierarchical levels, mechanisms for problem solving, and authority in the organisation (Maduenyi, Oke & Ajagbe, 2015:354).

Employees who receive low salaries are most likely to be less satisfied with their jobs, which could also have an impact on the quality of service (Kumar, Ahmeed, Shaikh, Hafeez & Hafeez, 2013:1). Rewards in terms of, for example, an increase in salaries to meet their financial needs have the power to motivate employees towards positive performance (Drobe, 2013:57). Employees generally expect fair and equitable compensation from their employers (Ghazanfar, Chuanmin, Khan & Bashir, 2011:120), as illustrated below:

I am discouraged ... well I talk about it [Occupational Specific Dispensation] a lot. I think in our previous EAP meeting at [Chris Hani] Baragwanath Hospital I raised it and we were told the department is currently working on it well; we don't know the time frame for that it might take years.(P.C)

This is consistent with the assertion that good remuneration is a good motivator and those employees who perceive unfairness could render less than adequate service, which would have negative effects on their health and wellbeing (Daneshkohan, Zarei, Mansouri, Maajani, Ghasemi & Rezaeian, 2015:157). Kok and Muula (2013:5) argue that low remuneration contributes to low staff morale and motivation. Salary is regarded as a tool of control, behaviour, or a mechanism that encourages positive outcomes from employees (Mendes, Lunkes, Flach & Kruger, 2017:218).

4.3.3.9 Subtheme 3.9: Pressure on practitioners within institutions

Social workers often experience personal and organisational dissatisfaction with aspects such as limited resources, high caseloads, ethically difficult situations, and a lack of opportunities for advancement within an organisation, all of which would impede the effective rendering of services (Manttari-Van der Kuip, 2016:86). Social workers frequently underestimate the effects an ineffectual organisation can have on their work (Peters, 2017:336); the demands can put pressure on them (Whyte, 2016:268). Helm (2017:396) adds that trust and security are undermined by pressure in the workplace and can negatively influence practice.

Despite the importance of confidentiality in social work practice, this principle is often overlooked and may at times constrain effective practice (Wulff, St George & Besthorn, 2011:199). Confidentiality is often violated or threatened by, for example, indiscretion which is ethically indefensible (Benatar, 2010:59). One of the participants shared the same sentiments, as illustrated in the excerpt below:

So now you [I] get to a point where you [I] give access to confidential files of employees to somebody who is not a social worker or even have to discuss things that are confidential with the person and you are not comfortable, that is a challenge. At times they will want to tell you how to write your report as a social worker or should not write this you, need to change it. I tell them I have been

trained to write I know how to write a psychosocial report whatever, so to me it is a challenge really. (P.G)

This storyline is in contrast with the fact that confidentiality is an ethical obligation for social workers and violation could lead to a disciplinary process or a claim for malpractice (Klinefelter, 2011:33). Therefore, to protect confidentiality practitioners need to communicate the issue of confidentiality to all stakeholders within their organisations (Bayer, Santelli, Klitzman, 2015:29). Hence, it is the responsibility of social workers to maintain trust and confidentiality by protecting clients' information (Valentine & Enyinna, 2013: 82). It is the duty of the social worker to protect client's information and it is also their obligation to respect clients' rights, privacy, and confidentiality; therefore, they need informed consent before they can disclose any information. Social workers should not take it for granted that all stakeholders within the organisation should have access to client information without their consent (Reamer, 2018:119).

Social workers are often criticised how they address problems (Thompson, 2015:6). In practice, it is important that social workers explore the ideas and expectations that people have of the services they receive, as well as social workers' own positions within the organisation; and to define the objectives of their service (Van den Broeck, Emery, Wischmann & Thorn, 2010:2) lest problems arise, as highlighted by one participant in this study:

There are so many managers who think that by referring somebody to EAP the problem that they experience must be immediately eliminated just by coming to EAP. They put pressure on me to say, but we referred this person to you but this person is still continuing this thing that they don't like; so there is that pressure that you are expected to perform miracles as an EAP practitioner ... there is that very high expectation that when they have referred cases to you, you need to have ways of making sure that the problem is either resolved or eliminated, forgetting that you are dealing with a human being; some of the challenges take time and some managers put time frame to say, I have referred this person on this date today is this date and they are still the same person so there is that pressure of time to say you must perform miracles within a certain time frame ... (P.K)

This illustrates that stakeholders within the organisation have different expectations and have a different understanding and view of the role of the EAP (Siberhagen *et al.*, 2011:5). Managers frequently use the EAP in order to address a certain behaviour displayed by an employee that influences production (Osilla, Cruz, Miles, Zellmer, Watkins, Larimer & Marlatt, 2010:2). It is therefore the responsibility of the practitioner to educate management about EAP services by having meetings with managers to address issues of concern in rendering EAP service (Carchietta *et al.*, 2015:132). Baloyi (2014:80) adds that EAP orientation and training aimed specifically at managers could assist in EAP education. Unions often regard the EAP as a legal requirement that an organisation must have to meet industry expectations, whereas the employer or service provider views the EAP as a positive work influence which could lead to competitive expectations (Siberhagen *et al.*, 2011:5). Organised labour is an organisational resource that provides employees with support and advice, which the majority of employees have access to when experiencing problems (Holgate, Pollert, Keles & Kumarappan, 2011:1082). Nobrega, Champagne, Azaroff, Shetty and Punnet (2010:11) warn that unions could hinder workplace intervention, as expressed by two participants as follows:

There is something that we can do about the problem but also at the same time it tends to frustrate me because sometimes they [employees] come when the problem is already complicated, and there is unions in between and labour involvement and they expect you as an EAP to perform miracles ... (P.K)

Unions always block me, and they are always against me in everything that I want to do. I need to get permission from them when I need to render or run events the way they want it to be, not the way my office is supposed to do it. They want to manage me, and I refuse to be managed by union officials who do not know much about social work. I literally refused and when I refused that's when I created a barrier between me and them.(P.F)

The behaviour of unions, as articulated in these excerpts, contrasts with how social workers render EAP services. They create confusion among social workers and their clients (Siberhagen *et al.*, 2011:5). Hence, it is essential that practitioners provide programme marketing to stakeholders such as unions to inform them what the EAP is all about and what it can provide (Brown & Csiernik, 2015:6).

4.3.3.10 Subtheme 3.10: Lack of supervision, staff development, monitoring, and evaluation

Supervision is an activity that is offered by an experienced professional to a professional in the same field with the aim of transferring knowledge and training to increase quality of service (Unguru & Sandu, 2018:70). Good supervision supports good practice (Wilkins, Lynch & Antonopoulou, 2018:501). However, a participant reported a different view:

... what is even worse about Department of Health compared to my previous experiences as a social worker, I need to be supervised by another social worker. There is no way that a social worker can be supervised by a non-social worker, but here it is happening and they do not know my job, they do not know my profession and what it entails and, but then you will find yourself in a situation where I am being supervised by a non-social worker which compromises confidentiality of clients' information ... (P.F)

This participant's view seems to contradict that of the South African Council for Social Service Profession Policy Guidelines for Course of Conduct, Code of Ethics, and Rules for Social Workers 16, which states that the supervision of social workers should be rendered by an individual who possesses the necessary knowledge, skills, and competency. A study by Egan (2012:179) also indicates that about two-thirds of social workers are supervised by their line managers, and most social workers have no choice of supervisor. However, Howard, Beddoe and Mowjood (2013:35) encourage organisations to implement regulations and guidelines requiring same-profession supervision. Supervision assists professionals to become resilient and hopeful in their practice, especially since social work is a demanding profession (Maidment & Beddoe, 2012:168). According to Wonnacott (2012:1105), supervision enables social workers to render effective services.

Supervision is lacking as well. Nobody supervises us, you are on your own ... it is like you are a soldier on your own. It is something that I spoke to you ... lack of support from the management. It is something [support from management] that does not happen; you have case management, you have to do it and do it on your own, there is no supervision whatsoever ... to actually attend continuous trainings so that we would be more abreast with new development.(P.G)

At the moment it is one man for himself; we do not have something in place in terms of supervision ... (P.I)

These remarks are in contrast with the assertion that employee assistance practitioners should receive case supervision provided by individuals who are familiar with the EAP parameters (EAPA Standards and Professional Guidelines, 2010:16). Similarly, the Supervision Framework for Social Work Profession (2012:18) advises that supervision for social workers be conducted by fellow social workers. However, Engelbrecht (2015:326) argues that supervision may be conducted by a non-social worker depending on the organisational commitment to provide staff with supervision. Previous studies on supervision confirm that knowledge needs to be renewed, expanded, challenged, and redefined throughout a professional's career (Nissen, Pendell, Jivanjee & Goodluck, 2014:385). Employees who are skilled and efficient continuously show improvement in their dedication and fulfilment and complain less (Sheraz *et al.*, 2019:1). Hence, one participant in this study expressed anger due to a lack of support from the employer for staff development:

You find that you [as a practitioner] get angry that I am working for this department. I feel that this department should do something towards my development because my improvement means improvement of my skills in my workplace; therefore, the employer should contribute, but at the same time if you don't develop yourself you will be the one losing as it is for your own benefit is for your own information and is your own registration that is on the line, so you have to do it, you do not have a choice but it does satisfy me but what choice does one have yes. (P.I)

A study by Saka and Haruna (2013:10) on the relationship between staff development and job performance among personnel in branch libraries, confirms that organisations need to provide professional development and training to their staff members to help them to keep abreast of new knowledge and developments in the field. Therefore, job stressors and tension such as a lack of training and development due to organisational and work-related factors should be addressed for effective service delivery (Wooten, Fakunmoju, Kim & LeFevre, 2010:84). However, Stewart, Washington-Hoagland and Zsulya (2013:6) warn that having staff training programmes may be a disadvantage as employees may expect the employer to provide all the professional development rather

than initiating this on their own. Hara (2015:149) encourages professionals to engage in worker-initiated activity where employees take it upon themselves to engage in self-learning on their own time and at their own expense, as reported by these participants:

The department does not even pay for that [training]. I have to do that because it is for my professional development the; same as our trainings, we do not receive trainings, we do not attend conferences, maybe to go and get new information as to what is happening I have to pay that from my own account if I want to benefit, something it's up to me.(P.I)

There are those social workers in private practice that sometimes organise workshops or sessions such as the one on supervision session. If I am interested I go there and share knowledge and experience with my colleagues, but that is outside and that is out of my own pocket ...(P.I)

A lack of staff development influences the employees' competency and professional growth (Kosgei, 2015:35). A study by Sheraz *et al.*, (2019:1) confirm that staff development of employees affects their retention rate, job satisfaction, and how they behave within the organisation. However, often organisations tend to cut staff development activities when they do budget modification (Coltoff, 2010:136.). Saka and Haruna (2013:10) highlight that a lack of staff development in an organisation can have an impact on the motivation, performance, and the productivity of employees.

Monitoring and evaluation are both ongoing functions of management activities, which assist in tracking and verifying outputs and results. The role of the monitoring process is to ensure standards and norms are respected; that regulations, rules, policies, and procedures are adhered to; and that during the monitoring process support and guidance are given to promote sharing of best practices (Maruffi, 2014:6). Two participants reported challenges they experience due to a lack of monitoring and evaluation:

There is no M and E [Monitoring and Evaluation] of which I think is the core business of the EAP... M and E supervisors from provincial office are supposed to come at least maybe twice in a year to check the files, to check my office, to check if I am complying, my files are lockable, all the files are up to date, you know, and I am keeping records as expected. Everything is up to date but there is nothing that is happening ... (P.G)

I think with EAP there is a room for growth and for improvement; a lot of stride has been made by the Department of Health to make sure every institution or every facility has got Employee Health and Wellness programme functioning. However, in their [employer] desperation to ensure that there are wellness centres they did not go into details ... so there must be somebody from the top who is monitoring the implementation of EAP...(P.K)

These participants concur with the assertion that it is the role of supervisors to monitor and evaluate their supervisees' work to improve their knowledge, values, and skills (Gilham, 2012: 259). The participants' comments seem to suggest that the monitoring and evaluation process is essential in a programme to track and assess whether systems and interventions are beneficial to the programme, and this retrospective process can be conducted midway or at the end (Hobson, Hamilton & Mayne, 2016:3). Monitoring provides the opportunity to learn by experience and provides real-time feedback which allows for adjustments (Bamberger, Rao & Woolcock, 2010:3). According to the World Health Organisation (2011:3), monitoring ensures quality assurance as weaknesses are detected earlier and could be corrected to reach a target goal.

The EAPA Standards and Professional Guidelines for Employee Assistance Programs (2010:16) also encourage supervisors to monitor and evaluate their supervisees' work to ensure the provision of quality services. Organisations are also encouraged to use monitoring and evaluation as a method to measure the effectiveness of their programmes within their facilities (Bamberger *et al.*, 2010:1), of which evaluation will be used to assess whether a programme was implemented according to protocols, how it was implemented, and to assess whether there were any circumstances that influenced the outcomes of the programme (Van Holland, Brouwer, Boer, Reneman & Soer, 2017:308). Therefore, evaluation will serve as a historical as well as a current baseline as a means of setting future goals to increase input, feedback, and management support (Mugari *et al.*, 2014:262). Furthermore, Kay (2017:69) highlights that constant monitoring is useful in measuring progress, understanding experiences and the evolving needs of the programme, and identifying what needs to be done with the assistance of the appropriate tools.

4.3.4 THEME 4: Participants' needs and suggestions on how to improve service delivery

The focus of this theme is on the needs of and the suggestions made by participants on how the EAP services can be improved in the GDoH.

4.3.4.1 Subtheme 4.1: Review of EAP structure

Structures and processes within an organisation provide information on how departments and employees should function (Fu, Hsien & Wang, 2019:150). Irrespective of size and age, organisations need to go through the process of change to review or renew the direction of its structures to serve the diverse needs of its employees, also by responding to the changing world for the development and survival of the organisation (Camelia *et al.*, 2019:91). According to Nissen *et al.* (2014:386), organisations with proper structures can position professionals in a way to allow them to be relevant, effective, and engaged in their careers. The participants reported the lack of a proper structure as a challenge that needs to be corrected to render effective and efficient EAP services in the GDoH:

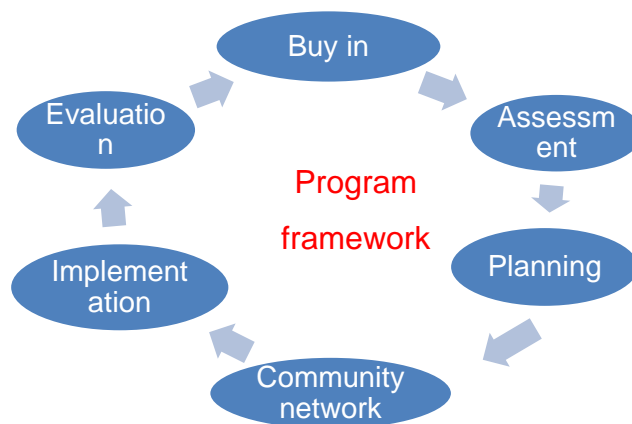
You know, the reason I think EAP, or let me say Employee Health and Wellness Programme, is not fully functional as programme is because like right now in my institution as an EAP practitioner I report to the HR [Human Resource] manager, the OHS is reporting to the nursing manager, so the nursing manager because she is busy she has delegated it to the quality assurance manager to manage OHS. The doctor is reporting [directly] to the clinical manager. We are working in the same department and we are supposed to be under the same umbrella, but we are reporting to different stakeholders, so our programme is not really structured ... (P.I)

... seriously, our issues do not always reach EXCO ... [thinking] they only reach EXCO [executive management] maybe if they got something nice to report ... they only report maybe if there is an event just as a nice thing to have, wellness will be hosting Employee Wellness day those are the only issues they report on, but in terms of our day-to-day issues they do not feature on their agenda of the executive management on a weekly basis ... and I think the problem is that we do not have one designated executive manager who is responsible to report on the Wellness.(P.K)

In a district where I am based we are responsible for the EAP services [thinking]. We are actually doing integrated Employee Health and Wellness, but it is not structured the way it is supposed to be structured through the Employee Health and Wellness Strategic Framework of DPSA ...(P.I)

These storylines seem to suggest that there is no implementation of the framework in the Department of Health even though the Department has a framework to refer to. According to the Employee Health and Wellness Strategic Framework for Public Service (2019:33), government departments can adopt a structure which outlines how the programme must be structured. These storylines also contrast with the assertion that the programme structure has implications with regard to legal requirements and obligations (EAPA Standard and Professional Guidelines for Employee Assistance Programs, 2010:8). Taranowski and Mahieu (2013:175) advise organisations to structure EAPs according to their needs, cost of the service, and recommendations from the service provider. Ryan, Erck, McGovern, McCabe, Myers, Nobrega, Li, Lin and Punnet (2019:4) also suggest that for optimal development of the organisational structure the following programme framework may be followed:

Figure 4.1: Program framework on development of the organisational structure (Source: Ryan *et al.*, 2019:4).



The first stage (**buy in**) encourages both management and the employees to participate in the decision making process (Cavanagh, Aragon, Chen, Couch, Durham, Bobrownicki, Hanauer & Graham, 2016:2); Secondly, **assessment** looks at how achievements and progress are measured (Miller, Imrie & Cox, 2013:4); Thirdly, the

planning of which steps to perform to carry out a given task are undertaken (Tan & Suharto, 2015:2); The fourth stage, namely **community network** includes the collaboration of partners for the development of a structure (Christensen, Bloch, Moller, Sogaard, Klinker, Aagaard-Hansen & Bentsen, 2019:229). **Implementation** is the sixth stage where decisions are put into action (Peters & Pierre, 2012:272), and lastly, during **evaluation** problems are identified that could influence performance or outcomes (Chaurey & Kandpal, 2010:2271). However, research emphasises that in the process of structuring, employees' participation should be key through proper consultation as it will reduce uncertainty (Harney *et al.*, 2017:237).

4.3.4.2 Subtheme 4.2: Required managerial support in the appointment of suitable staff

Management has a duty to set boundaries that are supportive within an organisation (Sabbath *et al.*, 2018:274). Managers should lead by example in terms of supporting wellness activities that will create an environment of trust which can encourage willingness among other staff (Obesity, Fitness & Wellness Week, 2019:6982). It is therefore the employer's responsibility to understand the value of the EAP to familiarise staff with the services provided in the organisation (Barret, 2011:52). The employer should start by appointing relevant experts or professionals to develop and implement the programme (Vyas-Doorgapersad & Surujlal, 2015:6691). Zou (2017:35) emphasises that by using skilled professionals who understand and practise confidentiality could also improve the effectiveness of the programme. The same assertion was expressed by participants:

I know that the principle stipulates that to be an EAP practitioner you are supposed to be a social worker or a psychologist ... (P.C)

The first suggestion is to get the right people in the right positions ... (P.D)

... lack of multi-disciplinary team that I have alluded on it earlier on like I am talking about the psychiatrist, the psychologist for me it is a very significant issue that should be addressed by management because I see a need of having those specialists on our sites, it can actually do a very enormous job, you know, like service delivery can be improved if we were to have those specialists on site as well and work hand in hand with them. (P.A)

In my view the programme [EAP] is supposed to be championed by social workers or psychologists, therapeutic professionals; those that can be able to do clinical services, clinical therapy if a need arises. But, you would find that an auxiliary nurse is made to run the programme because there is no post. Therefore, they are using what they have at the clinic ... Maybe it needs to be resolved to say only social workers can do EAP, other functions can be given to an administrator or any other person who has a different kind of training(P.I)

They need to look at all the whole wellness centres and say this is the structure, this is the model that every institution must adopt in the uniformed way, there must be an EAP person who must be a clinical person a social worker or a psychologist not any other person ...(P.K)

Professionals can range from social workers; firstly, I think when it comes to psychosocial issues social workers should be the ones that are leading the processes. Secondly, we need to have psychologists in the wellness centres ...(P.D)

... I have confidence in the programme, so if your study could emphasise employing the right people, the right professionals for the programme, and then the rest will follow. If we are all social workers, or psychologists; we are all professionals ...(P.T)

These suggestions seem to confirm the assertion that for EAPs, organisations should appoint different professionals such as social workers, psychologist, and psychiatrists with qualifications and experience in EAPs to run the programme on a full-time basis (Mugari *et al.*, 2014:261). Such an assertion is supported by the view that the provision of EAP services requires trained human resources with skills and much-needed competency (Kay, 2017:51). However, the EAPA Standards and Professional Guidelines for Employee Assistance Programs emphasise that factors such as the size of the workforce, the diversity of employees, and the scope of the EAP should be taken into consideration for staffing of the programme. Therefore, a good leader will organise human and other resources towards achieving a goal (Coltoff, 2010:94).

4.3.4.3 Subtheme 4.3: Encourage and enforce an integrated approach

The Employee Assistance Programme has moved from prioritising only substance abuse cases towards the integration of other services such as healthcare for employees (Waehrer *et al.*, 2016:58). Lewis (2017:39) stresses that the EAP has moved from the

stance of being applied to employees who present with an illness to that of a wellness programme. Moreover, it is encouraged that EAPs be integrated with other programmes within the organisation to facilitate cross-referral to meet individual needs (Wilson, 2013:34). The integration of services will offer the employers the opportunity to optimise their healthcare services (Fogarty, 2013:46), which is consistent with what participants in this study expressed:

... integration of all disciplines. We should not work in silos. We are supposed to be working according to the model of EAP whereby everything is integrated. Currently you find that I am working in an entity such as HR [Human Resource]. Those people have no idea what I am doing yet I am working hand in hand with them. We are working in silos as external service providers deal with employees and we deal with our employees, but the two structures do not communicate with one another. The only time when the two structures communicate is when I am handed a report that says 12 people tested HIV positive, four people tested HIV negative, but what happens after that there is no follow up from both parties; even if the other side is following up, we can't prove that is the case.(P.D)

This suggests that organisations need to show their willingness to pay for a more integrated EAP approach which would go beyond serving only an individual but rather the whole organisation (Pyrillis, 2014:2). Clark (2015:45) argues that EAPs that offer high quality services have a working relationship with other departments within the organisation and can work together with stakeholders to promote happier and healthier employees. Therefore, the goal for an integrated approach is to effectively promote and support an environment that will provide accessible service (Kwatubana & Kheswa, 2014:1714).

Case conferencing is another platform or a forum that provides professionals with an opportunity to discuss best practices, and jointly work through a case as it allows professionals to share and consider different perspectives on a case (Phillips, West, Davidson & Agar, 2012:1124). Case conferencing, often used as a multidisciplinary approach, can lead to differences of opinions (Day, McCarthy & Leah-Warren, 2012:763). However, Jacobson (2012:17) argues that since social workers in the EAP field often work under isolated conditions, clinical supervision and peer consultation may be the only support mechanisms that are available and accessible. Prynallt *et al.*

(2018:98) confirm that social workers need an opportunity to discuss cases with other professionals to share knowledge and methods. One participant in this study supported this assertion:

It would also assist to do case conferencing because we know that our clients are unique individuals and we need to treat them as such. But there are certain difficult cases and you wish to know how other colleagues are dealing with them. Ideally it will be proper that we have a forum of EAP specialists maybe once a month where we will go and present our cases and assist each other because to deal with a person and then you let go and then you do not know exactly whether you have done it correctly or if there is no change, what yardstick are you using for yourself for the next client that you are going to see not to repeat the same mistake; case conferencing for me I think will be ideal for colleagues who are also doing the same function.(P.E)

This storyline concurs with the findings of other studies that it is important that practitioners develop a professional network with their peers in the field within and beyond their organisation (Greidanus & Burleigh, 2019:12). Therefore, forums such as case conferencing with other professionals in the same field is essential to discuss cases on how to provide quality care (Agar, Beattie, Lockett, Phillips, Luscombe, Goodall, Mitchell, Pond, Davidson & Chenowet, 2015:2). Case conferencing can provide a safe space where social workers can reflect on their case collectively, discuss, debrief, and build professional knowledge (Maidment & Beddoe, 2012:168). Informal forums such as case conferencing are the most prevalent forums available to social workers to discuss emotional aspects of their work (Helm, 2017:395). Informal discussions in social work are highly valued as they are important in promoting critical thinking and the ability to make sense of certain matters (Helm, 2017:396). Aiello and Tesi (2017:73) caution that social workers who lack social support and rewards may experience burnout.

4.3.4.4 Subtheme 4.4: Social support for EAP practitioners

Practitioners can source social support from co-workers or supervisors to assist them with emotional setbacks as well as material assistance and information sharing, and this could take place in a workplace context (Hombrados-Mendieta & Cosano-Rivas, 2011:231). Sanchez-Moreno, de la Fuente Roldan, Gallardo-Peralta and de Roda

(2014:4) advise that social support could be a major coping strategy to enable practitioners to deal with both instrumental and emotional challenges. Supervisory support is one type of social support supervisees can receive to enhance their knowledge, values, and skills while simultaneously monitoring and evaluating the quality of their work (Gilham, 2012:259). Support from supervisors is important in reducing stress and the improvement of job satisfaction (Sundqvist, Padyab, Hurtig & Ghazinour, 2018:17). Supervisors are viewed as leaders of good practice to enable supervisees to be effective in their jobs (Wonnacott, 2012:1105). Hence, in complex cases quality supervision, education is essential for quality service (Broadhurst *et al.*, 2010:1061). The excerpts below highlight suggestions by participants regarding support:

It would be nice to sometimes get a visit from your seniors to come and see your working environment, see your challenges in your environment, go with you to your worksites so that they get to see they get to feel, so that when you tell them that this is what I am going through, they have at least once in six months ... (P.I)

Head Office can be more involved in terms of rendering of wellness services to all the employees of institutions by making sure that they support those who are struggling in their respective institutions ... (P.F)

The support that I need is for them [management] to be present, to be there, to know what we are doing, to visit us [sighs] in our respective institutions and maybe also if they come for a visit ... those are the challenges, but if head office checks on us, know what is happening in different institutions, not only request statistics. (P.F)

It is demoralising so at least their visit will be showing interest in terms of what I am experiencing in my institution to check if I have resources that I am supposed to get; how can they [central office] can help as your seniors at senior level from the provincial office. (P.F)

... but if they [head office] have never been in your area of employment they have got no idea of how your office looks like, does your office have a locker, do you have files, are you provided with this, are you provided with a car [resource] to do home visits, can you do just your typical social work services, are you getting support ... (P.I)

These storylines seem to confirm that social support has an influence on how individuals will adapt in their work environment (Kang, 2018:1113). Moreover, it has

been stated that sharing thoughts and emotions in the support network will enhance employees' wellbeing and psychological resilience (Kalliath, Kalliath, Chan & Chan, 2019:237), minimise a stressful event or situation (Jones, 2014:85), improve mental health, and facilitate a positive physical outcome (Galek, Flannelly, Greene & Kudler, 2011:638). The participants felt demoralised and neglected due to the lack of social support. Therefore, social workers who lack social support within their organisation can experience emotional exhaustion (Shier & Graham, 2010:6; Woodhead, Northrop & Edelstein, 2014:17).

4.3.4.5 Subtheme 4.5: Offer ongoing training for EAP practitioners

When organisations contribute towards employees' careers through training, these employees experience a sense of meaningfulness in their careers (De Grip *et al.*, 2019:2); they enjoy their jobs and accomplish their career objectives (Sheraz *et al.*, 2019:6). Furthermore, Bentum *et al.* (2019:3) argue that professionals who are offered appropriate training and education often display positive attitudes towards their careers and perseverance in practice. Some of the participants' expressed a desire for ongoing training and development, as illustrated by the excerpts below:

... the lack of training for the so-called wellness coordinators is not there. You [EAP practitioner] are expected to do so much but then to keep up with the nutrients what is it that is being done to develop the same wellness coordinator ... (P.A)

The Department of Health, itself, which is the biggest employer in the country is not coming to the party when it comes to EAP so we need programmes to be actually spread in all universities and it must be at the master's level because at the master's level you are able to critique issues, you are able to deal with issues as they are supposed to be, so let's have our people that are in the wellness reskilled in EAP especially at an advanced learning level of master's which must be done across in all universities so that we improve the skills in terms of the wellness programme ... (P.D)

I think we need more ongoing training. Social workers need to have further development programmes ... whatever the problems that we are dealing with are work related, and some colleagues might be battling with labour relation because

they are not trained in labour relations, so we need more training in the Labour Relation Act, Basic Condition of Employment Act ... (P.E)

Consistent with these storylines, a study by Coltoff, (2010:65) indicated that social workers who receive training and development develop a sense of confidence, satisfaction, and accomplishment in what they are doing despite any challenges they may come across. Similarly, Munyewende *et al.* (2014:12) indicate that training offers the opportunity to keep abreast of new developments in the field. Organisations should create developmental programmes that progress at the same pace and are innovative in order to equip employees with the necessary skills (Hopkins, Meyer & Shera, 2014:421) since social workers need to obtain more skills and knowledge to improve their interaction with clients (Schiff *et al.*, 2018:472). Therefore, it is the employers' duty to inspire them to feel and believe that they are successful (Patton, 2019:30) since training enhances the skills that one already has (Cheung & Ngai, 2012:309).

4.3.4.6 Subtheme 4.6: Debriefing and the prioritisation of EAP practitioner's wellbeing

Debriefing is a post-experience process which offers an opportunity to discuss, evaluate, and integrate an experience. Therefore, it provides an opportunity to reflect on what has occurred in the workplace and to identify what can be changed or improved (Gardner, 2013:166). Moreover, debriefing sessions increase self-awareness in terms of ones' emotions towards an experience, normalising the reaction, and helping attendees to develop strategies to become more resilient (Leff, Klement & Galanos, 2017:87). The participants in this study expressed the need to be offered debriefing services, as reported in the excerpts below:

I believe that as people who are rendering therapy to employees we need to be debriefed as well. You know, as a person there is so much that you can absorb, so to whom do we debrief to. The Department of Health has to consider that as well that there should be debriefing which is continuous and consistent so that even if you maybe you debrief the employee you are more energetic and rejuvenated into taking that because if you take all the burdens from employees you end up not being effective because now you have got these burdens on you, because remember we are also human beings and we are also bombarded with

social issues that are affecting us or personal issues, so we need to be debriefed as well ... (P.A)

I have never heard head office [Gauteng Provincial Office] talking about debriefing coordinators, and how do you expect a car to move if it is not serviced. We do not get serviced. So, I think that it can also help for us to be effective to render this service to improve Gauteng, we need to be debriefed ... (P.H)

According to Honderich, Grunhaus and Martin (2019:109), it is crucial that the helping profession, including social workers, engage in self-care to maintain and promote their physical, emotional, mental, and spiritual wellbeing. Therefore, organisations should promote a culture that will allow empowerment and self-care (Taylor, 2019:12). One participant made an effort to receive debriefing, as illustrated in the excerpt below:

... the debriefing that I need for myself as a social worker to start off with because we deal with cases that sometimes can be overwhelming, so I know that I can always have somebody to talk to about a specific cases where I feel I am stuck I don't know how to handle it, I don't know how to address the issue so they [medical social workers] are there to fill in that gap, especially for case management ... the support I need and, you know, as a debriefing outlet for me to talk about some of the cases that are difficult for me ... but it's an informal arrangement, it is not formalised like it is supposed to in practice, so I go there regularly just for myself to be in touch with them ... The formalised one I would say it is EAP forum where we get to meet our peers ... (P.K)

This seems to confirm that debriefing is indeed essential for practitioners to assist them to bridge the deficit in content, knowledge, and experience (Reed, Andrews & Ravert, 2013:588). Therefore, debriefing is used to maximise learning and to facilitate change on an individual level, which may involve improving attitudes, interpretation, behaviour, and organisational culture (Gardner, 2013:168). Moreover, it is crucial that the debriefing process is conducted by a trained individual (Dufrene & Young, 2014:372).

Professionals such as social workers often prioritise the needs of others before their own (Wood, 2019:15). It is important that an organisation supports the welfare of its employees and play an important role to improve the relationship between employee and employer (Jamil *et al.*, 2019:7). It is essential that organisations attempt to address any barriers that could have an impact on practitioners' wellbeing (Shier *et al.*, 2015:15)

in order to achieve its goals, as employees would be satisfied within their working environment (Atmotjo, 2015:118). The same sentiments were highlighted by participants in this study:

Seriously, if you are being tortured [by both employees and management] and so forth how are you going to run this EAP effectively, if you are not right ... how will you give that wellness to other people because your wellbeing comes first and when you say that, it is like you want to be special, you want to be treated special if you tell them, people, my wellbeing come first to be well before I can transfer that wellness to other people; so I am not well.(P.F)

This participant's comment seems to confirm that when employees are not appreciated and their efforts undervalued, they are naturally unsatisfied with their jobs resulting in their wellbeing being compromised (Harney *et al.*, 2017:236). Frequently the wellness or the wellbeing of social workers is based on their working conditions such as high caseloads, organisational characteristics, and interrelationships in the workplace (Tesi, Aiello & Giannetti, 2019:124). Therefore, organisations have a responsibility to protect the wellbeing of their employees by providing adequate resources and support (Taylor, 2019:11). It is of the outmost importance that employees feel that their wellness is prioritised in order that they may feel obligated to demonstrate motivation as regards organisational commitment and engagement (Joseph & Walker, 2017:185). By investing in employees' wellbeing will lead to having resilient employees who can deal with any setbacks (Jackson, 2019:14).

4.4 Conclusion

This chapter presented the findings on the investigation carried out on the views and experiences of social workers who render EAP services within the GDoH. Four themes emerged during the process of data analysis and the researcher applied the eight steps of data analysis proposed by Tesch as outlined in Creswell (2014:248). The four themes that emerged during data analysis are: Theme 1, EAP services rendered of which the type of cases referred to the EAP and the benefits or the importance of EAP services was discussed. Theme 1 also presented information on the stigma attached to EAP services within the GDoH, the type of services and training rendered by EAP

practitioners; and lastly, the type of referrals EAP services used. Theme 2, views and experiences of participants were presented which highlight that despite the challenges experienced by most of the participants their love and passion for rendering EAP services continued unabated. Theme 2 discussed and presented the types of EAP models and the model adopted by the GDoH. Lastly, the staffing challenges relating to the programme were presented. Theme 3 presented the challenges experienced by EAP practitioners, and Theme 4 presented the participants' needs and suggestions on how to improve service delivery. These themes were each supported by subthemes which included excerpts from the participants. The literature was used to verify the findings.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the previous four chapters. The conclusions for the research process which include the research question, research goals objectives; the research approach, research design, and ethical considerations are discussed under this chapter. The chapter also presents the conclusions based on the research findings taking into account the four themes; and lastly, the recommendations from this study are presented based on recommendations for practice, recommendations for policy review, recommendations for education, and recommendation for further and future research.

5.2 Summary of previous chapters

Chapter One: The general introduction, problem statement, and motivation of the study were outlined. The focus was on the introduction of the research topic, problem formulation, problem statement, motivation for the study, research questions, goal and objectives, ethical considerations, limitation of the study, clarification of key concepts, and the content plan of the research report.

Chapter Two: Literature was reviewed to develop an in-depth understanding of the origin and the history of the EAP in the public sector. A detailed explanation of the EAP models that employers can adopt to determine EAP services was discussed. The chapter also discussed the growing trend of the EAP as a profitable business and its implications and effects. The global challenges of the EAP, the new development in EAP education, and how other countries deal with these challenges are presented. Finally, the EAP marketing models employers could use were discussed.

Chapter Three: The research approach undertaken was presented. This study applied the qualitative approach to develop an in-depth understanding of the views and experiences of social workers rendering EAP services in the GDoH. The chapter also provided a detailed explanation of the research methodology and techniques applied.

The justification for the application of the research method is presented in this section. In the research methodology, the researcher described the application and the justification of the qualitative research process.

Chapter Four: The findings on the investigation carried out on the views and experiences of social workers rendering EAP services within the GDOH are presented. The eight steps of data analysis proposed by Tesch as outlined in Creswell were applied (2014:248). The themes were each supported by subthemes with excerpts from the participants' comments, and the literature was used to confirm or contrast the findings.

- **Theme 1** discussed the stigma attached to EAP services within the GDoH, the type of services and training rendered by EAP practitioners, as well as the type of referrals for EAP services used in the GDoH.
- In **Theme 2**, the views and experiences of participants were presented which highlighted that despite the challenges experiences, most of the participants loved and had a passion for rendering EAP services. Theme 2 also discussed the types of EAP models and the model adopted by the GDoH; and lastly, the staffing challenges for the programme were presented.
- **Theme 3** presented the challenges experienced by EAP practitioners.
- **Theme 4** presented the participants' needs and suggestions on how to improve service delivery.

5.3 Conclusions based on the research process

5.3.1 Research question

As presented in Chapter One, the research question was formulated as follows:

- **What are the experiences of social workers rendering EAP services in the Gauteng Department of Health?**

After completion of the study, it was concluded that the research question in this research study was achieved as social workers rendering EAP services were able to voice in depth their views and experiences in rendering EAP services in the Gauteng

Department of Health. Most of the participants experienced negative emotions such as feelings of helplessness, anger, negligence, frustration, and confusion. The research findings are reported in Chapter Four of this report.

5.3.2 Research goal and objectives

The goal of this research study was **to gain an in-depth understanding of social workers' views and experiences rendering EAP services in the GDoH.**

After completion of the research study, it was also concluded that the goal of the study was achieved as the social workers rendering EAP services in the GDoH were able to relate their views and experiences in rendering EAP services in the GDoH.

The research objectives for this study were two-fold, namely to explore the views and experiences of social workers rendering EAP services in the GDoH as well as to describe the findings based on social workers views and experiences while rendering EAP services.

- It was concluded that this objective was achieved based on the following: The social workers' views and experiences in rendering EAP service in the GDoH were explored.
- The findings based on social workers' views and experiences in rendering EAP services were described.

5.3.3 Research approach

The qualitative approach method of inquiry was applied in this study to develop an in-depth understanding of the views and experiences of social workers rendering EAP services in the GDoH. This approach enabled the study to be conducted within the environment where the participants were working to get a sense of what they experience in their daily lives. Despite the fact that the researcher is also rendering EAP services within the GDoH, she used the process of bracketing to suspend her own experiences and views by keeping a journal for both bracketing and reflexivity processes and to keep a record on the assumptions, beliefs, attitudes, and influence on decision making throughout the study.

5.3.4 Research design

In this research study, the exploratory, descriptive, and contextual research design were applied as follows:

5.3.4.1 Exploratory research design

The exploratory design in this research study was applied since knowledge around the views and experiences of social workers rendering EAP services were found to be limited. Therefore, an explorative design was applicable since it enabled the study to explore the hitherto unknown knowledge of the views and experiences of social workers rendering EAP services in the GDoH.

5.3.4.2 Descriptive research design

In this study the use of a descriptive design was deemed appropriate as it allowed the opportunity to describe the experiences of social workers rendering EAP services within their working environment of the GDoH as it existed. The participants' descriptions of their views and experiences were compared and contrasted with the existing literature.

5.3.4.3 Contextual research design

In this study the use of contextual research design was applied to understand the views and their experiences of social workers rendering EAP services within their natural setting. In this study contextual design allowed the opportunity to collect sensory data such as that which the participants see, feel, hear, and taste in their environment.

5.3.5 Ethical consideration

The ethical considerations for this study as indicated in Chapter One were as follows:

5.3.5.1 Informed consent

After completion of the study, the researcher affirmed that the informed consent and ethical consideration were adhered to, and with the help of the research assistant all participants signed the informed consent form.

5.3.5.2 Confidentiality

It can be confirmed that confidentiality in this study was adhered to as pseudonyms were assigned to the interview scripts and the coding sheet to protect participants' identities, and stored the transcripts and coding sheet with the names of the participants in a locked cabinet. The information was destroyed after use.

5.3.5.3 Anonymity

It can be confirmed that anonymity in this study was adhered to as use the names of the participants or the names of their organisations was avoided, but assigned pseudonyms and codes to participants and organisations to protect their identities.

5.3.5.4 Management of information

It can be confirmed that management of information in this research study was adhered to as the information and data collected were stored in a locked cabinet in her office in Tshwane District Health Services, Cnr of Lilian Ngoyi and Pretorius Streets, Pretoria. All information was only accessible to the researcher and she only used her personal computer which is password protected in order to secure the information.

5.3.5.5 Beneficences

It can be confirmed that in this study the participants and their organisations directly benefitted from this research as it assisted the participants to contribute their views and experiences to the study. It afforded them an opportunity to articulate their views and concerns relating to the services they render in the EAP field. New information as well as the researcher's recommendations will in due course be shared with the management of each institution which formed part of the study.

5.3.5.6 Debriefing of participants

It can be confirmed that in this study the participants were informed of the debriefing services available to them, and the contact details of a qualified social worker based in Pretoria for debriefing intervention were provided to them. Of the 11 participants only

one was referred for debriefing as she experienced setbacks when relating her views and experiences.

5.4 Conclusions based on the research findings

The conclusions were drawn based on the findings as presented below:

5.4.1 THEME 1: EAP services rendered

- a. Most of the participants receive cases that need psychosocial services consisting of, but not limited to, marital issues, personal problems, work-related problems, and mental health issues. Moreover, participants highlighted that their role is to render trauma services, counselling, programme marketing, chair committees, and provide physical wellness services.
- b. Often referral to EAP services not only benefits the referee but also the referrer, the organisation, and society.
- c. Most of the participants confirm that EAP services are important as they are aimed at improving productivity; however, it is not utilised optimally.
- d. The findings reveal that there is still stigma attached to the utilisation of the EAP services in the GDoH.
- e. Social workers rendering EAP services offer various training options such as financial management, depending on the organisational needs.
- f. Formal referral is used in cases that often have an impact on productivity, and is used mostly by supervisors as feedback reports are required; informal referral is often related to cases of a personal nature such as marital issues; these do not influence productivity.

5.4.2 THEME 2: Views and experiences of participants on rendering EAP services

- a. Despite all the challenges that participants encountered, most of them expressed their love and passion for rendering EAP services.

- b. Most of the participants experienced challenges with external service providers as the internal services were unable to collaborate with external services such as sharing client information, which is viewed as a breach of confidentiality. Furthermore, the participants regard the use of external services as a wasteful expenditure for the GDoH; rather, they prefer qualified professionals such as social workers to render internal EAP services.
- c. The storylines reveal that social workers rendering EAP have high caseloads, often in line with the size of an institution. Thus, high caseloads prevent them from rendering effective EAP services.
- d. The participants expressed a need for the GDoH institutions to appoint multidisciplinary teams comprising, for example, psychologists, psychiatrists, occupation therapists, occupational nurses and occupational doctors internally for a comprehensive integrated intervention.
- e. Most of the participants raised the concern that some institutions in the GDoH appoint non-professionals to provide EAP services; hence, there is low utilisation of the programme.

5.4.3 THEME 3: Challenges experienced by EAP practitioners

- a. The findings reveal that most managers misunderstand the core business, the role, and the benefits of EAP.
- b. The EAP is not prioritised as it should be in terms of the allocation of resources such as additional budget resources.
- c. Social workers rendering EAP services are not benefiting from the Occupation Specific Dispensation, unlike social workers employed in other departments; this has an effect on their salaries and career growth.
- d. The EAP in the GDoH lacks standardised tools of operation such as for reporting statistics, annual reports, and quarterly reports.

- e. Social workers render EAP services in unfavourable environments such as open office space, small unsecure office space, and offices that prevent confidentiality.
- f. The findings revealed that participants render EAP services with limited equipment such as computers, printers, telephones, and lockable cabinets, which may have a negative effect on adhering to social work standards such as a breach of confidentiality.
- g. The participants expressed concern that after EAP intervention there is a lack of implementation of the recommendations by managers.
- h. The high caseloads in EAPs make it difficult for social workers to practise other social work methods such as group work.
- i. Challenges such as high caseloads, limited resources, or a lack of funds contribute to participants feeling that they are failing the clients of the programme and that they are not doing justice to the programme as it does not meet social work standards.
- j. Despite challenges such as the lack of a proper job description, high caseloads, and understaffing most of the social workers come up with creative ways of resolving these challenges and continuing rendering EAP services.
- k. Although challenges are reported to the highest structures in the GDoH, issues take time to be resolved.
- l. The findings in this study revealed that social workers rendering EAP in the GDoH often experience pressure from stakeholders such as organised labour. There seems to be a misconception of the role of EAP practitioners; there are also professional power struggles or clashes between occupations, and disagreements with regard to what ethics entails.
- m. Managers often have an unduly high and misguided expectation of EAP practitioners and have a misconception around EAPs as they expect practitioners

to perform in accordance with what they expect to be the outcome of the intervention.

- n. There is a lack of monitoring and evaluation of EAP services in the GDoH, which could have a negative effect on the quality of service rendered.
- o. The findings revealed that there is lack of continuous professional and staff development for social workers rendering EAP services; this is a matter of concern as the field is continually evolving and it is crucial that practitioners keep abreast of new development in the EAP field. However, participants use their own initiative to attend training sessions and conferences and pay for these from their personal funds.
- p. Most of the participants expressed that there is a lack of supervision in the EAP, or if there is supervision it is often provided by a non-social worker who is more often than not unfamiliar with social work services, EAP services, and social work codes of ethics; supervision should be provided by individuals who are familiar with EAP parameters.

5.4.4 THEME 4: Participants' needs and suggestions on how to improve service delivery

- a. Participants suggested that the EAP structure should be reviewed by separating the EAP component from that of human resource components for the programme to receive the attention it deserves.
- b. The participants urged management to appoint relevant professionals such as social workers in EAP staff positions in institutions across the GDoH.
- c. The participants expressed a need for the integration of EAP services with other departments including the EAP external service providers within the GDoH, rather than operating in silos, and to move beyond providing services for individuals but rather expanding these services to the whole organisation.

- d. The research findings revealed that there is a need for a case conferencing platform which would facilitate social workers rendering EAP services discussing cases with their peers; this could also encourage peer supervision.
- e. Participants raised a concern as to the lack of social support from their head office for the provision of moral support, and to investigate as to whether the programme is running as it should.
- f. Most participants expressed a need for ongoing training for EAP practitioners as social workers who receive training and development develop a sense of confidence, satisfaction, and accomplishment in what they do despite any challenges they may come across.
- g. The research findings revealed that there is a lack of debriefing for social workers rendering EAP services; therefore, the participants expressed the need for debriefing to enable them to better deal with the programme content, knowledge, and experience.

5.5 Recommendations

5.5.1 Recommendations for practice

1. Considering the stigma attached to EAP services in the GDoH, it is recommended that EAP practitioners engage in awareness programmes to educate employees and management alike through various platforms such as social media and presentations.
2. In view of the lack of monitoring and evaluation in EAP services, it is recommended that the GDoH, through their quality assurance department, develop and implement a tool for the monitoring and evaluation of services to encourage the provision of quality EAP services.
3. In view of the lack of suitable supervision for EAP practitioners, it is recommended that the GDoH head office should provide supervision for EAP practitioners across all five districts, which could be accomplished by establishing

a platform for peer and case supervision for social workers rendering EAP services in the GDoH.

4. Considering the lack of standardised tools for reporting statistics and annual reports, it is recommended that the EAP head office liaise with a quality assurance unit to develop standardised reporting tools for EAP services across the DGoH.
5. In view of the limited number of social workers appointed in the GDoH in rendering EAP services, it is recommended that the Human Resource Recruitment Department at Head Office/Central Office initiate a drive to advise all institutions within the GDoH to appoint only professionals such as social workers and/or psychologist to EAP positions.
6. Considering the need for an integrated approach to EAP services, it is therefore recommended that the GDoH, through its Human Resources Department appoint multidisciplinary teams inclusive of occupational doctors, occupational nurses, occupational therapists, social workers, psychologists, and psychiatrists for the provision of effective and efficient integrated EAP services.
7. Considering the lack of support from management in terms of budget and resource allocation for the EAP, it is recommended that GDoH management encourage institutions across all five districts to allocate funds for EAP services for the effecting running of the EAP.
8. Considering the lack of debriefing sessions for EAP practitioners, it is therefore recommended that head office/central office facilitates the process of acquiring debriefing services from an external service provider bimonthly for EAP practitioners.

5.5.2 Recommendations for policy review

1. In view of the lack of continuous professional development (CPD) for EAP practitioners in the GDoH, it is recommended that the GDoH through their human resource training and development department liaise with the SACSSP as

custodians for the monitoring of a CPD points system to facilitate the process to evaluate the non-compliance of social workers rendering EAP services.

2. In view of the dissatisfaction expressed by participants on the EAP practitioner reporting structure, it is recommended that the GDoH human resource department policy makers review the EAP reporting structure of EAP practitioners by moving the EAP to report under the social work department for the provision of quality EAP services and to meet social work standards.

5.5.3 Recommendation for education

Considering the limited training and education in the EAP field it is therefore recommended that social work departments across the various universities in South Africa consider including a speciality curriculum in the EAP to encourage students to specialise in EAP services on a master's level.

5.5.4 Recommendations for further and future research

1. Considering the limited appointment of professional social workers in rendering EAP services in the GDoH, further research should be conducted on the effect of non-professionals rendering EAP services.
2. In view of the lack of monitoring and evaluation of EAP services in the GDoH, further research should be conducted on the effect of a lack of monitoring and evaluation on EAP service.

5.6 Conclusions

This chapter presented the summaries and conclusions of Chapter One; the general introduction, problem statement, motivation of the study, and ethical consideration were presented. The overview of EAP literature and the qualitative method of inquiry were presented. A summary of the research findings based on the four themes was discussed. Lastly, the recommendations for further research and policy review, and the recommendations for education in the field, were provided.

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ADDENDA

Addendum A

INFORMATION AND LETTER OF INVITATION

I, Lebogang Mphothi, the undersigned, am a social worker in service of the Gauteng Department of Health in Tshwane District Health Services and also a part-time master's student in the Department of Social Work at the University of South Africa. In fulfilment of the requirements for the master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic:

Rendering services within the Employee Assistance Program in the Gauteng Department of Health: Views and experiences of social workers

In view of the fact that you are well- informed about the topic, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study (i.e. what the aims of the study are and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study entails (i.e. what you will be asked/ or what you will be requested to do during the study, the risks and benefits involved by participating in this research project, and your rights as a participant in this study).

The research project originated as a result of my experience in the EAP field over the past seven years, being a social worker rendering EAP services. I have noted that social workers in EAP in GDoH have different experiences in terms of rendering EAP services. There is very little research conducted on the experiences of social workers rendering EAP. The aim of the study is to obtain an in-depth understanding of the experiences of social workers rendering EAP in order to improve EAP service delivery. The information gathered from this study contributes towards better understanding of the experiences of social workers rendering EAP services in GDoH.

Should you agree to participate in the study, you will be requested to participate in one in-depth interview that will be conducted at a venue and time suitable for you. It is

estimated that the interview will last for 60 minutes. During the interview the following questions will be directed to you:

a. Biographical questions

- What is your race?
- How old are you?
- From which District in the GDOH are you rendering EAP services?
- How long have you been providing EAP services at GDOH?
- Marital status?
- Highest qualification?
- Any additional training on EAP?

b. Topic related questions

- Please tell me more about the EAP services that you are rendering in GDOH?
- What are your experiences in rendering EAP services?
- What are the most common problems that are referred for EAP?
- What are the challenges that you experience while rendering EAP services?
- What can be done to minimise the challenges experienced while rendering EAP services?
- What are your suggestions on how best EAP services can be rendered?
- Share with me any suggestions on how EAP services can be improved in GDOH?

With your permission, the interview will be audiotaped. The recorded interviews will be transcribed word-for-word. Your response to the interview (both the tape and transcribed version) will be kept strictly confidential. The tapes will be stored in a locked office at Fedsure building on the corner of Lilian Ngoyi and Pretorius Street and only I will have access to them.

The transcripts (with no identity details) will be made available to my research supervisors and an independent coder with the purpose of helping me with this research study. The independent coder is someone who will assist me in analysing the information collected by means of transcribing independently to ensure that the

researcher will report what has been researched. My supervisors and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The recording and the transcripts will be destroyed upon completion of the study and the identifying information will be deleted or disguised in the publication of the findings.

Please note that participation in the research is voluntary. You are not obliged to take part in the research. Your decision to participate or not participate, will not affect you in any way now or in the future and you will incur no penalty and/loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to participate in the research, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you will be requested to grant me an opportunity to engage in an informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As a researcher, I have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information shared or the information you have to divulge is emotionally sensitive and upsets you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in anyway, you will be dismissed. Should I conclude that the information you have shared left you feeling emotionally upset or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask question concerning the study at any time on 076 698 2301 or lebogangcollen1@gmail.com

Please note that the study has been approved by the Research Ethics Committee of the Department of Social Work at UNISA. This is a group of independent experts whose

responsibility is to help ensure that the rights and the welfare of participants in research are protected and the study is carried out in an ethical manner. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department Social Work at UNISA. His contact details are as follows: Prof AH Alpasian, telephone number: 012 429 6339 email: alpasah@unisa.ac.za.

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at UNISA, their answers have not satisfied you, you might direct your questions /concerns/queries to the chairperson, Human Ethics Committee, College of Human Science, P O Box 392, UNISA, 0003.

Based upon all information provided to you, and being aware of your rights, you are asked to give your written consent should you agree to participate in this research study by signing the consent form provided herewith and initial each section to indicate that you understand and agree to the information.

Thank you in for your participation

Kind regards

Lebogang Mphothi

Tel: 076 698 2301

Email: lebogangcollen1@gmail.com

Addendum B

INFORMATION AND INFORMED CONSENT DOCUMENT

TITLE OF THE RESEARCH PROJECT:

Rendering services within the Employee Assistance Program in the Gauteng Department of Health: Views and experiences of social workers.

REFERENCE NUMBER: 32527888

PRINCIPAL INVESTIGATOR/RESEARCHER: Lebogang Mphothi

ADDRESS: 2912 Rose Circle Street Amandasig, 0182

CONTACT DETAILS: 079 496 3199

DECLARATION BY OR IN BEHALF THE PARTICIPANT:

I, UNDERSIGNED, _____ (name), [ID No: _____] the participant or in my capacity as _____ of the participant [ID No: _____] of _____ (address)

A. HEREBY CONFIRM AS FOLLOWS:

1. I /the participant was invited to participate in the above research project which is being undertaken by Lebogang Jacobeth Mphothi of the Department of Social Work in the School of Humanities at the University of South Africa.
2. The following aspects have been explained to me/ the participant:
 - 2.1.Aim: The researcher is studying views and experiences of social workers rendering EAP services within the GDoH. The information will be used to describe and report the research findings.
 - 2.2.I understand that my participation is voluntary and that I may withdraw from the research at any time.

2.3.Risks: There are no risks involved in the study.

Possible benefits: as a result of my participation in the study, the experiences social workers rendering EAP services in the GDoH will be a known knowledge.

Confidentiality: My identity will not be revealed in any discussion, description or scientific publication by the investigators/ researchers.

Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.

Voluntary participation/refusal/discontinuation: My participation is voluntary. My decisions whether or not participate will in no way affect me now or in the future.

3. The information above was explained to me/ the participant by Lebogang Jacobeth Mphothi in English I was given the opportunity to ask questions and all those questions were answered satisfactorily.
4. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.
5. Participation in this study will not result in any additional cost to me.

I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.

Signed at _____ on _____ 20____

Signature or right thump of participant

signature of witness

Addendum C

Debriefing request letter

Mr T Ngobeni

Social Worker

Dear Sir

RE: Request for debriefing counselling services

I hereby request counselling services for participants who will form part of the research study I am about to undertake. I am an enrolled master's student in the Department of Social Work at the University of South Africa.

My research topic is on Rendering services within the Employee Assistance Program in the Gauteng Department of Health: Views and experiences of social workers; I would like to request assistance with counselling services for participants who might experience setbacks or trauma while participating in the study. Therefore, I would like to request your assistance with counselling or debriefing services for the affected participants.

I can be contacted at the following numbers for inquiries (work telephone: 0794963199), Personal telephone: 079 496 3199. My supervisor is Dr. Nathaniel Phuthi Kgadima of the University of South Africa. He can be contacted at 012 429 6515 or Kgadinp@unisa.ac.za

Hope my request is granted

Regards

Lebogang Mphothi

Addendum D

Social workers' permission letter for debriefing services



GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

TEL: 012 359 3484

Engelien/Van der Merwe: Mr. Tumelo Ngobeni

TO : Ms. Lebogang Mphothi
2912 Rose Circle Street
Extension 74
Amandasig
0182

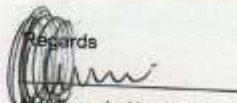
FROM : Mr. Tumelo Ngobeni
Social Work Tshwane Region

DATE : 25 October 2018

SUBJECT : REQUEST FOR DEBRIEFING SERVICE

I Tumelo Ngobeni a Social Worker practice number 1038197 within the Department of Social Development based in 243 Pretorius Street, Delta House in Pretoria. I agree to provide debriefing session to participants partaking in the research study that will be conducted by Ms. Lebogang Mphothi. The debriefing session might be telephonically or face to face.

For any clarity feel free to contact me.

Regards

Tumelo Ngobeni

25/10/2018



Addendum E

Gauteng map



Gauteng Relief Map, South Africa (SA.Venues.com)

Addendum F

Independent coder confirmation letter

P. O. Box 132

Wingate Park

0152

22 October 2019

Ms Lebogang Mphothi (MSW Student)

Unisa

Pretoria

0003

To whom it may concern

This is confirmation that I have independently coded 11 interview transcripts based on a study entitled "*Rendering services within the employee assistance programme in the Gauteng Department of Health: views and experiences of social workers.*"

The following documents are attached:

- A table of themes, sub-themes and categories, and
- A report on themes, sub-themes and categories verified by relevant quotations/excerpts.

The data will enable the candidate to compile a section on the findings.

Addendum G

Ethics committee approval letter



SOCIAL WORK RESEARCH ETHICS COMMITTEE (SWREC)

Date: 01 April 2019

Dear Ms LJ Mphothi

DECISION:
Ethics approval from 01 April 2019 to 31 March 2020

SWREC Reference #: 2019-SWREC-32527888
Name: Ms LJ Mphothi
Student #: 32527888
Staff #: NA

Researcher(s): Name: Ms LJ Mphothi
Contact details: 32527888@mylife.unisa.ac.za; 0766682301

Supervisor(s): Name: Mr J Wasombuka
Contact details: masomj@unisa.ac.za; (012) 4294202

Title of research:

Rendering services within the Employee Assistance Program in the Gauteng Department of Health;
Views and experiences of social workers

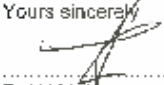
Qualification: Master of Social Work (MSW)

Thank you for the application for research ethics clearance by the Social Work Research Ethics Committee (SWREC) for the above mentioned research. Ethics approval has been granted effective from 01 April 2019.

The following are standards requirements attached to all approval of all studies:

1. Approval will be for a period of twelve months. At the end of this period, if the study has been completed, abandoned, discontinued or not completed for any reason you are required to submit a report on the project. If you complete the work earlier than you had planned, you must submit a report as soon as the work is completed. Reporting template can be requested from the SWREC administrator on swrec@unisa.ac.za
2. However, at the end of 12 months' period if the study is still current, you should instead submit an application for renewal of the approval.
3. Please remember that you must not notify the committee in writing regarding any amendments to the study.
4. You must notify the committee immediately in the event of any adverse effects on participants or any unforeseen event that might affect continued ethical acceptability of the study.
5. At all times you are responsible for the ethical conduct of your research in accordance with the SWREC standard operating procedures, terms of references, National Health Research Council (NHREC) and university guidelines.

Yours sincerely,


.....
Dr KJ Mafesa
Chairperson of SWREC
Email: mafeskj@unisa.ac.za
Tel No.: (012) 429 4780


.....
Prof MPJSB Madise
College Higher Degree Office
Email: madismjs@unisa.ac.za
Tel No.: (012) 429 4706



UNISA 1500 7114
Private Bag 1191, 0101, Pretoria
012 429 4706
www.unisa.ac.za

Addendum H

Request for permission letter to GDoH

2012 Rose Circle Street
Amandasigx74
0182

THE CEO/CHIEF DIRECTOR

DEAR SIR/MADAM

RE: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I hereby request permission to conduct a research study in your institution. I have enrolled with the University of South Africa as a Masters student in the Department of Social Work and the research topic is of Employee Assistance Programme in the GDoH.

I'm currently employed under Tshwane District Health Services as a Social worker for the Employee Assistance Program.

The purpose of the study is to explore an in-depth understanding on the experiences of social workers rendering Employee Assistance Program services in your institution.

I'm convinced that the study will benefit the institution because the findings will be shared with the management to help them with a better understanding of the EAP services. The information obtained from the participants will be treated with confidentiality. The findings of the study will be available for the management and the participants.

I can be contacted at the following numbers for inquiries (work telephone: 0794963199), Personal telephone: 079 496 3199. My supervisor is Dr. Nathaniel Phuti Kgadima of the University of South Africa. He can be contacted at 012 429 6515 or kgadinp@unisa.ac.za.

Yours sincerely

Lebogang Mphothi

Addendum I

GDoH permission letter



PERMISSION TO CONDUCT A CLINICAL TRIAL IN PUBLIC FACILITIES INDICATED BELOW

Researcher's Name (PI)	Ms Letogang Jacobeth Mphothi
Organization / Institution	UNISA
Research Title	Rendering services within the Employee Assistance Program in the Gauteng Department of Health: Views and experiences of social workers.
Contact Details	Email: lehgangcollen1@gmail.com Tel: 0124519209 Cell: 0768882301
NHRD Number	GP_201904_005
Sites	Gauteng Provincial Office

Your application to conduct the abovementioned clinical trial has been reviewed by the relevant provincial structures and permission has been granted to conduct research at the sites indicated.

You agree to submit a report after completion of your study and present your findings to the Gauteng Health Department:

Permission granted

Permission denied

Supported by

Dr Bridget Ikalafeng
Deputy Director: Research & Epidemiology

Date: 07/05/2019

Addendum J


Confidentiality agreement contract

ADDENDUM F

Confidentiality Agreement

I, Thompson Makhathini research assistant for the study conducted by Ms L J Mphothi on Rendering services within the Employee Assistance Program within the Gauteng Department of Health: Views and experiences of social workers agree that the information I collect from the research participants will be kept and handled with confidentiality.

Signed at 01 on May 20 19


.....
Signature of the research assistant

Addendum K

Interview guide

a. Biographical questions.

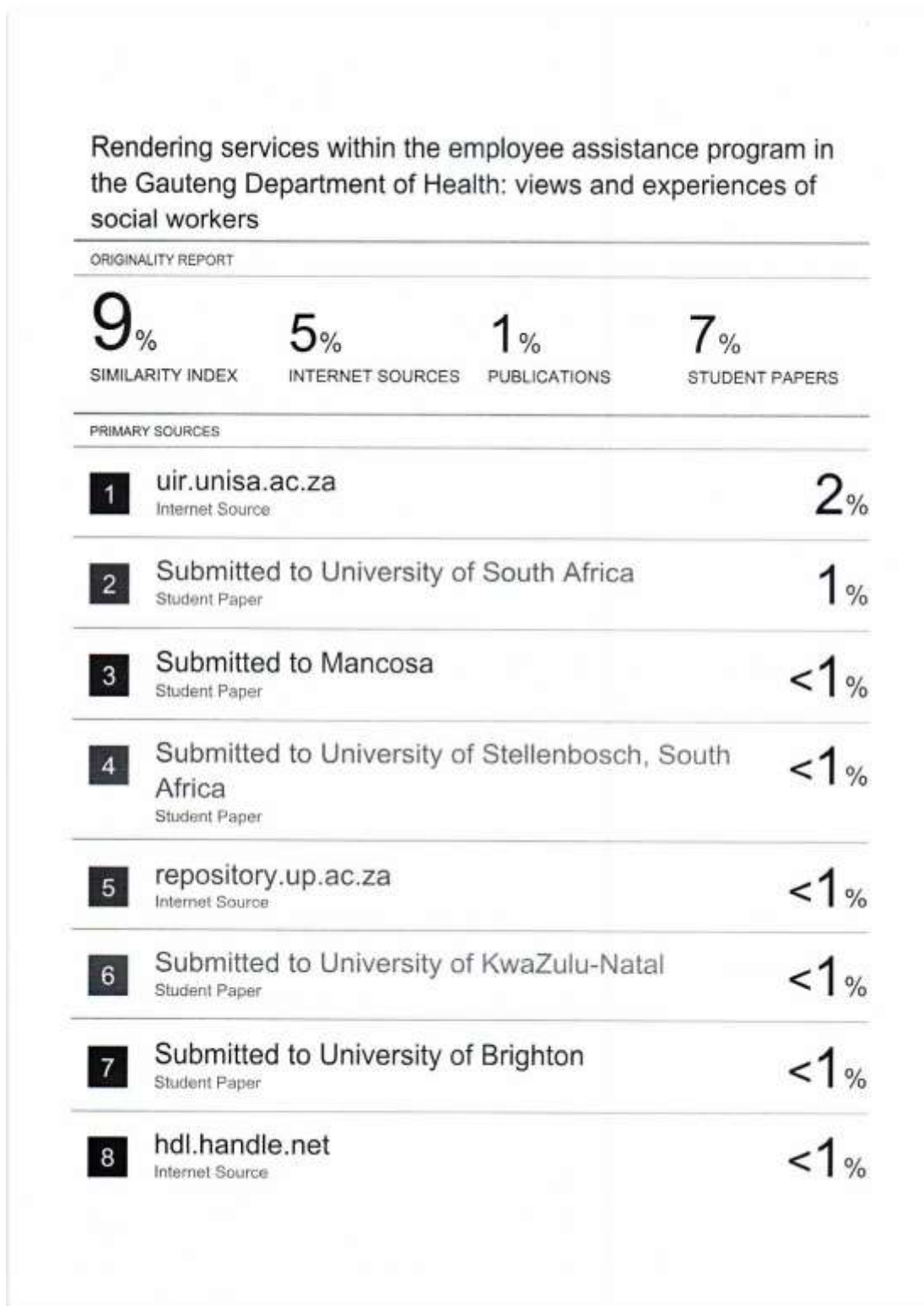
- What is your race?
- How old are you?
- From which District in the GDOH are you rendering EAP services?
- How long have you been providing EAP services at GDOH?
- Marital status?
- Highest qualification?
- Any additional training on EAP?

b. Topic related questions

- Please tell me more about the EAP services that you are rendering in GDOH?
- What are your experiences in rendering EAP services?
- What are the most common problems that are referred for EAP?
- What are the challenges that you experience while rendering EAP services?
- What can be done to minimise the challenges experienced while rendering EAP services?
- What are your suggestions on how best EAP services can be rendered?
- Share with me any suggestions on how EAP services can be improved in GDOH?

Addendum L

Turnitin report



Addendum M

Certificate of veracity

CERTIFICATE OF VERACITY

MASTER'S IN SOCIAL WORK

RENDERING SERVICES WITHIN THE EMPLOYEE ASSISTANCE PROGRAMME (EAP)
IN THE GAUTENG DEPARTMENT OF HEALTH: VIEWS AND EXPERIENCES OF
SOCIAL WORKERS

LEBOGANG JOCOBETH MPHOTHI

(58538984)

I, the undersigned, hereby certify that the editing process comprised the following:

Language editing

- Syntax.
- Sentence construction.
- Grammar, punctuation, and spelling.
- Appropriate word selection.
- Final proofreading.

Format/layout editing

- Uniformity in page layout.
- Comparing in-text citations/sources in reference list.

Freelance editor : S M Bell
Completed : May 2020
Signature : *Suzie Bell*



TRANS-EDIT - EDITING & AUDIO TRANSCRIPTIONS
Cell: 072 685 8040 / 072 953 7415
Website: www.manu-type.co.za
Email: mt@trans-edit.co.za