CHALLENGING THE "APARTHEIDS" OF KNOWLEDGE

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Chapter 13

A socially innovative Employee Assistance Programme (EAP) using communities to promote societal inclusion

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1. Introduction

Very little research has been carried out on EAPs, more recently called wellness programmes, in South Africa. The authors conducted an investigation into whether a wellness programme, implemented under the umbrella of a human resources department in a service organisation, was effective and sustainable. The programme was evaluated over an 18-month period using process evaluation. To contextualise the chapter, a brief background to EAPs is given, followed by their historical genesis in South Africa. A short account of what an EAP (or wellness programme) is then given, followed by a description of Appreciative Inquiry (AI), which underpinned the appraisal, and the method and results of the investigation.

2. The beginnings: organisational health programmes in South Africa

According to Partington (2005), health programmes in South Africa started in the mining industry in the early 20th Century. Mines were notorious for the poor conditions in which miners worked and miners often became ill. It was therefore in the best interest of companies to keep their workers as healthy as possible by the introduction of specific interventions. The mines were hot, poorly ventilated and dust was ever-present, posing major health risks to workers (Stanton, 2004).

In 1914 the erstwhile Transvaal Chamber of Mines convened a Standing Committee on Dust and the training of dust inspectors began in 1916 (Stanton, 2004). The first legislation was enacted in 1917, which made dust inspections mandatory for mines employing more than a thousand workers. The establishment of the Mine Medical Officers Association followed in 1921. Two decades later, the Mine Ventilation Society became a professional association (1944). Occupational health practitioners formed a professional discipline in 1983, called the Occupational Hygiene Association of South Africa. Fundamentally, this led to organisational health being taken seriously in the country, and was in reaction to the global movement in introducing the EAPs in the late 1980s (Partington, 2005).

During the mid to late 1990s, after the end of apartheid, EAPs became embedded in South African organisations. Maiden (1992) commented that EAP staff in South Africa were made up of more professionals than in other countries (particularly America) and were more likely to use the services of social workers, psychologists and human resource professionals. Today, this has continued and some organisations provide medical aids that offer health incentives, for instance cheaper gym memberships (to keep the body fit). Physiotherapists and bio-kineticists have also been added to the EAP mix.

There is a difference between EAP or wellness programmes in South Africa and international programmes. South African programmes are more holistic and based on a macro-model, which takes into account systemic problems created by the long history of colonialism, separate development and apartheid (Du Plessis, 1991). European and American EAPs are typically underpinned by micro-models as they look at individuals and their problems in the work context only (Partington, 2005). According to Partington, the nationalist government put basic interventions for health and wellness into place in the work environment, but these interventions usually did not address many lifestyle and health-related issues amongst African workers.

The 21st century EAP or wellness programmes take the aforementioned into account, and, in South Africa, they often support not only employees but their

families as well. Programmes deal with various work-related and other problems ranging from job-performance, vocational/career issues, financial problems, work-related stress and a wide range of psychological difficulties (e.g. relationship problems, bereavement, trauma, stress and anxiety).

3. Features of EAP and wellness programme services in South Africa

These programmes are put in place to give support to the entire workforce and, as is the case in South Africa, often their families as well. These programmes look at work-related problems such as interpersonal problems and poor job-person fit, and non-work-related issues such as familial problems and any other cognitive or emotional issues that can be addressed by advice, counselling or psychotherapy (financial and legal advice may also be incorporated). EAPs help companies to deal with workers who have emotional and/or personal issues which affect their work performance negatively. In South Africa, EAPs are also aimed at helping workers have more rounded lifestyles, as advice is also given on fitness, diet and recreational activities (Partington, 2005; Rakepa, 2012; Sheppell, 2018).

Critical elements of an EAP or wellness programme include (Awane, 2018; Partington, 2005; Rakepa, 2012; Stolfus, 2009):

- a) All stakeholders must be equally committed to the programme (workers, management and unions).
- b) Communication between stakeholders must be continuous and clear and all policies properly articulated.
- c) There must be a workplace committee based in human resources representing all spheres of the organisation (and if the EAP is out of house (run by a service provider outside the company), it must be properly represented.
- d) The EAP policy must be written and reviewed yearly to ensure all matters are properly represented.
- e) EAP staff must be properly trained and should ideally be registered counsellors, social workers and/or psychologists or registered EAP practitioners.
- f) The programme should be evaluated regularly in order to see what aspects need changing and if it is well-utilised and sustainable.

The programme in this evaluation focused on an in-house process which used EAP practitioners, counsellors, psychologists and social workers. Issues not related to counselling/advice/therapy were referred to appropriate professionals such as financial advisers or human resource officers who a) either worked in the

organisation; b) came into the organisation at least twice a month; or c) referred them to appropriate advisers or consultants who had agreed to take part in the EAP (these were paid by the organisation or, if medical in nature, by the worker's medical aid. If the medical aid did not cover the costs, then the organisation paid if they could, otherwise the worker was referred to a public health facility).

4. AI: an overview

According to Nel and Govender (2018), this method is grounded in action research, underpinned by social constructivism (Lewin, 1946) and first theorised by Cooperrider and Srivastva (1987). AI affirms the positives in any system by fundamentally looking at the best of *What is*, *What might be*, *What should be*, and the potential of *What will be*. This research method is mostly used in industrial/organisational psychology; however, as it focuses on the positive, it can be used in all areas of the social sciences. Tebele and Nel (2011) looked at how a woman living in poverty was able to *appreciate* the best things in her life and use them to *dream of* and implement her desired *destiny* in a sustainable manner. Nel and Govender (2018) state that AI is reinforced by the notion that internal and external truths are constructed through the social context in which they are grounded and placed within the dominant discourse of specific communities.

In this study, the researchers used AI to focus on an area of investigation (the EAP) that had been identified by stakeholders (management of the organisation). All AI investigations are collaborative in nature and people who participate in such studies are referred to as co-collaborators. According to Cooperrider and Srivastva (1987), the whole process utilises the 4Ds, which are to *discover* the best of *what is*, to anticipate or *dream of what might be*, to *design* what you think *should be*, and to believe in *destiny* or *what will be*.

In this investigation, supported by AI, the overall process looks at, and builds on, the *best of what is* in the EAP, as problem-solving approaches generally look for negatives and how to *fix* them, which often results in much negativity. The authors posit that by using the positives that exist in co-collaboration with all members of the workforce, an EAP that is the *best of what should be*, will ultimately become the *best of what will be*.

5. Models of community psychology programmes as pillars of the EAP

EAPs that meet the need of a medium-sized organisation can be, for instance, central diagnostic and referral services which provide various services to different organisations (usually out-sourced); consortium models (multiple service-delivery

organisations) that collaborate to offer different services, for instance financial and mental health services; independent contracts where an outside company offers its own services for use in a company and provides referrals to services outside its ambit; and finally, those who have a clinical liaison officer within the company (usually a social worker based in human resources) who offers first-line assessment and referrals as required (Partington, 2005).

An eclectic mix of community psychology models underpinned the EAP evaluation at the organisation. The Social Action Model of Community Psychology is one and is grounded in a psychosocial and socio-political context. Edwards (1999) refers to it as a reactive, critical engagement that helps communities construct definitions of self through social empowerment and transformation. In this context, the EAP evaluation was ground-breaking as it allowed participants to co-collaborate in the system at all levels and was seen as a community and not as separate workforce 'levels.' Researchers were able to use focus group discussions where participants presented views and opinions supported by their socio-political experiences in their communities.

Another community psychology model underpinning the EAP evaluation is the Mental Health Model of Community Psychology, based on what is termed the hospital model of mental health. Edwards (2002) reports that the original emphasis of this model was primary care, including primary prevention, which aimed at reducing the incidence of illness of those who were at a perceived risk (for instance, using condoms to prevent HIV infection). It focused on prevention and promotion of wellness, which is what the EAP at the company also used as its directive.

The third model is the Ecological Model of Community Psychology, which looks at how people in a specific environment interact with one another and establish harmony. It is a systemic process which looks at coalescing communities. In terms of the EAP under evaluation, the workforce was regarded as a community which was encouraged to use the programme in order to promote and prevent health-related issues. This implies looking at the workforce as a: "community as a [going] concern and intervening at multiple levels in various roles." (Edwards, 2002:16).

Lastly, the company was in an organisational setting, thus some principles of the Organisational Model of Community Psychology reinforced the EAP mix. Edwards (2002) states that this model emphasises that the workforce is a community that is vulnerable to stressors and that needs community support and team building to strengthen it. The EAP in this research was mandated to help

both members of the workforce (internal community) and their families (external community).

6. Method

A mixed methods research design (convergent parallel design) was used by the authors to evaluate the EAP (**Figure 1**). Process evaluation, which investigates whether the programme was applied as intended, and outcome evaluation, which examines the overall goals of the programme, were employed (O'Neill, 2010). This type of design utilises quantitative and qualitative elements of the investigation at the same (and sometimes different) points in the research procedure (Sweeney, 2016).

Figure 1: Convergent parallel research design for the present study

The evaluation was continuous and the workforce was looked at as a unit by utilising different lenses, for instance ethnicity and language, in order to gain more insight into their overall perceptions. (It must be noted that the financial viability of the EAP was not evaluated, as organisational management wanted this completed by their auditors. Information given to the researchers revealed that the financial audit of the EAP indicated that it was financially viable and sustainable.) Emphasis is always on the process, thus the following data was evaluated:

- Continuous time-series data from weekly reports prepared by the EAP specialist over a period of 18 months (this was used to monitor the growth

and development of the programme). In this time period, around 300 people used the programme.

- A workshop given to all levels of staff in order to help them understand that using an EAP was a 'sea change' or paradigm shift in terms of support for staff. The workshop included eight focus groups (eight members in each group, thus 64 participants altogether) aimed at gaining the in-depth perceptions of the people who had participated in the EAP. In these workshops, overall health and wellness related to physical, psychological and dietary facets of health were discussed.
- Semi-structured interviews underpinned by AI were used and all interviews were conducted by the principle researchers in order to evaluate EAP outcomes.
- Surveys about how employees experienced specific workplace issues at the company comprised open-ended questions related to sensitive issues. These issues were picked up by researchers during focus group sessions and individual interviews. The design of these questions was underpinned by AI, focusing on the positives.

6.1. Population and sample

The sample was purposive in nature and consisted of all 500 members (all levels) of the workforce. The final sample of people who participated in different elements of the study amounted to 317. This was based on the numbers who attended different services offered by the EAP (over an 18-month period) and properly filled in questionnaires (overall a 79% participation rate).

6.2. Data collection

Data was collected over an 18-month period. The data included an opinion survey, a health and wellness survey, semi-structured (face-to-face) interviews, focus groups and the continuous time-series data. The self-report survey questionnaires on different topics were handed out to staff during meetings with the researchers or sent via email (at different times during the evaluation). These were filled in and put into a box outside the company's human resources offices or sent back to researchers via email. The semi-structured interviews took place nine months into the EAP evaluation, and participants were recruited through sending e-mails to all members of the workforce.

A guide was used for the semi-structured interviews so that the facilitator could remain focused (Guest, MacQueen, & Namey, 2011). The interviews lasted 40 minutes to an hour, with five minutes for building rapport and a five-minute

debriefing period. They were carried out in an office in the human resources division of the company. After the individual sessions, more sessions were conducted with participants to give them feedback and to validate the transcripts. Questions in the interview guide were underpinned by AI to *discover* the positives of the workforce community. These positives were used to delineate the focus of the inquiry. Examples of questions are: *What do you appreciate (or like) about the EAP that has been introduced into the company?* And: *Explain to me what you appreciated (or liked best) about the EAP?* These types of questions helped the participant, in co-collaboration with the researchers, to think about (and appreciate) the positives in the EAP.

The EAP workshops informed the workforce about services offered through the programme, and were held every six months to find out how it was developing (focus groups were used for this). The eight focus groups consisted of six to 12 participants. Audio devices, supplemented with field notes (so that body language can be recorded), were used to collect data. All focus groups took place in the human resources boardroom at the company. Interviews were conducted in English as all communication in the company occurs in English; however, to ensure that all people were catered for, a person (from outside the company) who spoke the prevailing vernacular sat in on the sessions in case translations were required. Questions that were asked were underpinned by AI and were similar to those asked in the semi-structured individual interviews, for instance: *What positive experiences have any of you had while using the EAP?* And: *Could you tell me what you consider 'will be' the programme's overall impact on the workforce?*

Continuous time-series data was collected by the EAP professionals and counsellors who worked in the programme and collated by the researchers over an 18-month period.

6.3 Data analysis

6.3.1 THEMATIC CONTENT ANALYSIS (TCA)

TCA was used to analyse data obtained through the semi-structured interviews and the focus groups. Steps from Braun and Clarke (2006) were used, since they allow for an in-depth and rich illustration of data and the emerging patterns in participants' experiences. An outline of the steps follows:

- 1) Familiarisation and immersion. In this process, the researchers engaged with the textual transcripts by reading and re-reading them. Initial codes were produced and documented.

- 2) The second step was to induce themes. Because of the data immersion in the first step, these themes emerged in a logical and natural way from the data. As a result, themes were coded and then re-examined and subsumed into fewer groups, which allowed them to become clear, concise and integrated.
- 3) Step three comprised elaboration, which meant the researchers continued to code until no new themes presented themselves. The researchers followed this up with a further review of themes to ensure that nothing was missed.
- 4) The themes were then interpreted, checked and properly defined in terms of what researchers found thought-provoking.
- 5) In the last step, the researchers documented the research, in this case in the form of a chapter, in order to present the findings as part of an overall evaluation of the programme.

The interviews and focus groups were underpinned by AI and analysed using TCA. In this process, *intriguing possibilities* that created *bold statements* were derived out of the data, which allowed the workforce to *discover* their *ideal possibilities*. This allowed them to understand what outcomes they could expect (or *dream of*) in the programme (Nel & Govender, 2018). In this regard, the participants were asked to speak about what actions *should be* taken to *determine* the EAP's sustainability. They were asked for their input on the EAP *design*, to enable it to achieve *delivery* of their *anticipated* goals (*dreams*).

Descriptive statistics were used to analyse the continuous time-series data, data from the adaptability to and the opinion survey, which included frequencies, tables and figures that illustrated the data. A chi-square test was used on appropriate data to look for any significant differences between nominal variables on a survey which elicited quantitative data.

6.3.2 QUALITY CRITERIA AND RELIABILITY, VALIDITY AND BIAS

This qualitative research used quality criteria developed by Shenton (2004:1). The participants were informed of the nature of the research and their rights, and TCA and AI were used appropriately, all of which ensured the credibility of the study. The researchers also met frequently to discuss all aspects of the investigation and made adjustments when and where necessary.

Transferability was attained as the researchers used many existing studies to contextualise the study, while dependability was ensured by giving a thorough description of the research methods. Confirmability was achieved as the researchers remained objective by having frequent meetings where they discussed

the ongoing evaluation and data interpretation and used each other as sounding boards for their own biases and judgements.

Bias was negated by using the same administrative methods during the evaluation and having frequent consultations (to ensure that researchers remained objective). Researchers also participated in continuing reflexivity in terms of their roles in the investigative process, which allowed them to recognise any possible bias.

6.3.3 ETHICAL CONSIDERATIONS

All members of the workforce were informed by email and during workshops, focus groups and individual interviews that participation was voluntary. They were also told that they could withdraw at any point during the study, no questions asked (Guest *et al.*, 2011). Confidentiality was discussed with all stakeholders who requested that their names were not used. The organisation also requested that their name and industry should not be made known nor the exact time of the evaluation. In this research, psychological harm was minimal; however, if any members of the workforce felt upset by any part of the research, they were informed they would be counselled. No request for this was received during or after the research process.

An explanation of the anonymity and confidentiality of the procedures was provided to all participants and informed consent forms were signed by them. Although the risks associated with participation in the evaluation were estimated as minimal, protection from any psychological harm resulting from the participation in the study was to be upheld. Psychological risk was mitigated by making counselling and debriefing available (Corbin & Strauss, 2014). All stakeholders gave permission for the evaluation of the EAP.

7. Presentation of results

Due to the extensive nature of the EAP evaluation, not all results are presented. The results selected to be outlined here indicate the successful and sustainable nature of the programme.

7.1. *Continuous time-series data (counselling/therapy/advice sessions)*

The researchers presented the results and interpretation together using different lenses in the process evaluation of the EAP. Figures and tables generated at various times during the evaluation are also used to illustrate the process. (See **Figure 2** below.)

Figure 2: Mental health categories used by EAP clients over an 18-month period

During the 18-month evaluation of the EAP, the majority of sessions provided were for marital problems, depression, other clinical problems (substance abuse (alcohol, marijuana and other substances), bi-polar disorder and major depressive disorder, HIV/AIDS concerns, stress, career concerns, interpersonal skills (referred by human resources if members of the workforce had problems with communication) and visits by family members (either for marital- or child- related problems). Members of the workforce also consulted EAP professionals as a result of TOP (termination of pregnancy), gambling, gender issues (lesbian, bi-sexual,

gay, transsexual and intersexual concerns), bereavement, hi-jacking, anxiety and sexually transmitted infections. Feedback to management was also conducted first on a monthly and later on a quarterly basis. This feedback was not related to members of the workforce (unless a danger to self or others) but was required in terms of how the EAP was developing.

The gender breakdown of those who attended sessions during the first nine months was 168 males (57.53%) and 124 females (42.46%) out of 292 sessions (Table 1). However, more males were employed by the company at the time of the evaluation. Females only constituted 19% of the workforce during the evaluation, which indicates that they were much more likely to use the EAP than their male counterparts who comprised 79% of the workforce. During the second nine months of the EAP, figures were very similar for gender breakdown and EAP use.

Table 1: Breakdown of counselling/advice/therapy sessions by gender during the first 9 months (key for types of sessions see Figure 2)

Ethnicity	Lang.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Tot
African/Black	N. Sotho	4	13	9	3	9	0	2	8	32	6	4	3	0	0	2	6	2	5	188
White	Eng	16	7	2	3	1	0	0	7	0	24	0	6	6	1	0	12	6	0	40
White	Afr	15	10	6	2	3	5	0	1	0	2	1	4	4	3	10	1	3	0	36
Indian /Asian	Eng	7	2	0	0	4	0	0	0	0	1	0	3	0	0	0	0	0	0	22
Coloured	Afr	0	3	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	6
All groups		42	35	17	8	17	6	2	16	32	34	5	17	10	4	12	19	11	5	292

Key	
African Black	N. Sotho – Northern Sotho first language speakers (SePedi and BaPedi)
White	Eng – English first language speakers
White	Afr– Afrikaans first language speakers
Indian and Asian	
Coloured	

One hundred and eighty-eight (188 = 64%) of Black African Northern Sotho speakers (which encompasses SePedi and BaPedi) used the EAP most during its first nine months of operation, followed by White English speakers (40 or 13.69%) and White Afrikaans speakers (36 or 12.32%). Twenty-two (7.53%) of the English (Indian/Asian) speakers and six (2.05%) of the Afrikaans speaking Coloured

employees used it during this period. Africans were overall much more likely to use the programme than any other group; however, it is true that they made up the majority of the workforce. Nonetheless, all the other ethnic groups that were members of the organisational community utilised the EAP. Figures remained constant during the second half of the year and represented the same percentages as the first nine months.

As 60% of the workforce utilised the EAP during the time it was evaluated, it can be inferred that workers were comfortable using it. However, males were less likely to use the counselling/advice/therapy services than females (see **Table 2**), which suggested that more knowledge related to using an EAP needed imparting to the male employees, who made up the majority of the workforce. This was addressed, to some degree, through the individual interviews and focus groups; however, the aforementioned results suggest that a more concerted effort is needed to help males understand that EAPs and wellness programmes are for everyone. This result is likely due to the patriarchal nature of South African society where females are seen as more likely to 'need' and 'seek' help than males.

Table 2: Breakdown of counselling groups by ethnicity and language during the first 9 months (key for types of sessions see Figure 2)

Gender	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
Male	25	21	11	5	9	4	1	4	18	11	2	11	8	0	12	14	10	2	168
Female	17	14	6	3	8	3	1	12	14	23	3	6	2	4	0	5	1	3	124
All groups	42	35	17	8	17	6	2	16	32	34	5	17	10	4	12	19	11	5	292

7.2. Focus group results

The meanings the workforce attributed to the EAP and how they experienced the programme are reported within the sphere of the socio-cultural and organisational context they exist in, underpinned by questions emphasising positives (underpinned by AI). Eight major themes and four sub-themes emerged from the data gleaned from eight focus groups. As reporting all of them is beyond the scope of this chapter, four major themes are presented (**Table 3**).

Table 3: Four major themes generated by focus group discussions

Theme	General meaning of the theme
Theme 1: Appreciation of the EAP	How the EAP was perceived and appreciated by members of the workforce.
Theme 2: Knowledge about health and wellness	How the workplace appreciated knowledge imparted about health and wellness generally in workshops related to the EAP.
Theme 3: Workplace as a community	The participants of focus groups appreciated their organisational community.
Theme 4: Delivery and design of the EAP	The workers appreciated the delivery and had ideas that added to the EAP design.

THEME 1: Appreciation of the EAP

Analysis of data from the eight focus groups conducted over the 18-month period revealed that the workforce overwhelmingly expressed appreciation for the EAP. Many reported *discovering* things about themselves for the first time and feeling that they *should be able* and fulfilling the potential of *what they might be*. There were many responses supporting each theme; however, for the sake of brevity, four responses for four themes are provided. The following key is used: FB = Female Black; FW = Female White; FI/A = Female Indian/Asian; FC = Female Coloured; MB = Male Black; MW = Male White; MI/A = Male Indian/Asian; and MC = Male Coloured.

Participant 1: Focus group 3 FB: *"You know, it was great to go to someone and talk about my family problems. I felt it was good – you know I really felt that the company was doing something for me and I was appreciated."*

Participant 4: Focus group 7 MB: *"You see, I didn't think it would work, my friend said I should go because of my feelings [father had recently passed on]. I thought it was for the girls, but it helped, I even had someone speak my language. Yes, it is a good thing, I know that the company values me by doing this."*

Participant 8: Focus group 2 FW: *"I wasn't sure where to turn, my child had become unmanageable. I thought she was just going to leave home and drop out of school. The doctor told me there was nothing wrong with her and it was our [husband and herself] parenting that was a problem. I saw a psychologist then took my daughter and she was referred to a psychiatrist. My daughter was diagnosed*

with ADD (Attention Deficit Disorder). Now, you know, with medication and therapy she is fine, what a change. The programme (EAP) is really wonderful."

Participant 4: Focus group 4 MI/A: *"My marriage was breaking up because I was gambling a lot because I was stressed at work. My wife said she would leave if I didn't do something. I went to see the counsellor and I see that I do have a gambling problem. The counselling is helping and I was referred to a Gamblers Anonymous group which has really helped me more. I don't go to counselling anymore but I do attend the group ... if I hadn't gone to the counsellor my wife would have left and I think I would have gambled away everything. Ya, it is a really good thing to have at work [the EAP]."*

THEME 2: Knowledge about health and wellness

Another prevalent theme was how the workforce appreciated the workshops on health and wellness in general in relation to the EAP.

Participant 1: Focus group 3 MC: *"My Dad had diabetes and he died when I was young. It was only when the presenter told us about it and said sometimes tiredness, drinking lots of water and being too fat might be, what do you say, symptoms? Ya, symptoms – I thought perhaps I might have it. The doctor told me it was good I came in because I would have had a collapse if I didn't. Yes, I have it – but I am losing weight and eating better as well as having injections. I feel lucky that I listened cos I didn't want to go – I thought it was a waste of time."*

Participant 6: Focus group 3 MW: *"Ya, I know what you mean [referring to a fore-mentioned participant] I know that I am overweight and when I heard about the things that can happen like strokes and heart-attacks I decided to try and eat better and try and get fitter. It's not so easy at my age but the counsellor said that with my medical aid I could join a gym at a cheaper rate. I think the programme is a good thing."*

Participant 8: Focus group 1 FB: *"I worried at first, I thought that the EAP woman would tell others but because I had problems with my boss I decided to go. She was very helpful and my boss and me had a meeting with her and we came to understand that the problems we had could be made better. Yes, work is much better now."*

Participant 5: Focus group 4 MB: *"It was a positive experience this thing – it made me feel good and helped me a lot. I can say that it is something that our work should have done long ago."*

THEME 3: Workplace as a community

During the process of evaluating the EAP, many members of the organisation *discovered* and appreciated that, in spite of age, gender, ethnic and workplace levels (management through to workers on the ground), their workplace was a community situated within their outside social context.

Participant 8: Focus group 4 MW: *"I spend most of my life at work, somehow I didn't realise that this was a community until the facilitator at the workshop explained how systems fit into each other. It was a sort of revelation, a good one – I feel more positive as I never liked people saying the workplace is a family ... it isn't, it is a community and we all need to understand its different parts."*

Participant 3: Focus group 2 FB: *"It was when my friend told me I needed help because I was robbed coming to work and others told me the same ... I thought, you know, they care about me not just because of the work I do because I am someone they work with and talk with – Ya, we are all people who work here and live in the town."*

Participant 2: Focus group 5 FW: *"My mother died recently and I did not appreciate how much my colleagues cared. Management allowed me time off [more than was allowed by the policy] and my colleagues took up a collection which really helped [the funeral was on the other side of the country]. It was like you said [facilitator] in the workshop, we are a community. You know some Whites don't understand us but most of the people here do."*

Participant 6: Focus group 7 FI/A: *"I don't have any family here they are all in KZN – I struggled at first but now my work friends are a big part of my life. I really appreciate them and what is it, you know ... Yes, it is the organisational community where we work."*

THEME 4: Delivery and design of the EAP

This theme recounts how participants who took part in the focus groups found being a client of the EAP a positive thing which they felt they had helped *deliver* (by their participation). It also indicates that participants felt like co-collaborators

and part of the overall EAP process as they felt they could add to its *design* by making suggestions as to what they thought *should be* in terms of adding to, or extending, the programme.

Participant 3: Focus group 5 FB: *"This programme makes me feel part of the workplace and it must go on. I think we should add a gym [in-house], it can be small. Those of us who work at night could come in early and use it or before we go home ... I don't have time to go to gym when I go home ... it is impossible."*

Participant 6: Focus group 5 BM: *"Yes, that is a good idea – it takes me long to get here and get home and I can't afford to go to gym ... anyway there are no gyms where I live [informal township]. That would really help us – this is the best idea we need it in the programme."*

Participant 2: Focus group 4 FB: *"I think we need a nurse to come in – you know those who can give out injections and drugs because some of us who earn little don't have a medical aid. This would be a good thing, they could come in once a week for those of us who earn little. That would help us a lot."*

Participant 5: Focus group 4 FB: *"That would be really good, even those with medical aids sometimes need to consult and our funds have run out. This is something we should discuss more, I am sure that many will agree. You know this EAP thing could be even be better than it is."*

The themes indicate that when people feel that they belong to an organisational community and appreciate the best of *what is* and *what should and will be* and appreciate the potential for *what will be*, they are able to *discover, design and dream* and find their *destinies*. Researchers found that during this evaluation, the use of AI helped the workforce to focus on positives and not dwell on any negatives.

7.3. Semi-structured interviews

There were six themes, three of which are presented in this chapter, elicited from the data of the individual semi-structured interviews underpinned by AI. These themes demonstrate elements of the four Ds (discover, dream, design and destiny). Twenty-five individual interviews were undertaken, representing 5% of the entire workforce. The same key used for the focus groups was used to identify the ethnicity and gender of respondents.

THEME 1: Individual interviews: Positive feelings

Interviews with participants in the EAP identified responses which elicited the above-mentioned theme. Three responses will be given for each theme.

Interviewee 6 FB: *"I think this is a good thing [the EAP]. I have trouble with my husband so this helps me a lot."*

Interviewee 8 FW: *"It is something that will help a lot of people in the company. I really support it."*

Interviewee 10 MB: *"I don't like coming somewhere for help – but I did and it was a good thing that I experienced. We should not let this thing die lendl. I came because some of the bosses are racist."*

THEME 2: Individual interviews: Help available

Interviewee 12 MW: *"I come to work early and leave late, and on the weekends I shop, rest and take my family out ... getting help for problems is not easy. Here at work they let us go to the EAP if we have a problem – this for me, lets me get help for different things."*

Interviewee 15 MC: *"My wife came here because she didn't have to pay and our medical aid ran out. They helped her a lot. This is helpful to me as I didn't have to worry about my wife getting the help she needed."*

Interviewee 3 FB: *"I had many loans and they were taking all my money [garnishing her wages], I did not have enough for food and my children. I went to look for help at the EAP and the lady sent me to a finance person at a bank. That helped a lot and now I pay everything back in one payment a month but I have money left for food and my children."*

**THEME 3: Individual interviews: No fear, no stigma
in the organisational community**

This theme from data indicated that interviewees were comfortable with the EAP and felt that their confidentiality was respected in their organisational community. This suggested that they anticipated the EAP to be discreet and that they were of the opinion that their visits would remain anonymous.

Interviewee 21 MB: *"A lot of people come here I have heard about it from many – it is an acceptable thing. Nobody fears coming because of that thing, you know [discrimination]."*

Interviewee 23 FB: *"I have told others that I attended because I have been feeling down [depressed]. I don't feel judged at all which is good. Some of my colleagues tell me they are going to attend."*

Interviewee 9 FC: *"You know I attended because I needed someone to talk to about my problems at home with my husband. He hits me when he gets drunk, the children too. You know I am still going because I want to get on with my life and I think one-day I can leave. The counsellor did not judge me and I wasn't scared of going because my husband knows I'm at work. I really appreciate her help."*

These themes relate to and integrate well with the focus group themes in terms of their ability to indicate how the workforce community appreciated, understood and *discovered* the EAP outcomes and it being a process which helped them in terms of their overall health and wellness.

7.4. Self-report surveys

These surveys were used to support data collected through focus groups and individual interviews as well as the time-series data.

7.4.1. SELF-REPORT 'OPINION' SURVEY

This brief survey was returned by 150 members of the workforce (30%). It elicited the respondents' opinions about a variety of issues related to health, wellbeing and the usefulness of an EAP in the workplace. This survey was quantitative in nature, using 'Yes' and 'No' and 'Not Applicable' responses. It was based on issues reported in the interviews and focus groups. This survey was distributed and returned during the last three months of the evaluation. A chi-square test was used to determine if there were any differences between the responses of White and Black groups (Indian/Asian and Coloured respondents were subsumed under Black for this survey as only two from the first group and one from the second group completed this questionnaire).

A discussion of the results from the 10 questions (statistically significant if $p = <0.05$) hence follows.

Question 1 asked if respondents thought communication was good in the organisation. There was no statistical difference between Black and White

respondents as both groups reported that communication was good in the organisation. Question 2 asked whether respondents felt that people who attended the EAP were likely to suffer from discrimination. A statistically significant difference was found between the responses of Black and White members of the workforce, with Black members saying that it was likely that they would be discriminated against for attending the EAP ($p = 0.2324$). Question 3 asked if respondents thought racism existed in the organisation. The results were not statistically significant; however, 57% of the Black respondents perceived racism in the workplace, while 33% of White respondents did not. This is likely due to the legacy of apartheid. Question 4 asked if respondents had difficulty with the English language (as most of the communication in the organisation was in English). A significant difference was noted with 71% of the Black respondents having experienced problems with English ($p = .000816$), while 25% of the White respondents also had problems (Afrikaans first language speakers). Question 5 asked if respondents had utilised the EAP. The vast majority of the respondents (70%) had utilised the EAP. There was no significant difference between Black and White respondents in this regard. Question 6 asked if respondents had received adequate help from the EAP if they had attended it. Sixty-eight percent (68%) of respondents answered that they had received adequate help, while 2% said that they had not and 30% selected 'Not Applicable'. There were no significant differences between Blacks and Whites on this question. Question 7 asked if the respondents understood the notion of AI. Ninety-five percent (95%) said 'Yes' and 5% said 'No'. There were no significant differences between the groups on this question. Question 8 asked if respondents understood that they were co-collaborators with the researchers in this research. Ninety-eight (98%) answered 'Yes' and 2% answered 'No'. No significant differences were found between Blacks and Whites on this question. The last two questions may appear contentious, but as issues of race were noted in the focus groups and interviews, they were thought appropriate by the researchers. Question 9 asked if Whites understand Blacks. Seventy percent of the Black respondents stated 'No' they did not, while 30% (mostly White) of the respondents stated 'Yes' they did. There was a significant difference between groups here ($p = .03253$). The last question asked if Black workers were discriminated against in terms of Whites getting promoted before them. Again there was a significant difference between White and Black respondents. Seventy-five percent of Black respondents stated that 'Yes', this is true, while 25% of the respondents (mostly White) stated 'No', this was not true.

These results gave the researchers some clarity in terms of where the EAP needed expanding. It was apparent that Black and White opinions differed in

terms of racism and in terms of the English language. Workshops on cultural diversity and racism were advised as was the use of the prevailing vernacular in communicues.

7.4.2. PERCEPTIONS OF HEALTH AND WELLNESS

OPEN-ENDED QUESTION SURVEY

This survey utilised open-ended questions underpinned by AI to elicit perceptions about health and wellness. Two hundred and fifty members of the workforce returned this survey which was given out three months before the end of the evaluation (per email). There was a good response rate of 51%. This was a brief survey as it required answers that were fairly long. The answers were analysed using TCA. Three major themes emerged from the data.

THEME 1: Health and wellness survey:

Life at home and work are indivisible

Participants in this survey found that they appreciated their lives both at home and at work and noted that if they felt appreciated in both social contexts they were more likely to *discover* and *dream* about the best of *what is, might be, should be and will be*. The following responses illustrate this theme. The same codes were used as in the focus groups and individual interview results.

Participant 1: Health and wellness survey FB: *"If my husband is cross I feel angry and sometimes I bring this to work and take it out on others. The EAP workshop helped me understand that I need to sort out things at home otherwise my colleagues will suffer."*

Participant 25: Health and wellness survey FW: *"I find myself very stressed when my children have trouble at school and this stress carries over to my work. Sometimes this stress gives me headaches before I get to work. I learned how to de-stress by using different things like breathing properly or using things like putting happy thoughts into my head by using a technique the counsellor taught me."*

Participant 30: Health and wellness survey MB: *"When my wife complains all the time in the morning this makes me tired when I get to work. We talked about this when I was in a group and I saw I was not the only one. I went to the counsellor and he told me to ask my wife to discuss things that were stressful on Saturdays so it won't affect work. My wife told me she felt very tired when we argue in the*

mornings, it makes her tired, so we agreed to try this. It has worked and we argue less now as well."

THEME 2: Health and wellness survey: Obesity is not a good thing

Participants reported that being fat (obese) was *"not a good thing"*, as it led to illnesses such as diabetes, heart disease and generally feeling tired and unwell.

Participant 5: Health and wellness survey FB: *"I always struggled to be a small size even as a child. As you see me now I know that I am too heavy. I already have diabetes and my doctor says I must be careful otherwise my heart will suffer. The lady who talked about food (dietician) really helped me when I was referred to her. She has given me an eating programme she said I shouldn't use the word diet. I am managing to stick to it and hope I will become healthier."*

Participant 40: Health and wellness survey MW: *"I got divorced last year and have struggled to get out of bed I just want to sleep. I also don't want to go out with my friends and I put on a lot of weight. When the EAP lady gave that presentation in the workshop I realised I was depressed. Since then I have gone to my doctor and he has advised me to exercise and has given me anti-depressants – I am starting to feel better now."*

Participant 100: Health and wellness survey MI/A: *"My mother-in-law is very difficult and now my wife wants her to come and live with us as she is old. I feel very depressed about this but didn't tell my wife. I just started to eat a lot and put on weight. This affected my work. The good thing was I went to see the counsellor and he told me to bring my wife in so we could discuss the issue. She came in and we are beginning to see what we can and what we can't do. It is very useful and I feel better at work and not depressed anymore."*

THEME 3: Health and wellness survey: Counselling services help reduce stress levels

Anxiety is usually what we experience in the short term; however, long-term anxiety results in high stress levels (Partington, 2005). Chronic stress can result in illnesses both psychological and physical, for instance depression and high blood pressure. Stressors occur both in and out of the workplace. The following responses support this theme.

Participant 7: Health and wellness survey MW: *"My stress levels are very, very high. My wife and I used to get into heated arguments resulting in that we don't speak for days or even weeks. We hurl insults at each other and also pick on other family members. I also noticed that our kids were being affected by this as were my relationships with my colleagues. My wife was equally unhappy so we went to see the psychologist at the EAP, we have been going for four months and everything is going better. We are starting to speak to each other with respect."*

Participant 120: Health and wellness survey MB: *"I had trouble with my boss [a White male]. We were both frustrated. He suggested we go and speak to someone at the EAP and I agreed though, at first, I wasn't happy. I went because I was too stressed. It has been good though we have learned to understand each other and there is a pleasant atmosphere at work – and at home because before I was getting home upset and angry and I took it out on my family."*

Participant 250: Health and wellness survey FB: *"Counselling services have helped me on a personal level as I was very stressed before I went. I had stress everywhere at home, at work and when I went out [social events]. I couldn't control it I just wanted to cry because of the stress I felt. When I went for counselling I found that some of the health issues I have were stressing me and they didn't need to. When things were explained to me about those things I started feeling better straight away. The counsellor told me to visit some websites which would give me more information; this really helped."*

The high response rate and long answers to questions revealed that many members of the workforce had been helped through using the EAP. This survey was distributed during the last three months of the 18-month evaluation process, which suggests the programme had developed well and was effective and sustainable.

8. Conclusion

The holistic evaluation, a multi-method approach underpinned by AI using focus groups, individual interviews, surveys and continuous time-series data, reveals that the EAP used by the organisation was effective and sustainable. Workforces are both organisational communities and part of the broader social context, thus an EAP is likely to have a ripple effect on empowering and enabling all community contexts by the transfer of knowledge and skills. The EAP evaluated by the authors was found to be a powerful tool for both community and organisational wellbeing and community empowerment in general. The programme supports

its workforce which, in turn, is likely to lead to better production and better overall health and wellness for all. Recommendations included giving workshops on cultural diversity and racism and expanding the EAP to include nurse practitioners and the construction of a small gymnasium.

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