

Employee assistance programmes in the healthcare sector and issues in evaluating quality

ABSTRACT

Employee assistance programmes (EAP) for healthcare workers can address problems experienced by employees in their personal lives, work-related problems and skills problems. Such services have been extended to employees' families, addressing employees' problems in a holistic manner. Despite the worldwide increase in EAPs evidence of effective EAPs is limited. Therefore, their evaluation to demonstrate whether there is value in offering them is important, but it can be complex. This review article describes the evolution of EAPs, conceptualises the EAP from an employee's and employer's perspective in the healthcare sector; and discusses the evaluation of EAPs. Healthcare organisations should be able to use the information provided to analyse the reasons for introducing an EAP in their organisations and determine whether the quality of the EAP is being measured adequately.

Key words: employee assistance programme, EAP, healthcare sector, history, evaluation; quality

INTRODUCTION

People work to satisfy their basic needs,^{1,2} and once employed, the current legal³ and labour relations implications for employees become important. Employees are regarded as the most valuable resource of an organisation.^{4,5} Therefore, an institution should ensure that the necessary human resource management processes⁶ are in place to keep them safe and healthy. It should be remembered, however, that healthcare workers like all workers, are individuals within a workplace who also have personal lives outside the healthcare institution.⁷ Managers also need to acknowledge that healthcare workers are exposed to certain workplace hazards that could influence their health and productivity. Individuals will react differently when faced with certain problems. Some of these problems are solved by themselves, while others need assistance from experts. Others will simply continue to live with the problem without coping

sometimes with disastrous outcomes. Therefore, employers should assist healthcare workers to address or cope with some of the problems experienced in their personal lives or in the workplace. Studies have been published on the impact of ill-health and risk reduction on work performances as well as the productivity of employees.^{8,9} Actions to keep employees safe and healthy should be considered as part of a business process,⁶ which could include the establishment of a formalised programme such as an employee assistance programme (EAP). Figure 1 illustrates the factors influencing the wellness and productivity of employees and role of the EAP to address problems experienced by employees in their personal lives, work-related problems and, to a lesser degree, skills problems experienced by employees preventing them to perform their duties optimally.

Despite an increase in EAPs in a variety of settings worldwide, evidence of effective EAPs has been described

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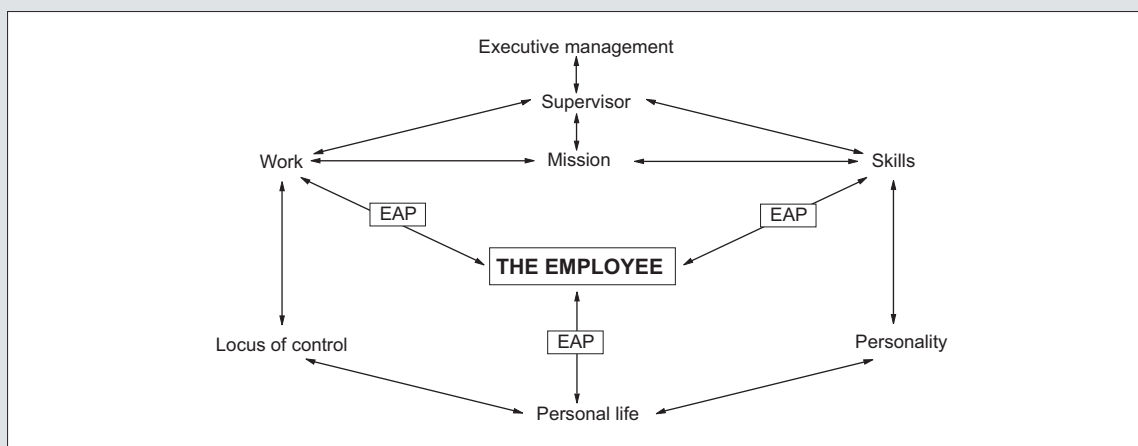


Figure 1. Factors influencing employee's and the EAP's role in addressing their problems

as “embarrassingly thin, largely anecdotal and mainly American”.¹⁰

Several researchers¹⁰⁻¹² have acknowledged the benefit of using a formal EAP. Macdonald et al¹³ found that most EAP clients are satisfied with the assistance received from EAP counsellors. Regarding the benefits of an EAP for healthcare workers, Csiernik et al¹⁴ showed a positive outcome with the tailoring of an EAP to be responsive to unique needs. However, others^{7,15}

have questioned its value as organisations often fail to identify why an EAP is being instituted. Gammie⁴ lamented that there was no real commitment from senior management to ensure that EAPs were assessed in the UK oil industry, something that is critical because it is necessary to justify the cost-benefit analysis in this expenditure-sensitive climate. Lawrence¹⁵ stated that “little research evidence has been offered in support of the efficiency and quality of EAP provision”.

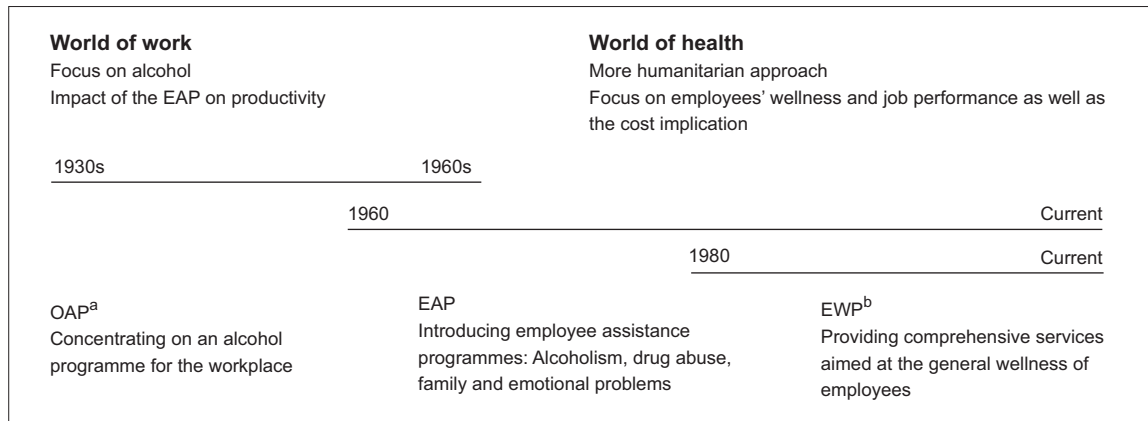


Figure 2. Development of employee assistance programmes

^aOAP = Occupational alcohol programme; ^bEWP = Employee wellness programme



Consequently, managers in healthcare organisations might question the introduction of an EAP as part of a human resource strategy to deal with problems faced by employees. It is therefore most important that organisations that provide EAPs give serious consideration to their evaluation in order to demonstrate whether there is value in offering them. However, the evaluation process can be complex and challenging for them.

The purpose of this article is threefold, namely:

- (i) to describe the evolution of EAPs;
- (ii) to conceptualise the EAP from an employee's and employer's perspective in the healthcare sector; and
- (iii) discuss the evaluation of EAPs.

Healthcare organisations should be able to use the information provided to analyse the reasons for introducing an EAP in their organisations and determine whether the quality of the EAP is being measured adequately.

METHODOLOGY

A literature search on the topic was conducted on several search engines including UFS library search engine, PubMed, PubMed Central and Emeralds. Key words used included employee assistance programme, counselling, quality assurance, best practice. The focus was on occupational-related journals. Sixty articles were chosen but only 35 were used in this study.

Table 1. Forces resulting in the initiation of employee assistance

| 1940s forces ¹⁰ | 1990s forces in the UK ¹⁴ | Possible current forces |
|--|--|--|
| Alcohol misuse and the rapid rise of AA | A greater willingness to admit mental health problems amongst the UK population | Alcohol, drugs, violence, unemployment and especially AIDS |
| The increased need during the war for workers to keep up with production | The threat of employee litigation against employers for causing work-related stress | World of high technology, work changes and stress, and retrained skilled labour |
| The concern of industrial physicians and unions | The emphasis of NHS ^a psychiatric services on treating mainly severe and enduring mentally ill patients through community Mental health teams | Labour relations and the interaction between management, labour unions and occupational health physician |

^aNHS – National Health Service

“Employees are regarded as the most valuable of an organisation.”

EVOLVEMENT OF EMPLOYEE ASSISTANCE PROGRAMMES

Figure 2 illustrates the evolution of employee assistance. Lawrence¹⁵ stated that “the concept of employee assistance began in the 19th century with rudimentary efforts to help predominantly single female workers”. The movement to assist employees was expanded significantly in the early 1940s with the founding of Alcoholics Anonymous (AA) and in response to other drivers.^{7,15,16} Possible future drivers are highlighted in Table 1. During the first 50 years of employee assistance, its value was recognised to ensure employees’ well-being,⁴ and it expanded at a steady rate.¹⁶ During the 1960s and 1970s, organisations became more interested in why the job performances of previously well performing employees were deteriorating. Subsequently, the employee assistance services were expanded to cover additional problems employees might have.^{17–19}

A new dimension was created when the Employee Assistance Professional Association¹³ stated that the EAP was intended for all employees of the organisation/authority, as well as their family members, to assist with a variety of problems. Even more significant trends followed when it was proposed that the EAP should be tailored to assist supervisors/managers, for example how to deal with a troubled employee.¹¹

The evolution of employee assistance services using the above-mentioned holistic approach to address employees and their problems⁴ creates a dilemma by raising the question of whether an EAP and its services will be applicable and beneficial to the healthcare industry in South Africa, taking into consideration the current demands on the healthcare industry. Examples which could challenge EAPs in South Africa today and into the future might include:

- the changing healthcare needs of employees

particularly in the light of the AIDS pandemic which is creating serious concerns for employers;

- major sociopolitical changes related to healthcare, for example the possible implementation of the National Health Insurance;
- providing care for migrant workers’ families;
- using healthcare provision in the workplace as a labour relations issue; and

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- coordinating restructuring and downsizing of health-care institutions.

MODELS AND ELEMENTS OF EAPs

The elements of EAPs with the broadened dimensions referred to above can be summarised into “core technologies of the EAP”²⁰ within two main categories of activities:

- those focused primarily on the support and/or services provided for the troubled employees; and
- those focused on the supervisory or management-related issues in order to assist supervisors to manage troubled employees and EAP-related issues.

Several reports state that no standardised definition

or model is available for an EAP,^{4,7,10} although they agree that common characteristics inherent to the EAP have been observed. EAPs are considered unique to each workplace.²¹ When an organisation has decided to develop its own EAP, the most appropriate EAP principles and services should be adapted according to the needs of that organisation.²² Table 2 lists the perspectives that can be used as motivation for the establishment of an EAP.¹¹ A formal EAP consists of a strategy, structures and resources within an organisation to render a range of services e.g. short-term counselling services to an organisation as well as referring employees for specialised services as deemed necessary. The referral of an employee to a formal EAP is

Table 2. Perspectives to adapt an EAP for an organisation

| Perspective | Description |
|------------------------------------|---|
| (a) Philosophy | To rehabilitate previously proven and trained employees rather than to terminate their services. |
| (b) Purpose | To assist employees and their family members who may develop work or health problems that could affect their work performance. |
| (c) Humanistic approach | A general desire to help employees and to reduce potentially damaging effects of work on their health. |
| (d) Improvement of efficiency | The calculation of financial return. |
| (e) Political considerations | The control of employees' attitudes and behaviour. |
| (f) Promoting excellence | The striving towards excellence in the treatment of employees as part of the development of a culture of excellence within the institution. |
| (g) Improving industrial relations | A trend towards individualism in employment. |

(Adapted from Kirk¹¹)



usually based on the recognition of the deterioration of job performance of the employee by a supervisor. However, employees should be able to use the services voluntarily as well.²² These services could be rendered by an in-house service provider, an outside service provider or a combination of both.^{4,23-25}

It is evident that no one EAP is managed in the same manner. However, there are generic steps⁶ within an EAP that can be adapted after proper needs assessment has been conducted (Table 3). In order to refer the employee to the EAP, it is important to have a formal referral system in place so that everybody is treated in the same manner. Once the employee is entered into the EAP, establishing follow-up procedures is crucial to monitor the progress of the employee even after the employee is discharged from the EAP.

EVALUATION OF EAPs

Challenges to evaluating EAPs

Csiernik²⁶ conducted a study on EAP evaluations in the 1990s and concluded that “the 1990s did not

"It is . . . important that organisations that provide

EAPs give serious


consideration to their evaluation . . ."

Table 3. The seven generic steps to be followed when an EAP is in place⁶

| Steps | Purpose of each specific step |
|--|--|
| Step 1: Recognition of a problem | A problem is identified by a supervisor/co-worker, and/or the employee him-/herself acknowledges the existence of a problem that affects his/her health and performance in the workplace. |
| Step 2: Discussion with employee | The supervisor and/or the EAP coordinator discuss options with the employee regarding the EAP benefits and motivate/convince the employee to be entered into the EAP. |
| Step 3: Initiation of the formal referral system | The troubled employee is referred according to pre-existing criteria to the EAP and the employee accepts responsibility regarding the usage and benefits of EAP. |
| Step 4: Utilisation of the EAP services | An individual treatment plan consisting of all the necessary elements is developed for each employee and is implemented within a pre-determined time frame. |
| Step 5: Periodic follow-up | Follow-up of the employee according to a pre-determined schedule while still employed within the organisation. This should be a continuous process even after completion of Step 6. |
| Step 6: Formal discharge from EAP | When an employee has completed the relevant treatment plan as stipulated, he/she will return to full work status and/or the organisation will continue with the necessary actions such as disciplinary procedures, redeployment, retirement options, and placement in a wellness programme. The employee should not be seen as a "completed" case/client, but necessary preventative measures should be put in place to avoid a relapse. |
| Step 7: Continuous evaluation | A formal evaluation process should be in place to evaluate the quality of services provided and/or the entire process. |

provide an extensive EAP evaluation legacy". Based on this, it is possible that conventional performance measurement tools are not appropriate to show the success of EAPs. One view is that although EAPs can be classified as a type of healthcare provision they can more specifically be categorised as behavioural healthcare and their quality should therefore be measured accordingly.²⁷ Courtois²⁸ described quality in healthcare and the issues around it as "...a subject of increasing complexity, confusion, and public interest". Sharar²⁹ has also identified the important question of how to gather "applicable evidence", and how to change some of the decisions made by EAP practitioners. Buon and Taylor³⁰ reviewed the EAP markets in the United Kingdom and Europe and concluded that quality is a major consideration when entering into a contract with an EAP provider.

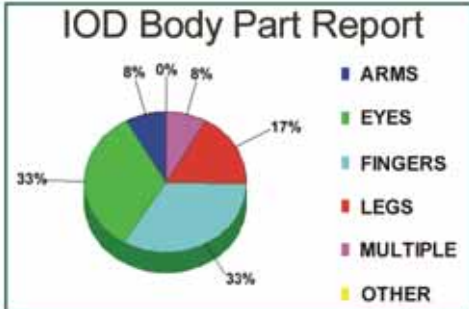
The ultimate goal is to manage quality, but it cannot be managed until there is a way to measure it, and one cannot measure it until it can be monitored. Therefore, systems should be put in place to measure and to monitor processes and services before actions can be taken to improve the actual quality. The matter regarding measurement of the quality of healthcare and which methods to use, is highly debatable.^{29,31} One of the major issues is whether healthcare should be considered as a business process and evaluated



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accordingly, or should healthcare provision be seen as just a social responsibility and not be measured? Chen et al³² stated that healthcare providers are moving towards “multi-dimensional performance assessment systems”, and concluded that the Balanced Scorecard method, as recognised in the business field, can be used in a hospital performance measurement system. The initial overview on the Balanced Scorecard approach in the literature was simple but it did not “quantify fully the radical approach that the Balanced Scorecard provides”.³³ Is the movement more towards a business model when it comes to evaluating the quality of healthcare provision in an EAP, or are there too many soft issues in an EAP that cannot be measured?

In the EAP, the tendency is to focus on the health outcome of the troubled employee, which is usually one of the objectives of the EAP, although it is only one aspect to be considered for evaluation. Courtois²⁸ emphasised that an EAP has two clients, namely the participant and the employer, so the quality of an EAP should be evaluated from both perspectives. However, the measurements for EAP practice performance have not yet been standardised.³⁴

Lloyd et al³⁵ arguing that the efficiency of EAP providers should be demonstrated, noted that this is hampered by ethical problems. However, due to the escalation in biomedical knowledge, the number of methods that can be used to measure, improve and manage quality in healthcare, has increased.³⁶

Suggested evaluation methods

As a first step in evaluation and the quality improvement process, the programme can be audited according to standards that have been set.³⁷ The process can then be taken a step further by having it accredited. Accreditation of EAPs is a worldwide phenomenon,^{38,39} the benefit of which according to Marcellissen and Weel⁴⁰ is that the unit or a programme “is capable of delivering good services for which it is responsible...”. Several accreditation programmes for EAPs exist internationally but there is some indecision and debate on the practical implications of accreditation, such as what should be accredited and whether accredited EAPs are better than non-accredited EAPs, making it difficult to use as the method of choice.^{38,39,41,42}

The National Business Group on Health⁴³ noted that EAPs are faced with the challenge to develop standardised evaluation metrics as EAPs do not consistently use quantitative benchmarks. The EAP Metrics Subcommittee recommended an initial set of metrics for inclusion in evaluations, such as utilisation, impact assessment and financial return. However, such metrics may not provide enough information as other researchers have suggested a more comprehensive and balanced approach to the evaluation of EAPs. It is suggested^{44-46,26} that EAP performance measurement would demand a balanced evaluation between various components consisting of needs assessment, input measures (measures of the hazard burden), structure and process measures (leading indicators), and outcome measures (lagging indicators).

Another well-recognised quality measurement tool is the previously mentioned Balanced Scorecard method.⁴⁶ It focuses on four dimensions:

- financial perspective;
- internal business processes/internal management;



**“Another well-recognised quality measurement tool
is the . . . Balanced Scorecard method.”**

- customer/service user; and
- learning and growth/continuous improvement.

Chen et al³² conducted a study in Japan on the utilisation of the Balanced Scorecard to measure the performance of Japanese hospitals, concluding that the Balanced Scorecard method could be used effectively as a framework to organise indicators as a means of improving hospital performance.

CONCLUSIONS AND RECOMMENDATIONS

The roles and delivery opportunities of EAPs have changed since its inception and will probably undergo more change in future. Although little evidence of EAPs in the healthcare sector in South Africa was found, healthcare institutions cannot ignore the usefulness of an EAP as a liaison tool between employers and employees to create a much needed communication system between stakeholders. Within this system EAP professionals provide the means for bridging the gap between work, health and personal life. However, institutions should ensure that services of the highest quality can be rendered.

Three recommendations regarding the evaluation of EAPs can be made. Firstly, organisations need to identify the reasons for the establishment of an EAP within an organisation, and how the services should be delivered in order to align them with organisational strategies. The question can be asked whether EAP service providers have the necessary objectivity to evaluate the quality of services or should a system using external surveys such as the accreditation of programmes be used to ensure a more credible quality assurance method. Such a quality assurance method could initiate a more comprehensive surveillance system of EAP providers in South Africa. Alternatively, it is time for trade unions to become more actively involved to ensure quality occupational health service delivery to employees other than concentrating on wage negotiation in the work place.

More extensive research is necessary in

South Africa to get an insight into the perspective of supervisors, management and EAP practitioners in the healthcare sector as to what is needed for a healthcare institution in terms of an EAP. Further research could also contribute to effective and efficient organisational EAPs in the healthcare sector including the determination of the most appropriate model for the South African healthcare industry.

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LESSONS LEARNED

1. An EAP can be an important tool to assist employees and their families to deal with personal as well as work-related problems.
2. Healthcare workers are the most valuable resource of a healthcare institution and an EAP needs to be adaptable to address the unique needs of health care workers.
3. Generic steps should be followed within the EAP to adhere to the core technologies of an EAP, but such an EAP can be integrated to provide comprehensive care to employees.
4. It is essential that EAPs in healthcare institutions be evaluated as part of the quality improvement process.
5. A balanced approach is needed for the evaluation of an EAP in terms of quality, with the focus on the outcome of the employee as only one component of several related components.

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