



# Evaluating organisational wellness programmes: a practical guide Part 2

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## ABSTRACT

This article follows on the first which addressed the need for an effective way to evaluate employee assistance and health promotion programmes in South African organisations. In Part 1, the nine phase evaluation model was presented as a structured method for wellness practitioners to evaluate employee assistance and health promotion programmes. As an introduction in this article, the model is presented graphically whereafter an in-depth discussion on the development and implementation of the evaluation process is provided. The nine phases of the model are presented in terms of the tasks involved in each phase, while practical guidelines for execution are also provided.

## INTRODUCTION

The evaluation model, as depicted in Figure 1, consists of nine distinguishable phases that are designed to guide the practitioner (or evaluation team) through the evaluation process. What follows is an in-depth discussion of each of the phases.

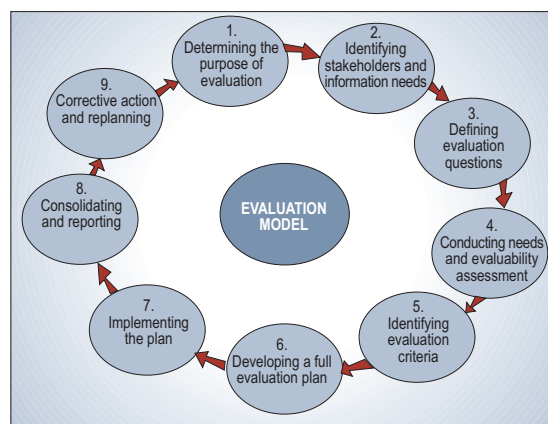


FIGURE 1. EVALUATION MODEL

## DEVELOPING AND IMPLEMENTING AN EVALUATION

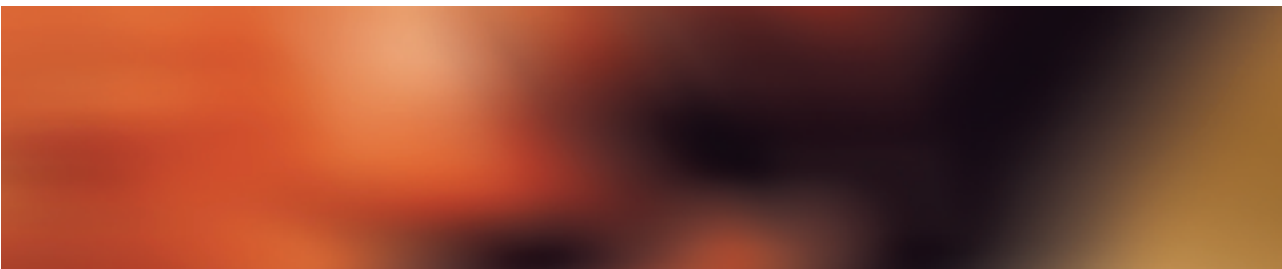
Practitioners or an evaluation team can use the following guidelines in planning and executing an evaluation. Although this model provides an overview of the basic tasks in an evaluation process, it should not be followed in a rigid fashion. The context, organisation, type of programme and goals of the evaluation will require unique adaptations to the basic model. The tasks can be described as follows:

### • Phase 1: Determining the purpose of evaluation

Phase 1: Wellness programmes can be evaluated for

many different reasons. Practitioners should, therefore, give careful consideration to the motivation behind the evaluation; that is, the possible reasons for conducting the evaluation should be explored.

The following question can be asked: “What do you want to be able to decide as a result of the evaluation?” Answers to this question may include understanding, verifying or increasing the impact of wellness programmes and services to clients (e.g. outcomes evaluation); improving delivery mechanisms to be more efficient and less costly (e.g. process evaluation); verifying ‘what we are doing’ versus ‘what we think we are doing’ (e.g. process evaluation); clarifying programme goals, processes and outcomes for management planning; improving relations with clients; comparing the organisation’s programme with other wellness programmes; or examining and describing effective programmes for duplication elsewhere (perhaps in another division or organisation)<sup>1</sup>. Focusing in this manner may provide important direction to wellness practitioners at the start of an evaluation process and the practitioner may attempt to achieve a number of the above-mentioned goals in one evaluation. Although the wellness practitioner/evaluator will coordinate the determination of the purpose of the evaluation, this should be done in consultation with the evaluation team members. Once the relevant purposes or goals have been determined, the evaluation of this phase can be done by consulting with the evaluation team on the appropriateness of set goals. Agreement should ideally be reached on these. Furthermore, it is important to note that the phases in the model are not separate but interlinked and practitioners can as part



of this evaluation even reconsider the purpose of the evaluation after consultation with the different stakeholders as described in the next phase.

• **Phase 2: Identifying the stakeholders and their information needs**

Phase 2 involves identifying the stakeholders and their information needs. A number of stakeholders can benefit from the evaluation, but should ideally also be involved in the evaluation. Although management may see the evaluation of wellness programmes as the practitioner's responsibility, the results of the evaluation may provide them with important management information; their wholehearted participation is thus needed. A number of stakeholders will have to be identified and consulted and these may include line executive management, middle management, supervisors, the labour unions, staff, programme recipients, and other wellness practitioners. Once these stakeholders have been identified, interviews and open discussions should be conducted to orientate them and motivate their participation. Exploration of their information needs during these interviews may result in additional purposes for the evaluation being identified. As part of the evaluation of this phase, practitioners should ask interviewees who else should be consulted and who else they would like to see get involved. Once this has been done, the practitioner can consider defining some evaluation questions. Before this is done, however, an internal evaluation of the interactions with stakeholders and the information which was gathered in the phase is necessary.

• **Phase 3: Defining evaluation questions**

Phase three involves integrating the investigated needs of the different stakeholders and identifying the general areas that need to be investigated. This can be done by defining a number of evaluation questions. This may be a daunting task, but evaluation questions should ideally be identified for each stakeholder group. The following example questions are presented as a practical guide for line managers and executives.

Examples of questions to line managers:

- In what way did the EAP programme help you to

reintegrate the employee?

- How quickly did the person reach his or her previous level of performance?
- How did the implementation of this programme ease your responsibility and workload in terms of caring for employees?
- How did the training you received help you to identify and refer people who needed help?
- Are you satisfied with the amount of feedback you received on the individual employee?
- How can the programme be improved to assist you in your work?
- Would you recommend this programme to other line managers?

Examples of questions to executives or policy makers:

- How is this programme influencing and assisting you in your strategic planning and policy development?
- What value do you get from the key feedback reports you are receiving?
- Do you think this programme offers value for money?
- In what way (if at all) did this programme improve your organisational image? Did the improved organisational image result in improved market share and attractability to investors or new employees?

An alternative structure to defining evaluation questions for each stakeholder group may be used according to Pronk's model, that is, to design the questions around the PIPE dimensions of penetration, implementation, participation and effectiveness. The dimensions in this model, as described in the first article, may be used very successfully to evaluate the different programme areas.

The practitioner/evaluation team can develop evaluation questions similar to the ones provided. Most of these, however, attempt to evaluate the current programme; it is equally important to assess unmet needs, some of which the practitioner may already be aware of and others which are not yet uncovered. These authors thus recommend that practitioners – once they have formulated the basic evaluation questions – consider how the unmet needs of stakeholders will be uncovered and explored during the evaluation. At this time, it is also important to reflect back and evaluate

the evaluation process and the phases which have been completed. Questions which practitioners/evaluators should ask themselves include: “To what extent do the formulated questions cover the current needs of the stakeholders?” and “Are these questions in line with the purpose of the evaluation?” This can be done using the evaluation team or presenting the questions to the stakeholders themselves. Another possibility is also to consult an external professional evaluator to evaluate the outcomes of the phase and, if necessary, to make the necessary changes to any of the previous steps in the process.

**• Phase 4: Conducting needs and evaluability assessments**

Phase 4 is called the needs and evaluability assessments. This involves exploring the needs of the relevant groups involved in the wellness programmes and the classification of the needs (performance vs. treatment, conscious vs. unconscious, met vs. unmet). These areas may be explored during interviews and may be covered with more unstructured open-ended type of questions, which may be covered once the formal questionnaires have been completed. These authors, furthermore, suggest that not only the stakeholders be considered as sources of information on unmet needs, but that records (including those that can be obtained from the human resources department and process reports from clients who have used the employee assistance services) be used as valuable sources of information of unmet needs.

In order to identify the needs of employees, we further suggest that the performance needs of employees be first analysed with the goal of identifying possible causes and treatment needs. To illustrate this, an example is given of a traumatised individual who experiences different stress reactions and is unable to cope at work (individual’s performance at work is deteriorating). In this example, the employee may experience the following stress reactions:

*Cognitively:* The individual may have the perceptions that he or she has moved from normal to abnormal. He or she may also feel weak, because he or she is unable to cope.

*Emotionally:* The individual may experience intense feelings of anger and fear.

*Behaviourally:* The individual acts out the aggression. During an interview, the following types of questions may assist in exploring the unmet needs of this employee:

- Do you know what the EAP is?
- How can the EAP help you to function more effectively on the job?
- What would prevent you from using this service (as a way of identifying unmet needs)?
- Do you know people who did not receive help or who have special needs?
- What additional service do you think should be rendered?
- Have you experienced any trauma recently? How did you cope with it? How are you coping now?

TABLE 1: EXAMPLES OF TREATMENT NEEDS, CAUSES AND PERFORMANCE NEEDS OF INDIVIDUAL EMPLOYEES

Treatment need/ outcome criteria	Causes	Performance needs
Provide an evaluation service, make employees aware of possible stress reactions, provide information about the EAP programmes and training.	Uninformed about services. Unaware of symptoms. Lack of information.	Sustain/maintain/improve/enhance psychological functioning.
Self-development programme.	Lack of self-development and growth.	Improve psychological functioning (optimisation). Balance work/private life.
Trauma debriefing, counselling and life skills training. Provide counselling and information services to family members on what to expect from traumatised family members and how to relate to them.	Lack of understanding of the effect (and stress reactions) of trauma on functioning and the skills to cope with it. Lack of knowledge of post trauma recovery strategies.	Restore psychological control and normalise stress reactions. Relationship/family conflict.
Assessment and feedback service.	Feeling out of control as a result of a lack of feedback on recovery.	Provide feedback on progress and development.
Information service (where to go for more help for self and family).		Provide information on additional or alternative services.

Individuals may respond to these questions with performance needs, that is, they may wish to improve their functioning at work and at home, but are unsure of the confidential nature of the service and the types of services available. Individuals may not understand what is happening to them, but would like to get back to their previous levels of functioning; they may have no vision for the future and want to get some direction; or they may wish to learn how to resolve interpersonal conflicts at home. The practitioner/evaluator can conduct a qualitative analysis of these performance needs and work 'backwards' to causes and eventually treatment needs as depicted in Table 1. The table should be studied from performance needs to causes to treatment needs. Treatment needs represent the changes which need to be made to the programme and the additional services to be rendered.

The practitioner/evaluator needs to evaluate this phase by ensuring that all possible unmet trends and needs have been picked up from all the sources and that ample provision has been made for the exploration of unmet needs in questionnaires or interview schedules. The evaluation team and all the stakeholders should be consulted in this regard. The identification of unmet needs may require changes to both the goals of the evaluation and the evaluation questions.

This is also the phase during which the practitioner should decide between a preliminary evaluability assessment or a comprehensive formal evaluation. If the purpose of the evaluation is, for example, to periodically monitor the programme, an evaluability assessment may be appropriate to establish if the programme is functioning according to the initial plan. This preliminary evaluation will also assist in determining the feasibility of conducting a complete evaluation. Should the outcome point to a more complete evaluation, the next phase will involve identifying evaluation criteria.

#### • **Phase 5: Identifying evaluation criteria**

In this phase evaluation criteria should be developed according to which judgments on the impact, value, effectiveness and efficiency of the wellness programmes can be made. The evaluation criteria can be developed for the three basic dimensions of the evaluation, namely outcome, process and cost criteria can be used. For the purpose of this article, an evaluation of the process dimension and process criteria will be discussed further. From the literature it is evident that a number of areas should be covered when the process is being evaluated. Firstly, participants should be

selected fairly, taking into consideration any ethical and/or legal requirements. Secondly, the process should be evaluated in terms of the intervention content and specifically to what extent the content matches the identified needs, the scientific/professional validity of the content and the depth and breath of the coverage. Thirdly, the process should be evaluated in terms of the evaluation delivery and implementation. This includes the extent or thoroughness of implementation, the efficiency of implementation and the appropriateness of implementation in terms of cultural context, and legal and ethical requirements.

Continuing with this example, the process dimension and specifically the procedure for selecting participants, may include the way in which clients are identified and referred to the programme, the procedures followed during service delivery, the monitoring of progress and providing feedback to relevant stakeholders. Similarly, process criteria refer to statements of impact, value, effectiveness and efficiency according to which answers on individual process related questions can be evaluated. Examples of process criteria, which can be used to determine if the process of referring people to the EAP is effective, may include the following criterion and subcriteria:

*Criterion 1:* How effective is the referral system of the EAP?

In order to make a judgment on this a number of subcriteria can be included.

*Subcriterion 1:* Managers and fellow workers are aware of the conditions under which people should be referred to the EAP.

*Subcriterion 2:* Managers and fellow workers have an in-depth understanding of the procedures to be followed during referrals.

*Subcriterion 3:* Managers and fellow employees apply the correct procedures when referring employees.

In this example, a method is suggested whereby a general criterion is first established and then a number of subcriteria are developed which provide concrete evidence on which a judgment can be made. In the South African context where competency based methodology is widely used, the subcriteria serve the same purpose as assessment criteria would in the competency model.

A system of using appropriate response categories for each of these subcriteria is also suggested. Certain subcriteria or measures require clear responses, such as "yes" or "no". Others, which are more qualitative in nature, may need a scale with five descriptors, for

example, on the basis of which the value or quality can be inferred. It has been suggested that such a scale should be substantiated with detailed merit descriptors for each numerical value<sup>2</sup>. The author suggests poor, satisfactory, good, very good and excellent merit descriptors that should be defined based on best practices in the industry, which will describe a numerical value to any stakeholder or reader.

Apart from process criteria, practitioners/evaluators can also use outcome criteria as a basis for judgments. When developing outcome criteria, three areas are generally covered. Firstly, the evaluator would want to decide to what extent needs were met and what unmet needs exist. Secondly, an evaluation of the side effects of the programme, normally done using a brainstorming session, should be done. Thirdly, an evaluation of the ripple effects should be done; this will determine who the secondary impactees are and what ripple effects might be expected on the broader system.

Examples of outcome criteria within the EAP context:

*Criterion 1:* To what extent do our services cover your needs?

*Criterion 2:* Did you receive support from your therapist?

*Criterion 3:* What else would you have liked to learn?

*Criterion 4:* Would you recommend this service to other employees?

*Criterion 5:* Is there anything else that happened to you as a result of this programme?

*Criterion 6:* Was your family sufficiently supported throughout this process?

*Criterion 7:* Did we meet the information needs of your family?

A subcriterion and a measure should be developed for each criterion.

Finally, the cost criteria should be considered. In this regard, one can distinguish between money costs such as the cost of hiring consultants, therapists, trainers, well as the cost of the materials and technology. Organisations should also take into account the time and opportunity costs, that is, the time that management and staff devote to the wellness programme and the other resources used, such as the programme or organisational resources which had to be expanded in order to implement the intervention.

#### ● **Phase 6: Developing a full evaluation plan**

It should be evident from the discussion thus far that various tasks need to be completed before the full

evaluation plan is developed. The successful completion of the tasks in the previous phases is a prerequisite for the development of the complete evaluation plan and can be seen as the groundwork for a successful evaluation. Developing the full evaluation plan involves finalising both the quantitative and qualitative components of the formal evaluation. The quantitative component involves the completion of the questions to be used in the evaluation. This will be based on the work which was done in the previous phases and guided by the purposes of the evaluation, the information needs of the stakeholders and the different evaluation questions which the team decided on (which will incorporate questions based on the previously explored unmet needs). Broad evaluation questions on the process, outcomes and costs should be presented with a number of evaluation criteria, subcriteria and measures according to which the value can be judged. Once the questions are compiled, decisions on the most appropriate way of administration should be considered. The authors of this article believe that the most effective way is to conduct interviews with the relevant stakeholders during which the questions related to them are posed and explored. This will result in a score on each measure of each subcriterion and will provide opportunity to discuss the evidence for the score as well as additional information, the effects of the programmes or further unmet needs which form the qualitative component of the evaluation. Decisions on the sample of participants from all the stakeholder groups, the time and procedure for interviews and the time frame for the completion of data collection will have to be made. Careful consideration should also be given to scheduling in order to use the time optimally and to complete the data collection in a cost effective manner.

#### ● **Phase 7: Implementing the plan**

Once the plan has been approved by the stakeholders and the evaluation team, implementation can start. A critical task during implementation involves monitoring the evaluation activities from a project management perspective as well as the results obtained in the process. Evaluators should, therefore, attempt to manage the task and time boundaries effectively, but also make periodic evaluations of the data being gathered. An informal analysis shortly after the first few interviews could give an indication of the value of the data and may provide valuable feedback on the process and the content on the basis of which minor changes to the questions and methodology could still be made.

• **Phase 8: Consolidating and reporting**

Following an evaluation checklist practitioners can ensure that a number of important areas are covered in the report. The report starts with the first section called preliminaries, which includes an executive summary, an introduction and a description of the methodology that was followed in the evaluation. The second section, called foundations, includes the background and content of the evaluation, the descriptors and definitions of terms used in the report, the stakeholders and resources involved in the process and the values which guided the evaluation. In the third section, the results are presented according to the dimensions of the evaluation. These include the process, outcomes, cost, comparisons with other programmes or services and the exportability or extent to which the programme can be generalised. Lastly, the conclusions are presented in terms of their overall significance, causal explanations and recommendations; these recommendations can be used by different stakeholder groups as sources of information, and to propose corrective actions and alternative programmes and services.

• **Phase 9: Corrective action and replanning**

Apart from management and the wellness practitioners who will use the information to make changes to existing wellness programmes, the results will be used by the various stakeholders to identify how valuable the services are for their constituents. The results contained in the feedback and report should, however, also be used by the evaluation team to evaluate the success of the evaluation. Did these results, for example, answer the initial evaluation questions? Did the results satisfy the information needs of the stakeholders? Did the results provide sufficient information on which the value of the wellness programmes could be established? Practitioners need to consider how the evaluation could have been done differently and what they have learned from the experience.

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