

**AN ASSESSMENT OF THE EMPLOYEE ASSISTANCE PROGRAMME
RELATED TO SUBSTANCE ABUSE: A CASE STUDY OF A SELECTED
PRIVATE HOSPITAL IN KWAZULU NATAL**

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DECLARATION

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Masters of Human Resources in the Faculty of Management Sciences, Durban University of Technology, KwaZulu Natal, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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ABSTRACT

The aim of this study was to assess the employee assistance programme related to substance abuse within a selected private hospital in KwaZulu Natal. A paucity of information within the South African context on how employees with substance abuse problems were being managed within the workplace provided the motivation for this study. The objective of this study was to evaluate existing employee assistance programmes, the line manager model and existing human resource policies and procedures within the selected private hospital. The research design adopted a mixed method approach using a questionnaire, followed by an interview based on findings of the questionnaires. The intended sample size was 185 out of 460 staff and the final return of questionnaires was 219. Of significance is the response rate of over a 40% which implies a margin error of 5%. The data was analysed using the computerised Statistical Program for Social Sciences (SPSS version 22.0 for Windows).

This study concluded with the findings that emerged from the research. The findings suggest that employees with substance abuse problems are not being effectively managed and that there are no awareness models apart from the employee wellness provider. The limit of the employee wellness provider is that it markets “employee wellness” rather than an emphasis on substance abuse. A suggestion is that the human resource department and the wellness provider partner in inspiring a substance abuse prevention and assistance campaign. Another recommendation highlights the training of all line managers in identification of recognising employees with substance abuse problems prior to work performance being affected. The study concluded with suggestions for future research in this field.

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CHAPTER ONE: INTRODUCTION

1.1 Introduction

Philip Seymour Hoffman (heroin overdose); Heath Ledger (prescription drugs); Whitney Houston (illegal drugs); Amy Winehouse (alcohol poisoning); George Best (alcohol); and Michael Jackson (prescription drugs) all have something in common. They are all famous celebrities who have died through substance abuse related issues (Drugs.com 2015).

However, there are success stories namely Robert Downey Junior and Edie Falco [Home Box Office (HBO) television series called "Nurse Jackie"]. Both fought addiction for many years but turned their lives around (Eby 2015). Rob Ford, the famous Mayor of Toronto's public drug and alcohol exploits kept Canada and the world enthralled. Rob Ford is famous for his antics outside of the workplace before he underwent treatment in a substance abuse rehabilitation center and returned to work (Cullen 2014: 1).

Turning away from big name celebrities whom people generally love to watch and looking at the opposite side of the globe, attention focuses toward war torn Afghanistan. Afghanistan supplies ninety percent (90%) of the world's heroin trade, valued at an estimated \$4 billion United States dollars annually (Qazi 2015: 1; Tanzeem 2015: 1). Afghanistan increased its heroin cultivation land from 154 000 hectares in 2012 to 209 000 hectares in 2013, which illustrates the growth of poppy seeds (UNODC 2014: x). Since 2009, the addiction rate in Afghanistan increased by sixty percent (60%) (Qazi 2015: 1). Furthermore, there are more than ninety-five addiction centres in Afghanistan, too few for the estimated 1.6 million addicts in the country (Qazi 2015: 1).

This picture of substance misuse and abuse has spread to every corner of the globe. The 2014 World Drug Report published jointly by The United Nations Office on Drugs and Crime (UNODC); World Health Organisation (WHO);

United Nations programme on HIV/AIDS (UNAIDS); and the World Bank; with data from forty-nine countries globally, estimated the figures of those who have drug dependency in 2012, represented twenty-seven million regular drug users and an estimated two hundred and forty-three million people, aged between fifteen and sixty-four, had used an illicit drug (UNODC 2014: 6). There has been an increase in opiates and cannabis usage since 2009 and there has been a steady increase in the number of people seeking treatment for cannabis use. Opiates still remain at the top of the list for disease and drug-related deaths (UNODC 2014: 1).

Research shows that 13.1% of those people who are injecting substances are living with HIV/AIDS (UNODC 2014: 7). In 2012, there were an estimated 183 000 deaths related to drug use (UNODC 2014: 3). There is also a link between users who inject drugs and having a higher rate of imprisonment (UNODC 2014: x). These statistics regarding global drug use are alarming as they are only estimates due to the limited information received from countries for the 2014 World Drug Report of which only forty-nine countries contributed to the report. There could be far higher numbers of people using drugs (UNODC 2014: x).

According to the WHO Global status report on alcohol and health (2014) there are 3.3 million deaths, or 5.9% of all deaths, attributed to alcohol annually (WHO 2014: vii). Approximately 16% of drinkers from the age fifteen or older engage in heavy drinking (WHO 2014: xiv) and an average of 13.5 grams of pure alcohol is consumed per day (WHO 2014: 29). Mention must be made, however, that alcohol misuse is the most destructive form of substance abuse, followed by heroin and crack-cocaine (Nutt 2010: 9).

Alcohol misuse is attributed to injury; neglect or abuse; defaulting on the person's social role; property damage; toxic effects such as fetal alcohol syndrome and loss of peace of mind (WHO 2014: 15). The results of drug misuse are people living with HIV/AIDS, death and imprisonment.

Furthermore, the overall picture of the economic, social and physical problems resulting from both drug and alcohol use is alarming (WHO 2014: 16). Cumulatively, the effects of substance abuse are a harm to society at large (WHO 2014: 16). Perhaps the most damaging effect of substance abuse is the long-term damage to the body.

In South Africa (SA), King Goodwill Zwelithini of the Province of Kwa-Zulu Natal observed that liquor is destroying the Zulu nation (Hans 2015: 1). Alcohol abuse is running rampant amongst the youth in the province, so much so that even the King is concerned (Hans 2015: 1). The day after this pronouncement by the King, *The Independent* on Saturday (a weekend newspaper) wrote a story on Bianca Holman's recovery from heroin use and her efforts to reach out to school children (Sanpathi 2015: 8). Drug and alcohol misuse is front-page news in South African newspapers. What are these stories saying? Substance abuse of alcohol, illicit and prescription substances, are a global problem that is attacking all types of people from famous stars in Hollywood to ordinary South Africans.

In South Africa alcohol is still the prevalent abuse substance, with cannabis being the second main substance of choice (Johnson *et al.* 2014: 1). The Christian Drug Support Group and the South African Community Epidemiology Network on Drug Abuse (SACENDU) report that one out of every ten South Africans has a substance abuse problem (Statistics South Africa 2013). This implies that South Africa is experiencing the same socio-economic problems mentioned in the 2014 WHO report, which also confirms that 15% of South Africans have a drug problem (News24.Com 2015: 1).

The aforementioned information has painted a bleak overview of substance abuse being a global problem, whether in Afghanistan or South Africa; amongst movie stars or with the average person on the street. This international problem highlights socio-economic problems related to finances, substance dependence, violence and crime amongst others. These problems

are affecting people in their daily lives and in their workplaces, which is what this research is about and which will be discussed in the next section.

1.2 Research Problem

Approximately 17.8 million Americans aged eighteen years and above use illegal drugs and of that 72.7% are employed (Epstein *et al.* 2010: 513). In the 2014 WHO Global status report on alcohol and health, South Africa had the highest alcohol percentage per capita of 11.10% for the African continent (WHO 2014: 290). According to the National Drug Master Plan (2013 – 2017), data on drug use is not available as extensive surveys on drug use have not been carried out. Statistics are available from treatment or rehabilitation centres but are inconclusive (Department of Social Development 2013: 40). This means that in all probability, coupled with South Africa's statistics of drug and alcohol users, there are a substantial number of employees with substance abuse issues in a typical work environment.

The consequences of substance abuse on people are economic, behavioral, mental and social. If employees have substance abuse problems in their personal lives, these effects are then brought into the workplace, which creates risks of their own. Several researchers have described these risks as a deterioration of productivity; decreased turnover and absenteeism; patient safety, putting nurses and patients at risk; injury and low morale amongst others (Thomas and Siela 2011: 1; Frone 2012: 72; Montgomery 2012: 10; Reisfield *et al.* 2013: 43; Cares *et al.* 2014: 4).

This study therefore focuses attention on what is being done to assist employees who have substance abuse problems within the workplace. This study attempts to evaluate the management of substance abuse within organisations, especially through employee assistance programmes. Of importance, however, is how the consequences mentioned above are being

managed by organisations with employees who have substance abuse problems.

For the purposes of this research, the term employee assistance programmes will be used as an umbrella term to refer to the employer, policies, procedures and the use of employee wellness providers. The term employee wellness provider, will be used as an umbrella term to refer to the external or internal service provider used by the company to support its Employee Assistance Programmes.

A private healthcare provider in KwaZulu will be examined and data for this study collected.

1.3 Significance

Although there are governing nursing bodies and a plethora of studies on nurses within hospitals, there has been limited substance abuse research into other hospital employees, namely administration and maintenance employees (Kunyk 2011: 1; Monroe and Kenaga 2011: 1; McCarthy 2013: 1). This has led to a gap in most of the studies on employees with substance abuse problems within a hospital environment. Further studies are needed to address the broader spectrum of hospital employees (Cares *et al.* 2014: 17-18). Due to the limited research undertaken on substance abuse within the workplace in South Africa, there is not enough knowledge regarding this issue (Burnhams *et al.* 2013: 845; Department of Social Development 2013: 40). Hence the need for this research in order to cover employees other than nurses.

A study into the management of employees with substance abuse problems within a private hospital is of immense importance. Not only would the research bridge the gap in knowledge of substance abuse within organisations, but it will also highlight managements responses to these

problems (Burnhams *et al.* 2013: 845). Such an investigation would also allow the private hospital to ascertain whether their existing policies, procedures, line management and the external wellness provider are supporting the management of employees with substance abuse problems within the workplace. As limited research has been done on the subject, the results of such a study such as this, would be beneficial to a variety of stakeholders.

1.4 Aims

The aim of this research is to explore whether the private healthcare provider is taking appropriate measures to address substance abuse in the workplace and whether these measures are working when employees experience substance abuse problems and seek the organisation's assistance.

The objectives of this study are:

- To examine the efficacy of the employee wellness provider in respect of substance abuse in the workplace;
- To examine the role of line managers in dealing with staff with substance abuse problems; and
- To examine the role of Human Resources (HR) processes when it comes to the management of employees with substance abuse problems.

This study attempts to address the following questions:

- How effective is the use of employee wellness programmes in helping with staff experiencing substance abuse problems?
- What is the role of the line manager in the management of staff experiencing substance abuse problems?
- What recommendations, if any, can be made from the HR perspective on ways of improving the assistance that organisations provide to their staff

who suffer from substance abuse, including the review of the employee wellness providers, organisational policies, etc.?

1.5 Limitations and Demarcations of the Study

There are six private hospitals in the KwaZulu Natal (KZN) area falling under the group umbrella. A limitation is that the study is confined to just one private hospital in the group. While the findings cannot be generalised to the group within the KZN area, the focus on the largest private hospital does help to provide useful insights, which may be applicable to all the other private hospitals.

It is worth noting that there is a distinction between the private hospital and public hospitals in general. Therefore, the findings of this study cannot be generalised across to public hospitals.

This study did not include factors contributing to substance abuse; the effects thereof; and how many employees have substance abuse problems as there is a myriad of information already available and contributing to these issues (Thomas and Siela 2011: 1; Frone 2012: 72; Montgomery 2012: 10; Reisfield *et al.* 2013: 43; Cares *et al.* 2014: 4).

There were no other limitations, as the private hospital group and participants were accommodating. There was great enthusiasm over participating as the study was not about the normal research subject matter, which is nursing.

1.6 Study Site

The intended original study site was all the private hospitals in KwaZulu Natal falling under the specific private healthcare provider. However, this would have been time-consuming and hence the study was restricted to one private hospital in the region.

1.7 Research Methodology

This study employed a mixed method with questionnaires administered to 250 line managers and employees and the qualitative approach was through interviews with selected managers at the hospital. The sampling method used in this study was purposive, which gave the researcher greater flexibility to choose participants in order to ensure a higher response rate. To confirm validity and reliability of the study, the questionnaire was analysed by the nurse educators (experts in the field of research) and further assessed by a statistician. Additionally, secondary data was also obtained from the wellness provider in respect of the organisation disciplinary records as it pertained to employees with substance abuse problems.

1.8 Overview and Layout of The Chapters

Chapter one covers the background to the study. In chapter two an overview of the theoretical framework and assessment of the literature and its relevance to the study is provided. Chapter three examines the methodology employed in the study through the determination of the research instrument, sampling, and the method of obtaining data, reliability and validity of the research study. Chapter four presents the results of the fieldwork conducted as well as an analysis and interpretation of the data gathered from the interviews. Chapter five covers an overview of preceding chapters including the conclusions and recommendations in respect of this study.

1.9 Conclusion

In this introductory chapter, the principal aims and objectives; research questions; rationale; and context of the research problem were discussed. It was noted that substance abuse is a global problem, which brings into the workplace a myriad of social problems which impacts on the productivity of the organisation. What is not known is whether the workplace is managing

employees with substance abuse issues. This is what this study intends to achieve. Chapter two represents a review of literature in relation to the research objectives and questions outlined above. The dynamics of the management of substance abuse in the workplace, as well as employee wellness providers, will be explored in greater detail in the literature review.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

Media and entertainment is flooded: turn on the radio or watch television and one will be inundated by items on alcohol and drugs. Music lyrics, the plots of your favourite movies and the lives of famous artists and the very rich glamourise around alcohol and drugs. Charlie Sheen, a television and movie star, is well known for his problem with drugs. He recently went public over his HIV+ status, which is a direct result of his drug taking (Moir 2015: 20).

The reality is a lot less glamorous than imagined. Dirty needles, unprotected sex, sexual diseases, rape and “wet brain”¹ - the list is endless. Waking up in the morning not knowing what happened the night before and having a physical craving for something so badly that one cannot function without it; not having the money to buy that something and in desperation, one looks for something to sell or trade, including one’s body. This is the reality of a person who has a problem with either alcohol; drugs and/or prescription drugs (as shared by Bridget P in an Alcoholics Anonymous meeting on the 21st November 2015 “Bridget P” 2015).

There are thousands of people who share the same experiences that Bridget P does. It could be Bill or Bob, Stacey or Tracy – it could even be oneself. These are the types of people around the globe who are waking up in the morning and still having to dress up and go into the workplace.

¹ Wet Brain: Alcoholics Anonymous members commonly call an alcoholic who has brain damage as a “wet brain” as per Uncle Jo, in his personal Share, on the 01 June 2015 at an Alcoholics Anonymous meeting.

The financial cost implication of alcohol and drugs varies from country to country. Some examples of costs at a financial level for alcohol are the European Union which in 2003 was at an estimated €125 billion euros; United Kingdom at £21 billion pounds in 2009; and in 2006, the United States of America (USA) at a cost of \$233.5 billion dollars (WHO 2014: 18). South Africa's estimate of alcohol costs was nearly R300 billion rand in 2009. These amounts were based on the gross domestic product, which is a final measure of goods and services in a year (WHO 2014: 18). The financial costs of drugs are difficult to ascertain as illicit drug statistics are not publicised and figures are unknown. In the World Drug Report of 2014 (WHO 2014: 1) it is noted that it would be more beneficial to look at figures of drug users over a longer period rather than year to year. The current report looks at the statistics of people on whom drug using has taken its toll, over an annual basis (WHO 2014: iii).

Not only are there tangible financial costs but there are also physical and emotional costs involved. Alcohol and drug misuse contributes to injury, neglect or abuse; defaulting on the persons social role, property damage, toxic effects such as fetal alcohol syndrome and loss of peace of mind, people living with HIV/AIDS, death, dying of drug overdoses and or in prison (WHO 2014: 15). SACENDU reports that one out of every ten South Africans has a substance abuse problem (Statistics South Africa 2013). Therefore, it may be assumed that there is a substantial number of people with substance abuse problems in the workplace, bringing with them the same emotional and financial costs incurred in their communities. An example is Bridget P, as mentioned before in her personal share at an Alcoholics Anonymous meeting on the 21st November 2015. Bridget P told her life story which included over twenty years of substance abuse on a daily basis; a majority of the time not sleeping at night; and then leaving the bar to go to work. Bridget P would then be trying to get through the day at work, bringing with her the toxic effects of her substance abuse ("Bridget P" 2015).

The effects of employees with substance abuse problems are decreased productivity; workplace impairment; accidents; absenteeism; poor communication; and increased turnover (Epstein *et al.* 2010: 513-514; Reisfield *et al.* 2013: 43; Wentzell 2014: 13-14). These effects of substance abuse within the workplace have huge significant financial and productivity costs for any organisation (Harker *et al.* 2013: 3). Therefore, the rationale for this research project is to explore, specifically Employee Assistance Programmes within the workplace and how these programmes assist in managing the challenge of employees with substance abuse problems.

This chapter presents a comprehensive literature review, focusing on employee assistance programmes in respect of the management of substance abuse within the workplace. The review of literature provides an overview of substance abuse within the workplace within the private hospital environment, followed by an assessment of Employee Wellness Programmes.

2.2 Substance Abuse in General

2.2.1 Definitions and Concepts

Definitions of substance, drug and alcohol misuse abound. According to Burnhams *et al.* (2013: 1) substance abuse “is the maladaptive pattern of use of a substance which is not considered dependent”. Kitterlin *et al.* (2015: 811) define alcohol abuse as partaking of five or more drinks on five or more days within the past 30 days. According to the United Nations Office on Drugs and Crime (UNODC), there is no standard definition of drug use as it may differ from person to person and country to country (UNODC 2014: ix).

Members of ²Alcoholics Anonymous refer to alcohol abuse as the person not being able to stop his or her drinking (Silkworth and Wilson 2001: 31) while

² Alcoholics Anonymous Book is used as a reference in this study as it is still currently in active use.

members of ³Narcotics Anonymous refer to it as a “disease called addiction” (Narcotics Anonymous 1988: xv). Both organisations believe that it is an obsession of the mind, body and spirit (Narcotics Anonymous 1988: xv; Silkworth and Wilson 2001: xxix).

The Oxford Dictionary defines abuse as the “use of something wrongly or badly” (Little Oxford English Dictionary 2011: 3). For the purposes of this research, the definition from Dictionary.com (Dictionary.com. (2015) is used to describe substance abuse as a “long-term, pathological use of alcohol or drugs, characterized by daily intoxication; inability to reduce consumption; and impairment in social or occupational functioning; broadly, alcohol or drug addiction”. The reason for using this definition is threefold: Firstly it encompasses all the definitions cited above, and secondly, by using the term substance abuse, it includes prescription and over-the-counter medication which are also a form of substance abuse and a growing risk to workplace productivity (Reisfield *et al.* 2013: 44). The third reason for using this definition for this study is that it states, “impairment in social or occupational functioning”, which is what this study is exploring. This study explores how organisations manage this impairment within the workplace or how the workplace managing the effects of employees with substance abuse problems.

2.2.2 Effects of Substance Abuse

From this definition of substance abuse it may be reasonable to conclude that substance abuse brings its myriad of risks into the workplace. Alcohol misuse contributes to injury; neglect or abuse; defaulting on the persons social role; property damage; toxic effects such as fetal alcohol syndrome; and loss of peace of mind (WHO 2014: 15). The results of drug misuse are people living with HIV/AIDS, dying of drug overdoses and or in prison. Furthermore, the

³ Narcotics Anonymous Book is used as a reference in this study as it is still currently in active use.

overall picture of the economic, social and physical problems resulting from drug use is alarming (WHO 2014: 16).

The effects on the workplace of employees with substance abuse problems are increased absenteeism, employee turnover, decreased work productivity, increased disciplinary procedures, amongst others (Epstein *et al.* 2010: 513-514; Reisfield *et al.* 2013: 43). These effects of substance abuse within the workplace incur significant financial and productivity costs to any organisation (Harker *et al.* 2013: 3).

2.2.3 Treatment and Alternatives for Substance Abuse

Preceding 1994, the treatment of substance abuse in South Africa was “fragmented and limited in scope, coverage and impact” and treatment was historically reserved for whites only (Bowles *et al.* 2010: 309). Subsequent to 1994, there has been a widespread effort to offer treatment to all people regardless of race, for instance by the South African National Drug Plan 2006-2011 and 2012-2016 (Department of Social Development 2012). Organisations such as SACENDU have been established to monitor drug trends (Johnson *et al.* 2014: 1-15), although gaps still exist in monitoring drug trends within South Africa (Peltzer *et al.* 2010: 2221 - 2243).

There are many resources within the community for securing assistance for people with substance abuse problems. Assistance can be found in churches, various rehabilitation centres and twelve-step programmes such as Alcoholics and Narcotics Anonymous (Narcotics Anonymous 1988; Silkworth and Wilson 2001; South African National Council on Alcoholism and Drug Dependence 2015). It is noteworthy that both Alcoholics and Narcotics Anonymous follow a 12-Step programme written by the founders who adhere to the fundamental principle of “not taking the first drink or drug” as a way of life and recovery. People with substance abuse problems can also turn to the church and prayer and even enter rehabilitation or treatment centres like Bridget P shared on the

21st November 2015 in an Alcoholics Anonymous meeting ("Bridget P" 2015). There are many alternatives to obtaining help with a substance abuse problem other than the workplace.

In South Africa, per the 2013 SACENDU report, "self, family and/or friends" made referrals to treatment centres across the country. In the Western Cape, referrals were made by social services and in Gauteng, by the court or correctional services. Referrals to treatment centres in KwaZulu Natal were made by the employer (Johnson *et al.* 2014: 2). This information is important as it shows that although there are alternatives to Employee Assistance Programmes, the majority of referrals to treatment facilities are through organisation's employee assistance programmes in the workplace.

However, treatment does not stop at the rehabilitation centres and 12-Step programmes. In order for substance abuse treatment to be considered successful, it needs to be ongoing and sustainable because relapse generally occurs one hundred and twenty days after an individual is released from a treatment facility (Kunyk 2011: 122; Lucas and Clute 2013: 335). It is therefore imperative for employers to incorporate sustainability in the design of their substance abuse policies and Employee Assistance Programmes (Lucas and Clute 2013: 335).

It must be noted that for the purposes of this study, the rehabilitation or treatment of people with substance abuse issues has not been delved into. Rather these concepts have been touched upon as a prelude to alternatives to obtaining help from the employer for substance abuse problems.

2.2.4 The Role of the South African Government in addressing Substance Abuse

Employees with substance abuse problems tend to bring with them risks such as increased absenteeism, employee turnover, decreased work productivity,

and increased disciplinary procedures amongst others (Epstein *et al.* 2010: 513-514; Reisfield *et al.* 2013: 43). Hence there is a need for organisations to address these problems. Given the sensitivity related to substance abuse problems, these are not normally publicised. Therefore, or consequently employees who struggle with such problems are normally only “caught out” when they do something wrong, which then leads to internal disciplinary measures and only then does the truth come out (Cares *et al.* 2014: 14.). Organisations are therefore required to put measures in place which are aligned and supported by the South African Labour Relations Act No 66 of 1995 (LRA) and the Occupational Health and Safety Act No 85 of 1993 (South Africa 1993, 1995). The following is a review of how Government contributes either directly or indirectly towards the management and focus of substance abuse, both from a work perspective and in a larger context as a social and health issue. Governments’ primary intervention is through various acts and bills which assist organisations and larger society to focus on this debilitating issue. At a practical level, the general workplace response to substance abuse has seen the need for companies to implement Employee Assistance Programmes.

Steenkamp (2008: 22-24) observes that there is an obligation on the employer to provide counselling for an employee who is experiencing substance abuse problems before disciplinary action is taken in accordance with the South African Labour Relations Act. When it comes to dismissing an employee for substance abuse, the South African courts would rather see some form of remedy for the problem than dismissing an employee (Venter and Levy 2011: 316).

Therefore, in response not only to Labour legislation but as concerned organisations and individuals, many organisations have begun to offer Employee Assistance Programmes freely to their employees. Public Service Regulation 2001 (Government Gazette no. 20271) mandates all national and provincial administrations to render an Employee Assistance Programme to

their employees. This piece of legislation plays a vital role in minimising the personal challenges faced by employees that impact negatively on their productivity or job performance (James *et al.* 2012: 1556; Rakepa 2012: 1). There are also safety regulations such as the Occupational Health and Safety Act, Act 85 of 1993, whereby an employer shall not permit any person who is or who appears to be under the influence of intoxicating liquor or drugs to enter or remain at a workplace.

The South African Labour Relations Act and the Occupational Health and Safety Act allow organisations to put measures into place to assist employees with substance abuse issues. As part of their programmes to manage substance abuse and not to fall foul of the law, many organisations have implemented drug and alcohol testing prior to entering the workplace. This is especially true in organisations where employees are at risk with operating heavy machinery (Harker 2014: 19).

The National Drug Plan 2012 to 2016 under the Prevention and Treatment of Drug Dependence Act (Act No. 20 of 1992) is a further attempt by the South African Government to enforce a substance abuse-free society (South Africa 2012: 1). The plan is a partnership in conjunction with all existing government bodies and departments to contribute to fighting substance abuse, especially by incorporating the needs of communities (South Africa 2012: 4 - 6). The National Drug Plan plus legislation and safety regulations all show a willingness on the part of the Government to address substance abuse issues in the workplace. This is indicative in the South African National Drug Master Plan (2012 – 2016) which states that “the scourge of substance abuse continues to ravage our communities, families and particularly the youth, the more so as it goes hand in hand with poverty, crime, reduced productivity, unemployment, dysfunctional family life, escalation of chronic diseases and premature death (Department of Social Development 2012: 1).

Organisations should respond to assisting employees with substance abuse problems because of the many risks in the workplace, as well as legislation dictating the same. It is noteworthy that the South Africa Government has outlaid plans, laws and bills regarding substance abuse in the workplace. Hence the need for organisations to comply with this kind of legislature. The following discussion describes substance abuse in the workplace in general.

2.3 Substance Abuse and the Workplace

2.3.1 Trends, Risks and Costs

Over the past two decades, workplace prevention programmes in South Africa has focused on HIV/AIDS and there has been limited focus on substance abuse (Harker 2015: 5). In the interim, there has been significant growth in the use and availability of medical prescriptions and other substances including cigarettes, alcohol, dagga (marijuana), ecstasy, cocaine, crack, tik (Methamphetamine) and heroin (Whoonga or Sugars) (Statistics South Africa 2013: 2). Accordingly, dagga and alcohol are the most used substances for South Africans, with South Africa being the fourth in the world in terms of “heavy drinkers” (Statistics South Africa 2013: 2). Tik and Nyapo on the other hand are substances of choice in KwaZulu Natal (Smook *et al.* 2014: 61).

This increase in the use of substances has seen drug offences amongst the top of South African crimes (Farley 2015: 5). Alcohol however, remains the primary choice of substance abuse in KwaZulu Natal where this study was undertaken, with most patients of rehabilitation centres being admitted for alcohol abuse (Burnhams *et al.* 2014: 1). Frone’s (2012: 73) research has shown that employees who are under the influence of substances in the workplace function at only 67% of their capacity. This implies that employees who are under the influence of substances in the workplace are not operating at their full potential, which is what causes negative effects within the workplace (Frone 2012: 73).

The overall prevailing risk has been loss of revenue for organisations (Burnhams 2014: 3). In the USA, substance abuse costs up to \$5bn per annum in terms of absenteeism and \$100bn on workers' compensation, medical costs, lost productivity and absenteeism (McCarthy 2013: 88). In the United Kingdom £6.4bn were lost annually to alcohol-related issues. In South Africa; this figure is between R12 – 20bn per year (Griffiths 2011: 42; Keet and Terblanche 2013b: 183). Ultimately substance abuse in the workplace is a major concern from a financial perspective. Employees with substance abuse problems bring a number of risks which affect productivity and this can cost millions of rands.

2.3.2 Employee Assistance Programmes

Organisations have established Employee Assistance Programmes as a response to the growing economic, behavioral, mental and social problems employees bring into the workplace (Tromp 2015: 15). Furthermore, Employee Assistance Programmes within the workplace have been formed in growing response to the South African Labour Relations Act and the Occupational Health and Safety Act. Due to a number of risks being introduced into the workplace by employees with substance abuse problems, there should be a way of managing such employees short of terminating their services. The growth of Employee Assistance Programmes as a socially and humane response to managing these employees with substance abuse problems.

Employee Assistance Programmes are in place to provide guidelines, counselling and recommendations to both the employer and the employee, especially in those areas impacting on work performance (Walters *et al.* 2012: 135). In particular, South African Employee Wellness Programme agencies have reporting a rise in substance abuse (Harker 2015: 5). It may thus be inferred that Employee Assistance Programmes in the workplace are

measures or interventions which organisations put into place to assist employees with substance abuse problems.

Many authors agree that Employee Assistance Programmes enable employees in the workplace to foster a culture of well-being and general happiness by providing tools to assist in employee social problems (Jones and Paul 2011: 32; Walters *et al.* 2012: 135; Kuo *et al.* 2013: 23). Employee Assistance Programmes aid in improving productivity in the workplace and do so by addressing the problems that employees face (Jones and Paul 2011: 32; Walters *et al.* 2012: 135; Kuo *et al.* 2013: 23). Therefore, it may be gleaned that Employee Assistance Programmes have been established in most organisations to foster a wellness culture and assist employees with substance abuse problems.

2.3.3 The Role of Management

Harper⁴ maintained that it is prevalent in the South African workplace for the line manager to refer performance issues to the Employee Assistance Programme and to not address any other issue that did not affect performance (Harper 1999: 14). Harper suggested that this could be the reason why Employee Assistance Programmes in South Africa characterise poor performance in their designs and actions. It appears that if the employee problem is not affecting performance, it is not the line manager's responsibility.

A South African study by Ally (2009: IV) on supervisors' perceptions of substance abuse although using a small sample of nine participants cautions that although the results of the study should be "interpreted with caution" it does point to substance abuse in the workplace. However, it was not a dominant problem. Furthermore the supervisors are knowledgeable and can

⁴ Harper 1999 although over twenty years old, was used in this research as it is the first known study of the development of Employee Assistant Programmes in South Africa Harper, T. 1999. Employee Assistance Programming and Professional Developments in South Africa. *Employee Assistance Quarterly*, 14 (3): 1-18.

address employees with substance abuse problems. Unfortunately, due to the line manager model, many organisations have limited information on the line manager and the relationship with Employee Assistance Programmes (Dugré 2012: 16).

2.4 Substance Abuse and the Hospital

2.4.1 Risks to Hospitals

Given that data from this study is collected from a private hospital, this discussion reflects the impact of risks particular to private hospitals. Hospitals generally face many risks from staff suffering from substance abuse, namely increased absenteeism, employee turnover, decreased work productivity and increased disciplinary procedures (Epstein *et al.* 2010: 513-514; Reisfield *et al.* 2013: 43). The literature points out that the biggest risk is that of the patients' lives. As Montgomery (2012: 10) says "the behaviour of nurses working while impaired should be breaking news". The various professions in patient care all point to having the well-being of their patients as the critical priority. The South African Nurses pledge, for example, says, "The total health of my patients is to be my first consideration". The safety of patients' lives therefore becomes the biggest risk for the hospital in terms of financial, legal costs and reputation (Epstein *et al.* 2010: 513-514; Reisfield *et al.* 2013: 45; Burton 2014: 152; Cares *et al.* 2014: 13) should there be evidence that these are compromised by staff who are struggling with substance abuse. The contradiction is the threat to the lives of patients, which is the very oath that nurses take when graduating with the nurse's pledge. Not only are the risks on the part of nurses but also on the part of cleaners, catering, administration, maintenance and pharmacy workers. These risks can cause substantial financial loss, including time spent on employee relations.

2.4.2 The Environment

Notwithstanding the risks within the organisation due to employees with substance abuse problems, there is also an ongoing debate as to whether a hospital environment is conducive to employees who would be susceptible to substance abuse issues. There are a number of authors who seem to disagree on whether hospital employees are more susceptible to substance abuse because of their environment or whether they experience substance abuse no different to an average worker in any other field of work (Thomas and Siela 2011: 1; Burton 2014: 152; Cares *et al.* 2014: 14). It is also possible that certain work environments are greater contributors to workers who struggle with substance abuse going into relapse after initial treatment. According to Thomas and Siela (2011: 1) , one such workplace would be a hospital.

Thomas and Siela (2011: 1) state that nurses, as an example, have greater access to drugs in hospitals than the average worker who does not work in a hospital. Furthermore, a plethora of authors agree that the workplace environment of a hospital means that the employees are more susceptible to substance abuse (Frone 2012: 73; McCarthy 2013: 88; Reisfield *et al.* 2013: 44; Valdes 2014: 95). This contention is supported by studies found in industries such as hospitals which back the theory that the climate or availability of substances enable employees to use substances more than those in industries without the availability of substances (Belhassen and Shani 2012: 1292).

However, there are other authors who suggest that the work environment of the nurse is not that different to any other work environment. These studies have suggested that nurses use substances the same as any other worker (Cares *et al.* 2014: 14). Burton (2014: 152) undertook a qualitative study on nurse addiction and the results mirrored that of Cares (Cares *et al.* 2014: 14) where findings disagreed that the environment of the hospital enables employees to abuse substances.

It has been found in previous studies that when nurses return to work in the hospital after going through a recovery program; it is very tempting for them to relapse as they are surrounded by drugs (Thomas and Siela 2011: 1; Wright *et al.* 2012: 1; Harker *et al.* 2014: 9; Valdes 2014: 95). It should be noted here that these researchers have concentrated on the nursing staff and did not undertake studies on the rest of the hospital staff, like porters or administrative employees. Presumably, it is more tempting for nurses and pharmacists than it would be for maintenance, administrative staff and so forth. However, the researchers all agree that substance abuse problems within hospitals have a significant impact because of the risks involved.

2.4.3 Sensitivity of Substance Abuse

Previous studies have shown that nurses have been too afraid to speak out lest they lose their professional registration and confidentiality (Cares *et al.* 2014: 17-18). In South Africa, the South African Nursing Council (SANC) and Health Professions Council of South Africa (HPCSA) does not provide a policy on substance abuse support. Once their licence has been revoked, nurses and pharmacists cannot work in any hospital or pharmacy again. They are “struck off” the register for that profession. Furthermore, being “found out” puts the hospital and/or the pharmacy at risk as patient care is compromised. (Wright *et al.* 2012: 1; Reisfield *et al.* 2013: 43; Cares *et al.* 2014: 2).

For those hospital employees who are not registered with a professional body such as the cleaners, maintenance and administrative staff, this would entail a dismissal and the difficulty of finding further re-employment. The healthcare group used in this study had a policy that, once dismissed, the employee cannot work for any hospital within the group.

Further studies have also highlighted that co-workers and managers do not address the problem as they feel uncomfortable in addressing the issue or that they do not have the skills or training nor do they want to address these matters

with affected workers (Griffiths 2011: 42; Servodidio 2011: 143). One of the most famous documented risks is that of David Kwiatkowski (USA) who, in 2009, was found to be injecting himself with patient syringes. At least forty-six patients were subsequently infected with hepatitis through his actions (Hansen and McLendon 2014: 1). Kwiatkowski had been caught twice previously with drug issues and had even been reported but no action was taken until 2009. This USA case highlights the stigma of co-workers and managers being hesitant to approach employees who “might” have substance abuse problems. With David Kwiatkowski, everyone was aware but they were too afraid to deal with it.

Kunyk (2011: 139), in her study of nurses under the influence of substance use disorders, found that it was the stigma attached to the sensitivity of the subject matter which contributed to the non-reliability of the responses from her studies. However, her study did highlight the importance of such a study within the healthcare business as it would be beneficial to all stakeholders since nurses with substance abuse problems are the same as any other worker in any other occupational field (Kunyk 2011: 147). Hence this study targets all categories of staff rather than nurses only.

2.4.4 Assistance Programmes for Nurses

South Africa can learn from the international experience in managing employees within the healthcare sector. Internationally, there are numerous resources available to nursing staff to assist with substance abuse in hospitals. The Registered Nursing Practice in British Columbia (RNABC) offers treatment for recovery, monitors and addresses concerns about the ability to practice without risk to the patient (Adlersberg and Mackinnon 2004: 13). The Florida Board of Nursing has nurses who participate in the Intervention Project for Nurses (IPN) and has found that it is the most successful form of discipline (Epstein *et al.* 2010: 515). Nurses in Colorado, USA, can self-refer to the Peer Health Assistance program (PHA) which is a non-profit organisation providing

substance abuse services in workplaces and communities (Cares *et al.* 2014: 6). Furthermore, there are 37 states in the USA which offer substance abuse treatment programs to help nurses for treatment, re-entry and continue with licensing (Thomas and Siela 2011: 2).

There have been proposals made on drug testing in hospitals and some organisations have even implemented drug and alcohol screening at the workplace. However, these studies have highlighted an area of concern, namely what to test for (Griffiths 2011: 43; Parker *et al.* 2012: 987; Reisfield *et al.* 2013: 43). In a telephonic conversation on 09 October 2015, the unit manager and matron of the hospital used in this case study, discussed which drug substance to test, as the all-inclusive drug test is “hugely expensive at over R 3000.00.” If narrowed down to the basic test, then this might not prove to be accurate which highlights the limitations of drug testing within the workplace.

A number of research findings also suggest a need for more studies to explore the prevention and early identification of co-occurring disorders in healthcare settings, including the need for clear policy guidelines (Epstein *et al.* 2010: 516; Servodidio 2011: 145; Cares *et al.* 2014: 17-18). The implications are that not only should substance abuse be managed adequately, but that there should be clear information guiding managers. Additionally, more studies should be carried out on the early identification of people with substance abuse problems and prevention strategies (Epstein *et al.* 2010: 516; Servodidio 2011: 145; Cares *et al.* 2014: 17-18).

In South Africa, nurses experiencing substance abuse problems are not offered any assistance by the South African Nursing Council. In a telephone conversation with the Nursing Standards Manager on 30 January 2015, it was pointed out that nurses are “on their own and that’s the reason hospitals have to take care of them”. In line with the Nursing Standards Manager’s comment, the purpose of this research is to explore the impact of the Employee

Assistance Programmes within the hospital on the management of substance abuse. Traditionally, most organisations have Employee Assistance Programmes which are outsourced to a company whereby staff can voluntarily call in or be referred by the line manager (James *et al.* 2012: 1555).

The preceding discussion has focused on substance abuse in the workplace, and, in particular, in hospitals. The ensuing discussion examines the hospital which is the study site. In order to understand how substance abuse is being managed by the hospital, there is a need to understand what processes are in place within the hospital. To broaden that understanding, a brief overview of the hospital is provided herewith.

2.4.5 The Hospital

Within South Africa, there are a number of private hospitals falling under the Hospital Association of South Africa (HASA) which are grouped according to the number of beds within each private hospital (Erasmus and Theron 2016: 53; 55). Olojede and Rispel (2015: 1) study on nursing agencies state that “nurse’s make up the largest single group of healthcare providers” in the South African workforce. The hospital is an organisation which employs both nursing personnel and other personnel such as pharmacists, administration and maintenance employees.

The private hospital used in this study falls under a private healthcare group. The private hospital is based in KwaZulu Natal (KZN) and boasts ten theatres, with approximately forty to forty-five operations per day. There are twenty-six wards consisting of specialities such as cardiac, surgical and general. It is a high-technology and multi-disciplinary private hospital with specialised stand-alone facilities. The private hospital includes a stand-alone renal, rehabilitation and psychiatric unit. This once gracious home has now become one of KZN’s largest private hospitals (Bottin 2015). The private hospital operates twenty-four hours a day with day and night shift staff.

Working in this demanding twenty-four hour environment, are the employees, made up of workers such as nurses, porters, maintenance staff, pharmacy staff, administrative staff and managers. There are approximately 510 employees, excluding services such as cleaners and catering (Hall 2015b). The cleaners and caterers are employed by an external service provider. However, there are also around 50 agency employees on any given day. It is a dynamic entity, meeting the needs of the community while continuously maintaining high standards.

2.4.5.1 Employee Assistance Programmes in the Hospital

To reiterate, Employee Assistance Programmes address the needs of organisations in identifying and assisting troubled employees whose problems are affecting their job performance (Walters *et al.* 2012: 136; Merrick *et al.* 2015: 220). According to de Winnaar and Taute in their study of “Life Skills Training as Part of Employee Assistance Programs” in South Africa involving the South African Police Services, “An Employee Assistance Programme model is a standard structure, which is used by organisations to provide services to troubled employees in order to address their needs” (De Winnaar and Taute 2014: 264). Therefore, it is posited that Employee Assistance Programmes are established to aid troubled employees.

The private hospital in this study employs the line manager model to assist employees with substance abuse problems. The line manager is supported by policies, procedures and functional experts. Depending on the circumstances, the line manager would therefore discipline through policies or refer the employee with substance abuse problems to the external Employee Wellness Programme.

The model of the Employee Wellness Programme is either internal or external (James *et al.* 2012: 1555; De Winnaar and Taute 2014: 264). When an organisation uses the services of an outside company, it is an external model.

However, when the organisation utilises the services of staff employed by the company, it is an in-house or internal model (James *et al.* 2012: 1555). The hospital in this case study, used the services of an external service provider for all employee referrals. The outsourced provider is employed by the hospital for the promotion of health and well-being of employees in order to improve productivity and reduce absenteeism (ICAS 2015). In November 2015, the hospital purchased its own Employee Wellness Programme provider. By acquiring its own Employee Wellness Programme provider, the hospital is now making use of an in-house model as the provider is an employee of the private healthcare group. This may be an indication that it is more cost effective to take an in-house approach.

2.4.5.2 The Role of the Line Manager

As previously stated, the hospital runs on the line manager model whereby the line manager is responsible for all aspects of their staff from leave queries to employee relations (for example disciplinary matters). This is a holistic approach whereby the line manager is responsible for all the people falling under his or her ambit. It stands to reason that it becomes the responsibility of the line manager to ensure that all substance abuse problems are managed if identified (Hall 2014: 1). Functional experts are based in the hospital Group's head office in Johannesburg and provide the necessary support to the line managers.

It is therefore the line manager's responsibility to ensure that all substance abuse problems are managed if identified and to refer to the hospital human resources or functional experts if support is required (Hall 2014: 1). It is also the line manager's responsibility to educate employees on policies and procedures (Kitterlin *et al.* 2015: 818). Employees should be educated on the risks of substance abuse, both at the individual and organisational level. There should also be clear guidelines on assisting employees with substance abuse problems.

2.4.5.2.1 The Nurse as a Line Manager

There are 35 line managers within the private hospital in this case study. Of these 35 line managers, 30 are in the nursing department. These 30 line managers have been promoted through the ranks from nurses to management. In order to understand the nurse as a line manager, it is necessary to understand that nurses are nurturing and caring, and as managers, need to leave these two character traits at the entrance of the hospital. This is sometimes known as the “paradox of caring” (Macleod 2015: 69). By being a manager, the nurse must lead and be the best example for management and for the company as a whole. Therefore, the caring and nurturing side sometimes needs to be suppressed. The paradox is that the nurse must be passionate about her or his patients, but also be passionate about leading the company values, policies and procedures (Macleod 2015: 69). It is sometimes difficult for the nurse to transition from the bedside to the boardroom (Ekstrom and Idvall 2015: 75). In keeping with this theme the question raised is whether the nurse as a leader would nurture the employee with substance abuse problems or take the employee through punitive measures.

2.4.5.3 Importance of Human Resource Policies and Procedures

As the private hospital is managed through the line manager model, the human resource department is a functional support only and does not manage the staff. The role of the human resource department is to guide; support and champion policies; procedures; the line manager model; as well as the Employee Wellness Programme.

The human resource department supports the organisation with its existing policies and procedures which guide managers and employees in the workplace. These policies and procedures are normally aligned with legislation and acts such as the Labour Relations Act and the Basic Conditions

of Employment Act (Act 75 of 1997). The private hospital is no different from other organisations in that it manages employees on these very similar policies and procedures. Therefore, in the case of substance abuse, line managers are guided by the organisation policy and guidelines in terms of managing staff that face such problems. Substance abuse in the workplace impacts on productivity. Both Employee Assistance Programmes and company policies and procedures are in place to maintain productivity.

Policies should be enforced at orientation programmes, communications and company websites for accessibility. These information sessions on policies should be aimed at reaching out to all employees. Furthermore, there should be orientation communication on policy via employee handbooks, staff meetings, Employee Assistance Programmes and random workplace drug testing. Organisations need to cultivate an environment of not promoting substance abuse (Kitterlin *et al.* 2015: 820).

If policies are not enforced, employees unfortunately will have a lack of awareness of company policies and there will be a lack of understanding by line managers in giving against substance abuse. Lack of awareness may even contribute to increased substance usage (Kitterlin *et al.* 2015: 813; 818). There is difficulty in determining alcohol abuse in the workplace due to the sensitivity of the issue but awareness of substance abuse can assist the Employee Assistance Programme in the programmes design (French *et al.* 2011: 10).

For policies to be successful in creating awareness, the policies need to be enforced. The lack of enforcement of any workplace policy sends a very clear message to employees that this policy is not valued, resulting in policy non-compliance (Kitterlin *et al.* 2015: 820). The organisation's grapevine is perceived by employees to be more effective than the company's formal means of communication. Lack of enforcement of a policy will be communicated through the grapevine within moments (Upton 2014: 117).

The private healthcare provider also has a policy on the company webpage addressing “Drug or Alcohol dependence or abuse”. The private healthcare policy clearly points to the company recognising alcohol and drug dependence by offering support and rehabilitation through the Employee Wellness Programme (Van Der Waal 2014). The aim of this study is to determine to what extent the company effectively manages drug and alcohol dependency.

2.5 Assistance for all Employees

Organisations in South Africa employ qualified providers to assist employees and these may be based on internal or external models (James *et al.* 2012: 1555). The internal model is managed by the organisation utilising the services of Employee Wellness Programme professionals paid by the organisation. There is thus a direct link between the Employee Assistance Programme and the Employee Wellness Programme. When the organisation employs an outside company this is known as the external or off-site model (James *et al.* 2012: 1555). The Employee Wellness Programme provider is completely separate from the organisation with links only through the service it provides (James *et al.* 2012: 1555). The private hospital used in this study initially employed the services of an external wellness provider and then acquired its own by buying a wellness provider. This external provider offered services ranging from employee social issues to “wellbeing services” (Hall 2015a). The external provider also supplied monthly statistics to the stakeholders on the usage of its services. The service was marketed throughout the private hospital as an employee assistance programme.

2.5.1 History of Employee Wellness Programmes

In the USA, Employee Wellness Programmes developed as a response to the debauchery of the 1960’s and the leftovers of this era of the “flower child” with its subsequent substance abuse issues. Thus, Employee Wellness

Programmes grew in the USA in response to alcohol problems and was aimed at employees specifically (Solheim 2012: 1). Occupational Alcoholism Programmes were therefore established for employees with substance abuse problems which affected their work. The Comprehensive Alcohol Abuse and Alcoholism, Prevention, Treatment and Rehabilitation Act (No. 81 of 1970) alludes to the US government acknowledging alcoholism as an illness, which therefore became aligned with the organisation (Rakepa 2012: 9-10).

These Employee Wellness Programmes have advanced in the last twenty years to incorporate mental, emotional and financial problems (Solheim 2012: 1). Employee Wellness Programmes grew from dealing with substance abuse issues to framework Employee Assistance Programmes with social welfare, human resources and occupational health matters, amongst others (James *et al.* 2012: 1555).

Employee Wellness Programmes began in SA in the 1980's in order to assist migrant workers and the problems associated with them being away from home and living in the housing on the company premises or nearby. Furthermore, Employee Wellness Programmes were founded in the public sector due to the impact of HIV/AIDS. Employee Wellness Programmes were also developed to assist employees whose efficiency was affected by alcohol abuse (Rakepa 2012: 36;48). Therefore, in the South African context, Employee Wellness Programmes arose out of a need for organisations to assist employees with alcohol problems.

South Africa, with its legacy of apartheid, has its own distinctive social problems such as the shortage of housing, poverty, affirmative action, violence and society's acceptance of substance abuse (Harper 1999: 12). Consequently, Employee Wellness Programmes in South Africa have historically arisen out of the aforementioned context. According to Harper (1999: 12), Employee Wellness Programmes came into effect in the 1980's to show that organisations could demonstrate social responsibility towards their

workers. The disadvantage of this was that Employee Wellness Programmes were then used as a convenience in retrenchments rather than as part of workplace social responsibility. Harper's (1999) research documented 100 organisations within SA and the development of their employee wellness programmes. Harper (1991:12) found that there is no official history of substance abuse programmes within the workplace, which, as she observed, could show that addressing substance abuse was the lowest priority in treating productivity in the workplace. Perhaps this is due to the South African culture of acceptance of dagga and alcohol abuse. Furthermore, many Employee Wellness Programmes focused on HIV/AIDS (Harper 1999: 16). Additionally, Employee Wellness Programme practitioners were traditionally reluctant to include substance abuse programmes due to the stigma attached to the problem.

South African history has also shown that practitioners do not have the skills to address substance abuse issues in the workplace. In her study, Harper (1999:16) confirmed that at the time of her research there were no practitioners working within the substance abuse specialities who could call themselves authorities on substance abuse (Harper 1999: 16). This has since changed, with many Employee Wellness Programmes offering counselling and assistance on substance abuse (Rakepa 2012: 48; Solheim 2012: 1).

Employee Wellness Programmes further developed as an answer to the economic cost of industrial relations processes of terminating and re-hiring through the support of unions (Solheim 2012: 1). Solheims' (2012:1) study established that in 2008, 65% of SA employers offered Employee Wellness Programmes to their workforce.

The following discussion provides an evaluation of previous studies on Employee Wellness programmes to determine whether or not they have been successful in identifying and assisting employees who are troubled.

2.5.2 Evaluation of Previous Studies on Employee Assistance Programmes

Steenkamp's (2011b: 15) research shows that there are numerous studies that have been carried out on existing Employee Assistance Programmes, with some of the findings indicating that they have not been too successful. Steenkamp's research found that the Employee Assistance Programme model does not support the prevention of alcohol problems. Furthermore, she believes Employee Assistance Programmes within South Africa do not work because the programmes are not based on scientific evidence. For instance, Employee Assistance Programmes are based on "how to address the problem". However, there have been promising developments in the types of Employee Assistance Programmes (Steenkamp 2011: 27). Steenkamp's research (2011) suggests a multiple approach to address substance abuse issues at work. The challenge is that most organisations do not have the time or the money to manage the problem. According to Steenkamp (2011: 15), employee assistance programmes have traditionally been based on "how it was to address the need" and constructed by the perceptions of stakeholders rather than scientific theory. The implication is that rather than only addressing the problems when the need arises, there is a need for awareness campaigns and changes in the knowledge of substance abuse. One may assume that indications are that the organisational response to an employee with substance abuse is to discipline rather than educate or nurture.

Keet and Terblanche (2013a: 193) emphasized that in order to ascertain whether employee assistance programmes are successful, one must understand the employee perception from the outset. Studies undertaken on substance abuse within the workplace have shown that the individual's feelings and self-perception may be distorting the actual results (Kitterlin *et al.* 2015: 821). In other words, respondents may not be telling the truth due to the sensitivity of the issue. Furthermore, employees are often in denial and have no awareness of their substance abuse problems (Kitterlin *et al.* 2015: 821).

Keet and Terblanche (2013a: 193) suggests that Employee Assistance Programmes are successful and adding value to most organisations with positive results. For example, there should be a drop in absenteeism or greater productivity (Keet and Terblanche 2013b: 184). Studies show decreased absenteeism; worker's compensation claims; Labour disputes; and on-the-job accidents, as well as decreased costs associated with substance abuse and mental health issues (Solheim 2012: 1). Furthermore, the benefits of alcohol education programmes help promote well-being (Eriksson-Tinghög 2013: 144).

The need for measuring tools to be built into the programmes in order to detect change remains important (Keet and Terblanche 2013b: 193). It stands to reason that in order to judge whether an intervention has been successful, there needs to be a measurement in place to measure the before and after effects. It would, however, be difficult to measure the success of an employee with substance abuse problems due to the stigma and sensitivity or taboo surrounding the subject (Harper 1999: 16; Griffiths 2011: 42; Cares *et al.* 2014: 14)

A plethora of authors confirm that although there are many benefits to employee assistance programmes, there is still a need for these programmes to be studied (Csiernik 2011: 2; Silliker 2011: 1). There have been positive Employee Assistance Programme results but additional research is still needed as information is limited (Merrick *et al.* 2015: 220). This situation mirrors Steenkamps' (2011b: 15) research on the "absence of data". There is limited information of substance abuse and the manner in which Employee Assistance Programmes manage substance abuse (Csiernik 2011: 2; Dugré 2012: 16; James *et al.* 2012: 1555).

A number of research findings also suggest a need for more research to explore the prevention and early identification of co-occurring disorders in healthcare settings including the need for clear policy guidelines (Epstein *et*

al. 2010: 516; Servodidio 2011: 145; Cares *et al.* 2014: 17-18). Numerous studies have shown that it is important for organisations to provide early intervention and assistance when managing substance abuse in the workplace (Epstein *et al.* 2010: 516; Monroe and Kenaga 2011: 504; Servodidio 2011: 145). Prevention measures within the workplace environment are virtually non-existent and policies should enforce prevention (Kitterlin *et al.* 2015: 810)

2.6 Themes arising from the Literature Review

As this is an exploratory study in assessing the hospital's Employee Assistance Programme, the important themes arising from this literature review are as follows:

- An alternative to the organisation Employee Assistance Programmes;
- The sensitivity surrounding the issue of substance abuse;
- Line manager knowledge and ability to identify substance abuse and be guided by the Human Resource Department, policies and procedures;
- Policy awareness;
- Line managers understanding of punitive and nurturing methods;
- The hospital environment; and
- Limited information on the management of substance abuse within the workplace.

2.7 Conclusion

In conclusion, this chapter presented the literature review and theoretical framework upon which this study is conducted. Emphasis was placed on the private hospital workplace, as well as employee wellness programmes. Upon review of the literature, it is evident that line managers have a key role to play with regard to addressing problem employees; substance-related incidents; and the utilisation of Employee Assistance Programmes by the staff. Chapter three describes the research methods employed in this study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This research was an exploratory study aimed at examining employee assistance programmes in the workplace, especially in relation to employees with substance abuse problems. The aim was to establish how effectively employee assistance programmes assist in managing these employees and whether or not the employees perceive them to be helpful. The methodological principles are presented in this chapter, primarily focusing on the tools utilised in the research process. The type of research design, sampling, data collection method, and research procedure and data analysis are discussed.

3.2 Research Design

There are two approaches to developing theory for research, namely the deductive approach whereby a position is adopted by the researcher and is being tested; or an inductive approach whereby the researcher wishes to explore a topic and develop a theory (Saunders *et al.* 2012: 48). This research explores how organisations address employees with substance abuse problems therefore the choice of an exploratory study through an inductive approach was made (Saunders *et al.* 2012: 171).

For the purposes of this research, a case study was utilised as it is an exploratory study. The case study investigates the organisation intensely in order to obtain rich data and tell a story about the private hospital's management of Employee Assistance Programmes with employees experiencing substance abuse in a private hospital (Upton 2015: 58).

A mixed research approach was employed using both qualitative and quantitative data. Quantitative data is used in order to obtain numerical data

which can then be measured (Saunders *et al.* 2012: 676; Upton 2015: 54). Quantitative data is gathered by means of a survey, using questionnaires which comprise closed statements and one open-ended question. The staff across the selected private hospital in KwaZulu Natal were surveyed in order to gain an understanding of programmes which the organisation puts in place to assist employees with substance abuse problems.

A qualitative or non-numerical approach was employed using the interview method. Interviews were undertaken with selected line managers and employees to gain an in-depth analysis of the perceptions of Employee Assistance Programmes, especially in relation to the question of substance abuse problems (Saunders *et al.* 2012: 678; Upton 2015: 54). Such an approach allowed the researcher to gain greater insight into the views of employees as well as managers about the programmes that the organisation has in place to assist employees with substance abuse problems.

Additionally, data from the company's disciplinary records and from the external wellness provider's records formed the basis of the secondary data.

3.2.1 Motivation for Mixed Method Research

Mixed method research collects both quantitative and qualitative data. Each method is analysed separately but will support each other in the findings (Saunders *et al.* 2012: 165). The motivation for using the mixed method research is to gain the same data from different methods also known as triangulation (Saunders *et al.* 2012: 179) which increases the credibility and trustworthiness of the study findings. The advantage is also to ensure flexibility and sensitivity in addressing a research problem. Another way of defining the two philosophies is that the quantitative paradigm asks questions such as "how many?" and "how strong?" whereas qualitative asks "when? and how?" questions (Dures *et al.* 2011: 333). When put together in mixed method research, the two philosophies tend to provide greater strength.

3.3 Target Population

There are approximately 460 employees in the selected research site, which is considered to be the population of the study (Saunders *et al.* 2012: 260). However, due to time constraints, it was not feasible to survey all employees. Therefore; the sample size was aimed at two hundred and forty-five employees of the four hundred and sixty employees.

3.4 Study Site

The intended original study site was all the hospitals in KwaZulu Natal under the private healthcare provider in order to generalise the findings to the geographical region. However, as already mentioned, this would have been too time-consuming. Therefore, the decision was made to restrict the study to the largest hospital in the region.

As mentioned in Chapter One, it is worth noting again that there is a distinction between the private hospital and public hospitals in general. Therefore, the findings of this study cannot be generalised across to public hospitals.

3.5 Sampling Method

Non-probability or purposive sampling was used in the pilot study of this research. Non-probability or purposive sampling is when the researcher deliberately chooses subjects (Saunders *et al.* 2012: 281). As the researcher works in the private hospital, the researcher was able to target samples that had a higher chance of responding thus reducing cost and time. This did indeed prove successful as 250 questionnaires were sent out and 219 were returned.

This technique was also employed with the interviews, whereby eleven respondents were deliberately chosen by the researcher.

For the questionnaire, the researcher used the probability sampling technique in order to obtain the most responses (Saunders *et al.* 2012: 262) and this was to ensure that every sample had a chance of being included. The aim of the study was to reach as many employees as possible to ensure a higher response rate. The higher the response rate, the better it was to generalise the findings (Saunders *et al.* 2012: 265). The use of probability or random sampling ensures that each person had a chance of being selected. This led to higher response rates and, therefore, generalisation. Generalisation is used to refer to the inferring of the answers to the rest of the population (Upton 2015: 72).

3.6 Sample Size and Data Collection Method

Table 3. 1: Sample Size and Data Collection Method

| Size | Sample | Data Collection Method |
|--|-----------------------------|------------------------|
| 250 | Line Managers and Employees | Questionnaires |
| 6 5 | Line Managers and Employees | Face-to-face interview |
| TOTAL: 219 out of 460 employees | | |

3.7 Measuring Instrument

The questionnaires used the Likert scale to examine how strongly the subjects agree or disagree with the statements. Participants were then asked to rate these statements by selecting one of the following responses, namely strongly agree; agree; neutral; disagree; or strongly disagree. The questionnaires also comprised of 'yes' or 'no' answers. Both types of statements enabled the researcher to obtain quantifiable data. The questionnaire was the easiest

instrument to use in order to gather a large amount of data from as many participants as possible.

The questionnaire was made up of three sections in order to address the themes that arose out of the literature review and which were to be tested, namely:

- Employee assistance programmes, such as organisation and human resource department support. Policies and procedures and the employee wellness programme;
- Line manager knowledge and ability to identify substance abuse and be guided by policies and procedures;
- Line manager understanding of punitive and nurturing methods; and
- The hospital environment

By using a section for line managers, internal validity was established by rephrasing the questions differently (Saunders *et al.* 2012: 193). These re-phrased questions increased the validity of the research and ensured stronger findings.

Face-to-face interviews were then conducted after the questionnaires were distributed in order to use an inductive approach collecting data and to follow up in-depth on the themes that emerged and were to be concentrated on (Saunders *et al.* 2012: 549). This research was exploratory and there was no predictive outcome. Therefore, this method was employed by the researcher.

3.8 Primary Sources

As a primary source of data, the external wellness provider was willing to submit figures on substance abuse to the researcher. This source was of

utmost relevance as it provided first-hand statistics on substance abuse cases being reported or referred by the hospital.

3.9 Pre-Testing

The questionnaire was sent to 10 participants who had expressed interest in the research. These participants were studying or had completed postgraduate studies. The feedback received was mainly on the grammar and the separation of the questionnaire between the use of the Likert scale and the 'yes' and 'no' statements. Upon reflection, it was decided to retain the Likert scale as the research aimed to analyse degrees of knowledge, especially as the research was exploratory. The feedback regarding grammar was duly incorporated into the questionnaire and possible interview questions.

3.10 Procedure

The researcher administered questionnaires to both day and night shift staff. Arrangements were made with the Night Quality Supervisor to ascertain the best time for the researcher to go on-site. Consequently, the researcher handed out questionnaires at 21h00 in the evening and on a Sunday. This ensured both day and night shift employees had an opportunity to participate in the study. Furthermore, the researcher was granted permission to visit the separate departments to explain the study and the ethical considerations prior to distributing questionnaires. The researcher gave the participants 30 minutes to complete the questionnaires before collecting them.

The interviews were conducted in the researcher's office. During the questionnaire delivery, the researcher asked for volunteers and obtained 11 willing participants. Each participant was given an opportunity to decide on the best date and time which was convenient for them to be interviewed. The interviews were conducted within a closed office which was locked so that there would be no interruptions.

The researcher met with the hospital manager and senior managers to discuss the data collection which ensured that all parties were given sufficient information plus knowledge of the voluntary participation (Saunders *et al.* 2012: 231).

3.11 Reliability and Validity or Quality of the Research Design

The essence of any research is the underlying important aspect of quality. According to Raimond (1993:55), research needs to pass the “how do I know” test in which the findings stand up to testing and scrutiny (Saunders *et al.* 2012: 191). For the findings to stand up to testing and scrutiny, it needs to be reliable and valid.

Validity refers to whether the researcher has measured what he or she has set out to do (Saunders *et al.* 2012: 451; Upton 2015: 96 - 97). In order to ensure accuracy in this research, two different research instruments were used namely the questionnaire and the interview. This is referred to as triangulation, which increases the validity of the results. Furthermore, internal validity was established in the questionnaires to strengthen the validity of the results. Pilot testing improved the validity.

Reliability refers to the repeatability of the research measurement. This implies that if used again or replicated, the findings would be consistent (Saunders *et al.* 2012: 192, 430; Upton 2015: 96 - 97). Reliability is an important factor in research because in order for research to be reliable, it should be free of errors.

The questionnaires and interviews, plus the use of the disciplinary and Employee Assistance Programme statistics provided two or more sets of independent data. If all these methods answer the objectives, then this is known as triangulation (Hussein 2015: 2).

By using different data collection methods to support or contradict the findings, the researcher will increase the validity and reliability which ensures that results are more accurate (Saunders *et al.* 2012: 683; Upton 2013: 21).

3.12 Data Analysis

The Statistical Package for the Social Science (SPSS version 22.0 for Windows) was used for statistical data analysis in this research including the use of Microsoft Excel 2010. The appropriate statistical tests were applied using SPSS as a statistical analysis package which allows the researcher to undertake a wide range of statistical analyses. (Bryman 2016: 353)). Data collected was analysed and presented as findings using relevant graphs and frequencies through the Microsoft programme. Qualitative research was undertaken using the information gathered from the questionnaires to further explore the themes which emerged - see Appendix A and B. The use of interviews allows the researcher to explore themes which have emerged through the responses of the questionnaires (Taylor *et al.* 2015: 44).

3.13 Ethical Considerations

Due to the sensitivity of the study, confidentiality was of the utmost importance. If the participants felt that the study was not confidential, they would not participate. As this research study involved human subjects, ethical considerations needed to be adhered to (Saunders *et al.* 2012: 231). All participants were informed that responding to the questionnaire was voluntary and was not being forced upon them.

3.14 Conclusion

This chapter explained the research methodology, including the researcher's position of access to the workplace and employees.

The chapter also highlighted the manner in which this research was conducted. Quantitative methods were explained, as well as the use of a questionnaire. The interview was used as the qualitative method. The use of the interview in this study intended to further explore items for clarification arising from the questionnaire. Thematic analysis was used to analyse the data. The results and a discussion of the findings are presented in the next chapter.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

The results and discussion in relation to the key research objectives are presented in this chapter. Descriptive statistics, including means and standard deviations where applicable, are presented to illustrate the results of the research. This study strived to examine the efficiency of an organisation's response to managing employees with substance abuse problems. The themes outlined in chapter three are of importance as these formed the basis of the questionnaires in order to gather data to answer the research questions.

Theme One: Employee assistance programmes such as organisation and human resource department support. Policies and procedures and the employee wellness programme.

Theme Two: Line manager knowledge and ability to identify substance abuse and be guided by policies and procedures.

Theme Three: Improving the assistance provided by the Employee Assistance Programme

The population size for this study was 460 and the intended sample size was 185. However, more questionnaires were distributed and 219 questionnaires were returned. This represents 45% of the target population, which gives it a margin error of 5% (Saunders *et al.* 2012: 266), implying that as more questionnaires were gathered, there was greater representation of the population. It also means that the lower the error, the more confidence one can have in the findings. In the 'manager' category, 34 out of 35 managers completed the survey, implying that there is greater confidence in the findings.

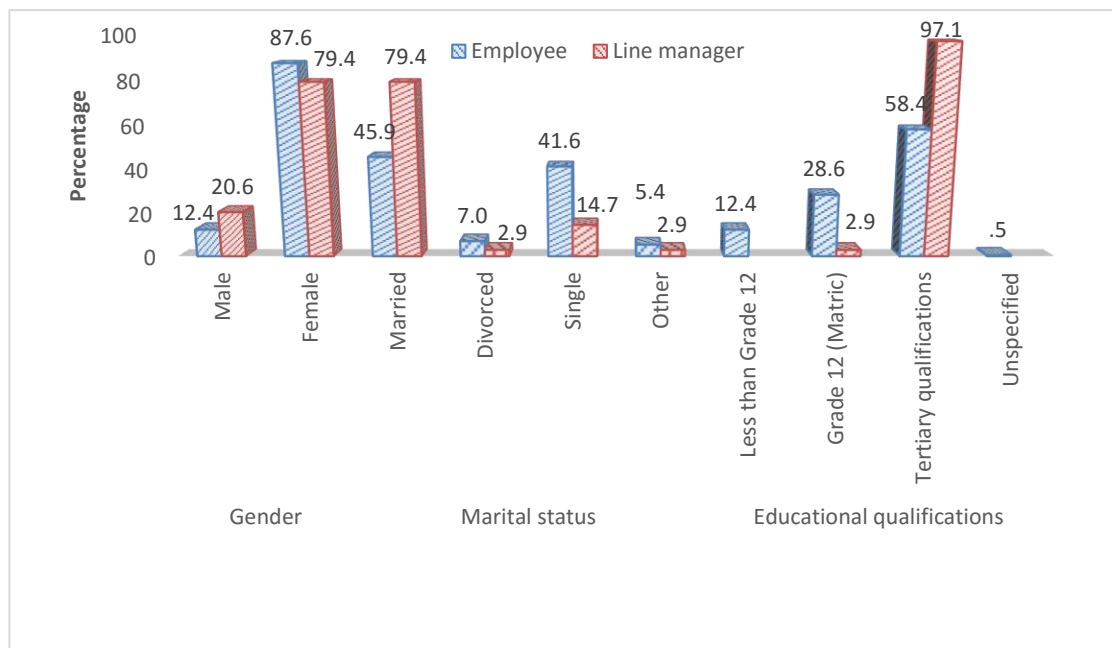
Eleven face-to-face interviews were conducted with employees, of whom five are line managers and six other staff.

The results were also separated into two categories, namely the employee and the line manager in order to test the differences of the responses and validate whether the perceptions of both categories differ greatly. In order to do this, the Bivariate analysis test and the ANOVA test was performed. The ANOVA test is a test for several independent samples that compares two or more groups of cases on one variable. The responses show that there is a high similarity between the two groups and where there was significance, it was dealt with more in-depth (Saunders *et al.* 2012: 509).

4.2 An Assessment of the Socio–Demographics

The respondents were required to respond in Figure 4.1 to six socio-demographic factors, namely: age, gender, marital status, shift, job title and educational qualifications. These questions were used to ascertain whether there was any significant link between the aforementioned demographics and the answers to the questions.

Figure 4. 1: Demographics – Gender, Marital Status and Qualifications



4.2.1 Age Factor

Table 4. 1: Age of Respondents

| | N | Minimum | Maximum | Mean | Std. Deviation |
|--------------------|-----|---------|---------|-------|----------------|
| 1.1 Age | 207 | 21 | 68 | 39.57 | 11.297 |
| Valid N (listwise) | 207 | | | | |

As the majority of respondents have a mean age of 39.57 years, this denotes that the age of the employees is sitting at an average of 40 years old. Therefore, the hospital employees have an average of 20 years until retirement. It is not a young workforce. In fact, it could be considered to be a mature workforce.

4.2.2 Gender

The participants in the study were 13.7% male and 86.3% female. The respondents being majority female could be a result of the nursing industry having a history of being predominantly female.

When testing through ANOVA, responses for males and females are significantly different, as Table 4.2 below reveals.

Male employee perceptions are that the hospital assists employees with substance abuse problems by means of posters, helpline numbers and so forth. Males ($M=4.23$) agree significantly more than females ($M=3.43$) that they are confident that their manager has the knowledge and experience to assist staff who have substance abuse problems [$t(216) = 3.696, p < .0005$].

Upon testing via ANOVA, there were significant differences between male and

female perceptions with regard to the following questions:

Table 4. 2: ANOVA Test showing Difference between Male and Female Perceptions

| | 1.2 Gender | N | Mean | Std. Deviation | Std. Error Mean |
|---|---------------|-----|------|-------------------|-----------------------|
| 2.4 I feel confident that my manager has the knowledge and experience to assist staff who have substance abuse problems | Male | 30 | 4.23 | .971 | .177 |
| | Female | 188 | 3.43 | 1.124 | .082 |
| 2.11 I can look on the private hospital website for other helpline numbers (for e.g. AA, NA, SANCA, various rehabilitation centers) if I have a problem with substance abuse. | Male | 29 | 4.17 | 1.002 | .186 |
| | Female | 189 | 3.79 | .938 | .068 |
| 2.12 I am aware that the private hospital provides information on getting assistance for substance abuse from various mediums, including pamphlets, posters, internet etc. | Male | 29 | 4.31 | .850 | .158 |
| | Female | 188 | 3.68 | .978 | .071 |

Furthermore, testing through Crosstabs and Chi-Square tests, revealed that a significant number of males think that it is the responsibility of the hospital to assist if they had a substance abuse problem ($\chi^2 (1) = 3.923, p=.048$).

This is reflected in Table 4.3 below when answering question 3.2 of the questionnaire.

Table 4. 3: Crosstab Table reflecting Gender Perceptions of the hospital's Responsibility

| | | | 3.2 It is the private hospitals responsibility to assist me if I had a problem with substance abuse | | |
|------------|--------|---------------------|---|-------|--------|
| | | | No | Yes | Total |
| 1.2 Gender | Male | Count | 9 | 21 | 30 |
| | | Expected Count | 14.0 | 16.0 | 30.0 |
| | | % within 1.2 Gender | 30.0% | 70.0% | 100.0% |
| | | Std. Residual | -1.3 | 1.3 | |
| | Female | Count | 91 | 93 | 184 |
| | | Expected Count | 86.0 | 98.0 | 184.0 |
| | | % within 1.2 Gender | 49.5% | 50.5% | 100.0% |
| | | Std. Residual | .5 | -.5 | |
| Total | | Count | 100 | 114 | 214 |
| | | Expected Count | 100.0 | 114.0 | 214.0 |
| | | % within 1.2 Gender | 46.7% | 53.3% | 100.0% |

4.2.3 Educational Qualifications

A further point of interest is that of the respondents, 64.4% are educated beyond grade 10; 5% have tertiary qualifications; and only 23% have no matric. This again is an advantage as it reveals that the general workforce of the private hospital is of a high educational standard. The results of the ANOVA testing reveal no significant differences for categories of qualifications and therefore no differences to the responses.

4.2.4 Marital Status

A majority (51%), of participants in the study were married and 37.4% were single. Through ANOVA testing, there are significant differences in responses

to questions 2.4; 2.5 and 2.10. However, as it is only 3 questions out of 13 where those who are married agree more than those who are divorced, it does not add value to the analysis of the study.

4.2.5 Shift Workers

The private hospital employs nursing staff who work on a day or night shift basis. Figure 4.2 also reflects that the majority of respondents worked day shift, were from the nursing department and permanent employees. There is a significant difference shown in Table 4.4 below.

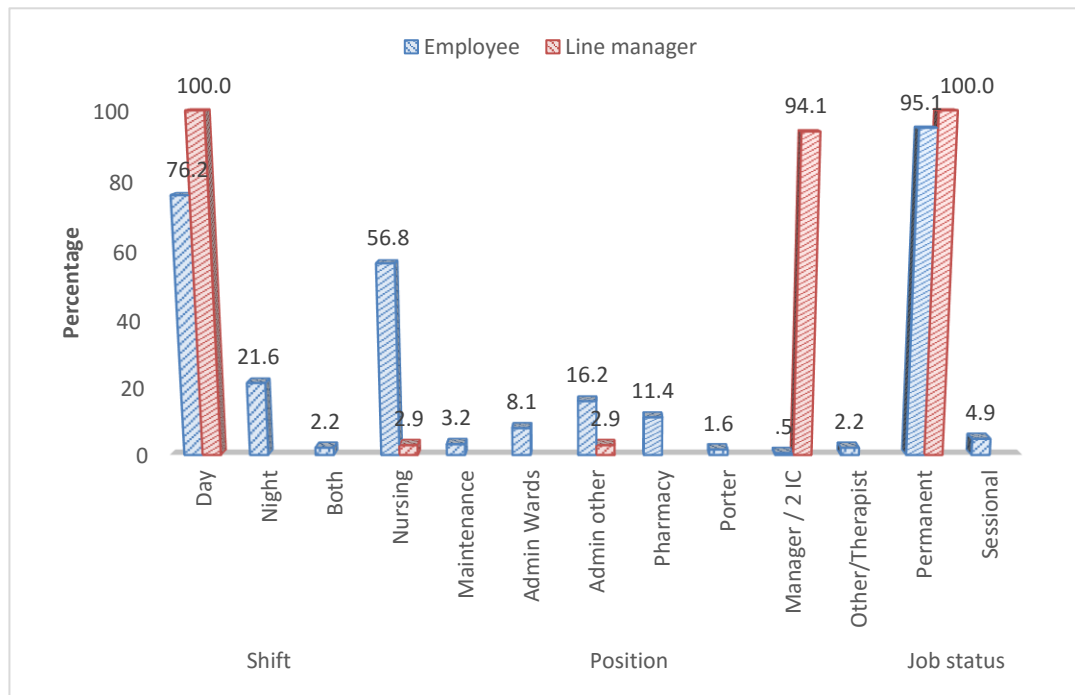
Table 4. 4: ANOVA Test showing Difference between Day and Night Shift

| 2.4 I feel confident that my manager has the knowledge and experience to assist staff who have substance abuse problems | | | | | |
|---|----------------|-----|-------------|-------|------|
| | Sum of Squares | df | Mean Square | F | Sig. |
| Between Groups | 8.162 | 2 | 4.081 | 3.226 | .042 |
| Within Groups | 271.966 | 215 | 1.265 | | |
| Total | 280.128 | 217 | | | |

When testing through ANOVA, which is a test for several independent samples that compares two or more groups of cases in one variable, the responses from the different shifts were of no discernible significance, except for question 2.4 which stated: “I feel confident that my manager has the knowledge and experience to assist staff who have substance abuse problems”. This response is significantly different [(F (2,215) = 3.226, p=.042)]. Specifically, those on day shift agree significantly more than those on night shift that their managers have the knowledge and experience to assist employees who have substance abuse problems. Clearly those on day shift have more confidence in their manager’s knowledge and experience than those on night shift. The conclusion to this response could be that staff on day shift interacts more with their managers, whereas night shift staff only interact with their managers for

only 10 minutes each morning at handover. (Handover is carried out each morning when the night shift literally hands over the patients and issues from the previous night.

Figure 4. 2: Demographics - Shift, Position and Job Status



4.2.6 Job Categories

Figure 4.2 shows 56.8% of the participants in the study were from the nursing categories; with admin jobs being 16.2%; maintenance 3.2%; and pharmacy 11.4% of the participants. ANOVA shows significant differences in the way the participants from various job categories answered questions from the questionnaire. For example:

Question 2.3: “I am comfortable in approaching my manager if I have a problem with substance abuse”. Maintenance and Admin were more in agreement than Nursing on this question.

Question 2.4 “I feel confident that my manager has the knowledge and experience to assist staff who have substance abuse problems”. Maintenance and Pharmacy were more in agreement than Nursing on this question.

Question 2.3 “I believe that it is easy to obtain drugs as this is a hospital”. Maintenance is in more agreement than the rest of the departments on this question.

These responses are revealing in that they show that the Maintenance department is more in agreement than other departments in feeling comfortable to approach the manager and in believing that their manager has the knowledge and experience to assist them if they had a substance abuse problem. This shows that either the maintenance department has an excellent line manager or it could be the result of operating in isolation in the hospital. The maintenance department is not situated within the hospital. It is geographically on the outside of the main hospital. Furthermore, the maintenance department believes it is easy to obtain drugs. This response indicates that the maintenance department is not privy to how the medication is stored or locked within the hospital wards and pharmacy, as the other respondents are privy to.

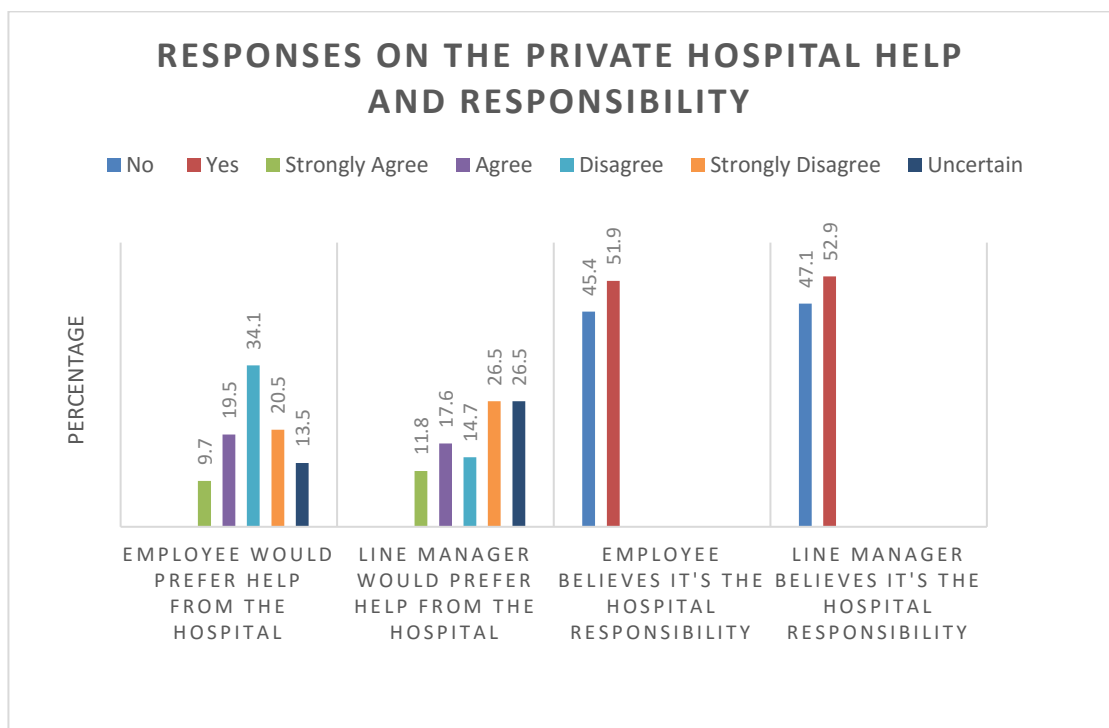
Question 2.5 “The HR department provides assistance and help to staff with substance abuse problems”; Question 2.8 I can call Careways should I have a substance abuse problem: and Question 2.9 “I believe that Careways will be able to help me if I have a substance abuse problem. “When it came to responding to questions testing the assistance given to staff with substance abuse problems, the administration department was more in agreement than Nursing. This is evident as the admin department has access to the HR department and equipment such as telephones and computers. There is thus ease of access which nursing does not have.

4.3 Employee Assistance Programmes

The themes that emerged from the result of the questionnaires and interviews were centred on the perceptions of employees concerning Employee Assistance Programmes. The key themes, which are reported below, are the following: assistance provided by the hospital; support and assistance from the human resources department; the impact of policies and procedures; the wellness programme; and the perceptions of employees about where responsibility lies in respect of substance abuse problems.

4.3.1 Locus of Responsibility to Assist Employees with Substance Abuse Problems

Figure 4. 3: Responses on Hospital Help and Responsibility



In order to establish the locus of responsibility to assist employees with substance abuse problems, most employees perceived that it was the hospital's responsibility and duty. When examined from the employee versus

line manager perspective “they would prefer help from the hospital if they were experiencing substance abuse problems,” the results as seen in Figure 4.3 show differences. Of the employees, 34.1% agreed and, of the line manager, 14.7% agreed. These results show that the employees and the line manager’s feel that they would not obtain help from within the hospital itself.

One could conclude from this that both employee and line managers would feel much more comfortable obtaining assistance from outside the hospital than from within the hospital. The mean to this statement equals < 3 or disagreement, as seen below in Table 4.5.

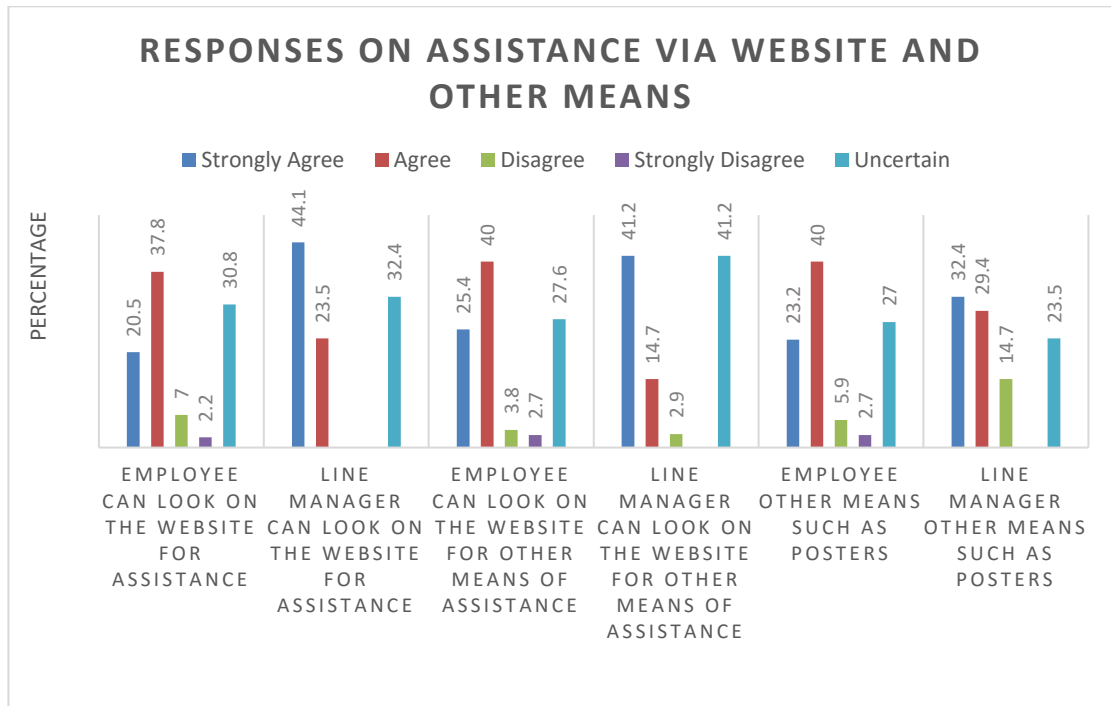
Table 4. 5: One-Sample Statistics Establishing the Locus of Responsibility

| | N | Mean | Std. Deviation | Std. Error Mean |
|--|-----|------|----------------|-----------------|
| 2.2 I would prefer to seek help from within my workplace if I had substance abuse problems | 213 | 2.64 | 1.301 | .089 |

When cross matched with the question of whether it is the hospitals’ responsibility to assist employees with substance abuse problems, the respondents largely support the idea that it is the hospital’s responsibility. This is evident by the employees (51.9%) who said “Yes”, as compared with 52.9% of line managers who said “Yes”. However, the contradiction exists in that while they see it as the hospital’s responsibility to help staff, employees and line managers feel that they would prefer to seek help from outside.

4.3.2 Assistance from the Hospital via Website and Posters

Figure 4. 4: Responses on Assistance via Website and Other Means



One way of assessing the effectiveness of service in relation to whether the hospital assists employees with substance abuse problems is to examine the matter of “communication”. As such, statements in the questionnaire dealt with whether the hospital website provides information on getting assistance for employees with substance abuse problems. The statements further sought to establish what communication channels exist such as posters or information sessions on assistance for substance abuse and these are reflected in Figure 4.4.

The vast majority of employees (i.e. 59.3%) agreed that the hospital website was the medium which provided the necessary information on how one could find help to deal with staff substance abuse problems with only 17 or 7% of respondents disagreeing. There did remain a large group of respondents (30.8%) who were uncertain. In comparison, the line managers (totaling

67.6%) agreed with the statement that the website provided necessary information; while 32.4% said, they were uncertain.

When the respondents were asked whether the hospital website provides other helpful information such as helpline numbers (for example South African National Council on Alcoholism and Drug Dependence (SANCA), Alcoholics Anonymous or Narcotics Anonymous), 121 or 65.8% of employees agreed while only 12 or 6.5% disagreed. However, 51 or 27.6% said they were uncertain. Of the line manager's, 19 or 55.9% agreed, with only 2.9% disagreeing. However, 41.2% were uncertain. There were a large number of uncertainties with the line managers than the employees.

Participants were also required to respond to whether the hospital provides information on getting assistance for substance abuse through various mediums such as posters, pamphlets and information sessions. Of the employees, 117 or 63.9% agreed with only 16 or 8.6% disagreements. However, 50 or 27% said they were uncertain. There were similar responses received from the line managers. Of the line managers, 61.8% agreed; with a 14.7% disagreement and a further 23.5% who said they were uncertain. The result is particularly significant given that there are no numbers on the hospital website for whom to call or what to do if one had a substance abuse problem. There is only the Industrial Relations policy with a guideline on how to manage substance abuse. This is further relevant in Question 3 which the interview probed, namely do you believe that the hospital promotes assistance for employees with substance abuse problems in through posters or helpline numbers? The answer to this question was four (4) Yes and seven (7) No responses.

The interview probed further and a question was asked about the hospital offering assistance through the website, namely does the hospital website offer alternative means for dealing with substance abuse? All eleven (11) interviewees answered no.

Therefore, in respect of the question of whether the hospital provides assistance for substance abuse via the hospital website, posters and pamphlets, the participants believed that the company intranet offers this support from a general perspective. However, when probed, the participants revealed that they actually do not know if the hospital offers support and assistance specifically to staff that may be prone to substance abuse.

4.3.3 Role of HR Department in Providing Assistance and Support

Figure 4. 5: Responses/Perceptions of the Human Resource Department

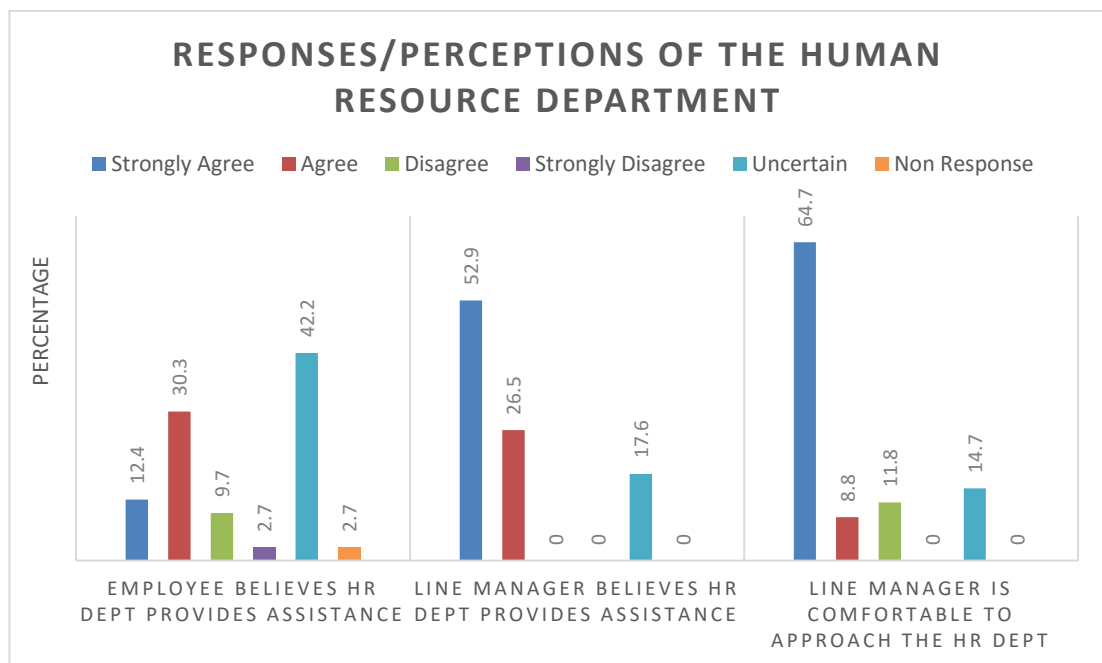
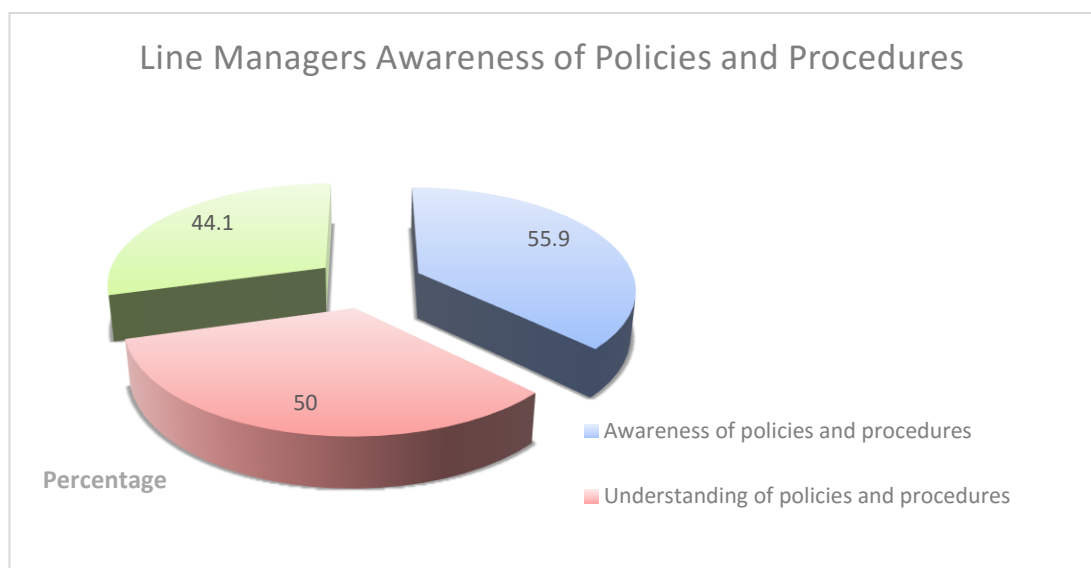


Figure 4.5 shows that there was an average percentage of 28.4% response between groups of respondents that positively affirmed the role of the Human Resources Department in providing support to employees struggling with substance abuse. However, there was also a similar percentage of 42.2%, which were uncertain. This result points to a large percentage of staff who do not know of such services being provided by the Human Resources department. In comparison, 81.8% of line managers felt that the Human Resources department does offer line management support when dealing with

staff who may experience problems with substance abuse. Line managers also agree that the Human Resources department does assist them, which is a plus as the organisation does manage itself on the line manager model. The emergent fact is that due to this line manager model, employees are uncertain over the role of the Human Resources department in managing employees with substance abuse problems.

4.3.4 Line Managers' Awareness of Policies and Procedures concerning Employees with Substance Abuse Problems

Figure 4. 6: Line Manager Awareness of Policies and Procedure



Managing any large and complex organisation necessitates that there be clear and unequivocal understanding by all stakeholders in the organisation in respect of policies and procedures. This understanding shows in the response to the statement “whether participants were aware of the policies and procedures”; “whether they were easily understood” and if they were “provided with the right tools to deal with employees with substance abuse problems”, namely; shown in Figure 4.6.

In respect of the awareness of the policy on the company website regarding

employee substance abuse, 55.9% of line managers agreed and 17.6% disagreed regarding whether they were aware of a substance abuse policy.

With reference to whether the substance abuse policy on the company website is easy to understand, the majority (of the 34 of line managers'), agreed that the policy was easily understood, with only 3 (or 23.5%) indicating that they were uncertain.

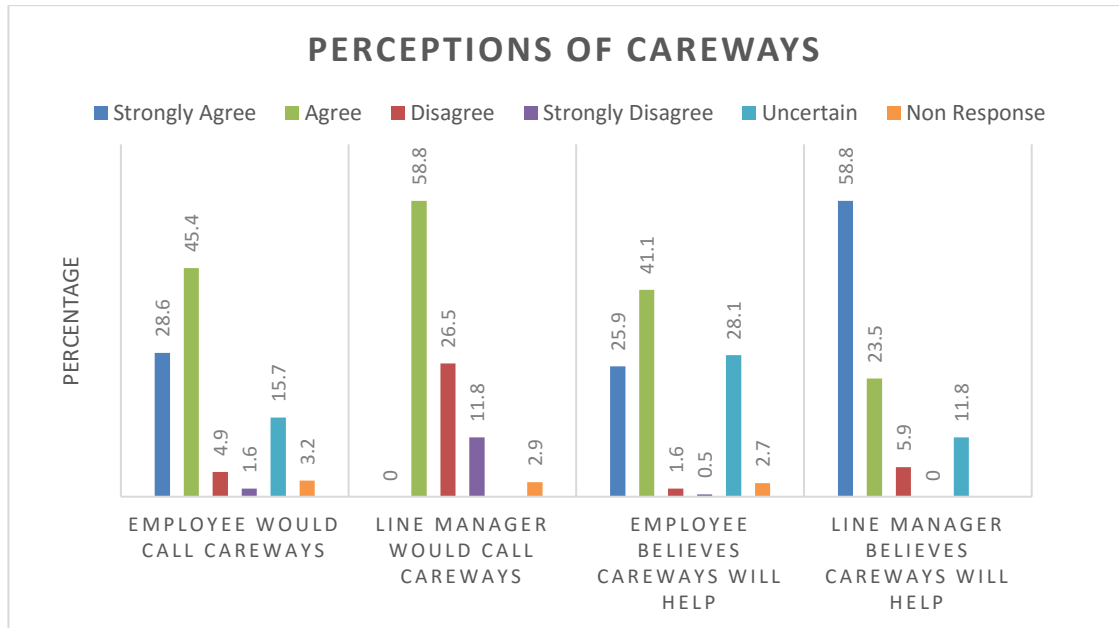
On testing whether the policies and procedures on the internal company intranet provides line managers with the correct tools to deal with employees with substance abuse problems, there was majority agreement, with only 3 (or 23.5%) being uncertain. This means that line managers believe the policy gives them sufficient guidance to assist employees with substance abuse problems.

Such findings were further confirmed in the interviews when participants were asked if they had seen a substance abuse policy or guidance on the company website; 5 line managers out of the 11 participants said "Yes" and 6 out of 11 said "No". Two participants further stated, "sort of" and that it could perhaps be "under nursing?" This shows that there is a definite uncertainty as to where the policy or guidelines could be found on the company intranet.

The theme for this section of the questions was to gain an understanding of the perceptions of line managers regarding the policies and procedures of the organisation. The answers have clearly shown that there is an awareness and understanding of the policies and procedures regarding managing employees with substance abuse problems. Furthermore, the line managers believe it provides them with the correct tools in managing these same employees. However, there appears to be some confusion over where the policy and procedures can actually be found. It is possible that line managers believe that there is a policy because it is an international organisation and should have a policy in place or they have been informed that there is one.

4.3.5 The Employee Wellness Provider

Figure 4. 7: Responses regarding Employee Wellness Provider (Careways)



The following describes the response in respect of the hospital’s wellness provider, Careways, with specific reference to substance abuse problems. This discussion is in response to Figure 4.6. The majority of the line managers (58.8%) agreed that they would call Careways when managing employees with substance abuse problems. Interestingly, the majority of the employees (45.4%) also confirmed that they would call Careways if they had a substance abuse problem. There is a small percentage of 15.7% employees who are uncertain as to whether Careways would assist them. However, as the percentage is significantly small, it could be indicative of not being exposed to the employee wellness provider through orientation or other means.

Although 41.1% employees believe that the wellness provider will be able to help them if they have a substance abuse problem, it is concerning that a large number of respondents (28.1%) said they were uncertain and a further 30% did not agree that the provider could help them. This could mean that

employees are not totally sure whether they fully understand the nature and type of services offered by the service provider. However, a possibility exists that they are uncertain whether this service provider will truly be able to assist them if they have problems relating to substance abuse.

In contrast, the line managers believed that the wellness provider will be able to assist employees with substance abuse problems. Overwhelmingly, 85.3% strongly agreed and agreed that the wellness provider will provide the necessary assistance to an employee who is referred for treatment and support. This confirms that line managers are reasonably comfortable that the wellness provider has the capability to provide the necessary assistance to referred employees with substance abuse problems.

Similarly, 82.4% of line managers believed that the wellness provider will be able to help them if they had an employee experiencing substance abuse problems; whilst 5.9% disagreed and 11.8% were uncertain.

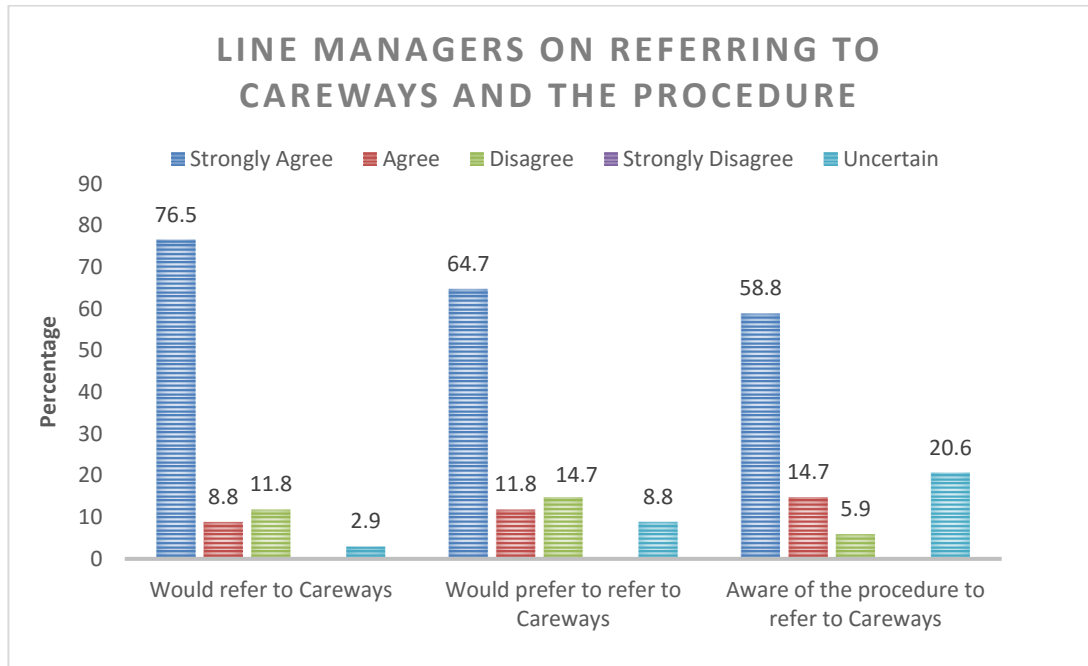
Staff who were interviewed were asked to identify obstacles in respect of the effectiveness of the wellness provider in helping staff who may be experiencing substance abuse problems. Below are a few commonly shared views of the interviewees:

- Not personal;
- Fear of lack of confidentiality;
- Embarrassment; and
- Lack of referrals from line managers

Some of the obstacles raised in the interview were the fear of lack of confidentiality. This was reinforced by one participant who said, “I am pretty sure that they (wellness provider) will let all the managers of the hospital know I called them”.

4.3.6 The Role of the Line Manager - Referring to the Employee Wellness Provider

Figure 4. 8: Line Managers on Referring to Careways and the Procedure



Given that Careways is the wellness provider for the hospital, it was important to explore respondents' knowledge about the service provider. Figure 4.8 explored this theme as well the propensity of respondents in wanting to use the service provider to refer substance abuse problems. A significant number, 85.3% of line managers, agreed that they would readily refer an employee with substance abuse problems to the service provider, Careways. Only a small percentage of 11.8% confirmed that they would not.

When being asked whether the line manager would prefer to refer matters to the wellness provider rather than manage the problem themselves, 76.5% strongly agreed or agreed, with only 14.7% thinking otherwise. The responses clearly indicated that the line manager within the private hospital where the research was undertaken would much rather prefer to refer an employee to the wellness provider than manage the employee him/herself.

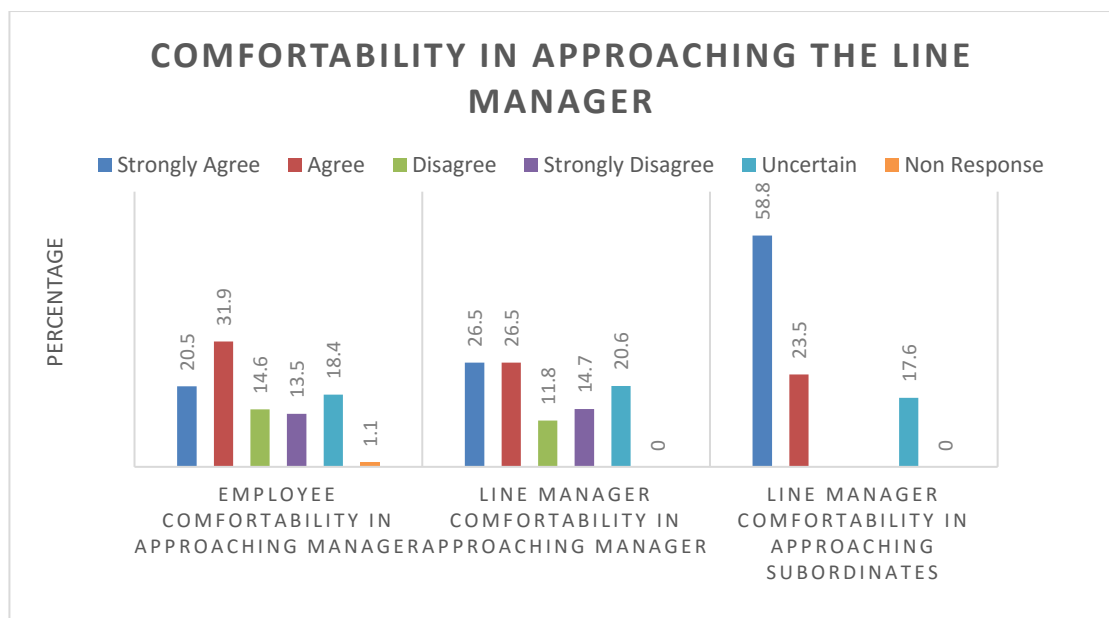
In respect of their understanding of the referral procedures to be employed in the event of staff who experience substance abuse problems, 73.5% of line managers affirmed their understanding of these procedures as compared to 5.9% who did not know. Falling into this group was 20.6% who were uncertain.

4.4 The Role of the Line Manager in Assisting Employees with Substance Abuse Problems

This section centred on the role of line managers in managing employees with substance abuse problems through the employee assistance programme. The questions tested the knowledge and skills, comfortability and confidence in the line manager and finally, the line manager's role within the organisation.

4.4.1 The Comfortability of Addressing Substance Abuse between the Line Manager and Employees

Figure 4. 9: Comfortability in Addressing Substance Abuse



Critical to the success of Employee Assistance Programme is whether employees feel comfortable to approach their line manager and in turn whether

line managers are comfortable in approaching subordinates who have substance abuse problems. Especially when dealing with these types of problems in the workplace, one requires a great deal of empathy on the part of line managers in order for an employee to be able to recover after undergoing a rehabilitation programme. Ultimately, a line manager may be faced with the challenging task of carrying out disciplinary action and even termination of employment if a rehabilitation programme fails and an employee's performance is affected at work by their substance abuse problems. Figure 4.9 set out to answers these questions to gain an understanding on how comfortable managers feel to have conversations regarding substance abuse.

In this study, at least 53% of employees agreed that they will be able to approach their line manager with a substance abuse problem and seek out their assistance and only 28.1% of respondent employees were reticent about approaching their line managers. There was also almost 18.4% who were ambivalent about their said choice. In contrast, 52.9% of the line manager's felt comfortable to approach their staff whom they may have suspected could be having substance abuse problems. Equally, close on 47% were uncertain on the matter or did not feel they could approach their subordinate on such a delicate matter.

In order for Employee Assistance Programmes to be successful within the organisation, line managers ought to be comfortable enough to approach their subordinates whom they suspect might have substance abuse problems. Not only must the line manager approach them with empathy, but also the line manager must be comfortable enough to address this issue, which could lead to either rehabilitation or at worst, termination of employment. The survey asked whether line manager's felt comfortable with approaching their subordinates if they suspected substance abuse. A significant 82.4% categorically stated "yes" which shows that the majority of line managers are

comfortable with approaching their subordinates if there is a problem with substance abuse.

Lastly, the questions sought to establish whether line manager's feel that they have the support and guidance of their own manager to deal with subordinates with substance abuse problems. Of the 34 line managers, 69.7% agreed that their line managers will give them full support, whilst 11.8% disagreed with the statement. Approximately 17.6% indicated that they were uncertain, which is indicative that line manager's do believe that their own managers will support them especially given the difficult nature of this particular problem.

The results of this theme of the study clearly show that there is agreement within the private hospital on the level of comfortability perceived to be felt by both line managers and employees when dealing with substance abuse problems.

If both employees and line managers believe that they are comfortable with each other's support on substance abuse, then this indicates that the environment is conducive to fostering confidence and trust in each other's skills in dealing with substance abuse problems.

4.4.2 Employee's Understanding of the Line Manager Model

In order to explore the theme of whether employees believed that the line manager model was effective in managing employees with substance abuse problems, it was important to test whether employees understood the role of the line manager. Question six of the interview therefore tested participants' understanding of the role of the line manager in the management of staff who have problems with substance abuse. The following themes emerged:

- Not personal;
- Fear lack of confidentiality;

- Embarrassment; and
- Lack of referrals from line managers.

There were varied responses. However, the responses of “refer to wellness provider” and “not too sure” were of interest. These responses are validated by the line manager’s responses to the statement (5.5) in the questionnaire which said, “I would rather refer an employee with substance abuse problems to Careways than handle the situation myself”.

4.4.3 Is the Line Manager Model Working Effectively in the Hospital?

Table 4. 6 Line Manager Effectiveness?

| Q7: Do you believe the line manager model is effective? | | Q8: Do you believe the line manager model should be doing more or less when assisting employees with substance abuse problems? | | Thematic Answers | |
|---|-----------|--|-----------|------------------------|---|
| NO | 7 | MORE | 6 | Careways too much work | 5 |
| YES | 4 | LESS | 5 | Not Knowledgeable | 6 |
| TOTAL | 11 | TOTAL | 11 | | |

The line manager model is utilised within the private hospital of this study. As such, the line manager model is based on the line manager being responsible for all aspects of his or her subordinate’s wellbeing within the private hospital.

These results test the efficacy of the model, i.e. whether subordinates believed that the model is working when it specifically applies to dealing with and addressing employees with substance abuse problems. Interviewees, apart from commenting on the model, were asked whether the line manager should be doing “more or less” for employees with substance abuse problems.

“More or less” meaning is the line manager doing enough to assist employees with problems or could they be doing more to help employees? The responses indicated that employees did not believe that the line manager model is effective. Furthermore, the expectations of the respondents were that line managers should be doing more in respect of matters like substance abuse problems.

Responses indicate that line managers should be taking more of an active role rather than just referring to Careways, the external service provider. Employees also believe that their line managers are not knowledgeable about the “wellness provider”. Therefore, it is perceived that it is too much work for the line manager to refer employees with substance abuse problems to the provider.

These responses from staff tend to correlate with the line managers’ own responses to statement 5.5 of the questionnaire, namely, “I would rather refer an employee with substance abuse problems to Careways than handle the situation myself”.

The conclusion that could be drawn from the perceived “too much work” is that there may be a lack of empathy from the line manager, as perceived by employees. This does pose a further question, namely from a human resources management perspective, does this refer to all employee issues or just those with substance abuse problems?

4.4.4 Improving Employee Assistance Programmes

Of importance was the examination of how efficient the hospital is in managing employees with substance abuse problems, with particular reference to the policies and procedures applicable; training for line managers; the use of punitive or therapeutic assistant measures; and the nature of the environment.

4.4.5 Policy and Procedure Implications

Table 4. 7: Policies and Procedures to be Changed

| Q9: Policies and Procedures | |
|------------------------------------|--|
| Number of Participants | Thematic Answers |
| 2 | Confidentiality |
| 1 | Specific Protocol |
| 4 | Improved advertising by the private hospital on addressing substance abuse |
| 4 | No policy/procedure could be changed |

Interviewees were asked which policies and procedures could be changed to improve the assistance that the hospital provides to their staff who suffer from substance abuse. Of the eleven interviewees, four stated that no policy would assist employees with substance abuse problems as only people with substance abuse issues could help themselves. A further four thought that there could be an improved awareness campaign by the hospital, such as posters with helpline numbers. These responses are indicated in Table 4.7 above.

4.4.6 Does the Line Manager require Further Training?

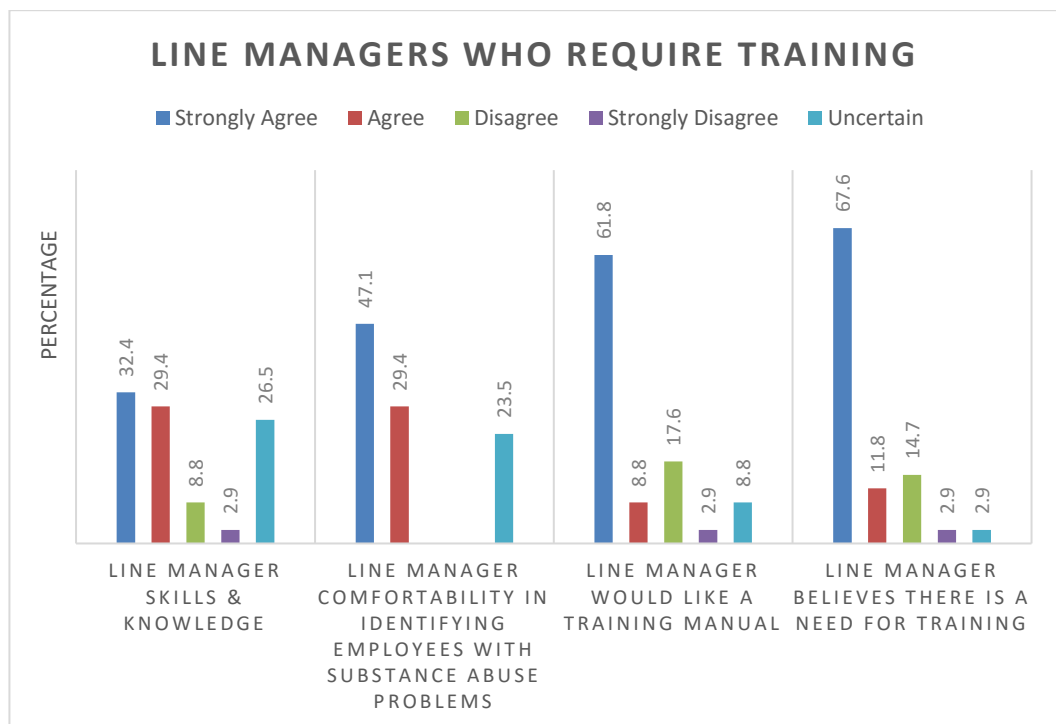
As previously mentioned, the results on “comfortability of employees and line managers to approach each other if there were substance abuse problems” were reported and showed clearly that comfortability was high between the employees. However, in order to be comfortable in managing employees with substance abuse problems, the line manager needs to have the knowledge, skills and training to manage the problem.

Critical to any organisation is the need for line managers to be trained in assisting subordinates with substance abuse problems which Figure 4.10 set out to explore.

When line managers were asked to respond to whether or not they have the necessary knowledge and/or skills to assist a subordinate with substance abuse problems, 21 of 34 (or 61.8%) agree, whilst approximately 26.5% remained uncertain.

This result clearly shows that line managers believe that they have the necessary knowledge. This was further reinforced by employee’s belief that their line managers were experienced with knowledge on managing substance abuse in the workplace.

Figure 4. 10: Line Managers on Training Needs



Critical to the management of staff who struggle with substance abuse problems is the ability of the immediate line manager to detect and identify staff who may be experiencing such problems. In this regards 76.5% of line managers were confident that they can identify and manage such problems within their sphere of control in comparison to 23.5% of line managers who

remained uncomfortable with their ability to detect and manage staff (under their stewardship) with substance abuse problems.

Despite the above response; the majority of line managers (76.5%) confirmed that they had not been trained on identifying and managing substance abuse in employees and that they believe in the need for further training.

Equally important to the above response has been the positive view of approximately 70% of line managers on the need to have a training manual on “identifying and managing staff with substance abuse problems” to serve as an aide memoire. Only a small percentage (20.5%) disagreed as to its importance. One could conclude that there is a small percentage of managers who are reasonably confident of their own abilities to manage their staff with such problems with very little need for additional support, including the likes of training programmes or written operating procedures for dealing with such problems in their workplace.

4.4.7 Internally or Externally run Employee Assistance Programmes

There are always divergent views held on how best to deal with employees who are found to have substance abuse problems. If there is going to be a successful rehabilitation of the affected staff member, the question is whether this help is best provided externally or internally.

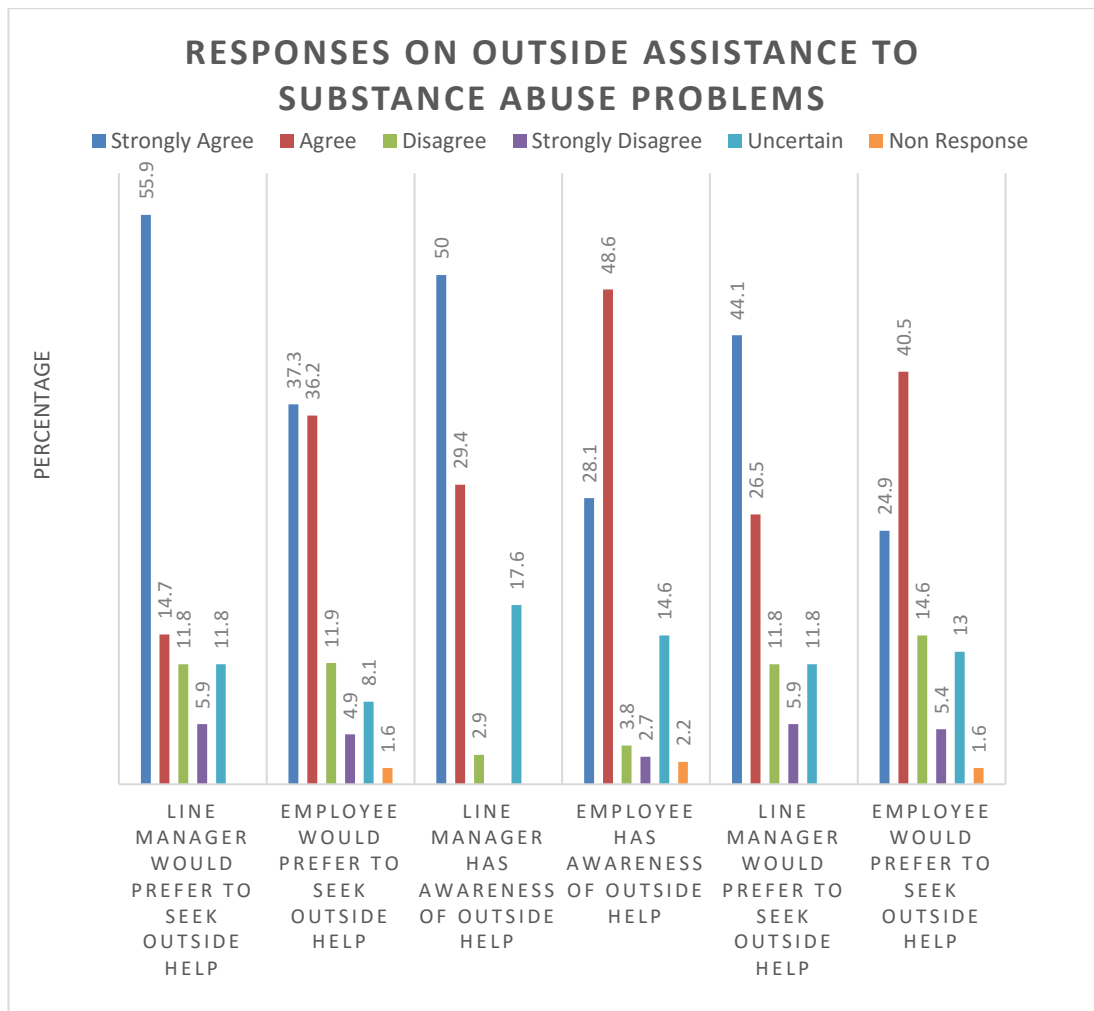
Given that this case study is situated in a hospital, there remains an option either to provide such employee assistance services within the confines of the hospital or to allow for confidentiality and allow affected employees to seek help and treatment outside the confines of the hospital.

The results in Figure 4.10 point to how the respondents felt on this particular

item in the survey.

Figure 4.11 shows that most line managers (70.6%) support the notion that such services be sought outside the confines of the private hospital; and that only a small percentage (18%) would have been comfortable with the hospital facilities being used to manage staff that need such assistance.

Figure 4. 11: Respondents who would seek Outside Assistance



Corroborating the line manager’s response rate, staff respondents (75%) also felt strongly that outside assistance may be a preferred approach for staff with substance abuse problems. This correlate’s well with earlier responses to section 4.3.1, where employees indicated that they would prefer not to receive

assistance from the hospital. In keeping with seeking outside assistance, both line managers and employee respondents were well acquainted with where to find such external help.

A significant 80% of line managers and 80% of employees were familiar with external agencies who could offer such services for staff struggling with substance abuse problems. A very small percentage of line managers (18%) and employees (15%) remained uncertain.

Given that in the final analysis it will rest in the hands of an employer to refer an employee with substance abuse problems for treatment and rehabilitation, it remains important that they are familiar with the processes for referral given the confidentiality and ethical elements associated with these types of employee problems in the workplace.

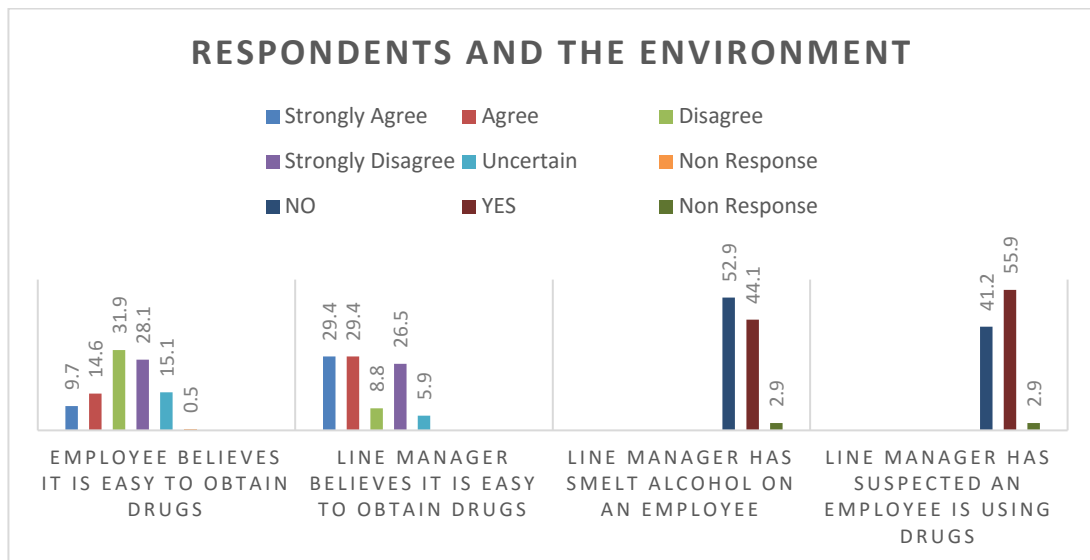
In this regard, only 56% of line managers were familiar with the process of referrals of staff that are experiencing substance abuse problems. A further 45% fell into a category which indicated a need for much training in order to deal with such employee problems effectively.

4.4.8 Work Environment and Implications for Substance Abuse

As the study site is a hospital environment, it was important to establish to what extent this could be a contributing factor or was conducive to substance abuse.

To this end, the respondents were asked in Figure 4.12 whether it was easy to obtain drugs given that this is a hospital environment. Of the 219 respondents, only 65 agreed that it was easy to obtain drugs within the hospital; while 123 disagreed and 30 were ambivalent about this issue.

Figure 4. 12: Suspected Drugs/Alcohol Usage and the Environment



Additionally, line managers were asked whether they had ever smelt alcohol on an employee, the responses were 52.9% who did not and 44.1% who were affirmative. Although one cannot conclude anything significant from this, it does point out that a substantial number of staff may be under the influence of alcohol while at work. This finding highlights a risk, especially in a hospital environment where it is expected that employees should have a high level of sobriety and decorum in the workplace.

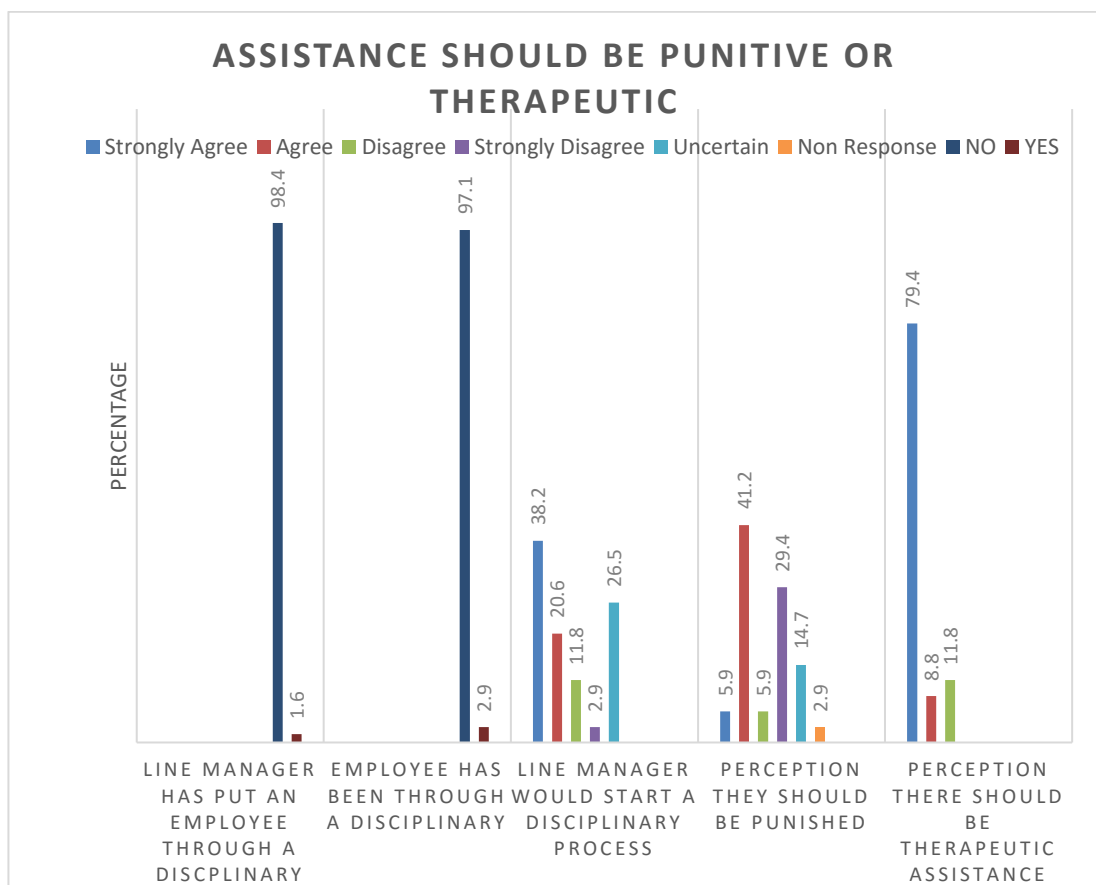
Similarly, to the question as to whether they suspected employees to be on drugs while at work, 41.2% line managers responded “no”, and 55.9% indicated that they suspected their staff to be on drugs while at work. This response indicates that the organisation should be a lot more vigilant given the risks associated with staff being on drugs during working time, or alternatively struggling with drug or substance abuse.

It is interesting to note that the responses show that line managers have suspected drug abuse but not alcohol abuse.

4.4.9 A Punitive or Therapeutic Approach to Managing Staff with Substance Abuse Problems

Figure 4.13 below, shows the results when the respondents were required to indicate how matters of substance abuse should be addressed. Respondents chose either a punitive approach or a therapeutic approach. The response from both line manager and employees were largely similar.

Figure 4. 13: Punitive or Therapeutic



When asked whether they had ever been through a company disciplinary enquiry, 97.1% of respondents said that they had not; although there were three non-responses. When line managers were asked whether they had ever disciplined an employee for substance abuse, 98.4% indicated that they had not. Perhaps a time frame should have been imposed on this question as only

one employee said that they had been through an enquiry, whereas line managers stated that they had put ten employees through an enquiry

However, this could mean that line managers are dealing with the matter while following a therapeutic approach being stern at the beginning and then indicating to staff that they will be dealt with further in terms of the organisation's disciplinary processes if they do not rehabilitate.

Line managers were also asked if they would subject a staff member to a disciplinary process if they found out they had substance abuse problems. Of the line managers, 20 agreed; 5 said unlikely; and a further 9 said they were uncertain. Line managers were also asked whether employees with substance abuse problems should be punished. A significant 41.2% agreed with 11.8% in disagreement which indicates that line managers would most likely go through the punitive route.

In contrast to the above responses, when line managers were asked whether employees with substance abuse problems should be managed therapeutically the results were significant. By therapeutic, the intention was to ascertain if the line manager would rather rehabilitate than through disciplinary enquiries. A significant 79.4% strongly agreed that employees should be rehabilitated rather than disciplined.

One could conclude that a disciplinary process is not interpreted by line managers to end in a punitive action, but rather to end an initial therapeutic outcome. This conclusion is confirmed by the responses of a large majority of line managers who felt that they would like to manage such affected employees through a therapeutic process.

4.5 Statistics from the External Wellness Provider

Finally, the researcher reports on the secondary data obtained in respect of

the number of cases referred to the external wellness provider. Over the period 01 November 2010 to 30 October 2015, forty-two cases were recorded by the Employee Wellness Provider. Over a period of five years, this means that approximately 8.5 employees per year from the private hospital was treated. This appears to be through non-referrals from line managers as there have only been two reported incidents of substance abuse by line managers in the last three years (ICAS 2016: 2010).

As reported in Chapter one of this study, one in every ten South Africans has a substance abuse problem, which is then brought into the workplace. If forty-two cases were reported to the Employee Wellness Provider, then it is approximately one tenth of the workforce. This validates the assumption in chapter one that what happens in society is mirrored in the workplace.

4.6 Conclusion

The aim of this research was to explore whether the private healthcare provider is taking appropriate measures to address substance abuse in the workplace and whether these measures are working when employees experience substance abuse problems and seek the organisation's assistance. This research was conducted using both quantitative and qualitative methods whereby the in-depth interviews conducted pointed to a close correlation with the responses on the quantitative side of the study.

This chapter contained the results of the study conducted amongst both employees and line managers. The findings of the study were then compared to the literature review to assess tools available to organisations in managing employees with substance abuse problem.

The next chapter presents the conclusions that are drawn from the study. Including conclusions and recommendations.

CHAPTER FIVE: SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

This research aimed to explore the management of substance abuse in the workplace by a private healthcare provider. The case study sought to assess whether the measures which the organisation has in place, are working when employees who experience substance abuse problems seek such assistance. This research aspired to bridge the gap in the body of knowledge pertaining to substance abuse within organisations. By examining how management responds to these problems. Given that the study was conducted at a private hospital, it allows the organisation to review whether their existing policies, procedures, line management and the external wellness provider are supporting the management of employees with substance abuse problems within its workplace

This study set out to answer the following key questions which are discussed in greater detail in conjunction with the results in Chapter 4.

1. How effective is the use of employee wellness providers (in helping with staff experiencing substance abuse problems;
2. What is the role of the line manager in the management of staff experiencing substance abuse problems; and
3. What recommendations, if any, can be made from the HR perspective on whether there are ways of improving the assistance that organisations provide to their staff who suffer from substance abuse, including a review of the employee wellness providers; organisational policies; etc.?

The study covered the role of employee assistance programs and efficacy of these programmes in assisting in the management of staff with substance abuse problems. The population size for this study was 460 and the intended sample size was 185. However, more questionnaires were distributed and 219 questionnaires were returned, including those questionnaires completed by line managers who volunteered to be part of the study. The results of the questionnaires prompted further in-depth interviewing of eleven volunteers. The following discussion addresses each key research question in detail:

5.2 How Effective is the use of Employee Wellness Providers in Helping with Staff Experiencing Substance Abuse Problems?

This study did confirm many of the respondents' views that one of the better ways of sharing information to be undertaken through the hospital's website; this includes information on how to find and deal with problems such as substance abuse problems. The usefulness of having this information on a website is that staff have a better idea of where to search for such much needed information in this technology-driven information age. Despite staff recognising the positive impact of the company's intranet which could serve as a significant communication medium, they viewed this medium as not being properly employed. This study revealed that there is no assistance on the company internal intranet, both from the hospital and other help line telephone numbers that provide services related to substance abuse. Furthermore, when one examined whether other forms of media were employed to communicate matters related to "substance abuse" - for example pamphlets, posters or information session. Such an alternative medium was not evident. This finding is in line with Steenkamp's (2011) study which found that there is a need for awareness campaigns within the workplace. It is of significance that while employees in this study may have demonstrated a lack of awareness of assistance offered to staff in respect of substance abuse problems on the company website, they had reasonable knowledge and awareness of how to

obtain assistance for substance abuse problems from external independent providers.

For a successfully implemented programme to deal with substance abuse in the workplace, the role of the line managers cannot be ignored. The study confirms that many line managers are aware of the policy and procedures related to substance abuse via the company's intranet. However, equally important, was the finding that only half of them understood it and believed that it provides them with the appropriate tools to manage an employee identified with a substance abuse problem. The lack of orientation or information sessions throughout the hospital for new and existing employees and line managers is an opportunity to strengthen the implementation of a substance abuse policy and programme for staff in the organisation. Kitterlin et al (2015) study showed that orientation and information sessions could be beneficial to all staff.

Another important finding from this study relates to the 'notion of confidentiality'. While the respondents affirmed their awareness of the new internal wellness provider and acknowledged that it would probably be helpful to them, they also tend to harbour fears that, given that it is an internally provided service, there may be a lack confidentiality. Information which employees may want to keep private and confidential may get relayed to their line managers. A plethora of authors such as Wright et al. (2012); Reisfield et al. (2013); Cares et al. (2014) and Steenkamp (2008) undertook studies which revealed that substance abuse is still a taboo subject and there is too much sensitivity surrounding it. While employees believe that line managers should do more to assist staff with substance abuse problems, they generally do not, which may be attributed to the fact that they are not knowledgeable about substance abuse problems and for many line managers it is too much work when it comes to the referral stage. While line managers believe in the organisation's employee wellness programmes, they would rather refer to the employee wellness programmes than themselves taking a keen interest in

managing and working with staff who have such a problem. In other words; an “arm’s length away management approach” in respect of substance abuse problems exist.

Upon examination of the role of support departments such as Human Resources, findings indicate that there are expectations that these support departments will play a larger role in respect of welfare matters of staff. In this study, they provide good support for one half of a holistic process as applicable to substance abuse staff matters. They support the line manager but are weak on similar assistance for employees. A large number of employees reported that they were uncertain about the Human Resources departments help to staff. This study confirms that the line manager model is working within the hospital, but to deal with issues of substance abuse or such similar personnel related problems at work does require a more holistic strategy.

5.3 The Role of the Line Manager in the Management of Staff Experiencing Substance Abuse Problems?

Line managers are a critical interface with staff not only for matters of “production” but all other issues that may ultimately impact on “production”. There seems to be an expectation evident in this study that line managers should take some sort of action with substance abuse problems as soon as they notice changes in their ‘behaviour’ rather than their work performance. Harper’s (1994) study showed that the line manager would only act if work performance was affected. In a well-managed substance abuse programme in the workplace, it is a better intervention to address staff when the line manager first detects that a staff member may be experiencing substance abuse problems, as compared to simply turning a blind eye because productivity may not have been affected at this early stage. From an employee’s perspective, this study also points out they would not be willing to open up to their line managers and take them into their confidence on such personal problems. In contrast, line managers felt comfortable enough to

approach their direct line managers to obtain advice, support and guidance on how to manage one of their subordinates with substance abuse problems. Therefore, these complexities bedevil a simplistic response programme to dealing with personnel problems such a “substance abuse’.

In this study, as would most likely be evident in a number of similar sized organisations indications are that managers become over extended in an attempt to recognise and familiarise themselves with all the organisation’s policies. In this study, similar evidence has arisen whereby line managers confirm that they are aware of hospital policies and procedures to manage employees with substance abuse problems but many were unable to identify where they could find or locate this policy. More than half the line managers responded that they had smelt alcohol or suspected drug usage by their staff. If the majority of line managers have picked up substance abuse problems but do not know where to find the policy which can give them insight into how to manage these employees, then they often take the easier route at the time, i.e. to ignore taking any action against such employees. It is equally easy to refer the employee to the wellness provider that makes an initial assessment and provides the necessary support. The study pointed out that it is an easier option for line managers who confirmed their preference of referring employees to “Careways” rather than to deal with the problem themselves.

5.4 What Recommendations, if any, can be made from the HR Perspective on whether there are ways of Improving the Assistance that Organisations provide to their Staff who suffer from Substance Abuse, including a Review of the Employee Wellness Providers, Organisational Policies, etc.?

The studies of Frone (2012); McCarthy (2013); Reisfield et al. (2013) and Valdes (2014) show that the hospital environment does contribute to employees being more susceptible to substance abuse. However, this study has revealed that employees of this hospital believe that it is not so and that it

is very hard to obtain drugs within the hospital. They will concede that drugs and alcohol are easily obtainable outside the confines of the hospital environment. Notwithstanding this response, the study does point to an absence of information with regard to substance abuse. It is therefore incumbent on the human resources department to ensure that there is clear understanding and guidelines on substance abuse within the hospital so that line managers may be fully conversant with the necessary protocols when they come across employees with problems within their ambit.

An important observation of this study was to confirm the importance of training and development for line managers. While line managers believe that they have been trained to manage staff generally, they still need to be trained further on managing employees with substance abuse problems. Employee respondents believe that their line managers need further training on managing employees with substance abuse problems. Unfortunately, there is limited information on the line manager model and the relationship with employee assistance programmes as found in Dugré's (2012: 16) study on the line manager model. Most line managers believe that they have the skills and can identify employees with substance abuse problems. However, in reality this study indicates a need for special training in the identification of such personnel problems. Substance abuse and alcoholism are not your common type of management problems where line managers may use generic skills. It requires training in sensitivity, counselling skills and empathy towards holistically managing an employee with such problems.

It is also evident that line managers would discipline an employee with substance abuse problems. Similarly, line managers would rather go the route of helping the employee. However, this finding is incongruent with the figures that have been provided by the Industrial Relations department whereby only one disciplinary hearing has been held with an employee suspected of substance abuse problems in the last two years. Furthermore, no employee has been dismissed for substance abuse in the last two years. The results of

this study show that the number of line managers who have smelt alcohol or suspected drug abuse/use does not tally with the number of disciplinary or Employee Wellness Provider interventions recorded. This therefore implies that line managers are not acting on what they detect in the workplace and are probably taking the route of ignoring the problem.

This study also confirms a commonly held axiom that despite policies and procedures, only the employee with substance abuse problems can help themselves. This view is supported by various community-based programmes like Alcoholics and Narcotics Anonymous, who advocate that change starts with the affected person.

We now tend to discuss the role of the human resources department. One of the key findings of this research was the importance of the Human Resource Department. It is clear that the Human Resource Department generally performs a critical function in organisations. The Human Resource Department is the 'champion' of driving policies and processes concerning the management of employees with substance abuse problems. In order to ascertain its efficiency and importance in contributing to the management of employees with substance abuse problems, the following are key areas of concern that need to be addressed:

- 1) Clear policies on managing substance abuse in the workplace; and
- 2) Testing as to whether the Human Resource Department deals with matters confidentially.

A number of research findings have suggested a need for more clearer policy guidelines (Epstein *et al.* 2010: 516; Servodidio 2011: 145; Cares *et al.* 2014: 17-18). As already mentioned in the literature review, this is necessary in order for line managers to manage substance abuse effectively, as well as provide the line manager with clear information. The private hospital in this case study is influenced and steered according to policies and procedures. These policies

and procedures are aligned to certain Legislation like the Occupational Health and Safety Act. It was evident in this study that line managers were uncertain of legislation or even how to access these policies, procedures and legislation. This is indeed worrying as the private hospital operates on the line manager model and the picture being painted is that the line manager is unaware of policies and procedures. As the champion of policies and change management, the human resource department needs to focus more on the efficiency of accessing and understanding these policies.

It was clear in this study that line managers perceive that they receive support and information from the human resource department. On the other hand, the employees were unsure about the human resources department. It is of the utmost importance to ascertain the reasons for the staff being unsure of approaching the human resource department. Managing substance abuse is a holistic approach and as champion of all change projects within an organisation, the human resource department should be viewed as the innovator behind substance abuse management programmes, which provides a climate which enables employees to reach out to the human resource department for any type of assistance not only substance abuse. What has been portrayed by the responses is that staff are unsure of the human resource department's actual role and contribution to such problems in the workplace (such as substance abuse).

5.5 Recommendations

Based on the findings of this study, the following recommendations are made:

- 1) In dealing with substance abuse, it is critical that there should be proper protocols in place within an organisation so that everyone is clear about how to handle and manage staff with substance abuse problems. There is a need for awareness campaigns, information sessions, posters and pamphlets to be available by the organisation if it wants to have a

successfully managed programme dealing specifically with substance abuse;

- 2) Given the sensitivity related to handling staff that have substance abuse problems, it requires that managers be trained on how to manage such employees. One does not, for example, want one manager to be sympathetic and another who wants to immediately discipline such an employee;
- 3) A training manual needs to be developed on early prevention and intervention of employees with substance abuse problems which includes clear guidelines on “what to do” situations;
- 4) Where there is an outsourced Employee Wellness Provider (as was the case in this study), it is incumbent on the organisation to market the awareness of assistance for substance abuse and included is an emphasis on confidentiality;
- 5) It is imperative that in any organisation the human resource department is the main ‘go-to’ department. It is therefore crucial that the private hospital and any other organisation with a human resource department test the approachability or market the awareness for assistance to employees suffering from any type of problem.

5.6 Scope for Further Research

The aim of this research was to explore whether the private healthcare provider is taking appropriate measures to address substance abuse in the workplace. It was found that awareness and training of line managers is lacking. It is suggested that future research on substance abuse awareness and training should be undertaken in implementing such programmes and conducting action research. This would entail testing before and after the implementation

of such a substance abuse programme. This will enable the private hospital group to implement processes such as preventative measures and line manager training throughout the group.

5.7 Conclusion

This study has analysed employee wellness programmes within the private healthcare setting. Concepts relating to the management of employees with substance abuse were discussed within the literature review by drawing on past and current research. All aspects of employee assistance programmes in managing substance abuse in the workplace were appraised. This study also referred to a case study in a private healthcare facility with the aim of investigating the efficacy of the employee wellness programme.

This study revealed that employees with substance abuse problems are not being managed effectively within the private hospital. The results indicate a lack of awareness or responsibility on the hospitals side, as well as a blurry focus on the role of the human resources department in the management of employees with substance abuse problems within the private hospital.

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APPENDICES

Appendix A – Employee Questionnaires

Appendix A: Questionnaire for Employees

I am currently studying for a Master’s degree, the area of study being “the assessment of employee assistance programmes in respect of substance abuse”. I will be most grateful if you assist in completing the following questionnaire. You can answer this questionnaire anonymously and information collected will be treated confidentially. Information gathered will be used for research purposes only. Note that participation in this study is VOLUNTARY and you are free to withdraw from participating at any time.

For further information, please contact the researcher Ms. Tracy de Lange on # **084 299 6564** or tracydl13@gmail.com or my supervisor Dr G Chetty on **083 641 6444** or gopsc@dut.ac.za

Section A: Please would you provide us with the following information about yourself to use in the study.

| 1.1 | Age in years | <input style="width: 60px; height: 20px;" type="text"/> | | | | | | | | | | | | | | |
|-------------------------|---------------------------|--|--------------------|--------------------------|-------------------|--------------------------|-------------------------|--------------------------|-------------|--------------------------|----------|--------------------------|--------|--------------------------|-------------|--------------------------|
| 1.2 | Sex | <table border="1" style="border-collapse: collapse;"> <thead> <tr> <th style="width: 150px;"></th> <th style="width: 100px; text-align: center;">Tick the applicable Box</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Female</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | | Tick the applicable Box | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | | | | | | | |
| | Tick the applicable Box | | | | | | | | | | | | | | | |
| Male | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Female | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 1.3 | Marital status | <table border="1" style="border-collapse: collapse;"> <tbody> <tr><td>Married</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Divorced</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Single</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Other</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | Married | <input type="checkbox"/> | Divorced | <input type="checkbox"/> | Single | <input type="checkbox"/> | Other | <input type="checkbox"/> | | | | | | |
| Married | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Divorced | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Single | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Other | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 1.4 | Shift | <table border="1" style="border-collapse: collapse;"> <tbody> <tr><td>Day</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Night</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Both</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | Day | <input type="checkbox"/> | Night | <input type="checkbox"/> | Both | <input type="checkbox"/> | | | | | | | | |
| Day | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Night | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Both | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 1.5 | Job Title | <table border="1" style="border-collapse: collapse;"> <tbody> <tr><td>Nursing</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Maintenance</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Admin Wards</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Admin Other</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Pharmacy</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Porter</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Manager/2IC</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | Nursing | <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | Admin Wards | <input type="checkbox"/> | Admin Other | <input type="checkbox"/> | Pharmacy | <input type="checkbox"/> | Porter | <input type="checkbox"/> | Manager/2IC | <input type="checkbox"/> |
| Nursing | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Maintenance | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Admin Wards | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Admin Other | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Pharmacy | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Porter | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Manager/2IC | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 1.6 | Educational Qualification | <table border="1" style="border-collapse: collapse;"> <tbody> <tr><td>Less than grade 12</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Grade 12 (Matric)</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Tertiary Qualifications</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | Less than grade 12 | <input type="checkbox"/> | Grade 12 (Matric) | <input type="checkbox"/> | Tertiary Qualifications | <input type="checkbox"/> | | | | | | | | |
| Less than grade 12 | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Grade 12 (Matric) | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Tertiary Qualifications | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 1.7 | Job Status | <table border="1" style="border-collapse: collapse;"> <tbody> <tr><td>Agency</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Permanent</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Sessional</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | Agency | <input type="checkbox"/> | Permanent | <input type="checkbox"/> | Sessional | <input type="checkbox"/> | | | | | | | | |
| Agency | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Permanent | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Sessional | <input type="checkbox"/> | | | | | | | | | | | | | | | |

Section B

2) Tick the following that applies to you:

| | | <u>Strongly agree</u> | <u>Agree</u> | <u>Uncertain</u> | <u>Disagree</u> | <u>Strongly disagree</u> |
|------|--|-----------------------|--------------|------------------|-----------------|--------------------------|
| 2.1 | I would prefer to seek help from outside my workplace if I had substance abuse problems | | | | | |
| 2.2 | I would prefer to seek help from within my workplace if I had substance abuse problems | | | | | |
| 2.3 | I am comfortable in approaching my manager if I have a problem with substance abuse. | | | | | |
| 2.4 | I feel confident that my manager has the knowledge and experience to assist staff who have substance abuse problems | | | | | |
| 2.5 | The HR department provides assistance and help to staff with substance abuse problems. | | | | | |
| 2.6 | I am aware of ways of getting help for substance abuse problems in the community aside from the hospital | | | | | |
| 2.7 | I would prefer to seek outside help if I had a substance abuse problem rather than the hospital | | | | | |
| 2.8 | I can call Careways should I have a substance abuse problem. | | | | | |
| 2.9 | I believe that Careways will be able to help me if I have a substance abuse problem. | | | | | |
| 2.10 | I can look on the hospital website for assistance from the company if I have a problem with substance abuse. | | | | | |
| 2.11 | I can look on the hospital website for other helpline numbers (for e.g. AA, NA, SANCA, various rehabilitation centres) if I have a problem with substance abuse. | | | | | |
| 2.12 | I am aware that the hospital provides information on getting assistance from various mediums including its | | | | | |

| | | Strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
|------|--|-----------------------|--------------|------------------|-----------------|--------------------------|
| | website, the internet, posters and huddles | | | | | |
| 2.13 | I believe that it is easy to obtain drugs as this is a hospital. | | | | | |

Section C

3) Tick the following that applies to you:

| | | YES | NO |
|-----|---|------------|-----------|
| 3.1 | I have been through a disciplinary process due to substance abuse problems. | | |
| 3.2 | It is the hospitals responsibility to assist me if I had a problem with substance abuse | | |

ADDITIONAL

COMMENT:

Thank you for completing the questionnaire. If you have further comments, please email me? ☺

Appendix B – Employer Questionnaire

Appendix B: Questionnaire for Employers

I am currently studying for a Master’s degree, the area of study being “the assessment of employee assistance programmes in respect of substance abuse”. I will be most grateful if you assist in completing the following questionnaire. You can answer this questionnaire anonymously and information collected will be treated confidentially. Information gathered will be used for research purposes only. Note that participation in this study is VOLUNTARY and you are free to withdraw from participating at any time.

For further information, please contact the researcher Ms. Tracy de Lange on # 084 299 6564 or tracydl13@gmail.com or my supervisor Dr G Chetty on 083 641 6444 or gopsc@dut.ac.za

Section A: Please would you provide us with the following information about yourself to use in the study.

1.1 Age in years

| | | Tick the applicable Box |
|-----|-----|-------------------------|
| 1.2 | Sex | Male |
| | | Female |

| | | |
|-----|----------------|----------|
| 1.3 | Marital status | Married |
| | | Divorced |
| | | Single |
| | | Other |

| | | |
|-----|-------|-------|
| 1.4 | Shift | Day |
| | | Night |
| | | Both |

| | | |
|-------------|-----------|-------------|
| 1.5 | Job Title | Nursing |
| | | Maintenance |
| | | Admin Wards |
| | | Admin Other |
| | | Pharmacy |
| | | Porter |
| Manager/2IC | | |

| | | |
|-----|---------------------------|-------------------------|
| 1.6 | Educational Qualification | Less than grade 12 |
| | | Grade 12 (Matric) |
| | | Tertiary Qualifications |

| | | |
|-----|------------|-----------|
| 1.7 | Job Status | Agency |
| | | Permanent |
| | | Sessional |

Section B

2) Tick the following that applies to you:

| | | <u>Strongly agree</u> | <u>Agree</u> | <u>Uncertain</u> | <u>Disagree</u> | <u>Strongly disagree</u> |
|------|--|-----------------------|--------------|------------------|-----------------|--------------------------|
| 2.1 | I would prefer to seek help from outside my workplace if I had substance abuse problems | | | | | |
| 2.2 | I would prefer to seek help from within my workplace if I had substance abuse problems | | | | | |
| 2.3 | I am comfortable in approaching my manager if I have a problem with substance abuse. | | | | | |
| 2.4 | I feel confident that my manager has the knowledge and experience to assist staff who have substance abuse problems | | | | | |
| 2.5 | The HR department provides assistance and help to staff with substance abuse problems. | | | | | |
| 2.6 | I am aware of ways of getting help for substance abuse problems in the community aside from the hospital | | | | | |
| 2.7 | I would prefer to seek outside help if I had a substance abuse problem rather than the hospital | | | | | |
| 2.8 | I can call Careways should I have a substance abuse problem. | | | | | |
| 2.9 | I believe that Careways will be able to help me if I have a substance abuse problem. | | | | | |
| 2.10 | I can look on the hospital website for assistance from the company if I have a problem with substance abuse. | | | | | |
| 2.11 | I can look on the hospital website for other helpline numbers (for e.g. AA, NA, SANCA, various rehabilitation centres) if I have a problem with substance abuse. | | | | | |
| 2.12 | I am aware that the hospital provides information on getting assistance from various mediums including its | | | | | |

| | | Strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
|------|--|-----------------------|--------------|------------------|-----------------|--------------------------|
| | website, the internet, posters and huddles | | | | | |
| 2.13 | I believe that it is easy to obtain drugs as this is a hospital. | | | | | |

Section C

3) Tick the following that applies to you:

| | | YES | NO |
|-----|---|------------|-----------|
| 3.1 | I have been through a disciplinary process due to substance abuse problems. | | |
| 3.2 | It is the hospitals responsibility to assist me if I had a problem with substance abuse | | |

Section D: Please tick Yes or No with the following information about yourself as a Line Manager to use in the study.

| | | YES | NO |
|-----|---|------------|-----------|
| 4.1 | Have you ever smelt alcohol on an employee during working hours? | | |
| 4.2 | Have you ever suspected an employee is taking drugs? | | |
| 4.3 | Did you discipline an employee for having substance abuse problems? | | |
| 4.4 | Have you been trained on identifying and managing substance abuse in the workplace? | | |

5) Tick the following that applies to you as a Line Manager:

| | | Strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
|-----|--|-----------------------|--------------|------------------|-----------------|--------------------------|
| 5.1 | I feel comfortable to approach my subordinates if I suspected substance abuse problems | | | | | |
| 5.2 | I feel comfortable in identifying substance abuse problems in people | | | | | |
| 5.3 | I believe that people with substance abuse problems should be offered therapeutic assistance for e.g. SANCA, rehabilitation centre | | | | | |
| 5.4 | I would readily refer an employee with substance abuse problems to Careways | | | | | |
| 5.5 | I would rather refer an employee with substance abuse problems to Careways than handle the situation myself | | | | | |
| 5.6 | I know the procedure how to refer an employee with substance abuse problems to Careways | | | | | |

| | | Strongly agree | Agree | Uncertain | Disagree | Strongly disagree |
|------|---|-----------------------|--------------|------------------|-----------------|--------------------------|
| 5.7 | I believe Careways will assist employees with substance abuse problems. | | | | | |
| 5.8 | I feel comfortable in getting support from HR for my employees with substance abuse | | | | | |
| 5.9 | I feel that I have the support and guidance of my manager to deal with subordinates with substance abuse problems. | | | | | |
| 5.10 | I would start a disciplinary process if my employee has a substance abuse problem. | | | | | |
| 5.11 | I know the procedure to refer an employee to a rehabilitation centre if my employee has a substance abuse problem. | | | | | |
| 5.12 | I am aware of the policy on the company Gateway regarding employee substance abuse | | | | | |
| 5.13 | The substance abuse policy on the company Gateway is easy to understand | | | | | |
| 5.14 | I feel that the policies and procedures on the gateway provide me with the correct tools to deal with employees with substance abuse problems | | | | | |
| 5.15 | I have the necessary knowledge and/or skills to assist a subordinate with substance abuse problems | | | | | |
| 5.16 | A training manual on "Identifying & Managing Staff with Substance Abuse problems" would assist me in managing my staff. | | | | | |
| 5.17 | I believe that a line manager should be trained to deal with staff with substance abuse problems. | | | | | |
| 5.18 | I believe that people with substance abuse problems at work need to be punished for doing wrong | | | | | |

ADDITIONAL

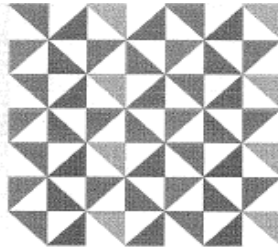
COMMENT:

Thank you for completing the questionnaire. If you have further comments, please email me? ☺

Appendix C – Interview Schedule

1. What are some of the obstacles to Careways being effective in helping with staff experiencing substance abuse problems?
2. Do you believe that the hospital promotes assistance for employees with substance abuse problems in the way of posters or help numbers?
3. Are you able to obtain information on substance abuse from the Gateway?
4. Does the Gateway have alternative means for dealing with substance abuse?
5. What is the role of the line manager in the management of staff who have problems with substance abuse?
6. Do you believe that the line manager model is effective when it comes to substance abuse?
7. Do you think line managers could be doing more or less?
8. What policies and procedures would you change to improve the assistance that organisations provide to their staff who suffers from substance abuse?
9. What symptoms of substance abuse do you feel need to occur for you to refer for assistance?

Appendix D – Ethical Clearance Documentation



Institutional Research Ethics Committee
Faculty of Health Sciences
Room MS 49, Mansfield School Site
Gate 8, Ritson Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2900

Fax: 031 373 2407

Email: ivishadi@dut.ac.za

http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

20 January 2016

IREC Reference Number: **REC 156/15**

Ms T-I De Lange
33 Falaise
23 Prince Street
Durban
4001

Dear Ms De Lange

An assessment of the employee assistance programme for substance abuse: a case study of a selected private hospital in KwaZulu Natal

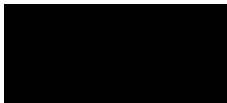
The Institutional Research Ethics Committee acknowledges receipt of your final data collection tool for review.

We are pleased to inform you that the questionnaire has been approved. Kindly ensure that participants used for the pilot study are not part of the main study.

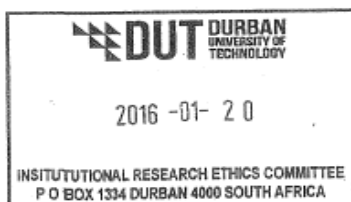
In addition, the IREC acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Yours Sincerely,



Professor J K Adam
Chairperson: IREC



Appendix E – Letter requesting permission for the study from the healthcare institution

**SUBMISSION FOR RESEARCH APPROVAL
AND SCIENTIFIC COMMITTEE**

TO THE

| | | | | | | | | |
|---|---------------------|---|---|--|---|----------------|----------------|---|
| Title | Mr | Mrs | Ms <input checked="" type="checkbox"/> | Dr | Prof | Student Group: | | |
| First Name | Tracy | | Surname | De Lange | | | | |
| Cell No | 0842996564 | | email | Tracy.delange@ | | | | |
| Research Area | Nursing | Medical | Physiotherapy | Pharmaceutical | Human Resources <input checked="" type="checkbox"/> | Sociology | Rehabilitation | Occupational Therapy |
| | Business Management | Psychology/Mental Health | Dietetics | Occupational Health | Radiology | Other: | | |
| Indicate whether the research is being conducted on a personal level or through a Higher Education Institution e.g. university | | | | | | | Personal | <input checked="" type="checkbox"/> HEI |
| If study is being conducted through an HEI, indicate the research type | | LCL student research | Undergraduate | Honours | <input checked="" type="checkbox"/> Master | Doctorate | Postdoctoral | |
| Name of Higher Education Institution through which the research is being conducted | | | | Durban University of Technology: DUT | | | | |
| Are you a permanent employee/student of if yes, in what capacity? | | | | Yes <input checked="" type="checkbox"/> | | No | | |
| At which Institution are you employed / a student? | | | | HHRM | | | | |
| List the where you wish to conduct your research: | | | | | | | | |
| | | | | | | | | |
| Please submit this form, with the following documentation, to the secretary: | | | | | | | | |
| Abstract | | | | Information sheet to participants | | | | |
| Full proposal | | | | Consent form for participants | | | | |
| Copy of ethical consent from HEI* | | | | Data gathering and measuring instruments/tools | | | | |
| *Life College of Learning students and those conducting personal research are exempted and the Research and Scientific Committee will decide on whether ethical clearance will be granted or not. | | | | | | | | |
| <i>For office use only:</i> | | | | | | | | |
| Date received | | Next Committee meeting (to be put on agenda) | | | | | | |
| Date email sent if further information is needed | | | Date email(s) sent to Hospital Manager(s) requesting permission | | | | | |
| APPROVAL STATUS | | | | Four monthly reports received | | | | |
| Unconditionally approved | | Date: | | Date: | | Date: | | |
| Approved with conditions | | Date: | | Date: | | Date: | | |
| Not approved | | Date: | | Date: | | Date: | | |
| Conditions still required | | | | | | | | |
| | | | | | | | | |
| Completed research loaded onto Research Register | | | | Date: | | | | |

Appendix F – Letter granting permission for the study from the healthcare institution

ATTENTION: Tracy de Lange

APPROVAL FOR RESEARCH STUDY

TITLE: An assessment and evaluation of the employee assistance programme in respect of substance abuse.

Our previous correspondence refers.

This letter serves as authorisation from the Life Healthcare Research and Scientific Committee for the conduct of your research within company facilities.

The Research and Scientific Committee hereby conditionally approves your request.
Approval number: 201601-0. Valid until 31 Jan 2017.

The approval is conditional to your agreement on the following provisos:

1. You must request permission (in writing) from the Learning Centre Manager of the Life Healthcare (LHC) facility in which you intend conducting your research, accompanied by this letter.
2. LHC will not be liable for any costs incurred during or related to this study.
3. Should patient or institutional confidentiality be compromised, LHC has the right to withdraw the permission and take legal action.
4. No direct reference is made to LHC or its various facilities in the research report or any publications thereafter.
5. The Company and its facilities are not in any way identifiable in the study.
6. Placement of the research proposal on the Company's research register.
7. On completion, an electronic (.pdf) copy of the study will be provided to LHC. This copy will be uploaded to the institutional repository.

Please sign this letter (as indicated below) that you agree with the conditions and return to the sender within 5 working days:

Signature:  220116

We wish you the best in your studies and look forward to the results.

Yours sincerely


Anne Roodt
Education Specialist
on behalf of the Research and Scientific Committee

Appendix G – Covering letter to participants



LETTER OF INFORMATION

An assessment and evaluation of the employee assistance programme in respect of substance abuse: a case study of a private hospital.

Principal Investigator/s/researcher: Ms T. De Lange (BCom Honours: Human Resources
Supervisor: Dr. G. Chetty, D.Tech

Brief Introduction and Purpose of the Study:

Most studies have concentrated on the nursing and doctoral assistance rather than the entire hospital staff complement. There have been few studies carried out on employees other than nursing employees within hospitals which illustrate the gap in research knowledge (Burnhams *et al.* 2013: 845). The purpose of this study aims to explore whether EAP's are an effective vehicle through which employees with substance abuse problems may be helped by an organisation.

Outline of the Procedures:

The responsibilities of the participants in this study, is to give information regarding the existing employee assistance programme. All information given will be strictly confidential and used only for research purposes. A mixed method of research will be undertaken to obtain numerical statistics through the use of questionnaires and interviews. The data will be collected from two hundred and forty staff within a private hospital in KZN.

Risks or Discomforts to the Participant:

There are no foreseeable risks to the participants. However, there will be some emotional discomfort to the participants due to the nature of the questions.

Benefits:

This study will benefit the private healthcare provider in providing valuable insight as to whether there organisation is managing substance abuse effectively.

Reason/s why the Participant May Be Withdrawn from the Study:

There should be no need for participants to withdraw however, should there be a need to there will be no adverse consequences for the participant.

Remuneration:

The participants will receive no remuneration for completing the questionnaires.

Costs of the Study:

The participants will not be expected to cover any costs towards the study.

Confidentiality:

All information will be treated as strictly confidential. Furthermore, the questionnaires will be distributed and collected immediately to contain further confidentiality.

Research-related Injury:

There will be no research-related injury or adverse reaction and if it arises, there will be no compensation.

Persons to Contact in the Event of Any Problems or Queries:

Please contact the researcher Ms Tracy de Lange on # 084 299 6564 or my supervisor Dr G Chetty on 083 641 6444 or gopsc@dut.ac.za or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

Appendix H – Consent Form



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, **Tracy de Lange**, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____.
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant **Date** **Time** **Signature / Right**
Thumbprint

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher **Date** **Signature**

Full Name of Witness (If applicable) **Date** **Signature**

Full Name of Legal Guardian (If applicable) **Date** **Signature**