

ADMINISTRATIVE PLANNING CONSIDERATIONS FOR  
DEVELOPMENT OF AN EMPLOYEE ASSISTANCE PROGRAM  
AT ST. CLARE'S MERCY HOSPITAL

CENTRE FOR NEWFOUNDLAND STUDIES

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ADMINISTRATIVE PLANNING CONSIDERATIONS FOR DEVELOPMENT  
OF AN EMPLOYEE ASSISTANCE PROGRAM AT  
ST. CLARE'S MERCY HOSPITAL

by

©Marion Scanlon

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of the requirements for the  
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## **Abstract**

The purpose of this study was to examine existing practices of Employee Assistance Programs and make recommendations for administrative planning considerations regarding the development of an Employee Assistance Program at St. Clare's Mercy Hospital. The employee assistance model used for this research was designed by Erfurt and Foote (1977, cited in Klarreich, Francek and Moore, 1985). The integrated type of administrative internship was developed.

The population for this study included all employees and students at St. Clare's Mercy Hospital, including two contract services. Data were obtained by conducting structured interviews with directors of six Employee Assistance Programs, administering a questionnaire for management, employees and union representatives at St. Clare's Mercy Hospital, and through on-the-job observation as non-participant. Additional information was obtained by reviewing related literature and the Input '89 Conference on Employee Assistance Programs. This enabled the researcher to draw conclusions and make recommendations for an Employee Assistance Program at St. Clare's Mercy Hospital.

Information obtained clearly indicates that the Broad Brush type of Employee Assistance Program is beneficial in meeting the needs of employees whose personal/social problems affect work performance. The findings also indicate that

overall endorsement by senior administration and union officials be sought, that confidentiality be the cornerstone for an Employee Assistance Program, that a Joint Committee consisting of equal representatives from management and union directly oversee the Employee Assistance Program, and that one person be designated in charge of this program reporting to the highest level possible in the organization.

Data results indicate the need for employee assistance at St. Clare's Mercy Hospital. These findings also indicate that an Employee Assistance Program is beneficial in helping the troubled employee return to work more quickly. It was further revealed that administrative, employee and union support exists for the program at St. Clare's Mercy Hospital. Some of the problems encountered with an Employee Assistance Program include fear of breach of confidentiality, inadequate funding and shortage of staff to operate the program.

Various recommendations were made based upon the success of Employee Assistance Programs in the United States, Canada and Newfoundland. These recommendations include the consideration and development of an Employee Assistance Program at St. Clare's Mercy Hospital, utilizing a formalized, in-house Broad Brush approach.

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## CHAPTER I

### Introduction

#### Introduction

Weagle and Skead (1984) reveal that in recent studies on Employee Assistance Programs, at least 10-15% of the entire work population consists of troubled employees. In most organizations, including the health care sector, at least 5% of these individuals have drug or alcohol related problems.

These could be real employees at St. Clare's Mercy Hospital and the social problems that they have incurred are also very real. Their problems may be short term, or some of them chronic. However, these problems can have a devastating impact on their lives, those of their families and their employer. Traditional responses such as "shape up or get out" are less acceptable in today's environment than in the past. Meyer (1981) maintains that the contemporary world of work is being challenged to provide a more caring and meaningful perspective for the worker.

The 1988-89 Annual Report, prepared by the Director of Human Resources at St. Clare's Mercy Hospital, displays data clearly indicating that absenteeism due to sick leave and workers' compensation usage by employees increased significantly between 1984 and 1989. Sick leave can be classified into two categories; short term and long term. During this five year period, employee short term sick leave usage per

month increased by 9.14%, while long term sick leave usage increased by 5.68%. Workers' compensation claims, due to work-related injuries incurred by employees, also increased steadily during the same time frame, climbing by 31.94%. The total number of these workers' compensation claims, involving time lost from work by employees, increased by 45.45%.

The Human Resources Department at St. Clare's Mercy Hospital is equipped with a Staff Health Service Division which provides and monitors optimum health care service to all employees of that institution. The number of employees seen in the Staff Health Service Division for medical assessment, treatment, counselling and referral services has increased by 140% during the past five years. This increase may be due to two factors: the first relates to an increased awareness of the division which encourages employees to avail of this staff health service; and the second pertains to an increase in the number of personal and social problems employees encounter in their daily lives. Rising health care costs, increased health care cutbacks, new technology, organizational change and collective bargaining processes have all caused undue stress on both the employer and the employee and have contributed to low productivity, poor employee morale and increased absenteeism in the workforce. An employee's problem can often manifest itself in increased sick leave and workers' compensation usage, and may sometimes be amplified into grievances against the employer.

Recent correspondence to the Director of Human Resources at St. Clare's Mercy Hospital shows that some supervisory personnel are spending more and more of their management time providing counselling services to the troubled employee. One supervisor states that at least 40% of his management time is spent in dealing with the personal problems of his employees, such as alcohol and drug abuse, mental abuse, and any other traumatic crises which occur in their personal lives. Meyer (1981) maintains that many current work-related studies seek to improve the total quality of working life. Daily needs of employees have been the impetus for these studies.

Increased absenteeism, workers' compensation claims, decreased productivity and poor employee morale, which is a result of personal and social problems, can cause havoc for the employer. These are but a few reasons why St. Clare's Mercy Hospital, like most health care institutions, is preparing to implement an Employee Assistance Program. This program should, in the long run, develop healthier and happier employees and a better working environment. Research on employee assistance shows that an Employee Assistance Program is not a panacea but, when developed as an integral part of a human resources program, it can be a valuable asset to any organization.

Employee Assistance Programs (EAPs) frame a response to the emerging concern of employers to improve the quality of working life for employees. In the Province of Newfoundland

and Labrador, a number of organizations have developed effective Employee Assistance Programs. This study examined existing practices of Employee Assistance Programs and made recommendations for administrative planning considerations in the development of an Employee Assistance Program for St. Clare's Mercy Hospital.

### Statement of the Problem

St. Clare's Mercy Hospital is a 323-bed tertiary care, general teaching hospital owned by the Congregation of the Sisters of Mercy and operated by a Board of Governors. As a major Newfoundland health care institution, St. Clare's Mercy Hospital provides comprehensive and high quality care to the community-at-large. Implicit in this high quality care is the humanistic approach that it has for its employees. This health care institution is equipped with most facilities and manpower needed to develop an Employee Assistance Program.

Dismay and frustration of health care workers at St. Clare's Mercy Hospital are increasing due to the constant demands made upon them by the employer and the public to provide quality patient care. Bucolo and Landesman (1987) argue that an optimally functioning staff is the institution's most important asset in achieving this goal. They also maintain:

Health care is a complex industry and accepts that all individuals, systems or structures, when put

under constant stress, need a strong foundation and support and need to be flexible. They conclude that an Employee Assistance Program can be of significant value. (p. 39)

Through reviewing existing practices and procedures for employees with work-related problems, analyzing the work setting for implementing such a program and examining the available personnel to carry out an Employee Assistance Program in general, this study will provide the necessary guidelines for St. Clare's Mercy Hospital to develop an effective Employee Assistance Program. Employee Assistance Programs currently operating at Newfoundland Hydro, Health Sciences Complex, Public Service Commission, Newfoundland Telephone, Newfoundland Light and Power, and the Royal Canadian Mounted Police Health Service were examined. The structured interview for the Alcohol and Drug Dependency Commission was deleted from the original proposal and the Input '89 Conference on Employee Assistance Programs was added to the itinerary.

Visitations to various organizations focused on the Employee Assistance Model employed and the effectiveness of and satisfaction with these models from administration, union, supervisor and employee perspectives. More specifically, the following questions were addressed:

1. What is an Employee Assistance Program?
2. What is the need for an Employee Assistance



Program at St. Clare's Mercy Hospital?

3. What will be the level of endorsement by Administration, union officials and employees for an Employee Assistance Program at St. Clare's Mercy Hospital?

4. What will be the provisions in the Collective Agreements for an Employee Assistance Program?

5. What type of employee assistance model should be implemented at St. Clare's Mercy Hospital?

- (a) What will be the guidelines for an Employee Assistance Program?
- (b) What will be the scope of the program? (drug and alcohol problems, mental health, absenteeism, marital and family problems, financial problems, problems aggravated or caused by the work force)
- (c) What type of assistance should be provided for the troubled employee? (counselling, assessment, referral)
- (d) What role will the health facilities play?
- (e) How will the program be covered by health insurance? sick leave?
- (f) How many employees will use the program?
- (g) What procedure should be established to handle problems?
  - i) Who refers?
  - ii) Who counsels troubled employees?
  - iii) What referral agents will be used?

- iv) What procedures will be instituted to handle problems caused or aggravated by the workplace?
  - v) What is the role of the Employee Assistance Program Director?
  - vi) What is the role of the Joint Committee?
  - vii) What follow-up procedures are to be established, including records?
  - viii) What should be the policy of the Employee Assistance Program in such important matters as confidentiality and promotion of the Employee Assistance Program?
  - ix) What procedure is established to include family members?
- (h) Of what should the Employee Assistance Program unit consist? (staff, office space, equipment, budget, sources of finance, board of management, relations with unions and hospital management)
6. What changes must be made in the existing hospital setting to effectively operationalize an Employee Assistance Program?
7. What are the benefits of an Employee Assistance Program for Health Care Institutions?
8. What are the problems of an Employee Assistance Program?

### Rationale for the Study

Employees at St. Clare's Mercy Hospital and other health care institutions are faced with particular combinations of problems that are specific to the health care industry. Certain factors are responsible for the difficulties encountered: economic constraints imposed by governments and high cost of patient care; marketing of hospital services and the need to keep the consumer happy; systemic barriers related to finding ways to maintain quality patient care in cost-effective ways; bureaucratic environment of health care institutions; rapid technological changes in health care and the lack of expertise to cope with these changes; continuous exposure to patients with diseases such as AIDS; variety of occupational health hazards that workers are exposed to in the work environment, and the constant dealing with death, injury and other crises in everyday work situations. At the same time, employees are encouraged to provide optimum health care to the public-at-large and be accountable for the quality of care provided.

St. Clare's Mercy Hospital faces an ambiguous challenge. Stock (1986) maintains that:

The principle production line component in the health care industry is the health care worker. Sometimes this component breaks down or is in need of maintenance. It is ironic that the very institutions whose principle mission is health care

pay so little attention to the health of the care givers. The responsibility to act rests with the employer. (p. HR 9:5)

Some employees at St. Clare's Mercy Hospital may become disillusioned with the constant pressures of a rapidly changing health care environment and the lack of available expertise to help them cope with these demands.

Employee Assistance Programs have been developed in health care institutions in the United States, Canada and Newfoundland since 1970. Rogers (1984) implies that the impetus for implementation of these programs was the realization that 10% of employees in industry and health care consist of troubled employees, with one half of these having alcohol or drug related problems. Graham and Engel (1982) state that "the percentage of substance abuses in health care is higher because of the availability" (p. 7).

Employee Assistance Programs can be broken down into several models. Lanier and Gray (1986) maintain that a program model refers to the service which the Employee Assistance Program will provide. The most common model used today, known as the Broad Brush approach, provides total services for any problem which affects an employee's work performance. For the employees of St. Clare's Mercy Hospital this model would be most beneficial because Rogers (1984) states that the Broad Brush approach "is all encompassing, covering a broad range of personal problems in addition to

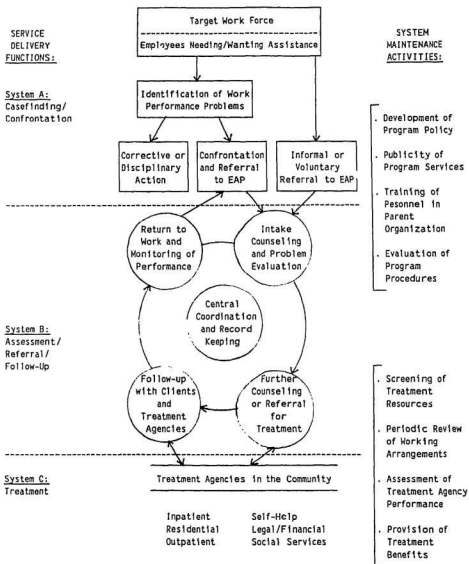
alcohol and drug related problems" (p. 3).

Erfurt and Foote (1977, cited in Klarreich et al., 1985), organized employee assistance functions graphically into three systems of activity labelled A, B and C, as per Figure 1. They further maintain that variations in the employee assistance design may be grouped into three major categories: (a) variations regarding the functions emphasized by the program; (b) variation, regarding who will handle each function; and (c) variations in how each function is carried out.

System A deals with identification of employees exhibiting work performance problems, encouraging them to seek assistance from the Employee Assistance Program and referring to System B. System B is the organizational component of the three systems and links employees at work in System A with treatment agencies in the community--System C.

In the development of an Employee Assistance Program, the following components should be considered: (a) a needs assessment; (b) program statement including philosophy, goals and objectives; (c) education program; (d) assessment, referral, follow-up components; and (e) program evaluation.

Berdie and Muldoon (1979) recommend that any organization considering the introduction of an Employee Assistance Program begin by doing a thorough needs assessment. This three part assessment would include a survey of the organization, a survey of the need for a program and a survey of all available



**Figure 1. Variations in EAP Design.** Reproduced with permission from Erfurt and Foote (1977, cited in Klarreich et al.), Human Resources Handbook.

resources that exist in the community. In addition, a clear policy and procedure statement and the overall endorsement of senior management and union officials is of prime importance in any Employee Assistance Program. Without approval from both, the Employee Assistance Program faces serious jeopardy of failing. For the overall success of this program, a committee known as a Joint Management and Labour Committee would be established and should consist of equal representation from management and union. Their primary function would be to directly oversee the running of the program. Each member of this joint committee must clearly understand the role of the committee-as-a-whole as well as their own individual roles therein. If administration and unions show interest in this undertaking and are committed to it in visible ways, subordinates are more inclined to view the effort as valid and will be highly motivated to involve themselves in this program. Following the needs assessment, a program statement should be developed to reflect the overall philosophy of the organization. Bush (1981) writes that an employee assistance philosophy is based on the belief that:

An employee's personal problems are private unless they cause job performance to decline and deteriorate. When this happens the personal problems become a matter of concern for the hospital. An employee is valuable and represents an asset to be protected if possible. (p. 60)

Development of a well designed program should achieve the following objectives:

1. To identify employees whose personal problems are detrimental to job performance.
  2. To motivate these persons to find and accept the help that they need.
  3. To assess the problems of troubled employees and determine ways to help them cope.
  4. To provide referral and rehabilitation services to employees so that they may live healthy productive lives.
- These objectives must be compatible with the overall organizational goals, policies and procedures of St. Clare's Mercy Hospital and should utilize existing community resources as much as possible. It should also protect the privacy of employees who participate.

One of the most important characteristics for an effective Employee Assistance Program is a total education and training package for key groups in the organization and community. Keough (1982) maintains that this education program should include a training program for key personnel such as senior administration and the joint committee members, and an orientation program for supervisors and union representatives, as well as an employee and family awareness program.

Information regarding this program should be presented in a manner that would make it easy to be absorbed by



employees. Rogers (1984) writes that blue collar workers tend to use the program more than white collar workers, and blue collars transfer information through word of mouth. An Employee Assistance Program can be verbally translated by offering a half day information session for all employees.

The orientation session for supervisors and shop stewards should be intensive and both groups should be thoroughly informed about their role in utilizing an Employee Assistance Program as well as the goals of the program and how to use it. The orientation session would also be used to provide case studies and statistical evidence to reinforce positive attitudes and modify negative attitudes. In order to provide an in-depth presentation of the Employee Assistance Program, a one-day seminar is recommended. The initial orientation and training program could be carried out by an Employee Assistance Director, staff health nurse, social worker, personnel director or a consultant for the Employee Assistance Program, or a combination thereof.

Owens and Steinhoff (1976) suggest that the opening of communication for the free exchange of problems and ideas is another important element to consider when implementing any new change process. Having subordinates involved early in this change process and providing adequate feedback data will help avoid resistance to the change implemented. It is also necessary for the program to be flexible enough to allow for changes in the environment. A lack of flexibility could be

detrimental to the program.

The next component would consist of a proper assessment, referral and follow-up service for the troubled employee. How assessment and referral services are offered and who offers them are key factors to the success of this program. A troubled employee can be initially referred to the Employee Assistance Program by his/her supervisor, peers, family or self.

The referral may be formal or informal. Once referred to the program the Employee Assistance Director will assess the employee problem and overall situation and specify clearly what options are available to that employee. Then, if necessary, the director can refer the employee to in-hospital physicians or counsellors or to an outside community agency, depending on the nature of the problem. Once referred to another agency, the Employee Assistance Program Director is responsible for adequate monitoring and follow-up of the troubled employee. St. Clare's Mercy Hospital has a well established Staff Health Service for its employees. Therefore, this part of the program would be easy to coordinate because there is easy access to many physicians and referral agencies. The institution is also equipped with the knowledge and most of the facilities to support an Employee Assistance Program.

Upon implementation of this Employee Assistance Program, it would be essential to establish an evaluation process.

This process would be efficient and valid and in no way should it threaten the confidentiality of the employees who participate in the program. Evaluation would tell the director what is working and point out weaknesses which need improvement. This will diminish any ambiguities. The evaluation process will also lend weight to the support of management and labour when needed, as well as give employees a review of the services provided to them.

In every Employee Assistance Program someone must be in charge. It is recommended by many researchers that any organization implementing an Employee Assistance Program consider having a full time program director. Rogers (1984) stated that "the educational qualifications vary: Director of Personnel 12.5%; Social Workers 25%; and Staff Health 62.5% (majority of cases)" (p. 32). She also states that "the directors vary but it is important to note that all of them have one thing in common, and that is professionalism" (p. 32). The major responsibility of the program director is to ensure that the decisions of the program Joint Committee be implemented.

Stinson and Crawshaw (1981) feel that to adequately ensure the design and implementation of an Employee Assistance Program is effective: "Any group considering the introduction of an Employee Assistance Program [should] first contact an experienced public or private Employee Assistance Program consultant very early in the program" (p. 2). All provinces

in Canada now provide health care and industry with employee assistance consultation services. In Newfoundland, this service is provided through the Alcohol and Drug Dependency Commission and is free of charge. The service of this commission would be a valuable asset to the program director and the Joint Committee when implementing an Employee Assistance Program for their institution.

#### Significance of the Study

Since an Employee Assistance Program does not exist at St. Clare's Mercy Hospital, this study should provide management, union and employees with information necessary to develop and maintain an effective program. The study will, additionally, provide valuable information to St. Clare's Mercy Hospital regarding the benefits to be derived from implementing an Employee Assistance Program. This study should also be significant because as Bucolo and Landesman (1987) stated, "The implementation of Employee Assistance Programs in health care, is a visible and tangible sign to employees that administration is concerned about them and about the quality of their life both at home and at work" (p. 39).

#### Delimitations of the Study

This study was delimited to employees and nursing students presently employed at St. Clare's Mercy Hospital,

including employees of two contract services. It was also delimited to administrative planning considerations, but not to the implementation of an Employee Assistance Program for St. Clare's Mercy Hospital. Attention focused on the Broad Brush approach of Employee Assistance Programs.

### Limitations of the Study

The limitations of this study include:

1. Financial cutbacks in health care.
2. Personal bias.
3. Time.
4. Dependence on the cooperation of respondents.

### Definitions

**Broad Brush Employee Assistance Program.** A program that provides total services for any problem which affects an employee's work performance.

**Casual Employee.** Any employee who works on an occasional or intermittent basis.

**Employee Assistance Director.** The person whose job is to co-ordinate the Employee Assistance Program.

**Employee Assistance Program (EAP).** Designed to provide for early identification, confidential, professional intervention and rehabilitation of employees with health and social or behavioral problems which affect work performance.

**Employee.** Any person included in the bargaining unit who

is employed for remuneration including all full-time, part-time, temporary and casual employees.

**Employer.** St. Clare's Mercy Hospital.

**Grievance.** A difference arising out of the interpretation, application and administration of the alleged violation of the provisions of a collective agreement.

**Management.** The collective body of employer representatives who exercise the executive function of planning, organizing, coordinating, directing, controlling and supervising St. Clare's Mercy Hospital.

**Part-Time Employee.** A person who is regularly employed to work less than the full number of working hours in each working day or less than the full number of working days in each work week of the department or hospital concerned.

**Permanent Employee.** A person who has completed her/his probationary period and is employed on a full-time or part-time basis without reference to any specified date of termination of service.

**Senior Management.** Senior administrative body of St. Clare's Mercy Hospital which is responsible for the overall direction and policy of that institution.

**Sick Leave (Long Term).** An employee who is ill for 10 or more consecutive days.

**Sick Leave (Short Term).** An employee who is ill not longer than nine consecutive days.

**Supervisor.** The person designated in charge of a

particular department who is responsible for all administrative activities in that area.

**Temporary Employee.** A person who is employed for a specific period or for the purpose of performing certain specified work and who may be laid off at the end of such period or on the completion of such work.

**Tertiary Health Care.** A specialized, highly technical level of health care that includes diagnosis and treatment of diseases and disabilities. Specialized intensive care units, advanced diagnostic support services and highly specialized personnel are usually characteristic of tertiary health care.

**Troubled Employee.** An employee who has a problem (personal or otherwise) which affects work performance.

**Union.** The organizations which exclusively represent the employees in that bargaining unit. There are five unions presently affiliated with St. Clare's Mercy Hospital.

1. Association of Allied Health Professionals (AAHP)
2. Nape Hospital Support Staff (NAPE)
3. Nape Laboratory and X-Ray Staff (NAPE)
4. Newfoundland Nurses Union (NNU)
5. Canadian Union of Public Employees (CUPE)

## CHAPTER II

### Review of Related Literature

#### Introduction

This review of related literature and research focuses on Employee Assistance Programs in North America, with particular emphasis on Canadian and Newfoundland programs. An historical overview of employee assistance in the United States, Canada and Newfoundland is reviewed; Employee Assistance Programs in health care and employee assistance models are discussed, and consideration is also given for developing, maintaining, evaluating and enriching an effective Employee Assistance Program.

#### Historical Overview of Employee Assistance in the United States, Canada and Newfoundland

Stinson and Crawshaw (1981) state:

Some Employee Assistance Program researchers jest that the rationale for this field is recorded in the Old Testament when Noah having completed his shipwright's masterpiece, overimbibed on spirits. His fellow workers (family) finding him unconscious next to his work saw to his needs and, thus, our earliest recorded case of occupational assistance. (p. 1)



Merger (1981) found that the historical evolution of Employee Assistance Programming in the United States began as early as 1914 when the Ford Motor company attempted to advise employees on personal and legal matters. In 1925, Macy's Department Store hired and still employs a full time psychiatrist. Medical departments in Dupont in 1943 and Eastman Kodak in 1944 developed alcohol programs for their employees based on the establishment of Alcoholics Anonymous and the Alcoholic Anonymous Model. However, these early alcohol programs identified alcoholics in the latter stage of illness, which is the most difficult stage to rehabilitate. The early forerunners of Employee Assistance Programs were referred to initially as "Alcohol Rehabilitation Programs" and later to "Alcohol and Drug Rehabilitation Programs."

Presnall (1985) discusses Employee Assistance Programs in the related fields of: (a) occupational health; (b) industrial relations; and (c) labour movement counselling services from a historical review. Occupational Health was concerned primarily with emergency care for industrial accidents and prevention of illness by conducting immunization programs, physical examinations and health education. Preliminary diagnosis and emergency care was given to employees whose work performance problems related to their health condition. Referral for additional help was made to the employee's private physician. From 1940 to 1950, interest was generated in the behavioral-medical illness. The new

trend was to meet the needs of troubled employees in areas such as emotional illness, alcoholism and people crises.

Also between 1940 and 1949, some companies in the United States developed programs for alcoholic employees under the sponsorship of industrial relations with community health agencies being used for detoxification. The Labour Movement Counselling Service under the Community Service Committee was established in 1950. Perlis, the Community Service Committee's Director, noted that as early as 1955 both labour and management showed interest in counselling individual employees. The community service staff members initiated special courses for lay counsellors in the United States, with emphasis being placed on helping alcoholics.

Bickerton (1988) reports that during the 1950 decade, the Chino Mines Division of Kennecott developed a broad personnel counselling service covering any and all behavioral-medical problems. He further asserts that the contributions included new case finding methods, one of which was supervisors' observations of deteriorating job performance and a system of referrals by co-workers, family members and union shop stewards. These referral methods are common practice today but when first introduced, they revolutionized case finding.

During the 1960 decade, the United States Steelworkers launched their own national campaign to promote joint labour management alcoholism programs. As a result, Employee Assistance Programs came into being with the recognition that

the best approach to employee assistance involves labour, management and community.

Lanier and Gray (1986) maintain that the modern Employee Assistance Program evolved from job-based alcoholism programs. Today, the main focus of employee assistance is the early identification of declining work performance together with early intervention.

Stinson and Crawshaw (1981) found the major shift in occupational programming has been away from alcohol and drug programs. The modern day trend is toward a more comprehensive program usually called the Broad Brush approach of employee assistance.

The historical beginnings of Employee Assistance Programs began in Canada in 1960, primarily in Ontario and Alberta. These programs were based on the United States program model until early 1970. Corneil (1983) describes the evolution of employee assistance in Canada and the concept has been active since 1970. In 1975, a study of employee assistance activities was prepared for the Deputy Minister of Health and the Federal/Provincial working group on alcohol problems. The recommendations of this study were to "encourage more active involvement by labour groups in program efforts, and to promote a closer relationship between alcohol-related services and other social/health agencies" (p. 27).

In 1975, the first Input Conference on Employee Assistance Programs was offered by Humber College in Ottawa.

According to Corneil (1983), this generated considerable excitement in the occupational health field, which resulted in additional Input Conferences being held in 1977, 1979 and 1981 onward, including 1989. Emphasis was placed on various program models, especially the Broad Brush approach in employee assistance. Corneil further asserts:

Unlike the United States it is clear that the Canadian movement represents a mosaic of different program approaches and models. It is also evident that no single group such as treatment agencies, nor a single professional group such as psychologists, has total control over the movement in Canada. (p. 27)

Employee Assistance Programs are becoming increasingly popular in Newfoundland and Labrador. These programs began in this province in the latter part of 1970 with the first program base being developed in the Newfoundland Public Service Commission. Approximately 20 organizations, including the health care sector, have implemented Broad Brush Employee Assistance Programs. At least 15 other associations are in the process of forming the ground work for implementing Employee Assistance Programs.

#### Employee Assistance Programs in Health Care

Stock (1986) maintains that the workforce in health care

institutions is the key to providing quality service to the public. The human resources of health care consist of all employees, medical staff, volunteers and students. Initiatives to support and develop these human resources in health care are crucial in view of financial constraints, collective bargaining, new technology, communications and government regulations. Hospitals and other health care institutions are undergoing considerable change. One way for employees to deal with the side effect of change is through an Employee Assistance Program.

Graham and Engel (1982) found that while Employee Assistance Programs in industry deal predominantly with drug and alcohol problems, the hospital setting shares a larger variety of problems. The hospital environment is very demanding and stressful during a period of austerity and rapid organizational change. An Employee Assistance Program is one avenue of providing care for the care giver and maintaining an adequate measure of health and productivity for the employees.

Bucolo and Landesman (1987) believe that the benefits of Employee Assistance Programs in health care settings are the same as those in industry, human and cost savings. An Employee Assistance Program supports good management practices which emphasizes that employees are the hospital's most important resource. They further report that in the health care sector, there are several barriers that inhibit the

employee assistance concept. These barriers may be individual or systemic. Individual barriers are sometimes manifested in attitudes that develop, since health care workers are the ones who make others healthy. They often deny the presence of their own problems and the need to seek help from another source. Systemic barriers on the other hand, relate to rapid organizational changes that health care has experienced since 1980. Because of financial cutbacks in health care, hospitals are pressured to find ways to maintain quality care in cost-effective ways.

Rogers (1984), researching Employee Assistance Programs, reports that an Employee Assistance Program in health care can provide improved morale, lower absenteeism, and, in effect, better patient care. She also recommends that before the actual implementation of any Employee Assistance Program, an in-depth needs assessment be performed and that the Broad Brush approach be used when designing this program.

Hendrix (1983) reports that a resolution was introduced by the American Nurses' Association in 1982, calling for the development of guidelines for employee assistance for nurses and the establishment of a method for collecting data on impaired nurses. It is estimated that there are 40,000 nurses with alcohol problems. Previously, little effort had been made to look at impairment as a structural problem in nursing. In 1982, the University of Kentucky launched a project called Nurses Assisting Nurses. This project had a twofold purpose

of providing assistance for impaired nurses in Kentucky and gathering important data for the nursing profession as a whole.

Spanos and Arauzo (1987) discuss the Employee Assistance Program established at Irving Community Hospital, Texas, in 1985. Management at this hospital recognized that employees have personal problems that cannot be left at home and they responded to this realization by increasing health benefits, innovative job description systems and/or compensation systems. They also felt that an Employee Assistance Program could address their employee needs. Because of the small hospital population, an out-of-hospital Employee Assistance Program, which met all the criteria set forth by the institution, was employed. Both management and employees were very positive about this project and after 18 months of use, the Human Resources Department recognized that the programs' credibility, as well as their utilization, continued to strengthen.

Haught (1987) found that hospitals' Employee Assistance Programs meet the unique needs of health care professionals. The stresses of working in health care may never be greater than at present and because of these stresses, declining work performance among employees may become evident. Employee Assistance Programs have established an excellent record of helping employees with personal problems. Through proper identification and referral of troubled employees, Employee

Assistance Programs help monitor the costs of declining work performance.

Bednarek and Featherston (1984) contend that although the employee assistance concept is accepted in the business world, few hospitals have developed programs to deal with workers whose personal problems affect their work performance. Some of the reasons cited for this lack of response in health care are the lack of information on costs, the advantages of having a hospital-based Employee Assistance Program and employees' attitudes about their vulnerability to illness. St. Benedict's Hospital, Ogden, UT, illustrates both the human and cost saving of an Employee Assistance Program. Of 92 employees who availed of the Employee Assistance Program, 72 improved or resolved their problems. The hospitals' turnover rate declined from 36 to 20 percent and approximately \$40,800.00 in turnover and replacement costs were saved.

Lanier and Gray (1986) also maintain that the Employee Assistance Program be integrated into the organizational structure of the system and that serious consideration be given to where the program will be situated. "It should be located within an existing department which is well established, highly regarded, and accessible. At the same time, the department should not present a real or perceived conflict of interest" (Lanier & Gray, p. 31). They further assert that Employee Assistance Programs have done well in medical and human resource departments. They caution the use of



independent departments because "without strong top level support, these programs are vulnerable to economic downturns, administrative changes, and corporate reorganization" (p. 31).

Blair (1985) describes one of the most comprehensive reports to date on hospital Employee Assistance Programs. She emphasizes that an Employee Assistance Program is the key element in a hospital's human resources management. This program may vary from hospital to hospital, but it is important in the development of any Employee Assistance Program that policies, procedures and systems be designed to assist managers and employees to deal with employee problems that affect work performance.

Blair (1985) cites the following as key concepts in the definition of an Employee Assistance Program.

1. An Employee Assistance Program is a systematic approach to dealing with employees' personal problems.
2. Employee Assistance Programs offer referrals to professional care.
3. Management referrals to an Employee Assistance Program are based on observed behaviour affecting job performance.
4. An Employee Assistance Program is designed to deal with any problem that affects an employee's work performance.
5. Confidentiality is the foundation of a success-

ful Employee Assistance Program.

Blair (1985) further recommends that the hospital hire an individual to be ultimately responsible for the Employee Assistance Program. The Employee Assistant Program should also be placed "in a prominent position within the hospital hierarchy and to designate the person to whom the Employee Assistance Program reports at the highest level possible" (Blair, p. 43). The person designated in charge of the Employee Assistance Program "should have at least the stature or equivalent of a department director in order to inspire the trust of mid-level to upper-level managers" (p. 43). The hospital should also be prepared to pay an appropriate salary to qualified employee assistance staff.

#### Employee Assistance Models

Meyer (1980) says that Employee Assistance Programs consist of several models for organizations to choose from. The forerunner of these models, and one that still operates in some industrial centres, is the Alcoholics Anonymous Model which identifies and intervenes in cases of alcoholism. The Broad Brush Model is the most popular model used today. This model provides total service for employees with problems that affect work performance and these services are usually provided by health nurses, psychologists or social workers.

Other models of Employee Assistance Programs, like the Broad Brush Model, may be in-house or external-provider

models. Meyer (1980) further asserts that most employers elect to provide an employee assistance service in-house. Additional models include the Service Centre Model and the Consortium Model.

Blair (1985) says that in-house Employee Assistance Programs are provided by qualified employees of that institution and are conducted at the work place. The advantage of an in-house program is that the people in charge of this Employee Assistance Program are familiar with the internal system of the organization, which allows them to function more effectively. It is also easier for the employee assistance staff to assess, modify and improve the program more quickly, whereas changes in an external program may require time-consuming contract modifications. A major disadvantage of the in-house program is that the Employee Assistance Program is part of the hospital system and employees have concerns regarding confidentiality of their files.

External provider models, sometimes referred to as Service Centre Models, are offered on a contractual basis by an outside agency not belonging to the hospital organization. External providers may offer partial or full employee assistance services. The outside agencies may be government-based mental health agencies or any other human service centre in the local community. Some out-of-hospital private agencies also specialize in employee assistance. An advantage of external providers is that qualified staff are provided

without the hospital having to pay the training costs of hiring new staff to develop their Employee Assistance Program. A big disadvantage of this model is that since the external provider deals with various organizations, they may not fully understand or be able to meet the specific needs of that particular organization.

Erfurt and Foote (1977, cited in Klarreich et al., 1985) describe an employee assistance model and the implications in variations of this design. They maintain that differences in the objectives of an Employee Assistance Program affect which program components are emphasized and the type and number of staff selected to run the program. Differences in size and structure of the organization depend on whether the responsibility functions are assigned internally or externally.

The Employee Assistance Program Service Centre Model is co-ordinated by outside employee assistance specialists for employees of various organizations. A contract which lists the services offered by the Service Centre is signed for a specified period. Isenberg (1985) promotes the Service Centre Model. The main function of the Service Centre is to design, implement and maintain an Employee Assistance Program which meets the needs of organizations using its service. The services offered by this model can be divided into company services, client services and program consultation.

The Consortium Model, on the other hand, allows several employers to come together to form a consortium for

developing an Employee Assistance Program. Blair (1985) says that this program is designed, structured and staffed by the employers who are members of this consortium. The program is beneficial for the smaller institution because it allows for better control of policies and procedures, and costs are shared among the consortium members.

Turner (1985) contends that assessment and referral function is common to all Employee Assistance Models. Being able to assess, identify employee problems and refer them to qualified professionals is a valuable tool which will reduce cost-effective outcomes for any organization. Many organizations and health care facilities today provide an Employee Assistance Program consisting of assessment and referral to qualified professionals who provide counselling and treatment. A troubled employee may choose to accept counselling and treatment in-house, or from an outside agency.

#### Developing, Maintaining, Evaluating and Enriching an Effective Employee Assistance Program

In the development of an Employee Assistance Program, the following components should be considered: a needs assessment; a program statement including philosophy, goals and objectives; education program; and assessment, referral, follow-up components and program evaluation. Cody-Rice (1985) stresses the legal considerations for two areas of concern in the development and maintenance of an Employee

Assistance Program: the first concerns the legal implications of mandatory referrals for troubled employees; and the second concern evolves around the legal implications for volunteer referral agents.

According to Boyle (1985), mandatory or formal referral is a main concern to union and management representatives and this referral "must be in accordance with the due process that labour relations boards or other adjudicators demand of employers" (p. 1). Cody-Rice (1985) further notes that in the mandatory referral process "the employer may assist, but should not assume this obligation by trying to force treat the employee" (p. 2). According to Cody-Rice:

Any employer has the right to demand adequate performance of the employee in the workplace and may offer assistance to that end. It is the responsibility of the employee to ensure that level of performance. The choice of accepting the proffered aid must remain the prerogative of the employee. (p. 3)

Cody-Rice also lists seven important principles for volunteer Employee Assistance Referral agents to follow in order to minimize legal risk.

1. The referral agent should be honest.
2. He/she should know his/her job so that it can be explained accurately.

3. The referral agent should be honourable in his/her dealings and respect the Employee Assistance Program commitment, particularly with regard to confidentiality.
4. He/she should inform his/her client fully.
5. The referral agent should be reliable and patient.
6. He/she should carry out reasonable investigation to ensure that the service advertised is being offered and adequately provided.
7. The referral agent should know his/her limitations, and ask for help when the need arises.

(p. 4)

Wright (1985) asserts that a program policy is one of the most important fundamentals of any Employee Assistance Program and the success of that Employee Assistance Program requires a coherently written policy statement. The policy maintenance, planning and evaluation should be the responsibility of the Joint Labour Management Committee. This will assure assistance for troubled employees at all levels in the organization.

Weagle and Skead (1984) contend that in developing and maintaining a successful Employee Assistance Program, you must have a "committed team effort of an enthusiastic joint committee, as well as a genuinely caring individual committed to the goal of helping troubled employees, at an early stage"

(p. 5). They further assert that during the implementation of the Employee Assistance Program, the ability of the joint committee to monitor, evaluate and make changes to the program when necessary, is critical to the success of the program. Program statistics should be collected in such a way to ensure that the confidentiality of troubled employees is protected.

Blair (1985) maintains that the evaluation process is an essential component of any Employee Assistance Program and should begin early, be ongoing, and include both process and outcome goals. The process goals will measure the level of activity, the employees who use the program and the types of problems assessed. Outcome goals will deal with the overall effectiveness of the program to resolve employee problems.

Lanier and Gray (1986) say that evaluation strategies and methodology are essential tools for determining the overall effectiveness of an Employee Assistance Program and should be determined during the program planning phase. The type, method and frequency of evaluation should be decided by the joint labour management committee.

Maintaining and enriching strategies are other important elements to consider in the development of Employee Assistance Programs. Weagle and Skead (1984) suggest various ways for the continual development and enrichment of Employee Assistance Programs. Some of their ideas include refresher courses or special courses for supervisors and union repre-



sentatives; informal half hour education sessions for employees; referral agent training and joint committee exchanges to similar organizations, for idea and resource sharing.

Lanier and Gray (1986) recommend printed media to further enrich Employee Assistance Programs. They are the most frequently used marketing devices and have the most lasting impact. They can include brochures, posters, pay envelope flyers, articles and news paper clippings. Other marketing strategies include radio and television announcements and special feature stories about Employee Assistance Programs.

CHAPTER III  
The Internship As It Relates To An Employee  
Assistance Program

The administrative internship is viewed as a functional means for helping competent candidates with limited experience to develop administrative skills which can be translated into effective administrative behaviour. The American Association of School Administrators (1960) concludes that the internship is so important that it is an absolutely essential component for educational administration programs.

In order to complete the Master's Degree in Educational Administration at Memorial University of Newfoundland, an internship may be undertaken. The University identifies three major types of internships available to potential candidates as diversified, specific and integrated programs. The **diversified** internship program emphasizes experience in a variety of areas to enable the intern to gain a broader range of exposure to education administration, whereas the **specific** internship emphasizes more finite experiences which will lead the intern into in-depth training in a specific area of administration. The **integrated** approach incorporates both the diversified and the specific internship.

By researching and reviewing existing practices employed by other institutions, the integrated type of internship was used to design an Employee Assistance Program for St. Clare's

Mercy Hospital. Emphasis was placed on the Broad Brush approach of employee assistance models.

### Placement and Duration of the Study

The internship took place in six Newfoundland organizations and health care institutions with established Employee Assistance Programs. These organizations include Newfoundland Hydro, Health Sciences Complex, Public Service Commission, Newfoundland Telephone, Newfoundland Light and Power and the Royal Canadian Mounted Police Health Service located in St. John's, Newfoundland. The time spent at each institution as an observer and to collect data amounted to one week, for a total of six weeks. Additional time was spent in Ottawa, at the Input '89 Conference on Employee Assistance Programs. (Appendix B)

### Objectives of the Internship

As indicated in Chapter I, the objectives of this internship were:

1. To determine the need for an Employee Assistance Program at St. Clare's Mercy Hospital.
2. To ascertain the level of endorsement by administration, union officials, and employees for an Employee Assistance Program at St. Clare's Mercy Hospital.
3. To determine the type and scope of an Employee Assistance Program for St. Clare's Mercy Hospital.

4. To determine the type of assistance to be provided to troubled employees and the procedure to be established to handle their problems.

5. To consider the facilities to be included in the employee assistance unit.

6. To determine what changes must be made in the existing hospital environment to effectively operationalize an Employee Assistance Program.

7. To ascertain the benefits of an Employee Assistance Program for St. Clare's Mercy Hospital.

8. To consider the implications of the research findings for administrative planning considerations of an Employee Assistance Program for St. Clare's Mercy Hospital.

#### Population/Sample

The sample for this study was taken from employees and students at St. Clare's Mercy Hospital. Data tabulated in March, 1990, shows that the institution employs approximately 1407 employees. These categories include 675 full-time permanent and 78 full-time temporary employees, 133 part-time permanent, 72 casual and 83 temporary employees, 209 nursing students, 92 employees from two contract services, 54 full-time and 11 part-time employees from the Dr. Walter Templeman Hospital, Bell Island. This constitutes the total population of St. Clare's Mercy Hospital. Three different questionnaires were designed for management, union representatives

and employees. Three hundred questionnaires were randomly administered to the total population. Sixty-eight management questionnaires were administered and 47 were returned. Thirty-two union questionnaires were administered and 20 were returned. Two hundred employee questionnaires were administered and 116 were returned. The total number of questionnaires returned was 183 (61%).

### Methodology

The method of research planned for this study included a structured interview with six directors of Employee Assistance Programs in Newfoundland, a questionnaire for management, union and employees at St. Clare's Mercy Hospital and on-the-job observation as non-participant.

### Interviews

Approximately 20 institutions in Newfoundland have Employee Assistance Programs established. Information for this study was obtained by interviewing Employee Assistance Directors at Newfoundland Hydro, Health Sciences Complex, Public Service Commission, Newfoundland Telephone, Newfoundland Light and Power and the Royal Canadian Mounted Police Health Service. (Appendix C)

### Questionnaires

Questionnaires were developed to ascertain the level of

endorsement by administration, union officials and employees for an Employee Assistance Program at St. Clare's Mercy Hospital. Items in these questionnaires will also help determine the need for an Employee Assistance Program. (Appendix D)

#### On-The-Job Observation

Additional information for this research project was obtained by doing an on-the-job observation with other Employee Assistance Directors in Newfoundland. First hand observation of existing Employee Assistance Programs provided the information and experience necessary for administrative planning considerations of an Employee Assistance Program at St. Clare's Mercy Hospital.

#### Validity

Some of the questions for the structured interview with Employee Assistance Directors were obtained from a survey Form B, "Program In Place" used at the 1979 Canadian Labour Management Congress. The items incorporated into the questionnaire for management and employees came from a review of related literature. Additional questions for the questionnaire came from a survey Form A, "No Program at Workplace" used at the 1979 Canadian Labour Management Congress. The structured interview and questionnaire items were reviewed for appropriateness by the Director of Human

Resources and Senior Administration at St. Clare's Mercy Hospital. Revisions were made where necessary.

### Analysis of Data

Data obtained from the structured interviews with Employee Assistance Directors and the questionnaires for management, union and employees at St. Clare's Mercy Hospital were arranged in frequency distributions. All responses to the items are displayed and discussed so that each question in the statement of the problem might be addressed.

## CHAPTER IV

### Findings of the Study

Findings of the research are included in this chapter. Data obtained were analyzed from the research questions which focused on administration planning considerations for the development of an Employee Assistance Program at St. Clare's Mercy Hospital.

Data were obtained from structured interviews conducted with Directors of Employee Assistance Programs and from questionnaires administered to management, employees and union representatives at St. Clare's Mercy Hospital. The questions posed in the statement of the problem are organized and discussed in sequence.

#### Research Questions

1. What is an Employee Assistance Program?
2. What is the need for an Employee Assistance Program at St. Clare's Mercy Hospital?
3. What will be the level of endorsement by Administration, union officials and employees for an Employee Assistance Program at St. Clare's Mercy Hospital?
4. What will be the provisions in the Collective Agreements for an Employee Assistance Program?
5. What type of employee assistance model should be implemented at St. Clare's Mercy Hospital?



- (a) What will be the guidelines for an Employee Assistance Program?
- (b) What will be the scope of the program? (drug and alcohol problems, mental health, absenteeism, marital and family problems, financial problems, problems aggravated or caused by the work force)
- (c) What type of assistance should be provided for the troubled employee? (counselling, assessment, referral)
- (d) What role will the health facilities play?
- (e) How will the program be covered by health insurance? Sick leave?
- (f) How many employees will use the program?
- (g) What procedure should be established to handle problems?
  - i) Who refers?
  - ii) Who counsels troubled employees?
  - iii) What referral agents will be used?
  - iv) What procedures will be instituted to handle problems caused or aggravated by the workplace?
  - v) What is the role of the Employee Assistance Program Director?
  - vi) What is the role of the Joint Committee?
  - vii) What follow-up procedures are to be established, including records?

- viii) What should be the policy of the Employee Assistance Program in such important matters as confidentiality and promotion of the Employee Assistance Program?
- ix) What procedure is established to include family members?
- (h) Of what should the Employee Assistance Program unit consist? (staff, office space, equipment, budget, sources of finance, board of management, relations with unions and hospital management)
- 6. What changes must be made in the existing hospital setting to effectively operationalize an Employee Assistance Program?
- 7. What are the benefits of an Employee Assistance Program for Health Care Institutions?
- 8. What are the problems of an Employee Assistance Program?

#### Responses to Questions

##### **1. What is an Employee Assistance Program?**

The following item was designed to elicit response to this question (Appendix C):

Employee assistance director structured interview,  
item 1.

Item 1 of the structured interview questionnaire asked

"What is an Employee Assistance Program"? Six employee assistance directors were interviewed and the overall consensus indicated that an Employee Assistance Program is one which provides confidential, professional assistance to troubled employees with any problem that affects work performance. These problems may be manifested as marital, financial, drug or alcohol abuse, or any health, social or behavioral problem.

**2. What is the need for an Employee Assistance Program at St. Clare's Mercy Hospital?**

The following items were designed to determine response to this question (Appendix C and D):

Employee assistance director structure interview,  
item 4.

Management questionnaire, item 1.

Employee questionnaire, item 1.

Union representative questionnaire, item 6.

Item 4 of the Employee Assistance Director structured interview asked "Before the actual implementation, was there an in-depth needs assessment undertaken"? There were six respondents to the questionnaire. One responded "yes" and five responded "no." The five directors who responded in the negative indicated that there were key people from management and union who recognized the need for the establishment of an

Employee Assistance Program in their organization. Therefore, a needs assessment was not undertaken.

Item 1 of the management questionnaire asked "What is your general impression about the need for an Employee Assistance Program"? Forty-seven management questionnaires were returned. Forty-six responded in the affirmative and one did not answer the question. Table 1 displays the responses to the question indicating the majority of management respondents say there is a need for an Employee Assistance Program.

Item 1 of the employee questionnaire asked "What is your general impression about the need for an Employee Assistance Program"? One hundred and sixteen employee questionnaires were returned with 97 responding in the affirmative, three responding in the negative with no comments and 16 did not respond. Table 2 displays the responses to the question showing the majority of employee respondents made comments indicating an Employee Assistance Program is needed.

Item 6 of the union questionnaire asked "What is your general impression about the need for an Employee Assistance Program"? Twenty union representative questionnaires were returned with 18 responding in the affirmative, one responding in the negative with no comments and one did not respond. Table 2 displays the responses to the question showing the majority of union representatives feel there is a definite need for an Employee Assistance Program.

Table 1

The Need for an Employee Assistance Program - Management Responses

---

Comments	Number    n = 47
Definitely, positively.	30
A good EAP definitely needs to be implemented.	1
This program is a great benefit to those whose problems can be helped by others.	1
As long as confidentiality can be maintained.	4
A good program that is needed in such a large organization.	3
Have experienced many situations which would suggest that an EAP is needed.	2
Would benefit the employer, union, employees and their families.	2
Needed for a small number of employees experiencing personal problems.	1
Because of general stress of life, work-related stress and the number of employees here, we need EAP.	2
Did not answer question.	1

---

Table 2

The Need for an Employee Assistance Program - Employee Responses

---

Comments	Number n = 116
There is a definite need.	75
To provide assistance to all that need it.	2
Appears to have some merit but it would require some in-depth study.	1
Must be confidential.	8
Would be a great help to troubled employees.	4
A definite must as there are employees with different problems.	1
Life style and stressors make it necessary.	6
Needed in an institution this size.	2
Would be helpful if a counsellor is available to staff with problems.	1
Did not answer question.	16

---

Table 3

**The Need for an Employee Assistance Program - Union Representative Responses**

---

Comments	Number    n = 20
A definite need.	14
Every employer should have one in place.	1
This is an excellent program.	1
If an Employee Assistance Program was available, problems would be solved before going to the management level.	1
With an Employee Assistance Program in place, a great deal of abuse such as sick leave, would be alleviated.	1
Employees spend one third of their day at work and their problems are often reflected in their work.	1
This program should have been in place years ago.	1

---

**3.    What will be the level of endorsement by administration, union officials and employees for an Employee Assistance Program?**

The following items were designed to elicit response to this question (Appendix C and D):

Employee assistance director structured interview,  
items 3, 8.

Management questionnaire, items 5-9.

Employee questionnaire, items 3, 5-8.

Union representative questionnaire, items 2-3, 8,  
10-11.

Item 3 of the employee assistance director structured interview asked "Was the program established jointly by management and union"? All six directors responded in the affirmative. Item 8 of the employee assistance director structured interview asked "How would you rate the climate of labour/management relations at the time of development/implementation"? Four respondents rated management, union relations as good, one responded excellent and the remaining respondent was unable to make a rating but said there was no opposition from management and union for an Employee Assistance Program. Item 5 of the management questionnaire asked "Do you believe Employee Assistance Programs could be valuable to all levels in the organization"? Forty-seven management questionnaires were returned with all responding in the affirmative. Table 4 details the management comments to this item, showing that all the respondents made comments indicating that an Employee Assistance Program could be valuable to all levels in the organization.

Item 5 of the employee questionnaire asked "Do you believe Employee Assistance Programs could be valuable to all



levels in the organization"? One hundred and sixteen employee questionnaires were returned with 109 responding in the affirmative, four in the negative with no comments and three did not answer the question. Table 5 details the employee comments to this item, showing the majority of respondents indicated that an Employee Assistance Program could be valuable to all levels in the organization.

**Table 4**

**The Value of Employee Assistance Programs to All Levels in the Organization - Management Responses**

---

Comments	Number n = 47
Very definitely, absolutely, positively.	32
These problems are not unique to one or two categories of employees.	4
Problems know no barriers.	4
Equality among staff for such a benefit would be necessary.	2
All levels of personnel are apt to seek or need support of such a program.	2
All levels at some time or another need a resource person to speak to regarding problems.	3

---

Table 5

The Value of Employee Assistance Programs to All Levels in the Organization - Employee Responses

---

Comments	Number	n = 116
Personal problems are not restricted to any one level.	40	
Definitely, absolutely.	51	
No area is immune.	3	
Emotional, social or economic problems can affect anyone in any walk of life.	6	
Will cut down on absenteeism in some cases.	1	
The need is all encompassing.	1	
Treat everyone equally.	2	
None of us are immune from trouble in its many forms.	1	
Regardless of top or lowest level we all travel similar roads in life.	1	
We all experience stress and problems in our everyday life.	1	
Everyone may need help sooner or later.	1	
It is valuable to anyone in need of assistance.	1	
Negative response, with no comments.	4	
Did not respond to question.	3	

---

Item 10 of the union representative questionnaire asked "Do you believe Employee Assistance Programs could be valuable to all levels in the organization"? Twenty union representative questionnaires were returned with 19 responding in the affirmative and one in the negative. The employee who gave the negative response feared the program would be misused. Table 6 details the union representative comments to the item displaying the majority of union respondents indicate that an Employee Assistance Program could be valuable to all levels in the organization.

Item 6 of the management questionnaire asked "How would you rate the present climate of labour and management relations in this organization"? From 47 responses, three rated management labour relations as excellent, 30 responded good and 10 responded fair. Four respondents did not answer the question. Table 7 displays the responses to this question indicating the majority of management personnel say that labour and management relations are good in this organization.

Item 6 of the employee questionnaire asked "How would you rate the present climate of labour and management relations in this organization"? From 116 employee responses, two rated management labour relations as excellent, 55 respondents rated labour and management relations as good, 47 responded fair, eight responded poor and four did not answer the question. Table 8 displays the responses to this question.

Item 2 of the union representative questionnaire asked

"How would you rate the present climate of labour and management relations in this organization"? From 20 union responses, 13 replied that labour and management relations are good and seven responded fair. There were no responses in the excellent or poor categories. Table 9 displays the responses to the question.

**Table 6**

**The Value of Employee Assistance Programs to All Levels in the Organization - Union Representative Responses**

---

Comments	Number n = 20
Definitely, absolutely.	10
Yes, all levels including medical staff and management.	2
No one is immune from problems.	2
We are all human and therefore have times when we might need assistance.	1
Everyone has problems that at some point affects their performance on the job.	1
By having a support group, employees could avail of this service.	1
All levels are affected with problems.	2
Negative response.	1

---

Table 7

Present Climate of Labour and Management Relations - Management Responses

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Comments	Number n = 47
Excellent	3
Good	30
Fair	10
Poor	0
Did not respond to question.	4

---

Table 8

Present Climate of Labour and Management Relations - Employee Responses

---

Comments	Number n = 116
Excellent	2
Good	55
Fair	47
Poor	8
Did not respond to question.	4

---

Table 9

Present Climate of Labour and Management Relations - Union Representative Responses

Comments	Number n = 20
Excellent	0
Good	13
Fair	7
Poor	0

Item 7 of the management questionnaire asked "Should an Employee Assistance Program be established jointly by management and union"? From the management questionnaire returned, all 47 respondents answered "yes." Some added comments such as: "Everybody has problems"; "Definitely"; "All levels at some time need a resource person to speak to regarding problems"; "Social or personal problems are not unique to one group of people"; "Problems and stress know no boundaries"; "Managers themselves require this type of program."

Item 7 of the employee questionnaire asked "Should an Employee Assistance Program be established jointly by management and union"? From the employee questionnaires returned, 110 responded in the affirmative. Six did not respond to the question. Some additional employee comments were: "Views by

both groups would create an equal scale"; "You need both the support of management and union to operate efficiently"; "Absolutely"; "Definitely"; "All levels should be involved"; "As long as there is an objective mediator, and again, confidentiality."

Item 3 of the union representative questionnaire asked "Should an Employee Assistance Program be established jointly by management and union"? From the union representative respondents, all 20 answered "yes" to the question. Some comments were: "Definitely"; "With input from both sides, a fair and equitable program could be managed fairly to suit the needs of the employee and employer"; "Makes equal representation"; "But only in establishing a program, professionally trained people should handle the problems"; "There are times employees feel more comfortable talking to union representatives."

Item 8 of the management questionnaire asked "Do you view an Employee Assistance Program as being beneficial to your workplace? If yes, how"? All 47 management personnel responded "yes." Some added comments such as: "Absolutely"; "Most definitely"; "It has been needed for years"; "The program would greatly help all who seek to use it, voluntarily and/or otherwise"; "This program would be useful and worthwhile"; "This type of program can help all departments."

Item 3 of the employee questionnaire asked "Do you view an Employee Assistance Program as being beneficial to your

workplace? If yes, how"? From 116 employee questionnaires received, 108 said "yes" and eight did not answer the question. Some additional comments were: "Definitely"; "Would create a better work atmosphere"; "People would have a place to go for help"; "Employee is able to confide in someone"; "It may help to reduce sick leave."

Item 8 of the union representative questionnaire asked "Do you view an Employee Assistance Program as being beneficial to your workplace? If yes, how"? Twenty union representatives responded to the question. All responded in the affirmative. Their comments included: "Ease a lot of stress between management and staff"; "Professional people would handle the problem on a long term basis"; "Only if totally confidential"; "Would be assuring to the employee."

Item 9 of the management questionnaire asked "Would you support the establishment of an Employee Assistance Program for St. Clare's Mercy Hospital"? From 47 respondents, all responded in the affirmative. Table 10 displays comments indicating that all management responding to the question support the establishment of an Employee Assistance Program for St. Clare's Mercy Hospital.

Item 8 of the employee questionnaire asked "Would you support the establishment of an Employee Assistance Program for St. Clare's Mercy Hospital"? One hundred and sixteen employees responded to this question with 113 answering in the affirmative, two in the negative with no added comments and



one did not respond. Table 11 displays comments indicating the majority of employees support the establishment of an Employee Assistance Program at St. Clare's Mercy Hospital.

**Table 10**

**Support for an Employee Assistance Program - Management Responses**

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Comments	Number n = 47
<hr/>	
Yes, absolutely, definitely.	35
When you have to give an adverse report for poor performance you need to stop and ask why.	1
It has been needed for a long time.	2
Having identified the need, by all means.	1
This program would benefit everyone.	1
This program would be very useful and worthwhile.	1
Would support this financially or help with fund raising.	1
Must be accessible to all employees.	1
Would co-operate in any way possible.	1
Strongly supportive.	2
A good Employee Assistance Program should result in more productivity.	1

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Table 11

Support for an Employee Assistance Program - Employee Responses

Comments	Number	n = 116
Yes, absolutely, definitely.	96	
Problems should be kept on a personal level and not included in work evaluation.	1	
It's long overdue.	3	
It is needed here.	2	
It would establish a better work environment.	1	
Yes, just to support others.	1	
Yes, but would like to see the objectives of the program.	1	
Employees would be supported by both union and management and there would be less hesitancy in approaching an assistance program.	1	
It could only benefit all involved.	1	
Would create a family unit and would reflect in work performance and patient care.	1	
Yes, depending on how the program is established and operated.	4	
One would have to support any program that would benefit an employee, his/her family and work place.	1	
Negative response with no comment.	2	
Did not respond to question.	1	

Item 11 of the union representative questionnaire asked "Will your union support the establishment of an Employee Assistance Program for St. Clare's Mercy Hospital"? Nineteen respondents replied "yes" to this question. One responded that she was unsure of support at this time. Table 12 displays union representative responses indicating that the majority of union representatives support an Employee Assistance Program for St. Clare's Mercy Hospital.

**Table 12**

**Support for an Employee Assistance Program - Union Representative Responses**

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Comments	Number    n = 20
<hr/>	
Yes, definitely	15
We have already set the wheels in motion to start this program.	2
Can help members cope with personal problems while trying to work under stress.	1
Unsure of support at this time.	1
Yes, but must check with union executive.	1

---

**4. What will be the provisions in the Collective Agreement for an Employee Assistance Program?**

The following item was designed to determine response to this question (Appendix C and D):

Employee assistance director structured interview,  
item 6.

Union representative questionnaire, item 1.

Item 6 of the employee assistance director structured interview asked "Are there provisions in the Collective Agreement that call for an Employee Assistance Program"? From six structured interviews with employee assistance directors, two responded in the affirmative and four responded in the negative. Those who responded in the negative said that even though there are no provisions in the Collective Agreement, their union fully supports an Employee Assistance Program.

Item 1 of the union representative questionnaire asked "Are there provisions in the Collective Agreement that call for an Employee Assistance Program"? Three union representatives responded "yes" and 17 responded "no." Two comments were provided. One respondent stated, "Not at present, but we are in the discussion with union and management for setting up an Employee Assistance Program" The other respondent stated, "In our Collective Agreement there are no provisions, but in the teachers' Collective Agreement, there is."

5. What type of Employee Assistance Model should be implemented in St. Clare's Mercy Hospital?

(a) What will be the guidelines for an Employee Assistance Program?

The following item was designed to determine response to this question (Appendix D):

Employee assistance director structured interview,  
item 5.

Item 5 of the employee assistance director structured interview asked "What guidelines did your institution use in implementing an Employee Assistance Program"? Six respondents answered the question. Three respondents said their organization did not use any particular guidelines but looked at other employee assistance models and drew from them. The fourth respondent said the guidelines were developed and set by the organizational director in Ottawa with no input at the local level. The fifth respondent replied that the organization formed a joint labour management committee which looked at other company policies and reviewed related literature on Employee Assistance Programs. The sixth respondent replied that the organization formed a steering committee to do the ground work and to set up guidelines for an employee assistance policy based on handouts and guidelines from other agencies and provinces.

5(b) What will be the scope of the program? (drug and alcohol problems, mental health, absenteeism, marital and family problems, financial problems, problems aggravated or caused by the work force)

The following item was designed to elicit response to this question (Appendix C):

Employee assistance director structured interview,  
item 2.

Item 2 of the structured interview asked "What type of Employee Assistance Program is developed at your institution"? The six respondents gave similar responses to this question. All six directors stated that their organization developed a Broad Brush Employee Assistance Program which provides total service for any problem affecting an employee's work performance. One respondent added that his organization utilizes a Broad Brush program with an added focus of preventing employee problems from occurring.

5(c) What type of assistance should be provided for the troubled employee? (counselling, assessment, referral)

The following items were designed to elicit response to this question (Appendix C and D):

Employee assistance director structured interview,  
item 15.

Management questionnaire, items 2 - 4.

Employee questionnaire, items 2, 4.

Union representative questionnaire, items 4, 5, 7,  
9.

Item 15 of the employee assistance director structured interview asked "How are referrals made? By who, to whom"? The six respondents gave similar responses to this question. Five respondents concurred that their organization offers two types of referrals, formal or mandatory referral and informal, self-referral. The formal or mandatory referral is initiated by management to the Employee Assistance Program. The informal self-referral, the most common type of referral used, encourages employees to seek assistance for their own health or personal problems to the Employee Assistance Program. Only one respondent replied that their organization offers strictly voluntary referrals to the Employee Assistance Program. Mandatory referrals are not utilized but supervisors can encourage employees to seek employee assistance when necessary.

Item 2 of the management questionnaire asked "How would you as a manager operate when confronted with an employee whose work performance is being affected by personal problems"? All 47 managers responded to this question with similar responses. Table 13 displays the management responses to this question.

Table 13

Employee Personal Problems - Management Responses


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Comments	Number n = 47
<hr/>	
Interview individual with work-related difficulties. If individual discusses personal difficulties, help/counseling is recommended.	26
Counsel the employee in terms of poor work performance.	1
Would be as supportive and as sympathetic as possible.	5
Employees are encouraged to speak to their department head on any concerns or issues arising--personal- or work-related.	1
Find it difficult to deal with.	2
It is not wise to probe into employee personal problems. If we had an Employee Assistance Program, the employee could be sent for appropriate help.	1
Referred problems to Staff Health for assistance.	7
Interview! Ensure confidentiality! Attempt to see the issue from the employee's viewpoint--confront.	1
Report to disciplinary measures if employee would not avail of counseling.	1
Advise that lack of production is noticed and outline expectations.	1
Refer employee to their family doctor.	1

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Item 3 of the management questionnaire asked "Have there



been cases of this nature"? From 47 respondents, 39 responded "yes," seven responded "no" and one did not reply to the question. Item 4 of the management questionnaire asked "Have you encountered problems with staff members who fit the description of troubled employee? If yes, how many? What are the general circumstances"? From 47 respondents, 40 responded in the affirmative and seven responded in the negative. Table 14 displays management responses to this question.

**Table 14**

**Number of Employee Personal Problems - Management Responses**

Number of Employees with Personal Problems	Responses n = 47
0	7
1 - 2	20
3 - 4	12
5 or more	8

Some general circumstances cited by management respondents encountering problems with staff members who fit the description of troubled employees are as follows: "My experience has been mostly with staff who have sickness or

death in their family"; "Some employees are negative and difficult to deal with"; "Noticeably stressed people"; "Marital problems, emotional problems, burn out"; "Need for psychological help but unaware of how to access the help"; "Divorce"; "Unable to cope with personal problems"; "Employee with known alcohol dependency and drug abuse"; "Poor performance related to health problems and stress related to family concerns."

Item 2 of the employee questionnaire asked "Have you encountered problems with staff members who fit the description of troubled employee? If yes, how many? what were the general circumstances"? One hundred and sixteen employees answered the question, 66 responded in the affirmative and 50 responded in the negative. Table 15 displays the employee responses to this question.

Employee respondents encountering problems with staff members who fit the description of a troubled employee made different responses to this question. Some comments were: "Family problems, financial problems"; "Marriage breakdown and single parent trying to cope with children"; "Sick children at home and baby sitting problems"; "Financial concerns"; "Coping with stress"; "Alcohol and drug related problems"; "Unhappy marital relations"; "People with personal problems that interfered with their ability to do their jobs"; "Poor work attitudes"; "Absenteeism due to social problems"; "Lack of communication, instructions not clear."

Table 15

Number of Employee Personal Problems - Employee Responses


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Number of Employees with Personal Problems	Responses    n = 116
0	50
1 - 2	38
3 - 4	13
5 or more	15

---

Item 4 of the employee questionnaire asked "Would you encourage a troubled co-worker to avail of this program"? One hundred and sixteen employees responded to this question and all respondents said they would refer a troubled co-worker to an Employee Assistance Program. Typical of their comments were: "Especially if it would aid the individual and further improve working relations"; "Because of the stressful working environment today, all employees must be at a high rate of performance"; "As long as confidentiality is an utmost commitment"; "It does help to know that people are available in time of need"; "Could be an added support during a difficult time"; "Depends on the particular co-worker, because pride prevents many from seeking help"; "Yes, as long as the

people running the program were competent"; "Charity begins at home."

Item 4 of the union representative questionnaire asked "How would you as a shop steward operate when confronted with an employee whose work performance is being affected by personal problems"? Twenty union representative questionnaires were returned, 16 responded and four did not answer the question. Table 16 displays the union representative responses to this question.

Item 5 of the union representative questionnaire asked "Have there been cases of this nature"? From 20 returned questionnaires, 16 responded "yes" and four responded "no" to this question. Five union representatives made comments which include: "During a probationary period, person could not keep up with expected duties"; "Employee with tension headaches working in a job she didn't like"; "Yes, but I have not dealt with these problems myself"; "Alcohol problem compounded by poor work performance."

Item 7 of the union representative questionnaire asked "Have your shop stewards encountered problems with members who fit the description of troubled employee? If so, how many? What were the general circumstances"? From 20 union representative questionnaires returned, 17 responded in the affirmative and three responded in the negative. Table 17 displays union representative response to this question.

Table 16

Employee Personal Problems - Union Representative Responses


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Comments	Number	n = 20
<hr/>		
Listen and encourage him/her to go seek help	3	
Assist them as best I could by referring them to qualified people to deal with the problem.	5	
Would consult union office for further steps.	1	
Talk to the employee in strictest confidence in an effort to help the employee with their problem.	2	
Be a leaning post and help in the best way possible.	1	
Be a helper.	1	
First, find out if the problem is affecting the safety of patients or co-workers and ask management to intervene.	1	
A shop stewards only responsibility is to defend employees rights as negotiated in the collective agreement and not get involved in personal problems.	2	
Did not respond to the question.	4	

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Table 17

Number of Employee Personal Problems - Union Representative Responses

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Number of Employees with Personal Problems	Responses n = 20
0	3
1 - 2	6
3 - 4	4
5 or more	7

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The general circumstances stated by union representatives encountering problems with staff members who fit the description of a troubled employee were: "Single mother with baby-sitting problems"; "Alcohol, drugs and financial problems"; "Not permitted to release this information to a non-union approved statement"; "Very often from low paying jobs. When any pressure is placed on the employee, they often resort to sick leave, family leave and the union."

Item 9 of the union representative questionnaire asked "Would you refer an employee to this program"? All respondents replied "yes" to this question. There were no added comments provided by the respondents.

**5(d) What role will the health facilities play?**

The following items were designed to elicit response to this question (Appendix C):

Employee assistance director structured interview,  
items 11, 12.

Item 11 of the employee assistance director structured interview asked "Are there health care facilities at the worksite" Yes - No. If so, what are they"? From six respondents who replied, two organizations did not have health care facilities. The third organization did not have a health care facility, but did, however, have its own first aid training department and first aid rooms were located in various divisions of the organization. The remaining three organizations have health care facilities called Occupational Health Departments. Their principle role is prevention of disease, promotion of health and safety and the functioning of an Employee Assistance Program for employees.

Item 12 of the employee assistance director structured interview asked "What role does the health services play in the referral of a distressed employee"? The three employee assistance directors who have health care facilities in their organization responded to the question. All three directors said that the major role of the health service is to assess, refer and follow-up employees with health, social or personal problems.

**5(e) How will the program be covered by health insurance?**

**Sick leave?**

The following items were designed to elicit answers to this question (Appendix C):

Employee assistance director structured interview,  
items 16, 17.

Item 16 of the employee assistance director structured interview asked "What type of health coverage is in place for employees? Are additional problems covered? If so, how?" All respondents interviewed stated that their organization provides health coverage for employees. One organization offers a very comprehensive health package financially covering all employee referrals for counselling. Eighty percent of problems except psychological consults are covered up to \$1,200.00. The second organization provides excellent sick leave benefits for employees under its health care plan. All employee problems are financially covered and time lost through employee assistance referrals can be utilized as sick leave. The third organization provides Great West Life health coverage for its employees. MCP however, will cover most employee referrals to other agencies. MCP will also provide three weeks financial coverage to employees with alcohol problems, if referred out of province. The fourth organization offers a health insurance plan dealing with physical problems only. There is provision for a separate budget for



employees referred to employee assistance counselling services, with a limit of 10 to 20 sessions. Employee progress is monitored and reviewed periodically and each employee has an option to pay his/her own expense. The fifth organization divides health coverage for employees into short term and long term sick leave covering all employee problems. Employees referred for employee assistance will be covered under short term sick leave, for three months. If additional time is lost through employee assistance after three months, time lost will be covered as Long Term Disability by Great West Life. The sixth organization also has Great West Life health coverage for employees with most employee assistance referrals covered under MCP. The employee assistance director notes a big weakness in this program because additional employee problems are not covered.

Item 17 of the structured interview questionnaire asked "What type of sick leave plan is in place? Are those undergoing treatment for alcohol or drug problems entitled to sick leave"? All six respondents stated they offer a comprehensive sick leave package for employees. Time lost for employees referred to employee assistance is used as sick leave including alcohol and drug related problems.

**5(f) How many employees will use the program?**

The following items were designed to determine response to this question (Appendix C):

Employee assistance director structured interview, items 13, 14.

Item 13 of the employee assistance director structured interview asked "How widely is the program known among the membership"? All six respondents interviewed gave similar responses noting that their organization has a comprehensive orientation program on employee assistance in place and all employees are provided the opportunity for using this program. One organization offers an orientation session which includes a two hour overview on employee assistance for all employees, an eight hour overview for management and union officials and an update on employee assistance offered twice yearly.

Item 14 of the employee assistance director structured interview asked "How many cases have been handled within the last 12 months"? Four respondents handled 43 to 48 new cases yearly and one respondent noted that the number of referrals are consistent and steadily rising. Another respondent handled 15 to 20 referrals for employee assistance and rated the number of employees seen as low, mainly because some services are provided by the health department in that organization. The sixth respondent replied that "Data was not kept on employees referred for employee assistance. To keep statistics would prove the program is working in the organization. The Vice-President felt this was not necessary."

5(g) What procedure should be established to handle

**problems?**

- i) Who refers?
- ii) Who counsels troubled employees?
- iii) What referral agencies will be used?
- iv) What procedures will be instituted to handle problems caused or aggravated by the workplace?
- v) What is the role of the Employee Assistance Program Director?
- vi) What is the role of the Joint Committee?
- vii) What follow-up procedures are to be established, including records?
- viii) What should be the policy of the Employee Assistance Program in such important matters as confidentiality and promotion of the Employee Assistance Program?
- ix) What procedure is established to include family members?

The following items were designed to elicit answers to this question (Appendix C):

Employee assistance director structured interview,  
items 7, 20, 21.

Referral considerations were addressed in the following item: Employee assistance director structured interview item 20, number 1. Item 20, number 1 of the structured interview asked "Who refers"? Five of the six respondents said that

referrals can be induced, mandatory management referrals, voluntary self-referrals or peer referrals. The other respondent said referral agents are designated and trained to refer troubled employees to the Employee Assistance Program.

Counselling considerations were addressed in the following item: Employee assistance director structured interview item 20, number 2. Item 20, number 2 of the structured interview asked "Who counsels troubled employees"? One respondent replied that: "There is a designated psychologist within the organization who provides the counselling. None of the referrals are contracted outside the organization." Another respondent replied that: "Counselling is done by the director of the Employee Assistance Program in that organization." The remaining four respondents developed programs which offer assessment and referral services only and counselling is provided by qualified individuals outside the organization.

Referral agencies were addressed in the following item: Employee assistance director structured item 20, number 3. Item 20, number 3 of the structured interview asked "What referral agencies will be used"? All respondents utilize the voluntary referral agencies in the local community. A comprehensive list of these agencies is available through the Employee Assistance Program Association of Newfoundland and Labrador.

Problems caused or aggravated by the workplace were

addressed in the following item: Employee assistance director structured interview item 20, number 4. Item 20, number 4 of the structured interview asked "What procedures will be instituted to handle problems caused or aggravated by the workplace"? One respondent replied: "We do not get involved in the disciplinary process of employees. If problems exist that are caused by the environment, they are handled by the Occupational Health and Safety Committee in the organization." Another respondent replied: "This is a delicate issue and there is no specific procedure to handle it. The employee assistance director does not get involved in this situation but will assist individuals to deal with their own problems." The remaining respondents said that Employee Assistance Programs are not designed to meet this problem in the workplace.

The role of the employee assistance program director was addressed in the following items: Employee assistance director structured interview item 20, numbers 5 and 21. Item 20, number 5 of the structured interview asked "What is the role of the Employee Assistance Program Director"? All respondents agreed that the major function of the Employee Assistance Program Director is the development, co-ordination, management and evaluation of an effective Employee Assistance Program. One respondent submitted an outline of specific duties for employee assistance directors, outlined by Blair (1985) and include:

1. Assisting the development of the Joint Labour, Management Committee.
2. Co-ordinating the Employee Assistance Program.
3. Developing a specific employee assistance policy for the organization.
4. Developing implementation procedures.
5. Developing a guide for managers and union officials.
6. Designing and conducting training for supervisors, union officials and employees.
7. Organizing and conducting orientation sessions for employees.
8. Implementing ongoing employee promotion programs.
9. Interacting with senior administration and union officials regarding employee assistance issues.
10. Developing an assessment and referral system.
11. Designing and implementing an effective evaluation system.
12. Developing a confidential filing system.
13. Collecting and compiling data for cost-effectiveness analysis.
14. Supervising additional EAP employees.

Item 21 of the structured interview asked "What training is provided for (a) management supervisors, (b) union officers"? All six respondents offer a specific one day education session on employee assistance for management and union officials. This training session is developed and co-

ordinated by the employee assistance program director.

The role of the Joint Committee was addressed in the following item: Employee assistance director structured interview item 20, number 6 and item 7. Item 20, number 6 of the structured interview asked "What is the role of the Joint Committee"? All six respondents said the role of the Joint Committee is to establish hospital policies regarding employee assistance, to monitor the operation of the Employee Assistance Program and to discuss statistics which indicate program utilization. One respondent provided additional information outlining the role functions of the Joint Committee stated by Weagle and Skead (1984). Some of the functions are to:

1. Oversee the effective operation of the Employee Assistance Program.
2. Interpret program policy, responsibilities and procedures to union, management, referral agents, community resources.
3. Review reports submitted by referral agents, community resources.
4. Address specific concerns raised by union and management.
5. Provide feedback to union and management.
6. Prepare an annual overview of the Employee Assistance Program activity and present it to senior management, union and employees.
7. Ensure that employee assistance education and

training sessions are held with key groups and employees.

8. Maintain confidentiality by monitoring all procedures.

Item 7 of the employee assistance director structured interview asked "Is there a permanent labour/management committee co-ordinating the overall program? If not, who co-ordinates/administers"? Five respondents answered "yes" to this question. The other respondent answered "no" to this question saying the organization did not want to go to a joint committee to manage an Employee Assistance Program. Instead, the manager of personnel responsible for employee services, co-ordinates the Employee Assistance Program.

Follow-up procedures were addressed in the following item: Employee assistance director structured interview, item 20, number 7. Item 20, number 7 of the structured interview asked "What follow-up procedures are to be established, including records"? One respondent stated there were no written guidelines for follow-up of troubled employees but added that follow-up can be from six months to a year after counselling sessions are completed and the employee is back to work. Five respondents stated that follow-up procedures are active and ongoing and troubled employees are contacted at least once a month by telephone calls or visits by the director. All six respondents said that employee records are confidential, brief and kept in a separate file from other employee records. These records are destroyed when the



employee is discharged from the Employee Assistance Program.

The employee assistance policy on confidentiality and promotion of the program were addressed in the following item: Employee assistance director structure interview item 20, number 8. Item 20, number 8 of the structured interview asked "What should be the policy of the Employee Assistance Program in such important matters as confidentiality and promotion of the Employee Assistance Program"? Table 18 outlines the responses to the question on confidentiality.

The six directors interviewed gave varied responses regarding promotion of the Employee Assistance Program. One respondent stated: "Because of the demanding work load, promotion is only done initially for new employees. Promotion is not ongoing because it is difficult to handle." Another respondent is a member of an informal sub-committee whose main function is to promote the Employee Assistance Program for the organization. The remaining four respondents offer similar promotion strategies such as one day workshops for managers, union representatives and employees as well as pamphlet and poster displays on Employee Assistance.

The inclusion of family members in the Employee Assistance Program was addressed in the following item: Employee assistance director structured interviewed asked "What procedure is established to include family members"? One respondent replied: "Family members are included only if the referral comes from the employee." Another respondent said:

"The organization does not pay for family members but they are included if it involves couples." The remaining four respondents replied "yes" to this question.

**Table 18**

**Confidentiality of Employee Assistance - Structured Interview Responses**

Comments	Number n = 6
Confidentiality is the number one priority for a successful Employee Assistance Program.	1
Confidentiality is the most important element of an Employee Assistance Program. In the mandatory referral process only the director, troubled employee and supervisor should know about the referral and the director should be the only person to access the employee confidential file.	1
Any and all information between individuals should remain safely between those individuals, unless proper informed and written consent to release the information is given.	1
All medical records and communication should be kept confidential and available only to EAP staff.	1
Information on troubled employees is not released without written, informed consent.	1
Confidentiality is the cornerstone of an Employee Assistance Program. All files and information on employees are kept solely by the director of the program.	1

5(h) Of what should the Employee Assistance Program unit consist? (staff, office space, equipment, budget, sources of finance, board of management, relations with unions and hospital management)

The following item was designed to elicit response to this question (Appendix C):

Employee assistance director structured interview, item 18.

Staffing considerations were addressed in the following item: Employee assistance director structured interview, item 18a. Item 18a of the structured interview asked "Of what does your employee assistance unit consist? (a) staff"? From six respondents, four have a staffing unit consisting only of an employee assistance director. The fifth respondent has a staffing unit consisting of an employee assistance director and seven referral agents. The sixth respondent has a staffing unit consisting of a physician who is the employee assistance director, two nurses and one secretary.

Office space considerations were addressed in the following item: Employee assistance director structured interview, item 18b. Item 18b of the structured interview asked "Of what does your employee assistance unit consist? (b) office space"? Three respondents have office space consisting of a physician examining/consulting room, a nurse examining/consulting room, a rest room for employees with

health problems and office space with reception area. The remaining three respondents have office space consisting of a single room for administrative work and for assessing employees referred to the Employee Assistance Program.

Equipment considerations were addressed in the following item: Employee assistance director structured interview, item 18c. Item 18c of the structured interview asked "Of what does your employee assistance unit consist? (c) equipment"? Equipment considerations included items used by the director to ensure strict confidentiality of employee files and information. Apart from the regular office equipment, all six respondents have a locked code-a-phone system which is separate from the regular organizational phone system and is accessed only by the employee assistance director. All six respondents also have locked filing cabinets which are separate from the regular employee files. These file cabinets store information on employees referred to the Employee Assistance Program and only the employee assistance director can access this information. The files are destroyed when an employee is discharged from the Employee Assistance Program.

Budget and finance consideration were addressed in the following item: Employee assistance director structured interview, item 18d, e. Item 18d and e asked "Of what does your employee assistance unit consist? (d) budget, (e) source of finance"? Items 18d and e were answered as one question by the six directors interviewed. Three respondents did not

have a separate Employee Assistance Program budget because this program is incorporated under the employee health services budget. Media aids such as pamphlets are paid by the Human Resources Department. The fourth respondent has a designated budget of \$9,000.00 yearly, which was over and above the director's salary. Broken down, this budget included \$6,000.00 for travel expenses, \$2,000.00 for promotion of the Employee Assistance Program and \$1,000.00 for professional services. The fifth respondent has an Employee Assistance Program budget which is part of the health and safety training department, a division of Human Resources. Included in the budget is separate funding for employees referred for counselling services to professional organizations. Funding covers 10 to 20 counselling sessions for each employee referred. However, due to limited funding, this budget is not open-ended because it does not allow employees to be counselled until they are well. The sixth respondent does not have separate funding for employee assistance but additional financial assistance is approved by management when needed. Salary allocations for employee assistance directors, ranged from \$38,000.00 to \$50,000.00 yearly.

Board of management considerations were addressed in the following item: Employee assistance director structured interview, item 18f. Item 18f asked "Of what does your employee assistance unit consist? (f) board of management"? The responses to this question include: "Joint Committee";

"Administration, human resources and health services nurse"; "Both comprise Joint Committee"; "Manager of health and safety with input from the Joint Committee"; "Director of Personnel, Chairman of Public Service Commission, Minister of Public Works."

Relations with unions and hospital management considerations were addressed in the following item: Employee assistance director structured interview, item 18g. Item 18g asked "Of what does your employee assistance unit consist? (g) relations with unions and hospital management considerations"? Five responses to this question include: "Representatives from management and union comprise the Joint Committee which oversees the Employee Assistance Program. The Joint Committee meets every four months"; the sixth respondent replied that this question was not applicable in the organizational set up.

**6. What changes must be made in the existing hospital setting to effectively operationalize an Employee Assistance Program?**

The following item was designed to determine response to this question (Appendix C):

Employee assistance director structured interview,  
item 19.

Item 19 of the employee assistance director structured

interview asked "What changes are made in the existing hospital setting to effectively operationalize an Employee Assistance Program"? From six directors interviewed, four did not have to make changes in the existing setting because the health services was established prior to implementing an Employee Assistance Program. The two directors who made changes in the existing setting responded: "The organization had to change its management style from one of openness to one of strict confidentiality"; "Training of referral agents to refer troubled employee; to the Employee Assistance Program."

**7. What are the benefits of an Employee Assistance Program for health care institutions?**

The following item was designed to determine response to this question (Appendix C):

Employee assistance director structured interview,  
item 9.

Item 9 of the employee assistance director structured interview asked "What are the benefits derived from your Employee Assistance Program"? The responses to this question are outlined in Table 19.

Table 19

**Benefits of an Employee Assistance Program - Employee Assistance Director Responses**

Comments	Number    n = 6
It is a real boost in employee morale because it shows employees that management is interested in them as workers and their well being.	1
For employees who participate in the Employee Assistance Program, there is a definite increase in work performance. Often these employees thank the Employee Assistance Program staff for use of this program.	1
Satisfaction of employees that the hospital cares. Also management is satisfied because they have somewhere to turn other than their own counselling.	1
Fewer terminations and decreased absenteeism.	1
Viewed as an employee benefit for all. An Employee Assistance Program promotes well being in the workplace by providing help in the workplace.	1
Employees can get confidential help for personal problems and their personal lives are happier.	1

**8. What are the problems of an Employee Assistance Program?**

The following item was designed to elicit response to this question (Appendix C):



Employee assistance director structured interview,  
item 10.

Item 10 of the employee assistance director structured interview asked "What are the problems encountered with your Employee Assistance Program"? The responses are outlined in Table 20.

**Table 20**

**Problems Encountered in Employee Assistance Programs -**  
**Employee Assistance Director Responses**

Comments	Number n = 6
Major weaknesses in Employee Assistance Programs are shortage of staff to operate the program, lack of funding for professional counselling services and travel expenses and long waiting periods for staff referred to some voluntary agencies.	1
Not enough time for employee education.	1
Not enough sources for help for rural Newfoundland.	1
Misuse of program for disciplinary reasons.	1
Not successful in generating supervisory referrals and no insurance plan in place for long term alcohol and drug problems.	1
Fear of breach of confidentiality and due to organizational structure, employees are suspicious of referral agents role.	1

## CHAPTER V

### Summary, Conclusions and Recommendations

This study attempted to investigate the benefits of Employee Assistance Programs in provision of early identification, intervention and rehabilitation of employees with health, social or behavioral problems affecting work performance, and examine existing Employee Assistance Programs so as to make recommendations for administrative planning considerations in the development of an Employee Assistance Program at St. Clare's Mercy Hospital. This study attempted to assess:

1. The perceptions of certain personnel regarding an Employee Assistance Program.
2. The determination of the need for an Employee Assistance Program at St. Clare's Mercy Hospital.
3. The level of endorsement by administration, union officials and employees for an Employee Assistance Program at St. Clare's Mercy Hospital.
4. The provisions in the Collective Agreements for an Employee Assistance Program.
5. The type of employee assistance model to be implemented at St. Clare's Mercy Hospital including:
  - (a) The guidelines for an Employee Assistance Program.
  - (b) The scope of the program such as drug and alcohol problems, mental health, absenteeism, marital and

family problems, financial problems, problems aggravated or caused by the work force.

- (c) The type of assistance to be provided for the troubled employee; (counselling, assessment, referral)
- (d) The role the health facilities will play.
- (e) The coverage of the program by health insurance and sick leave.
- (f) The number of employees who will use the program.
- (g) The procedure to be established to handle problems including:
  - i) The referral process.
  - ii) The counselling of troubled employees.
  - iii) The referral agencies to be used.
  - iv) The procedures to handle problems caused or aggravated by the workplace.
  - v) The role of the Employee Assistance Program Director.
  - vi) The role of the Joint Committee.
  - vii) The follow-up procedures to be established, including records.
  - viii) The policy of the Employee Assistance Program in such matters as confidentiality and promotion.
  - ix) The procedure to include family members.
- (h) The Employee Assistance Program unit including

staff, office space, equipment, budget, sources of finance, board of management, relations with unions and hospital management.

6. The changes to be made in the existing hospital setting to effectively operationalize an Employee Assistance Program.

7. The benefits of an Employee Assistance Program for Health Care Institutions.

8. The problems of an Employee Assistance Program.

The conceptual model utilized for this study was the Employee Assistance model delineated by Erfurt and Foote (1977, cited in Klarreich et al., 1985). This model graphically organized employee assistance functions into 3 systems of activity. System A deals with identification of employees exhibiting work performance problems, encouraging them to seek assistance from the Employee Assistance Program. System B is the organizational component and links employees at work in System A with treatment agencies in the community--System C. Variations in the employee assistance design may be grouped into three categories: (a) variations regarding the functions emphasized by the program; (b) variations regarding who will handle each function; and (c) variations in how each function is carried out.

A review of related literature supported the findings of this study. The literature indicated that Employee Assistance Programs are effective in early identification, intervention

and rehabilitation of employees with health, social or behavioral problems which affect work performance. In addition, in view of financial constraints, collective bargaining processes, new technology, communications and government regulations, Employee Assistance Programs provide an avenue for dealing with the side effects of rapid organizational change in the hospital environment.

The population for this study was comprised of 1407 employees and students at St. Clare's Mercy Hospital. Three hundred questionnaires were randomly administered to management, union and employees. From 68 management questionnaires administered, 47 were returned. Thirty-two union representative questionnaires were administered and 20 were returned and from 200 employee questionnaires administered, 116 were returned. The total number of questionnaires returned was 183 (61%).

Responses to questions posed in the statement of the problem were analyzed in this study. Questionnaires and structured interviews were used by the researcher during an internship spent at six Newfoundland organizations and health care institutions with established Employee Assistance Programs. The structured interview questionnaire was developed from the conceptual model utilized, literature review, an employee assistance conference and the researcher's experience as a member of the Employee Assistance Program Association of Newfoundland. Some of the questions in the

management, union and employee questionnaires were adapted from a survey Form B, "Program in Place" and from survey Form A "No Program at Workplace" used at the 1979 Canadian Management Congress.

### Summary of Findings

The research questions in this study were addressed through an analysis of the data from questionnaires administered to management, union representatives and employees at St. Clare's Mercy Hospital and from structured interview questionnaires administered to six directors of Employee Assistance Programs in Newfoundland. Frequency distributions indicating subject response, were displayed.

Findings of the research indicated that Employee Assistance Programs provide confidential, professional assistance to troubled employees with any problem that affects work performance. These problems may be manifested as marital, financial, drug or alcohol abuse, or any health, social or behavioral problem.

The need for an Employee Assistance Program was addressed. From the management group, 98% of respondents said there is a definite need for an Employee Assistance Program. From the employee group, 84% felt that there is a definite need for an Employee Assistance Program. From the union representative questionnaire, 90% of respondents said there is a definite need for an Employee Assistance Program.

Frequency tables clearly show that the majority of management, employees and union representatives feel that an Employee Assistance Program is definitely needed at St. Clare's Mercy Hospital.

The value of an Employee Assistance Program for all levels in the organization was also addressed in this study. A majority of management, union and employee respondents said that an Employee Assistance Program is valuable for all levels at St. Clare's Mercy Hospital. When asked to rate the present climate of labour and management relations at St. Clare's Mercy Hospital, 6% of the management group rated relations as excellent, 64% responded good and 21% responded fair. From the employee group, 2% rated management and labour relations as being excellent, 47% said good, 40% responded fair and 6% said poor. From the 20 union responses, 65% rated labour, management relations as being good and 35% responded fair. A majority of respondents in all three groups said that labour and management relations are good in this organization.

Management, employee and union representatives were also asked if an Employee Assistance Program should be established jointly by management and union. One hundred percent of management respondents replied "yes" to this question adding that social or personal problems are not unique to one group of people and managers themselves require this type of program. From the employee group, 95% of respondents replied "yes", noting that you need both the support of management and

union to operate this program efficiently. From the union representative group, 100% of respondents also replied "yes" and felt that with input from both sides, a fair and equitable program could be managed to suit the needs of employee and employer. The data further revealed that a majority of management, employee and union representatives feel an Employee Assistance Program is most beneficial to their workplace.

Support for the establishment of an Employee Assistance Program was very positive. One hundred percent of management respondents strongly support the establishment of this program. Ninety-seven percent of employee respondents answered in the affirmative, 95% of union representatives strongly supported establishment of an Employee Assistance Program.

Provisions in the collective agreement for an Employee Assistance Program were discussed. From six employee assistance directors interviewed, only two have provisions in their collective agreements for the establishment of an Employee Assistance Program. From the union representative group, three responded "yes" to this question.

The type of Employee Assistance Model, scope of the program and development guidelines were addressed during structured interviews with six employee assistance directors. A majority of respondents did not use any particular guidelines in formulating their Employee Assistance Program but



looked instead at other employee assistance models and drew from them. Respondents commented on the type of Employee Assistance Program utilized and all six directors stated that their organization developed a Broad Brush Employee Assistance Program which provides total service for any problem affecting an employee's work performance.

The type of assistance provided by troubled employees was discussed during the structured interview. Five directors interviewed said their program offered two types of referrals for employee assistance--formal or mandatory referral and information, self-referral. The formal or mandatory referral is initiated by management and the information self-referral, the most common type of referral used, encourages employees to seek assistance for their health or personal problems.

All management respondents gave similar responses when asked how they would operate when confronted with an employee with work performance problems. Fifty-three percent said that they would interview the employee and recommend help or counselling. Forty-three percent of management respondents also said that they have dealt with one or two cases of this nature, 26% said they have dealt with three or four cases and 17% have dealt with five or more cases of this nature. From the employee group, 43% of respondents did not encounter any staff members who fit the description of a troubled employee. Thirty-two percent replied that they experienced problems with one or two cases, 11% said they encountered problems with

three or four cases and 12% experienced problems with five or more cases. When asked if they would refer a troubled co-worker to an Employee Assistance Program, 100% of the employee group responded yes.

The union representative group were asked how they would deal with an employee whose work performance is affected by personal problems. Seventy percent would listen and encourage him/her to seek help or refer these employees to qualified people to deal with the problem. When asked if there have been cases of this nature, 80% responded yes and 20% responded no to this question. From the union representative responses, 30% had seen one or two employees, 20% had seen three or four employees and 35% had seen five or more employees with personal problems. One hundred percent of union representatives would refer troubled employees to an Employee Assistance Program.

The role of the health facility was discussed during the structured interview. Three directors interviewed have facilities designated Occupational Health Departments. Their principle role is prevention of disease, promotion of health and safety and the functioning of an Employee Assistance Program. Three of the directors who have health care facilities also commented on the role of the health service in the referral of distressed employees, noting that they assess and follow up troubled employees and refer them elsewhere for professional counselling service. The six directors also have

a comprehensive health coverage for their employees and time lost would be covered as sick leave.

When asked how widely the Employee Assistance Program was known among the membership, all six respondents said they have a comprehensive orientation program in place and all employees are provided the opportunity for using this program. Four of the six directors interviewed also handle 43 to 48 new referrals yearly and the demand for employee assistance is steadily rising.

The procedure to handle problems was also discussed during the structured interview with employee assistance directors. Referral considerations were addressed and five respondents said that referrals can be induced, management referrals, voluntary self-referrals or peer referrals. Counselling considerations were also addressed and four respondents developed programs which offer assessment and referral services only, with counselling provided by qualified individuals outside the organization. All respondents utilize voluntary referral agencies in the local community. When asked how problems caused or aggravated by the workplace were addressed, a majority of directors said that Employee Assistance Programs are not designated to meet this problem in the workplace.

The six employee assistance directors commented on the role of the employee assistance director. All agreed that the major function is to develop, co-ordinate, manage and evaluate

an effective Employee Assistance Program for that organization. Specific duties for employee assistance directors as outlined by Blair (1985) were submitted by one of the respondents.

Training provided for management supervisors and union officers was also reviewed with the six directors during the structured interview. All six respondents offer a specific one day education session on employee assistance. The training session is developed and co-ordinated by the employee assistance director.

The importance of the Joint Committee was discussed with the employee assistance directors. All respondents maintained that the role of the Joint Committee is to establish hospital policies on employee assistance, to monitor the operation of the program and to discuss statistics which indicate program utilization. One director provided additional information outlining the role function of the Joint Committee stated by Weagle and Skead (1984). Five employee assistance directors also stated that their organization has a permanent labour/management committee co-ordinating the overall Employee Assistance Program.

Follow-up procedures including records was also reviewed with the employee assistance director. Five respondents have follow-up procedures which are active and ongoing and troubled employees are contacted at least once a month by the director of the program. Employee records are brief and kept in a

separate file from other employee records.

The importance of confidentiality was discussed during the structured interview. The six directors concurred that confidentiality is the most important element and the cornerstone of an Employee Assistance Program. Any and all information between individuals should remain safely between those individuals unless written consent to release the information is given.

When asked about promotion of the Employee Assistance Program, four directors offer similar promotion strategies such as one day workshops for managers, union representatives and employees. Pamphlet and poster displays on employee assistance was also available. The four employee assistance directors interviewed also have a procedure established to include family members in their Employee Assistance Program. One other respondent said that family members are included only if the referral comes from the employee. The other respondent said their organization does not pay for family members, but are included if it involves couples.

The type of Employee Assistance Program unit was discussed with the six employee assistance directors. When asked about staffing considerations, four respondents said that their programs have a staffing unit consisting of an employee assistance director only. One of the respondents said that their program has a staffing unit consisting of a physician who is the employee assistance director, two nurses and one

secretary. Three of the six respondents said that they have office space consisting of a physician examining/consulting room, a nurse examining/consulting room, a rest room for employees with health problems and office space with reception area. Equipment used in this office space included items used by the director to ensure strict confidentiality of employee files. These items include a code-a-phone system and locked file cabinets which are separate from the regular employee files. Three respondents said that they have a program budget incorporated under the employee health services budget. When asked to comment on relations with union and hospital management, five directors responded that in their situation, the Joint Committee overseeing the Employee Assistance Program is comprised of equal representatives from both management and union. Minor changes had to be made in some organizations which included changing management style from one of openness to one of strict confidentiality.

The benefits of Employee Assistance Programs perceived by the employee assistance directors revealed that this program is a great boost to employee morale because it shows employees that management is interested in them as workers and in their well being. Management is also satisfied because they have somewhere to turn other than in providing their own counselling.

When asked about weaknesses in employee assistance, the employee assistance directors responded that major weaknesses

in Employee Assistance Programs are shortage of staff to operate the program, lack of funding for professional counselling services and long waiting periods for staff referred to some voluntary agencies. Fear of breach of confidentiality of employee information was also revealed as another weakness in the system.

### Conclusions

The following conclusions can be drawn from the findings of this study.

1. Employee Assistance Programs are effective in providing confidential, professional assistance to troubled employees with any problem that affects work performance. They also provide an avenue for dealing with the side effects of rapid organizational change in the hospital environment.

2. Management, employee and union representatives express a definite need for an Employee Assistance Program at St. Clare's Mercy Hospital.

3. There exists a strong level of endorsement by administration, union officials and employees for an Employee Assistance Program at St. Clare's Mercy Hospital.

4. Most collective agreements do not have provisions for an Employee Assistance Program.

5. The most common type of Employee Assistance Model utilized is the Broad Brush Model which is all encompassing and includes any problem that affects an employee's work

performance.

6. Employee assistance directors agree that the type of professional assistance provided should include assessment and referral of troubled employees to qualified counsellors.

7. Employee assistance directors agree that Employee Assistance Programs are beneficial to all organizations because they indicate to employees that management cares for them both as human beings and employees. Additionally, these programs provide an avenue for managers to refer employees with problems affecting their work performance.

8. Health care facilities play a major role in the assessment and referral of troubled employees to qualified professionals.

9. Organizations do not have adequate funding for employees on long term employee assistance or for referrals to private referral agencies.

10. The employee assistance director is the primary person who manages the Employee Assistance Program and assists in the assessment and referral of troubled employee performance.

11. The Joint Committee is made up of equal representation from management and union and directly oversees the running of the Employee Assistance Program.

12. Confidentiality is the cornerstone of any Employee Assistance Program. Information is not to be released from an employee's file without informed, written consent.



13. Two types of referrals are utilized in Employee Assistance Programs. One is the formal, mandatory referral initiated by management and the second is the informal self or peer referral, which is the most common type of referral recommended.

14. Education and promotion are important components of an Employee Assistance Program. A comprehensive orientation program on employee assistance for new employees and a one day education session for all management, employees and union representatives exists in most developed programs.

15. Inadequate space and staff to effectively operationalize an Employee Assistance Program exists in most organizations.

### Recommendations

Employee Assistance Programs have developed slowly in health care since early 1970. During the past decade, health care institutions have responded more favourably to employee problems which affect their work performance. Broad Brush Employee Assistance Programs frame a response to employee needs, covering a broad range of personal problems including drug and alcohol related problems. The following recommendations are based upon the success of Employee Assistance Programs.

1. That consideration be given to the development of a formalized in-house Employee Assistance Program utilizing

the Broad Brush Model at St. Clare's Mercy Hospital.

2. That overall endorsement by senior management and union officials be sought prior to development of an Employee Assistance Program and that both groups be involved during the initial planning and development of the Employee Assistance Program.

3. That a needs assessment including a survey of the organization, a survey of the need for a program and a survey of all available resources that exist in the community be done before considering the introduction of any Employee Assistance Program.

4. That a clear policy and procedure statement reflecting the overall philosophy of St. Clare's Mercy Hospital be developed by the program director for this Employee Assistance Program.

5. That program objectives for the Employee Assistance Program be developed which are compatible with the organizational goals, policies and procedures of St. Clare's Mercy Hospital.

6. That the major goal of this Employee Assistance Program be to help troubled employees with any problem that affects work performance. This program should be an alternative to disciplinary action.

7. That confidentiality of employees and their files be the foundation and most important element in the development and management of an Employee Assistance Program for St.

Clare's Mercy Hospital.

8. That a Joint Committee consisting of equal representation from management and union be established to assist in the planning, implementation and directly overseeing the running of the Employee Assistance Program.

9. That selection of the program director and joint committee members be based on their ability to maintain confidentiality and that additional training be provided regarding confidentiality and breach of confidentiality.

10. That the Employee Assistance Program be placed in a prominent position within the hospital hierarchy.

11. That one person be designated in charge of the Employee Assistance Program and that this person report to the highest level possible in the organization and have the stature of department director in order to inspire the trust of mid-level to senior management.

12. That St. Clare's Mercy Hospital be prepared to pay an appropriate salary and provide training for qualified staff employed in the Employee Assistance Program.

13. That the Employee Assistance Program for St. Clare's Mercy Hospital consist of proper assessment, referral and follow-up components, with troubled employees being referred to qualified professionals for counselling, whenever necessary.

14. That the referral process for all Employee Assistance Programs be either an informal self-referral or a formal,

supervisory referral with emphasis placed on the informal route. Procedures for informal and formal referral should be established and written.

15. That free consultation on Employee Assistance Programs be sought from local community resources prior to the introduction of an Employee Assistance Program for St. Clare's Mercy Hospital.

16. That consideration be given to providing a budget for professional counselling not covered by the local community referral agencies. This will result in earlier counselling for troubled employees at St. Clare's Mercy Hospital.

17. That the Employee Assistance Program be initially delimited to all employees at St. Clare's Mercy Hospital and that consideration be given to eventually including family members of employees.

18. That consideration be given to the legal implications of an Employee Assistance Program and that legal consultation be sought throughout the development of this Employee Assistance Program for St. Clare's Mercy Hospital.

19. That employees be entitled to sick leave if lost time should result while participating in the Employee Assistance Program.

20. That marketing and enriching strategies be developed, ongoing in a professional manner and co-ordinated by the employee assistance director.

21. That the Employee Assistance Program integrate into a well established department which is perceived to be confidential, credible and accessible.

22. That program evaluation to measure the effectiveness of the Employee Assistance Program develop early, be ongoing and include process and outcome goals.

23. That research on employee assistance be continuous and confidential, and that it be an avenue for determining the cost-effectiveness of the Employee Assistance Program.

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**APPENDIX A**  
**Correspondence**



## MEMORIAL UNIVERSITY OF NEWFOUNDLAND

St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101

Tel.: (709) 737-7647/8

July 27, 1989

Ms. Valerie Hodder  
Health and Employee Assistance Co-Ordinator  
Medical Centre  
Newfoundland Telephone  
Box 2110  
St. John's, Newfoundland  
A1C 5H6

Dear Madam:

The purpose of this letter is to request your permission for my graduate student, Marion Scanlon, to visit your organization during the week of October 2 - October 6, 1989. While there, Mrs. Scanlon will be meeting with you to acquire knowledge of your Employee Assistance Program.

We are most anxious to receive your permission to visit your organization, since the findings will greatly assist in developing an Employee Assistance Program for St. Clare's Mercy Hospital patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

---

Marion Scanlon  
Graduate Student

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Dr. D.L. Treslân  
Associate Professor



## MEMORIAL UNIVERSITY OF NEWFOUNDLAND

St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016 4101

Tel.: (709) 737 7647/8

July 27, 1989

Mr. Terry Greene  
Health and Employee Assistance Co-Ordinator  
Newfoundland Light and Power  
Box 8910  
St. John's, Newfoundland  
A1B 3P6

Dear Sir:

The purpose of this letter is to request your permission for my graduate student, Marion Scanlon, to visit your organization during the week of October 9 - October 13, 1989. While there, Mrs. Scanlon will be meeting with you to acquire knowledge of your Employee Assistance Program.

We are most anxious to receive your permission to visit your organization, since the findings will greatly assist in developing an Employee Assistance Program for St. Clare's Mercy Hospital patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

Marion Scanlon  
Graduate Student

Dr. D.L. Trešlan  
Associate Professor



## MEMORIAL UNIVERSITY OF NEWFOUNDLAND

St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016-4101

Tel.: (709) 737-7647/8

July 27, 1989

Mrs. JoAnn Hogan  
RCMP Health Service  
Box 9700  
Station B  
St. John's, Newfoundland  
A1A 3T5

Dear Madam:

The purpose of this letter is to request your permission for my graduate student, Marion Scanlon, to visit your organization during the week of October 23 - October 27, 1989. While there, Mrs. Scanlon will be meeting with you to acquire knowledge of your Employee Assistance Program.

We are most anxious to receive your permission to visit your organization, since the findings will greatly assist in developing an Employee Assistance Program for St. Clare's Mercy Hospital patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

---

Marion Scanlon  
Graduate Student

---

Dr. D.L. Ireslan  
Associate Professor



MEMORIAL UNIVERSITY OF NEWFOUNDLAND  
St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex 016 4101  
Tel (709) 737 7647/8

July 27, 1989

Mr. Sam Stickland  
Manager of Labor Relations and Employee Services  
Newfoundland Hydro  
Box 9100  
St. John's, Newfoundland  
A1A 2X8

Dear Sir:

The purpose of this letter is to request your permission for my graduate student, Marion Scanlon, to visit your organization during the week of September 11 - September 15, 1989. While there, Mrs. Scanlon will be meeting with you to acquire knowledge of your Employee Assistance Program.

We are most anxious to receive your permission to visit your organization, since the findings will greatly assist in developing an Employee Assistance Program for St. Clare's Mercy Hospital patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

---

Marion Scanlon  
Graduate Student

---

Dr. D.L. Trestan  
Associate Professor



MEMORIAL UNIVERSITY OF NEWFOUNDLAND  
St. John's, Newfoundland, Canada A1B 3X8

*Department of Educational Administration*

Telex: 016-4101  
Tel : (709) 737-7647/8

July 27, 1989

Dr. Jean Griffin  
Occupational Health and Safety Division  
General Hospital  
Health Sciences Complex  
St. John's, Newfoundland  
A1B 3V6

Dear Madam:

The purpose of this letter is to request your permission for my graduate student, Marion Scanlon, to visit your organization during the week of September 18 - September 23, 1989. While there, Mrs. Scanlon will be meeting with you to acquire knowledge of your Employee Assistance Program.

We are most anxious to receive your permission to visit your organization, since the findings will greatly assist in developing an Employee Assistance Program for St. Clare's Mercy Hospital patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

---

Marion Scanlon  
Graduate Student

---

Dr. D.L. Trešlan  
Associate Professor



## MEMORIAL UNIVERSITY OF NEWFOUNDLAND

St. John's, Newfoundland, Canada A1B 3X8

Department of Educational Administration

Telex: 016 4101

Tel.: (709) 737 7643/8

July 27, 1989

Mr. Tom Cooper  
EAP Co-Ordinator  
Public Service Commission  
146-148 Forest Road  
St. John's, Newfoundland  
A1A 1E6

Dear Sir:

The purpose of this letter is to request your permission for my graduate student, Marion Scanlon, to visit your organization during the week of September 25 - September 29, 1989. While there, Mrs. Scanlon will be meeting with you to acquire knowledge of your Employee Assistance Program.

We are most anxious to receive your permission to visit your organization, since the findings will greatly assist in developing an Employee Assistance Program for St. Clare's Mercy Hospital patterned on your successful experience.

I would appreciate hearing from you at your earliest convenience.

---

Marion Scanlon  
Graduate Student

---

Dr. D.L. Tresslan  
Associate Professor



**NEWFOUNDLAND LIGHT & POWER CO. LIMITED**

P.O. Box 8910  
St. John's, Nfld.  
A1B 3P6  
1989-09-12

Dr. D.L. Treslan  
Associate Professor  
Department of Educational  
Administration  
Memorial University of  
Newfoundland  
St. John's, Nfld.  
A1B 3X8

Dear Dr. Treslan:

I am in receipt of your letter requesting permission for Marion Scanlon to visit with me during the week of October 9-13, 1989 in order to discuss our Employee Assistance Program.

Please be advised that I would be glad to help in this endeavour and look forward to my communications with Mrs. Scanlon. I hope that our discussions can be of assistance in her learning experience and development of a program for St. Clare's Mercy Hospital.

I have set aside the week of October 9-13. Apologies for the delayed reply.

Sincerely,

*W. J. Greene*

**NEWFOUNDLAND AND LABRADOR HYDRO**

Head Office: St. John's, Newfoundland A1A 2X8 • Telephone (709) 737 1400 • Telex 016 4503 • Fax (709) 737 1231

August 9th, 1989

Dr. D. L. Treslan,  
Associate Professor,  
Department of Educational Administration,  
St. John's, Newfoundland  
A1B 3X8

Dear Sir:

We would be pleased to meet with your Mrs. Scanlon  
to discuss our Employee Assistance Program.

We have scheduled 9:00 - 11:00 A.M. on September  
14th. for the meeting at Philip Place, Elizabeth  
Avenue East, at the Employee Relations Division on  
the 1st. Floor.

We trust this date will be acceptable to Mrs.  
Scanlon.

Yours truly,

S. P~~U~~STICKLAND  
Manager, Labour Relations  
and Employee Services

SPS/tmm



Royal Canadian  
Mounted Police

Gendarmerie royale  
du Canada

August 9, 1989

Your file    Votre référence

Our file    Notre référence

Dr. D.L. Treslan  
Dept. of Educational Administration  
Memorial University of Newfoundland  
St. John's, Newfoundland  
A1B 3X8

Dear Dr. Treslan:

This is in response to your letter of 89-07-27.

I am pleased to have Marion Scanlon visit the RCMP Health Unit during the week of October 23-27. I hope the experience will be of assistance to her in setting up the Employees Assistance Program at St. Clare's Hospital.

Yours truly,

E.J. Hogan, R.N. BScN.

RCMP Health Services  
"B" Division  
P.O. Box 9700, Stn. "B"  
St. John's, Nfld.  
A1A 3T5

Canada



NEWFOUNDLAND  
PUBLIC SERVICE  
COMMISSION

146-148 FOREST ROAD  
ST. JOHN'S, NEWFOUNDLAND  
A1A 1E6  
PHONE (709) 576-2751 129

1989 08 11

*Dr. D. L. Treslan  
Associate Professor  
Department of Educational  
Administration  
Memorial University of Newfoundland  
St. John's, Newfoundland  
A1B 3X8*

*Dear Dr. Treslan:*

*I wish to acknowledge receipt of your letter of July 27, 1989 regarding Ms. Marion Scanlon's meeting with me during the week of September 25 - September 29, 1989.*

*Ms. Scanlon called me about this matter last month and, as I assured her at that time, I would be very pleased to meet with her and discuss our Employee Assistance Program.*

*Yours truly,*

**TOM COOPER**  
EAP Co-ordinator

/lb

cc Ms. Marion Scanlon



**Newfoundland  
Telephone**

Fort William Building  
P O Box 2110  
St John's Newfoundland  
Canada A1C 5H6

130

1989 09 18

Dr. D. L. Treslan  
Associate Professor  
Dept. of Educational Administration  
Memorial University of Nfld.  
St. John's, Nfld.  
A1B 3X8

Dear Dr. Treslan:

I would like to apologize for the delay in this letter.

I received your letter dated July 27, 1989. The letter requested permission for Mrs. Scanlon to meet with me to discuss our Employee Assistance Program. I would be delighted to meet with her.

Employee Assistance Programs offer a valuable service to employers and employees.

I hope my assistance will help in the development of other Employee Assistance Programs.

Sincerely,

---

Valerie Hodder  
Occupational Health Counsellor  
E.A.P. Coordinator



# THE GENERAL HOSPITAL

THE HEALTH SCIENCES CENTRE  
St. John's, Newfoundland, Canada A1B 3V6

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OPERATED BY  
THE GENERAL HOSPITAL  
CORPORATION

Telephone: (709) 737-6300  
Office: (709) 737-

23 08 89

Dr. D.L. Threslen  
Associate Professor  
Department of Educational Administration  
Memorial University

RE: Mrs. Marion Scanlon

Dear Dr. Threslen:

Thank you for your letter of July 27. I am sorry for the delay in reply owing to my being on vacation.

I will be pleased to accomodate Mrs. Scanlon in our department during the week of September 18 - 23, 1989 regarding our Employee Assistance Program.

Yours sincerely,

JG:lgw

Jean Griffin, M.D.  
Director  
Occupational Health

**APPENDIX B****Itinerary**

**Itinerary**

- |    |  |                       |
|----|--|-----------------------|
| 1. | Newfounndland Hydro  | September 11-15, 1989 |
| 2. | Health Sciences Complex  | September 18-23, 1989 |
| 3. | Public Service Commission  | September 25-29, 1989 |
| 4. | Newfoundland Telephone   | October 2-6, 1989     |
| 5. | Newfoundland Light & Power                                       | October 9-13, 1989    |
| 6. | Royal Canadian Mounted Police                                    | October 23-27, 1989   |
| 7. | Input '89 National Conference on<br>Employee Assistance Programs | November 12-17, 1989  |



APPENDIX C  
Structured Interview

**Employee Assistance Director****Structured Interview**

1. What is an Employee Assistance Program?
2. What type of Employee Assistance Program is developed at your institution?
3. Was the program established jointly by management and union?
4. Before the actual implementation, was there an in-depth needs assessment undertaken?
5. What guidelines did your institution use in implementing an Employee Assistance Program?
6. Are there provisions in the Collective Agreements that call for an Employee Assistance Program?
7. Is there a permanent labour/management committee co-ordinating the overall program? If not, who co-ordinates/administers?
8. How would you rate the climate of labour/management relations at the time of development/implementation?
9. What are the benefits derived from your Employee Assistance Program?
10. What are the problems encountered with your Employee Assistance Program?
11. Are there health care facilities at the worksite?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what are they?
12. What role does the health services play in the referral

of a distressed employee?

13. How widely is the program known among the membership?
14. How many cases have been handled within the last 12 months?
15. How are referrals made? By who, to whom?
16. What type of health coverage is in place for employees? Are additional problems covered? If so, how?
17. What type of sick leave plan is in place? Are those undergoing treatment for alcohol or drug problems entitled to sick leave?
18. Of what does your Employee Assistance unit consist?
  - a) staff
  - b) office space
  - c) equipment
  - d) budget
  - e) sources of finance
  - f) board of management
  - g) relations with unions and hospital management?
19. What changes are made in the existing hospital setting to effectively operationalize an Employee Assistance Program?
20. What procedure was established to handle employee problems?
  - (a) Who refers?
  - (b) Who counsels troubled employees?
  - (c) What referral agencies are used?
  - (d) What procedure is instituted to handle problems caused or aggravated by the workplace?
  - (e) What is the role of the Employee Assistance Program

Director?

- (f) What is the role of the Joint Committee?
  - (g) What follow-up procedures are established, including records?
  - (h) What is the policy of the Employee Assistance Program in such matters as confidentiality and promotion of the Employee Assistance Program?
  - (i) What procedure is instituted to include family members?
21. What training is provided for:
- (a) management supervisors?
  - (b) union officers?
22. Are there any other comments regarding Employee Assistance Programs which you wish to make?

Thank you for your assistance.

APPENDIX D  
Questionnaire for Management, Union  
and Employees

### Management Questionnaire

An Employee Assistance Program is designed to provide confidential professional assistance to employees with personal and social problems which affect work performance. To assist in the design of an Employee Assistance Program for St. Clare's Mercy Hospital, your response to this questionnaire would be greatly appreciated.

1. What is your general impression about the need for an Employee Assistance Program?

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. How would you, as a manager, operate when confronted with an employee whose work performance is being affected by personal problems?

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Have there been cases of this nature? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Have you encountered problems with staff members who fit the description of troubled employee? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

If yes, how many? \_\_\_\_\_

What were the general circumstances? \_\_\_\_\_  
\_\_\_\_\_

5. Do you believe that Employee Assistance Programs would be valuable to all levels in the organization?

Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

6. How would you rate the present climate of labour and management relations to this organization?

Excellent \_\_\_\_\_ Good \_\_\_\_\_

Fair \_\_\_\_\_ Poor \_\_\_\_\_

7. Should an Employee Assistance Program be established jointly by management and union? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

8. Do you view an Employee Assistance Program as being beneficial to your workplace? Yes \_\_\_\_ No \_\_\_\_

If yes, how? \_\_\_\_\_  
\_\_\_\_\_

9. Would you support the establishment of an Employee Assistance Program for St. Clare's Mercy Hospital?

Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

10. Any other comments? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this questionnaire.

**Employee Questionnaire**

An Employee Assistance Program is designed to provide confidential professional assistance to employees with personal and social problems which affect work performance. To assist in the design of an Employee Assistance Program for St. Clare's Mercy Hospital, your response to this questionnaire would be greatly appreciated.

1. What is your general impression about the need for an Employee Assistance Program?

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Have you encountered problems with staff members who fit the description of troubled employee? Yes \_\_\_\_ No \_\_\_\_

If yes, how many? \_\_\_\_\_  
What were the general circumstances? \_\_\_\_\_  
\_\_\_\_\_

3. Do you view an Employee Assistance Program as being beneficial to your workplace? Yes \_\_\_\_ No \_\_\_\_

If yes, how? \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Would you encourage a troubled co-worker to avail of this program? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_



5. Do you believe that Employee Assistance Programs would be valuable to all levels in the organization?

Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

6. How would you rate the present climate of labour and management relations in this organization?

Excellent \_\_\_\_\_ Good \_\_\_\_\_

Fair \_\_\_\_\_ Poor \_\_\_\_\_

7. Should an Employee Assistance Program be established jointly by management and union? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

8. Would you support the establishment of an Employee Assistance Program for St. Clare's Mercy Hospital?

Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

9. Any other comments? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this questionnaire.

**Union Representative Questionnaire**

An Employee Assistance Program is designed to provide confidential professional assistance to employees with personal and social problems which affect work performance. To assist in the design of an Employee Assistance Program for St. Clare's Mercy Hospital, your response to this questionnaire would be greatly appreciated.

1. Are there provisions in the Collective Agreement that call for an Employee Assistance Program?

Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. How would you rate the present climate of labour and management relations in this organization?

Excellent	_____	Good	_____
Fair	_____	Poor	_____

3. Should an Employee Assistance Program be established jointly by management and union? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. How would you, as a shop steward, operate when confronted with an employee whose work performance is being affected by personal problems? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

5. Have there been cases of this nature? Yes \_\_\_\_ No \_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_
6. What is your general impression about the need for an Employee Assistance Program?  
Comments: \_\_\_\_\_  
\_\_\_\_\_
7. Have your stewards encountered problems with members who fit the description of troubled employee?  
Yes \_\_\_\_ No \_\_\_\_  
If so, how many? \_\_\_\_\_  
What were the general circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you view an Employee Assistance Program as being helpful to your workplace? Yes \_\_\_\_ No \_\_\_\_  
If yes, how? \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_
9. Would you refer an employee to this program?  
Yes \_\_\_\_ No \_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_
10. Do you believe Employee Assistance Programs could be valuable to all levels in the organization?  
Yes \_\_\_\_ No \_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

11. Will your union support the establishment of an Employee Assistance Program for St. Clare's Mercy Hospital?

Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

12. Any other comments? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this questionnaire.







