NEEDS ASSESSMENT: A SURVEY OF WESTERN CANADA'S

PROGRAM ADMINISTRATORS' PERSPECTIVES

OF THE ROLE OF EAPs IN THE WORKPLACE

By

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Abstract

The purpose of this study was to assess the needs of employees in regard to their Employee Assistance Programs (EAPs) according to the program administrators' perspective. Information was collected from 62 program administrators within 54 organizations across Western Canada using a self-administered questionnaire. The 132-item questionnaire included demographic information and ten sections devoted to elicit administrators' perspectives on employees' needs (prevalence of problems, severity of problems, barriers to EAP utilization, program awareness, prevention programs, training and information for supervisors and union representatives, personal problems and the workplace, the role of the EAP in the workplace, the role of the EAP provider in the workplace, and a general overview).

Results show that administrators perceive a greater prevalence and severity of problems than EAP utilization. There is also a perceived large EAP support among its participants (i.e., senior management, supervisors, union representatives, employees) as a relevant means to address employees' and their family members' problems. The outcome of the study indicates as well that personal and family members' problems affect employees and the workplace in a very significant way. Administrators believe that the EAP is a very important resource to deal with such problems. Additionally, results point out the important need for providing employees with information and prevention programs that may equip them with particular resources to address their problems before they affect them at work.

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Acknowledgments

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Chapter 1

Introduction

Employee Assistance Programs (EAPs) have emerged as a company benefit that provides assessment, referral, and counselling services for employees and their family members who are dealing with personal problems (Kotschessa, 1994; Masi, 1992). The inclusion of EAPs as one of the most important employee benefits has increased rapidly in the last 20 years among all kinds of public and private organizations.

It is commonly agreed among researchers (e.g., Dickman, 1985a; Masi, 1992; Myers, 1984) that the roots of current EAPs are grounded in the occupational alcoholism programs (OAPs) developed by some large corporations in the 1940s. In the 1970s, as those programs started to provide additional counselling interventions to employees, the new concept of EAP gradually emerged. During the last fifteen years, EAPs have developed a more comprehensive broad-brush approach that now encompasses all kinds of counselling services, preventive and remedial interventions, and wellness programs for employees and their family members. Nowadays, some sort of EAP has been implemented by most large organizations and an increasing number of smaller ones (Major, 1990).

The trend of growth of EAPs is expected to continue, since they have proven to be a viable and effective means to provide counselling to employees. Moreover, with the ongoing government financial cuts to social programs, and the lack of provision of counselling services through government sponsored medical plans, it may be expected that organizations themselves, either public or private, will take on additional responsibilities in their employees' general wellness. One way of enhancing employees' psychological well-being is the provision of counselling services through an EAP.

Therefore, it is important to assess what employees need from their EAP in order to develop and implement appropriate services for them (Cook, 1989). One approach to assessing such needs is by eliciting information of people involved in the delivery of

services to employees, for they are in a unique position for understanding them (Rothman & Gant, 1987).

Although there are some studies that have assessed the need to implement EAPs for specific populations (e.g., Coudriet, Swisher, & Grissom, 1987), and work-settings (e.g., Roberts-DeGennaro, 1989) in the United States, they are limited in providing information of employees' needs from existing EAPs across populations and work-settings. Moreover, the results of such studies should be interpreted cautiously when attempting in generalizing them to the Canadian work environment. This study assessed the administrators' perspectives about the EAP needs of almost 44,000 employees within 54 different organizations across Western Canada.

Rationale for the Study.

The delivery of counselling services through an EAP is a relatively new endeavor. Additionally, the provision of EAP services is subject to certain unique characteristics, such as: the context in which these services are provided (i.e., the employer sponsoring the program); the particular problems and resources unique to the workplace environment; the limitation in the number of counselling sessions provided; the potential involvement of other participants (i.e., supervisors, union representatives); the potential constraints for employees regarding counsellor of choice; the confidentiality concerns involved in seeking counselling; the particularly difficult role of the EAP consultant as provider of services for the employer and for the employee. Therefore, it is of paramount importance to understand what employees need from their EAP in order to plan and implement appropriate counselling services for them. More precisely, it is important to understand what particular problems affect employees and their family members, and how those problems affect them at work. It is also important to understand what may prevent employees from seeking counselling through the EAP, what kind of information about the EAP and particular issues employees and their family members need, and the most convenient ways to provide such information.

Additionally, it is relevant to understand what kind of prevention programs employees need, and what kind of information and training supervisors need in order to facilitate employee access to the EAP. Finally, in order to understand the context in which EAP services are provided, it is important to learn about the roles that the program and the provider play in addressing employees' and their family members' problems.

Purpose of the Study.

The purpose of this study was to investigate what employees need from their EAP according to the program administrators' perspective. Program administrators, in their role of formal liaison between the workplace and the EAP provider, have a unique vantage point in regard to employees' needs of EAP services. This assessment of employees' needs is intended to allow EAP providers to plan and enhance their programs by understanding the particular problems that affect employees and their impact in the workplace. It also attempts to give providers an understanding of the factors involved in preventing employees from seeking EAP counselling services, and the employees' needs in regard to information and prevention programs. Additionally, this assessment intends to provide some direction in regard to training needs for supervisors about how to facilitate employees access to the EAP. Finally, it aims at offering other participants in the field such as employers, senior management, supervisors, union representatives, employees, counsellors, and researchers further understanding of the issues embedded in and the relevance of providing counselling to personnel and their family members through an EAP.

Limitations.

The present study explored employees' needs from their EAPs according to the program administrators' perspectives. Additional research may address employees' own perspectives on their needs, as well as other participants' (e.g., employers,

counsellors, supervisors, providers, union representatives) perspectives on employees' needs.

Even though the instrument used to collect information in this assessment showed content validity and robust psychometric characteristics, further administration with other samples is necessary to confirm its validity and reliability.

The results of this study cannot be generalized beyond the population described in it, for the program administrators participating in this assessment are all customers of one provider. As such, they may have some particular biases regarding employees' needs that could be attributed to the particular "culture" of the provider. Notwithstanding, the broad spectrum of demographics regarding the general characteristics of the organizations and the individuals participating in the study, allows to suggest that it may be representative of a larger population. However, the results of this study have to be accepted tentatively until replications are conducted.

Definitions.

This study was developed in collaboration with the Western Region's Head Office of one of the largest EAP providers in Canada. The provider's head offices are located in Central Canada and it has organized its Nation-wide management through four different regions. One of these regions is Western Canada, which comprises the Provinces of Manitoba, Saskatchewan, Alberta, and British Columbia, along with the Yukon and Northwest Territories. The head office of the Western Region is located in Vancouver, British Columbia. For the organization, implementation, and administration of services, Program Managers are located in various cities across the four provinces. Each Program Manager takes care of a certain number of customers within a particular geographic area. In this study,

EAP or EFAP (Employee Assistance Program or Employee and Family Assistance Program) refers to the actual program in each organization. As it was noted earlier, although the term EAP is more common in the general literature, both terms are used

interchangeably. Since the term EFAP is the most prevalent among most organizations in the regions to be surveyed (C. A. Thompson, personal communication, June 17, 1996), the term EFAP will be used in the actual questionnaire and interchangeably with the term EAP throughout the study;

Provider or Consultant are used interchangeably and refer to the external provider of EFAP services;

Customer refers to a private or public organization, company, or employer who contracts the provision of EFAP services from the provider;.

Client refers to the employee, or employee's family members who are entitled to EFAP services;

Program Administrator refers to the employee or group of employees (i.e., committee) who work for the customer, and form the liaison between the provider and the customer and its employees;

Program Manager refers to the provider's employee who provides services to customers regarding their EFAPs. Program managers are the actual direct contact with the program administrators;

Regional Vice-President is the head executive of the provider in the Western Region;

Regional Manager - Program Management is the person coordinating, supervising, and facilitating all program managers' endeavors, and is ultimately responsible for services to all customers in the Western region;

Regional Client Services Manager is the person coordinating, supervising, and facilitating the provision of services to all clients across Canada's Western region, and is ultimately responsible for the quality assurance of counselling services in the region.

Chapter 2

Literature Review

EAPs: An Overview of their Origins and Development.

Myers (1984) defines employee assistance as "a generic term denoting more or less structured programs that utilize technical, administrative, and professional human services and personnel people, on either a contractual or employment basis, to meet the needs of troubled employees" (p. 4).

Scholars in the EAP field (e.g., Dickman, 1985a; Gerstein & Bayer, 1991; Luthans & Waldersee, 1991; Roman, 1981; Trice & Schonbrunn, 1988) agree that the roots of Employee Assistance Programs may be linked to the birth of Alcoholics Anonymous in 1935. This movement facilitated the development of the first job-based programs that dealt with alcohol problems within the workplace. Dickman (1985a) alludes to the first meeting in 1935 between Bill Wilson and Bob Smith, founders of Alcoholics Anonymous, suggesting that "the EAP movement began --amateurishly if you will-- with one recovering alcoholic worker sharing his recovery with another." (p. 8). The gradual proliferation and support of AA meetings as a means to treat the problem, led to the emergence of occupational alcoholism programs in the 1940s among a few large corporations such as the New England Telephone Company, DuPont, Eastman Kodak, and Bell Telephone of Canada among others (Masi, 1992; Trice & Schonbrunn, 1988).

Dickman (1985a) argues that "these occupational alcoholism programs (OAPs) were so successful in terms of saving money, of increased production, and of ultimately 'rehabilitated' skilled workers that it was reasonable to assume that such an approach to alcoholism problems would be effective for other human problems as well." (p. 8). Thus, by the 1960s, those OAPs started to incorporate the provision of services for employees with other personal problems, leading later to the development of more comprehensive employee assistance programs. During the 1970s, the EAP field experienced a significant growth by refining its "broad brush" approach, which now

included not only alcohol and drug abuse related problems, but also counselling services for other personal problems that had an impact at work, such as marriage and family, emotional, legal, and financial problems. Additionally, EAPs now covered not only employees but their family members as well (Dickman, 1985a; Masi 1992). It is from the inclusion of family members in these programs, that many of them use the term *Employee and Family Assistance Program* (EFAP). In fact, both denotations, EAP or EFAP, are used interchangeably to indicate the same coverage of services.

One relevant event that fueled the mushrooming of EAPs during the 1980s which still continues today, has been the significant government cutbacks to social and health programs (Stern, 1988). Counterbalancing this reduction of government programs, public and private organizations, large and small, have engaged in the development of EAPs for the provision of counselling services to their employees and family members (Dickman, 1985a). Moreover, during the last few years, EAPs have been gradually introducing preventive interventions called "wellness programs" as part of their services. These wellness programs address a myriad of issues that may have an impact at work, such as stress management, holistic health, smoking cessation, and physical fitness. Additionally, some EAPs provide psycho educational programs through lectures, workshops and written information in regard to communication and parenting skills, conflict resolution, marriage, retirement planning, child rearing, family, etc. All these services are intended to enhance employees' psychological well-being and to prevent personal problems from developing into dysfunctional behaviours at work (Hutchison, 1988a,b).

Prevalence of EAPs.

According to Myers (1984), there were approximately 50 embryonic employee assistance programs in the 1950s. Masi (1992) suggests that "recent estimates reveal that there are now approximately 13,000 EAPs in American work organizations, as compared to 5,000 in 1981" (p. 7). Other studies show (e.g., Busch, 1981; Dickman &

Emener, 1982; Sonnensthul & O'Donnell, 1980) that while by the early 1980s, around 50% of Fortune's 500 companies had an EAP in place, that number had grown to 80% by the end of the decade (Major, 1990). Paralleling this trend, an increasing number of small to medium sized organizations have implemented some sort of EAP services for their employees.

Erfurt, Foote, and Heirich (1992) comment on a national survey of 1,358 work sites with 50 or more employees conducted in 1985 by the U.S. Office of Disease Prevention and Health Promotion. That study found that 24% of the companies surveyed had an employee assistance program.

In yet another study revealing more recent data, Blum, Martin, and Roman (1992) allude to the 1991 U.S. National Employment Survey, which investigated EAP prevalence among 3,001 respondents from a national probability cross-section sample. Results from this survey indicated that

45% of employees who worked for employers full-time worked for employers that provided an EAP.... Employees who are employed at larger work sites [500 employees or more] are more likely [80%] to be covered by an EAP.... and the majority of workers who are employed in work sites with more than 100 employees are covered by EAPs (p. 211).

The U.S. prevalence rates noted above are not generalizable to Canada, since there are important distinctions among the two work environments. Notwithstanding, their inclusion here is helpful in understanding a dramatic trend of growth of EAPs that is not confined to U.S. organizations.

Within the Canadian scene, regrettably, the research literature on the EAP field is limited. One well developed and comprehensive longitudinal study of EAP prevalence and characteristics was conducted by Macdonald and Wells (1994) in Ontario. In 1989 they surveyed a representative sample of 1,056 work sites from all the 10,557 with 50 or more employees in all Ontario's counties and districts. In the 1993 follow up study, the researchers surveyed 802 workplaces from the original sample (254 work sites from

the original sample either were out of business, not eligible, or did not want to participate). Results showed that by 1993 the overall percentage of work sites with 50 or more employees that had an EAP was 32% as compared to 16% in 1989. Around 45% of workplaces with 100-499 employees, 60% with 500-999 employees, and 88% with over 1,000 employees had EAPs. Additionally, from the survey's results, "it was estimated that [as of 1993] 1,892,000 employees in Ontario (or 38% of all employees), are covered by EAPs. Including family members, about 3,672,000 people (or 34% of all Ontario residents) have access to treatment through EAPs." (p. 25-26.)

Even though these figures about EAP prevalence in Ontario cannot be generalized to Western Canada (Manitoba, Saskatchewan, Alberta, British Columbia, Yukon, and North West Territories), since population, working conditions, and industry composition are somewhat different between the regions, the study's results are helpful in understanding the impressive trend of growth. Unfortunately, as far as this researcher is concerned, there are no published studies that reveal EAP prevalence in Western Canada.

Modalities of EAP Services Delivery.

There are three main models for the delivery of employee assistance programs: internal, external, and a combination of both. Internal programs focus mainly on assessment and referral to treatment resources outside the organization. While somewhat suitable for some very large organizations, the main drawback of internal programs is their difficulty in conveying assurance of confidentiality to users, which is the first and most important ingredient in EAP success (Dickman, 1985b). Other disadvantages of internal programs are the dual and oftentimes conflicting roles of employer and helper; additionally, time, skills, and expertise are limited to their own staff (Phillips & Older, 1985).

External programs are contracted by the organization with an independent EAP provider who engages in problem assessment, short-term counselling, and referral

when necessary. External programs are in a better position to assure confidentiality than internal ones. Additionally, external programs usually provide a more comprehensive array of services such as: planning and implementation of customer-tailored EAPs; availability of different specialized professional counsellors with experience and training in particular fields (i.e., addictions, trauma, family, career, women's issues, sexual and physical abuse, rehabilitation); legal, financial, childcare, and eldercare services; training and psycho educational resources in a diversity of topics such as stress management, communication skills, parenting, retirement planning, conflict resolution, team work, and others. A disadvantage of external programs is their limited knowledge of the organization (Phillips & Older, 1985).

As one avenue for counterbalancing this deficiency, some external EAPs are established in conjunction with internal program administrators. Program administrators are a designated employee or committee within the organization, acting as formal and professional liaison between the workplace and the external provider (Phillips & Older, 1985). Figure 1 shows the interaction between the program administrator and other participants in the program. In this way, these program administrators play a distinctive role in the planning, organization, and delivery of external EAP services. They assume some kinds of internal administrative duties about the program that enhance management follow up. Additionally, program administrators facilitate EAP's promotion and understanding among employees, without engaging in the actual delivery of services, thus preventing them from playing that conflicting dual role of employer and helper. Finally, in their position of liaison between the organization and the external EAP provider, program administrators have a unique vantage point in regard to employees' needs of EAP services.
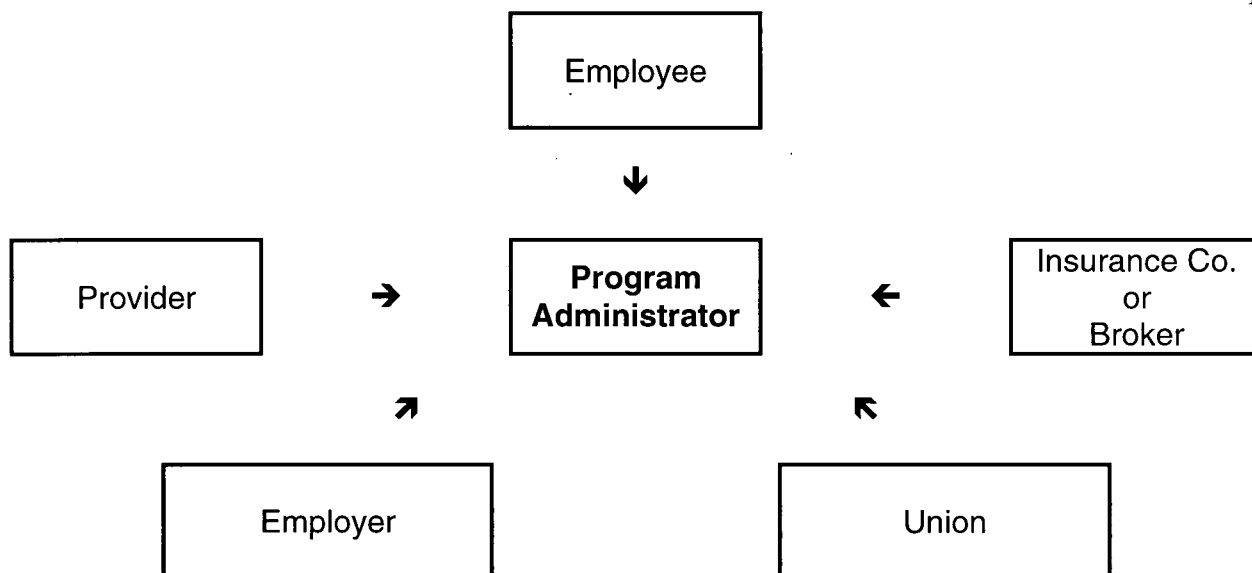
Figure 1. The role of the program administrator in the workplace.

It is by learning about these employees' needs that the EAP provider is in a better position to plan and implement appropriate counselling services for them. Along these lines, Emener (1988) suggests that "employee assistance programs will be wise to conduct special service needs assessments in order to predict the kinds of specialized professional services that their clients (employees) will be needing. This is good planning." (p .305).

Needs Assessment.

This section aims at providing an understanding of the contextual framework in which needs assessment is relevant in answering the research question. Scholars and researchers in the study of program planning (e.g., Boyle, 1981; Brackhaus, 1984; Cook, 1989; Hobbs, 1987; Orthner, Smith, & Wright, 1986; Rossi & Freeman, 1989; York, 1982) agree that need assessments are a sinne qua non condition for the appropriate planning and implementation of services. As such, "needs assessments give program managers fundamental information about their constituency that can be used to shape the organization and its objectives. Need assessments help to focus the

organization, its services, and people into a cohesive unit aimed at certain objectives"
(Orthner et al., 1986, pp. 199-200). Particularly, "in counseling programs, need
assessment usually seeks to define and prioritize an individual's expressed needs and
then link those needs to service provision" (Cook, 1989, p. 462). Moreover, the "Total
Quality Management" model as it relates to EAPs (Maiden, 1993; Havlin, 1993)
includes *identifying employee needs* as one of its necessary constructs for the planning
and implementation of services.

There are different approaches to needs assessment. According to Rothman and
Gant (1987) needs can be identified (a) by reviewing records (i.e., archives, social
indicators); (b) by eliciting information from the actual service recipients (i.e., clients);
and (c) by eliciting information from those involved in the provision of services (i.e.,
leaders, representatives, providers, administrators). This study will follow the third
approach, that is, it will elicit information from the program administrators --who are
involved in the provision of services-- about employees' needs. This approach to needs
assessment is a valid avenue on its own right for it provides insight into what the actual
recipients (i.e., clients) need. Brackhaus (1984) suggests that "ideally, client wants and
needs are synonymous; in practice, however, they may differ" (p. 237). In fact wants
may be confused with needs. In order to enhance understanding about clients' needs,
its assessment often involves administrators' perspectives in the identification of such
needs. The program administrators' view deserves credibility since it emerges from a
unique vantage standpoint that can add a valuable perspective to understanding
employees' needs.

Although a thorough discussion of the methodology used in this study will be
presented in a later section, here it will suffice to mention that in the same way that
there are different approaches to needs assessments, there are also different methods
of collecting data from participants in such assessments. Among them, the most
common ones are personal interviews and questionnaires in the form of surveys
(Schumacher & McMillan, 1993). Questionnaires, and mailed questionnaires in

particular, have unique advantages for data collection in that they are more economic than other methods, ensure confidentiality, have standardized questions, provide respondents with visual aids, can reach geographically dispersed populations, and give respondents time for more thoughtful answering. Among their disadvantages are that mailed questionnaires have usually a lower response rate, there is little control over non respondents, closed questions are limiting, and questionnaire construction and item wording require more thoughtful design (Bourque & Fielder, 1995; Fowler, 1993; Gray & Guppy, 1993; Schumacher & McMillan, 1993).

In designing a questionnaire, one widely used method in survey research is the implementation of focus groups. Focus groups are helpful in developing reliable and valid items to be included in the questionnaire. Fowler (1993) suggests that "virtually every survey instrument will benefit from at least a couple of focus group discussions at an early stage in the survey instrument development process" (p. 96). The group format allows for the discussion of knowledge, ideas, and beliefs regarding the target population's needs, and contributes to the researcher's understanding of the field. Group members may or may not be part of the target population, but in any event, they should always posses understanding of the field to be investigated in order to contribute to its assessment. In this regard, McKillip (1987) suggests that such groups should be homogeneous to allow free interaction; that members should be no more that ten and selected purposively; that the moderator should encourage members to interact and participate fully; and that provisions for recording should be implemented. Particularities about the use of focused groups in this study will be discussed in the methodology section.

Previous Needs Assessment Studies in the EAP Field.
The relevance of developing needs assessments for EAP planning and evaluation has been underscored by scholars in the field (e.g., Balzer & Pargament, 1988; Kim, 1988; Myers, 1984; Yamanati, 1993). A few actual studies on assessing the need for the

implementation of an EAP have been developed for specific populations (e.g.,
Coudriet, Swisher, & Grissom, 1987; Roberts-DeGennaro, Larazolo, & Philips, 1986;
Safyer, Litchfield, & Leahy, 1996) and different work settings (e.g., Berman, Sulusky,
Pargament, Balzer, & Kausch, 1991; Cummings, Rosenkjar, & Barash, 1989; Grissom,
Baldadian, & Swisher, 1988; Roberts-DeGennaro, 1989) in the United States. While
useful in understanding the particular needs of certain populations and work settings for
ascertaining the relevance of implementing an EAP, these studies are limited in
providing a more general assessment of employees' needs across populations and
organizations in work settings where an EAP is already in place. Additionally, since
these studies have been undertaken in the United Stated, their results should be
interpreted cautiously when attempting in generalizing them to the Canadian work
environment. My review of the literature in the field did not reveal any Canadian study
assessing employees' needs in regard to their EAP.

There is indeed a very important qualitative difference between the studies
mentioned above and this one which requires further clarification. Whereas in those the
basic aim was to investigate the need for implementing an EAP, the prospective
respondents in this study are already aware of the need and benefits of having one in
place. Moreover, since they already receive periodic statistics about their EAP utilization
rate, prevalence of certain problems among their respective employees, and others, the
aim here is focused at revealing the administrators' perspective on what employees
need from their actual EAP in order to assure a more successful delivery of services.

The Needs to be Assessed within this Study.
Drawing from the general review of the EAP literature, as well as more particularly from
the above mentioned studies on needs, and others that have aimed at assessing
attitudes and satisfaction in regard to EAPs (e.g., Chima, 1995; Oher, 1993; Park,
1992), the following research questions emerged as the most relevant ones to be
investigated within the context and purpose of this study. For additional clarification

regarding the particular items included in each section, the reader should refer to the questionnaire (Appendix A).

1. Prevalence of Problems. The focus of this section is on assessing program administrators' perspectives on how common particular problems are among employees, including substance abuse, marital and family problems, stress, work related problems, career, legal, and financial problems, and violence.

2. Severity of Problems. This section investigates the program administrators' perspectives about how severely the same particular problems listed in section one affect or have affected employees at work.

3. Barriers to EAP Utilization. Here the focus is on assessing factors that may prevent employees in need of EAP services from using them. This section examines issues such as confidentiality, accessibility, accountability, and attitudes towards counselling. They reveal the need for providing employees with either information or service delivery strategies for overcoming eventual barriers to EAP utilization.

4. Program Awareness. This section aims at revealing employees' needs of information about the EAP and its characteristics as a viable means to deal with their own or their family members' problems. This section examines as well preferred modes of delivering information about the EAP (i.e., information sessions, written material).

5. Prevention Programs. This section addresses the need for implementing preventive programs in regard to different issues including alcohol and other substance abuse, marital and family problems, stress management, career exploration, retirement planning, and learning new skills such as communication, conflict resolution, and decision making.

6. Training and Information for Supervisors and Union Representatives. This section investigates the program administrators' perspective about the need to provide either supervisors or union representatives (where applicable), or both with additional information and particular skills that would allow them to facilitate employees' access to the EAP.

7. Personal Problems and the Workplace. This section aims at revealing program administrators' perceptions regarding the impact that personal problems have on work performance and work environment.

8. The Role of the EAP in the Workplace. This section asks program administrators about the role that their EAP plays in their organization. It addresses particular issues in regard to how it impacts the different participants in the workplace (i.e., employee and family members, employer, union, management).

9. The Role of the EAP Provider. This section inquires about particular issues that reveal the program administrators' perspective on the EAP provider's performance regarding some particular issues (e.g., presence at the workplace, promoting the program among participants, providing services).

10. General Overview. This final section asks a general question for each one of the nine sections described above. Its purpose is to have a general overview of the program administrators' perspective as opposed to the particular ones provided in each section.

Summarizing, this chapter has provided an historical and contextual background of EAPs. Additionally, it described some relevant EAP characteristics regarding prevalence and models of service delivery. It also offered a review of needs assessment and how this particular study is relevant in addressing the ten research questions presented at the end of the chapter. The following chapter explains the methodology used to address such questions. That is, it describes the participants in the study, the instrument employed and its development, and the procedure followed for its completion.

Chapter 3

Methodology

As was mentioned earlier, this study has been conducted as a joint-venture between the Western Region's Head Office of one of the largest EAP providers in Canada and the researcher. The provider's head offices are located in Central Canada and it has organized its Nation-wide management through four different regions. One of these regions is Western Canada, which comprises the Provinces of Manitoba, Saskatchewan, Alberta, and British Columbia, along with the Yukon and Northwest Territories.

This needs assessment has been implemented through a survey research using the modality of self-administered questionnaires. The questionnaires were mailed to 90 EAP administrators from 81 organizations who are customers of such provider in Western Canada.

Sample.

The sample for this needs assessment study comprises all ninety program administrators from all the eighty-one organizations which are customers of the provider in Canada's Western region. The provider's customers represent an array of different fields including education, manufacturing, financial and shipping services, transportation, and construction. Excluded from the sample are only those program administrators with whom the provider has no direct relationship (i.e., insurance brokers acting as intermediaries). The customers surveyed in this study represent, as a whole, more than 50,000 employees plus their family members who are entitled to EFAP services managed and delivered by the provider in Western Canada. A precise list of the organizations that were going to be surveyed along with their characteristics (i.e., name, location, sector, number of employees with break downs of gender and union participation) was developed. A summary of the demographic characteristics of the

organizations, and of the Program Administrators responding to the questionnaire, is provided in the results' section of this study.

Questionnaire Development.

A) Source of Items. The instrument used for this study was developed to fit the study's objectives. The sources for item development were as follows:

A.1) Literature review. Questions were drawn from the literature in the EFAP field. Particular attention was given to those studies which are related to employees' needs in regard to counselling services provided by EFAPs.

A.2) Focus Group with Provider (FG-1). Other questions emerged from a focus group comprised by the three top provider's executives (Regional Vice-President, Regional Manager - Program Management, and Regional Client Services Manager). Results from this focus group meeting are provided in Appendix B.

A.3) Focus Group with Program Administrators (FG-2). A second focus group was formed by a purposive selection of four program administrator who were invited to collaborate in the development of items for the questionnaire. Results from this focus group meeting are provided in Appendix C.

   B) Format. The questionnaire is self-contained, that is, it includes precise instructions (general, transitional, and question answering) to facilitate completion without personal assistance (Bourque & Fielder, 1995). Additionally, the questionnaire was accompanied by a cover letterhead (Appendix D) providing purpose of the study, importance of participating, estimated time of completion, explanation of confidentiality and use of data, and precise instructions for returning the questionnaire (Schumacher & McMillan, 1993).

   C) Items. Questions are all closed. A section at the end of the questionnaire was provided for respondents to elaborate further on particular issues and generalities (analysis of such comments are provided in the Results' section of this study). Items are of multiple choice, exhaustive, and mutually exclusive (Bourque & Fielder, 1995).

Individual questions, questionnaire structure, general and specific directions, and time and easiness in completion was pilot-tested (Fowler, 1993) with members of the focus groups, and other individuals involved in the field. (Protocol of the Pilot Test is shown in Appendix E.)

D) **Measurement Scales.** The core of the questionnaire was structured with ordinal scales rank-ordering response choices from highest to lowest through the implementation of 5-point Likert-type scales (Bourque & Fielder, 1995; Fowler, 1993). The questionnaire also includes categorical items aimed at eliciting demographic information (Bourque & Fielder, 1995).

Validity and Reliability.

The questionnaire was validated for content-related evidence by eliciting the judgment of experts (Brackhaus, 1984; Schumacher & McMillan, 1993) in the EFAP field. This procedure aimed at ascertaining the appropriateness of the instrument and its particular items as they relate to this study. (Results of this content-validity assessment are shown in Appendix F.) Additionally, in order to enhance validity, the questionnaire was pilot-tested with members of the focus groups as described earlier (Bourque & Fielder, 1995; Brackhaus, 1984) and shown in Appendix E.

Reliability of the questionnaire was addressed by assuring precise and standard instructions about its completion with the purpose of minimizing the influence of other factors. Additionally, in order to determine internal consistency, reliability of the questionnaire was established through statistical procedures. Reliability coefficients for each section or scale of the questionnaire are shown in the Results' section of this study. According to Schumacher and McMillan (1993), "the Cronbach Alpha [coefficient] is generally the most appropriate type of reliability for survey research and other questionnaires in which there is a range of possible answers for each item" (p. 230).

Procedure.

As mentioned earlier, the development of the questionnaire proceeded through three main phases: initial questions were drawn from the EFAP literature, additional questions emerged from focus group number one (Provider's top executives), and finally, some other questions arose from focus group number two (Program Administrators). During this process, members of focus group number one participated actively in their role as experts to assess the appropriateness of questions and their wording. Then, once a prototype of the questionnaire was fully developed, other experts in the EFAP field were asked to review and refine the instrument, ensuring that questions, format, and instructions were clear. The final version of the questionnaire was pilot-tested in person with a group of potential respondents (Bourque & Fielder, 1995; Fowler, 1993) and other participants (e.g., Provider's executives, Program Managers). The pilot-testing assessed clarity of instructions, clarity of questions, clarity for providing answers, and time for completion. Amendments to the instrument were made according to the participants feedback. At this point, the questionnaire was ready for printing.

A few weeks prior to the formal mailing of the questionnaire, a personalized letter was sent to all participants providing general information about the study and encouraging them to participate.

Questionnaires were mailed to all potential respondents at the same time. The mailing included a cover letter (Appendix D) explaining the purpose of the study, general instructions for completing and returning the questionnaire, assurance of confidentiality, a telephone number should they have any questions, a comment regarding the relevance of their participation, and some encouragement to respond (Schumacher & McMillan, 1993). Additionally, the mailing included a self-addressed and stamped envelope for returning the questionnaire (Bourque & Fielder, 1995). Questionnaires were coded to facilitate targeted follow up and analysis of non-respondents (Fowler, 1993). Two weeks after the initial mailing of the questionnaires,

telephone follow ups were started with non-respondents (Bourque & Fielder, 1995; Schumacher & McMillan, 1993). A second mailing was sent to four respondents who asked for it. Subsequent telephone follow ups were performed. A postal box for receiving returning questionnaires was opened. Two months after the initial mailing, the period for receiving returning questionnaires was closed.

Data Analysis.

Returned questionnaires, omitted items, and non-respondents were documented, processed, and coded for SPSS-X statistical analysis (Bourque & Fielder, 1995; Fowler, 1993). Eventual patterns of missing data were investigated and evaluated. Data analysis involves primarily descriptive statistics such as frequency distributions. Additionally, Pearson-product moment correlations and chi-squares were performed to explore associations between items. Cronbach's alpha coefficients were also performed to determine responses' level of internal consistency (Schumacher & McMillan, 1993).

Summarizing, this chapter has elaborated on the methodology used in this study. That is, it has described what participants, what instruments, and what procedure were used to address the research questions presented in chapter 2. The following chapter provides a summary of the results found in the survey. It describes demographic characteristics of the participants, as well as frequency distributions of responses to each one of the items. The chapter also elaborates on some relationships and differences found in the data analysis.

Chapter 4

Results

Response Rate and Missing Data.

Of the original 90 questionnaires mailed to program administrators, 62 were returned, accounting for a 69% response rate. From the 81 organizations surveyed (three organizations have two program administrators each, and one of them has seven program administrators), 54 responded to the questionnaire, that is, 67% response rate. For the analysis of the demographic characteristics of the organizations included in this study (A.1 to A.5), the sample of 81 organizations was used. For all other analyses, and since the purpose of the study is to assess employees' needs from individual program administrators' perspectives, the sample of 90 program administrators was used.

No returned questionnaires were rejected. All questionnaire items were coded for SPSS-X statistical analysis except for items that were omitted by respondents, which were left blank and reported as missing data. However, there were three questionnaires that deserve specific mention. One of the respondents did not respond to any of the items in Section 2 (Prevalence of Problems) and Section 10 (General Overview) of the questionnaire. Another respondent did not respond to any of the items in Sections 3 (Barriers to EFAP Utilization) and 4 (Program Awareness). A third respondent did not respond to any of the items in Sections 5 (Prevention Programs) and 6 (Training and Information for Supervisors and Union Representatives). In the first case the respondent wrote "unable to comment" in both sections. In the last two cases, it appears that the respondents may have passed the pages without noticing the missing sections.

Additional analysis of the returned questionnaires revealed a consistent missing of data in items 8.4, 8.7, and 9.11 to which only 38, 36, and 37 respectively responded. These were the only three items that exclusively asked something in regard to the Union (benefit, support, promotion). It appears that the wording of these three questions was confusing for some respondents; that is, although the majority of those who responded (over 90% in all three cases) were unionized organizations, there were other non-unionized organizations who also responded to them. In order to foster internal reliability of the questionnaire and assure consistency in the analysis of these three items, and since the questions apply only to those organizations that have a Union, the responses of those who were non-unionized were disregarded and left blank. Therefore, the final report shows the responses of 35 program administrators for items 8.4, 8.7, and 9.11.

Non-respondents were analyzed for particular patterns regarding location, sector, start-up date of program, union participation, size of the organization, and gender distribution of employees represented in the study. Chi-square analyses were performed in all cases. No statistically significant differences ($p < .05$) were found that may limit the study's external validity due to bias in non-respondents.

Reliability.

Reliability analyses were performed for all ten sections of the questionnaire in order to determine internal consistency prior to further analysis. Cronbach alpha coefficients for all sections were consistently high, as shown in Table 1, except for Section 4: Program Awareness, in which the coefficient is comparatively lower ($\alpha = .66$). An explanation for

this relatively lower reliability coefficient is that Section 4 includes questions about

both level and kind of information that employees may need about the EFAP.

Table 1

Reliability Coefficients

	Scale	*N*	No. of Items	Cronbach Alpha Coefficient
1	**Prevalence of Problems**	59	16	**.79**
2	**Severity of Problems**	61	16	**.88**
3	**Barriers to EFAP Utilization**	61	15	**.77**
4	**Program Awareness**	60	14	**.66**
5	**Prevention Programs**	61	16	**.88**
6	**Training and Information for Supervisors and Union Reps.**	61	9	**.92**
7	**Personal Problems and the Workplace**	58	13	**.95**
8	**The Role of the EFAP in the Workplace**	35	11	**.93**
9	**The Role of the EFAP Provider**	32	13	**.93**
10	**General Overview**	58	9	**.81**

Demographics of Organizations.

Of the 81 organizations that were surveyed across Western Canada, 54 responded for

a 67% response rate. The demographic information corresponding to each organization

was given by the EFAP provider to this researcher. Moreover, the particular

subdivisions of those sections were either suggested or finally approved by the EFAP

provider under the rationale of practical use. Some statistical differences and

relationships between the organizations' characteristics and other items of the questionnaire were investigated. The results of this analysis are shown in sections A.1 to A.6.

(A.1) Organization's Location. For the purpose of this study, the Western Canada Region was subdivided into six different sub-regions or locations (Table 2). Three of those locations: Calgary and Edmonton, Vancouver Lower Mainland, and B.C. Interior account for 82% of the total organizations surveyed. Coincidentally, 82% from the 54 respondents are from those three locations. As Provinces, Manitoba plus Saskatchewan account for 4%, Alberta plus Territories for 44%, and British Columbia for 52% of the organizations surveyed. Differences in response rate among locations are not statistically significant ($p < .05$).

Due to the small expected frequencies for chi-square tests, the responses from this variable were combined in order to search for differences in response patterns between locations. That is, the original 1 (Manitoba + Saskatchewan) was kept as the new 1 (Manitoba + Saskatchewan); the original 2 (Calgary + Edmonton) and 3 (Other Alberta + Territories) became the new 2 (Alberta + Territories); and the original 4 (Vancouver Lower Mainland), 5 (Islands), and 6 (B.C. Interior), became the new 3 (British Columbia). The results of such analyses are reported within each Section.

Table 2

A.1 Organization's Location

Location		Sample		Respondents		Response Rate
		No.	%	No.	%	%
1	Manitoba and Saskatchewan	3	3.7	1	1.9	33.3
2	Calgary and Edmonton	30	37.0	20	37.0	66.7
3	Other Alberta and Territories	6	7.4	5	9.3	83.3
4	Vancouver Lower Mainland	19	23.5	15	27.8	78.9
5	Islands (Vancouver Island and others)	6	7.4	4	7.4	66.7
6	B.C. Interior	17	21.0	9	16.7	52.9
Total		81	100.0	54	100.0	66.7

(A.2) Organization's Sector. From the 81 organizations participating, almost two thirds were private and one third were public as shown in Table 3. Response rate was very similar to the original sample, 61% and 39% respectively.

Table 3

A.2 Organization's Sector

Sector		Sample		Respondents		Response Rate
		No.	%	No.	%	%
1	Public	30	37.0	21	38.9	70.0
2	Private	51	63.0	33	61.1	64.7
Total		81	100.0	54	100.0	66.7

(A.3) EFAP's Start-Up Date. Table 4 shows that almost two thirds of the organizations participating (and responding) have had their EFAP in place for more than two years, and only 15% of them have had it for less than one year. This result, in addition to the program administrator's time on the job [0.4] which will be discussed later, suggests a substantial period of time experiencing the Program, hence supporting the validity of the observations reported by the administrators.

Table 4

A.3 EFAP's start-up date

Start-Up Sate		Sample		Respondents		Response Rate
		No.	%	No.	%	%
1	Less than 6 months	5	6.2	2	3.7	40.0
2	6 months to 1 year	7	8.6	6	11.1	85.7
3	1 year to 2 years	19	23.5	13	24.1	68.4
4	2 years to 3 years	15	18.5	9	16.7	60.0
5	More than 3 years	35	43.2	24	44.4	75.0
Total		81	100.0	54	100.0	66.7

(A.4) Organization's Union Participation. Table 5 shows that the organizations participating in the survey were almost equally distributed between unionized and non-unionized. The differences in response rate are not statistically significant ($p < .05$).

Table 5

A.4 Organization's Union-participation

Union Participation		Sample		Respondents		Response Rate
		No.	%	No.	%	%
1	Unionized	40	49.4	29	53.7	72.5
2	Non-Unionized	41	50.6	25	46.3	61.0
Total		81	100.0	54	100.0	66.7

(A.5) Organization's Size by Number of Employees. Table 6 shows that 50% of the organizations participating in the study have less than 200 employees, whereas 25% have more than 500 employees. There are no statistically significant ($p < .05$) differences in response rate. However, it is worthwhile noticing the high level of response from organizations with more than 500 employees.

The responses from this variable were combined to perform chi-square analyses in order to search for differences in response patterns between small, medium-sized, and large organizations. That is, the original 1 (less than 100 employees) plus 2 (between 101 and 200 employees) became the new 1 (less than 200 employees); the original 3 (between 201 and 500 employees), became the new 2 (between 201 and 500 employees); and the original 4 (between 501 and 1000 employees) plus 5 (more than 1000 employees) became the new 3 (501 employees or more). The results of such analyses are reported within each Section.

Table 6

A.5 Organization's Size by Number of Employees

Number of Employees		Sample		Respondents		Response Rate
		No.	%	No.	%	%
1	0 - 100	22	27.2	15	27.8	68.2
2	101 - 200	19	23.5	12	22.2	63.2
3	201 - 500	20	24.7	12	22.2	60.0
4	501 - 1000	10	12.3	6	11.1	60.0
5	1000 - plus	10	12.3	9	16.7	90.0
Total		81	100.0	54	100.0	66.7

(A.6) Employees Represented. As shown in Table 7, a total of more than 50,000 employees are represented in this needs assessment, 55% are men and 45% are women. Differences in response rate between genders are not statistically significant ($p < .05$).

Table 7

A.6 Employees Represented

Gender		Sample		Respondents		Response Rate
		No.	%	No.	%	%
1	Females	25,223	44.6	21,383	48.6	84.8
2	Males	31,351	55.4	22,596	51.4	72.1
Total		**56,574**	**100.0**	**43,979**	**100.0**	**77.7**

Demographics of Respondents.

Of the 90 individual program administrators surveyed, 62 returned the questionnaire, for a 69% response rate. This section shows the demographic characteristics of the respondents as reported by themselves in Section 0 in the returned questionnaires. Some statistical differences and relationships between the respondents' characteristics and other items of the questionnaire were investigated. The results of that analysis are reported within the discussion of each Section.

From the 62 program administrators who returned the questionnaire, 41 (66%) are women, and 21 (34%) are men (Table 8). Almost 50% of them are between forty-one and fifty years old (Table 8). Most of them (77%) have a college degree or higher (Table 10). And 56% of the respondents have been the program administrators for more than two years (Table 11).

Table 8

Gender

	N	%
Females	41	66.1
Males	21	33.9
Total	**62**	**100.0**

Table 10

Level of Education

	N	%
Elementary	0	0.0
Secondary	3	4.9
Technical / Vocational	11	18.0
College	16	26.2
University undergraduate	9	14.8
University graduate	22	36.1
Total	**61**	**100.0**

Table 9

Age Group

	N	%
21 - 30	2	3.3
31 - 40	23	37.7
41 - 50	30	49.2
51 - 60	6	9.8
61 - +	0	0.0
Total	**61**	**100.0**

Table 11

Time as EFAP Administrator

	N	%
0 to 6 months	4	6.5
6 months to 1 year	10	16.1
1 year to 2 years	13	21.0
2 years to 3 years	5	8.1
3 years to 5 years	19	30.6
More than 5 years	11	17.7
Total	**62**	**100.0**

Sections 1 to 10 of the Questionnaire.

The results shown below describe only the most relevant findings related to frequency distributions within each section. For a detailed analysis of frequency distributions of each section, the reader is referred to the corresponding table for each Section. Note that each of those tables has an extra column (Σ) summarizing the frequency counts from some of their corresponding columns. The results of that column were used to

rank-order the items in each Section (except Section 10 which does not measure comparative constructs). Each table has a footnote explaining which columns are summarized in it. While some of them summarize columns 3, 4, and 5, others summarize only columns 4 and 5. The rationale for aforementioned discrimination was purely subjective, and since it was done only for rank-ordering the constructs within each scale, such rank-ordering does not alter any result or statistical analysis. Although in most cases the order of presentation would not vary regardless of the columns summarized, in others it would. In any event, the reader is provided with all the data for further analysis.

Some statistical differences and relationships between organizations' and respondents' characteristics with other items of the questionnaire were investigated. Additionally, inter-item relationships were explored. Only the most relevant findings are discussed; all correlations reported are significant at $p < .05$. It is important to note, however, that some correlation coefficients may be spuriously high due to possible overlap of constructs within related items (e.g., stress may be a construct of marital and family problems).

Prevalence of Problems. Table 12 shows that 95% of program administrators reported that, from their perspective, the most common problem that employees face is [1.9] stress. In second place, 87% of respondents reported that the incidence of [1.7] marital and family problems among employees ranges from moderate to very common. In third place, 82% of the participants reported that [1.10] work related problems (e.g., workplace changes, relationships, environment) among employees in their workplaces ranges from moderately to very common.

Regarding the least common problems among employees, 85% of program administrators reported [1.16] culturally related problems (e.g., language, discrimination, relationships); 87% reported [1.8] domestic violence (i.e., threats or actions); and finally 89% of respondents reported [1.14] critical-incident-stress problems (e.g., workplace accidents, trauma) as either uncommon or very uncommon problems among employees in their organizations.

Table 12

1. Prevalence of Problems.

	Categories	*N*	Very Uncommon		Moderately		Very Common	Σ^a
1.9	Stress related problems	62	0.0	4.8	27.4	43.5	24.2	**95.1**
1.7	Marital and family problems	62	1.6	11.3	40.3	27.4	19.4	**87.1**
1.10	Work related problems (e.g., workplace changes, relationships, environment)	61	0.0	18.0	34.4	26.2	21.3	**81.9**
1.4	Financially related problems	62	3.3	34.4	42.6	13.1	6.6	**62.3**
1.6	Career related problems (e.g., vocational, advancement, personal satisfaction)	61	6.6	36.1	29.5	23.0	4.9	**57.4**
1.13	Physical health related problems	62	9.7	33.9	43.5	11.3	1.6	**56.4**
1.15	Personal losses (grief and bereavement)	62	6.5	41.9	41.9	9.7	0.0	**51.6**
1.11	Child or Elder care problems	60	15.0	40.0	33.3	10.0	1.7	**45.0**
1.1	Gender related problems (e.g., conflicts, advancement, harassment)	61	36.1	29.5	27.9	4.9	1.6	**34.4**
1.2	Alcohol abuse problems	61	18.0	49.2	21.3	8.2	3.3	**32.8**
1.5	Workplace violence (i.e., threats, actions)	62	59.7	16.1	17.7	4.8	1.6	**24.1**
1.12	Legal problems (not related to grievances)	61	29.5	49.2	18.0	1.6	1.6	**21.2**
1.3	Other drug abuse problems (illicit or prescribed)	61	39.3	44.3	14.8	0.0	1.6	**16.4**
1.16	Culturally related problems (e.g., language, discrimination, relationships)	61	57.4	27.9	11.5	3.3	0.0	**14.8**
1.8	Domestic violence (i.e., threats or actions)	61	36.1	50.8	11.5	1.6	0.0	**13.1**
1.14	Critical-incident-stress problems (e.g., workplace accidents, trauma)	61	49.2	39.3	9.8	1.6	0.0	**11.4**

Note. The values represent percentages of respondents.
[a] Sum of percentages from Moderately (3) to Very Common (5).

Severity of Problems. This Section (Table 13) mirrors the first one in that [2.9] stress related problems was ranked number one by 90% of respondents as affecting employees at work from moderately to very severely. In second place again, 77% of

program administrators reported that [2.7] marital and family problems affect employees at work from moderately to very severely. In third place again as well, [2.10] work related problems (e.g., workplace changes, relationships, environment) was reported by 75% of respondents as affecting employees at work from moderately to very severely.

In regard to those problems affecting employees at work only mildly or very mildly, 77% of program administrators reported [2.8] domestic violence (i.e., threats or actions); 79% reported [2.12] legal problems (not related to grievances); and 87% reported [2.16] culturally related problems (e.g., language, discrimination, relationships) as affecting employees at work mildly or very mildly.

It is important to highlight that regardless of the criteria used to rank items in sections 1 and 2 (i.e., responses 3 + 4 + 5; or 4 + 5; or only 5 within each scale), stress related problems always appears reported as the most common problem among employees, and the most severely affecting them at work. Moreover, the differences in percent points between stress related problems and the second one, marital and family problems, again regardless of the criteria used to rank them, are very high. These results about stress related problems can also be compared with those in Section 5 (Prevention Programs) where the need to providing [5.2] stress management programs for employees was ranked number one and reported by 97% of respondents as from moderately to very helpful.

Table 13

2. Severity of Problems

	Categories	N	Very Mildly		Moderately		Very Severely	Σ[a]
2.9	Stress related problems	61	1.6	8.2	29.5	41.0	19.7	**90.2**
2.7	Marital and family problems	61	4.9	18.0	39.3	32.8	4.9	**77.0**
2.10	Work related problems (e.g., workplace changes, relationships, environment)	61	3.3	21.3	32.8	26.2	16.4	**75.4**
2.13	Physical health related problems	61	16.4	21.3	34.4	21.3	6.6	**62.3**
2.6	Career related problems (e.g., vocational, advancement, personal satisfaction)	61	18.0	26.2	29.5	21.3	4.9	**55.7**
2.2	Alcohol abuse problems	61	27.9	21.3	26.2	21.3	3.3	**50.8**
2.15	Personal losses (grief and bereavement)	61	14.8	37.7	27.9	16.4	3.3	**47.6**
2.4	Financially related problems	61	19.7	39.3	29.5	8.2	3.3	**41.0**
2.11	Child or Elder care problems	61	26.2	36.1	21.3	13.1	3.3	**37.7**
2.1	Gender related problems (e.g., conflicts, advancement, harassment)	61	42.6	26.2	21.3	6.6	3.3	**31.2**
2.3	Other drug abuse problems (illicit or prescribed)	61	47.5	21.3	19.7	8.2	3.3	**31.2**
2.5	Workplace violence (i.e., threats, actions)	61	47.5	23.0	11.5	18.0	0.0	**29.5**
2.14	Critical-incident-stress problems (e.g., workplace accidents, trauma)	61	49.2	24.6	13.1	9.8	3.3	**26.2**
2.8	Domestic violence (i.e., threats or actions)	61	44.3	32.8	16.4	6.6	0.0	**23.0**
2.12	Legal problems (not related to grievances)	61	44.3	34.4	14.8	6.6	0.0	**21.4**
2.16	Culturally related problems (e.g., language, discrimination, relationships)	61	55.7	31.1	11.5	1.6	0.0	**13.1**

Note. The values represent percentages of respondents.
[a] Sum of percentages from Moderately (3) to Very Severely (5).

A positive and moderately strong relationship ($r = .53$) was found between the prevalence of [1.9] stress related problems and how severely [2.10] work related

problems (e.g., workplace changes, relationships, environment) affect employees at work (e.g., absenteeism, low performance, productivity, accidents). Also found, were other positive and moderately strong relationships between prevalence of [1.9] stress related problems and the general overview of [10.2] how severely personal problems affect employees at work ($r = .50$); [10.7] how much personal problems affect employees and the workplace ($r = .52$); and [10.8] how important it is to have an EFAP in the workplace ($r = .46$). In summary, these results suggest that stress related problems are associated with the severity of problems affecting employees at work and the workplace in general, and with the importance of having an EFAP in place.

The prevalence of [1.7] marital and family related problems is associated with [1.9] the prevalence of stress ($r = .46$); and with the importance of providing training and information in [5.1] marital and family issues ($r = .53$), and in [5.14] parenting issues ($r = .52$).

The prevalence of [1.10] work related problems (e.g., workplace changes, relationships, environment) was found to be associated with the [1.6] prevalence ($r = .58$) and [2.6] severity ($r = .56$) of career related problems (e.g., vocational, advancement, personal satisfaction); and with how severely [2.16] culturally related problems (e.g., language, discrimination, relationships) affect employees at work ($r = .44$).

How severely [2.9] stress related problems affect employees at work (e.g., absenteeism, low performance, productivity, accidents) has a positive and moderately strong relationship ($r = .60$) with how severely [2.10] work related problems affect employees at work. Additionally, how severely [2.9] stress related problems affect employees at work (e.g., absenteeism, low performance, productivity, accidents) is

associated with how often [7.1] employees' and their family members' problems affect them at work ($r = .56$); and with [7.4] how often employees with personal problems affect the morale of other co-workers ($r = .51$). Adding support to these associations are the correlations found between how much [2.9] stress related problems affect employees at work, and the general overview of [10.2] how severely personal problems affect employees at work ($r = .59$); and [10.7] how much those problems affect employees and the workplace ($r = .55$). That is, the more severely stress related problems affect employees at work (e.g., absenteeism, low performance, productivity, accidents) the more common employees' and family members' problems affect them and their peers at work.

Additionally, how severely [2.7] marital and family problems affect employees at work (e.g., absenteeism, low performance, productivity, accidents) is associated with how severely [2.9] stress related problems affect employees at work ($r = .50$). Moreover, program administrators believe that the level of importance of [8.3] having an EFAP in place for benefiting the employer is related ($r = .43$) to how severely [2.10] work related problems impact employees at work, that is, the more severely work related problems (e.g., workplace changes, relationships, environment) affect employees at work (e.g., absenteeism, low performance, productivity, accidents), the more having an EFAP in place benefits the employer.

Other important associations were found between the prevalence of [1.8] domestic violence (i.e., threats or actions) and [1.3] other drug abuse problems ($r = .53$), and [1.2] alcohol abuse problems ($r = .38$). As well, how severely [2.8] domestic violence affects employees at work is positively associated with the severity of [2.2] alcohol abuse ($r = .52$) and [2.3] other drug abuse problems ($r = .61$).

Analyses of differences in response patterns to items in Sections 1 and 2 between program administrators form small (less than 200 employees), medium-sized (between 200 and 500 employees), and large (more than 500 employees) organizations were performed. A chi-square test χ^2 (4, $N = 62$) = 11.02, ($p < .05$) reveled that 91% of respondents from the larger organizations ($n = 23$) reported [1.9] stress related problems as common or very common among employees in their organizations, whereas only 48% of the respondents from the smaller ($n = 27$) organizations, and 67% from the medium-sized ones ($n = 12$) reported it the same way.

Similarly, another chi-square test χ^2 (4, $N = 62$) = 9.61, ($p < .05$) showed that whereas 70% of program administrators from larger organizations ($n = 23$) regarded [1.7] marital and family problems as common or very common among employees in their organizations, only 33% of those from smaller organizations ($n =27$), and 33% from medium-sized ones ($n = 12$) regarded it the same way. Moreover, an additional chi-square test χ^2 (4, $N = 61$) = 9.99, ($p < .05$), showed that 52% of program administrators from larger organizations ($n = 23$) reported that [2.7] marital and family problems affect employees at work severely or very severely, whereas only 22% of their colleagues in the smaller organizations ($n = 27$) reported it the same way.

Another chi-square test χ^2 (4, $N = 61$) = 11.07, ($p < .05$), revealed that while 65% of respondents from the larger organizations ($n = 23$) said that [2.10] work related problems (e.g., workplace changes, relationships, environment) affect employees at work severely or very severely, only 22% of the respondents from the smaller organizations ($n = 27$), and 45% from the medium-sized ones ($n = 11$) reported it the same way.

Similarly, $\chi^2(4, N = 61) = 9.68$, $(p < .05)$, whereas 39% of program administrators from the larger organizations ($n = 23$) said that [2.2] alcohol abuse problems affect employees at work severely or very severely, only 11% of their colleagues in the smaller organizations ($n = 27$), and 27% in the medium-sized ones ($n = 23$) reported it the same way.

Summarizing, program administrators from larger organizations tend to see a higher prevalence and severity of problems affecting employees in their organizations, as opposed to their colleagues in the smaller organizations. Medium-sized organizations appear to stand between the larger and the smaller ones in perceived prevalence and severity of problems. No other significant differences ($p < .05$) were found between (A.5) size of the organization by number of employees and the remaining items in Sections 1 and 2.

Barriers to EFAP Utilization. In this Section (Table 14), 85% of program administrators agreed or strongly agreed that [3.15] employees think their problems are not big enough to require counselling; 84% that [3.14] employees think their problems will eventually go away by themselves; 77% that [3.7] employees think they don't need the services provided by the EFAP; and 72% that [3.13] employees don't think their personal problems affect them at work. Interestingly enough, these four items, which program administrators reported as the most important barriers to EFAP utilization, are the only ones that address employees attitudes toward personal problems and counselling as perceived by the program administrators. These results are worthwhile contrasting with the relatively low 21% and 12% of respondents agreeing that [3.2] employees have had a negative experience with counselling in the past; and that [3.11]

employees have heard negative comments from co-workers about the EFAP, respectively.

Regarding [3.9] employees feeling restricted by the number of counselling sessions provided as a perceived barrier to EFAP utilization, 33% of program administrators agreed or strongly agreed, whereas an equal 33% disagreed or strongly disagreed; the general response is slightly skewed towards disagreement (7% strongly agree, 15% strongly disagree).

Most respondents did not regard availability of services provided as a relevant barrier to EFAP utilization. Only 26% of program administrators reported that [3.4] employees are not willing to use their personal time for counselling; 15% that [3.10] employees don't have convenient access to the EFAP services (i.e., location, transportation, schedule); 15% that [3.6] employees don't have a counsellor available at a suitable nearby location; and 8% that [3.8] employees don't have access to a suitable counsellor (i.e., language, gender, specialty).

Table 14

3. Barriers to EFAP Utilization

	Categories	N	Strongly Disagree		Neither Agree nor Disagree		Strongly Agree	$\sum^a$
3.15	Employees think their problems are not big enough to require counselling	61	0.0	1.6	13.1	59.0	26.2	**85.2**
3.14	Employees think their problems will eventually go away by themselves	61	0.0	3.3	13.1	63.9	19.7	**83.6**
3.7	Employees think they don't need the services provided by the EFAP	61	0.0	4.9	18.0	62.3	14.8	**77.1**
3.13	Employees don't think their personal problems affect them at work	61	4.9	4.9	18.0	63.9	8.2	**72.1**
3.12	Employees don't know enough about the EFAP and its services	61	9.8	23.0	24.6	36.1	6.6	**42.7**
3.9	Employees feel restricted by the number of counselling sessions provided	61	14.8	18.0	34.4	26.2	6.6	**32.8**
3.1	Employees don't believe their personal problems would be kept confidential by the EFAP	61	16.4	26.2	24.6	29.5	3.3	**32.8**
3.3	Employees believe that if they are known to be accessing the EFAP it would affect them at work	61	13.1	24.6	31.1	27.9	3.3	**31.2**
3.4	Employees are not willing to use their personal time to seek counselling through the EFAP	61	26.2	18.0	29.5	21.3	4.9	**26.2**
3.2	Employees have had a negative experience with counselling in the past	61	11.5	32.8	34.4	21.3	0.0	**21.3**
3.10	Employees don't have convenient access to the EFAP services (i.e., location, transportation, schedule)	61	32.8	31.1	21.3	11.5	3.3	**14.8**
3.6	Employees don't have a counsellor available at a suitable nearby location	61	37.7	31.1	16.4	13.1	1.6	**14.7**
3.11	Employees have heard negative comments from co-workers about the EFAP	61	32.8	29.5	26.2	11.5	0.0	**11.5**
3.8	Employees don't have access to a suitable counsellor (i.e., language, gender, specialty)	61	37.7	21.3	32.8	8.2	0.0	**8.2**
3.5	Employees are reluctant to access the EFAP through a 1(800) telephone number	61	26.2	34.4	31.1	8.2	0.0	**8.2**

Note. The values represent percentages of respondents.
a Sum of percentages of Agree (4) and Strongly Agree (5).

A positive and moderately strong relationship ($r = .48$) was found between the number of male employees in the organization and [3.4] employees unwillingness to use their personal time to seek counselling through the EFAP. That is, male employees are perceived by program administrators as more reluctant to use their personal time to seek counselling.

A positive and moderately strong relationship ($r = .49$) between [3.1] employees' belief that their personal problems won't be kept confidential by the EFAP, and [3.12] employees' lack of knowledge about the EFAP and its services, suggests that the two constructs are associated. That is, misinformation about the EFAP is related to employees' concerns regarding confidentiality. Moreover, even though confidentiality (items 3.1 and 3.3) was not reported as one of the most important barriers to EFAP utilization, still more than 30% in both cases agreed or strongly agreed that it is; the relationship between [3.3] employees belief that if they are known to be accessing the EFAP it would affect them at work, and [3.12] employees' lack of knowledge about the EFAP and its services is $r = .41$.

Program Awareness. Only 12% of respondents agreed or strongly agreed that [4.3] employees' family members are well informed about the EFAP. This item, which ranked lowest in Program Awareness (Table 15), is of particular importance since as discussed earlier, marital and family problems were perceived as the second most common and second more severely affecting employees at work. Additionally, it is important to highlight that for every employee-user of the program, there are two[1] additional family-

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[1] The average number of family members across Western Canada goes from 3.0 to 3.2 (Statistics Canada, 1992).

member-users (Statistics Canada, 1992), hence the importance of keeping them well informed about the program.

Additionally, only 22% of respondents agreed or strongly agreed that [4.6] employees are well informed about what to expect when they go for counselling, and 21% that [4.5] employees are well informed about the number of counselling sessions that they are entitled to. Moreover, even though most program administrators reported that employees would benefit from [4.11] wallet cards as reminders (74%); [4.14] presentations about the EFAP (62%); [4.12] receiving written material at their homes about the EFAP (61%); [4.13] presentations about specific issues (56%); and [4.10] video and audio taped information (48%), also most of them reported that employees are well informed about [4.1] the general characteristics of (67%), and [4.4] how to access the services provided by (66%) the EFAP. On the other hand though, only 33% agreed or strongly agreed that [4.2] employees have enough specific information about the EFAP (e.g., case management, interventions), and only 26% that employees have enough written material about specific issues (e.g., substance abuse, stress, etc.); whereas it is equally divided between those who agreed and strongly agreed (36%) and those who disagreed or strongly disagreed (34%) that [4.7] employees are well informed about what the EFAP can do for them and their family members. In summary, program administrators reported that employees appear well informed in general but somewhat misinformed about the specific characteristics and services of the EFAP, and particular issues. Additionally, these results suggest that the way to address such needs is through personal presentations, as well as written, and video and audio taped information.

Table 15

4. Program Awareness

Categories		N	Strongly Disagree		Neither Agree nor Disagree		Strongly Agree	Σ^{a}
4.11	Employees would benefit from wallet-cards about the EFAP (e.g., phone number, schedule)	61	1.6	3.3	21.3	44.3	29.5	**73.8**
4.1	Employees are well informed about the general characteristics of the EFAP (e.g., services, access)	61	0.0	16.4	16.4	49.2	18.0	**67.2**
4.4	Employees are well informed about how to access the services provided by the EFAP	61	0.0	9.8	24.6	54.1	11.5	**65.6**
4.14	Employees need presentations about the EFAP (e.g., services, access, benefits)	61	3.3	9.8	24.6	47.5	14.8	**62.3**
4.12	Employees would benefit from receiving written information at their homes about the EFAP	61	1.6	8.2	29.5	37.7	23.0	**60.7**
4.13	Employees need presentations about specific issues (e.g., substance abuse, stress, etc.)	61	3.3	13.1	27.9	42.6	13.1	**55.7**
4.10	Employees would benefit from video or audio taped information about the EFAP and its services	61	3.3	13.1	36.1	29.5	18.0	**47.5**
4.9	Employees have enough written material about the EFAP (e.g., brochures, posters, newsletters)	61	6.6	19.7	27.9	29.5	16.4	**45.9**
4.7	Employees are well informed about what the EFAP can do for them and their family members	61	1.6	32.8	29.5	27.9	8.2	**36.1**
4.2	Employees have enough specific information about the EFAP (e.g., case management, interventions)	61	1.6	32.8	32.8	27.9	4.9	**32.8**
4.8	Employees have enough written material about specific issues (e.g., substance abuse, stress, etc.)	61	16.4	29.5	27.9	21.3	4.9	**26.2**
4.6	Employees are well informed about what to expect when they go for counselling	60	5.0	33.3	40.0	20.0	1.7	**21.7**
4.5	Employees are well informed about the number of counselling sessions that they are entitled to	61	6.6	32.8	39.3	18.0	3.3	**21.3**
4.3	Employees' family members are well informed about the EFAP	61	9.8	37.7	41.0	8.2	3.3	**11.5**

Note. The values represent percentages of respondents.
[a] Sum of percentages of Agree (4) and Strongly Agree (5).

It appears that [4.9] employees having enough written material about the EFAP (e.g., brochures, posters, newsletters) is moderately high and positively associated

(r = .58) with the level of satisfaction that the program administrators have with the provider in regard to [9.1] the level of presence that the latter has at the workplace.

Prevention Programs. In this Section (Table 16), 97% of program administrators reported that providing information and prevention programs for employees in [5.2] stress management is from moderately to very helpful. Moreover, almost half of the respondents (49%) reported it definitely as very helpful. Additionally, program administrators said that the provision of information and training in regard to [5.9] communication skills (87%); [5.10] changes in the workplace (e.g., mergers & acquisitions, down sizing, job security) (85%); and [5.1] marital and family issues (85%) is from moderately to very helpful. It is worthwhile mentioning the level of appreciation among program administrators for information and prevention programs for employees. They reported as moderately to very helpful the sixteen areas presented in this section, from the lowest [5.13] workplace violence issues (51%), to the highest [5.2] stress management (97%).

Table 16

5. Prevention Programs.

	Categories	N	Slightly Helpful		Moderately Helpful		Very Helpful	$\sum^a$
5.2	Stress management	61	3.1	0.0	11.5	36.1	49.2	**96.8**
5.9	Communication skills	61	8.2	4.9	23.0	44.3	19.7	**87.0**
5.10	Changes in the workplace (e.g., mergers & acquisitions, downsizing, job security)	61	9.8	4.9	23.0	32.8	29.5	**85.3**
5.1	Marital and family issues	61	9.8	4.9	24.6	34.4	26.2	**85.2**
5.11	Personal financially related issues	61	8.2	8.2	32.8	32.8	18.0	**83.6**
5.15	Conflict resolution	61	4.9	11.5	19.7	39.3	24.6	**83.6**
5.3	Decision making strategies	61	9.2	14.8	31.1	31.1	14.8	**77.0**
5.12	Physical health related issues (e.g., fitness, nutrition)	61	8.2	16.4	41.0	18.0	16.4	**75.4**
5.16	Retirement planning	61	9.8	14.8	34.4	24.6	16.4	**75.4**
5.6	Alcohol abuse related issues	61	9.8	19.7	36.1	23.0	11.5	**70.6**
5.5	Career exploration (e.g., advancement, vocation)	61	8.2	21.3	41.0	21.3	8.2	**70.5**
5.8	Domestic violence issues	61	14.8	19.7	44.3	14.8	6.6	**65.7**
5.14	Parenting issues (e.g., blended families, teens)	61	13.1	21.3	27.9	19.7	18.0	**65.6**
5.7	Other drug abuse related issues (i.e., illicit or prescribed)	61	14.8	24.6	37.7	14.8	8.2	**60.7**
5.4	Traumatic workplace incidents (e.g., robbery, violence, accidents)	61	21.3	23.0	24.6	16.4	14.8	**55.8**
5.13	Workplace violence issues	61	27.9	21.3	26.2	16.4	8.2	**50.8**

Note. The values represent percentages of respondents.
[a] Sum of percentages from Moderately (3) to Very Helpful (5).

A moderately strong and positive relationship ($r = .59$) was found between the perceived level of helpfulness in providing information and prevention programs related to [5.13] workplace violence issues, with the number of unionized employees within the organization. Additionally, a strong and positive relationship was found between the helpfulness of providing information and prevention programs related to [5.8] domestic violence issues and [5.6] alcohol abuse related issues ($r = .69$), and [5.7] other drug (i.e., illicit or prescribed) abuse related issues ($r = .72$). These results are congruent with those reported in Section one regarding the relationship between prevalence and severity of domestic violence and drug abuse issues. Also, [5.8] domestic violence issues is associated with the perceived helpfulness of providing training in [5.9] communication skills ($r = .50$).

Training and Information for Supervisors and Union Representatives (where applicable). In this Section (Table 17), respondents considered helpful or very helpful to provide training and information to supervisors and union representatives about [6.4] how to approach troubled employees (80%); about [6.3] how to identify troubled employees (79%); and about [6.5] how to encourage troubled employees to access the EFAP (77%).

Table 17

6. Training and Information for Supervisors and Union Representatives (where applicable)

	Categories	N	Slightly Helpful		Moderately Helpful		Very Helpful	Σ^a
6.4	Training and information about how to approach troubled employees	61	3.3	8.2	8.2	31.1	49.2	**80.3**
6.3	Training and information about how to identify troubled employees	61	4.9	9.8	6.6	34.4	44.3	**78.7**
6.5	Training and information about how to encourage troubled employees to access the EFAP	61	3.3	1.6	18.0	34.4	42.6	**77.0**
6.7	Training and information about how personal problems affect employees and work environment	61	1.6	4.9	23.0	41.0	29.5	**70.5**
6.2	Additional specific information about services provided by the EFAP	61	8.2	6.6	23.0	42.6	19.7	**62.3**
6.8	Training and information about how to handle confidentiality issues	61	6.6	9.8	26.2	24.6	32.8	**57.4**
6.1	Additional general information about the EFAP and its services	61	6.6	6.6	36.1	32.8	18.0	**50.8**
6.6	Training and information about how traumatic workplace incidents affect employees and work environment	61	14.8	16.4	24.6	26.2	18.0	**44.2**
6.9	Additional information about how employees may access the EFAP	61	8.2	13.1	37.7	21.3	19.7	**41.0**

Note. The values represent percentages of respondents.
[a] Sum of percentages from Helpful (4) to Very Helpful (5).

There is a positive and moderately strong relationship between the number of employees in the organization and the perceived helpfulness of providing training and information for supervisors on how [6.6] traumatic workplace incidents ($r = .52$) and on how [6.7] personal problems ($r = .50$) affect employees and work environment.

A chi-square test, $\chi^2 (4, N = 61) = 11.19$, ($p < .05$), revealed that whereas 70% of program administrators from the larger organizations (more than 500 employees,

n = 23) considered helpful or very helpful the provision of training and information to supervisors and union representatives [6.6] about how traumatic workplace incidents affect employees and work environment, only 23% of their colleagues in the smaller organizations (less than 200 employees, *n* = 26), and 42% in the medium-sized ones (between 200 and 500 employees, *n* = 12) reported it the same way.

Similarly, another chi-square test, χ^2 (4, *N* = 61) = 12.40, (*p* < .05), showed that 96% of respondents from the larger organizations (*n* = 23) considered the provision of training and information to supervisors and union representatives [6.7] about how personal problems affect employees and work environment helpful or very helpful, whereas only 50% from those in the smaller organizations (*n* = 26), and 67% from the medium-sized ones (*n* = 12) considered it the same way.

No other statistically significant (*p* < .05) differences were found between (A.5) size of the organization by number of employees and the remaining items in Section 6.

Personal Problems and the Workplace. In this Section (Table 18), program administrators reported that from sometimes to usually [7.12] employees with personal problems take more sick-leave (98%), and [7.9] are less productive (97%). Additionally, 97% of them said that [7.1] employees' and their family members' problems affect them at work from sometimes to usually. By the same token, respondents said that employees with personal problems [7.2] are absent from work more frequently (92%); [7.10] make more errors at work (90%); and [7.6] have more interpersonal conflicts (85%) from sometimes to usually. On the other hand, 58% of program administrators responded that employees with personal problems [7.7] generate additional turnover from sometimes to usually.

Table 18

7. Personal Problems and the Workplace

	Categories	N	Rarely		Some Times		Usually	Σ^{a}
7.12	Employees with personal problems take more sick-leave	60	1.7	0.0	25.0	38.3	35.0	**98.3**
7.1	Employees' and their family members' problems affect them at work	60	1.7	1.7	28.3	30.0	38.3	**96.6**
7.9	Employees with personal problems are less productive	60	0.0	3.3	38.3	30.0	28.3	**96.6**
7.2	Employees with personal problems are absent from work more frequently	60	1.7	6.7	25.0	28.3	38.3	**91.6**
7.10	Employees with personal problems make more errors at work	60	0.0	10.0	35.0	38.3	16.7	**90.0**
7.6	Employees with personal problems have more interpersonal conflicts	60	3.3	11.7	31.7	28.3	25.0	**85.0**
7.11	Employees with personal problems generate additional administrative work (i.e., accommodation, replacement)	60	5.0	10.0	40.0	21.7	23.3	**85.0**
7.4	Employees with personal problems affect the morale of other co-workers	60	5.0	10.0	23.3	33.3	28.3	**84.9**
7.8	Employees with personal problems disrupt the work environment	60	6.7	11.7	40.0	26.7	15.0	**81.7**
7.3	Employees with personal problems have more accidents at work	60	8.3	21.7	36.7	15.0	18.3	**70.0**
7.5	Employees with personal problems have a greater use of workers' compensation benefits	60	13.3	20.0	30.0	21.7	15.0	**66.7**
7.13	Employees with personal problems have more grievances	58	10.3	25.9	32.8	17.2	13.8	**63.8**
7.7	Employees with personal problems generate additional employee turnover	60	18.3	23.3	28.3	21.7	8.3	**58.3**

Note. The values represent percentages of respondents.
[a] Sum of percentages from Some Times (3) to Usually (5).

There is a moderate and positive relationship between the perceived [7.3] frequency of accidents occurring to employees with personal problems, and the perceived prevalence of drug abuse ($r = .44$ with [1.2] alcohol abuse problems, and $r = .50$ with [1.3] other drug abuse problems). Additionally, a moderately strong and negative

relationship (r = -.54) exists between the perceived frequency with which [7.8] employees with personal problems affect work environment and [8.7] the perceived union support for the EFAP in the organization. That is, the more often is perceived that employees with personal problems disrupt the workplace the less support is perceived from the union for the EFAP. There is also a positive and moderately strong (r = .53) relationship between the perceived [10.1] prevalence of personal problems among employees, and the perceived frequency with which [7.1] employees and their family members problems affect them at work.

The Role of the EFAP in the Workplace. In this Section (Table 19), the overwhelming perceived importance of having an EFAP in the workplace becomes apparent. Eighty-nine percent of respondents said that [8.5] having the EFAP in place benefits employees end their family members. Moreover, 51% of them said that [8.2] having the EFAP in place benefits very much the organization as a whole; whereas 48% and 37% said that having an EFAP in place [8.3] benefits very much the employer, and [8.4] the union, respectively. That is, the perceived benefit of having an EFAP in place is higher for the organization and the employer than for the union.

Regarding perceived support, program administrators said that [8.6] senior management (87%); [8.8] supervisors (77%); [8.7] the union (74%); and [8.9] employees (62%) support the EFAP much or very much. These results suggest that not only program administrators believe it is important to have an EFAP in place, but that they perceive that the other participants in the organization support its role as well. However, congruent with the preceding paragraph, respondents perceive higher support from senior management than from union representatives, and supervisors.

Table 19

8. The Role of the EFAP in the Workplace

	Categories	N	Very Little		Moderately		Very Much	Σ[a]
8.5	Having the EFAP in place benefits employees and their family members	61	0.0	3.3	8.2	27.9	60.7	**88.6**
8.6	Senior Management in this organization supports the EFAP	61	0.0	1.6	11.5	36.1	50.8	**86.9**
8.1	The EFAP is an important benefit for employees and their family members	61	3.3	3.3	9.8	19.7	63.9	**83.6**
8.10	Employees and their family members with personal problems benefit from using the EFAP	61	1.6	1.6	13.1	37.7	45.9	**83.6**
8.2	Having the EFAP in place benefits the Organization as a whole	61	0.0	4.9	13.1	31.1	50.8	**81.9**
8.11	This organization benefits from employees seeking help through the EFAP	61	0.0	4.9	16.4	27.9	50.8	**78.7**
8.8	Supervisors in this organization support the EFAP	60	0.0	5.0	18.3	35.0	41.7	**76.7**
8.3	Having the EFAP in place benefits the Employer	61	0.0	6.6	18.0	27.9	47.5	**75.4**
8.7	The Union (where applicable) in this organization supports the EFAP	35	2.9	8.6	14.3	31.4	42.9	**74.3**
8.4	Having the EFAP in place benefits the Union (where applicable)	35	0.0	8.6	17.1	37.1	37.1	**74.2**
8.9	Employees in this organization support the EFAP	61	0.0	8.2	29.5	24.6	37.7	**62.3**

Note. The values represent percentages of respondents.
[a] Sum of percentages of Much (4) and Very Much (5).

The perceived level of [8.2] benefit for the organization as a whole for having an EFAP in place, is associated with how satisfactorily the EFAP provider is [9.2] providing employees with appropriate access to counselling services ($r = .50$); [9.6] providing employees with a broad range of EFAP services ($r = .57$); [9.8] providing a prompt response to employees' counselling requests ($r = .48$); and [9.11] promoting the EFAP among union representatives ($r = .47$).

The perceived level of [8.3] benefit for the employer for having an EFAP in place is associated with how satisfactorily the EFAP provider is [9.2] providing employees with appropriate access to counselling services ($r = .46$); [9.5] providing training for supervisors and union representatives ($r = .51$); [9.6] providing employees with a broad range of EFAP services ($r = .54$); [9.11] promoting the EFAP among union representatives ($r = .49$); and [9.13] promoting the EFAP among supervisors ($r = .50$).

The perceived level of [8.4] benefit for the union for having an EFAP in place is associated with how satisfactorily the EFAP provider is [9.2] providing employees with appropriate access to counselling services ($r = .56$); [9.4] informing employees how they may benefit from using the EFAP ($r = .41$); [9.5] providing training and information for supervisors and union representatives ($r = .44$); [9.6] providing employees with a broad range of EFAP services ($r = .57$); [9.8] providing a prompt response to employees' counselling requests ($r = .54$); [9.9] having an adequate understanding about the characteristics and particular problems of the organization ($r = .46$); [9.11] promoting the EFAP among union representatives ($r = .49$); and [9.13] promoting the EFAP among supervisors ($r = .48$). Whereas the perceived level of [8.7] union support for the EFAP is associated with how satisfactorily the EFAP provider is [9.1] having an adequate level of presence in the workplace ($r = .44$); [9.2] providing employees with appropriate access to counselling services ($r = .49$); and [9.6] providing employees with a broad range of EFAP services ($r = .55$). On the other hand, the [8.8] support from supervisors is associated with the level of satisfaction with the provider in regard to [9.5] providing training and information for supervisors and union representatives ($r = .47$).

The perceived level of [8.5] benefit for employees and their family members for having an EFAP in place is associated with how satisfactorily the EFAP provider is [9.2] providing employees with appropriate access to counselling services ($r = .44$); [9.5] providing training and information for supervisors and union representatives ($r = .40$); and [9.6] providing employees with a broad range of EFAP services ($r = .54$). Whereas the perceived level of [8.9] employees' support to the EFAP is associated with how satisfactorily the EFAP provider is [9.2] providing employees with appropriate access to counselling services ($r = .50$); [9.4] informing employees about how they may benefit from using the EFAP ($r = .47$); [9.5] providing training and information for supervisors and union representatives ($r = .51$); [9.6] providing employees with a broad range of EFAP services ($r = .57$); [9.8] providing a prompt response to employees' counselling requests ($r = .56$); and [9.11] promoting the EFAP among union representatives ($r = .62$).

Additionally, the perceived level of [8.10] benefit for employees and their family members from using the EFAP is associated with how satisfactorily the EFAP provider is [9.2] providing employees with appropriate access to counselling services ($r = .56$); [9.5] providing training and information for supervisors and union representatives ($r = .46$); [9.6] providing employees with a broad range of EFAP services ($r = .62$); [9.8] providing a prompt response to employees' counselling requests ($r = .51$); and [9.11] promoting the EFAP among union representatives ($r = .65$).

Finally, the perceived level of [8.11] benefit that the organization derives from employees seeking help through the EFAP is associated with how satisfactorily the EFAP provider is [9.2] providing employees with appropriate access to counselling services ($r = .54$); [9.5] providing training and information for supervisors and union

representatives (r = .44); [9.6] providing employees with a broad range of EFAP services (r = .55); [9.8] providing a prompt response to employees' counselling requests (r = .46); and [9.11] promoting the EFAP among union representatives (r = .46).

How important is the EFAP for employees and their family members [8.1], is associated with [10.1] how common are personal problems among employees (r = .52); [10.2] how severely personal problems affect employees at work (r = .43); [10.3] how much employees use the EFAP (r = .46); and [10.7] how much personal problems affect employees and the workplace (r = .46). Also, [8.2] how much benefit the organization derives from having an EFAP, is associated with [10.1] how common are personal problems among employees (r = .50); [10.2] how severely personal problems affect employees at work (r = .48); [10.3] how much employees use the EFAP (r = .57); [10.7] how much personal problems affect employees and the workplace (r = .49); and [10.9] the level of satisfaction with the overall performance of the EFAP provider (r = .45).

How much the employer benefits from having an EFAP in place [8.3], is associated with [10.1] how common are personal problems among employees (r = .44); [10.2] how severely personal problems affect employees at work (r = .40); and [10.3] how much employees use the EFAP (r = .57). Similarly, [8.4] how much the union benefits from having an EFAP in place is associated with [10.1] how common are personal problems among employees (r = .42); [10.2] how severely personal problems affect employees at work (r = .47); [10.3] how much employees use the EFAP (r = .53); and [10.7] how much personal problems affect employees and the workplace (r = .46).

How much employees and their family members benefit from having an EFAP in place [8.5], is associated with [10.1] how common are personal problems among employees ($r = .52$); [10.2] how severely personal problems affect employees at work ($r = .45$); [10.3] how much employees use the EFAP ($r = .55$); and [10.7] how much personal problems affect employees and the workplace ($r = .45$). Whereas [8.9] how much employees support the EFAP is associated with [10.1] how common are personal problems among employees ($r = .45$); [10.3] how much employees use the EFAP ($r = 59$); and [10.4] how much information about the EFAP employees have ($r = .45$). It is important to highlight from these results that, according to the program administrators' perspective, the degree of benefit that the three of them, employer, union, and employees derive from having an EFAP, is associated with the same variables, that is, prevalence and severity of problems, effect of personal problems on employees and workplace, and level of EFAP's services utilization.

The Role of the EFAP Provider. In evaluating the provider (Table 20), 77% of program administrators rated [9.6] the provision of employees with a broad range of EFAP services as satisfactory or very satisfactory. Also, 77% and 66% of them rated as satisfactory or very satisfactory [9.8] the provision of a prompt response to employees' counselling requests, and [9.2] the provision of employees with appropriate access to counselling services, respectively.

Worthwhile noticing are the ratings regarding [9.9] having an adequate understanding about the characteristics and particular problems of the organization, and [9.1] having an adequate level of presence in the workplace, characteristics which have been identified as a disadvantage of external providers (Phillips & Older, 1985). In

these two items, 61% and 41% of program administrators rated the EFAP provider as satisfactory or very satisfactory, respectively. Notwithstanding, it is worthwhile noticing that a chi-square test, χ^2 (4, $N = 61$) = 13.19, ($p < .05$) revealed that whereas 87% of program administrators from the larger organizations (more than 500 employees, $n = 23$) rated the EFAP provider as satisfactory or very satisfactory in regard to [9.9] having an adequate understanding about the characteristics and particular problems of the organization, only 41% of their colleagues in the smaller organizations (less than 200 employees, $n = 27$), and 55% of the medium-sized ones (between 200 and 500 employees, $n = 11$) rated it the same way.

Also worthwhile mentioning is the fact that, although program administrators rated favorably all but one of the characteristics presented, only five of such characteristics from a total of thirteen show ratings above 50% as satisfactory or very satisfactory. The only one that was rated more unsatisfactory than satisfactory was [9.7] the provision of prevention programs for employees, where only 12% of program administrators rated it as satisfactory, whereas 36% of them rated it as unsatisfactory or very unsatisfactory.

Additionally, program administrators rated the four issues related to promoting the EFAP within the organization, among the lowest. That is, they rated the provider as satisfactory or very satisfactory in regard to promoting the EFAP [9.12] among senior management (40%); [9.13] among supervisors (31%); [9.10] among employees (30%); and [9.11] among union representatives (29%).

Table 20

9. The Role of the EFAP Provider

	Categories	N	Very Unsatisfactory		Fair		Very Satisfactory	Σ^a
9.6	Providing employees with a broad range of EFAP services	62	1.6	6.5	14.5	50.0	27.4	**77.4**
9.8	Providing a prompt response to employees' counselling requests	61	1.6	1.6	19.7	47.5	29.5	**77.0**
9.2	Providing employees with appropriate access to counselling services	62	1.6	3.2	29.0	41.9	24.2	**66.1**
9.9	Having an adequate understanding about the characteristics and particular problems of this organization	61	0.0	8.2	31.1	49.2	11.5	**60.7**
9.3	Providing employees with information about the EFAP and its services	62	0.0	9.7	33.9	51.6	4.8	**56.4**
9.4	Informing employees about how they may benefit from using the EFAP	62	0.0	14.5	41.9	40.3	3.2	**43.5**
9.1	Having an adequate level of presence at the workplace	61	3.3	11.5	44.3	32.8	8.2	**41.0**
9.12	Promoting the EFAP among Senior Management	60	5.0	8.3	46.7	36.7	3.3	**40.0**
9.5	Providing training and information for supervisors and Union representatives (where applicable)	57	3.5	24.6	33.3	36.8	1.8	**38.6**
9.13	Promoting the EFAP among Supervisors	52	5.2	17.2	46.6	29.3	1.7	**31.0**
9.10	Promoting the EFAP among employees	61	3.3	18.0	49.2	29.5	0.0	**29.5**
9.11	Promoting the EFAP among Union representatives (where applicable)	35	5.7	20.0	45.7	28.6	0.0	**28.6**
9.7	Providing prevention programs for employees	58	5.2	31.0	51.7	12.1	0.0	**12.1**

Note. The values represent percentages of respondents.
[a] Sum of percentages of Satisfactory (4) and Very Satisfactory (5).

Relationships between the level of satisfaction with the services provided by the EFAP provider (Section 9) and the perceived level of importance of having an EFAP in place (Section 8) were already discussed in the previous section. Additional analysis shows that [10.3] how much troubled employees use the EFAP is associated with the

level of satisfaction with the provider in regard to [9.2] providing employees with

appropriate access to counselling services (r = .53); [9.6] providing employees with a

broad range of EFAP services (r = .53); [9.3] providing employees with information

about the EFAP and its services (r = .44); and [9.4] informing employees about how

they may benefit from using the EFAP (r = .49).

General Overview. In this section (Table 21), an overwhelming 90% of program

administrators said that it is important or very important [10.8] to have an EFAP in the

workplace; only 13% said that [10.1] personal problems are uncommon or very

uncommon among employees, and only 2% of them said that those [10.2] problems

affect employees very little at work. Over half of the respondents reported that [10.6]

providing information and training for supervisors and union representatives (67%), and

[10.5] prevention programs for employees (64%) is helpful or very helpful. And whereas

57% of program administrators agreed that [10.7] personal problems affect employees

and the workplace much or very much, 34% said that [10.3] troubled employees use

the EFAP little or very little.

Table 21

10. General Overview.

Categories		N	Very Little		Moderately		Very Much	Σ[a]
10.1	How common are personal problems among employees in your organization?	61	1.6	11.5	45.9	24.6	16.4	**41.0**
10.2	How severely do personal problems affect employees at work?	61	1.6	8.2	39.3	36.1	14.8	**50.9**
10.3	How much do troubled employees use the EFAP services?	59	6.8	27.1	35.6	27.1	3.4	**30.5**
10.4	How much information about the EFAP do employees have?	61	1.6	23.0	36.1	37.7	1.6	**39.3**
10.5	How helpful would it be to provide prevention programs for employees?	59	3.4	8.5	23.7	44.1	20.3	**64.4**
10.6	How helpful would it be to provide information and training for supervisors / union representatives?	60	1.7	15.0	16.7	40.0	26.7	**66.7**
10.7	How much do personal problems affect employees and the workplace?	61	1.6	4.9	36.1	36.1	21.3	**57.4**
10.8	How important is it to have an EFAP in the workplace?	61	0.0	1.6	8.2	26.2	63.9	**90.1**
10.9	How satisfied are you with the overall performance of your EFAP provider in your organization?	61	0.0	4.9	26.2	42.6	26.2	**68.8**

Note. The values represent percentages of respondents.
[a] Sum of percentages of Much (4) and Very Much (5).

There is moderate and positive relationship between the number of employees in the organization and the perceived level of importance of [10.5] providing prevention programs for employees ($r = .41$), and [10.6] providing training and information for supervisors and union representatives ($r = .49$). That is, according to the program administrators' perspective, the larger the organization (in terms of number of employees), the more important is the provision of training and prevention programs for employees, supervisors, and union representatives.

How common are personal problems among employees [10.1], is related to [10.7] how much personal problems affect employees and the workplace ($r = .54$), and [10.8] how important it is to have an EFAP in the workplace ($r = .52$). Additionally, [10.2] how severely personal problems affect employees at work is associated with [10.7] how much personal problems affect employees and the workplace ($r = .84$), and [10.8] how important it is to have an EFAP in the workplace (r = .53).

Moreover, [10.3] how much troubled employees use the EFAP services is related to [10.4] how much information about the EFAP employees have ($r = .47$), to [10.8] how important it is perceived to have an EFAP in the workplace ($r = .58$), and to [10.9] the level of satisfaction with the overall performance of the EFAP provider ($r = .61$). Also related ($r = .54$) are the perceptions of program administrators in regard to [10.7] how much personal problems affect employees and the workplace, and [10.8] how important it is to have an EFAP in the workplace.

Analysis of differences using chi-square[2] shows a statistically significant difference between how [0.1] men and women respondents perceive [10.1] how common personal problems are among employees $\chi^2 (2, N = 61) = 12.54$, ($p < .002$). That is, 56% of women respondents ($n = 41$) tend to see personal problems among employees as prevalent or very prevalent, whereas only 10% of men ($n = 20$) see them in the same way. Additionally, there is a statistically significant difference between the [10.3] perceived level of EFAP utilization among troubled employees, and the [0.1] gender of the program administrator $\chi^2 (2, N = 59) = 13.76$, ($p < .002$). That is, whereas 81% of women ($n = 41$) perceive the level EFAP utilization among troubled employees as high

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[2] Due to the small expected frequencies for chi-square analysis, the responses from the 5-point Likert-type scale in Section 10 were combined into a 3-point scale, that is, the original 1 + 2 became the new 1; the original 3 became the new 2; and the original 3 + 4 became the new 3 (Spatz, 1993).

or very high, only 10% of men ($n = 20$) see it in the same way. Moreover, the [10.9]

level of satisfaction with the overall performance of the EFAP provider, is related to the

[0.1] gender of the program administrator $\chi^2(2, N = 61) = 8.02, (p < .02)$. That is,

whereas 81% of women respondents ($n = 41$) are satisfied or very satisfied with the

overall performance of the EFAP provider, only 45% ($n = 20$) of men respondents

reported a similar level of satisfaction. No other statistically significant differences

($p < .05$) were found in Section 10 between gender of the respondent and the

remaining items.

The variable [A.1] location of the organization (Table 2) in its combined version also

was analyzed using chi-square to explore differences among respondents' general

overview (Section 10). The results of the test $\chi^2(4, N = 53) = 9.33, (p < .05)$ show that

whereas 56% of the respondents from Alberta + Territories ($n = 25$) ranked as high or

very high the [10.4] level of information about the EFAP that employees have, only 22%

of the respondents from British Columbia ($n = 27$) ranked it in the same way. No other

statistically significant differences ($p < .05$) were found between [A.1] location of the

organization and the remaining items in Section 10.

The responses from variable (A.5) organization's size by number of employees

(Table 6) were also combined to perform chi-square analyses[3]. Differences in

responses to Section 10 between program administrators from small (less than 200

employees), medium-sized (between 200 and 500 employees), and large (more than

500 employees) organizations were analyzed using chi-square statistics. The results of

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[3] Due to small expected frequencies for chi-square analysis, the responses from the 5-point Likert-type scale in section A.1 were combined into a 3-point scale, that is, the original 1 (less than 100 employees) plus 2 (between 101 and 200 employees) became the new 1 (less than 200 employees); the original 3 (between 201 and 500 employees), became the new 2 (between 201 and 500 employees); and the original 4 (between 501 and 1000 employees) plus 5 (more than 1000 employees) became the new 3 (more than 500 employees). (Spatz, 1993)

the test χ^2 (4, $N = 59$) = 13.64, ($p < .05$) show that whereas 45% of respondents from the larger organizations ($n = 22$) reported [10.3] the level of EFAP utilization by troubled employees as high or very high, only 23% of respondents from the smaller organizations ($n = 26$), and 18% from the medium-sized ones ($n = 11$) reported it the same way. Moreover, while only 4% of respondents from the larger organizations reported EFAP utilization as low or very low, as much as 50% from the smaller, and 55% from the medium-sized organizations reported it the same way.

Another chi-square analysis χ^2 (4, $N = 59$) = 10.50, ($p < .05$) revealed that whereas 86% of respondents from the larger organizations ($n = 22$) reported the [10.5] provision of prevention programs for employees as helpful or very helpful, only 42% of respondents from the smaller organizations ($n = 26$), and 73% from the medium-sized ones ($n = 11$) regarded it as helpful or very helpful. No other statistically significant differences ($p < .05$) were found between [A.5] organization's size by number of employees and the remaining items in Section 10.

The remaining categorical variables describing demographic characteristics of the organizations in the sample (i.e., [A.2] sector; [A.3] EFAP's start up date; and [A.4] organization's union participation) as well as of the individual respondents (i.e., [0.2] age group; [0.3] level of education; and [0.4] time as EFAP administrator), were also analyzed performing chi-square tests. No statistically significant differences ($p < .05$) were found between any of such variables and items in Section 10.

Summarizing, the gender of the program administrator appears to be a factor in the perceived prevalence of problems among employees; in the perceived level of EFAP utilization among troubled employees; and in the level of satisfaction with the EFAP provider (women program administrators ranked the three items higher). Additionally,

location of the organization is a factor in the perceived level of information about the EFAP that employees have (Alberta + Territories ranked it higher than British Columbia). And finally, the size of the organization is a factor in how program administrators perceived the level of EFAP utilization among troubled employees, and in how helpful it would be to provide prevention programs for employees (larger organizations ranked higher both items).

Additional comments.

The questionnaire included a final section for respondents to provide additional comments or concerns regarding their perspective on what employees in their organizations need from their EFAP. Of the 62 respondents, 27 (44%) provided additional comments and suggestions. Some of them expressed their praise for the program and the EFAP provider, as shown in the following selection of verbatim reports:

The EFAP in our organization has an 8+% utilization rate. It appears that the reasons for use are very diverse. Therefore having the EFAP is of value. The cost is reasonable and I believe we are a better employer for providing the access.

I feel that we have a well-organized, well-used and effective EFAP organization in our district. It is an important service to provide for all School District employees.

My EAP provider is capable of providing the level of service that we require. [The] EAP presents a vast opportunity to improve attendance, morale, productivity.... We are currently working with our provider to improve our performance.

Other program administrators manifested their concerns about the provision of counselling services. Some of them said:

We have a high utilization rate, and overall I believe that employees that have accessed the program have benefited. There have been some difficulties around "short term counselling" but that appears to have been clarified to the employees and resolved.

Some feedback from some of the employees was not positive. We required immediate attention and only got an answering machine and did not get a response for 2 days later. The crisis was over by the time the EAP called back. The availability of counsellors at night are few and not convenient for employees to attend during the day.

We are an isolated community in that we don't have a counsellor in the community for easy access, and people have to drive 1 ½ - 2 ½ hours. That is not appealing. Our utilization rate is well below our projected use.

We are very isolated [workplace]. We need a better communication method between users and counsellors.

More than 50% (14) of the respondents who provided additional comments, expressed their concerns about the provision of information, prevention, and training. These program administrators' expressed needs in regard to prevention programs, are congruent with the overall responses in Section 5 and item 10.5. A selection of some verbatim reports follows:

So far our EFAP program has been a well valued and utilized program in our workplace. However, more pro-active "out-reach" initiatives would be beneficial.

Lunch + Learn type sessions on parenting, etc. are being planned and hopefully will become part of an ongoing program.

I have received positive feedback from the employees who have used the program. Most employees forget that this program is available to them and do not automatically utilize its features.

I would like to see increasing emphasis placed on preventive services.

The program needs better follow-up communication by both, the [program administrator] and individual employees after initiation of the program. This task is left almost entirely to the [program administrator] and I feel more awareness should come from the program provider to provide on-going info and educational / informational resources.

A series of mailings for distribution on a regular basis might work well. We have not provided any information in some time.

I would like to see a closer relationship between the disability insurance provider and the EAP provider with a view to proving the adage "prevention is better than cure." I would like to see quarterly mailings to employee home addresses by the EAP provider reminding of availability, maybe with some case history or prevention technique.

The awareness need to be improved. [We need] prevention programs.

[We need] more education about our EAP. More education and information and prevention programs would be beneficial.

Some employees are reluctant to reach out to "professional help" even for one consultation. Perhaps in presentations, the representatives can relay just how common [are] their services; that there are many who willing reach out.

Program awareness received low marks because we are just beginning to get the word out. We've had one letter to all employees about the EFAP but nothing further to date.

[There is] lack of communication [and] awareness [about the program] in our workplace.

This chapter has provided a description of the results that were found through statistical analysis and interpretation. It has covered analysis of demographic characteristics of the organizations participating, and the individuals responding to the questionnaire. Additionally, it has offered summarized information regarding the 132 items distributed within the 10 sections of the questionnaire. Finally, it has provided a selection of verbatim comments from program administrators who expressed additional suggestions and stressed employees' needs. These results are discussed in the following chapter along with their implications for EFAP practice and further research.

Chapter 5

Discussion

The Instrument.

The questionnaire developed for this study showed acceptable psychometric properties. The reliability coefficients obtained through statistical analysis were consistently high (Table 1). Only Section 4: Program Awareness showed a relatively low reliability coefficient ($\alpha = .66$). As such, Section 4 would need to be reviewed to enhance its reliability as a scale. Additionally, items 8.4, 8.7, and 9.11, which asked something about the Union (benefit, support, promotion), would need wording improvement and clarification. The remaining sections of the questionnaire ranked between $\alpha = .77$ and $\alpha = .95$. The cooperation of all the participants in the development of the questionnaire contributed to its strength. Further administration of the questionnaire to similar populations would be necessary to confirm its robustness.

Section 1 ($\alpha = .79$) of the questionnaire assessed the prevalence of problems among employees in the organization, whereas Section 2 ($\alpha = .88$) evaluated the severity with which those personal problems affect employees at work. Section 3 ($\alpha = .77$) studied the barriers to EFAP utilization among employees in the organization, and Section 4 ($\alpha = .66$) reviewed the level of awareness about the program. Section 5 asked how helpful it would be to provide a number of different prevention programs to employees, whereas Section 6 ($\alpha = .92$) evaluated the convenience of providing training and information for supervisors and union representatives. Section 7 ($\alpha = .95$) assessed how much personal problems affect the troubled employee and the workplace. While, Section 8 ($\alpha = .93$) reviewed the role of the EFAP in the workplace, Section 9 ($\alpha = .93$)

evaluated the role of the EFAP provider in the organization. Finally, Section 10 (α = .81) provided a general overview regarding the issues addressed in the previous nine sections.

Reliability results and design would allow for administering independent sections of the questionnaire to similar populations. Moreover, independent sections of the questionnaire could be administered directly to employees and other participants in the field (e.g., counsellors, providers, supervisors, union representatives, employers) after adapting wording of instructions and questions. In fact, a more comprehensive understanding of what employees need from their EFAP could be assessed by administering the whole questionnaire, or sections of it, to some or all participants in one single organization.

Prevalence and Severity of Problems, and Barriers to EFAP Utilization.

This section of the discussion elaborates on the program administrators' perspectives towards prevalence and severity of problems among employees in their organizations. It also discusses briefly the particular importance of stress related problems and their potential repercussions for employees and work performance. This discussion includes the administrators' perceived relevance of the EFAP to address these issues in the organization. Additionally, this section elaborates on the perceived level of EFAP utilization and its barriers for further usage.

Overall, 87% of program administrators believed that personal problems are from moderately to very common among employees; and 90% of them believed that those problems affect employees at work from moderately to very severely. Along these lines, Myers (1984) argues that "20% of employees in the United States workforce have job

related problems caused by alcoholism, drug dependency, mental and emotional disorders, compulsive gambling, financial difficulties, marital discord, family problems, legal difficulties, or a combination of these" (p. 3). In this study, stress related problems, marital and family problems, and work related problems (e.g., workplace changes, relationships, environment) were reported by more than 80% of program administrators in the range from moderately to very common problems among employees; and over 75% of them said that those problems affect employees at work (e.g., absenteeism, low performance, productivity, accidents, etc.) from moderately to very severely.

Stress related problems were singled out by 95% of program administrators as being from moderately to very common among employees, and by 90% of them as affecting employees at work from moderately to very severely. A comprehensive discussion of stress as a factor impacting physical and psychological well-being goes beyond the scope of this discussion. Nonetheless, given the particular relevance that program administrators placed in this construct, it merits some elaboration here. The American Psychiatric Association (1994) includes in the Diagnostic and Statistical Manual (4th ed.) a new section within Axis II called "psychological factors affecting a medical condition," referred to previously as psychophysiological or psychosomatic disorders (e.g., ulcers, head-aches, hypertension, asthma). Davison and Neale (1996) explain that, among other factors, "the reason for this change is that it is now thought that any disease can be influenced by psychological factors, such as stress" (p. 190). For a discussion of the physiological implications of stress see Frankenhaeuser, 1986; Hamberger and Lohr, 1984; Scheuch, 1986; Sweeney, Gold, Potash, and Davis, 1980. More particularly, research with laboratory animals has shown the impact of stress on growth of cancerous tumors (Sklar & Anisman, 1979). Additionally, more recent findings from

research with human beings report that there is now direct evidence that stressful daily events impact the immune system and are related to illnesses (Cohen, Tyrrel, & Smith, 1991; Evans & Edgerton, 1990; Jandorf, Deblinger, Neale, & Stone, 1986; Zakwoski, Hall, & Baum, 1992). In other instances, stress may be a mediator to behavioural changes (e.g., increased smoking and alcohol consumption, disrupted sleep and diet patterns) which in turn result in an increased risk for illness (Davison & Neale, 1996).

Due to its perceived prevalence and severity, and to its direct and indirect potential impact in the physiological and psychological well-being of employees, a more straightforward approach to the understanding and management of stress appears to be called for. Indeed, an overwhelming 97% of program administrators agreed that the provision of stress management programs for employees would be from moderately to very helpful. A more focused approach to stress related problems affecting employees within the organization, would require further research to investigate the perceived causes or *stressors*, and the perceived coping mechanisms or strategies to deal with them. With its results, particular interventions could be designed and implemented to ameliorate the tension among them.

The relevance of the EFAP for dealing with stress related problems affecting employees becomes apparent. The results of this study show that program administrators believe that the more common stress related problems are in the organization, and the more severely they are affecting employees and work environment, the more important it is to have an EFAP in the workplace. Indeed, in a survey of 500 U.S. companies for Managed Health Network, Roper Starch Worldwide Inc. reported that 88% of employers believe that stress related problems are harmful to

productivity (Medical Benefits,1995). Moreover, the International Labor Organization

of the United States (1993) argues that the rising workers compensations costs, lower

productivity, absenteeism, and other expenses due to stress related problems, cost

American organizations approximately $200 billion a year.

Additional research may clarify particular elements associated with other problems

affecting employees at work. From these and other assessments, focused training and

prevention programs for employees, their family members, and other participants

involved in and affected by such prevalent problems may be implemented. The aim of

these programs would be to reduce the effect that those problems have on employees

and the workplace.

Worthwhile noticing is the fact that administrators from larger organizations tend to

appreciate a higher prevalence and severity of problems affecting employees at work,

as opposed to their colleagues in smaller ones. Although this study found no statistically

significant difference between administrators from larger organizations and smaller

ones in regard to gender, age group, level of education, and time as EFAP

administrators, additional research may investigate other factors that may explain the

aforementioned differences. That is, is the prevalence and severity of some problems

actually higher in larger organizations than in smaller ones? Is there any difference in

the organizations themselves that make the prevalence and severity of some problems

higher in some than in others? Is there any difference between program administrators

from different sizes of organizations that makes them see differently the prevalence and

severity of some problems?

Similarly, this study found that women program administrators tend to see an overall

higher prevalence of problems among employees than men program administrators.

Further analysis should confirm this difference, for no statistically significant difference was found between gender of the program administrator and any single item of the sections addressing prevalence and severity of problems (sections 1 and 2).

More generally, is the EFAP an appropriate means for addressing employees' problems that affect them at work? According to program administrators it is. This is supported by the fact that 90% of program administrators believe that it is important or very important to have an EFAP in the workplace. Furthermore, 84% of them believe that employees and their family members' with personal problems benefit from using the EFAP, and 79% think that the whole organization benefits from employees seeking help through the EFAP.

How much do employees use the EFAP? According to program administrators not very much. Only 30% of them agreed that employees use the program much or very much, whereas another 34% said that employees use it little or very little. Worthwhile mentioning however, is the fact that women and men program administrators neither agree in their perspective towards prevalence of problems, nor in the EFAP utilization level. That is, women program administrators tend to see a higher overall prevalence of problems among employees than their men colleagues do. And even though overall utilization is considered low by both, women reported it to be higher than men. Additionally, program administrators from larger organizations tend to see a higher level of EFAP utilization than program administrators from smaller ones do. Further research may investigate the factors associated with such differences. Interestingly enough, no significant differences were found between either program administrator's gender or organization's size, and their perspective of how much personal problems affect employees and the workplace, and how important it is to have an EFAP in the

workplace. Additional research would be necessary to further understand the aforementioned program administrators' gender differences towards the perceived prevalence of problems and EFAP utilization. By the same token, additional research will be necessary to understand the perceived *high* or *low* level of EFAP utilization by comparing it against a certain parameter, such as, national standards, type of industry standards, a particular expectation, the perceived need, reported prevalence and severity of problems, absenteeism, turnover, or a combination of some of these.

What prevents some troubled employees from using their EFAP? According to most program administrators, there are four particular reasons that distinguish themselves from the rest. They all refer to attitudes towards personal problems and counselling. That is, more than 70% of program administrators agreed that employees think that their problems are not big enough to require counselling, that their problems will eventually go away, that they don't need the services provided by the EFAP, and that their problems don't affect them at work. These perceived employees' attitudes do not appear to be grounded in negative experiences with counselling in the past, nor with having heard negative comments from co-workers about the EFAP. Rather, it appears more plausible to suggest that lack of appropriate information may be one important construct in such attitudes (issues around information will be discussed in the following section).

Although ranked relatively lower than the issues noted above, concerns regarding confidentiality were reported as a barrier to EFAP utilization by almost one third of all program administrators. Additionally, even though 43% of program administrators do not think that employees feel restricted by the number of counselling sessions provided, 33% of them agreed or strongly agreed that such limitation is a barrier to EFAP

utilization. Moreover, 39% of program administrators believe that employees are not even well informed about the number of sessions that they are entitled to.

Worthwhile noticing is that statistical analysis showed that the more important administrators perceive the EFAP to be, and the more satisfied with the provider they are (i.e., providing employees with appropriate access to counselling, a broad range of services, general information about the EFAP, and particular information about how they may benefit from using it), the higher level of perceived utilization they reported. These results suggest the relevance of including the program administrators as a "partner" in the provider's endeavors toward increasing EFAP support and utilization. Further research with other participants in the field (e.g., employees, employers, providers, union representatives) should explore further these and other barriers to EFAP utilization. EFAP utilization is of the most relevance for the organization. It is important that employees use what is there for them and their family members as a means to deal with such problems for "20 percent of any workforce is affected by personal problems that can have an impact on job performance" (Masi, 1992, p. 2). The findings of this assessment and other research may facilitate the provider addressing those issues perceived as barriers with the aim of turning them into causeways for EFAP utilization.

Summarizing thus far, program administrators believed that personal problems are common among employees, that they affect them at work, and that it is important to have an EFAP in place to address such problems. Nevertheless, 70% of administrators believe that employees are using the program from moderately to very little. It is possible to suggest that such perceived low EFAP utilization may stem mostly from employees' attitudes towards personal problems and counselling and, to a lesser

degree, from confidentiality concerns, which in turn appear to be grounded in insufficient information about the EFAP. Results also suggest that, even though less relevant than the issues already discussed, the perceived low EFAP utilization may also arise from some inherent characteristics of the program (i.e., the number of counselling sessions provided, the limited access to counselling services in some small or remote locations).

Information, Prevention Programs and Training.

This section discusses the perceived relevance of providing information, prevention programs and training to employees, supervisors, and union representatives as an important means to address the prevalence and severity of problems among employees, and the barriers to further EFAP utilization.

Is misinformation a barrier to EFAP utilization? Program administrators' responses indicate an association between the perceived level of information about the EFAP that employees have, and their perceived level of its utilization. There are some mixed results in this area, however. Whereas 43% of program administrators agreed or strongly agreed that employees know enough about the EFAP and its services, another 43% agreed or strongly agreed that they do not. Additionally, 25% of them said that employees have little or very little information about it; 38% of them believed that employees are not well informed about what to expect when they go for counselling, and 34% of them reported that employees are not well informed about what the EFAP can do for them and their family members.

It is common practice among EFAPs to report their statistical utilization rates based on house-holds or number of employees. In reality, however, program utilization goes

beyond the employee, for in most cases their family members are entitled to the program's services as well. That is, two out of three EFAP potential users are employees' relatives. This is important because from the officially reported utilization rate of, for example 9%, it may become a real 3% utilization rate when it is adjusted for family members. This comment acquires additional relevance for marital and family issues were reported the second most common problem and more severely affecting employees at work. The relevance of providing information to employees' family members is further supported by the fact that 60% of the program administrators said that employees would benefit from receiving written information about it at their homes, and that almost half of them believed that employees' family members are not well informed about the EFAP.

Interestingly enough, when evaluating the performance of the EFAP provider, 56% of administrators reported that the provider is doing a satisfactory or very satisfactory job informing employees about the EFAP and its services, and 44% said that they are doing a satisfactory or very satisfactory job in informing employees about how they may benefit from using the EFAP. On the other hand, when evaluating the EFAP provider in promoting the program among employees, only 30% of administrators rated the provider's performance as satisfactory, and 21% of them as unsatisfactory or very unsatisfactory. Not surprisingly then, employees' perceived support for the EFAP was ranked lowest when compared to the perceived support from the union, supervisors, and senior management.

Finally, most program administrators appear to agree that employees are well informed in general about the EFAP, but somewhat misinformed about particular issues. Additionally, although the three different modes presented for providing

information were ranked high in expected benefit, presentations were favored over written material, and video and audio tapes. The survey's outcome indicates that an appropriate combination of the three modes would enhance the level of information that employees need about the EFAP.

In summary, although there are some contrasting messages in regard to employees' need of information, results suggest that program administrators believe it is necessary to provide employees with more specific information about the EFAP, more specific information about particular issues (e.g., substance abuse, stress, etc.), and more specific information about counselling (i.e., number of sessions that employees are entitled to, what to expect when they go for counselling, what the EFAP can do for them and their family members).

Would it help, then, to provide prevention programs for employees as an additional means to address the prevalence of problems and the severity with which those problems affect them at work (i.e., absenteeism, low performance, productivity accidents, etc.)? Sixty-four percent of program administrators said that it would be helpful or very helpful. Moreover, more than 50% of the administrators reported all sixteen prevention areas presented in this section from moderately to very helpful. This overwhelming support for prevention programs shows the implicit need for providing employees with means to address personal problems that may affect them at work. Not surprisingly, the three most common problems and more severely affecting employees at work (i.e., stress related; marital and family issues; and work related e.g., workplace changes, relationships, environment, etc.) were reported among the four prevention programs most helpful for employees. How do program administrators think the EFAP provider is doing in addressing this need of prevention programs? Only 12% of them

think they are doing a satisfactory job, whereas 36% said that it is unsatisfactory or very unsatisfactory. In fact, this item was ranked lowest by most program administrators in reporting the level of satisfaction with the EFAP provider.

Furthermore, over half of the program administrators who provided additional comments, expressed their need for more education, more prevention, and more training for employees. Worthwhile noticing however, is the fact that larger organizations tend to appreciate as more helpful the provision of information and training programs than their counterparts in the smaller organizations. Notwithstanding, the general message is loud and clear: There is a great need to provide information and prevention programs for employees in diverse fields. Program administrators are asking more from the EFAP provider in this area.

This call appears to be congruent with the general trend of the EAP field. Pinkard (1988) suggests that the provision of prevention programs for employees are becoming of larger importance to organizations and EAP providers, for "effective prevention and health promotion programs are a good investment for business. Prevention programs offered by EAPs can prove of major benefit to employers and employees, and for the future as well as the present" (p.220).

Regarding the provision of information and training for supervisors and union representatives (where applicable), again, an overwhelming majority of program administrators reported the nine areas presented in this section, from moderately to very helpful. As it reads in the general statement of section 6 in the questionnaire, the purpose of such information and training "...would be to facilitate employee understanding of and access to the EFAP services." Interestingly enough, program administrators identified that the most needed training for supervisors and union

representatives was in how to identify, approach, and encourage the troubled employee to access the EFAP. They also suggested that supervisors and union representatives need to know more about how personal problems affect employees and work environment. Additionally, they reported that it would be helpful to give them general and specific information about the services provided by the EFAP. Finally, still relevant but less than the aforementioned ones, administrators believe that supervisors and union representatives would benefit from receiving information and training in how to handle confidentiality issues, how employees may access the EFAP, and how traumatic workplace incidents may affect employees and work environment.

Colan and Schneider (1992) reviewed the literature concerning supervisor's training in the EFAP field. They found that EFAPs have been training supervisors in the workplace for the last twenty years, and that the focus of such training has been on helping supervisors identify and refer troubled employees to the EFAP. However, no empirical studies had demonstrated the actual benefits of this kind of training. Using an experimental design, the researchers compared three different groups of supervisors who received training with one that did not. Supervisors were tested immediately after the training and one year following the experiment. They reported that "supervisor training 'works.' That is, supervisor training can result in increased knowledge of the EAP and higher consultations with and referrals to the EAP –even at one year followup" (p. 92). Additionally, they concluded that "supervisor training should be viewed as a process and not as a single event" (p. 93); that is, they found that the group that had had training previous to the training in the study, showed a significant increase in EAP referrals compared to the control group, suggesting the importance of follow-up and maintenance in the training of supervisors.

How do program administrator think the EFAP provider is doing in regard to providing training and information for supervisors and union representatives? Thirty-nine percent of them rated the provider as satisfactory or very satisfactory, whereas 28% said it is unsatisfactory or very unsatisfactory. The provision of training to supervisors and union representatives is a very important issue, and a particularly sensitive one. One program administrator wrote in the additional comments of the questionnaire:

> *My concern regarding training supervisors is twofold. Firstly, getting enough time to properly train the management team would be extremely difficult. Getting those managers who really need the training involved would be less likely than those who may already be skilled in this area. My concern is with having a half-trained manager advising staff inappropriately to "get help."*

It is important to take this concern into consideration. The remark however, does not seem to be in regard to the benefits of having supervisors and union representatives who may facilitate employees accessing the EFAP; rather, its relevance is in regard to *how* to achieve the required level of knowledge and skills that such personnel need in order to make appropriate referrals to the program. In fact, as this administrator suggests, it probably would be better not to engage in training for supervisors and union representatives, if it would result in half-trained personnel, for it may be more detrimental to employees' needs. Moreover, even though the comment may appear to contrast with the overwhelming majority of administrators' responses supporting the training for supervisors and union representatives, it is actually complementary to them. The administrator's concern emerges as a wise warning when focusing on training for supervisors.

Finally, it is worthwhile mentioning that administrators from larger organizations saw the provision of information and training for supervisors and union representatives (where applicable) significantly more helpful than those administrators from medium-sized and smaller organizations. Additional research may provide further understanding in regard to this difference.

Summarizing, there is a very strong call from program administrators for providing employees, supervisors, and union representatives with additional programs, training, and information that would prevent personal problems from affecting employees at work, and for facilitating those employees who need the services provided by the EFAP prompt and expedient access to them. These results are particularly important for understanding employees' needs. They provide some means for planning holistic interventions that would result in improved physical and psychological well-being of employees. That is, an articulated strategy for providing the appropriate information and prevention programs for employees, along with the provision of the appropriate information and training for supervisors and union representatives, would most likely result in a healthier organization where all its participants reap the benefits.

The Effects of Personal Problems in the Workplace, and the Roles of the EFAP and the Provider within the Organization.

In this section, the program administrators' perspectives on how personal problems impact employees and the workplace are discussed. Additionally, the respondents' views regarding the particular roles that the EFAP and the provider play as a means to address such impact are examined.

Whereas 57% of program administrators believed that personal problems affect employees and the workplace much or very much, only 7% of them said that they affect them little or very little. More than 90% of administrators believe that employees with personal problems often make more errors at work, are absent from work more frequently, are less productive, and take more sick leave. Researchers in the United States suggest that psychological problems account for 61% of absences from work each year, as well as from 65% to 85% of employee terminations, and from 80% to 90% of industrial accidents (Sloan, 1995).

Is it important to have an EFAP as a means to addressing the devastating effects of personal problems in employees and the workplace? Program administrators believed that the more personal problems affect employees and the workplace, the more important it is to have an EFAP in the organization. Moreover, 82% of administrators said that having an EFAP in place benefits the organization as a whole, and 79% of them said that their own organization benefits much or very much from employees seeking help thorough the EFAP. Along these lines, Masi (1992) contends that "by developing and maintaining a strong EAP, an organization significantly reduces the many costs, financial and otherwise, that it would have incurred because of employees' personal problems" (p. 5).

There is some evidence of these perceived benefits. In a publication by the U.S. Department of Health and Human Services, Blum and Roman (1995) included a summary of EAP cost-effectiveness studies. Describing the extent and characteristics of those studies goes beyond the scope of this discussion. Suffice to say, however, that the authors argue that even though the studies published have some limitations and deficiencies, and that "indisputable proof does not exist that all EAPs are cost-

effective... all the published studies indicate that EAPs are cost effective" (pp. 11-12).

In another publication by Human Affairs International (1996) the author summarizes a

sample of studies showing the savings that many U.S. companies have realized from

having EAPs. Among them: Utah Power reported a $3.73 return on every $1.00

invested in the EAP; Florida's Orange County Public Schools demonstrated a savings

of over $3.00 for every $1.00; McDonnell Douglas, a return of $4.00 for every $1.00

spent; Campbell Soup Company, a 28% (from $261.00 to $188.00 per employee)

reduction in mental health care costs; General Motors reported a saving of $2.00 for

every $1.00 invested in the EAP.

Within the organization, Who benefits from having an EFAP in place? More than

80% of administrators believed that employees and their family members benefit much

or very much. Additionally, more than 70% believed that the employer and the union

also benefit much or very much from having an EFAP in place. Regarding the particular

benefits for the employer, Myers (1984) suggests that "there are two basic motivations

for employer assistance to employees. One is humanitarian and the other economic" (p.

4). He also contends that, even though some argue that the economic motivation has

been regarded as the most relevant, the provision of assistance to troubled employees,

regardless of the original motivation, benefits both the employee and the employer, and

ultimately, society at large.

The perceived relevance of having an EFAP in place for addressing employees'

personal problems and their effect in the workplace, and the perceived benefit for the

different participants in the organization, is apparent. However, Do these participants

support the EFAP? They do at different levels. According to program administrators'

perspectives; the most supportive participant for the EFAP is senior management

(87%), followed by supervisors (77%), the union (where applicable) (74%), and finally

employees (62%). It is encouraging to see senior management at the top of perceived

support for the EFAP. Masi (1992) suggests that "employers who have brought EAPs

into the workplace have demonstrated that they care for their employees, as well as for

the bottom line" (p. 17). Masi's comment appears to echo that of the program

administrator's who wrote "*The cost is reasonable and I believe we are a better*

employer for providing the [EFAP]." Along these lines, Stern (1988) argues that

management has adopted a more humanistic philosophy towards employees' personal

troubles by recognizing "corporate responsibility for a range of human problems which

may not have their origins in the workplace, [for] mental health problems hurt

productivity and profitability" (p. 7).

Worthwhile noticing however, are some contrasts and similarities between perceived

benefit and perceived support. Whereas administrators ranked employees as highest

for perceived benefit from the EFAP, they ranked them lower for perceived support for

the EFAP. On the other hand, the perceived level of benefit for the employer, is

congruent with the perceived level of support from senior management and supervisors.

Finally, the perceived level of benefit for the union (i.e., last in the category), is

congruent with the perceived level of support from the union (i.e., second last in the

category). Moreover, the perceived levels of benefit for, and the perceived levels of

support from the participants in regard to the EFAP, are similar to the perceived levels

of promotion of the program among the participants. That is, program administrators

ranked higher the perceived level of promotion of the EFAP that the provider does

among senior management, than that among supervisors, employees, and union

representatives, successively. Additional research would provide further information

regarding the relevance of promotion as a mediator in the expected benefit from and support for the EFAP among the participants in the organization. The results of this study suggest that it would be beneficial to increase the promotion of the EFAP among employees and union representatives (where applicable) in order to enhance their support.

What can the provider do to enhance perceived support and perceived benefit from the participants? Statistical analysis from the data shows that the two most common variables associated with the participants' perceived benefit and support are: providing employees with appropriate access to counselling services, and providing employees with a broad range of EFAP services. Next most common are: providing training and information for supervisors and union representatives, and promoting the EFAP among union representatives, followed by providing a prompt response to employees' counselling requests. To a lesser degree, other variables associated with the participants' perceived benefit from and support for the EFAP are: informing employees how they may benefit from using the EFAP, and promoting the EFAP among supervisors. Finally, exclusively associated with the perceived benefit for the union, and the perceived support from the union for the EFAP are, respectively: having an adequate understanding about the characteristics and particular problems of the organization, and having an adequate level of presence in the workplace.

These provide clear and concrete guidelines for enhancing perceived support and perceived benefit among the participants from having an EFAP in the workplace. That is, the aforementioned associations indicate the variables that need particular attention, whereas Table 20 (The Role of the EFAP Provider) provides the actual level of administrators' satisfaction with such variables. The EFAP provider may use both data

combined for designing and implementing a focused strategy directed towards program advocacy and utilization.

In evaluating the provider's performance, 69% of program administrators said that they are satisfied or very satisfied with the overall performance of the EFAP provider, whereas 26% reported being moderately satisfied, and only 5% said that they are little satisfied. Moreover, several program administrators expressed their praise for the provider in the additional comments at the end of the questionnaire. Program administrators appeared mostly satisfied with all the items presented in the corresponding section, except for one: providing prevention programs for employees, where most of them rated the provider unsatisfactory or very unsatisfactory.

More than 60% of the administrators are satisfied with the provider in regard to the provision of a broad range of EFAP services, and in particular with the provision of counselling services for employees (i.e., providing prompt response to counselling requests, and providing appropriate access to counselling). In regard to providing information to employees (i.e., about the EFAP and its services, and about how they may benefit from using the program), between 44% and 56% of program administrators reported to be satisfied or very satisfied with the provider. It is important to highlight that the factors discussed above, that is, providing employees with a broad range of services, particularly related to counselling, and providing them with information about the program, are associated with the perceived level of EFAP utilization. These findings are relevant for they provide particular guidelines to focus on when addressing utilization rate.

In regard to the level of contact with the organization, 61% of administrators said that they are satisfied or very satisfied with the provider's understanding about the

characteristics and particular problems of their organization, whereas 41% of them reported being satisfied or very satisfied with the provider's level of presence at their workplace. That is, although the provider's level of presence in the workplace is not as high, they still have an adequate understanding of the organization.

In regard to promoting the EFAP among the participants in the organization (i.e., senior management, supervisors, employees, and union representatives), between 29% and 40% of administrators rated the provider's performance as satisfactory or very satisfactory, whereas between 11% and 26% of them said it was unsatisfactory or very unsatisfactory. Finally, administrators reported the provision of training and prevention as the least satisfactory of all; that is, 28% of administrators said that the provision of training and information for supervisors and union representatives was unsatisfactory or very unsatisfactory, and 36% said that the provision of prevention programs for employees was unsatisfactory or very unsatisfactory.

In summary, program administrators strongly believe that employees' and their family members' problems have a very important impact at work in the form of increased absenteeism, accidents, errors, use of compensations benefits, sick leave, and grievances. Additionally, such problems affect productivity, performance, the morale of other co-workers, turnover, and the work environment in general. They also suggested that having an EFAP in the organization is a very important means to address such personal problems affecting work, and that they believe that having an EFAP in place benefits the organization as a whole as well as all the participants involved in it (i.e., employer, union, and employees). Generally, administrators believe that the participants in the organization are very supportive of the program. However, administrators perceive that EFAP utilization is somewhat low and identified some

particular barriers to its further usage. Program administrators' responses to the questionnaire suggested particular factors associated with the perceived benefit from and support for the EFAP, and others with the perceived level of utilization. Finally, in rating the EFAP provider's performance in regard to several factors, the administrators indicated the provider what employees' needs are being adequately satisfied, and which ones require additional efforts. These identified factors may facilitate the provider in their efforts to make the program even more accessible to employees.

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Appendix A

Questionnaire

Needs Assessment: A Survey of Western Canada's Program Administrators' Perspective of the Role of EFAPs in the Workplace

(Note: We appreciate that some programs use the initials EAP and others use the initials EFAP. This difference in initials does not denote any difference in program structure. For practical purposes, in this questionnaire we are using only the initials EFAP as a comprehensive term for both, EAPs and EFAPs.)

PLEASE ANSWER THE FOLLOWING QUESTIONNAIRE ©

Thank you for participating in this survey. Your responses to this questionnaire are very valuable for understanding what employees need from their EFAP. **All your responses are confidential.** A summary of the results of this survey will allow your EFAP provider to develop the necessary resources and strategies to deliver an improved service for you, your employees, and your organization as a whole. **Please return this questionnaire in the enclosed self-addressed and stamped envelope.**

If you have any questions about this questionnaire please contact Javier Rodriguez in Vancouver at telephone number (604) ....

0. Demographic Information.

The purpose of this section is to obtain some general information about the participants in this survey. This information is only for data analysis and it will allow comparisons among respondents. **Please circle the number in the box that applies to you.**

0.1 What is your gender?

Female	1		Male	2

0.2 What is your age group?

21-30	1	31-40	2	41-50	3	51-60	4	61+	5

0.3 What is your highest level of education?

Elementary school	1	College	4
Secondary school	2	University undergraduate	5
Technical / Vocational	3	University graduate	6

0.4 For how long have you been the EFAP administrator?

Less than 6 months	1	More than 2 years but less than 3 years	4
More than 6 months but less than 1 year	2	More than 3 years but less than 5 years	5
More than 1 year but less than 2 years	3	More than 5 years	6

For office use only:

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F					

U			T		
N					

In the following sections please circle the number, from 1 to 5, that best indicates the degree to which you agree or disagree with each corresponding category.

1. Prevalence of Problems.

The purpose of this section is to know, from your perspective, **HOW COMMON** THE FOLLOWING PROBLEMS ARE AMONG EMPLOYEES IN YOUR ORGANIZATION.

		Very Uncommon		Moderately		Very Common
1.1	Gender related problems (e.g., conflicts, advancement, harassment)	1	2	3	4	5
1.2	Alcohol abuse problems	1	2	3	4	5
1.3	Other drug abuse problems (illicit or prescribed)	1	2	3	4	5
1.4	Financially related problems	1	2	3	4	5
1.5	Workplace violence (i.e., threats, actions)	1	2	3	4	5
1.6	Career related problems (e.g., vocational, advancement, personal satisfaction)	1	2	3	4	5
1.7	Marital and family problems	1	2	3	4	5
1.8	Domestic violence (i.e., threats or actions)	1	2	3	4	5
1.9	Stress related problems	1	2	3	4	5
1.10	Work related problems (e.g., workplace changes, relationships, environment)	1	2	3	4	5
1.11	Child or Elder care problems	1	2	3	4	5
1.12	Legal problems (not related to grievances)	1	2	3	4	5
1.13	Physical health related problems	1	2	3	4	5
1.14	Critical-incident-stress problems (e.g., workplace accidents, trauma)	1	2	3	4	5
1.15	Personal losses (grief and bereavement)	1	2	3	4	5
1.16	Culturally related problems (e.g., language, discrimination, relationships)	1	2	3	4	5

2. <u>Severity of Problems.</u>

The purpose of this section is to know, from your perspective, <u>**HOW SEVERELY**</u> **THE FOLLOWING PROBLEMS AFFECT OR HAVE AFFECTED EMPLOYEES AT WORK** (e.g., absenteeism, low performance, productivity, accidents, etc.) within your organization.

		Very Mildly		Moderately		Very Severely
2.1	Gender related problems (e.g., conflicts, advancement, harassment)	1	2	3	4	5
2.2	Alcohol abuse problems	1	2	3	4	5
2.3	Other drug abuse problems (illicit or prescribed)	1	2	3	4	5
2.4	Financially related problems	1	2	3	4	5
2.5	Workplace violence (i.e., threats, actions)	1	2	3	4	5
2.6	Career related problems (e.g., vocational, advancement, personal satisfaction)	1	2	3	4	5
2.7	Marital and family problems	1	2	3	4	5
2.8	Domestic violence (i.e., threats or actions)	1	2	3	4	5
2.9	Stress related problems	1	2	3	4	5
2.10	Work related problems (e.g., workplace changes, relationships, environment)	1	2	3	4	5
2:11	Child or Elder care problems	1	2	3	4	5
2.12	Legal problems (not related to grievances)	1	2	3	4	5
2.13	Physical health related problems	1	2	3	4	5
2.14	Critical-incident-stress problems (e.g., workplace accidents, trauma)	1	2	3	4	5
2.15	Personal losses (grief and bereavement)	1	2	3	4	5
2.16	Culturally related problems (e.g., language, discrimination, relationships)	1	2	3	4	5

3. <u>Barriers to EFAP Utilization.</u>

The purpose of this section is to know, from your perspective, **WHAT PREVENTS SOME EMPLOYEES OR THEIR FAMILY MEMBERS FROM USING THE EFAP.**

		Strongly Disagree		Neither Agree nor Disagree		Strongly Agree
3.1	Employees don't believe their personal problems would be kept confidential by the EFAP	1	2	3	4	5
3.2	Employees have had a negative experience with counselling in the past	1	2	3	4	5
3.3	Employees believe that if they are known to be accessing the EFAP it would affect them at work	1	2	3	4	5
3.4	Employees are not willing to use their personal time to seek counselling through the EFAP	1	2	3	4	5
3.5	Employees are reluctant to access the EFAP through a 1(800) telephone number	1	2	3	4	5
3.6	Employees don't have a counsellor available at a suitable nearby location	1	2	3	4	5
3.7	Employees think they don't need the services provided by the EFAP	1	2	3	4	5
3.8	Employees don't have access to a suitable counsellor (i.e., language, gender, specialty)	1	2	3	4	5
3.9	Employees feel restricted by the number of counselling sessions provided	1	2	3	4	5
3.10	Employees don't have convenient access to the EFAP services (i.e., location, transportation, schedule)	1	2	3	4	5
3.11	Employees have heard negative comments from co-workers about the EFAP	1	2	3	4	5
3.12	Employees don't know enough about the EFAP and its services	1	2	3	4	5
3.13	Employees don't think their personal problems affect them at work	1	2	3	4	5
3.14	Employees think their problems will eventually go away by themselves	1	2	3	4	5
3.15	Employees think their problems are not big enough to require counselling	1	2	3	4	5

4. Program Awareness.

The purpose of this section is to know, from your perspective, **THE LEVEL AND KIND OF INFORMATION THAT EMPLOYEES IN YOUR ORGANIZATION NEED ABOUT THE EFAP.**

		Strongly Disagree		Neither Agree nor Disagree		Strongly Agree
4.1	Employees are well informed about the general characteristics of the EFAP (e.g., services, access)	1	2	3	4	5
4.2	Employees have enough specific information about the EFAP (e.g., case management, interventions)	1	2	3	4	5
4.3	Employees' family members are well informed about the EFAP	1	2	3	4	5
4.4	Employees are well informed about how to access the services provided by the EFAP	1	2	3	4	5
4.5	Employees are well informed about the number of counselling sessions that they are entitled to	1	2	3	4	5
4.6	Employees are well informed about what to expect when they go for counselling	1	2	3	4	5
4.7	Employees are well informed about what the EFAP can do for them and their family members	1	2	3	4	5
4.8	Employees have enough written material about specific issues (e.g., substance abuse, stress, etc.)	1	2	3	4	5
4.9	Employees have enough written material about the EFAP (e.g., brochures, posters, newsletters)	1	2	3	4	5
4.10	Employees would benefit from video or audio taped information about the EFAP and its services	1	2	3	4	5
4.11	Employees would benefit from wallet-cards about the EFAP (e.g., phone number, schedule)	1	2	3	4	5
4.12	Employees would benefit from receiving written information at their homes about the EFAP	1	2	3	4	5
4.13	Employees need presentations about specific issues (e.g., substance abuse, stress, etc.)	1	2	3	4	5
4.14	Employees need presentations about the EFAP (e.g., services, access, benefits)	1	2	3	4	5

5. <u>Prevention Programs.</u>

Considering the problems affecting employees in your organization, the purpose of this section is to know, from your perspective, **HOW HELPFUL IT WOULD BE TO PROVIDE INFORMATION AND PREVENTION PROGRAMS FOR EMPLOYEES IN THE FOLLOWING AREAS.**

		Slightly Helpful		Moderately Helpful		Very Helpful
5.1	Marital and family issues	1	2	3	4	5
5.2	Stress management	1	2	3	4	5
5.3	Decision making strategies	1	2	3	4	5
5.4	Traumatic workplace incidents (e.g., robbery, violence, accidents)	1	2	3	4	5
5.5	Career exploration (e.g., advancement, vocation)	1	2	3	4	5
5.6	Alcohol abuse related issues	1	2	3	4	5
5.7	Other drug abuse related issues (i.e., illicit or prescribed)	1	2	3	4	5
5.8	Domestic violence issues	1	2	3	4	5
5.9	Communication skills	1	2	3	4	5
5.10	Changes in the workplace (e.g., mergers & acquisitions, downsizing, job security)	1	2	3	4	5
5.11	Personal financially related issues	1	2	3	4	5
5.12	Physical health related issues (e.g., fitness, nutrition)	1	2	3	4	5
5.13	Workplace violence issues	1	2	3	4	5
5.14	Parenting issues (e.g., blended families, teens)	1	2	3	4	5
5.15	Conflict resolution	1	2	3	4	5
5.16	Retirement planning	1	2	3	4	5

6. Training and Information for Supervisors and Union Representatives (where applicable).

The purpose of this section is to know, from your perspective, **HOW HELPFUL IT WOULD BE TO PROVIDE SUPERVISORS AND UNION REPRESENTATIVES (WHERE APPLICABLE) WITH INFORMATION AND TRAINING THAT WOULD FACILITATE EMPLOYEE UNDERSTANDING OF AND ACCESS TO THE EFAP SERVICES.**

		Slightly Helpful		Moderately Helpful		Very Helpful
6.1	Additional <u>general</u> information about the EFAP and its services	1	2	3	4	5
6.2	Additional <u>specific</u> information about services provided by the EFAP	1	2	3	4	5
6.3	Training and information about <u>how to identify</u> troubled employees	1	2	3	4	5
6.4	Training and information about <u>how to approach</u> troubled employees	1	2	3	4	5
6.5	Training and information about <u>how to encourage</u> troubled employees to access the EFAP	1	2	3	4	5
6.6	Training and information about how <u>traumatic workplace incidents</u> affect employees and work environment	1	2	3	4	5
6.7	Training and information about how <u>personal problems</u> affect employees and work environment	1	2	3	4	5
6.8	Training and information about how to handle <u>confidentiality</u> issues	1	2	3	4	5
6.9	Additional information about how employees may <u>access</u> the EFAP	1	2	3	4	5

7. <u>Personal Problems and the Workplace.</u>

The purpose of this section is to know, from your perspective, **HOW PERSONAL PROBLEMS AFFECT THE TROUBLED EMPLOYEE AND THE WORKPLACE.**

		Rarely		Some Times		Usually
7.1	Employees' and their family members' problems affect them at work	1	2	3	4	5
7.2	Employees with personal problems are absent from work more frequently	1	2	3	4	5
7.3	Employees with personal problems have more accidents at work	1	2	3	4	5
7.4	Employees with personal problems affect the morale of other co-workers	1	2	3	4	5
7.5	Employees with personal problems have a greater use of workers' compensation benefits	1	2	3	4	5
7.6	Employees with personal problems have more interpersonal conflicts	1	2	3	4	5
7.7	Employees with personal problems generate additional employee turnover	1	2	3	4	5
7.8	Employees with personal problems disrupt the work environment	1	2	3	4	5
7.9	Employees with personal problems are less productive	1	2	3	4	5
7.10	Employees with personal problems make more errors at work	1	2	3	4	5
7.11	Employees with personal problems generate additional administrative work (i.e., accommodation, replacement)	1	2	3	4	5
7.12	Employees with personal problems take more sick-leave	1	2	3	4	5
7.13	Employees with personal problems have more grievances	1	2	3	4	5

8. The Role of the EFAP in the Workplace.

The purpose of this section is to know, from your perspective, **HOW IMPORTANT IT IS TO HAVE AN EFAP IN YOUR ORGANIZATION.**

		Very Little		Moderately		Very Much
8.1	The EFAP is an important benefit for employees and their family members	1	2	3	4	5
8.2	Having the EFAP in place benefits the Organization as a whole	1	2	3	4	5
8.3	Having the EFAP in place benefits the Employer	1	2	3	4	5
8.4	Having the EFAP in place benefits the Union (where applicable)	1	2	3	4	5
8.5	Having the EFAP in place benefits employees and their family members	1	2	3	4	5
8.6	Senior Management in this organization supports the EFAP	1	2	3.	4	5
8.7	The Union (where applicable) in this organization supports the EFAP	1	2	3	4	5
8.8	Supervisors in this organization support the EFAP	1	2	3	4	5
8.9	Employees in this organization support the EFAP	1	2	3	4	5
8.10	Employees and their family members with personal problems benefit from using the EFAP	1	2	3	4	5
8.11	This organization benefits from employees seeking help through the EFAP	1	2	3	4	5

9. <u>The Role of the EFAP Provider.</u>

The purpose of this section is to know **HOW YOU RATE YOUR EFAP PROVIDER**
on the following issues.

		Very Unsatisfactory		Fair		Very Satisfactory
9.1	Having an adequate level of presence at the workplace	1	2	3	4	5
9.2	Providing employees with appropriate access to counselling services	1	2	3	4	5
9.3	Providing employees with information about the EFAP and its services	1	2	3	4	5
9.4	Informing employees about how they may benefit from using the EFAP	1	2	3	4	5
9.5	Providing training and information for supervisors and Union representatives (where applicable)	1	2	3	4	5
9.6	Providing employees with a broad range of EFAP services	1	2	3	4	5
9.7	Providing prevention programs for employees	1	2	3	4	5
9.8	Providing a prompt response to employees' counselling requests	1	2	3	4	5
9.9	Having an adequate understanding about the characteristics and particular problems of this organization	1	2	3	4	5
9.10	Promoting the EFAP among employees	1	2	3	4	5
9.11	Promoting the EFAP among Union representatives (where applicable)	1	2	3	4	5
9.12	Promoting the EFAP among Senior Management	1	2	3	4	5
9.13	Promoting the EFAP among Supervisors	1	2	3	4	5

10. <u>General Overview</u>.

The purpose of this final section is to learn about **YOUR MORE GENERAL PERSPECTIVE** regarding the issues addressed in the previous sections. **PLEASE RATE ON A SCALE FROM 1 TO 5 THE FOLLOWING QUESTIONS.**

		Very Little		Moderately		Very Much
10.1	How common are personal problems among employees in your organization?	1	2	3	4	5
10.2	How severely do personal problems affect employees at work?	1	2	3	4	5
10.3	How much do troubled employees use the EFAP services?	1	2	3	4	5
10.4	How much information about the EFAP do employees have?	1	2	3	4	5
10.5	How helpful would it be to provide prevention programs for employees?	1	2	3	4	5
10.6	How helpful would it be to provide information and training for supervisors / union representatives?	1	2	3	4	5
10.7	How much do personal problems affect employees and the workplace?	1	2	3	4	5
10.8	How important is it to have an EFAP in the workplace?	1	2	3	4	5
10.9	How satisfied are you with the overall performance of your EFAP provider in your organization?	1	2	3	4	5

Additional comments. We are providing the following space for you to write, if you wish, any additional comments or concerns regarding **YOUR PERSPECTIVE ON WHAT EMPLOYEES IN YOUR ORGANIZATION NEED FROM THEIR EFAP**. We appreciate your comments!

Would you like to receive a summary of the results of this survey? Please mark ✓	Yes		No	.

Please return this questionnaire in the enclosed self-addressed and stamped envelope to

> Javier Rodriguez
> P.O. Box ....
> Arbutus Postal Outlet
> V6J 1Z1 Vancouver, B.C.

THANK YOU FOR PARTICIPATING !!!

Appendix B

Report from Meetings of Focus Group No. 1

Report from Meetings of Focus Group No. 1

Focus Group No. 1, comprised of the three top executives of the provider's Western

Head office (Regional Vice President, Regional Manager - Program Management, and

Regional Client Services Manager), had two meetings of two hours each. The meetings

were held at the provider's offices in downtown Vancouver on June 17 and 25, 1996.

The Regional Client Services Manager could not assist to the meetings due to personal

difficulties. A separate meeting with her was held on July 11, 1996. Comments and

feedback from all participants are integrated in this report.

Procedure

Participants in this Focus Group were provided with an initial draft of the

questionnaire on June 5 which included the list of sections (e.g., Program Awareness),

and their respective questions (e.g., Employees have enough written material about the

EFAP), that were identified by the researcher in the literature review. Each section was

organized as a scale, noting the 5-point Likert-type response proposed for each one

(e.g., from strongly agree to strongly disagree). Participants were asked to review this

draft before the meeting and be prepared to participate in it with the following questions:

A) Are there any other areas of interest (i.e. sections) that should be included in the

questionnaire?

B) Should any of the areas proposed not be included in the questionnaire?

C) Are there any other questions (i.e., items) in the sections that should be included?

D) Are there any particular questions in the draft that should not be included?

E) General feedback about instructions, wording, and sequence.

Since the participants in this group work together regularly in a similar fashion, there was no need of personal introductions or to develop any additional rapport. Additionally, being a small group, the facilitator promoted a semi-structured process that would allow group members to participate freely. At the beginning of the meeting, the facilitator stated once more the purpose of the group. From there, participants went through the draft questionnaire and made comments about particular issues that they had already identified. Other issues emerged during the meeting as a result of members' comments and interaction.

Results

Participants in the Focus Group No. 1 made valuable contributions to the initial questionnaire. As a result, some changes in wording and order of questions were made. Additionally, participants suggested the elimination of some questions that seemed repetitive. Some examples to illustrate members' contributions follow. One member in the group proposed that the question in regard to *Violence Problems* in sections No. 1 (Prevalence of Problems) and 2 (Severity of Problems) should be divided into two different ones --*Work Violence* and *Domestic Violence*-- in order to reduce ambiguity and to foster their intrinsic relevance. Another member suggested some specific questions regarding barriers to EFAP utilization (e.g., availability of counsellor at a nearby work location, availability of counsellor in their own language) to be included in the questionnaire. It was also suggested to include the issue of trauma or critical incident stress in various scales of the questionnaire. Participants proposed as well some changes in terminology. They suggested that the term *provider* should be used instead of that of *consultant.* Group members also suggested that the initials

EFAP instead of EAP should be used in the questionnaire since the former is more prevalent in Western Canada, thus enhancing respondent identification with the questionnaire. Suggestions from participants were incorporated in the questionnaire.

One member of the group questioned the relevance of including the four demographic questions about respondents (i.e., gender, age, education, and time as EFAP administrator). The facilitator explained that these questions are presented in the least intrusive way (i.e., asking for a wide age group, rather than for the precise figure; not asking for income) in order to facilitate its response. It was also explained that this information is necessary in order to understand the characteristics of the respondents, and to facilitate comparisons among them.

Participants did not suggest any additional changes to the questionnaire in terms of new sections that should be included nor the elimination of any that was already in it. Group members were acknowledged and thanked for their contributions to the questionnaire.

Appendix C

Report from meeting of Focus Group No. 2

Report from meeting of Focus Group No. 2

Focus Group No. 2, comprised of four program administrators from different

organizations within the Vancouver Mainland, held a meeting on July, 17, 1996. The

meeting took place at the providers offices in Vancouver and lasted approximately three

hours.

Procedure

The Regional Manager - Program Management from the provider's Western

Canada's office selected 10 program administrators from different organizations within

Vancouver Mainland as prospective participants in Focus Group No. 2. The selection

was made on availability and based on the program administrators' understanding and

commitment to the EFAP.

The program administrators were invited to participate in this group through a letter

issued by the Regional Manager - Program Management (Appendix G) which was sent

to them two weeks prior to the meeting. Only four of them were able to attend. The rest

either had already scheduled their vacations for that period or were covering for others,

thus not being able to participate.

To start the session, the facilitator built rapport by welcoming the participants and

acknowledging their collaboration, followed by personal introductions. Thereafter, the

facilitator made a brief presentation about the characteristics of the study in order to

provide the participants with additional background on the project. This presentation

included the objectives of the study, how the results will be used, and a description of

the participants. Particular emphasis was made on the relevance of the role that program administrators play in the workplace, and their unique vantage point for assessing employees' needs. Participants were also presented with a description of the questionnaire and how its items were being identified and selected. From there, the facilitator made a comprehensive explanation of the purpose of the group, how the process would be facilitated, and the group's particular role as contributor to the development of the questionnaire. This presentation was intended to guide and facilitate the brain-storming of ideas about items to be included in the questionnaire.

Program administrators were presented thereafter with a sample of items from various sections that had been suggested already for the questionnaire. This facilitated additional understanding of the purpose of the focus group. In summary, members of the group were asked to provide ideas of items or questions that may be included in the questionnaire.

Results

Participants in focus group No. 2 participated actively and with enthusiasm throughout the session. They were very resourceful and provided valuable contributions for the development of the questionnaire. Some of their suggestions were already in the questionnaire. These were items that had emerged either from the literature review or from suggestions made by focus group No. 1. Notwithstanding, those suggestions confirm the relevance of such items and add validity to the instrument.

Members of focus group No. 2 also provided new ideas which were included in the questionnaire. Among them were issues related to physical health, cultural diversity, and bereavement which were being integrated in the sections aiming at assessing

prevalence and severity of problems. In regard to barriers to EFAP utilization, members of the group suggested to include items regarding number of counselling sessions, counsellor of choice (i.e., gender, language, specialty), and previous experiences in counselling as possible barriers to utilization. Other suggestions regarding information, prevention programs, and impact on the workplace were also provided and included in the questionnaire.

To finalize the session, the facilitator made a brief summary of the contributions of the group. Additionally, members were asked for their feedback and experience on the focus group. They commented that they had enjoyed the process, and appreciated the project and its purpose. The facilitator thanked them and acknowledged their participation and contributions to the questionnaire.

Appendix D

Cover Letter for the Questionnaire

(UBC letterhead)

Cover Letter for the Questionnaire

Ms. / Mr.
Name and Address
of Organization

Dear Ms. / Mr.

Needs Assessment: A Survey of Western Canada's Program Administrators' Perspective of the Role of EFAPs in the Workplace

Javier Rodriguez, a graduate student researcher from the Department of Counselling Psychology at the University of British Columbia, in cooperation with (provider's name), is conducting an assessment of employees' needs regarding their EFAP according to program administrators' perspectives. The results of this study will allow (provider's name) to develop the necessary resources and strategies to provide better services to employees, program administrators, and the organizations in which they work. The study will also be used for Javier Rodriguez' master's thesis.

Part of this needs assessment involves the enclosed questionnaire which is being mailed to all program administrators (or committee members, regarded here as program administrators) who are customers of (provider's name) in Western Canada (Manitoba, Saskatchewan, Alberta, British Columbia, Yukon, and Northwest Territories). Your participation is voluntary and you may choose not to answer any question and to withdraw at any time, but we encourage you to complete the questionnaire as fully as possible, so that the needs of the employees in your organization can be taken into account by (provider's name). If you complete this questionnaire, it will be assumed that you have consented that the information you are providing will be used for research purposes. Your refusal or withdrawal from participating in this survey would be without prejudice.

Your participation in this study is very important. You, as program administrator, have a valuable and unique vantage point regarding the needs of employees in your organization. We are interested in learning from your personal perspective what those needs are. You are the liaison person between (provider's name) as the EFAP provider and the employees in your organization. As such, the information that you can provide through this questionnaire is very valuable and could not be obtained from any other source. Your response counts, and it will certainly contribute to the development of better EFAP services for your employees and your organization. We encourage you to participate.

The questionnaire has been carefully developed, studied, and evaluated by professionals and experts in the field. It may take you approximately 20 minutes to fill it out. We are enclosing a postage paid and self-addressed envelope for you to return the questionnaire. We would appreciate if you can mail it back by October 4, 1996. Your responses to the questionnaire will be strictly confidential. Identification of each questionnaire will be done only through a coded number and it will not be identified or in any way linked with the name of the respondent. Only Javier Rodriguez and his thesis supervisor, Dr. Bill Borgen, will have access to the information that you provide in your questionnaire. (provider's name) will receive a comprehensive summary of the results of this study, which is expected to be completed by early next year. Additionally, a summary of the results also will be sent to all respondents who wish to receive it (a provision for this request is included at the end of the questionnaire).

If you require any further information about this questionnaire or the study, please contact Javier Rodriguez at (604) .... or 1(800) ....; or you may contact Dr. Bill Borgen at the Department of Counselling Psychology in UBC at (604) .....

We thank you in advance for your participation.

Sincerely yours,

Javier Rodriguez   (name)
Graduate Student   Vice President - Western Region
Counselling Psychology - UBC   (provider's name)

William A. Borgen, Ph.D.
Faculty Advisor
Counselling Psychology - UBC

Appendix E

Pilot-Test

(Instructions)

Pilot-Test (Instructions)

Purpose

The purpose of this test is to evaluate:

1) Overall structure and presentation (i.e., booklet format, paper size, number of pages, fonts size, cluttering, colors, ease to handle).

2) Clarity of general instructions for completion (i.e., first page).

3) Clarity of specific instructions for responding (i.e., numbers 0 to 10, and last page).

4) General flow while responding (i.e., scale order and sequence).

5) Appropriate wording of instructions and items.

6) Ease in responding (i.e., wording, appropriateness of scale gradation to items).

7) Time for completion

Procedure

Please proceed to answer the questionnaire.

1) Answer the questionnaire at your regular pace. Proceed, pause or think as you would in a real-case scenario.

2) Do not stop to make comments or suggestions.

3) If you notice something about which you wish to provide feedback, just mark it in a way that allows you to identify it and remember it at the end.

4) When you had finished answering the questionnaire, you will be asked to provide your feedback and observations.

5) Since I am not looking for real answers, please mark all demographic responses with number 1, and all the rest with number 3.

Thank you very much for collaborating in this pilot-test !!!

Appendix F

Assessment of Validity

Assessment of Validity

Executives from the Provider's Western Office continuously participated in the assessment of content validity for the questionnaire. Additionally, another independent professional (Ph.D. Candidate) with many years of experience as counsellor in the field, and administering other EAPs, participated as expert for the assessment of content validity. These experts were asked to express their judgment in regard to that:

1. The questionnaire is appropriate for the intended population of program administrators that is described in the main document.

2. The items in the questionnaire seem capable of eliciting the information that they are intended to.

3. The item measurement scale (5-point Likert-type) appears adequate for reflecting accurately the respondents' perspectives on the questions asked.

4. The overall questionnaire is adequate in construction and content thus it merits to be regarded as valid for the purpose of the study.

The provider's executives expressed their suggestions and input as the development of the questionnaire progressed. Additionally, the questionnaire was submitted to their evaluation after all the suggestions from the focus groups were integrated. Thereafter, a pre-final version was submitted to the external expert who made additional recommendations and suggestions. They all were included in the final version that was mailed to program administrators.

Appendix G

Invitation to Participate in Focus Group No. 2

Invitation to Participate in Focus Group No. 2

EFAP Provider's Letterhead

Invitation to Program Administrators to participate in Focus Group No. 2

June 5, 1996

Dear Mr./Ms.

   I want to inform you that (provider's name) is working in the development of a needs assessment project in collaboration with Javier Rodriguez, a Masters candidate from the Department of Counselling Psychology (UBC). This study will be Javier's thesis. **The project aims at investigating what employees need from their EFAP according to the Program Administrators' perspective.** With this purpose, we are already in the process of developing a questionnaire that will be mailed early next fall to all Program Administrators who are customers of (provider's name) in Western Canada.

   In this questionnaire, we will be asking Program Administrators to tell us what they think their employees' needs are in regard to several topics such as: general and particular information about the program; what prevents some troubled employees from using the EFAP; how common and how severe are some particular issues among employees in their organization (i.e., substance abuse, marital problems, stress, financial problems, violence, etc.); what kind of prevention programs would be useful for their employees; what should be the role of the EFAP in the workplace. The results of this study will ultimately tell (provider's name) where and how to develop additional resources and strategies to provide a more focused and even better service for employees, program administrators, and their organization as a whole.

   As one phase of the project, we are forming a small group of Program Administrators from different organizations who will collaborate in the development of the questionnaire. That is, **this group will focus on identifying some particular questions that could be included in the questionnaire aiming at assessing employees' needs from their EFAP.**

    It is with this purpose that we are formally inviting you to participate in this group. You have been selected as a member of this small group, should you accept the invitation, on the basis of your expertise and involvement in the EFAP. Your experience as Program Administrator would be a very valuable contribution for this group. In summary, in the group we will be working with the question **What do you think we should ask program administrators in order to find out what do employees need from their EFAP?**

    The group will be facilitated by Javier Rodriguez and will meet **Wednesday June 26, from 8:00 to 10:00 at this office.** You don't have to prepare anything for it. Just bring your ideas and personal experience. We will provide coffee and muffins.

    We look forward to your participation in the group. I will phone you in a few days to answer any questions that you may have in regard to the meeting, and to learn about your possibilities in participating.

Sincerely yours,

Regional Manager - Program Management