The Implementation of Employee Assistance Programmes amongst Nurses in Mahikeng Provincial Hospital

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ABSTRACT

Purpose: The main purpose of this study was to peruse the implementation of Employee Assistance Programmes (EAP) at Mahikeng Provincial Hospital (MPH). The study investigated how best to implement the program to the benefits of the users. Maslow's Hierarchy of Needs and Herzberg Motivation and Hygiene Theories underpinned this study, emphasising the importance of satisfying the employees' needs to ensure they remain productive at the workplace. Methodology: This study was conducted using pertinent literature review related to the study. Information on EAP was obtained from books, journals and other periodic publications. We collected data from thirty (30) purposefully selected participants. Atlas-ti Software (version 8.2) was used to analyse data after transcribing it from field notes. Findings: The findings of this study revealed that the EAP implementation process at MPH had been disengaged from its purposes due to managerial cum administrative concerns. The programme implementation, EAP training, EAP marketing, networking, and monitoring and evaluation are lacking in the implementation process. Findings further portrayed that the challenges of EAPs at MPH include awareness and marketing issues, stigmatisation of employees, lack of standardised procedure, and issues related to cost. There is also inadequate case monitoring, non-confidentiality of cases, communication issues, inability to follow guidelines, incompetent staff, lack of education and lengthy procedure. Implications: The study recommends that improving the situation through staff training, funding, continuous monitoring and evaluation, and others would help perfect EAP implementation at MPH. Originality: This study succeeded in unveiling the relationship between employee and employer through the implementation of EAP in Mahikeng, South Africa, with theoretical foundation that links them together Maslow's Hierarchy of Needs and Herzberg Motivation and Hygiene Theories.

Keywords: Employee Assistance Programme; Employee wellbeing; Employee efficiency; Organisational productivity; South Africa

INTRODUCTION:

Encouraging workers' wellbeing in the South African context can enhance employee efficiency and organisational productivity. The application of good Employee Assistance Programmes (EAPs) augments personnel development and other employee-related issues in the workplace. It also improves the delivery of service under an immense period of significant changes. According to Rakepa (2012:11), EAPs emerged in the early 1980s, introduced by social workers who studied in the United States of America. In the public

sector, the conception of an Employee Assistance Programme (EAP) as a workplace intervention is relatively recent, initially set up to support workers with socio-economic concerns. The EAP reduces the stress to plague issues surrounding employees, including malicious behaviour, emotions, or substance abuse. They also resolve family problems, marital issues, or any other personal problems that may affect employees' performance in the work environment.

This study aimed to assess the implementation of Employee Assistance Programmes amongst nurses in Mahikeng Provincial Hospital (MPH) in the North West Province. MPH is involved in training and employing these nurses. In South Africa, nurses constitute the most influential group whose major roles promote health and provide essential health services (DOH, 2013:14). Amongst many factors that impact nurses negatively are factors that lead to failure in retention, and these factors may include "poor working conditions with long and inconvenient working hours" (Mokoka *et al.,* 2010:1). Other identified factors are non-competitive salaries, the lack of professional development, and unsafe working environments. These factors threaten not only the safety and wellbeing of nurses but also that of patients. Employing EAPs can address these factors, which often lead to preventable and unwanted stress responses. The Human Resource Department (HRD) mainly manages AP and is thus in charge of implementing EAPs. The department is expected to comply with all standards related to the World Health Organization (WHO) and the Employee Assistance Programme Association (EAPA), International and South Africa's recommendations. This compliance ensures the attainment of the needs of MPH's employees.

According to Makala (2011:2), regardless of the accessible legislative and policy prescripts and guidelines, there is still a substantial deficiency of the EHWPs awareness. It consequently exalts the lack of awareness of EAPs. Minimal research on EAP and EHWP in the public sector in South Africa exist (Makala, 2011:2). With the lack of awareness and research on EAP, it is unknown how successful the implementation processes are. The Government has initiated suitable legislative frameworks regarding EAPs and for continuous improvement on these frameworks. Several processes have been implemented for employees' participation in EAP needs assessment at MPH. It is to peruse its impact on workplace productivity as various factors may influence the implementation. It is essential to assess these to conclude how best to implement the program for its significant benefit. To identify employees with social problems resulting from adverse life events, successful and efficient EAP implementation is necessary. It may motivate greater levels of employee productivity and afford employees with positivity from their employer. These efforts may enhance the image of the hospital when its employees realise optimal levels of wellness.

This study is expected to improve the knowledge amongst supervisors and managers regarding the referral procedures of the EAPs. These include motivating employees to contact the EAP themselves or make formal supervisory referrals to the programme. Also, the study would encourage the establishment of an EAP committee that markets EAP services without spending any extra monetary resources. Against this background, the need to evaluate the practical implementation strategies at Mahikeng Provincial Hospital is significant. The main objectives that guided this study includes:

1) To assess the current EAP implementation processes applied at Mahikeng Provincial Hospital;
2) To determine the current challenges that the hospital experiences regarding the implementation of EAPs amongst nurses;
3) To make recommendations to improve EAP implementation.

It is meant to enhance processes and ultimately improve productivity amongst the nurses in Mahikeng Provincial Hospital. The subsequent delineation expounds on the theoretical underpinnings.

LITERATURE REVIEW:

Maslow's Hierarchy of Needs Model:
The hierarchy of needs was theorised by Abraham Maslow, a human psychologist, in 1943. It was published in a paper entitled 'A Theory of Human Motivation', which explained the factors that inspire behaviour (Muteswa & Ortlepp, 2014). The hierarchy of needs was further divided into five groups by Maslow, which describe how individual needs are met and how they move on to other levels of needs (Taormina & Gao, 2013:155). These categories include:
  I. Psychological needs (water, air, food, sex and sleep);
 II. Needs for security (safety and security);
III. Needs for belonging and love (intimate relationships, friends);

IV. Needs for esteem (self-esteem, social acceptance, achievement, trust),
V. Needs for self-actualisation (morality, imagination, problem-solving).

Maslow's theory of hierarchy of needs suggests that meeting the needs at the bottom of the hierarchy will allow the individual to move to the next level of unsatisfied needs (Bernard, 2012:282). Figure 1 presents Maslow's hierarchy of needs model.
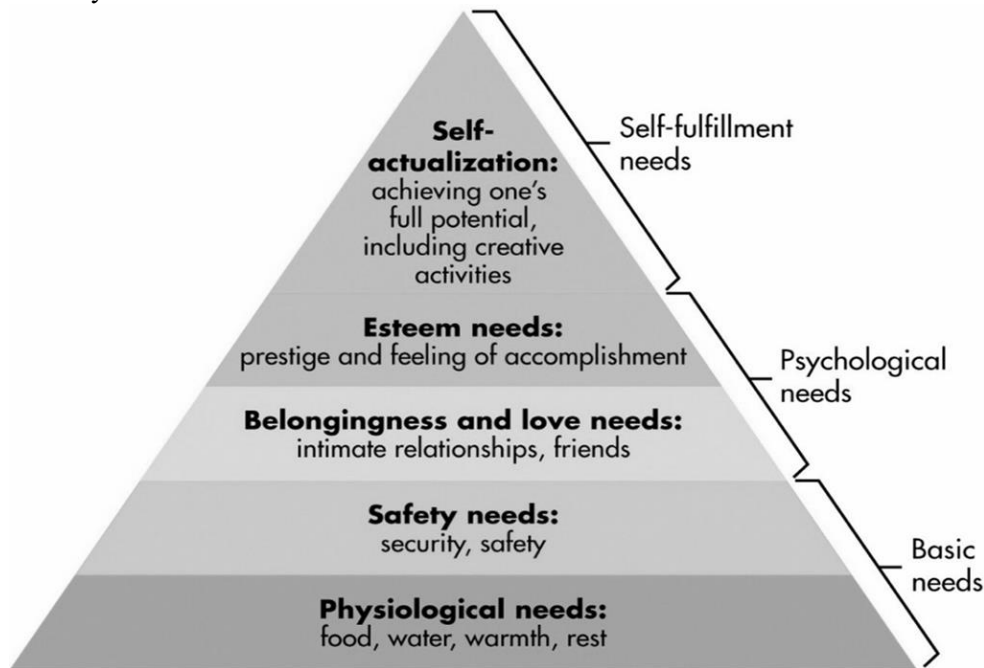

Figure 1: Maslow's Hierarchy of Needs Model
Source: Muteswa and Ortlep (2014)

The Human Resource Department of Mahikeng Provincial Hospital could apply this theory's prescripts to ensure that the employees' needs are satisfied adequately. It will also motivate them to achieve the organisational goals. This theory further suggests that all the categories of needs, including health-related issues, should be addressed. The neglect of any category of needs may reduce employee motivation and productivity, thus prompting job turnover or intention to quit in the hospital.

Herzberg Motivation and Hygiene Theory:
Frederick Herzberg theorised the Herzberg Motivation and Hygiene Theory (HMHT), also known as Herzberg's two-factor theory of motivation, 1959 (Bernard, 2012:278). Herzberg's two-factor theory reveals the actual variables that triggers job satisfaction and dissatisfaction in the workplace (Lundberg *et al.*, 2009:891). The satisfaction variables are known as hygiene factors. They are referred to as extrinsic variables that do not necessarily inspire workers but can serve as a primary cause of employee dissatisfaction if discovered to be lacking (Bernard, 2012:278).
The management applies hygiene variables to keep workers comfortable in the workplace to ensure retention. On the other hand, the satisfiers (motivation factors) are the intrinsic variables implemented by management to inspire workplace workers. The sole purpose of applying both hygiene and satisfaction factors is to improve growth, development, and employee efficiency in the work process (Lundberg *et al.*, 2009:891). Figure 2 presents the Herzberg motivation and hygiene model. According to Figure 2, Frederick Herzberg highlighted that the hygiene factors include:
I. Acceptable policy and administration,
II. Supervision, interpersonal relationships,
III. Working conditions (good salary, good administration, fair supervision),
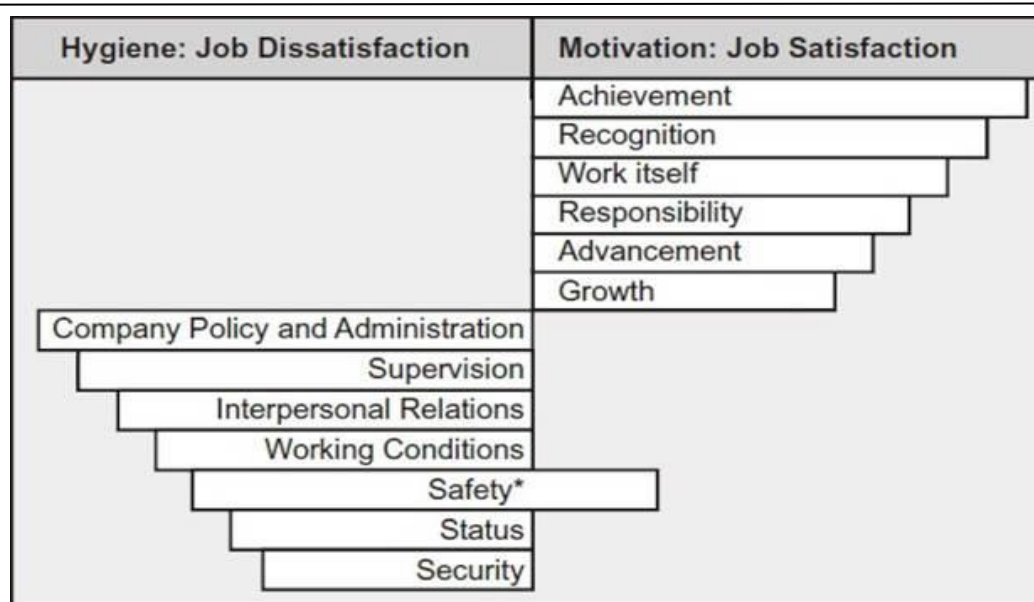IV. Good working conditions,
V. Safety,
VI. Status and security.

Figure 2: Herzberg Motivation and Hygiene Model

Source: Adapted from Lundberg *et al.* (2009)

The motivation factors include achievement, recognition, work itself, responsibility, advancement and growth. The MPH Human Resource Department should consider this theory's prescripts to motivate employees and ensure that they are not dissatisfied in the process.

Employee assistant programmes:
The Employee Assistance Programmes are programmes instituted to ensure the wellbeing of the employees to enhance productivity. Employers also refer EAPs as Employee Counselling Services (ECS), Special Medical Services (SMS), Occupational Substance Dependency Programs (OCDP), Personal Counselling Services (PCS), or Employee Health and Wellness Programs (EHWP) (Public Service Commission, 2006). The majority of EAPs in private and public sectors are controlled by professionals who can deal with a range of employees' work-related issues. The 'EAP' is simply a programme designed to solve the concerns of workers in the workplace. It is an employer-sponsored programme consisting of referral services for employees and their families to enhance employees' productivity (Daniels et al., 2005). It could also be regarded as a worksite program intended to help address employee issues that affect job performance.
EAP is an initiative provided for workers whose job performance is adversely impacted by work-related problems and personal issues, with professional services (EAPA-SA, 2010:2). Work issues may involve:
  I. Working relationships,
 II. The amount of work;
III. The impartiality in the workplace;
IV. Work-life equilibrium;
 V. Stress;
VI. Harassment;
VII. Victimisation.
In contrast, personal problems may consist of alcoholism, emotional difficulties, tension, substance dependency, financial issues, legal complications, anxiety and family or domestic disputes (Sieberhagen *et al.*, 2011:2-4; 14). Rajin (2012:26) asserts that EAPs are an integrated service that employs technical, administrative and skilled employees to meet distressed workers' needs. EAP is defined by Attridge (2010:34) as "a collection of firms policies and procedures to respond to personal or emotional issues of the employees." They are seen as institutional plans that support and educate staff on personal issues such as drug abuse, job challenges, guidance, financial and legal issues.
According to Rakepa (2012:40; 50), the purpose of the EAPs is to provide structured and standardised processes for therapy and other types of assistance, advice, and information to workers and identify performance expectations. Such techniques are intended to support staff and their families with concerns resulting from occupational and external sources (Rakepa, 2012:37; 54-56). Some services offered by EAPs include free telephone counselling and on-site access to medical and psychological practitioners for

workers who want to speak about their problems. EAPs are referred to as people who provide professional reviews, referrals or short-term counselling to assist staff with personal issues affecting their work performance (Ndhlovu, 2010). Management-supervisory consultations, training and employee education can often be included in the EAP interventions. Employees are either self-referred to EAPs for consultation. They are seen as measures to boost workers' responsiveness to work issues (Rajin, 2012). These approaches include using information and behavioural science techniques to manage such job-related issues that adversely affect work performance.

According to the Canadian Centre for Occupational Health and Safety (2019), some EAP service providers can also offer other services, such as retirement or lay-off assistance, health promotion, and wellness services (such as weight management, smoking, diet and exercise). Others may provide advice on long-term illness, disability problems, crisis-related advice (e.g. death at work), or advice specifically for managers or supervisors in coping with challenging workplace circumstances. Firms should modify their EAPs to incorporate an organisation's wellness programme promotion strategy, including written policy, supervisory and staff training, and an approved drug testing program, where applicable (CCOHS, 2019).

Challenges of Assessing Employee Assistance Programs:

The Employee Assistance Programme serves as a valuable asset for the employees and their family members. In the view of Albrecht (2014:1), the implementation of EAPs in organisations has helped employees deal with their personal and professional issues before it becomes unimaginable. The EAPs provide various services such as professional counselling, referrals, and assessments on various issues to stabilise employees' health to achieve maximum productivity. However, Hall (2020) affirms that employees find it difficult to access the services of the EAPs due to their reasons.

The lack of knowledge about the traditional functions of the EAP is one of the limitations of accessing their services by employees. Most employees feel that the EAP only provides therapeutic services, but Hoyt (2016) affirms that the value is more than a therapeutic service. EAPs provide other services such as work-life and legal-financial resources, as well as training and webinars. In the view of Hoyt (2016), EAPs usually deal with a much broader range of problems today, including depression, stress, substance abuse, relationship issues, job problems, health and wellbeing, financial and legal issues, and family care (specifically, children and elders). In human resources (HR), many employees do not know what EAPs are all about, which could be detrimental. Since the practice began 50 years ago, globally, to recognise and support addicted workers, EAPs had changed a lot. It saved companies a lot of money and employees from heart attacks by tracking job performance and intervening before things got out of control.

The creation of awareness is another important factor that hinders employees from assessing the services of EAPs. The promotion of EAPs by organisations through employee orientations might not be adequate to educate the employees on the benefits of using the programme's services (Albrecht, 2014). Organisations are required to create awareness to the employees about the services of EAPs through a mix of communication options such as posters, flyers, periodic orientations and all-staff meetings. Organising lunch and training sessions by the organisation on several topics related to mental health enhances employee awareness and encourages the opportunity of assessing the services of EAPs. EAPs suffer from low awareness as most workers are not aware of its existence. It may be that HR does facilitate enough publicity to make its advantage visible to all employees.

Stigmatisation of employees is one of the problems in assessing the services of the EAPs, and Albrecht (2014) maintains that there is some stigma about mental health issues. In this regard, so many employees find it difficult to call for assistance as they are concerned about the associated stigma. Some employees are ashamed to report that they are going through a process of divorce or substance abuse. Others include struggles to overcome mental health problems, and this, in particular, makes them feel embarrassed. Men, in particular, are vulnerable to this, and that is why Hall (2020) states that 60% of workers using EAP services are female. It is not certain that women's use of EAPs is much higher than men's rates, as men often believe they should be strong enough to handle problems independently. However, everyone needs support at some stage in life, and there is no shame in reaching out for assistance.

Employees also struggle with doubt in the confidentiality of their cases by the EAP employees. The principle of confidentiality depicts the ethics of keeping employees' medical information secret. Employees that are supposed to use the services of EAPs worry that HR and co-workers may share their problems. Hall (2020) affirms that all communications with the employee should be kept in strict confidence without an official release of data signed by the employee. No information should be given to any other persons,

body, or organisations without the employee's prior written consent. The employee will usually have to sign a written statement regarding what information may be released and to whom.

Most organisations cannot educate the employees about the services provided by the EAPs and the importance of assessing the services. As a result, the EAP services are unlikely to be used by workers who are not familiar with EAPs (Hall, 2020:2). Many staff believe that EAPs are only for individuals with mental health issues or addiction problems. This misinformation leads many workers to believe that the program is not for them. Misunderstanding about cost by employees who need the services of EAPs may be another obstacle to assess such services. There is a healthcare challenge for many employees. They assume that they are liable to pay for such services or deductions (Hall, 2020:1). It discourages them from obtaining services from EAP. Contrary to this assumption, EAP therapeutic services are free for workers and are fully covered by employers (Albrecht, 2014).

RESEARCH METHOD AND MATERIAL:

In this study, an interpretive paradigm was adopted. Maree (2015:263) affirms that researchers embracing the interpretivist paradigm assume that human behaviour is complex, and predefined probabilistic models cannot determine its concepts (Blair et al., 2014). Interpretivist philosophers agree that people select their options, which does not depend on science or nature laws. Creswell (2014:7) finally concludes that the interpretivist paradigm adopts a detailed research finding by looking at culture and how people live their lives. Unlike Positivist's who tend to look at a general overview, therefore having high validity, accurate representation is trustworthy. Due to this study's nature, a qualitative research approach and a case study research design were adopted to address this study's problems. This study's site was the Mahikeng Provincial Hospital in Mahikeng.

A purposive sampling method was adopted to select thirty (30) participants. These participants include ten professional nurses, ten staff nurses and ten auxiliary nurses. Due to COVID-19, data was collected through telephonic interviews. No face-to-face interviews were done. The questions focused on the study's research objectives, as stated in the introduction of this study. Thirty participants were selected to participate in this study. Fortunately, thirty participants were interviewed, thereby making a total of 100% response rate. In the view of Serame (2011:32), a study can arrive at valid conclusions with a 70% response rate. This study achieved a 100% response rate and could be considered at arriving at valid conclusions. During the study, all ethical guidelines applicable in the study were observed, and these include: informed consent, voluntary participation and exit, protection against harm, and anonymity of responses. Data were further analysed through Atlas-ti Software (version 8.2). Themes and categories were identified and discussed subsequently by corroborating them with the literature review findings. It was in an attempt to find solutions to the study.

RESULTS AND DISCUSSION:

The presentation phase offered the participants' biographical information, followed by the results from the study's research objectives. For the anonymity of responses, pseudo names such as P1-P30 were given to all the participants. It also ensured that excerpts from them are documented in the presentation phase to increase conformability.

Presentation of biographical information:

About the gender of respondents, seventeen females participated while thirteen males participated. Almost all the participants have relevant years of work experience at the study site. Considering the utilisation of EAP services, all the participants concurred that they had assessed these services in various ways. However, fourteen participants attested that they were satisfied with the services rendered by the EAP workers. In comparison, sixteen participants confirmed that the services were not satisfactory. This served as a further motivation to understand the reasons for dissatisfaction and proffer solutions to improve EAP services at MPH.

Presentation of responses from research objectives:

This section presents the responses gathered from the participants on each research objective of the study. These responses were presented in themes and categories, also represented in tables and network diagrams. Themes refer to the research objectives, while categories refer to the participants' responses to the research questions. All thirty participants participated in this section, and pseudo names were given to all of them

to maintain the principle of anonymity. The following are the objectives of the study:

i. To assess MPH's currently applied EAP implementation processes
ii. To peruse whether MPH's current EAP strategies meet the strategic implementation goals of the Standard Committee of EAPA-SA 2010
iii. To research MPH's current EAP implementation challenges experienced amongst nurses.
iv. To make recommendations on improving EAP implementation and enhancing processes, and improving productivity amongst MPH's nurses.

EAP implementation processes in MPH:

This section perused the level of implementation of EAP at Mahikeng Provincial Hospital. The responses from the participants are summarised in the Atlas-ti network diagram below:
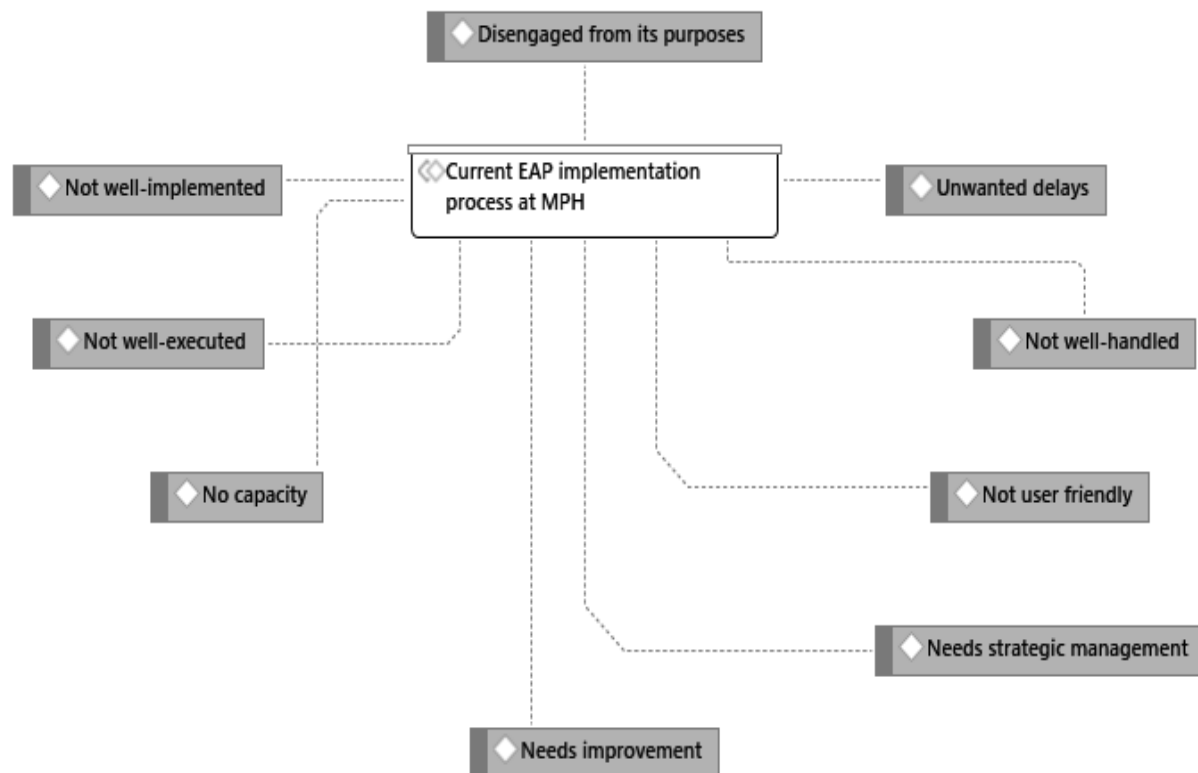

Figure 3: The current EAP implementation process at MPH

Source: Researcher's design

This question was asked to determine if the EAP implementation process at MPH is at a good standard. As shown in Figure 3, responses from participants portrayed that the program is disengaged from its purposes; employees experience unwanted delays; and are not well handled. Furthermore, findings disclosed that it is not user friendly; it needs strategic management and improvement. Other findings on EAP at MPH is that there is no capacity to roll out the programmes adequately; and that it is neither well-executed nor well-implemented. These issues were also identified by Makala (2011:2) and served as the motivation to conduct this study.

Furthermore, the study tried to know more about the implementation process by asking if the participants have received EAP professionals' services at MPH. Their responses confirmed that they all had an encounter with EAP workers at MPH. The excerpts from PA1-PA30 confirmed:

"Yes, I have received their services."
"Yes, they have treated me."
"Yes, they counselled me."
"Yes, I have gone there."

Another follow-up question was asked to determine if the participants' services helped them remain productive in their job specification. Their responses are summarised in the Atlas-ti network diagram below:
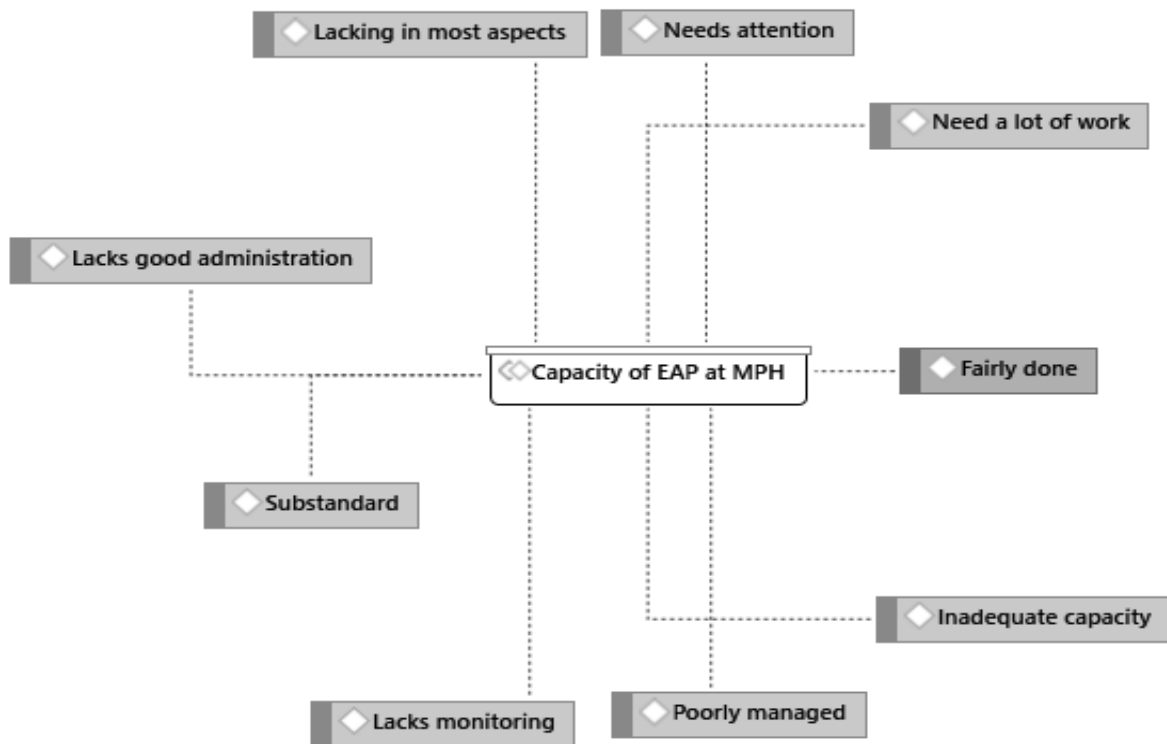

Figure 4: Current capacity of EAPs at MPH

Source: Researchers' creation

Figure 4 depicts that the current capacity of EAPs at MPH is not well-implemented. It was attested by participants that the programme needs attention and needs much work. Furthermore, there is inadequate capacity to offer services, and programmes are poorly managed and lack monitoring ability. They are substandard and lack adequate administrative capacity. However, very few participants confirmed that the programme is fairly managed. It suggests that much needs to be done to achieve a much standard practice.

The application of the EAP process concerning EAPA-SA 2010 at Mahikeng Provincial Hospital:
This section perused if the current EAP implementation processes is applied at MPH. According to the EAPA-2010 strategic goals, there are ten themes promulgated to achieve the best level of professional practice of EAPs in South Africa. The effectiveness of these themes at MPH were measured, and the aggregate outcomes are presented in Table 1.

Table 1: The current application of the EAP process at MPH

DESIGNATION	RESPONSE
Programme design	Yes
Programme implementation	No
Management and Administration	No
Clinical Services	Yes
Non-clinical services	No
EAP training	No
EAP marketing	No
Preventative services	No
Networking	No
Monitoring and Evaluation	No

Source: Primary data

The results presented in Table 1 depict that the EAP practice at MPH incorporate only programme design and clinical services concerning the stipulated EAPA-SA 2010 standard. Findings further portray that the following are lacking in the practice of EAPs at MPH: programme implementation, management and administration, non-clinical services, EAP training, EAP marketing, preventative services, networking, and monitoring and evaluation.

Current challenges experience in the implementation of Employee Assistance programme at Mahikeng Provincial Hospital:
This section perused the challenges in the implementation of EAP at MPH. The summary of participants' responses are summarised in Figure 5.
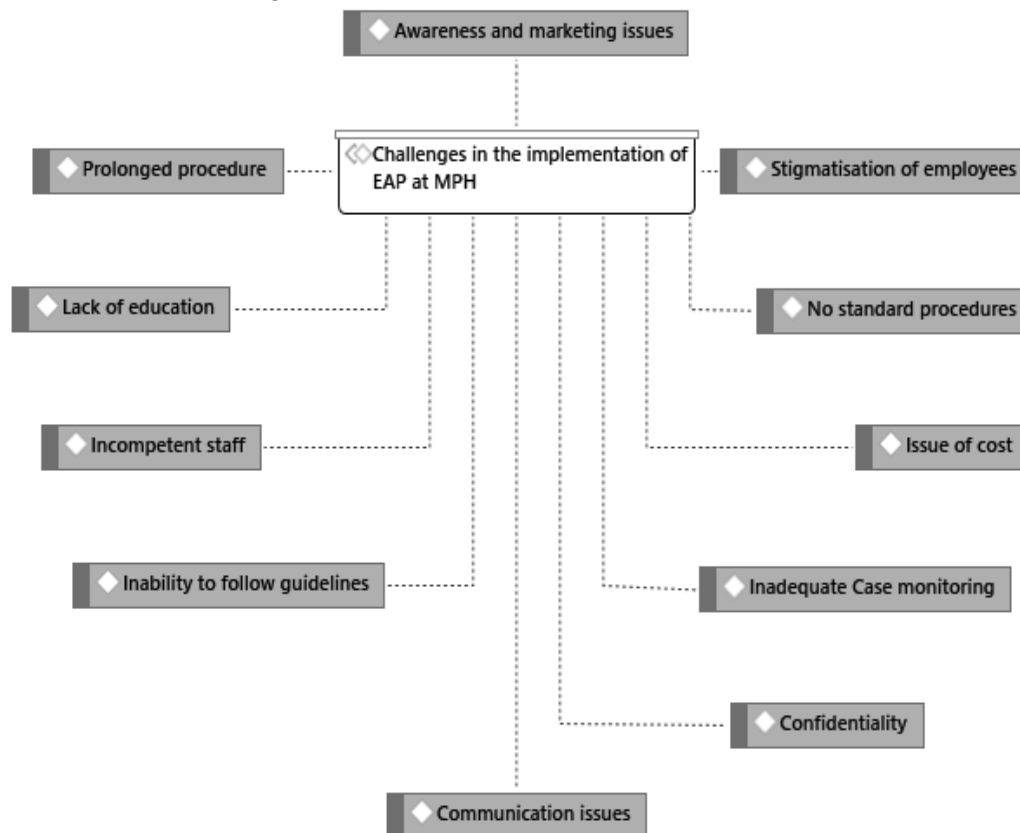

Figure 5: Challenges in the implementation of EAP at MPH
Source: Researchers' creation

According to Figure 5, participants disclosed that the challenges in the implementation of EAPs at MPH include awareness and marketing issues, stigmatisation of employees, and no standard procedure. Also, issues related to cost, inadequate case monitoring, and confidentiality were challenges noted. Communication issues, inability to follow guidelines, incompetent staff, lack of education and lengthy procedure also proved to be challenges the hospital faced concerning the implementation of EAPs. These factors are expounded below:

Awareness and Marketing Issues:
The creation of awareness and marketing of the Employee Assistance Programme is essential to inform employees about its existence and relevance. The participants concurred that EAP awareness and marketing is one of the challenges to achieve effective EAP implementation. Albrecht (2014:1) affirmed that employee orientation is not enough to educate employees about EAP programmes. He further posits that effective marketing and a mix of communication options should be employed to create awareness. These include posters, flyers, periodic orientations, and all-staff meetings.
Excerpt from participants are as follows:
PA2, PA3, PA4, PA9, PA12, PA23, PA24 said

"*Most employees do not know anything about EAP. Mahikeng Provincial Hospital should embark on marketing and creating awareness to enable employees to know more about the programme.*"

Stigmatisation of Employees:
Employees are always ashamed to expose their weaknesses or medical records to health workers. This remains one of the visible problems in assessing EAP services. Participants in this study confirmed that stigmatisation of employees is among the challenges to facilitate EAP services. The views of the participants correspond with the views of Albrecht (2014) and Hall (2020). They state that so many employees find it difficult to call for assistance as they are concerned about the workplace's associated stigma.
Except from participants are as follows:
PA13, PA14, PA15, PA16, PA18, PA22, PA25, PA27, PA29, PA30 said:
Employees do not want people to know about their secrets, especially those having HIV; they are scared to tell others to avoid stigmatisation.

No Standard Procedures:
It deals with the processes by which EAP staff handle their job process at MPH. The participants concurred that the EAP workers do not facilitate standard procedures as stipulated by EAPA-SA (2010). Excerpt from the participants are as follows: PA3, PA4, PA5, PA6, PA9, PA21, PA25, PA27, PA28, PA30 said:
We are yet to experience a standard procedure in handling cases by the EAP workers. It is hard to make a follow-up on cases in this hospital.

Issue of Cost:
Employees boycott the services of EAP workers due to the anticipated cost. Participants confirmed that the issue of anticipated expenditure for health services has led to them not accessing the services of EAPs. Hall (2020) concurs that misunderstanding about cost by employees who need the services of EAPs remains an obstacle to assess such services. Contrary to this assumption, it should be noted that EAP services are free for workers. They are fully covered by the employer (Albrecht, 2014).
Excerpts from participants are as follows:
PA2, PA4, PA6, PA7, PA9, PA10, PA13, PA17, PA19, PA20 Said:
"*Some employees do not want to do anything with the EAP thinking that they will pay with their savings. However, EAPs should embark on marketing so that people will know about the programme*".

Inadequate Case Monitoring:
Monitoring is one of the standard procedures specified by the EAPA-SA 2010, which states that the EAP workers should observe the patients till the recovery period. The participants affirmed that the EAP workers do not adequately facilitate monitoring as indicated by EAPA-SA 2010. Excerpt from participants are as follows:
PA6, PA12, PA13, PA14, PA15, PA21, PA23, PA25, PA26, PA28 affirmed:
"*The EAP workers do not monitor patients till recovery. Monitoring is one of the non-clinical services, and the EAP workers should facilitate this*".

Confidentiality:
Confidentiality is included in the EAP programme design to maintain the patients' medical records' secrecy to avoid stigmatisation. The participants maintained that one of the problems encountered in facilitating EAP programmes at MPH is keeping the employees medical information secret. In concurrence with Hall's assertion (2020), who opines that all communications with the employee should be kept in strict confidence without an official release of data authorised by the employee. Furthermore, no information can be given to any other persons, body, or organisations without the employee's prior written consent. Excerpt from the participants are as follows:
PA4, PA5, PA7, PA9, PA11, PA14, PA15, PA16, PA19, PA28 said:
"*The EAP workers should keep the medical information of the employee secret. There was a scandal last year where some workers were stigmatised because of the exposure of their medical records.*"

Communication Issues:

Communication is a process of conveying information from one person to another using specific channels. EAP workers are expected to communicate adequately with the employees to disseminate necessary information about health care and the importance of assessing EAP services. The participants confirmed that a communication gap exists between the EAP professionals and other employees. Excerpt from the participants are as follows:

PA1, PA6, PA8, PA9, PA13, PA17, PA18, PA21, PA22, PA23, PA24, PA25, PA28 said:

"Communication is vital to engage the employees to know more about EAP services, in MPH, there is a communication gap, which leads to misconceptions about the services provided by EAPs".

Inability to follow Guidelines:

EAP guidelines refer to the general rules or principles to be followed while facilitating health services in an organisation. It is one of the standards of EAPA-SA 2010 in the implementation of EAPs in organisations. Participants affirmed that the EAP workers do not follow ethical guidelines in facilitating health care services. Excerpt from the participants are as follows: PA1, PA6, PA8, PA9, PA13, PA17, PA18, PA21, PA22, PA23, PA24, PA25, PA28 said:

"The EAP workers do not follow guidelines as specified by the EAPA-SA 2010, and this makes it difficult for the employees to assess these services".

Incompetent Staff:

The services provided by EAPs are not just for persons struggling with mental illness or drug abuse. They also include those of professionals involved in other non-clinical services to sustain the health of the employee. It depicts that all the staff should be competent to handle both clinical and non-clinical job specification aspects. The participants concur that most staff are incompetent to handle non-clinical services, which is a barrier to assessing EAP services at MPH. Except form, the participants are as follows: PA3, PA9, PA10, PA11, PA12, PA15, PA18, PA23, PA26, PA27, PA28, PA30 said:

"We need competent staff here who would be able to manage both clinical and non-clinical services. Though the main issue here is the non-clinical services, they need to counsel, monitor and provide other therapeutic services".

Lack of Education:

The lack of knowledge about the main functions of EAP is one of the limitations to assess the services of EAP. Most organisations lack the capacity in educating their employees about the services provided by the EAPs, and the importance of assessing the services. The participants confirmed this as one of the barriers in assessing the services of EAP at MPH. It is consistency with the findings by Hoyt (2016), who points out that the EAP services are unlikely to be used by workers who are not familiar with EAPs. Excerpt from the participants are as follows:

PA3, PA9, PA10, PA11, PA12, PA15, PA18, PA23, PA26, PA27, PA28, PA30 said:

"*The lack of education about the program leads many workers to believe that the program is not for them. It is one of the challenges we have in this hospital.*"

Prolonged Procedure:

Employees seeking medical help should be given urgent medical attention, but this is not the case with EAPs at Mahikeng Provincial Hospital. Employees testified that they pass through a series of procedures before attention is received. It has, however, created a challenge in facilitating EAPs at MPH. Gale (2019) concurs that prompt attention should be given to employees to ensure that they remain productive to the organisation. Also, Joseph (2020) confirms that employees who remain unproductive result in a significant loss. Excerpts from the participants are as follows:

PA2, PA3, PA4, PA6, PA8, PA9, PA16, PA17, PA19, PA20, PA24, PA29 said:

"*We pass through a series of processes before we receive medical attention. The administration should ensure that the process is not too long to attract people to assess services.*"

Strategies to improve EAP services at Mahikeng Provincial Hospital:
This section perused the measures to improve EAP services at Mahikeng Provincial Hospital. The participants were asked to suggest measures for improvement, and their responses are summarised in Figure 6.
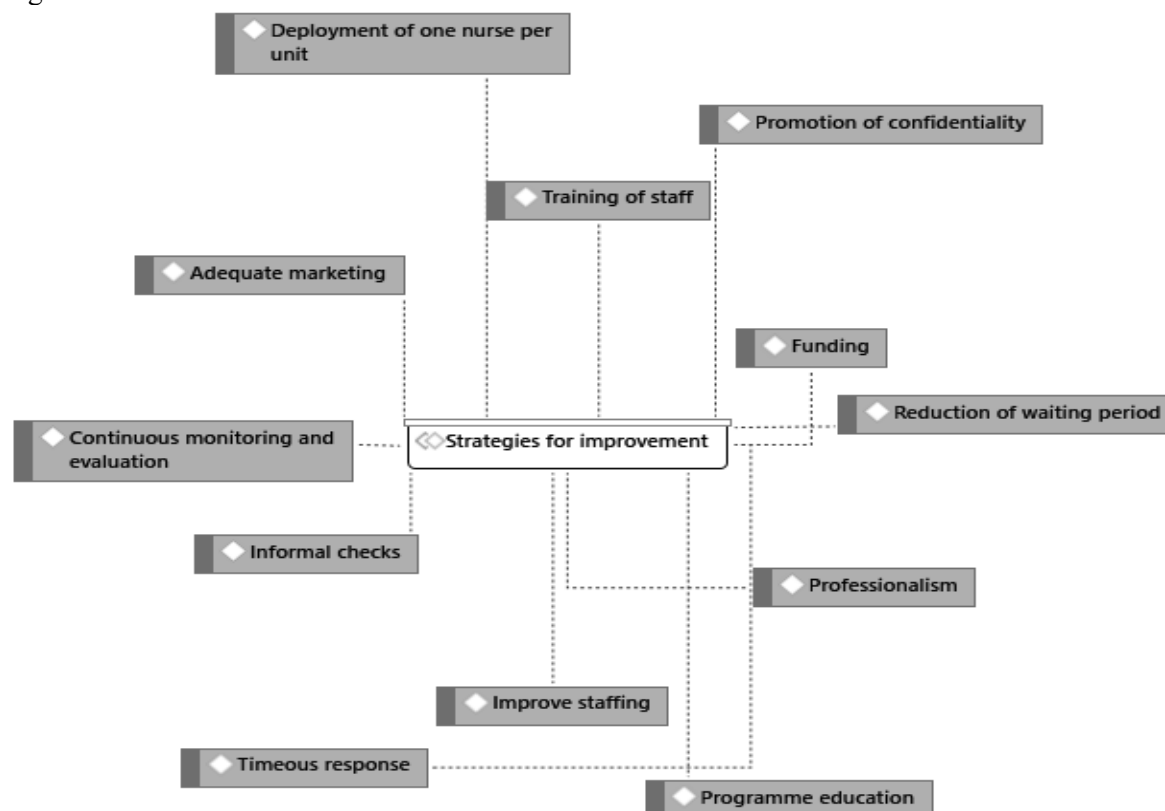

Figure 6: Strategies to improve EAPs at MPH

Source: Researchers' creation

According to Figure 6, participants portray that EAPs would be improved through: training of staff, promotion of confidentiality, funding, reduction of waiting period, professionalism, programme education, improvement in staffing, timeous response, informal check, continuous monitoring and evaluation, adequate marketing and deployment of one nurse per unit. The Society for Human Resource Management (2020) affirms that EAPs could be improved by constant staff training and confidentiality promotion to reduce stigma and promote professionalism. In the same direction, Cantwell (2017) points out that EAP professionals should endeavour to attend to workers' concerns timeously to ensure that they are healthy to remain productive to the organisation. Furthermore, the EAPA-SA provided that EAP workers should embark on adequate monitoring and evaluation and other clinical or non-clinical services to keep the employee healthy in the workplace. Pillay and Terblanche (2012:229) and Sinha (2012) assert that the marketing of EAP is paramount in educating the employees on the relevance of EAP and improving their mental health in the workplace.

CONCLUSION:

This study aimed to assess the implementation of programmes amongst nurses at Mahikeng Provincial Hospital in the North West province. The study's objective was to assess the current EAP implementation processes being applied at Mahikeng Provincial Hospital. It was also to research the current challenges the hospital experience regarding EAP implementation amongst nurses and make recommendations for improving it by enhancing processes and improving productivity amongst the nurses in Mahikeng Provincial Hospital. Maslow's Hierarchy of Needs and Herzberg Motivation and Hygiene Theories underpinned the study. The Interpretivist paradigm and a qualitative approach was adopted in the study. Data was collected through interviews and analysed using Atlas-ti Software. Findings from the study disclosed that Employee Assistance Programme practices at Mahikeng Provincial Hospital do have challenges in the implementation process. The study revealed that there

are visible challenges in the implementation of EAPs at Mahikeng Provincial Hospital, which include: awareness and marketing issues, stigmatisation of employees, lack of standard procedure, issue related to cost, inadequate case monitoring, lack of confidentiality, communication issues, inability to follow guidelines, incompetent staff, lack of education and lengthy procedure. However, the study posits that these issues associated with implementation could be resolved if the management can apply a mix of measures recommended for the study.

Recommendations to Mahikeng Provincial Hospital:

The recommendations to Mahikeng Provincial Hospital are as follows:

1. Mahikeng Provincial Hospital should improve their Employee Assistance Programmes through constant training of staff.
2. The issue of confidentiality should be promoted to keep the medical records of the employees.
3. Mahikeng Provincial Hospital should endeavour to provide more funding to support some specific projects.
4. The EAP professionals should reduce the waiting period so that employees be assisted at the quickest possible time.
5. Employee Assistance Programmes workers should maintain professionalism to ensure that all the ethics as stipulated by EAPA-SA 2010 are upheld.
6. Employee Assistance Programmes should always facilitate programme education to inform employees about the relevance of assessing EAP services.
7. Due to the lack of competent staff of EAPs at MPH, as discovered by the study, there is the need to improve staffing to obtain more professional services.
8. Employee Assistance Programmes should continuously conduct informal checks to observe employees who may need medical attention.
9. Continuous monitoring and evaluation should be conducted to keep employees fit to achieve their specific tasks.
10. Adequate marketing of Employee Assistance Programmes should be embraced to make people aware of the services of EAP.
11. The study recommends that one nurse should be deployed in each unit to monitor the physical and mental health of workers
12. Employee Assistance Programmes should maintain a good management and administration culture.
13. All the programme implementation at MPH should be facilitated according to the specific standards of EAPA-SA 2010.
14. Employee Assistance Programmes should always facilitate non-clinical services.
15. All the preventative services and networking should be done accordingly to guarantee the mental health of all the employees

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