The Theory of Planned Behavior: An Evaluation Methodology for Employee Assistance Programs

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ABSTRACT

This study examines Ajzen's (1991) Theory of Planned Behavior (TPB) as a model that can be used to provide a theoretical foundation and sound methodology for the evaluation of Employee Assistance Programs (EAPs). Research in the field of EAPs has shown that employees' willingness to use the program is indicative of successful implementation (Hall, Vacc & Kissling, 1991; Harris & Fennell, 1988; Milne, Blum & Roman, 1994). The TPB proved to be extremely useful in gauging this willingness or intention to use the EAP in an organizational setting. A questionnaire was administered to 2,719 employees in a large health care setting with a response rate of 23%. The results showed 59% of the variance in the hierarchical multiple regression analysis was explained by the three components of the TPB, attitudes, subjective norms and perceived behavioral control. Furthermore, each of the components contributed to explaining the specific beliefs about EAPs held in this population. In particular, the beliefs that using an EAP provides help and that it can help improve work performance were significant to contributing to the attitudes held by this sample. In analyzing the results, it was evident that a reasonably successful implementation of the EAP had taken place in this organization. However, through the various components, it was possible to make an evaluation of the EAP and determine what areas can be changed or enhanced to increase the intentions. The conclusion was made that the TPB is a useful methodology to evaluate an EAP.

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PREFACE

"It is interesting to note that the very act of stating an intention may induce heightened commitment to the behavior" (Ajzen, 1985, p. 21).

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CHAPTER 1

INTRODUCTION

An area of interest to organizations and human resource professionals is Employee Assistance Programs (EAPs). These have been steadily growing in number since the mid-1900's, particularly in North America (Sonnenstuhl & Trice, 1990). Recent estimates are that there are possibly 10,000 programs in the United States alone with over three quarters of the larger firms having an EAP (Blum & Roman, 1988; Loo & Watts, 1993; Sonnenstuhl & Trice, 1990). In the United Kingdom over one million employees are believed to have access to an EAP (Reddy, 1994). Statistics for New Zealand and Australia are not available in the literature but it has been noted that growth of EAPs is steady although at a slower pace than North America (Buon & Compton, 1990; Chadderton & Milne, 1994; Feltham, 1997a; Roman, 1983). The amount of research and literature on EAPs has also been growing with the United States being dominant in producing research in the field (Miller, 1986). As well, there has been an increasing interest in research on EAPs in the United Kingdom in recent times (Feltham, 1997a; Reddy, 1994).

There is consensus in the literature on a basic definition of an EAP. It is defined as a program sponsored by employers to help employees with employment or personal difficulties that impact on their work performance. An elaborated definition is:

> ... a confidential service operating within a work organization providing various levels of support ranging from advice, information, counselling and a referral service which is available to employees and their families at no cost, as it is paid for by sponsoring organizations (Green, 1997, p. 14).

Although there is general consensus on a definition of EAPs in the literature, consensus concerning research methodology, theoretical frameworks and evaluation of programs is much harder to find. EAP research has been largely atheoretical and it was found there is not much commonality in terms of methodology and theoretical guidance in the research on EAPs (Roman, 1984). This is an area that is seriously lacking and even more so in terms of applying research to evaluate EAPs.

The aim of this study is to test a methodology that would be useful to evaluate an EAP and begin to build a theoretical base in a field that has been largely atheoretical. In the EAP context, using the program is a help-seeking behavior. This study takes the basic premise that help-seeking is a health behavior that people choose whether to engage in or not. The decision to seek help is based on many factors like demographics, social, emotional, and cultural aspects as well as individual cognitive and psychological factors (Conner & Norman, 1996; Deane & Todd, 1996). A greater understanding of peoples' intentions to use an EAP can be gained by looking at all those factors and an awareness of its implementation success can, therefore, be provided (Milne et al., 1994). This is a useful gauge to evaluate an EAP. In turn, this can facilitate planning to increase the intention.

This report is set out in chapters. Chapter 2 begins with a review of the literature. The historical development of EAPs is traced which helps to set the stage for understanding EAPs as they are known today. A more in depth review of EAP definitions is then offered. Much of the original literature on EAPs focused solely on defining them and presenting commonalities. The next section in Chapter 2 outlines the different kinds of models and common characteristics of EAPs seen in the literature. An understanding of the different models contributes to decision-making and planning once an EAP is evaluated. Finally, as EAPs have evolved, a unique role has developed ... that of the EAP professional. This is reviewed in the final section of the history of EAPs. Chapter 2 then offers a comprehensive review of the literature on EAP research. This section is broken into the different types of research on EAPs. This literature review culminated in the conclusion that a theoretical base and research methodology for evaluating EAPs is what is lacking the most. The final section of Chapter 2 outlines the literature on EAPs in the health care industry as this is the setting where this research was conducted.

Chapter 3 is about the Theory of Planned Behavior (TPB), a model used to predict and explain intentions (Ajzen, 1991). This is the theoretical and methodological base used for this study. The chapter clearly describes the history of the theory, previous research that has used it and its usefulness in predicting the use of an EAP.

The research setting is important in understanding the context of the study. To this end, Chapter 4 describes the setting. It introduces the organization where the study was conducted, the history of its EAP and the current evaluation methodology they use.

Chapter 5 consists of the description of the methodology used in this study. First, the participants in the main study are described. Following that, instrument development is outlined. This includes the selection of modal salient beliefs through a pilot study, followed by the construction of the main questionnaire. The procedure is then described beginning with the distribution of the questionnaire. The data analysis methodology follows with an outline of the analysis strategy and procedures.

Chapter 6 details the results of the study. It begins with the response rate and description of the participants. The contribution of demographics is then looked at and reported on. This includes not only demographics such as gender and age but also prior experience with counselling and EAPs. The next section looks at the results of the statistical analyses performed. These include reporting the results of correlations and regression analyses. Numerous regression analyses were done and the results help to predict intentions and explain various concepts underlying the TPB. Finally, the last two sections of the questionnaire are reported on, the Hopkins Symptom Checklist-21 and an open-ended comments section. The comments section proved to be invaluable in supporting the inferences made from the TPB data.

Chapter 7 is a discussion of the results including conclusions made and some recommendations based on the results. This chapter has two main objectives to discuss. Firstly, the usefulness of the TPB is examined. The various aspects that help to understand the components of the model are discussed. The role of prior experience and its contributing value to predicting intentions is also investigated. Important methodological issues in this study have been those of optimal scaling and multiplicative composites which are also discussed. Secondly, the use of the TPB as an evaluation tool for EAPs is examined. This is done in terms of EAPs in the health care industry then from the perspective of intentions as an evaluation indicator. Research limitations are outlined and possible future research studies are recommended. Finally, conclusions from the study about the utility of the Theory of Planned Behavior in evaluating EAPs are offered.

As is seen through this report, the aim of the study is achieved. The hypothesis is that the Theory of Planned Behavior is useful to predict the intention to use an EAP and, through the components of the model, an evaluation can be done of the EAP. Proving the hypothesis has resulted in a contribution to beginning to build a useful theoretical and methodological base in a field that has been largely atheoretical.

CHAPTER 2

THE LITERATURE

HISTORY OF EMPLOYEE ASSISTANCE PROGRAMS

This chapter reviews the literature on Employee Assistance Programs (EAPs) and is written in three sections. The first section begins with the historical development of EAPs. They are then defined according to the literature reviewed. This is followed by a description on types of EAP models and common characteristics. The final part of the first section offers some insight into the professionalization of EAPs. The second section of this chapter summarizes EAP research. This is divided into subsections according to different aspects of research. The third section of this chapter summarizes the literature on EAPs in the health care industry since this is the setting in which this research project is conducted.

Historical Development of EAPs

There is an abundance of literature on the history of EAPs, with some tracing the origins back to when organizations offered forms of counselling to their employees in the mid to late 1800s. This often involved counselling to help with social welfare issues such as helping employees get affordable housing, proper medical care and so on (Brody, 1988; Green, 1997; Sonnenstuhl & Trice, 1990). Some researchers identify the Hawthorne Studies in the 1920s as the catalyst for a movement to helping troubled employees (Murphy, 1995; Sonnenstuhl & Trice, 1990). The Hawthorne Studies were experiments conducted at Western Electric's Hawthorne plant that culminated in Elton Mayo, the researcher, suggesting that companies should provide counselling to their employees. Mayo's (1923) idea was that employee discontent or "eccentricities from 'normal' persons engaged in industry" (p. 483) are what caused unions to be formed and strikes to occur. The rationale was to offer counselling to help with reducing this discontent.

Following those personnel counselling programs, occupational alcoholism programs

became increasingly common around the 1940s (Green, 1997; Reddy, 1994). Long before this, a culture of using alcohol on the job existed as it was believed that it helped workers do their job better and create a sense of friendship (Bacharach, Bamberger & Sonnenstuhl, 1996). As a result, using alcohol at the workplace was quite acceptable. However, in the 1800s a temperance movement targeted drinking at work. Temperance movements occurred at various periods throughout history and had varying degrees of success, however, the initial reforms that specifically attacked alcohol use on the job continued throughout. Prohibition laws were passed in the U.S. in the late nineteenth century that effectively removed drinking on the job (Bacharach et al., 1996). However, to this day, in some trades or professions drinking together among employees is still encouraged particularly after work. Often, employees do not feel part of the workplace culture if they do not go out for a drink with their coworkers. There is a difference, however, between a culture of social drinking (i.e. one or two drinks after work) and the employee who has an alcohol abuse/alcoholism problem. It was recognized that continual alcohol abuse has negative effects on people, affecting them physically and emotionally and impacting on their family and friends and even their work performance. With prohibition periods and temperance movements and a growing understanding of the negative effects of alcohol abuse, programs began to be developed to help people with alcohol problems.

During World War II, industrial or occupational alcoholism programs started. As described by Sonnenstuhl and Trice (1990), the theory behind them was that problem drinking adversely affected work performance and, therefore, the power of the job (everybody needs to work to support themselves and their family) could be used to help those employees. When employees with drinking problems were confronted with a choice of getting help for their problem or losing their job, they were often motivated to get help. The original occupational alcoholism programs involved occupational physicians working in concert with Alcoholics Anonymous which is a self-help program in which recovering alcoholics help one another. It has become generally accepted that these occupational or industrial alcoholism programs were the beginning of what are known today as Employee Assistance Programs (Gilbert, 1994; Green, 1997; Hartwell, Steele, French, Potter, Rodman & Zarkin, 1996; Munchus, 1987; Reddy, 1994; Sonnenstuhl & Trice, 1990).

By the 1970s, in the United States, industrial alcoholism programs were an integral part of society. The U.S. government established a National Institute on Alcohol Abuse and

Alcoholism (NIAAA) in 1971 that started marketing programs to unions and businesses and started calling them Employee Assistance Programs (Sonnenstuhl & Trice, 1990). This provided the impetus for organizations to adopt EAPs. The 1970s and 1980s saw many large employers recognizing substance abuse problems in their employees and the resulting work performance problems and costs to the employer. It was argued that for every employee helped through an EAP, the return in terms of increased performance and lower associated costs (i.e. sick time, accidents, and so on) would be phenomenal (Appelbaum & Shapiro, 1989; Steele, 1988a). Due to this, the last twenty years have seen a huge growth in EAPs. Research has shown that where there were around fifty documented programs in the 1950s, this has increased to five to ten thousand in the U.S. alone (Berridge & Cooper, 1994; Green, 1997; Reddy, 1994; Sonnenstuhl & Trice, 1990). A recent survey conducted in the U.S. found that approximately 82% of companies with more than 1,000 employees had an EAP (Cohen, Gard & Heffernan, 1998).

Eventually it was recognized that not only were employees adversely affected by alcohol problems but also other types of substance abuse, financial, marital and family problems. It is generally accepted by employers that employees often do bring their problems to work and those problems are not just alcoholism (Green, 1997; Megranahan, 1990). Therefore, EAPs evolved from programs that were solely focused on helping the employee who abused alcohol to those that help a much wider problem base. These are often termed broadbrush programs (Chadderton & Milne, 1994). Major problem categories included now are stress, relationships, alcohol and drug abuse, work problems, grief and crisis intervention.

Countries other than the United States have played a role in the historical development of EAPs. Canada closely followed the United States in setting up EAPs and they have experienced similar rapid growth (Loo & Watts, 1993; Stennett-Brewer, 1986). While Britain first lagged behind North America, it has been catching-up in the 1980s and 1990s in terms of numbers of EAPs per capita (Green, 1997; Reddy, 1994). In Australia, in the late 1970s, EAPs focused on combating alcohol and drug abuse in the workplace. EAPs were not widely accepted until they became more broadly focused (Buon & Compton, 1990). The history of EAPs in New Zealand is similar to that of Australia. In New Zealand, according to Chadderton and Milne (1994), EAPs started as a government effort to address alcohol problems in the workplace through the institution of the Alcoholic Liquor Advisory Council in 1976. They promoted the EAP

models that were specific to helping people with alcohol problems. However, like Australia, these early EAPs were not successful in terms of being accepted by employees until their focus became broader. There is little in the literature regarding EAPs in other countries but it is known that such programs do exist (Burgess, Odonnell, Bennett & Vonvietinghoffscheel, 1997). For example, international guidelines for developing programs and professional standards were written and representatives of countries such as Brazil, Mexico, Trinidad, Jamaica, Bermuda, United States, Australia, United Kingdom, Ireland, Netherlands, Sweden and Canada were all involved in their formulation (Employee Assistance Professional Association Board of Directors, 1996).

Now that the historical development of EAPs in countries throughout the world has been discussed, it is valuable to define the nature of EAPs.

Defining an EAP

A generally accepted definition of a contemporary EAP is a program offered by an employer to its employees at no cost to them that involves a confidential service for assessment (problem identification) of personal or work-related problems that impact on the individual. Although there are different types of programs, commonalities do exist. For example, an EAP is provided by the employer for the employees and they are concerned with preventing, identifying and treating (whether directly or through referral services) personal problems that adversely affect employees (Roman & Blum, 1988; Sonnenstuhl, 1988). In the literature, a commonly used definition is that offered by Sonnenstuhl & Trice (1990):

> ... we define EAPs as job-based programs operating within a work organization for the purposes of identifying "troubled employees," motivating them to resolve their troubles, and providing access to counselling or treatment for those employees who need these services (p. 1).

Essentially, EAPs are regarded as being for employees who are troubled and the aim is to assist them by providing access to help. "Troubled employees" refers to people whose problems affect them to the extent that in either their or their supervisor's opinion, their work is also being affected (Sonnenstuhl & Trice, 1990, p.1).

A key aspect of EAPs is "constructive confrontation" according to Sonnenstuhl & Trice (1990, p. 2). This is defined by them as a supervisor confronting an employee with concrete evidence of unsatisfactory work performance that is likely caused by a particular problem. Work performance is improved by accessing help through the EAP for the particular problem while simultaneously emphasizing the consequences of continuing to perform poorly at work. Some EAPs have an emphasis on constructive confrontation while others do not.

An underlying concept of EAPs is that there are benefits to both employees and employers. At the very least, the employee benefits by getting help and retaining his or her job while the employer benefits by being able to retain employees, thereby reducing turnover and other associated costs. Also, it is believed that often employers introduce EAPs as a matter of social responsibility and to be a good employer regardless of whether there is any evidence of cost effectiveness (Sonnenstuhl & Trice, 1990). The reasons the employer has for implementing their EAP will often determine the kind of program they offer.

In sum, EAPs are offered by an employer to its employees for the purpose of helping them assess or identify a problem and then, in turn, helping them to be motivated to access the help that may be needed to resolve the problem. The levels of support offered vary according to the type of program offered. Different types of EAP models and corresponding characteristics are outlined in the next section.

EAP Characteristics and Models

In the EAP literature, it is accepted that certain characteristics or objectives need to be in place to enable an EAP to be implemented. These include having management and union/employee association support, counsellors or referral sources who are experts in their field and who follow ethical guidelines, clearly written policies, the provision of a system under which confidentiality is guaranteed and, finally, an evaluation method (Blum & Roman, 1992; Cohen, 1991; Employee Assistance Professional Association Board of Directors, 1996; Evans & Trice, 1995; Green, 1997; Sonnenstuhl & Trice, 1990; White, McDuff, Schwartz, Tiegel & Judge, 1996). An effective EAP will have provisions for these characteristics and then be based on a model determined as the best one for the organization dependent on various factors described below.

The literature describes three different EAP models that can be adopted by an organization. These are internal, external and a combination of both (Davis & Gibson, 1994; Green, 1997; Sonnenstuhl & Trice, 1990). An internal model means a company employs its own staff to do the assessment or problem identification and often the counselling required (Davis & Gibson, 1994). In this case, a company manager usually sets out the policies and procedures for the EAP. An external model usually means an outside agency is employed to deliver the services, including the initial assessment or problem identification. This is often the preferred choice in large corporations today (Davis & Gibson, 1994). A combination of both types can be used by having an internal coordinator doing the assessment and then subcontracting to outside agencies for any services, such as counselling, that may be needed (Green, 1997). There are advantages and disadvantages associated with each of these models and the employer must decide the type that is most suited to their organization. This is often based on the level of commitment and extent of services the company wants to provide their employees as well as other program design considerations (Davis & Gibson, 1994; Green, 1997; Steele, 1995). For example, relevant contextual factors that influence program design would be the size of the organization, availability of relevant resources both internally and externally, degree of unionization, the physical layout of the organization (if there is more than one location) and so on.

Another matter to consider when selecting a model is what types of referrals will be used or encouraged. There are self referrals (an employee identifies a problem him or herself and contacts the EAP on their own), supervisor referrals (the supervisor suggests the employee uses the EAP or uses the principles of constructive confrontation outlined earlier) and peer referrals (a coworker or peer suggests to the employee that he or she uses the EAP). There is debate in the literature about whether programs that promote self referrals are more effective over those that promote supervisor referrals (Bayer & Barkin, 1990; Reddy, 1994). Some believe that the emphasis preferred is often dependent on the clinical orientation of the providers of the service (Steele, 1988a). Many programs use both types (self and supervisor referrals) but promote one strongly over the other. The early emphasis of EAPs, particularly when they were occupational alcoholism programs, was on constructive confrontation and performance management issues. As stated earlier, constructive confrontation is when the supervisor confronts or approaches an employee who has an alcohol problem and strongly recommends getting help with a particular emphasis being made on the need for seeing improved work performance. Constructive confrontation has always been

important with problems that are characterized by denial such as addictions. It can also play an important role in a case where an employee lacks confidence and the supervisor can effect an introduction to the EAP that otherwise might not take place (Sonnenstuhl & Trice, 1990). For these reasons, there will always be a part to play for supervisor referrals and constructive confrontation. However, a major shift has occurred and self referrals are encouraged more so now. It is thought that self referrals suggest a stronger acceptance of the EAP because if people are using the EAP of their own accord (self referral), they have a greater trust in it (Reddy, 1994). It is also believed that initiating a person's own treatment will help the recovery process (Green, 1997). The third type of referral, peer referral, plays an important role too. Often peers can see problems in others before supervisors do and could therefore facilitate a referral for help before the problem gets to the point where performance management issues need to be included. Peers can also constructively confront by sharing their own experiences with the troubled employee (Sonnenstuhl & Trice, 1990). This leads into a type of offshoot EAP program that has been developing in recent years called Member Assistance Programs (MAPS).

MAPS are peer-based programs in the workplace (Bacharach et al., 1996; Sonnenstuhl & Trice, 1990). The main distinction of a MAPS over an EAP is the emphasis on peers identifying and motivating others to seek help. Also, MAPS are often sponsored by a union or employee association while an EAP is normally sponsored by the organization. Sometimes MAPS are used instead of EAPs where there may be a distrust for management and consequently an unlikelihood to use the EAP (Bacharach et al., 1996). An example of a MAPS is the professional association representing doctors in the community has a telephone crisis program set-up only for their members to use. It is staffed by volunteer members of the professional association with the intention that members help one another. In this example, though the doctors also have access to an EAP offered by the organization they work for, they are encouraged by their professional association to use the MAPS.

Some organizations have programs aimed at prevention of health or emotional problems for employees that are distinctly separate from their EAPs. These are often seen as taking an EAP a step further and are termed workplace "wellness" programs (Lindstrom, 1985, p. 91). This type of program emphasizes preventing problems and maximizing employee well-being, whereas the EAP focuses on intervening and providing assistance once there is already a problem.

The type of EAP models and offshoot programs described all have the same ultimate purpose. This is to help employees experiencing problems and/or to minimize the chance of problems developing. As stated before, the choice of what type of program to implement depends on various contextual factors.

Professionalizing EAPs

As EAPs became more prevalent and common characteristics and models were developed, it became apparent that standards of EAP professionalism needed to exist. The literature shows that a professionalization of EAPs has taken place in response to its development throughout the world (Berridge & Cooper, 1994). In any field, a level of professionalism is needed to allow for increased credibility and acceptance by society. Also, some countries have strict legal and ethical guidelines that need to be followed in the counselling professions. Consequently, the field of EAP developed to the point where its own ethical guidelines had to be developed.

As EAPs became firmly established, issues related to quality of provision arose. The profession recognized that it has a responsibility to ensure high standards are maintained by its professionals. Two organizations were created in the U.S., the Employee Assistance Society of North America and the Employee Assistance Professional Association (Green, 1997; Sonnenstuhl & Trice, 1990) that both set out program standards in 1990. International standards and guidelines were agreed upon for EAP professionals (Cunningham, 1992; Employee Assistance Professional Association Board of Directors, 1996; Grimes, 1988; Reddy, 1994; Walsh, 1991). Different countries have their own laws about certification of counselling professionals but the international guidelines have become well accepted as at least minimum standards for professionals to follow in the field of EAP, whether certification is required by law or not. These guidelines are quite extensive but, in summary, they promote EAPs and professionals in the field as needing a separate identity, structure and professional quality than other fields and corresponding guidelines for each area are set out (refer to Employee Assistance Professional Association Board of Directors, 1996, for elaboration).

Summary

This section of the chapter outlined the literature on the history of EAPs. It began by describing the historical development of EAPs, then provided clear definitions, described common characteristics and models and the evolution of the professionalization of EAPs. It has shown that EAPs are firmly entrenched in many organizations worldwide and the field of EAP is a profession unto itself. As with any field of study, research strongly influences its development, which brings us to the next part of this literature review, EAP research.

EAP RESEARCH

Introduction

This section outlines the primary objectives for EAP research and some areas of difficulty in its development. The relevant literature on subspecialties of EAP research is also examined to enable a clear picture of the current state of research.

Objectives of EAP Research

There are several primary objectives of EAP research. One is to understand external influences that impact on EAPs. Another objective is to determine the internal characteristics of the EAP, both as they relate to the organization and the EAP itself (Steele, 1988b). A third objective is to explain and add meaning to what EAPs are, thereby adding a theoretical base to the field (Miller, 1986).

Different types of research can be used and which one a researcher chooses is usually based on the objective. The following describes four different types of research that can be used according to Miller (1986). Firstly, basic research generates and refines theory which can determine a theoretical base that can offer strong support for the specialty. Secondly, applied research is usually done after the basic research and it tests and evaluates the usefulness of theory. Thirdly, evaluative research collects and

analyzes information to make decisions and, finally, action research is used to solve particular problems on site where they are occurring. The researcher must determine the objective of the research (as described above for EAPs) then select the type that will be conducted. For example, if the objective is to understand external influences that are causing a problem with a particular EAP, a researcher might choose to do action research.

As evidenced through the literature review, the areas that are most lacking in the field of EAP research are basic research, with the objective of generating and refining theory, and then applied research with the objective of testing and evaluating the usefulness of that theory.

Difficulties in EAP Research

Difficulties in EAP research include a shortage of qualified researchers and appropriate methodological procedures (Bayer & Gerstein, 1988). Also, there is little consensus on applying theory appropriately. As EAPs emerged into a field of their own, the first area that research focused on was to categorize and describe historically what EAPs are. This was summarized in the previous section. In the 1990s, this EAP descriptive research seems to have taken a turn to linking EAPs with health promotion or wellness programs (Lubin, Shanklin & Polk, 1996).

Once a consensus was reached in the literature on what EAPs are, research started to take a different focus and branched off into subspecialties according to the purpose of the research. Much of the literature on EAPs was very positive and some researchers took a critical view of this by saying not enough was known about EAPs and that research had to become more dedicated to the field and more specific, rather than just descriptive. Luthans and Waldersee (1989) stated that much of the literature existing to that point consisted of "poorly executed, and/or poorly designed studies" (p.397). Roman (1984) stated that the level of research was very small in comparison to the growth of the field. Furthermore, in EAP research, there has been no single discipline that has taken over and, therefore, there is little commonality in terms of theoretical guidance or methodological designs for research. Because of that, there has been less opportunity for a cumulative impact of the data gathered and repeated use or refinement of measures used (Roman, 1984).

In 1984, in an effort to add to the field, a publication dedicated to EAP research was put together (Grimes, 1984). The intention was that an annual publication would result. However, problems arose and the second edition was not published until 1988 and there have been no subsequent volumes. It was found that EAP research tended to be funded by alcoholism agencies and focused primarily on addictions. Research did not develop much further than what those sponsoring agencies were interested in and this led to less research being available for publication. Reasons offered by Roman (1984) for the importance of a research base for EAPs centered on the legitimacy and commitment that research offers to a field or specialty. It was predicted that the future of EAPs, without a strong research base, would not be positive since they may have to compete with other organizational or human resource strategies that are more grounded in research and theory (Trice, 1984). This view and a strong desire to establish a refereed journal for the EAP field was the impetus for the first publication dedicated to EAP research. An important point made in that publication was that little data tended to be gathered in EAP research; most seemed to be literature reviews or descriptive analyses of others' work (Trice, 1984). Grimes (1988) stated that a problem in research is that though many organizations have EAPs, they spend very little money on them, keep very little data and essentially often only have them as token programs to be a good employer. This means the data tends not to be very comprehensive if a researcher becomes interested in a particular EAP. However, he was optimistic that the quality of research was improving. Also, a certification process began around that time and this made the field more legitimate. EAPs have become more a subspecialty of human resource management rather than just an employee benefit and, consequently, practitioners are seen as part of a separate profession (Grimes, 1988; Employee Assistance Professional Association Board of Directors, 1996). There is no doubt that for EAPs to become more grounded as a specialty, research needs to be more prevalent, more focused and methodologically and theoretically refined (Grimes, 1988; Roman, 1984).

A problem with doing applied research in the EAP field has been to find organizations willing to allow researchers in (Miller, 1986; Trice, 1984). Roman (1983) stated that much consensus on what EAPs are and should have as part of their mandate came from "best guess assumptions" (p. 376) in employers' rush to get EAPs going rather than from applied research.

In summary, the literature on EAP research highlights the gap between the amount of

research that has been conducted compared to the growth in EAPs. Much research is descriptive, with an aim to explaining and defining EAPs, particularly in the area of addictions in the workplace. What appears to be lacking is basic research to build a theoretical base and applied research to test theories that are specifically valuable in evaluating EAPs. The following sections summarize some of the relevant literature on EAP research and are categorized according to the main aim or topic of the research projects.

Descriptive Research

The earlier research on EAPs described and defined the programs and eventually provided some consensus in terms of what EAPs are and the important components they should have. This was covered earlier in this report. However, one area not previously mentioned is that descriptive research suggests it is important to do a needs assessment before establishing an EAP. A needs assessment provides information that can be used to design an appropriate EAP for the context of the organization and also to provide baseline data to use to evaluate the program later (Berman, Sulsky, Pargament, Balzer & Kausch, 1991; Csiernik, 1995; Davis & Gibson, 1994; Grissom, Baldadian & Swisher, 1988). For example, an aspect of a needs assessment can be to focus on the demographics of employees to aid in designing programs that would be most suitable for the types of employees represented in the population (Bayer, 1995; Coudriet, Swisher & Grissom, 1987; Van Den Bergh, 1991).

Research on EAP Providers

In the 1990s, EAP research has increasingly investigated those who provide EAP services - the counsellors, vendors, or professionals. However, there is not a large amount of published literature on the subject. One example is Blum and Roman (1988), who looked at purveyor organizations that market EAPs to others. They found that the purveyor organizations who were more successful at influencing implementation of an EAP worked hard at integrating their resources with the home organization purchasing the service, maintained managerial control over their EAP resources, and had supportive relationships with the community treatment services. A strong relationship with community resources is stressed by these authors.

Different trends are emerging in the 1990s in terms of who provides what kind of programs for EAPs. For example, some organizations now have their EAPs as part of a managed care system that is provided by an insurance company (Cunningham, 1992; Havlin, 1993; Ramanathan, 1995; Sullivan, Hartmann & Wolk, 1995). The EAP provider of the 1990s is often described as needing to be a helping resource who deals with facilitating positive change (Walsh, 1991). The emphasis is that the professional is not usually required to do active counselling but, rather, has the role of being a referral agent. However, some researchers interpret this role differently. For example, Cunningham (1992) did a research project on EAP counsellors that also emphasized their role as facilitators of change but described them as having a more active counselling role and needing to follow clear ethical guidelines.

In summary, there is very little research on EAP providers. What does exist, focuses on their need to be from professional occupations and follow ethical guidelines. The individual needs of an organization usually determine what type of provider will be used.

The Employee Perception Perspective

Some researchers examine EAPs from the perspective of the employees' perceptions. Organizations are often advised to do a needs assessment prior to implementing the EAP to design an appropriate program and to provide evaluation measures (Berman et al., 1991; Davis & Gibson, 1994; Grissom et al., 1988). Research on the employee perceptions of EAPs can be valuable to see if the needs assessment and program design are congruent. A literature review revealed only a few studies that dealt specifically with employee perceptions of their EAP. Harris and Fennell (1988) looked at employees' perceptions and willingness to participate in an EAP. This study, however, only focused on their willingness to get help for alcoholism. They found that men and women were equally willing to use an EAP but their perceptions and attitudes toward them differed. The willingness to get help from an EAP for alcoholism was influenced by the familiarity with the program, perceptions about trust and confidentiality and also beliefs about alcoholism.

Braun and Novak (1986) state that one way of determining the success of an EAP is to look at its utilization rate and that this is affected by perceptions of employees. The

perceptions of employees are defined as their attitudes, beliefs and feelings. The purpose of Braun and Novak's study was to determine the specific attitudes, beliefs and feelings of employees who do and do not utilize the EAP. A questionnaire was used to gather demographic data about employees who do not use the program and demographic data about the entire population. The information was content analyzed and perceptual profiles were drawn up by the researchers. Findings indicated that non-utilizers' attitudes, beliefs and feelings included a denial of there being a problem. They had high self-reliance, felt the use of the EAP would devalue them, believed the EAP was not confidential and basically did not understand what the EAP was about. In contrast, the EAP utilizers had trust in the EAP services, were open to change, relied on peer referrals, felt the services were free and convenient, felt their supervisors supported the program and recognized a need for help. One limitation to this study, however, was that the perspective was to survey EAP directors rather than the employees themselves to determine the existing perceptions. This means the perspective of the employees may not have been accurately reflected.

Milne et al. (1994) conducted research with a large sample of employees to investigate the relationship of their cognitive and attitudinal perceptions to their propensity to use the EAP. They found, like Harris and Fennell (1988), that familiarity with a program, including awareness and understanding of it, and confidence in the program, were key to positive attitudes. Also, supervisory support of the EAP influenced the level of confidence felt by employees. Confidence in an EAP was based on "perceptions of the confidentiality, credibility and organizational neutrality of the program" (Milne et al., 1994, p. 141). They based their hypotheses on a theoretical framework around attitudes and behaviors. They recognized that confidentiality creates a problem for researchers in trying to assess employees' perceptions as they relate to actual use of an EAP. Therefore, they focused on employees' propensity to use the program as a clearer indication of attitudinal receptivity. This has been critical in redirecting the focus of EAP research. Emphasis is now placed on gauging employees' willingness to use an EAP as a key indicator of success of implementation, due to the methodological and ethical difficulties associated with looking at actual utilization rates. Milne et al. argued that an EAP is actually a program most employees will have no need for in reality. However, their expression of a propensity to use it if they do need to, is an indication of the value they hold for it, and this can be interpreted as a successful implementation.

Keaton (1990) did a study on employee attitudes and voluntarism. It was found that

voluntary participants (self referrals) had more positive attitudes toward treatment than those who were mandatory referrals. This was interpreted by Keaton to signify that positive attitudes are associated with a person's perceived control of the situation. In addition, the study found a significant relationship between previous experience with the EAP and voluntary participation. In other words, those who had previous experience were more likely to voluntarily use the program again.

In summary, this area of EAP research has shown that employees' willingness to use a program (versus their actual utilization) is a stronger indicator of the acceptance and success of implementation of an EAP.

The Supervisor/Management Perspective

A few research studies have looked at supervisor attitudes toward referring employees to an EAP. For example, Bayer and Gerstein (1988) conducted a study which focused on supervisors' attitudes toward impaired employees and how this affected their impressions of them. It was found the attitudes and impressions the supervisors had about specific employees affected whether they would refer them to the EAP or not. This was also supported by Steele and Hubbard (1985). Bayer and Gerstein developed the Behavioral Index of Troubled Employees (BITE) survey instrument that gathered information on the supervisors' opinions of behaviors associated with troubled employees. This was administered to a number of supervisors. They were able to conclude that there are four factors or areas that supervisors' notice and that affect their attitudes toward employees: industriousness (good work performance), resistance (to work), acrimoniousness (i.e. employee irritability, anger) and disaffection (apathy, alienation). Their study was designed to focus on the construction of an instrument that could be replicated and used for understanding how supervisors recognize troubled workers.

Another example of the supervisor perspective is the research conducted by Gerstein, Lynn and Brown (1991). They studied EAP referral behaviors of supervisors based on the type of problem the employees had. Their results found that supervisors tended to make more referrals based on their view of the severity of the problem. However, this was a study on hypothetical supervisors and the sample consisted of undergraduate students and not experienced supervisors.

Capece and Akers (1995) looked at variables in the decision process of supervisors to refer employees to an EAP from a social learning theory perspective. This theory is important as it relates back to attitudinal perceptions advocated by Milne et al. (1994) and Harris and Fennell (1988) that affect intention or willingness to use an EAP. Social learning theory has also been connected to constructive confrontation principles. Capece and Akers formulated their hypotheses on the basis that social learning theory looks at interactive networks between rewarding or not rewarding consequences for making referrals. They used variables derived from the theory and did a discriminant function analysis to see if the variables explained why some supervisors referred employees to the EAP and others did not. The findings suggested that key factors in making referrals were social reinforcement by fellow supervisors, and the degree to which the supervisors viewed organizational support of the EAP as positive.

Milne, Blum & Roman (1991) did a study on the propensity of managerial and supervisory personnel to use an EAP. The study involved a questionnaire that was administered to a large sample of supervisory and managerial personnel (1,987 respondents). The questions were designed to look at the likelihood of the supervisors using the EAP both for themselves and their employees. They developed dependent variables corresponding to the supervisors' own use and one for referring others to the EAP. The independent variables were awareness of the EAP, perceived accessibility of the EAP and, thirdly, acceptance of the EAP. Regression analyses were done. Their main contention was that actual utilization of an EAP involves two things: an attitude toward it and an intention to do a behavior. They hypothesized that a way of judging the success of implementation is to gauge the likelihood of using the program. In their results, unlike some other researchers (i.e. Harris & Fennell, 1988), they found a higher propensity to use the EAP for females than for males. They also found that if managers had a positive experience with the EAP when they referred others to it, they would be more likely to use it for themselves. They found no difference in likelihood to use the EAP in relationship to work classifications nor for age, tenure and work location. Another conclusion they arrived at was that acceptance of the EAP greatly affected the propensity to use the EAP for self and family members, but had much less effect on using it as a supervisory tool.

Finally, Nord and Littrell (1989) undertook a study to determine what caused supervisors to refer or not refer employees to an EAP. They found those who did the most referrals were those most familiar with the EAP and were likely to be higher up in

management. Basically, the more knowledge of the EAP, the more likely they were to refer. This is congruent with employees' perceptions where familiarity with the program is related to a stronger likelihood to use it (Harris & Fennell, 1988; Milne et al., 1994).

In summary, there has been more research done in this area of EAP research, the supervisor/management perspective. The literature has shown that, generally, supervisor referral rates to the EAP are reflective of their perception of the program and/or their perception of their employees. The next section distinguishes between the different types of referrals and outlines the research that has been done to date.

Research on Types of Referrals

The two main types of referrals in EAPs are the self referral and the supervisor referral. There is a third referral type called the peer referral, but this tends to be less recognized as a separate referral type and is often seen as a self referral, with peers having an influence on the employee's decision (subjective norm). The principles of constructive confrontation constitute a large part of supervisor referrals. This is when the supervisor confronts or approaches an employee who has a problem and strongly recommends getting help with a particular emphasis being made on the need for improved work performance (Sonnenstuhl & Trice, 1990). Self referrals are when an individual employee decides to contact the EAP on his or her own. This person, though, may make that decision with outside encouragement from family, friends, peers, or even the supervisor. The 1980s and 1990s have seen increases in self referrals, and supervisory referrals now seem to be used mostly for severe work performance impairments (Bayer & Barkin, 1990; Sonnenstuhl, Staudenmeier & Trice, 1988). The type of referral made is often based on the reason for referral. Certain problems are more conducive to self referrals, whereas others may be more conducive to supervisor referrals.

There are a few important research studies that have looked at the referral process and reasons for referrals. One was done by Sonnenstuhl et al. (1988) in which they defined the different types of referrals and stated that EAPs need to develop more accurate classifications of referrals. They stated that unclear categories make it difficult to interpret data in research studies. Many practitioners are not clear on categorizing referrals in terms of what actually motivates people to seek help from EAPs. An

argument was made that different ideologies from different fields can promote one type of referral over another and this is reflected in the categorizations made of types of referrals for program statistics/data. It was found this causes problems for interpretation of data in quantitative research.

Hall et al. (1991) looked at employees' likelihood to use a program based on the type of referral. Three main types of referrals were used: self referrals, referrals by supervisors and peer referrals. They also investigated the reason for referral (presenting problem) and the relationship with five social science domains: sociodemographic, social-psychological, sociocultural, organizational and community. Some methodological difficulties in performing hierarchical regression analyses were experienced by the researchers as they had too many predictor variables for the number of participants. For example, for each type of presenting problem they had anywhere from five to twelve variables and they only had sixty-two participants. However, based on their data, they made the following conclusion: employees were more likely to be willing to use the EAP if they perceived it as confidential, helpful, affordable, convenient and useful to assist individuals to keep their jobs. They also were more likely to use it if they perceived their supervisors viewed the EAP as helpful.

Other research projects have looked at comparing different types of referral sources and how these affect utilization of the program and different demographic effects on referral types. For example, Bayer and Barkin (1990) examined types and reasons for referrals and concluded that of those who used the EAP, most were self referrals regardless of the problem area. Gerstein, Moore, Duffey and Dainas (1993) looked at the effects of gender and ethnicity on utilization rates and referral types. They also looked at the relationship between the gender of the referring supervisor and that of the employee being referred to see if there was any correlation. Their findings indicated there were no significant differences between male and female utilization rates. However, as far as supervisor referrals were concerned, females were more likely to refer other females while males did not vary in their likelihood to refer either males or females. Brodzinski and Goyer (1987) also looked at the effects of gender on utilization. Their results showed that women are more likely to self-refer than men. Gerstein, Gaber, Dainas and Duffey (1993) conducted a study of the effects of organizational hierarchy and employee status on use of EAPs. Their main finding was that middle level staff used the EAP services more than either the upper or lower levels of the organization. Keaton (1990) looked at the effects of voluntary self referrals on attitude and previous

counselling experience. She used cognitive dissonance theory to evaluate her findings and found that self referrals were more likely to perceive treatment as valuable. Thomas and Johnson (1992) looked at the effects of employees being children of alcoholics and how this impacts on clients seeking help from an EAP. They found that men were less likely than women to seek EAP services voluntarily and that a high number of supervisor referrals were for employees who were children of alcoholics. They also found that one third of the self referrals were children of alcoholics.

In summary, this section has shown that there can be innumerable variables affecting types of referrals and this, coupled with types of services being increased as EAPs have progressed, makes it difficult to develop conclusions on what kind of referrals are more effective. In fact, it is difficult to determine whether there is any difference in an EAP's effectiveness based on the types of referrals made. However, valuable and interesting information can be gained by this type of research, particularly to help design individual EAPs, so the research should be encouraged.

Research on Evaluating EAPs

It is important to evaluate human resource practices in order to offer continued support for them. A defined evaluation method is one of the commonly accepted characteristics of EAPs (Blum & Roman, 1992; Employee Assistance Professionals Association Board of Directors, 1996; Evans & Trice, 1995; Green, 1997; Sonnenstuhl & Trice, 1990). The area of EAP evaluation research is quite extensive. In reviewing the literature, however, it is evident that there is no consensus on the best way to conduct an evaluation. Statements on the poor state of evaluation methodology are quite common in the literature (Colantonio, 1989; Jerrell & Rightmyer, 1982; Loo & Watts, 1993; Luthans & Waldersee, 1989; Sonnenstuhl & Trice, 1990).

Why is it difficult to come up with consensus on evaluating an EAP? Luthans and Waldersee (1989) stated that the greatest barrier to evaluating EAPs is trying to define what success is. Success may be defined by how many referrals an EAP has, or how little it costs the company to provide one, or how much cost-benefit is evident, or how few referrals there are which can indicate a healthier workforce. As can be seen, the definition of success is open to debate. Also, defining success in the evaluation of an EAP for professionals can be more complicated due to blurring of supervisory and

professional roles (Jackson, 1983). For example, a doctor who supervises others may have problems with role blurring when he or she tries to treat an employee with a problem rather than use his or her role as a supervisor to refer to the EAP.

Methodological and administrative issues related to evaluating EAPs were outlined by Jerrell and Rightmyer (1982). These include being able to adequately define desired outcomes and the issue of confidentiality and the difficulties this poses in the evaluation process. Another issue is being able to clearly define the role of those doing the evaluation and determining if there are any conflicts of interest. For example, there may be a conflict if the EAP provider evaluates its own service. Balgopal and Patchner (1988) outlined another area of concern which relates to obtaining reliable cost benefit data. They maintained that often this is estimated based on assumptions rather than correct accounting procedures.

Matthews and Martin (1990) stated that it is not viable to use only one method to evaluate an EAP. Instead, they advocated "multiple operationism" (p. 41), which entails using a variety of measures such as historical data, analyzing costs, utilization rates and keeping up with the current literature for comparisons. They stated these processes should be built into the program from the beginning and be ongoing. They did not address the issue of confidentiality nor of conflict of interest if the EAP providers are doing the evaluation.

Colantonio (1989) summarized EAP evaluation studies between 1975 and 1988. Of significance, it was found that no validity or reliability information was provided on instruments used in evaluations. Also, it was found that another difficulty in evaluating EAPs is there is often the absence of a needs assessment prior to implementation which makes it difficult to develop outcome measures. The importance of a needs assessment was discussed previously.

Generally, EAP evaluation research has centered on utilization rates and cost effectiveness. Examples in the literature of evaluations based on utilization rates are Frost (1990), Korr and Ruez (1986), and Moore (1989). Frost and Moore both indicated a key component of utilization is employees' awareness (perception) of the EAP. Examples of cost-benefit evaluations are Ahn and Karris (1989), French, Zarkin and Bray (1995), Houts (1991), Masi and Goff (1987), and Stern (1990). Some variations to evaluating EAPs include looking at work performance of those accessing

the EAP (Nadolski & Sandonato, 1987), benchmarking key EAP components (Megranahan, 1995), and studying role perceptions and organizational culture (Teram, 1988).

The review of the literature on evaluating EAPs offers much the same conclusion as other areas of EAP research: the importance of evaluating a program is not in doubt, but there is little consensus on the methodology and theories to be used.

Theories and EAPs

Several researchers made conscious efforts to apply existing theories to studying EAPs. For example, to evaluate the success of an EAP, Sussal (1992) used object relations theory. This theory is a branch of psychoanalysis and it provides a perspective that looks at relationships. Little is offered in the way of explaining why this theory was used except to say that she was interested in the unconscious need of employees due to her clinical orientation as an EAP provider.

Ford and Ford (1986) used systems theory to do an analysis of an EAP, however, it was not done as applied research. It was more descriptive and concluded that EAPs are systems and the whole must be considered. This was more a presentation of a view of how to look at EAPs rather than applied research on a theory.

As mentioned previously, social learning theory was used to develop the principles of constructive confrontation (Sonnenstuhl, 1989; Sonnenstuhl & Trice, 1990). Capece and Akers (1995) also used social learning theory in their study (as described earlier).

Landsbergis (1988) used a job demands-control model which incorporates the ideology of locus of control, an aspect of social cognition or social learning. Similarly, Cunningham (1992) referred to self-efficacy which is akin to locus of control. Keaton (1990) used cognitive dissonance theory to test the effect of voluntarism on attitude. This is similar to Milne et al.'s (1991, 1994) cognitive and attitudinal perceptions perspective. These all relate to social learning/cognition as playing a role in a person's decision-making processes and perceptions.

There is little else in the way of theories presented in the literature on EAPs. Of the

theories presented above, most were only found in one study. This indicates there has been no consistency in using theories to research EAPs. The social learning or cognition theory and other theories related to locus of control, self-efficacy and voluntarism may offer promise in terms of help-seeking behavior such as using an EAP. There are well-known models, such as the Health Belief Model, that are based on social learning or social cognition that have been used to study other health behaviors (Rosenstock, Strecher and Becker, 1988). In an attempt to find an appropriate theory to apply to evaluating an EAP, this study focused on theories that are related to help-seeking and which involve social learning or social cognition aspects.

Summary

The foregoing sections summarized the literature on research in the field of EAP. Several points are evident through this literature. First, EAP research went in several directions after the initial research based on definition and description. These include looking at EAP providers, the employee perception perspective, the supervisor perspective, types of referrals and problem areas, evaluating EAPs and developing a theoretical base for the field. Secondly, none of these areas has gained a firm research base and they are all characterized by differing research methodologies. Thirdly, there is some valuable research that can be used to draw from in attempting to formulate methodological and theoretical consensus in the EAP specialty.

EAPs AND THE HEALTH CARE INDUSTRY

It is recognized that an EAP needs to be designed in a way that is specific to the needs of individual organizational settings (Howard & Szczerbacki, 1988). It, therefore, becomes important in this research to look at whether EAPs in the health care industry are any different from other industries, particularly in terms of underlying beliefs that facilitate or create barriers to using an EAP.

The literature states that the health care industry has been slower to provide EAPs but there is an awareness that because of the nature of their service, they have an

environment that can create problems for individual employees and they have a public responsibility to set an example of well-being (Foster, Hirsch & Zaske, 1991; Handley, Plumlee & Thompson, 1991; Howard & Szczerbacki, 1988; Jackson, 1983; Sherer, 1994). Studies have shown significant rates of chemical dependency, stress-related ailments, suicide tendencies and other emotional distress in health care professionals (Feltham, 1997b; Finke, Williams & Stanley, 1996; Howard & Szczerbacki, 1988; McKevitt & Morgan, 1997; Peery & Rimler, 1995; Tillman, Salyer, Corley & Mark, 1997). Research has found that addiction problems have often been ignored in the helping professions and it was not until the late 1970s that nursing associations began programs for impaired nurses (Finke et al., 1996). Some research has suggested that addiction to narcotics in health professionals is dramatically greater than the general population (Howard & Szczerbacki, 1988; McCrady, 1989). What becomes important to consider about the specific problems employees have in the health care industry is not only the impact on the employees and the organization but also on society. A different perspective can be taken when looking at the value of an EAP when comparing, for example, the importance of negative effects that can derive from a medical professional who suffers from active alcoholism versus a postal worker suffering from the same condition. This is not to lessen the severity of the postal worker's condition but, rather, stresses the consequences of the effects of impaired work performance of medical professionals. Also, there are greater ethical and legal issues to be considered when a medical professional is actively impaired (whether physically or emotionally) and continuing to work in a health care environment. The literature supports the fact that workplace responses to employee problems in a health care setting are a matter of public concern (Foster et al., 1991; Jackson, 1983; Peery & Rimler, 1995; Tillman et al., 1997). In addition, the cost of replacing health care professionals, due to the training and education involved, can be prohibitive. There is a growing recognition in the industry that it does indeed make more sense to provide help to troubled employees than to replace them (Handley et al., 1991).

Not only has the health care industry been slower to provide EAPs for its workers, the workers in this industry have been slower to accept them. There are various reasons for this. One reason is that seeking help for problems, whether physical or emotional, is not easy for professionals for a variety of reasons (McCrady, 1989; McKevitt & Morgan, 1997; Powell & Kotschessa, 1995). For example, McKevitt and Morgan found that doctors tend to either treat themselves, avoid seeking help altogether, consult a colleague or decide on their own where to refer themselves. A recurring theme in

some literature is the issue of professional identity and the view that doctors are not supposed to get ill (McCrady, 1989; McKevitt & Morgan, 1997). McCrady states that many colleagues of impaired professionals view their problems as a sign of weakness and this creates embarrassment and prevents a person from seeking help. However, an important finding of McKevitt and Morgan's was that despite role and power issues, there does exist a desire on the doctors' part to have someone take control, to show concern, care and reassurance, when they are ill. Issues such as these might impede the health professional's acceptance of an EAP. Acknowledging these issues and addressing them in the implementation phase of an EAP, can enhance the acceptance of the program.

Another important point related to EAPs and professionals is made by Powell and Kotschessa (1995) and this can be applied to doctors and other professionals in the health care industry. They found that professionals are least likely to seek counselling or help in workplace programs but their willingness to access help increased dramatically if supervisor referrals were made (versus self referrals). This was supported by Sonnenstuhl (1989). In order to encourage professionals to get help they might not otherwise seek, professional societies and licensing boards have been taking a more active role in developing programs to assist employees (McCrady, 1989).

The literature states that many employee programs for nursing professionals tend to be peer assistance programs (Finke et al., 1996; Handley et al., 1991; McCrady, 1989). An example would be the MAPS program mentioned earlier. Formal peer assistance programs can be quite beneficial. However, Foster et al. (1991) caution that informal helping networks that often take place in a health care setting can act as either an aid or hindrance to an EAP. Where an EAP is strongly accepted by the members of the organization, the informal networks can aid them by increasing the likelihood of peer referrals. Where the EAP is not accepted by the members, the informal networks can hinder through denial and enabling behaviors which result in covering up problems rather than facing them.

The issue of different professionals working in the industry has contributed to impeding the development of EAPs in health care settings for several reasons. Hospitals often have dual hierarchies: the administrative one and the professional ones (Jackson, 1983). Each profession tends to have its own administrative structure and will often deal with problem employees in their own way (Handley et al., 1991; Howard & Szczerbacki,

1988). This raises issues such as who manages the EAP and who has a right to access it. Furthermore, the nature of professional supervision can be quite different and impact on the effectiveness of referral procedures in an EAP (Jackson, 1983; McCrady, 1989; Sonnenstuhl, 1989). For example, as mentioned previously, supervisors often have difficulty separating their professional and supervisory roles which might cause them to try to treat the troubled employee rather than make a referral on to an appropriate place.

The literature on EAPs in health care organizations suggests that internal programs may be more suitable (Howard & Szczerbacki, 1988). It has been shown that often professionals prefer to seek help from others of their own profession since there is a widely held belief that only people of the same profession can properly assist (Jackson, 1983). Some professions, the medical profession in particular, have different kinds of problems beyond the normal range usually covered by an EAP. These extra problems include professional burnout, the issue of relationships with patients and unethical or illegal activities (McCrady, 1989). These difficulties cannot be disregarded when designing an EAP in a health care setting. To that end, an internal program is likely to be more suitable to the industry-specific problems and to being able to facilitate peer assistance programs.

In summary, the literature indicates that there are barriers to implementation of EAPs in the health care industry. These barriers arise from having different professions in one environment, informal peer assistance, industry specific concerns and denial of problems. Also, the health care industry has responsibilities to the public in terms of quality patient care and legal issues. Furthermore, there is the issue of responsible corporate citizenship in terms of health care organizations providing a public example of caring for employees and improving their well-being. Although there is not an abundance of research specifically on EAPs in the health care industry, research has identified recurring themes that must be considered by any health care organization in its development of an EAP.

CHAPTER 3

THE THEORY OF PLANNED BEHAVIOR

INTRODUCTION

In developing this research project, a view was taken that perhaps many areas lacking in EAP research could be looked at using an existing methodology and theoretical base. It was decided to choose a theory that could help look at the attitudes or perceptions of employees, the importance of peers and supervisors (i.e. subjective norms), program aspects (facilitators or barriers to usage) and that these areas could then be used to evaluate the program.

The Theory of Planned Behavior (Ajzen, 1991) was chosen as a theoretical base to formulate a questionnaire that would help determine and analyze these areas. A review of the literature on the Theory of Planned Behavior (TPB) was undertaken. While no studies were found that used the TPB to evaluate an EAP, it is useful to review its application in other settings. Studies have looked at aspects of social learning or social cognition that employees go through and cognitive aspects of individuals and how these impact on their use of an EAP (Capece & Akers, 1995; Cunningham, 1992; Keaton, 1990; Landsbergis, 1988; Milne et al., 1991; Sonnenstuhl, 1989; Sonnenstuhl & Trice, 1990). Social cognitive factors include beliefs, attitudes and knowledge which are acquired through socialization and it is known that they help shape behavior (Conner & Norman, 1996). The TPB looks at beliefs, attitudes, social norms and the perceived behavioral control one has in performing a behavior (Ajzen, 1991). Using the EAP is seen as a health behavior that involves help-seeking for physical or emotional problems. Other social cognition theories or models used to study health behaviors to predict future behaviors and outcomes are the Health Belief Model, health locus of control theory and self-efficacy theory, to name a few (Conner & Norman, 1996). Connor & Norman describe weaknesses associated with these social cognition theories. For example, the Health Belief Model does not include several variables that have been found to be highly predictive of behavior such as social pressure (subjective norms) and intentions to perform the behavior. Neither is self-efficacy (perception of control) included. The Theory of Reasoned Action (TRA) by Ajzen and Fishbein

(1980) has been used to try to predict health behaviors, which was the model that Ajzen later built upon and came up with the TPB. In contrast to the forementioned models, the TPB does include a number of cognitive variables. Given this, it was decided that it is a strong theoretical framework to use to try to predict intentions to use an EAP. This chapter first describes the basics of the theory then how it is operationalized. This is followed by a description of some previous research using the theory. Finally, the usefulness of the theory as a predictor of using an EAP and, therefore, as an evaluation tool is discussed.

THE BASICS OF THE THEORY OF PLANNED BEHAVIOR

To understand the TPB, the TRA must be looked at first. The TRA was concerned mostly with predicting and understanding behavior in humans. The foundation of the TRA is that people think about the implications of their actions before they make a decision whether to engage in them. The theory suggests that intention to perform a behavior (which is under volitional control) is determined by two factors. First, the individual's evaluation or attitude toward the behavior and, second, the person's perception of the social pressures on him or her to perform the behavior (called subjective norms). In other words, a person will often intend to perform a specific behavior if they think positively about it and if they think others who are important to them also think they should do it (Ajzen & Fishbein, 1980).

Ajzen (1988) says intentions play a critical role in determining the likelihood of behavioral actions. It is assumed intentions come from motivational factors such as how hard people are willing to try something, how much effort they are willing to exert, and how important the desired outcome is to the person. The intention remains a behavioral disposition until the person, based on timing and opportunity, decides to act on it. The key to this is whether the behavior is volitional or not. To simplify, if the behavior is volitional, people generally can do what they intend to do. It does not mean that intention always translates into action but, rather, that intention is a predictor of the likelihood of action. Some unforeseen things can happen that cause intentions to change.

The TRA is an expectancy-value model that is instrumental in not only predicting behavior based on intentions but also at understanding it. The TRA was designed to discover the causal antecedents of behavior (Ajzen, 1988). This is done by looking at the attitudes toward the behavior, the subjective norms, and the relative importance of these two factors. Understanding the formation of attitudes contributes to understanding behavioral intentions as well. This is why the TRA looks at salient beliefs about the behavior, termed behavioral beliefs by Ajzen and Fishbein (1980). The attitude comes from the person's behavioral belief and an evaluation of the outcome based on the strength of the association (outcome evaluation). For example, a behavioral belief about using an EAP is that it provides help to an individual. An outcome evaluation is that it is a good thing to get help. Similarly, subjective norms are a result of beliefs that Ajzen and Fishbein have termed normative beliefs. Ajzen (1988) describes these as beliefs about a point of reference to guide behaviors based on others' beliefs. Generally, people who believe most others (referents) who are important to them think they should perform a behavior, will perceive there is a social pressure to engage in the behavior. Consequently, they will feel a stronger motivation to comply based on the strength of how important a particular referent is to them. For example, a normative belief about using the EAP is that a supervisor wants a person to use the EAP. How much the employee wants to do what the supervisor wants him or her to do is the motivation to comply factor.

To summarize, the TRA not only predicts behavior based on intentions, it also explains the intentions in terms of attitudes toward the behavior and the effect of subjective norms. In turn, these attitudes and subjective norms come from beliefs about the outcomes or consequences and strength of these beliefs (Ajzen, 1988).

The TPB takes this one step further. The TRA had assumed most behaviors are under volitional control, but this is not always the case. Ajzen (1985, 1988, 1991) extended the TRA to include a third factor, that of perceived behavioral control (PBC) that directly addresses the question of volition. Ajzen (1988) argues that people are likely to perform a behavior if they believe they have control over it and, similarly, are less likely to do the behavior if they see themselves as having little control. He suggests that most behaviors appear to be under volitional control but in actuality if a deeper look at the behaviors is undertaken, it can be seen that often these are affected by factors beyond one's control. He then restated volitional behavioral intentions as "...most intended behaviors are best considered goals whose attainment is subject to some degree of

uncertainty" (Ajzen, 1988, p. 128). Therefore, behavioral intentions really are intentions to try to perform the behavior.

In looking at perceived behavioral control, it must be noted that the degree of control a person has over a specific behavior is affected by both internal and external factors. Internal factors consist of information one has, personal skills and abilities, emotions and compulsions (Ajzen, 1985, 1988, 1991). Some of these are easier to control than others. One example of internal control would be the degree of self-confidence a person has in his or her ability to perform a job (similar to internal locus of control). External factors include situational or environmental factors that facilitate or interfere with the performance of a behavior such as opportunity and dependence on others. For example, if the EAP counsellors are located in a different community than the employee, there is less opportunity to access them. To simplify, the extra component of perceived behavioral control involves the perceived ease or difficulty in performing a behavior. Furthermore, Ajzen assumes perceived behavioral control reflects past experience and anticipated obstacles. This means that people base their perception of control not only on actual obstacles and facilitators of behavior, but also on anticipated ones. The PBC component has motivational implications that affect intentions. Ajzen states that if resources or opportunities are few, the motivation to try to perform a behavior will not be great therefore the intention is unlikely.

It is worthwhile noting that the addition of PBC was an important step to an already existing theory/model (the TRA) that had strong empirical support. However, Ajzen (1991) is clear in stating that all three components of the TPB have different weighting effects depending on the behavior being looked at and on different people. For some behaviors, the effects of PBC are irrelevant and the model gets reduced to the TRA. Also of note, is that some researchers have questioned the distinction between the different constructs, stating that it should be possible to integrate all types of beliefs about a behavior into one measure to predict the behavior (Miniard & Cohen, 1981). Ajzen recognizes this by having arrows in his model (see Figure 1) that show interrelations between the constructs. However, he argues that to consider them all as one construct "... blurs distinctions that are of interest, both from a theoretical and from a practical point of view" (Ajzen, 1991, p. 199). In other words, though there will be intercorrelations among the three constructs, more information is gained by analyzing them independently in the model both from a theoretical and practical viewpoint.

Figure 1 offers the visual model of the TPB designed by Ajzen (1991) which was developed from the model originally devised by Ajzen and Fishbein (1980):

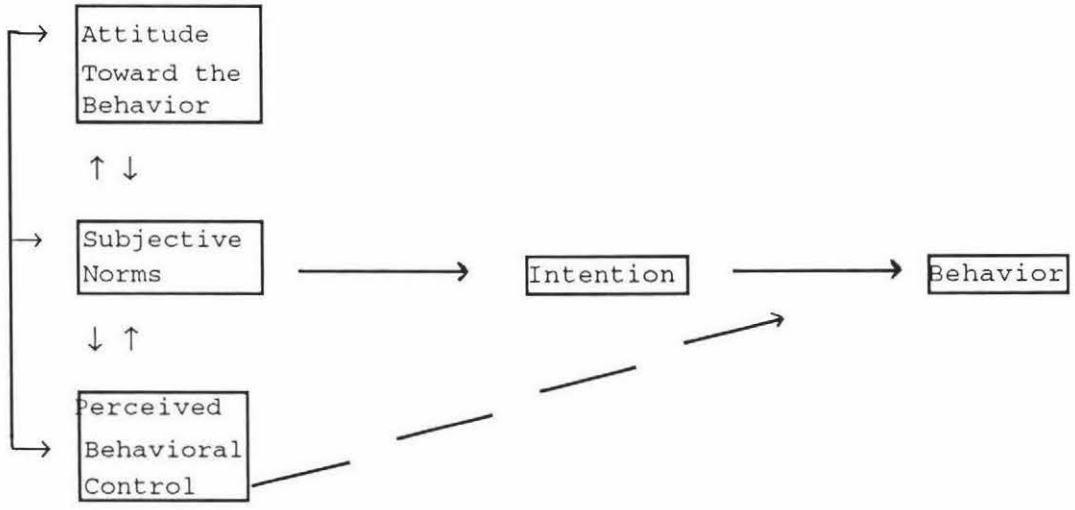

Figure 1
The Theory of Planned Behavior (Ajzen, 1991)

The broken arrow in the model is to show that PBC and behavior are linked only when there is agreement between perceptions of control and the individual's actual control (Ajzen, 1991). The solid arrows show the interrelatedness of the different components and how they lead to intentions to do the behavior.

In conclusion, the TPB has strong empirical evidence of its usefulness in applied research as a predictor of behavior. It has been shown to be extremely useful in providing information to both predict the behavior and to understand it.

OPERATIONALIZING THE THEORY

As indicated, the main goal of the TPB is to predict and explain behavior. The stronger the intention to perform a particular behavior, the more likely the behavior will be done (Ajzen, 1985, 1988; Randall & Gibson, 1991). Individuals vary in their behavior and

identifying the sources that cause these variations can help explain the phenomena (Pedhazur, 1997). In order to try to explain this variance, the relationships or covariation with other variables need to be examined. With the TPB, the three main components of attitude, subjective norms and perceived behavioral control are used to see if they account for variance in intention.

The behavior that is being predicted and explained through the research must be specific and clearly stated. There are four elements of a behavior that need to be defined to make it specific: the target at which the behavior is directed, the particular actions involved, the context where the action occurs and the timeframe of occurrence (Ajzen, 1988). Once this is done, questions must be developed that correspond directly to the stated behavior so that the attitudes reflect any associations (Ajzen & Timko, 1986). Ajzen (1988) clearly states that accuracy of prediction will lessen if a researcher asks questions about a behavior in general rather than about a specific behavior.

Ajzen and Fishbein (1980) recommend that a pilot study be conducted prior to the development of an instrument (questionnaire). The purpose of the pilot study is to gather modal salient beliefs existing in the population about the behavior of interest. This can then be incorporated into the instrument. A brief questionnaire is developed to guide the interviews (see Appendix A for example used in this study). Ajzen and Fishbein offer questions that can be used. In this study, for example, to elicit the attitude factors, questions are asked about advantages and disadvantages of using the EAP. For the subjective norms component, the questions ask if there are any persons or groups who would approve or disapprove of the participants using the EAP. To elicit the perceived behavioral control beliefs, they are asked if anything would prevent them from, or encourage them to use the EAP. As stated, these questions are formulated based on Ajzen and Fishbein's (1980) recommendations as well as those of other researchers using the TPB (Ajzen & Timko, 1986; Beck & Ajzen, 1991; Rutter & Bunce, 1989; Young, Lierman, Powell-Cope, Kasprzyk & Benoliel, 1991).

Following the pilot study, questions are designed to measure the key constructs of the TPB: attitude, subjective norms and perceived behavioral control. Participants are asked to respond to all questions on a numeric scale. For this study, the scale is from 1 to 7 (the issue of optimal scaling is discussed later in this chapter). For the first two components, both a direct and an indirect measure are sought per Ajzen and Fishbein's (1980) recommendations. A direct measure is sought to get the individual's general

feelings but because attitudes and the influences of others on behavior are very complex, it is suggested that an evaluation of the beliefs must be done as well. For its explanatory role, then, an indirect measure is taken that comprises of individual beliefs and evaluations of those beliefs.

The direct measure of attitudes is gained by asking one question with a number of evaluative semantic differential scales (four or five). These are added for the direct measure of attitudes. The indirect measure is gained by asking a number of questions about behavioral beliefs and a corresponding outcome evaluation for each. Each pair is then multiplied and the products are summed for an indirect attitude score (Ajzen & Fishbein, 1980).

For the next component of the TPB, subjective norms, questions are constructed in much the same way. First, a direct measure of subjective norms is gained by asking one direct question that asks about most people in general. For example, in this study, the question is phrased as follows:

> Most people who are important to me think I should use the EAP when I have a problem (general normative belief).

This is also on a scale of 1 to 7 and the score is the direct measure of subjective norms. Next, an indirect measure of subjective norms is gained by asking individual normative belief questions (beliefs about who is specifically important to the person) and a corresponding question on the degree of motivation to comply with that particular person or persons. Each pair is then multiplied and the products are summed for the indirect measure of subjective norms. For the final component, perceived behavioral control, a direct measure is gained. Questions are asked about the participant's perceptions of control (control beliefs) and are summed for a direct measure of PBC. Some researchers also gain an indirect measure of PBC but this has not been done in this study. This is in line with some other researchers who also did not gain an indirect measure of PBC (i.e. Kolvereid, 1996; Randall, 1994; Sparks & Shepherd, 1992). The reasons for this are discussed in Chapter 7 under methodological issues.

A measure of intention also has to be gained. A number of questions are asked about intentions to perform the behavior. The responses are added for a general measure of

an individual's intentions. The intention measure becomes the dependent variable in subsequent analyses.

After an instrument is developed, distributed and the final data collected, Ajzen (1985) prescribed some formal statistical analyses. First, the relationships between the indirect and direct measures are described through their correlation coefficients. Also the intercorrelations of all the variables are looked at for any overlap. Then, the direct measures of all three components are used to predict the intention through a hierarchical regression analysis. This looks at the degree to which the dependent variable (intention) can be predicted while simultaneously considering the other three independent variables of attitude, subjective norms and PBC (Ajzen, 1988; Ajzen & Fishbein, 1980). The correlations (r) with intention of each component are looked at, along with the multiple correlation coefficient (R) and the relative weight of each one (R^2 change, Beta or ß weights). In the social sciences and for this theory in particular, correlations around .30 to .50 are moderate and those exceeding .50 indicate relatively strong relationships (Ajzen & Fishbein, 1980). The manipulation of the regression equations can differ according to issues that are driving the research. For example, other variables can be added in to the regression equation if it is believed they contribute to the overall prediction.

The preceding discussion summarized the operationalization of the theory per Ajzen and Fishbein (1980) and Ajzen (1985). This model has been used by many researchers and the next section summarizes some relevant research that has used the TPB.

RESEARCH AND THE TPB

There are numerous examples in the literature of both the TRA and TPB being used to predict behavior. This review deals only with research articles on the TPB. The research offers strong empirical evidence in support of the theory, that intentions to perform a behavior can be predicted with high accuracy based on attitudes, subjective norms and PBC (Ajzen, 1985, 1988, 1991). The following is a summary of relevant research using the TPB.

A study on the TPB and health behaviors was done by Ajzen and Timko (1986). Their study was done on college students asking them about their beliefs and attitudes on health-related behaviors. The basis of the study was to determine if predictability of health behaviors was based on measurement correspondence. Their findings indicated that this is the case. In other words, the questions used for the model have to be about a specific health-related behavior and not a general one. Another study on the TPB and health behaviors involved predicting mothers' intentions to limit the frequency of infants' sugar intake (Beale & Manstead, 1991). In that study they found that the extra component of PBC made a contribution by adding 5% to the variance and they were able to conclude that the behavior in this case is at least partly nonvolitional. Another study looked at health protective behaviors such as breast self-examination (BSE) or testicular self-examination (TSE) (McCaul, Sandgren, O'Neill & Hinsz, 1993). Their study showed that PBC explained 9 to 11% of the variance. They used an additional component of self-efficacy by itself and hypothesized that both self-efficacy and PBC would have predictive power. However, they found that although PBC predicted intentions by itself, self-efficacy did not once PBC was entered into the equation. Because of this, they concluded that PBC is more important than self-efficacy for cancer self-examination behaviors. Another study used the TPB to also look at BSE, but in older women in particular (Young et al., 1991). The purpose of their study was not to predict BSE but, rather, to analyze and describe the TPB. Through the BSE research they were able to conclude that the TPB is a useful model in studying health behaviors. All these studies showed strong support for the predictive value of the TPB in looking at health behaviors.

Other studies were reviewed that contributed to empirical support of the TPB. A study on ethical decision making in the medical profession was done using the TPB (Randall & Gibson, 1991). In that study, it was concluded that attitudes explained a large portion of the variation in the intent to report a colleague for unethical behavior, while subjective norms explained a moderate amount, and PBC added little to the variance.

Sparks and Shepherd (1992) added a component of self-identity to their study of the TPB in assessing the role it plays independent from attitudes with regards to consuming organic foods. Their findings can be seen as relevant to the current study as perceived self-identity seems to have an effect on predicting the behavior that is independent from attitudes. This can be quite significant in looking at the different professional identities existing in a health care organization.

Kolvereid's (1996) study was interesting from the viewpoint that it was done in Norway (somewhere other than the U.S. where most of the other research has been done) and because it looked at the effects of demographic characteristics. It looked at the role of family background, gender and prior employment experience on predicting employment status choice. This can possibly be useful in looking at the different employment or professional statuses that exist in a health care setting. They found demographics only have an indirect effect on intentions through their effect on the components of the TPB.

Ajzen and Madden's (1986) study on college students' attendance of class lectures was instrumental in showing that the TPB was a more accurate predictor of intentions and goal attainment than the TRA because PBC was found to add significantly to the prediction of intentions for this particular behavior. The multiple correlation (R) increased by 17% with the addition of PBC. They tested for a second version of the model, however, by trying to determine if PBC can influence behavior directly independent of its effect on intentions through attitudes and subjective norms. They concluded that this can be the case but only under certain conditions. The two conditions are that the behavior must be partly determined by factors that are not in the participant's control and that the perception of behavioral control must be realistic.

A review of research on the TPB was undertaken by Ajzen (1991) where he reiterated that the studies showed strong support for the theory though there were a few unresolved issues that he discussed. One of those is the issue of optimal scaling that will be discussed in the final chapter. Another is the issue of whether adding in a component of moral obligations makes the model stronger. Some see moral obligation as a component of perceived behavioral control whereas others see it as contributing to attitudes (affecting salient beliefs). Parker, Manstead and Stradling (1995) believe that the addition of a measure of anticipated regret and moral obligation improves prediction of a behavior significantly. The behavior they studied was committing driving offences that could potentially harm others. Raats, Shepherd and Sparks (1995) also added moral obligation in a study on reducing fat in the diet that involved perceived moral obligation toward other family members' health. Perhaps this component is only important inasmuch as the behavior involves possible harm to others. A third unresolved issue is the role of past behavior. Ajzen (1991) believes the role of past behavior does not significantly improve the prediction of a behavior except inasmuch that it affects attitudes by helping to formulate salient behavioral beliefs. Norman and

Smith (1995) did a study in which they found prior behavior to be the strongest predictor of exercise behavior. Like moral obligation, the value of adding this component may be contingent on the effects of the behavior to the self or others.

In summary, there is ample literature on the TPB and its value as a predictor of intention to perform a behavior. The model is an effective predictor of behavioral intentions.

THE TPB AS AN EVALUATION TOOL OF AN EAP

Does the TPB offer adequacy in predicting the intention to use an EAP and, therefore, to be an evaluation tool of the EAP? To answer this, first of all, using an EAP must be viewed as a health behavior (seeking help for a physical or emotional problem) and since the TPB has been successful in predicting health related behaviors then there is every reason to believe it can be used to predict intention to use an EAP.

Secondly, the focus of this study is to look at employee perceptions that will help predict their intention to use the EAP. The perceptions of employees affect their willingness to do something (use the EAP in this case) and perceptions are based on many factors that are being tested for by the TPB. As was seen earlier, employees' willingness to use an EAP can be seen as a stronger indication of its implementation success (Hall et al., 1991; Harris & Fennell, 1988; Milne et al., 1991, 1994). As was seen through Milne et al.'s study on the propensity to use an EAP, employees' willingness to use a program is a stronger evaluative factor than actual utilization. Other authors agree that an employee's willingness to use a program is more indicative of implementation success than actual utilization rates (Hall et al., 1991). This means that to gauge their willingness is an effective evaluation tool. The TPB, as a strong predictor of intention to do a behavior can, therefore, be used to predict employees' willingness or intention to use an EAP. This leads one to hypothesize that a model that tests willingness or intentions to use an EAP is a valuable evaluation measure.

To summarize, the TPB is a strong predictor of intention to perform a behavior. Since we have seen that predicting employees' willingness or intention to use an EAP is a useful evaluation tool, then the TPB is useful as a model to use to evaluate the EAP.

CHAPTER 4
THE RESEARCH SETTING

INTRODUCTION

The present chapter describes the organization that participated in the research, the history of its Employee Assistance Program and the current methods used to evaluate the EAP.

THE ORGANIZATION

The setting for the research was a health care organization that provides diverse services to a large region in New Zealand. The services that are provided include children's health, mental health and psychiatric services, dental, elderly, emergency, intensive care, surgical, internal medicine, cancer treatment, intellectual disability, public health, rehabilitation, womens' health and rural health services. The majority of the employees work in one large hospital site but there are those who work in smaller hospitals or who travel to outlying communities. At the time of the survey, there were 2,719 staff employed by the organization. The majority of these were female (80%). There are some support services that are contracted out and those employees were not included in this research.

The current Employee Assistance Program is available to all employees. The only exception to this is where support services are contracted to outside agencies as stated above. Employees of those agencies are not eligible to access the organization's EAP. The following section offers an historical outline of the EAP[1].

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1 Information on the organization's EAP was gained through confidential interviews with several employees.

HISTORY OF THE ORGANIZATION'S EAP

Like many other organizations described earlier in the historical development of EAPs, this organization began with a program for assisting employees with alcohol problems. It was felt that since statistics showed many hospital beds were filled with patients who had alcohol-related illnesses or injuries, then the employer had a responsibility toward its own employees to assist them if they had an alcohol problem. A formal program was developed and policy statements were written that reflected this. The program had a standard alcohol treatment focus: it recognized alcoholism as a treatable illness and that employees should get help with no fear of adverse effects or reprisal on their employment records. The program applied to all employees irrespective of their position or job title. The policy statements for the program included formal guarantees that staff who availed themselves of the service would not be penalized in any way. These included provisions such as making sick leave credits available the same as for any other illness, maintaining confidentiality, and ensuring no adverse effects relating to the employment record of the employee as a result of attending treatment, and so on. It was very much a voluntary program but supervisors were encouraged to make early identification of problems if possible and suggest referrals for help based on work performance issues. In addition to the alcohol assistance program, there was an industrial chaplaincy service provided for a number of years but it was only for administrative staff in the company office.

In 1989 it was decided that the above alcohol assistance program would be expanded to a broad based EAP. Meetings were held with key personnel and research was conducted into what was available in the way of EAPs. As a result, in 1991, a formal policy statement was developed and a new internal EAP was introduced. This EAP was similar to the alcohol assistance program except that it was broadened to include other personal problems that may impair work performance such as financial difficulties, relationships, physical health, mental health, legal problems, grief and stress. It still included alcohol and drug problems as before. The expanded program was intended to encourage self referrals where an employee who identified a problem would approach their manager, supervisor, union representative, Referral Adviser or Program Coordinator and request help. In the case of a supervisory referral, it was anticipated that the identification of any problems would take place during the discussion of documented work performance issues in an initial interview between the

supervisor and employee. It was intended that the employee would then meet with the Referral Adviser who was to refer the employee to an appropriate place for help depending on the identified problem. The Referral Adviser was also responsible for follow-up through contact with the employee, the referral service and the supervisor. In the policy statement on the EAP, it was acknowledged that confidentiality was important and the treating agency did not have to give any information on the employee except to say whether there was compliance to treatment.

Interviews with employees highlighted numerous deficiencies in the implementation of the new EAP. For example, it is not clear that a Referral Adviser was ever appointed. There was no advertising or information disseminated to employees about the program. Neither does there appear to have been any statistics kept to document relevant information such as numbers of persons using the program. One interviewee commented that the program was probably not set-up appropriately and, therefore, probably not used. It is also possible that the industrial chaplaincy program mentioned above served the needs of some staff and, consequently, the EAP was less used.

The next stage in the development of the organization's EAP took place in 1993. The Human Resource Manager at the time was asked by senior management to investigate the costs, benefits and possibilities of a different EAP. It is presumed that management recognized the current EAP was not really working, or perhaps it was not recognized as being in place at all and that it was just a policy statement rather than an actual practical program. Whatever the reason, after considerable research and further meetings, it was decided to purchase the EAP services from an outside agency that specialized in EAPs. This program began in 1994 and continues through to the present day. A new policy statement was drawn up which incorporated the same broad problem base as indicated in the 1991 policy. The largest significant difference with this new program, however, is that the contact point for referrals is a person outside the organization. An employee wishing to self refer has an advertised phone number to contact that is offsite where they can discuss their problem. They will then be referred to an appropriate service or advisor depending on the nature of the problem. Where counselling is required, the contract with the EAP provider specifies a maximum of three sessions per employee. The current EAP also includes a critical incident program. This involves an emergency service that is provided twenty-four hours a day for debriefing in the event of a traumatic or stressful incident.

The new program was also distinguished by including a component relating to advertising and promotion. The organization appointed an EAP Coordinator who liaises with the EAP provider and is responsible for promoting the program internally. The outside EAP agency is also required to advertize as part of their service. All employees were encouraged to attend orientation sessions when the EAP was first introduced. Written reminders about the EAP are periodically posted throughout the organization's workplaces.

CURRENT EVALUATIONS OF THE EAP

Another important feature of the new EAP is the requirement for ongoing evaluation. The current providers of the EAP fulfill their obligation to report statistically on usage by providing two reports. An interim report is produced mid-year and an annual report at the end of the year provides statistics for the entire twelve month period.

The annual reports provide rudimentary information relating to usage of the EAP services. The last three reports document a steady increase in usage from 166 sessions in 1994 to 244 in 1997. Other statistics that are kept include summaries of the types of referrals (organizational versus self referrals), problem categories, and the gender, age and occupational grouping of the users. Figures for 1997 show that 87% of users were female (this is an organization where 80% of employees are female), and 89% were self referrals. Those aged 40 to 49 years were most likely to access the EAP. Not surprisingly, the highest number of referrals by occupational grouping is from the workforce category. In 1995, there were only twelve identified problem categories with the highest rate of referrals being for relationship problems, with work problems coming in a close second. By 1997, the number of problem categories expanded to twenty-four categories and the data for that year shows work issues as the predominant reason for referral. The category of work issues was also broken down and subcategorized with workload as the category with the highest number of referrals and relationships with co-workers as the second highest.

Only summary statistics of the most elementary type are available on EAP usage to protect the confidentiality of employees. However, the EAP provider does produce a

brief statement that compares the present organization to the national average. For example, in 1997, they stated the national average referral rate was 4.5 to 6.5% whereas for the same period, this organization's was 4.1%. The national average for self referrals is reported as 71% and this organization's self referral rate was 89%.

Apart from the summary statistics, no formal process for evaluating the EAP has been established. A questionnaire[2] is available at the counselling office that asks five basic questions about the service. The client has the option of checking off three responses:

1. When making my initial appointment, I found the staff to be:
   Very helpful, helpful, or unhelpful.

2. How would you rate the EAP office environment?
   Very pleasant, pleasant or unpleasant.

3. Were you satisfied with your counselling session(s) at EAP?
   Satisfied, unsure or unsatisfied.

4. Would you recommend the EAP to other employees?
   Yes, unsure or no.

5. Overall, how would you rate your experience with EAP?
   Excellent, good or poor.

However, very few appear to have been completed and no summary of the results is available. It could be argued that the agency that provides the service is in conflict if they try to evaluate their own service because it is obviously not in their best interests to show anything but positive information to the purchasers of the service. Given this conflict of interest, it would appear to be sensible for the organization to establish an EAP evaluation and review process. Partly out of concern for confidentiality and partly because no clear evaluation criteria were identified and set-out at the beginning of the program, the organization has not attempted to evaluate the EAP service. However, the organization has recently come to accept that evaluation is critical in determining whether the EAP is working to its maximum capacity for the benefit of all.

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2 For confidentiality purposes, the source is not cited.

CHAPTER 5
METHODOLOGY

INTRODUCTION

The process for assessing the components of the Theory of Planned Behavior has been clearly outlined by Ajzen (see Ajzen, 1985; Ajzen & Fishbein, 1980). These sources and previous research using the TPB were used to help construct the main questionnaire for this study (Ajzen, 1988; Ajzen, 1991; Ajzen & Madden, 1986; Conner & Sparks, 1996; Norman & Smith, 1995; Raats, Shepherd & Sparks, 1995; Randall & Gibson, 1991; Sparks &Shepherd, 1992; Young et al., 1991). This chapter first describes the participants then the development of the questionnaire is described in detail. Finally, a description of the procedure is given.

PARTICIPANTS

Participants were employees of a large health care organization. An instruction sheet and questionnaire were sent to 2,719 employees (2,178 females and 541 males). Usable responses were received from 616 respondents, which represents a response rate of 22.6%. The age of respondents ranged from 21 to 72 years, with a mean of 40.4 years. Eighty-two per cent of the final sample were female and 18% male. Occupational group figures of respondents were compared to those furnished by the organization which showed a good representation of the employee population. Table 1 below offers the percentages of respondents for each occupational group.

Table 1
Percentage of Respondents by Occupational Grouping

Occupational Grouping	Percentage
Nurse/Midwife	46.3%
Medical Practitioner	6.4%
Allied Health Professionals	17.9%
Care Assistant/Hospital Aid	5.9%
Group/Service Manager	1.8%
Department Manager/Team Leader	5.1%
Clerical/Administrative Positions	13.7%
Company Adviser	2.9%

INSTRUMENTS

Modal Salient Beliefs

Modal salient beliefs were established by a thorough review of the literature on EAPs and a pilot study conducted in the organization. Participants in the pilot study were asked questions following the guidelines suggested by Ajzen and Fishbein (1980) (refer to Appendix A). Their responses were congruent with those seen in the literature. Also, the beliefs about the EAP were supported in the results of a questionnaire administered in 1997 on the industrial chaplaincy program at the organization (Human Resource Manager, personal communication, April 15, 1998). Employees of the administrative office were surveyed on whether the chaplaincy service was still needed since there was an EAP in place. Reasons given for preferring the chaplaincy service over the EAP represent key salient beliefs about EAPs. For example, respondents said that to access the EAP was difficult, confidentiality was not always assured and the EAP provider was not independent from the organization. Although it could be argued that these perceptions are not correct, they are the salient beliefs that many employees hold about an EAP not just in this organization but as is seen throughout all the EAP literature. The salient beliefs gleaned by these diverse sources were used to construct the main questionnaire as described in the next section.

Questionnaire

The questionnaire (see Appendix B) includes items assessing constructs relevant to the Theory of Planned Behavior (attitudes, subjective norms, perceived behavioral control) and questions on demographics, prior EAP and other professional experience and level of psychological functioning. The development of items included in the questionnaire is described in this section. A variable and coding key is presented in Appendix C.

Constructs Pertaining to the TPB

All questions relating to the Theory of Planned Behavior constructs were asked in a semantic differential format using a 7-point Likert scale ranging from 1 (extremely unlikely) to 7 (extremely likely).

Attitudes

Both a direct and indirect measure of attitudes was obtained. The direct measure comprised of one question with a set of four evaluative semantic differential scales:

- My using the EAP for help when I have a problem is:

Extremely Bad	1	2	3	4	5	6	7	Extremely Good
" Foolish			"		"			" Wise
" Harmful			"		"			" Beneficial
" Worthless			"		"			" Worthwhile

The sum of the scores serves as a direct measure of attitude toward the EAP (Cronbach's Alpha .93). The indirect measure of attitudes is gained by asking a number of questions about behavioral beliefs and a corresponding evaluation outcome question for each of these. Each pair is multiplied then the products are summed for an indirect attitude score (Ajzen & Fishbein, 1980). For this questionnaire, seven pairs of behavioral beliefs and outcomes evaluations were included. One example of these is:

Behavioral Belief:

- Using the EAP when I have a problem will provide me with help.

1 2 3 4 5 6 7

Extremely Unlikely Extremely Likely

Outcome Evaluation:

- For me to get help for a problem is:

1 2 3 4 5 6 7

Extremely Bad Extremely Good

The other six pairs comprising the indirect attitude measure can be seen in Table 2 below and in Appendix C.

Subjective Norms

For subjective norms, questions were constructed in much the same way. First, a direct measure of subjective norms was gained by asking one direct question about people in general:

- Most people who are important to me think I should use the EAP when I have a problem.

1 2 3 4 5 6 7

Extremely Unlikely Extremely Likely

The indirect measure of subjective norms is gained by asking individual normative belief questions (beliefs about who is specifically important to the person) and a corresponding question on the degree of motivation to comply with that particular person or persons. There are four pairs of questions that include normative beliefs about family, co-workers and peers, friends and supervisors/management. Each pair of scores are multiplied then the products are summed for a subjective norm score (see Table 2 below and Appendix C for specific items. The following is an example of one of the questions used in this study:

Normative Belief:

- My family thinks I should use the EAP when I have a problem.

1 2 3 4 5 6 7

Extremely Unlikely Extremely Likely

Motivation to Comply:

- Generally, I want to do what my family thinks I should do.

1 2 3 4 5 6 7

Not at All Very Much

Perceived Behavioral Control

Due to the difficulty in getting consensus on how to evaluate control beliefs (how to measure the degree of control a person believes he or she has), only a direct measure of PBC was gained for this study. This is in line with some other studies who have used the TPB (i.e. Kolvereid, 1996; Randall, 1994; Sparks & Shepherd, 1992). The direct measure comprised of five questions relating to a variety of internal and external control factors. Scores for each question are added and the sum serves as the direct measure of perceived behavioral control (α .71). The following is an example of one of the questions:

- For me to use the EAP when I have a problem is:

1	2	3	4	5	6	7
Extremely Difficult						Extremely Easy

Refer to Table 2 and/or Appendix C for the other items of perceived behavioral control.

Intentions

A direct measure of intention was obtained by asking participants to respond to the following four statements:

- I intend to contact the EAP if I have a problem in the next few months.
- I intend to contact the EAP every time I have a problem.
- I aim to use the EAP if I have a problem.
- If I have a problem in the next few months, it is my intention to seek help from the EAP.

For each question, respondents provided a rating ranging from 1 (extremely unlikely) to 7 (extremely likely). The responses to the four questions are added together to form a general measure of intentions (α .89).

In Table 2 below, the abbreviation BB that is used (BB1 to BB7) refers to each behavioral belief and corresponding outcome evaluation. Also, the abbreviation NB (NB1 to NB4) refers to each normative belief and corresponding motivation to comply. Finally, the abbreviation PBC (PBC1 to PBC5) refers to each perceived behavioral control belief.

Table 2
Description of Individual Behavioral, Normative and Control Beliefs

Abbreviation Used	Description of Belief	Question Number
BB1	Using the EAP provides me with help.	9 & 10
BB2	Using the EAP makes me feel weak.	11 & 12
BB3	Using the EAP will make others find out I have a problem.	13 & 14
BB4	There are other alternatives I would rather use.	15 & 16
BB5	Using the EAP may help improve work performance.	17 & 18
BB6	Using the EAP is the best first step toward help.	19 & 20
BB7	The EAP is paid for by the company but is offsite and confidential.	62 & 63
NB1	My family thinks I should use the EAP.	29 & 30
NB2	My co-workers/peers think I should use the EAP.	31 & 32
NB3	My friends think I should use the EAP.	33 & 34
NB4	My supervisors/management think I should use the EAP.	35 & 36
PBC1	Using the EAP is easy/difficult for me.	24
PBC2	I can easily use the EAP if I want to.	25
PBC3	I have complete control over whether or not I use the EAP.	26
PBC4	Confidentiality encourages me to use the EAP.	27
PBC5	Information and resources are easily accessible to me.	28

Demographics

Standard demographic questions asking about age, ethnicity, gender, marital status, dependents, education, occupation/profession and service or department were included

in the questionnaire. These questions allowed the influence of potential moderator variables to be explored and were used to check on the representativeness of the sample.

Prior Experience

Ajzen (1991) argues that prior behavior does not exert a direct influence on intentions but may indirectly affect them by contributing to salient behavioral beliefs. In other words, past behavior is important but only in how it influences social cognition which, in turn, determines intentions to perform a behavior. Conversely, it is argued by some that many behaviors are determined not by social cognitive variables but by one's previous behavior (Norman & Smith, 1995). Some researchers believe prior experience should be considered on its own and have included it as a separate component in the TPB (Beale & Manstead, 1991; Norman & Smith, 1995).

In the counselling fields, there is a widely held belief that a bad experience with counselling will discourage further help-seeking and a good experience will encourage it (Kushner & Sher, 1991). Research has found that in measuring intentions to seek professional help, prior experience plays a role inasmuch that those who received prior help often are less fearful of treatment (Deane & Todd, 1996). Also, the quality of the prior help seems to contribute to whether people are more likely to seek help again (Deane, Skogstad & Williams, 1997). In the EAP field, research has shown that previous experience will affect whether a person will be more likely to voluntarily refer themselves to an EAP and that voluntarism enhances the treatment (Keaton, 1990). Although Ajzen (1991) may be quite correct in stating that prior experience affects attitudes, it was decided to include a measure by itself to be able to distinguish how many had previous experiences with an EAP and/or other professional services and to be able to further analyze the importance of this construct.

Data on prior experience was gained by asking the respondents if they had ever used an EAP and if they had ever sought help from any type of professional service. The quality of the experience was assessed by asking those who responded affirmatively if it had been beneficial to them.

Psychological Functioning

The Hopkins Symptoms Checklist-21 (HSCL-21) was added to the questionnaire for a specific reason which was to use it as a possible indicator of the level of need for EAP services in this population. The HSCL-21 is a shortened version of the original HSCL but has been found to be just as reliable (Green, Walkey, McCormick and Taylor, 1988).

This instrument is reported to have excellent psychometric properties and more information on it can be found in Green et al.(1988). The three main constructs tested for are Performance Difficulty (PD), Somatic Distress (SD), and General Feelings of Distress (GFD). Scores from these three are then summed for an overall measure of symptom distress (GMSD).

Comments

A final open-ended question was included for participants to have the opportunity to express any comments or suggestions they had about the current EAP.

PROCEDURE

Questionnaire Distribution

Employees were informed about the study in several ways. An article was written for an internal organizational publication that explained the project one month prior to the questionnaire's distribution. Union officials and employee organization representatives were approached by a senior manager on behalf of the researcher to apprise them of the purpose of the study. They agreed to encourage members to complete the questionnaire. The senior manager also advised frontline supervisors that the research was being conducted and encouraged them to spread information on the purpose of the study.

Questionnaires were distributed attached to payslips with an information and instruction sheet (see Appendix B). An envelope was included for the return of the questionnaire. Employees were given three weeks to return it.

Data Analysis

The data was analyzed according to the methodology prescribed by Ajzen and Fishbein (1980) and Ajzen (1985). Several steps took place that are outlined in this section.

Data Recoding and Calculations

All scales were recoded from 1 to 7 to -3 to +3 except the motivation to comply component of the subjective norms, per the convention of the theory. The reason behind not recoding the motivation to comply is the belief that if the motivation to comply questions are negatively coded, people are unlikely to score a negative as it would appear they are unwilling to comply with others (Ajzen, 1991; Ajzen & Fishbein, 1980; Conner & Sparks, 1996).

Table 3 below shows how the variables were calculated for both the direct and indirect measures of the TPB constructs. For the indirect measures of attitude and subjective norms, the abbreviations in brackets are those used in Table 2 seen previously which also shows which questions were used for those measures. The same applies for the direct measure of PBC. For the direct measures of attitude, subjective norms and intent, the questions used are shown in Table 3.

Table 3
Calculations of TPB Variables

Variable	Calculation Formula
Attitude - Direct Measure	genatt1 + genatt2 + genatt3 + genatt4 (Question 38)
Attitude - Indirect Measure	att1 x att2 (BB1) + att3 x att4 (BB2) + att5 x att6 (BB3) + att7 x att8 (BB4) + att9 x att10 (BB5) + att11 x att12 (BB6) + att13 x att14 (BB7)
Subjective Norms - Direct	Question 21 only.
Subjective Norms - Indirect	sn1 x sn2 (NB1) + sn3 x sn4 (NB2) + sn5 x sn6 (NB3) + sn7 x sn8 (NB4)
Perceived Behavioral Control - Direct	PBC1 + PBC2 + PBC3 + PBC4 + PBC5
Intent - Direct	Intent1 (Q23) + Intent2 (Q37) + Intent3 (Q60) + Intent4 (Q61)

Statistical Analyses

Frequencies were run on all demographic data and compared with data furnished by the organization. The influence of demographic variables on intentions was initially tested using t-tests (t). The role of prior experience with an EAP and/or other professional services was looked at separately, also through frequencies and t-tests. Regression analyses were conducted with some of the demographic variables, including prior experience, to see whether they made any contribution beyond what was already accounted for by the three TPB components (attitudes, subjective norms and perceived behavioral control). This was conducted with the three TPB components entered on the first step then selected demographics entered on the second step to see if there was any contribution of the demographics after the three components were factored in.

Correlations were calculated in order to better understand the relationships between the

TPB variables. They were run on the intention measure and the three direct measures of the TPB (attitude, subjective norms and perceived behavioral control) as well as the indirect measures of attitude and subjective norms. Appendix D provides a correlation matrix of all direct and indirect measures including the individual behavioral and normative beliefs.

Next, multiple regression analyses were done. In order to predict intentions, a hierarchical regression analysis was performed on intentions as the dependent variable and each of the three TPB components were entered on individual steps. The same order was used as per the convention of the theory: direct measure of attitudes on the first step, direct measure of subjective norms on the second and the direct measure of PBC on the third.

In order to explain attitudes and subjective norms further, regression analyses were conducted to determine the effects of the individual behavioral and normative beliefs on the direct measures. For attitudes, the direct measure was entered as the dependent variable then each of the behavioral beliefs (BB1 to BB7) were entered as a block. The same was done for subjective norms (direct measure as the dependent variable and NB1 to NB4 entered as a block). Because there was only a direct measure of perceived behavioral control, the regression analysis for PBC was conducted with each of the five measures regressed on intent.

Content Analysis

The analysis of the open-ended question at the end of the questionnaire was done by content analyzing the responses and identifying prominent themes in the data. This question had been included in the questionnaire as a source of information about this particular EAP. Separate from this thesis, a report is being prepared for the employer highlighting the important findings of this research as part of the agreement to conduct the research.

CHAPTER 6
RESULTS

INTRODUCTION

This chapter reports the results of the analyses described in Chapter 5 (Methodology). It begins by reporting the demographic variables. Following that, results of the statistical analyses are offered. This is divided into sections according to the type of analysis conducted: correlations, regression analyses, the Hopkins-Symptom Checklist-21 and a section on the content analysis of the comments.

DEMOGRAPHICS

Participants were predominantly of Pakeha/European descent (86.7%), married (73.7%) and with children (75%). The gender reflects the overall employee population with most respondents being female (82%). A histogram of age was normally distributed, with a mean of 40.4 years. A summary of the results of the demographic variables was compared to figures furnished by the organization which showed that responses were representative of the employees. As a whole, a good representation of all occupations/professions was received and the education levels corresponded clearly to the occupations represented. As well, employees from all departments of the organization responded to the questionnaire.

Table 4 below shows the percentage of respondents who have an intention to use an EAP. As the table shows, 32.1% did have an intention, 59.3% had no intention and 8.6% were undecided. To categorize the responses for this table, the recoded scores (-3 to +3) were used. All scores above zero (positive scores) were used as an indication of intention to use an EAP, while all those below zero (negative scores) were used an an indication that there was no intention. Those scoring zero were categorized as undecided.

Table 4
Percentage of Respondents with an Intention to Use an EAP

	Yes	No	Undecided
Intention to Use an EAP	32.1%	59.3%	8.6%

T-tests were performed with some of the demographic variables (gender and prior experience). For gender, although the significance level was very close to .05, the results indicated it was not significant: t (568) = 1.95, p <.053. However, the results can be interpreted to mean that women (M = -2.69, SD = 6.57) were more likely to express an intention to use the EAP than men (M = -4.06, SD = 6.08).

The issue of prior experience with an EAP and/or another professional service was looked at as it relates to intention to use an EAP. Half of the respondents (51.7%) had used some type of professional service while 17.5% had used an EAP of some type. The data showed that respondents with prior experience with an EAP were more likely to intend to use the EAP (M = 1.04, SD = 6.52) than were those who had no prior experience with any EAP (M = -3.94, SD = 6.03). The t-value was highly significant: t (568) = 8.71, p <.001. Of those who used an EAP before, only 2.5% said it was not beneficial to them. Similar results were found for employees who had previous experience with any type of professional service. They were more likely to express an intention to use the EAP if they had prior experience (M = -1.42, SD = 6.64) than if they had none at all (M = -4.58, SD = 5.92). The t-value was also highly significant: t (569) = 5.99, p <.001. Of those employees reporting prior experience with any professional service, only 4.6% said it was not beneficial to them.

CORRELATIONS

Table 5 below is a correlation matrix of the direct and indirect measures of the TPB with intentions. The direct and indirect measures of attitudes (r = .63, p < .001) and subjective norms (r = .62, p < .001) correlate significantly. There was only a direct measure of perceived behavioral control (PBC).

Table 5
Correlation Matrix of Intent, Direct and Indirect Measures of the TPB

	Intent	Attitude (Direct)	SN (Direct)	PBC (Direct)	Attitude (Indirect)	SN (Indirect)
Attitude (Direct)	.65 (531)*	____				
SN (Direct)	.62 (564)	.48 (542)	____			
PBC (Direct)	.62 (557)	.62 (539)	.39 (576)	____		
Attitude (Indirect)	.52 (518)	.63 (497)	.37 (527)	.57 (524)	____	
SN (Indirect)	.60 (539)	.45 (517)	.62 (555)	.42 (545)	.36 (505)	____

Note: All correlations are significant: $p < .001$
** = N, which varies due to missing values.*

The three direct measures of the main components all have significant correlations with intent, ranging from .62 to .65 ($p < .001$). These are slightly higher than the correlations of the indirect measures with intent. The table also shows that there are highly significant intercorrelations between all three variables for both the direct and indirect measures.

A complete intercorrelation matrix, with all the direct and indirect measures (intent, attitude, subjective norms and perceived behavioral control) and each of the individual behavioral, normative and control beliefs, is found in Appendix D.

Multiple Regression Analyses

Predicting Intentions

The first hierarchical regression analysis is with the three components of the TPB regressed individually on intent. The results are shown in Table 6 below. Ajzen

(1985, 1991) prescribes that the direct measures are used in the regression analysis to predict the intention to use the EAP. Therefore, the three components in Table 6 are the direct measures and the reported correlations (r) are with intent.

Table 6
Prediction of Intention to Use the EAP

Variable	r	R^2	R^2 Change	ß	F Change	R
Attitude	.65*	.42	.42	.28*	373.24*	
Subjective Norms	.62*	.53	.11	.36*	123.14*	
PBC	.62*	.59	.06	.32*	79.44*	.77

*$p < .0001$

The table shows that 59% of the variance in intentions is explained by the three predictor variables together. Attitudes contribute significantly (42%), then the subjective norms explain 11% of the variance, while perceived behavioral control contributes 6%.

Further regression analyses were conducted to explore the influence of demographic variables and prior experience after controlling for the effects of attitudes, subjective norms and perceived behavioral control. Tables 7 and 8 present the results from these hierarchical regressions. The results in both tables clearly indicate that there were no changes in the percentage of variance attributable to the additional variables once the three TPB components were accounted for.

Table 7
Regression Analysis of TPB Components and Demographic Variables on Intention to Use an EAP

Variable	r	ß	R	R^2	R^2 Change	F Change
Block 1:						
Attitude	.65*	.25*				
Subjective Norms	.62*	.37*				
PBC	.62*	.31*				
			.76	.58	.58	214.3*
Block 2:						
Gender	-.08	-.03				
Service	.12	.02				
Age	-.02	-.03				
			.76	.58	.00	.79

* $p < .0001$

Table 8
Regression Analysis of TPB Components and Prior Experience

Variable	r	ß	R	R^2	R^2 Change	F Change
Block 1:						
Attitude	.65*	.27*				
Subjective Norms	.62*	.35*				
PBC	.62*	.32*				
			.77	.59	.59	250.32*
Block 2:						
Prior EAP Experience	-.08	-.06				
Prior Other Services	.12	-.04				
			.77	.59	.00	3.80**

* $p < .0001$
** $p < .05$

Explaining Attitudes

The indirect measures are used for their explanatory power in determining which of the beliefs contribute to the direct measures. To this end, explaining and understanding attitudes, was done through a regression analysis. The general measure of attitudes was the dependent variable and each of the behavioral beliefs (BB1 to BB7) were regressed in one block. Table 9 shows the results of this regression analysis:

Table 9
Explaining Attitudes with Individual Behavioral Beliefs

Variable	r	ß	R	R^2	R^2 Change
BB1	.30*	.12**			
BB2	.16*	.06			
BB3	.19*	.03			
BB4	-.18*	-.05			
BB5	.54*	.28*			
BB6	.47*	.23*			
BB7	.54*	.32*			
			.70	.50	.50

* $p < .0001$
** $p < .001$

The results indicate that all the beliefs correlate significantly with the direct measure which means they all have a contribution in explaining the attitudes. Furthermore, the Beta (ß) weights indicate that BB7, BB5 and BB6 contribute the most to explaining the overall attitudes. These are the beliefs that having the EAP paid for by the company is a good thing and that it is offsite and confidential (BB7), using the EAP may help improve work performance (BB5) and that using the EAP is the best first step toward getting help (BB6). The belief that using the EAP will provide help (BB1) also contributes significantly (ß = .12, $p < .001$). The Beta weights of the other three beliefs (BB2, BB3 and BB4) indicate that they contribute very little to the attitudes. These are the belief that using the EAP would make a person feel weak (BB2), it would make others find out about a person's problems (BB3) and that there are alternate resources people would rather use (BB4).

Explaining Subjective Norms

In the same way as the attitudes above, to try to explain the value of each individual normative belief and how it contributes to the overall subjective norms, a regression analysis was done with the direct measure as the dependent variable and regressing each of the normative beliefs (NB1 to NB4) in one block. Table 10 shows the results:

Table 10
Explaining Subjective Norms with Individual Normative Beliefs

Variable	r	ß	R	R^2	R^2 Change
NB1	.53*	.26*			
NB2	.49*	.14**			
NB3	.55*	.22*			
NB4	.43*	.15***			
			.63	.39	.39

* $p < .0001$
** $p < .005$
*** $p < .0005$

It is evident that all four beliefs correlate significantly with the direct measure thereby showing a contribution in explaining the attitudes. The Beta weights are highly significant for all four beliefs as well. The belief that family (NB1) thinks you should use the EAP for help contributes the most (ß = .26, p <.0001). Contributing similarly, though with a slightly lower Beta weight, is the belief that friends (NB3) think you should use the EAP (ß = .22, p <.0001). The other two beliefs, that co-workers/peers (NB2) and supervisors/management (NB4) think you should use the EAP for help contribute about the same with Beta weights of .14 (p < .005) and .15 (p <.0005) respectively.

The Role of Perceived Behavioral Control

For perceived behavioral control (PBC), there was no indirect measure and the five control beliefs made up the direct measure therefore it could not be regressed on itself.

However, there is value in regressing the individual beliefs on the intention measure in order to try to better understand them. Table 11 offers the results of this regression analysis:

Table 11
Explaining Perceived Behavioral Control's Contribution to the Prediction of Intentions

Variable	r	ß	R	R^2	R^2 Change
PBC1	.57*	.32*			
PBC2	.43*	.15**			
PBC3	.12*	-.05			
PBC4	.54*	.31*			
PBC5	.40*	.11***			
			.67	.45	.45

* $p < .0001$
** $p < .0005$
*** $p < .005$

The results indicate that PBC1 (r = .57, $p < .0001$) and PBC4 (r = .54, $p < .0001$) correlate the most with intent. The belief that using the EAP is personally easy or difficult for someone (PBC1) contributes the most with a Beta weight of .32 ($p < .0001$). Having a Beta weight of .31 ($p < .0001$), the belief that confidentiality encourages someone to use the EAP (PBC4), contributes similarly. The third belief that contributes the most to the intention is the belief that a person can easily use the EAP if they want to (PBC2) (ß = .15, $p < .0005$). The belief that information and resources are easily accessible to people (PBC 5) contributes significantly as well (ß = .11, $p < .005$). Finally, the belief that a person has complete control over their own use of the EAP (PBC3) does not contribute at all to the overall intentions (ß = -.05).

HSCL-21 Results

In this study, 50% of respondents scored in the twenties (low symptoms of distress)

and only 4% scored above fifty (high levels of distress). Table 12 below provides the mean scores for each of the components.

Table 12
Mean HSCL-21 Scores for EAP Study

Scales	Number	Mean	S.D.	Score Range
Performance Difficulty	596	11.05	3.56	7 to 28
Somatic Distress	595	10.15	3.36	7 to 27
General Feelings of Distress	595	10.82	4.00	7 to 26
Total Distress	584	31.94	8.98	21 to 73

These are similar to other norms reported on a study conducted on nursing staff in a New Zealand setting (as cited in Deane, Leathem & Spicer, 1992), which are shown in Table 13 below (no range of scores was given):

Table 13
Mean HSCL-21 Scores for Nurses in Previous New Zealand Study

Scales	Number	Mean	S.D.
Performance Difficulty	224	11.09	3.21
Somatic Distress	224	9.13	2.52
General Feelings of Distress	224	15.37	5.76
Total Distress	224	35.58	8.52

Of note, is that in the present study the means for General Feelings of Distress and Total Distress are lower than the previous study. The Somatic Distress is slightly higher. However, overall, the scores reflect low levels of distress in the respondents of the current study.

Comments

In the open-ended comment section, 53% of participants made at least one comment. A thematic analysis suggested three major themes: barriers/obstacles to using the EAP, positive EAP comments, and comments about alternate resources. Each of these is described in this section. Percentages for each theme are displayed in Table 14:

Table 14
Percentage of Responses for Each Comment Theme

Comment Theme	Percentage	% of Total
Barriers/Obstacles:		
Lack of Information	32.2%	
Current EAP Resources	18.5%	
Confidentiality	10.6%	
Negative Comments	7.9%	
Total Barriers/Obstacles:		69.2%
Positive EAP Comments	20.5%	20.5%
Alternate Resources	10.3%	10.3%
		100%

Barriers/Obstacles

The most common type of comments were those relating to possible barriers or obstacles to using the EAP. These can be further broken down into four areas: the lack of information about the EAP, current EAP resources, confidentiality and negative comments pertaining to EAPs in general. Some of these themes can overlap. For example, negative comments about EAPs in general can be as a result of the actual program or resources that are currently available. However, in coding them for this study, each response was only categorized under one theme. These comments are of particular interest in relation to the Theory of Planned Behavior inasmuch that they shed some light on the perceived behavioral control and attitude components.

Lack of Information

By far the greatest percentage of comments (32.2%) were about lack of information and/or no knowledge of the EAP. Most comments were like the following examples:

> "I was unaware of the EAP until now."
> "EAP is not well known - need more advertising."
> "What is an EAP and how do you get into it?"
> "Don't know much about it."
> "Never heard of it before."

Many people wrote "need more information." The following comment indicates that perhaps part of the problem is that not only do employees have a lack of information but so do supervisors:

> "Management needs to support and encourage the use of EAP. My immediate manager knew nothing about this service so is unable to recommend it when appropriate. I would like to see EAP advertised through staff newsletters more frequently so people are more aware of this service."

The comments make it apparent that although employees receive preliminary information about the EAP during their orientation, it is often forgotten soon thereafter.

Current EAP Resources

These comments (18.5%) were about the EAP resources and providers of the service. Many made comments about the existing program while others offered their opinion of what an EAP should be like (their perception of the optimal program). One example is a comment saying "it is vital the service be offsite." Conversely, someone else wrote that "perhaps it would be easier to access if it was onsite." Another respondent wrote that "the EAP counsellors should be audited for quality." Other frequent comments were about the lack of diversity of counsellors and lack of accessibility (waiting time too long, distance to be travelled to get to a counsellor). Some objected to having to leave messages on an answerphone in a time of crisis (particularly after they finally got

the courage to telephone the EAP). Quite a few of the comments were about three sessions not being enough (this is the average number of sessions allowed for each referral to the EAP) and that this could be a deterrent.

Confidentiality

Many comments (10.6%) dealt specifically with confidentiality issues. The issue of confidentiality is generally thought of as a barrier in many EAPs if employees fear there is a lack of it or that it is not guaranteed (Hall et al., 1991). Most comments in this section stated that there have been problems with confidentiality or that the employee does not believe that it is guaranteed. For example, one person wrote "have heard some names being reported back." Another employee wrote "I used it once and am not sure about confidentiality." Some specifically asked how it could be confidential when payment has to go to the agency for counselling sessions. Others commented on the fact that in order to ask for time off to attend counselling, the supervisor needs to know where they are going.

Negative Comments

Some respondents made negative comments (7.9%) relating to the nature of an EAP, toward management and about help-seeking in general. Some reflected their view of counselling in general by saying it is "often seen as a joke," "a waste of money" or "too warm and fuzzy." Others commented on the employer-employee relations by saying "management judges those who use the EAP, that if there were good relations the EAP would not be needed, and that using the EAP can affect promotion possibilities." A recurrent theme in some of the comments was the suggestion that the EAP was a management tool to control its workers. This is illustrated in the following quote:

> "The whole philosophical question of the employer providing EAP - especially when it is the employer who is 'causing' the problem - better that money spent on good wages and conditions to treat employees with dignity and respect. Big gap between theory and practice of 'good employer'. EAP seen as a tool of employer - on 'side' of employer."

In line with that theme, some stated that the organization really only wants people to do their job, not to get help and that an EAP is only offered as "politically correct tokenism."

Positive EAP Comments

These comments portray attitudes, beliefs and views on the EAP that are of a positive nature. There were 20.5% of all comments that fell into this category. All of the positive comments were very similar and tended to emphasize the value and quality of the service. Some referred to having personally had a positive experience or that they knew of someone else who had benefitted from the program. Others commented generally on EAPs being a worthwhile service for employees.

Alternate Resources

Of all the comments made, 10.3% were related to a preference to using an alternate resource for help (other than the EAP). Most of the respondents commenting along these lines expressed a preference for using peers, family and/or friends for help. The majority indicated work-based alternate resources were their preferred source of help (i.e. peers, supervisors). This is not surprising given the evidence from other studies that medical professionals often look to peers for help rather than counsellors outside their profession (Finke et al., 1996; Handley et al., 1991; McKevitt & Morgan, 1997). The next most common preference, was that of using family and friends for help. Two people expressed a preference for Christian-based programs.

CHAPTER 7
DISCUSSION

INTRODUCTION

An important objective of the present study was to identify a useful evaluation methodology for an Employee Assistance Program. The Theory of Planned Behavior (Ajzen, 1985) was found to offer an appropriate theoretical framework to achieve this objective. This chapter first addresses the issue of the sufficiency of the Theory of Planned Behavior (TPB) and, second, that of using the TPB as a theoretical and methodological framework to evaluate an EAP.

Results from the study confirm the validity of the TPB. Consistent with the theory, attitudes, subjective norms and perceived behavioral control were found to be highly instrumental in predicting the intention to use an EAP. Contrary to expectations, after controlling for the influence of the components of the TPB, gender and prior experience were not found to play a role in predicting intentions. Employees' willingness or intention to use an EAP has been proven to be a strong indicator of the success of EAP implementation (Hall et al., 1991; Harris & Fennell, 1988; Milne et al., 1994). Intentions are a critical component of the TPB, highlighting its suitability to evaluations of this type (EAPs). With more than 30% of respondents indicating a willingness to use the EAP, the results are encouraging that the EAP has been reasonably successfully implemented in this particular setting. Furthermore, the components of the TPB have allowed a greater understanding of the beliefs held in this population and, therefore, to address some issues uncovered through the analysis.

THE THEORY OF PLANNED BEHAVIOR

Results from the study clearly confirm the validity of the Theory of Planned Behavior. Attitudes, subjective norms and perceived behavioral control were highly predictive of intentions to use an Employee Assistance Program (R = .77). The multiple correlation

obtained in the present study is similar to those reported by other researchers. For example, in a study on health behaviors conducted by Ajzen and Timko (1986), they reported multiple correlations ranging from .53 to .87 on a variety of health related attitudes and behaviors. Ajzen (1991) reported on sixteen studies using the TPB and he found they had an average multiple correlation of .71.

The TPB has clearly shown the contribution of all three predictor variables with 59% of the variance in intentions being explained by them. The results also confirm the central role of attitudes in determining intentions. Attitudes toward the EAP accounted for 42% of the variance in intentions, with subjective norms and perceived behavioral control contributing 11% and 6% respectively. These findings are consistent with other studies that found attitudes to play the central role. In Ajzen's (1991) review of sixteen studies using the TPB, he found fifteen of them to have attitudes contributing the most. The results he reported showed no discernible pattern in terms of subjective norms and perceived behavioral control ... for some, the subjective norms' contribution was higher than PBC while for others it was the reverse. However, it must be borne in mind that the weighting of the components may be in a large part due to the analytical strategy adopted. By entering attitudes first in the hierarchical regression equation it is expected that a substantial portion of the variance would be attributed to it. This strategy was implicit in Ajzen and Fishbein's (1980) development of the original theory, the TRA, since they believed a person's intentions to perform a behavior were determined by two things: first and foremost, the attitude toward the behavior and, second, the social influence or subjective norms. The model of the TPB (Ajzen, 1991, seen in Figure 1) indicates there can be overlap in the effects of each of the components. For example, some of the PBC may already be accounted for in attitudes. However, Ajzen did emphasize that there is practical and theoretical usefulness in looking at the components separately in order to try to gain a better understanding of each one which is what this study sought to do.

In the present study, the TPB proved to be not only instrumental in predicting intentions but also, through the behavioral, normative and control beliefs, it was possible to explain the attitudes, subjective norms and perceived behavioral control. Similarly, other studies have used the theory to understand and explain the underlying beliefs (Ajzen & Madden, 1986; Ajzen & Timko, 1986; Beck & Ajzen, 1991; Conner & Sparks, 1996; Raats et al., 1995; Sparks & Shepherd, 1992). The following discusses the understanding of the different beliefs gained through this study.

Understanding Attitudes

There were several main beliefs found to be most critical in explaining the attitudes. First, contributing the most, was the belief that it is good the EAP is provided by the employer, and that it is offsite and confidential. This is not surprising since EAPs, by their nature, are provided by the employer. Other researchers have found that having the EAP paid for by the company encourages its use (Braun & Novak, 1986). However, in the present study, comprised in this belief was also the belief that the program is offsite and confidential. Ample studies in the EAP literature have shown that a belief in its confidentiality is paramount to employees being willing to use an EAP (for examples, see Cohen, 1991; Frost, 1990; Green, 1997; Sonnenstuhl & Trice, 1990). To summarize, the results of this study indicate that not only is it important for the EAP to be provided by the employer, it must also be seen as confidential.

A second critical belief was found to be the belief that the EAP can help improve work performance. Why is it that this concept is so critical to this population? One reason may be that it can be tied-in with professional self-identity. The significance of self-identity and how that contributes to attitudes was emphasized by Sparks and Shepherd (1992). Their study added a fourth dimension to the TPB, that of self-identity. It was found to have an independent contribution beyond the other three components to the prediction of intention to perform the behavior. In their study, self-identity contributed as much as attitudes. Similarly, other literature has shown that professional identity is very relevant to employees' perceptions of their work performance (McCrady, 1989; McKevitt & Morgan, 1997; Powell & Kotschessa, 1995; Sonnenstuhl, 1989). For example, physicians are often seen as not being able to separate their personal identify from their professional identity (McKevitt & Morgan, 1997) and this would mean that their work performance is very much tied-in with their personal identity. Likewise, research has shown that where supervisors are doctors or nurses supervising those of the same profession, they often have difficulty separating their professional and supervisory roles which can cause them to try to treat the troubled employee rather than make a referral on to an appropriate place (Jackson, 1983). Since the current study was conducted in an organizational setting that consists of diverse professional occupations it is not surprising that attitudes about work performance have a strong impact.

Other critical beliefs found in this study were the beliefs that an EAP provides help to an individual and that it is the best first step toward help. These findings corroborate

results reported by other researchers that being provided with an opportunity to get help through an EAP increases the willingness to use the program (Frost, 1990; Hall et al., 1991; Harris & Fennell, 1988; Steel & Hubbard, 1985).

Although all of the seven salient behavioral beliefs included in the questionnaire contributed to the overall attitudes, three of them were less critical. Respondents did not seem to have a strong belief that others would find out they are using the EAP. Harris and Fennell (1988) reported similar findings, that the fear of others finding out had little impact on the willingness to use an EAP. One reason this may be is that there is a certain level of trust in the confidentiality as confirmed by the first critical belief discussed previously. A belief that getting help through the EAP can make a person feel weak was not found to be strongly held in this study. A possible reason for this may be that the setting affects this because health care workers provide help to others and it is likely they, in turn, see getting help as a positive move. The reverse could be argued, that some health care professionals see getting help as a weakness (McKevitt & Morgan, 1997), but this does not seem to be the case in this study as evidenced by the results. Finally, the belief that there are other alternatives some employees would prefer to use rather than the EAP was found to have a marginal effect on attitudes in the present study. This attitude is in keeping with the literature on professionals and medical personnel in particular who prefer to seek help from others in their own professions (Howard & Szczerbacki, 1988).

In summary, the results of the study have shown a number of the salient beliefs played a significant role toward explaining the attitudes held by the employees. What is more, the discussion highlighted that these beliefs are similar to those found to be most important in much of the EAP literature reviewed.

Understanding Subjective Norms

Similar to the behavioral beliefs, the normative beliefs held by the employees in this study have contributed to understanding what influences subjective norms. The results indicated the employees' strongest normative beliefs were about their families and friends wanting them to use the EAP for help and they expressed a strong desire to comply with them. The other two normative beliefs, that co-workers and supervisors want employees to use the EAP, also contributed to understanding the subjective norms

as indicated by their significant Beta weights.

There have been no other evaluative studies found on EAPs that have considered independently the role of subjective norms. However, the literature on EAPs does emphasize the importance of families and how they can help an employee in his or her treatment (Bayer, 1995; Hall et al., 1991; Sonnenstuhl & Trice, 1990). Also, the importance of peers and supervisors is described throughout the literature, particularly in discussing their roles in facilitating the process of getting help for a troubled employee. For example, Sonnenstuhl's (1989) work on helping impaired professionals emphasizes the role of supervisors and peers in constructive confrontation. Another example is the literature on Member Assistance Programs, described earlier as a type of EAP, which states that peers helping peers can be the basis for an EAP (Bacharach et al., 1996; Finke et al., 1996; Steele, 1995).

With the EAP literature emphasizing the roles of significant others (subjective norms) in helping troubled employees seek help, it was not surprising that all four salient normative beliefs contributed significantly to the overall understanding of subjective norms. However, what was surprising, given the literature on professionals preferring to seek help from peers, is that the beliefs about family and friends were stronger in this study than the beliefs about peers and supervisors. It is possible this is due to the emphasis of the current EAP on self referrals rather than peer or supervisory referrals. It would be interesting to compare the normative beliefs of this population to those in a setting where supervisory referrals are more common.

Understanding Perceived Behavioral Control

Although the PBC component adds six percent of the variance in intentions to the regression equation, it is possible it does not have greater significance because much of the variance is already accounted for in attitudes. To better understand this, it must be noted that the EAP used in this study is largely based on self referrals. If employees were seen as frequently being referred by their supervisors due to work performance problems, it is likely the control factor would be seen as more important to the employees and would explain more of the variance. Keaton (1990) found that if people voluntarily refer themselves to an EAP they feel more control and are more likely to respond to treatment. The reverse could be said to be true: if supervisors make the

referral (through constructive confrontation), it is likely the employees will feel less control and, consequently, may respond less positively to treatment. Ajzen (1991) emphasizes the fact that the TRA assumes the behaviors are under volitional control but because many actually are not, then the TPB helps to explain the emphasis of control. Interestingly, in this study, a question asked directly about employees feeling they have complete control over whether or not they use the EAP and this was not found to add significantly to the variance in predicting intentions. This is likely attributable to the control beliefs already being accounted for in the attitudes component. Of value would be to replicate the study in a setting where referrals are largely supervisor referrals and compare the PBC results.

To further understand the perceived behavioral control component, the control beliefs were analyzed as they relate to intention. In this study, the most critical construct measured by the PBC component that affected the intention to use the EAP was the intrinsic factor of the difficulty or ease one personally feels in accessing the EAP for help. This is no surprise given the work by Kushner and Sher (1991) on factors that cause treatment fearfulness and difficulty in seeking help. In their research, they were able to identify and describe several potential sources that cause an individual to fear seeking help and, therefore, to avoid it. These potential sources include fear of embarrassment, change, treatment stereotypes, past experience and negative judgements. Although the PBC component of the current study did not look at what specifically causes difficulty or ease in accessing help, the results were clear in showing this was the strongest control belief that affected intention to use the EAP.

In addition to the treatment fearfulness factors outlined above, research in the EAP field has shown that lack of understanding and faulty perceptions of an EAP can make it difficult for people to personally be willing to access it for help. Frost (1990) outlined an evaluation methodology for EAPs that involved determining employee awareness of the EAP services offered in their company. The findings of her research indicated that lack of understanding and misperceptions about EAPs inhibited the use of the EAP. In the current study, it is possible that lack of understanding and/or faulty perceptions of the EAP contribute to the difficulty some employees feel in accessing help.

The second most critical control belief that affected intentions to perform the behavior was that confidentiality encourages employees to seek help. This factor likely contributed to attitudes as well as discussed earlier. In using the TPB, it is expected

that several of the beliefs can overlap in their contribution to the three components as explained by Ajzen (1991). In Figure 1, the visual model of the TPB, the arrows indicate some overlap in the different components. Given this, it was not surprising to find that confidentiality affected the PBC as well as the attitude component. In the EAP literature, the importance of confidentiality is repeatedly stressed. Most articles reviewed for this study made a point of emphasizing that an EAP requires confidentiality.

The third and fourth control beliefs contributing to intentions were that a person can easily use the EAP if they want to and that information and resources are readily available. These two can be linked together. In other words, it is likely employees believe a person can use the EAP if they want to because the resources are readily available. Following on what Frost (1990) found about lack of information and misperceptions hindering the use of an EAP, it can be said that if there is a good understanding of the EAP and ample information available, this should facilitate the use of an EAP.

The final control belief used in this study did not contribute at all in explaining the intention to use an EAP. This is the belief that employees have full control over whether or not they use the EAP. This was briefly discussed at the beginning of this section and, as indicated, is likely related to the fact that all employees do, in fact, perceive that they have complete control since the EAP is based mostly on self-referrals and, consequently, the control component is less influential. On the other hand, if some or many employees felt they had no control, then this would have likely been more influential.

The Roles of Prior Experience and Gender

Contrary to what was expected, in this study, the effects of prior experience were seen through their effects on attitudes and not directly on the behavior. Consistent with what Ajzen (1991) has hypothesized, it is likely that in the regression equation, prior experience was already accounted for in attitudes. Other researchers using the TPB have shown conclusively that prior experience had an independent effect on the intention to do the behavior (Beale & Manstead, 1991; Norman & Smith, 1995) but, as stated, this was not the case in the present study.

To offer further support for the effects of prior experience on attitudes about EAPs, it has been shown in research on help-seeking behaviors that the quality of this prior experience contributes to further intentions of seeking help (Deane et al., 1997). In addition, the EAP literature seems to offer strong support that if people have a positive experience with the EAP, they are more likely to refer others (Capece & Akers, 1995; Keaton, 1990; Milne et al., 1991). It is possible that some of the critical beliefs that contributed to attitudes in this study were reinforced for employees through having had personal prior experience with an EAP and/or professional services. For example, it was reported that half of the respondents had prior experience with a professional service and that the majority found this beneficial to them. It is likely that this had an effect on the belief that using an EAP provides help. As well, it was shown that a belief in the confidentiality of the EAP contributes to the attitudes and it is possible this came from having had prior experience with a similar program that emphasized confidentiality.

In terms of the effects of gender, consistent with others (Ajzen, 1991; Ajzen & Fishbein, 1980; Kolvereid, 1996; Randall, 1994), the regression analyses showed that gender did not contribute to the variance beyond what was already accounted for through the three constructs of the TPB. Conversely, some studies in the EAP field found specifically that females are more likely to intend to use the EAP than males. This was found by Brodzinski and Goyer (1987) and Milne et al. (1991). Harris and Fennell (1988) did not find a difference between males and females in likelihood to use the EAP but they found a difference in their attitudes. The present study, therefore, offers support to Ajzen's (1991) belief that demographic variables such as gender are already accounted for in the contribution of attitudes.

To summarize, this study has supported what other researchers have found in terms of the effects of demographic data such as gender and prior experience on a behavior. These components have an effect on the behavior but only insofar as they affect attitudes toward the behavior.

Summary

The validity of the Theory of Planned Behavior in predicting intentions to use an EAP was fully supported through this study. In addition, using the TPB in this study has

been very instrumental in providing explanations for employees' intentions from which recommendations can be made for some enhancement strategies for the current program. A focus can be made on the beliefs held in this population and further developing or shaping them with the aim of increasing the intention to use an EAP.

METHODOLOGICAL ISSUES RELATING TO THE TPB

To further understand the operationalization of the Theory of Planned Behavior, some methodological issues need to be discussed. First, there is a debate in the literature on two measurement issues: the validity of what type of scale to use in assessing such constructs as attitudes (optimal scaling) and the use of multiplicative composites in regression analysis.

In terms of optimal scaling, Ajzen and Fishbein (1980) reason that bipolar scaling is more accurate in assessing the strength of a person's beliefs, particularly for the belief-based measures. However, Ajzen (1991) discusses unipolar and bipolar scaling for the TPB and states that "from a measurement perspective, either type can be applied with equal justification" (p. 193). In reviewing many articles on the TPB, it was evident that most used a scale of +1 to +7 in the actual questionnaire and then recoded to -3 to +3 (except for motivation to comply, as explained earlier) for the computation. Some researchers used the +1 to +7 and did not recode but only three articles were found with that type of scaling. In their original study on the TRA, Ajzen and Fishbein used the bipolar scale throughout their questionnaire. They reasoned that to use the negative scale in conjunction with multiplicative composites emphasizes the degree of the beliefs.

We have seen that multiplicative composites are used in the analyses done for the TPB as prescribed by Ajzen & Fishbein (1980) and Ajzen (1985). Evans (1991) stated that one cannot always be confident about the effect sizes of simple correlations where multiplicative composites are concerned. Since the indirect measures of attitude and subjective norms are multiplicative composites, this issue needs to be addressed. Evans (1991) reported on multiplicative composites in relation to the TRA. He stated that the best way to treat multiplicative composites as interactions was to change the responses to a bipolar scale (not to change the question format). He strongly advocated the use of

a particular three stage hierarchical regression analysis to test a model with multiplicative composites to see the effect of the composites. Of note is that many researchers, including Ajzen and Fishbein, carry out the main regression analysis with intention as the dependent variable (which comprises of four scores added together) and the general measures of attitude, subjective norms and perceived behavioral control as the independent variables, none of which are multiplicative composites. This means the correlations are likely to be valid for these measures.

In the current study, to address these issues, regressions were run on both the unipolar and bipolar scales with the general measures for comparison sake. There were no differences, indicating that there is no scale dependence for the direct measures. However, there is a difference when multiplicative composites are used. The regression analysis was done with the indirect measures (multiplicative composites) for both the unipolar and bipolar scales. The differences here are minimal. The R^2 for the unipolar scale was .51551 and for the bipolar scale it was .53430. The overall multiple R went from .71799 for the unipolar scale to .73096 for the bipolar. The bipolar scale increases the percentage of variance that is explained and, therefore, it was decided to use a recoding to a bipolar scale for this study.

To resolve the issue on multiplicative composites, Evans (1991) suggested a way to do a regression analysis to see if the multiplicative composites add to the model. This was done for the current study in the way Evans suggested. Intentions was used as the dependent variable then the steps of the regression equation included each individual belief being entered separately in one block. In other words, each behavioral belief and outcome evaluation were entered individually on the first step. Then, on the second step, the same was repeated along with each multiplicative composite pair added in individually. The idea is to look at whether the addition of the multiplicative composites on step two adds to the variance. The same was done for the normative beliefs and motivations to comply for the subjective norms component. The conclusion was that the addition of the multiplicative composites added to the variance, although minimally.

Another suggestion by Evans (1991) was to use summed variables of each individual behavioral belief, outcome evaluation, normative belief and motivation to comply in the same way described above. This was done for this study to determine if there is any further contribution by the sum of the multiplicative composites. For the attitudes component there was a large increase in the variance (12%), while for the subjective

norms there was a marginal increase (1%).

For the TPB, the multiplicative composites are used to explain attitude and subjective norms in greater detail (not to predict intention) and, as such, it was decided by this researcher to use them for the purpose of increasing the explanatory power. The multiplicative effect emphasizes the degree of strength of a belief and this contribution is valuable to understanding the underlying beliefs toward using an EAP. The conclusion of this researcher is that the multiplicative composites do add to the regression equation.

A final methodological issue that has to be looked at is the measurement of the perceived behavioral control component. There is debate in the literature as to whether only a direct measure needs to be taken or both a direct and indirect measure like the other two components. The debate largely stems from a difficulty in getting consensus on how to evaluate the control beliefs - how to measure the degree of control a person believes he or she has. In developing the questionnaire, a decision should be made for each research project depending on the degree it is believed the PBC component affects the behavior. In this study, for the behavior of intention to use the EAP, it is hypothesized that although control factors are relevant, the attitude factor is probably the most relevant. The control factors probably affect the attitude factor. If this EAP had a higher number of supervisor referrals or a stronger emphasis on constructive confrontation, then perhaps the control factor would be of a greater significance. It was, therefore, decided to gather a direct measure of perceived behavioral control only. As stated earlier, this is in keeping with some other researchers who have also only used a direct measure of PBC (i.e. Kolvereid, 1996; Randall, 1994; Sparks & Shepherd, 1992). There were also space limitation problems in terms of the questionnaire which influenced the decision to omit questions on control beliefs.

THE TPB AND EVALUATING AN EAP

This research has enabled greater understanding into why employees do or do not intend to use an Employee Assistance Program. Their willingness (intention) is a strong indication of the program's implementation success and its value to both employees and their employer (Frost, 1990; Hall et al., 1991; Harris & Fennell, 1988;

Milne et al., 1994). The present study confirmed that the EAP has been reasonably well implemented in this setting. The application of the Theory of Planned Behavior has clearly shown that attitudes, subjective norms and perceived behavioral control affect employees' intentions to use an EAP. This makes the TPB a valuable methodological framework to use for gauging employees' willingness to use an EAP and, therefore, for evaluating the success of EAP implementation.

The following sections relate the findings of this study to some commonly expected evaluation outcomes. In discussing these areas, recommendations are offered for enhancing the existing program.

Results as They Relate to EAPs in the Health Care Industry

Some research has gone into what kind of EAP best serves a health care organization given the particular needs of the diverse staff working in such an environment. Some of this has been discussed at several points in this paper. Through the information gained from the literature coupled with the results of this study, a clearer picture has emerged of just what kind of EAP might best serve this population.

The behavioral (attitudes) and normative (subjective norms) beliefs and the narrative comments at the end of the questionnaire clearly showed that intentions are affected by the fact that employees value the opinions of their peers and direct supervisors. As a result, it becomes important to try to factor this in when considering what kind of program would work best. For example, although it is important to have top management support in any EAP, the results of this study have shown that people do not so much want top management involvement or endorsement, but rather the support of their frontline supervisors. Many employees in a health care setting have frontline supervisors of the same profession (i.e. nurses supervising nurses, doctors supervising doctors). To have encouragement and endorsement of the EAP by the frontline supervisor of the same profession can increase the employee trust in the EAP if there is a trusting relationship that exists between the employee and the supervisor. This trust can be instrumental in effecting supervisory referrals. Furthermore, the results have shown that a belief that the program provides help is critical to the overall attitudes. A trusting relationship with a supervisor who encourages the use of the program could likely increase this particular belief (that the EAP provides help).

Another group to consider when attempting to build trust in the program is that of employee associations (unions). It is important to remember that in this setting, many employees look to their own peers for guidance, advice, and even examples of their experiences with the EAP. Therefore, it is also important to have encouragement and endorsement of the EAP by the employee associations which consist of peer representatives. For example, many of the physicians belong to a medical association and if the medical association endorses the use of the EAP there could be an increase in the trust in the program and it follows that the intention to use the program is likely to increase.

It is important to consider what type of EAP would work best in the organization. In other words, for the present study, the results can be used to determine what type of EAP works best in a health care setting: internal, external or a hybrid of both. From the information gained in this study, it has become clear that peers and frontline supervisors can play a much larger role than what already exists. It has been shown in the literature that professionals in the health care industry are often reluctant to get help for problems due to role and power issues (McCrady, 1989; McKevitt & Morgan, 1997). For example, physicians often prefer to treat themselves or ignore a problem rather than seek help from others if they see their role as a healer, not that of someone with an illness or problem. It has been determined, however, that once they do decide to get help, it often is from peers/co-workers, family and friends rather than an outside professional. The current program is completely external and relies primarily on self referrals to outside professionals.

Having a program that is external has some advantages. For example, when a person actually needs professional counselling, going to someone outside with counselling expertise is perhaps most instrumental. However, due to the nature of the environment in this study and for the reasons outlined above, many professionals will hesitate to seek help from outside professionals. To help with this, an internal program would be more suitable. For example, long before professional counselling is required, an employee could access another employee of the same profession who has suffered from the same problem and get support and help in that way. Or, since many professionals are supervised by people of the same profession, they are likely to be more willing to seek help from a supervisor. An internal program would facilitate that process. Some studies have found that in a health care organization, internal programs have more success for many of the same reasons outlined here (Finke et al., 1996; Foster et al.,

1991; Howard & Szczerbacki, 1988). The same can be concluded from the present study: that an internal program would probably have more success in increasing the intention to use the EAP. However, mixed in with this there would need to be a program carefully designed to include peer assistance and constructive confrontation. As was discussed earlier, constructive confrontation is possibly one of the better facilitators to using an EAP in a professional setting (Sonnenstuhl, 1989). To enable that, supervisors and employees would all need to be more aware of the process and to be encouraged to use it for the benefit of peers who are having difficulties. Finally, a component that offers outside professional counselling would also have to remain in place for those who require this.

A final consideration in determining what type of EAP would work best in this setting, is that of confidentiality. Like many other EAP studies, the beliefs held in this population have clearly shown that a trust in the confidentiality will encourage the intention to use the EAP. Regardless of whether the program is internal or external, confidentiality issues must be addressed in the same manner at all levels of EAP implementation. The results of this study have shown that there is a belief in the confidentiality associated with the current program and this can be further enhanced through disseminating information on the ways confidentiality is guaranteed.

Intentions as an Evaluation Indicator

The results of this study have shown that 32% of employees intend to use the EAP if they have a problem. This is a significant level given many of the issues raised earlier about EAPs in a health care setting and how there has been a slower acceptance of them than other industries (Handley et al., 1991; Howard & Szczerbacki, 1988). It is well documented that when they have problems, medical professionals prefer to either treat themselves, delay getting help or consult their peers/colleagues rather than access professional services (Howard & Szczerbacki, 1988; McKevitt & Morgan, 1997). Therefore, a 32% rate of employees who intend to use the EAP in this setting is significant. Only one other study was found that reported percentages of likelihood to use an EAP, that of Hall et al. (1991). They reported that 62% of their respondents were likely to refer themselves for EAP services. However, they only had sixty-two participants (versus the 616 of this study) and the research was conducted in a very different setting, that of a telecommunications company. Also, they reported several

methodological problems in their regression analyses relating to their low sample. For better comparisons, future research could apply the same methodology used in the current study (the TPB) in a different occupational setting to compare intention levels.

Despite the literature showing that the current results for intention to use the EAP are significant given the type of environment the research was conducted in, the results still show that 68% of employees in the current study either expressed they had no intention or were undecided about their intention to use the EAP. Based on relating the results of this study to the EAP literature, some strategies are recommended to increase the intentions to use the EAP in this setting.

Awareness of an EAP has been shown to play a large contribution to peoples' stated intentions to use it (Blum & Roman, 1992; Hall et al., 1991; Harris & Fennell, 1988; Milne et al., 1991). As was reported, many employees made comments about not being aware of or not having enough information on the EAP. It is likely that with more awareness, the percentage of those intending to use the EAP would increase. Some recommendations for increasing the awareness include actively promoting the program. The only current promotion method used is posters in the staff rooms. Much more can be done through strategies such as providing employees with wallet-size cards with the telephone number of the EAP service, offering a monthly orientation session about the EAP with optional attendance, providing information sessions onsite for each team or department, and printing reminders about the EAP on payslips. Another strategy for increasing awareness is by targeting the supervisors with an education program. A component of education on the EAP as part of supervisory training could be incorporated into an organizational plan.

In looking at program design and how this affects intentions, it is useful to use some of the information gained by the study such as the stated preferred alternate sources of help. A program that encourages supervisor and peer involvement as part of the EAP would be appropriate in this setting. In other words, peoples' preference to seek help from their supervisors and/or peers can be part of an EAP. There are various ways to incorporate this and some recommendations can be made like peer referral agents as part of an internal EAP program or an EAP that is largely member assisted. One example would be to encourage peer referrals by asking throughout the organization for volunteers to donate their time to a peer referral program. These volunteers would be employees who have had a problem and who have sought help for it and are willing to

encourage others to do the same. The volunteers' names would need to be held in confidence by supervisors and/or the EAP provider. The ideal would be to have volunteers from different professions and volunteers with experience with different problems so there is more diversity. This would enable employees of the same profession to help their peers. This is the same idea that is promoted by Member Assistance Programs discussed earlier (Bacharach et al., 1996; Sonnenstuhl & Trice, 1990). It is the belief of the researcher that with incorporating those aspects into the existing EAP, it is likely that the intention to use it would increase because many employees stated they would prefer to seek help from peers and/or supervisors.

Furthermore, in considering program design, the current EAP encourages mostly self referrals and little emphasis goes to constructive confrontation (supervisor referrals based on work performance). However, the literature has indicated that constructive confrontation is perhaps the only way some professionals will go to an EAP (Sonnenstuhl, 1989). This suggests that supervisors of the same profession could potentially use constructive confrontation to facilitate referrals to an EAP for the benefit of the professional employee who otherwise may have difficulty seeking help. Peers can also act as constructive confronters as they often see problems developing in co-workers before the supervisors do. Peer referrals can be a valuable aid for an employee to enable him or her to get help before there are serious work performance problems (Sonnenstuhl & Trice, 1990). Aspects of this can be integrated into any EAP so that there are different levels of assistance available: peers volunteering to help out with problems they have also suffered from, supervisor referrals for work performance problems, referrals to professional counselling where indicated, and even family counselling or family members receiving personal counselling if their behavior is impacting on the employee's performance.

It is possible that a greater emphasis on family involvement in treatment would help to increase the intention to use the EAP. It is common knowledge in the counselling fields that family members are often encouraged to participate as people are not seen solely as individuals but as part of a greater unit (the family) and any problems that affect a person will likely also affect family members, friends, and often co-workers (Bayer, 1995). The need for family services is seen by the frequency numbers of marital or relationship difficulties as the presenting problems in EAP statistics (Bayer, 1995). In this organization, marital and family relationship problems were the second largest identified problem category after work issues. However, referrals for family members

to get help are not strongly advertised in the current program. As stated, changes to the program could include more emphasis on a family component.

Finally, in considering ways to increase the intention to use the EAP, the results of the study led to the following conclusion. It is the opinion of the researcher that an EAP that has no onsite representation such as this one may not serve this population the best. With a prevalent attitude that seeking help is a good thing, and that EAPs do provide help, mixed in with a high percentage of respondents who stated they prefer to seek help from peers and/or supervisors, a program could be designed to enhance these components and, thereby possibly increase the intention to use the program. As discussed above, a revamped program could consist of using volunteer employees from each profession as contacts and/or referring sources to provide the initial help and/or referral on to an appropriate source. Another possibility would be to have an onsite EAP Coordinator that facilitates referrals and coordinates the volunteers.

Prior Experience as a Facilitator to Increasing Intentions

In the evaluation of the current program, it was found that the role of prior experience has an effect on peoples' attitudes toward the EAP. Since the results indicate that attitudes have a strong impact on the intention to use the EAP, it is likely that targeting prior experience as an enhancer of positive attitudes, can serve as a method of increasing intentions. This knowledge can be constructively used to enhance the current program. For example, in a program that uses peer referrals and/or member assistance, employees who have had experiences with the EAP can be used, on a voluntary basis, to encourage others to use the EAP if needed. Receiving encouragement from someone with a similar problem who has already received help from the EAP can be a powerful tool to encouraging others. Keaton (1990) states that in the beginning when an EAP is introduced, there will be very few who will use it voluntarily (consequently supervisor referrals are more common than self referrals) but as the EAP matures and confidence in the program increases, it will be more likely to be used. She states that "this cooperative relationship develops as fellow workers advertise the program's success" (Keaton, 1990, p. 58). Several of the comments made on the questionnaire were related to knowing that others had success in using the program and that, therefore, they would be more likely to use it as a consequence of that knowledge. The role of prior experience is a positive tool that can be used for

increasing awareness and the intention to use the EAP. Of note is that this research project itself increased the awareness of the EAP. The organization would be wise to use the present time to continue enhancing that awareness.

Summary

In summary, the TPB was used to evaluate the current EAP and the results supported the validity of the TPB and were encouraging toward indicating the current EAP has been reasonably well implemented. It was shown that 32% of employees with an intention to use the EAP is a significant level in this health care setting. However, with 68% having no intention or who are undecided, it was evident that strategies could be recommended to increase the intention. Using the Theory of Planned Behavior, the constructs that were found to be most critical in the analysis were very useful in developing strategies, and several recommendations were made to enhance the program. Furthermore, it was found that in considering the contextual factors, a program that included a strong peer component would best serve this organization. It was also found that proper training and encouragement of constructive confrontation, both at a peer and supervisory level, would facilitate help for professionals who might not otherwise seek help.

Employee Comments

Although not part of the Theory of Planned Behavior, the open-ended comment section offered in the questionnaire was instrumental in supporting some conclusions drawn from the study as a whole. In particular, the comments enabled a deeper understanding of the beliefs held by employees. In addition to the recommendations made in the previous section, the comments also contributed to formulating some further recommendations that can be made specifically for an EAP in a health care setting. For example, an EAP needs to be accessible around the clock since staff work shifts. Also, since there are various locations where employees work, the counsellors need to be not too far away to minimize travel. One way of facilitating both of those factors is to have telephone crisis counselling.

The type of counsellors available need to be diverse so that the different professions can feel trust in the professional who is helping them. The counsellors also need to be aware of the particular problems inherent in a hospital setting. Howard and Szczerbacki (1988) wrote:

> Hospital environments, for example, create stressors for employees that are not present in most fields. The continual pressure of life-and-death crises, exposure to death and grief, and demand for a 24-hour commitment to the job contribute to stress (p. 74).

A mechanism for regular debriefing could be offered through the EAP since employees are constantly faced with the above pressures. Counsellors trained in crisis intervention and stress debriefing could offer monthly sessions for employees who wish to attend. This is an intervention that could act as a preventive measure. EAPs are often focused on helping once there is a problem already existing as we have seen through the notion of the troubled employee (Sonnenstuhl & Trice, 1990). To be proactive, preventive measures can be implemented to try to decrease the number of employees who actually become troubled.

RESEARCH LIMITATIONS

There are some limitations to this research that need to be considered when interpreting the results. The validity of the Theory of Planned Behavior has been well documented (Ajzen, 1991). However, there are the issues of optimal scaling and multiplicative composites that remain unresolved in the literature that were discussed earlier in this chapter. This project was not intended as an analysis of statistical procedures but an attempt was made to deal with the foregoing issues.

In terms of the optimal scaling, in this study, this researcher did not find a difference in regression analyses using both the unipolar and bipolar scales for the general measures, thereby indicating there is no scale dependence. For the issue of multiplicative composites, although it was minimal there was a difference in the regression analyses conducted per Evans's (1991) suggestions. He questioned the use of multiplicative

composites by stating that researchers cannot be confident of the effects they have on the data and made several recommendations for analyzing the effects which were described earlier. The need to use multiplicative composites has been emphasized by Ajzen (1991) as it is believed by him that they strengthen the effects of the evaluations people make about their individual beliefs. This ongoing debate remains to be resolved for future research using the TPB.

A second limitation to the current study is the issue of the pilot study. The purpose of a pilot study is to gather modal salient beliefs existing in the population about the behavior of interest (Ajzen & Fishbein, 1980). Whether a pilot study is necessary has been debated in the literature. First, Ajzen (1991) advocated that to use arbitrarily derived or intuitively selected belief statements was to take a chance that these are not the beliefs of the majority of the population and, therefore, correlations would likely not be high. However, it could be argued that if a decision is made to get at the modal salient beliefs as suggested by Ajzen, then for a population as large as this one, the pilot study would be far too cumbersome - a huge sample would need to be drawn on to be able to confidently state that the responses are representative of the entire population.

Further to the debate on the necessity of a pilot study, Towriss (1984) made an argument that individual salient beliefs are more accurate than modal salient ones. In addition, Rutter and Bunce (1989) looked specifically at whether testing modal salient beliefs is anymore valid than using researcher generated beliefs because they agreed with Towriss's argument about individual beliefs. They found strong support for Towriss's position that beliefs elicited from individuals at the time they are doing the questionnaire are much stronger predictors of intentions. They point out that the TRA is about predicting behavior of individuals whereas modal salient beliefs are a way of estimating central tendencies instead of individual tendencies. In this study, because it involved administering a questionnaire to the entire population with the hope of a high return rate and, consequently, a better reflection of all the employees' thoughts, it was decided that though Towriss (1984) and Rutter and Bunce (1989) are possibly quite right in their position, it was impossible to administer a questionnaire that would elicit each individual's salient beliefs with the potential of 2,719 individuals. The work involved in analyzing individual beliefs if a high rate of return was received would have been prohibitive given the time and resource constraints of the researcher. It was decided to use the existing literature on EAPs (as described in Chapter 2) to determine salient beliefs and to conduct a pilot study to check these out. The purpose, therefore,

of this pilot study was not specifically to elicit salient beliefs as these are quite well recorded in the literature on help-seeking and EAPs but, rather, to confirm that similar ones are held in this organizational setting.

A further limitation to the present study is that no behavioral outcomes were gained. Many studies using the TPB have a component in which they measure whether the behavior is actually performed or not and relate this to the intentions. Ajzen (1991) maintains that most studies using the TPB show that intentions generally are highly predictive of actual behavior. This was not done for this study primarily due to two main factors. First, there are issues of confidentiality. For example, to directly ask people if they used the EAP might be construed by employees as an impingement on their right to confidentiality. Secondly, there is the factor that to use an EAP is not a frequent behavior performed by employees. To arbitrarily pick a timeframe such as three months away and to ask respondents if they actually used the EAP might be very misleading. Those who intend to use it may not have a problem in three months but they might within a year, for example. The measurement of behavioral outcomes for a behavior such as this might best be done over a one to two year timeframe which was not possible for the purposes of completing this thesis. Future research, however, could consider doing this with a longitudinal study that includes assurances of confidentiality. Furthermore, we have seen through the literature, that a more suitable outcome indicator for EAPs is the intention to use the program rather than the actual behavior. Based on that, measuring behavioral outcomes would have been contradictory.

One other limitation may be the phrasing of some of the questions on the main questionnaire. For example, of the behavioral beliefs for the indirect measure of attitudes, the seventh one (BB7 on Table 2) could be interpreted as asking about two different concepts: the belief the EAP is being paid for by the company and the belief that it is offsite and confidential. This question was intended to gain a measure of the confidence employees have in their employer as a provider of an EAP for them (based on confidentiality, and it being free and offsite) but this may not have been understood as such. Future research would benefit from separating different concepts into more than one question and ensuring each is clearly understandable as a specific belief on its own.

Finally, the response rate of 23% needs to be taken into consideration when interpreting

the results. Although this could be considered a low rate for many studies, it is also consistent with other large mail-in surveys where no incentives were offered. Other examples include Hall et al. (1991) who had a 31% response rate, Sparks and Shepherd (1992) with 27.8% and Taylor and Todd (1995) with 20%. In the EAP field, it is generally accepted that due to fears of lack of confidentiality, participation rates in research often are lower than for other fields (Balgopal & Patchner, 1988).

FUTURE RESEARCH

As the literature has suggested, basic and applied research are lacking in EAP research. We have seen that basic research generates and refines theory which can determine a theoretical base that can offer strong support for the specialty. Applied research is usually done after the basic research and it tests and evaluates the usefulness of theory. Such future research possibilities should be encouraged particularly to lend more credibility, commitment and professionalization to the EAP field. Furthermore, there is a need for the cumulative impact of data and repeated use of measurement tools to further refine them (Roman, 1984). Through this, theoretical and methodological consensus can develop in EAP research. To this end, there are several possibilities for future research to build upon the current study.

Specific to the different branches of EAP research, evaluation methodologies need to gain more consensus. We have seen that the common characteristics of EAPs include an evaluation component (Blum & Roman, 1992; Employee Assistance Professional Association Board of Directors, 1996; Evans & Trice, 1995; Green, 1997; Sonnenstuhl & Trice, 1990; White et al., 1996). This indicates that all EAPs need to incorporate an evaluation on an ongoing basis. Evaluations of programs are important for organizations to be able to collect and analyze data and, as a result, make decisions about the programs. In the area of EAP evaluations, however, a difficulty has been to define success criteria (Luthans & Waldersee, 1989). The current study has offered support for the hypothesis that gauging employees' willingness or intentions to use an EAP is a success measure. Consequently, future EAP evaluation research should consider using the same success measure. Furthermore, the results of this study have shown specifically the Theory of Planned Behavior (Ajzen, 1988, 1991) is a valuable

theoretical base that gauges or predicts employee's intentions and, consequently, future research is strongly recommended that continues to use this methodology. This would also offer the opportunity of providing some semblance of order to diverse and fragmented EAP literature.

There is also a call for research on EAPs in a health care setting due to the specific problems often seen in that environment. There is ample evidence of professionals in health care settings being at greater risk for chemical dependency problems, stress-related ailments, suicide tendencies and other emotional distress (Feltham, 1997b; Finke et al., 1996; Howard & Szczerbacki, 1988; McKevitt & Morgan, 1997; Peery & Rimler, 1995; Tillman et al., 1997). Since EAPs have become an institution in many industries due to their perceived effectiveness in helping employees, it is reasonable to state that a further emphasis on EAPs in a health care setting needs to be made. Due to the slower acceptance of EAPs in this industry and other industry-specific problems, future research is warranted and strongly recommended. Of particular relevance would be research that can help develop plans to facilitate the implementation and acceptance of EAPs in the health care industry.

To build upon the current study and satisfy some areas that have shown to be lacking in EAP research, some specific basic research possibilities are outlined here. First, replication of this study is advisable since this was the first time the TPB has been used as an evaluation methodology and/or in relation to an EAP and further support to the hypothesis would provide more credibility to the methodology.

In addition, it would be valuable to use the same methodology in another health care setting and compare the results. This would help to lend support to the findings of this study, that the TPB is a useful evaluation tool. Furthermore, it would be valuable to test the methodology in a different research setting to compare the results. Many industries have specific problems unique to their settings and, therefore, it would be useful to see if similar results attained in the current study would be attained in replicating it in another industry. Comparing percentages of employees with an intention to use the EAP in studies that use the same methodology would offer some insight into whether differences exist in EAPs in different industries.

Specific to building on the current research, future research using the TPB as an evaluation tool could include adding behavioral outcomes. This type of study would

need to be longitudinal as determining if employees who intended to use the EAP have subsequently used it, would require a time period of one to two years. This is due to the type of behavior being predicted (help-seeking behavior) which is not as common of a behavior as, for example, some consumer behaviors that are done on a weekly basis that researchers have studied using the TPB. Issues of confidentiality would need to be addressed for this type of study.

A possibility for applied research would be to readminister the questionnaire one year after any changes are made to the EAP used in this study to see if the intention to use the EAP has increased. If no changes are made to the current EAP, it would still be interesting to readminister the questionnaire in one year to see if there is any increase in intention just based on the awareness created by this research project. Several recommendations were made that would potentially increase the awareness and target several of the constructs that were found to be critical in this study. Only through follow-up research in the same organization can it be determined if the recommendations do indeed help attain the goal of increasing the awareness and, correspondingly, the intention to use the EAP.

As far as the Theory of Planned Behavior is concerned, the literature review has indicated that there is ample empirical evidence of its sufficiency as a model to predict intentions. However, resolving the issue of multiplicative composites would be beneficial to researchers who use the TPB. Consequently, future research aimed at resolving this is warranted.

CONCLUSIONS

While it is clear there are limitations in the present study, several conclusions can be made.

Firstly, the results lend further support to the validity of the Theory of Planned Behavior. Attitudes, subjective norms, and perceived behavioral control were highly significant in predicting the intention to use an EAP. The behavioral, normative and control beliefs enabled an understanding of the attitudes, subjective norms and

perceived behavioral control as Ajzen (1991) intended. This adds to an already existing body of research that lends empirical support to the theory across a diverse range of settings and behaviors.

Secondly, the Theory of Planned Behavior has been found to be a useful methodological and theoretical base by which to evaluate an EAP. In gauging employees' willingness or intention to use the EAP, we are evaluating the implementation success of the EAP (Hall et al., 1991; Milne et al., 1994). This, in turn, provides an evaluation of the program from which recommendations can be made. This is the first study that has used the TPB in relation to an EAP and with the TPB's strong empirical support, this research was able to introduce an evaluation methodology that could potentially be extremely useful in a field that has previously lacked such direction.

Thirdly, specific to the research setting, it was conclusively found that the existing EAP has strong support from its employees with more than 30% intending to use the EAP. However, with approximately 70% of employees not intending to use the EAP or as yet undecided, there are modifications that can be made to the program that could increase the intention to use the EAP and, therefore, increase the level of implementation success to a much higher degree. Based on the understanding gained of the beliefs held in this population, recommendations were made to address this.

The final conclusion that can be made is it is evident that Employee Assistance Programs will continue to be part of organizations well into the next century. Of importance, therefore, is to continue with research to further enhance their usefulness to employees and employers alike.

CHAPTER 8

THE REFERENCE MATERIALS

REFERENCES

Ahn, K. & Karris, P.M. (1989). Numbers versus severity: The truth in measuring EAP cost benefits. *Employee Assistance Quarterly, 4*(4), 1-14.

Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckmann (Eds.), *Action control: From cognition to behavior* (pp. 11-39). New York: Springer-Verlag.

Ajzen, I. (1988). *Attitudes, personality and behavior.* Chicago, IL: The Dorsey Press.

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*, 179-211.

Ajzen, I. & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior.* Englewood Cliffs, N.J.: Prentice-Hall Inc.

Ajzen, I. & Madden, T.J. (1986). Prediction of goal-directed behavior: Attitudes, intentions and perceived behavioral control. *Journal of Experimental Social Psychology, 22*, 453-474.

Ajzen, I. & Timko, C. (1986). Correspondence between health attitudes and behavior. *Basic and Applied Social Psychology, 7*(4), 259-276.

Appelbaum, S.H. & Shapiro, B.T. (1989). The ABCs of EAPs. *Personnel, 66*(7), 39-46.

Bacharach, S.B., Bamberger, P. & Sonnenstuhl, W.J. (1996). *Member assistance programs in the workplace.* Ithaca, NY: ILR Press.

Balgopal, P.R. & Patchner, M.A. (1988). Evaluating employee assistance programs: Obstacles, issues and strategies. *Employee Assistance Quarterly, Special Issue: Evaluation of Employee Assistance Programs, 3*(3/4), 95-105.

Bayer, D.L. (1995). EAP family therapy: An underutilized resource. *Employee Assistance Quarterly, 10*(3), 35-48.

Bayer, G.A. & Barkin, A.C. (1990). Employee assistance program utilization: Comparison of referral sources and problems. *Employee Assistance Quarterly, 5*(4), 63-70.

Bayer, G. & Gerstein, L.C. (1988). Supervisory attitudes toward impaired workers: A factor analytic study of the Behavioral Index of Troubled Employees (BITE). *The Journal of Applied Behavioral Science, 24*(4), 413-422.

Beale, D.A. & Manstead, A.S.R. (1991). Predicting mothers' intentions to limit frequency of infants sugar intake: Testing the theory of planned behavior. *Journal of Applied Social Psychology, 21*(5), 409-431.

Beck, L. & Ajzen, I. (1991). Predicting dishonest actions using the theory of planned behavior. *Journal of Research in Personality, 25*, 285-301.

Berman, P.S., Sulsky, L., Pargament, K., Balzer, W.K. & Kausch, D. (1991). The role of needs assessment in the design of employee assistance programs: A case study. *Employee Assistance Quarterly, 6*(3), 21-35.

Berridge, J. & Cooper, C. (1994). Qualified optimism: EAP prospects for the 1990s. *Personnel Review, 23*(7), 79-80.

Blum, T.C. & Roman, P.M. (1988). Purveyor organizations and the implementation of employee assistance programs. *The Journal of Applied Behavioral Science, 24*(4), 397-411.

Blum, T.C. & Roman, P.M. (1992). A description of clients using employee assistance programs. *Alcohol Health & Research World, 16*(2), 120-128.

Braun, A.L. & Novak, D.E., Jr. (1986). A study of EAP non-utilization. *EAP Digest, Nov/Dec.*, 52-55.

Brody, B.E. (1988). Employee Assistance Programs: An historical and literature review. *American Journal of Health Promotion, 2*, 13-19.

Brodzinski, J.D. & Goyer, K.A. (1987). Employee assistance program utilization and client gender. *Employee Assistance Quarterly, 3*(1), 1-13.

Buon, T. & Compton, B. (1990). The development of alcohol and other drug programs in the workplace. *Journal of Occupational Health & Safety - Australia/N.Z., 6*(4), 265-277.

Burgess, K.M., Odonnell, W.J., Bennett, A.A. & Vonvietinghoffscheel, K. (1997). Employee assistance programs - A worldwide perspective. *Behavioral Health Care Tomorrow, 6*(4), 69-72.

Capece, M. & Akers, R. (1995). Supervisor referrals to employee assistance programs: A social learning perspective. *The Journal of Drug Issues, 25*(2), 341-361.

Chadderton, J. & Milne, R. (1994). The history of EAP development in NZ. *Employee Counselling Today, 6*(3), 3-6.

Cohen, P. (1991). Does your EAP measure up? *Personnel, 68*(2), 9.

Cohen, G.S., Gard, L.H. & Heffernan, W.R. (1998). Employee assistance programs: A preventive, cost-effective benefit. *Journal of Health Care Finance, 24*(3), 45-53.

Colantonio, A. (1989). Assessing the effects of employee assistance programs: A review of employee assistance program evaluations. *The Yale Journal of Biology and Medicine, 62*, 13-22.

Conner, M. & Norman, P. (1996). The role of social cognition in health behaviours. In M. Conner and P. Norman (Eds.), *Predicting health behaviour* (pp. 1-22). Buckingham, UK: Open University Press.

Conner, M. & Sparks, P. (1996). The theory of planned behaviour and health behaviours. In M. Conner and P. Norman (Eds.), *Predicting health behaviour* (pp. 121-162). Buckingham, UK: Open University Press.

Coudriet, T.W., Swisher, J.D. & Grissom, G. (1987). The role of gender in requests for help in employee assistance programs. *Employee Assistance Quarterly, 2*(4), 1-12.

Csiernik, R. (1995). A review of research methods used to examine employee assistance program delivery options. *Evaluation and Program Planning, 18*(1), 25-36.

Cunningham, G. (1992). The EAP counselor: Attitudes, knowledge and beliefs. *Employee Assistance Quarterly, 8*(1), 13-25.

Davis, A. & Gibson, L. (1994). Designing employee welfare provision. *Personnel Review, 23*(7), 33-45.

Deane, F.P., Leathem, J., & Spicer, J. (1992). Clinical norms, reliability and validity for the Hopkins Symptom Checklist-21. *Australian Journal of Psychology, 44*(1), 21-25.

Deane, F.P., Skogstad, P. & Williams, M.W. (1997). Impact of attitudes, ethnicity and quality of prior therapy on New Zealand male prisoners' intentions to seek professional psychological help. *International Journal for the Advancement of Counselling,* 1-13.

Deane, F.P. & Todd, D.M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. *Journal of College Student Psychotherapy, 10*(4), 45-59.

Employee Assistance Professional Association Board of Directors. (1996). Guidelines for international EAPs. *EAPA Exchange, March/April*, 24-27.

Evans, M. (1991). The problem of analyzing multiplicative composites: Interactions revisited. *American Psychologist, 46*(1), 6-15.

Evans, B.L. & Trice, H.M. (1995). Acceptance and Implementation of EAP core and noncore tasks. *The Journal of Drug Issues, 25*(2), 379-396.

Feltham, C. (1997a). Introduction. In C. Feltham (Ed.), *The gains of listening: Perspectives on counselling at work* (pp. 1-6). Buckingham, UK: Open University Press.

Feltham, C. (1997b). Some problems and emerging trends. In C. Feltham (Ed.), *The gains of listening: Perspectives on counselling at work* (pp. 244-255). Buckingham, UK: Open University Press.

Finke, L., Williams, J. & Stanley, R. (1996). Nurses referred to a peer assistance program for alcohol and drug problems. *Archives of Psychiatric Nursing, X*(5), 319-324.

Ford, J.D. & Ford, J.G. (1986). A systems theory analysis of employee assistance programs. *Employee Assistance Quarterly, 2*(1), 37-48.

Foster, Z., Hirsch, S. & Zaske, K. (1991). Social work role in developing and managing employee assistance programs in health care settings. *Social Work in Health Care, 16*(2), 81-96.

French, M.T., Zarkin, G.A. & Bray, J.W. (1995). A methodology for evaluating the costs and benefits of employee assistance programs. *Journal of Drug Issues, 25*(2), 451-470.

Frost, A.K. (1990). Assessing employees' awareness: A first step to utilization. *Employee Assistance Quarterly, 6*(1), 45-55.

Gerstein, L., Gaber, T., Dainas, C. & Duffey, K. (1993). Organizational hierarchy, employee status, and use of employee assistance programs. *Journal of Employment Counseling, 30*, 74-78.

Gerstein, L., Lynn, D., & Brown, P. (1991). Type of setting, employee substance abuse, and hypothetical supervisors' EAP referrals. *The Journal of Drug Issues, 21* (4), 817-824.

Gerstein, L., Moore, T., Duffey, K. & Dainas, C. (1993). The effects of biological sex and ethnicity on EAP utilization and referrals. *Consulting Psychology Journal, 45*(4), 23-27.

Gilbert, B. (1994). Employee assistance programs: History and program description. *AAOHN Journal, 42*(10), 488-493.

Green, C. (1997). Employee counselling: historical developments and key issues. In C. Feltham (Ed.), *The gains of listening: Perspectives on counselling at work* (pp. 7-25). Buckingham, UK: Open University Press.

Green, D.E., Walkey, F.H., McCormick, I.A. & Taylor, A.J.W. (1988). Development and evaluation of a 21-item version of the Hopkins Symptom Checklist with New Zealand and United States respondents. *Australian Journal of Psychology, 40* (1), 61-70.

Grimes, C.H. (Ed.) (1984). *EAP research: An annual of research and research issues, Vol. I.* Troy, MI: Performance Resource Press.

Grimes, C.H. (1988). Employee assistance programs: the quest for a research base. In C.H. Grimes (Ed.), *EAP research: An annual of research and research issues, Vol.II* (pp 1-10). Troy, MI: Performance Resource Press.

Grissom, G.R., Baldadian, K.C. & Swisher, J.D. (1988). The case for needs assessment: A study in three disparate work settings. *Employee Assistance Quarterly, 4* (2), 75-82.

Hall, L., Vacc, N.A. & Kissling, G. (1991). Likelihood to use employee assistance programs: The effects of sociodemographic, social-psychological, sociocultural, organizational, and community factors. *Journal of Employment Counseling, 28*, 63-73.

Handley, S.M., Plumlee, A.A. & Thompson, N.C. (1991). The impaired nurse: organizational and professional models of response. *AAOHN Journal, 39*(10), 478-482.

Harris, M.M. & Fennell, M.L. (1988). Perceptions of an employee assistance program and employees' willingness to participate. *The Journal of Applied Behavioral Science, 24*(4), 423-438.

Hartwell, T.D., Steele, P., French, M.T., Potter, F.J., Rodman, N.F. & Zarkin, G.A. (1996). Aiding troubled employees: The prevalence, cost, and characteristics of employee assistance programs in the United States. *American Journal of Public Health, 86*(6), 804-808.

Havlin, L.J. (1993). Total quality management of EAP vendors: A benefit consultant's view. *Employee Assistance Quarterly, 8*(4), 111-120.

Houts, L.M. (1991). Survey of the current status of cost-savings evaluations in employee assistance programs. *Employee Assistance Quarterly, 7*(1), 57-72.

Howard, J.C. & Szczerbacki, D. (1988). Employee assistance programs in the hospital industry. *Health Care Management Review, 13*(2), 73-79.

Jackson, G.W. (1983). Prevention and alcoholism: The employee assistance program in health care institutions. *Bulletin of the New York Academy of Medicine, 59*(2), 245-249.

Jerrell, J.M. & Rightmyer, J.F. (1982). Evaluating employee assistance programs: A review of methods, outcomes, and future directions. *Evaluation and Program Planning, 5,* 255-267.

Keaton, B.C. (1990). The effect of voluntarism on treatment attitude in relationship to previous counseling experience in an employee assistance program. *Employee Assistance Quarterly, 6*(1), 57-66.

Kolvereid, L. (1996). Prediction of employment status choice intentions. *Entrepreneurship Theory & Practice, 21*(1), 47-57.

Korr, W.S. & Ruez, J.F. (1986). How employee assistance programs determine service utilization: A survey and recommendations. *Evaluation and Program Planning, 9*, 367-371.

Kushner, M.G. & Sher, K.J. (1991). The relation of treatment fearfulness and psychological service utilization: An overview. *Professional Psychology: Research and Practice, 22*(3), 196-203.

Landsbergis, P.A. (1988). Occupational stress among health care workers: A test of the job demands-control model. *Journal of Organizational Behavior, 9*, 217-239.

Lindstrom, W. (1985). The promise of the employee assistance program: Well-being in our institutions. *Employee Assistance Quarterly, 1*(1), 89-92.

Loo, R. & Watts, T. (1993). A survey of employee assistance programs in medium and large Canadian organizations. *Employee Assistance Quarterly, 8*(3), 65-71.

Lubin, B., Shanklin, H.D., IV. & Polk, A.M. (1996). The EAP literature: 1991-1995. *Employee Assistance Quarterly, 11*(4), 59-81.

Luthans, F. & Waldersee, R. (1989). What do we really know about EAPs? *Human Resource Management, 28*(3), 385-401.

Masi, D.A. & Goff, M.E. (1987). The evaluation of employee assistance programs. *Public Personnel Management, 16*(4), 323-327.

Matthews, G. & Martin, V. (1990). Multiple measures for evaluating programs. *EAP Digest, 10*(3), 40-45.

Mayo, E. (1923). Irrationality and Reverie. *Journal of Personnel Research, 1*, 477-483.

McCaul, K.D., Sandgren, A.K., O'Neill, H.K. & Hinsz, V.B. (1993). The value of the theory of planned behavior, perceived control, and self-efficacy expectations for predicting health-protective behaviors. *Basic and Applied Social Psychology, 14*(2) 231-252.

McCrady, B.S. (1989). The distressed or impaired professional: From retribution to rehabilitation. *The Journal of Drug Issues, 19*(3), 337-349.

McKevitt, C. & Morgan, M. (1997). Anomalous patients: The experiences of doctors with an illness. *Sociology of Health & Illness, 19*(5), 644-667.

Megranahan, M. (1990). The organisational value of employee assistance. *Journal of Managerial Psychology, 51*(2), 3-8.

Megranahan, M. (1995). Quality control for an EAP. *Personnel Review, 24*(7), 54-64.

Miller, R.E. (1986). EAP Research: Then and now. *Employee Assistance Quarterly, 2*(1), 49-86.

Milne, S.H., Blum, T.C. & Roman, P.M. (1991). Managerial and supervisory propensity to use an EAP: Facilitating and inhibiting factors. *Research Presentations: EAPA National Conference*, 51-60.

Milne, S.H., Blum, T.C. & Roman, P.M. (1994). Factors influencing employees' propensity to use an employee assistance program. *Personnel Psychology, 47* (1), 123-145.

Miniard, P.W. & Cohen, J.B. (1981). An examination of the Fishbein behavioral intentions model's concepts and measures. *Journal of Experimental Social Psychology, 17*, 309-329.

Moore, T. (1989). Employee assistance program evaluation: Employee perceptions, awareness and utilization. *AAOHN Journal, 37*(12), 508-512.

Munchus, III, G. (1987). An analysis of needs and a system of development for an employee assistance programme. *Journal of Managerial Psychology, 2*(3), 3-5.

Murphy, L.R. (1995). Managing job stress: An employee assistance/human resource management partnership. *Personnel Review, 24*(1), 41-50.

Nadolski, J.N. & Sandonato, C.E. (1987). Evaluation of an employee assistance program. *Journal of Occupational Medicine, 29*(1), 32-37.

Nord, J.L. & Littrell, J.M. (1989). Predictors of supervisors' referrals of employees to an employee assistance program. *Employee Assistance Quarterly, 5*(2), 21-40.

Norman, P. & Smith, L. (1995). The theory of planned behaviour and exercise: An investigation into the role of prior behaviour, behavioural intentions and attitude variability. *European Journal of Social Psychology, 25*, 403-415.

Parker, D., Manstead, A.S.R. & Stradling, S.G. (1995). Extending the theory of planned behaviour: The role of personal norm. *British Journal of Social Psychology, 34*, 127-137.

Pedhazur, E.J. (1997). *Multiple regression in behavioral research* (3rd ed.). New York: Harcourt Brace College Publishers.

Peery, B.L. & Rimler, G.W. (1995). Chemical dependency among nurses: Are policies adequate? *Nursing Management, 26*(5), 52-56.

Powell, G.N. & Kotschessa, B. (1995). Factors that influence professional employees' willingness to seek counseling. *Psychological Reports, 77*, 872-874.

Raats, M.M., Shepherd, R. & Sparks, P. (1995). Including moral dimensions of choice within the structure of the theory of planned behavior. *Journal of Applied Social Psychology, 25*(6), 484-494.

Ramanathan, C.S. (1995). Coping with stress through social support: A model for EAP practice. *Employee Assistance Quarterly, 11*(1), 33-44.

Randall, D.M. (1994). Why students take elective business ethics courses: Applying the theory of planned behavior. *Journal of Business Ethics, 13*(5), 369-378.

Randall, D.M. & Gibson, A.M. (1991). Ethical decision making in the medical profession: An application of the theory of planned behavior. *Journal of Business Ethics, 10*(2), 111-122.

Reddy, M. (1994). EAPs and their future in the UK: History repeating itself? *Personnel Review, 23*(7), 60-78.

Roman, P.M. (1983). Employee assistance programs in Australia and the United States: Comparisons of origin, structure, and the role of behavioral science research. *The Journal of Applied Behavioral Science, 19*(3), 367-379.

Roman, P.M. (1984). The environment for EAP research: Comments on structures of organizational support. In C.H. Grimes (Ed.), *EAP research: An annual of research and research issues, Vol.I* (pp. 1-10). Troy, MI: Performance Resource Press.

Roman, P.M. & Blum, T.C. (1988). Formal intervention in employee health: Comparisons of the nature and structure of employee assistance programs and health promotion programs. *Social Sciences and Medicine, 26*(5), 503-514.

Rosenstock, I.M., Strecher, V.J. & Becker, M.H. (1988). Social learning theory and the health belief model. *Health Education Quarterly, 15*(2), 175-183.

Rutter, D.R. & Bunce, D.J. (1989). The theory of reasoned action of Fishbein and Ajzen: A test of Towriss's amended procedure for measuring beliefs. *British Journal of Social Psychology, 28*, 39-46.

Sherer, J.L. (1994). Vested interests. *Hospital & Health Networks, 68*(22), 44-50.

Sonnenstuhl, W.J. (1988). Contrasting employee assistance, health promotions, and quality of work life programs and their effects on alcohol abuse and dependence. *The Journal of Applied Behavioral Science, 24*(4), 347-363.

Sonnenstuhl, W.J. (1989). Reaching the impaired professional: Applying findings from organizational and occupational research. *The Journal of Drug Issues, 19*(4), 533-539.

Sonnenstuhl, W.J., Staudenmeier, J.W., Jr., & Trice, H.M. (1988). Ideology and referral categories in employee assistance research. *The Journal of Applied Behavioral Science, 24*(4), 383-396.

Sonnenstuhl, W.J. & Trice, H.M. (1990). *Strategies for employee assistance programs: The crucial balance* (2nd edition, revised). Ithaca, NY: ILR Press.

Sparks, P. & Shepherd, R. (1992). Self-identity and the theory of planned behavior: Assessing the role of identification with "green consumerism." *Social Psychology Quarterly, 55*(4), 388-399.

Steele, P.D. (1988a). Substance abuse and the workplace, with special attention to EAPs: An overview. *The Journal of Applied Behavioral Science, 24* (4), 315-325.

Steele, P.D. (1988b). Using cluster analysis to define employee assistance programs: A research example. In C.H. Grimes (Ed.), *EAP research: An annual of research and research issues, Vol.II* (pp 109-123). Troy, MI: Performance Resource Press.

Steele, P.D. (1995). Worker assistance programs and labor process: Emergence and development of the employee assistance model. *The Journal of Drug Issues, 25*(2), 423-450.

Steele, P.D. & Hubbard, R.L. (1985). Management styles, perceptions of substance abuse, and employee assistance programs in organizations. *Journal of Applied Behavioral Science, 21*, 271-286.

Stennett-Brewer, L. (1986). Interview with Anthea Stewart: A comparison of Canadian and U.S. EAPs. *Employee Assistance Quarterly, 2*(1), 87-97.

Stern, L. (1990). Why EAPs are worth the investment. *Business & Health, May*, 14-19.

Sullivan, W.P., Hartmann, D.J. & Wolk, J. (1995). Expanding horizons: Case management in employee assistance programs. *Alcoholism Treatment Quarterly, 12*(3), 43-54.

Sussal, C.M. (1992). Why does the EAP really succeed? An object relations theory analysis. *Employee Assistance Quarterly, 8*(1), 35-45.

Taylor, S. & Todd, P. (1995). Understanding household garbage reduction behavior: A test of an integrated model. *Journal of Public Policy & Marketing, 14*(2), 192-204.

Teram, E. (1988). Formative evaluation of EAPs by studying role perceptions and organizational cultures. *Employee Assistance Quarterly, Special Issue: Evaluation of Employee Assistance Programs, 3*(3/4), 119-128.

Thomas, J.C. & Johnson, N.P. (1992). Family alcohol problems of employee assistance program populations. *Employee Assistance Quarterly, 8*(2), 1-13.

Tillman, H.J., Salyer, J., Corley, M.C. & Mark, B.A. (1997). Environmental turbulence staff nurse perspective. *Journal of Nursing Administration, 27*(11), 15-22.

Towriss, J.G. (1984). A new approach to the use of expectancy value models. *Journal of the Market Research Society, 26*, 63-75.

Trice, H.M. (1984). Data based research, research issues and non-research: A critical approach. In C.H. Grimes (Ed.), *EAP research: An annual of research and research issues, Vol. I* (p. 136-152). Troy, MI: Performance Resource Press.

Van Den Bergh, N. (1991). Workplace diversity: The challenges and opportunities for employee assistance programs. *Employee Assistance Quarterly, 6*(4), 41-58.

Walsh, S.M. (1991). Employee assistance and the helping professional: The more things change, the more they stay the same. *Employee Assistance Quarterly, 7* (2), 113-118.

White, R.K., McDuff, D.R., Schwartz, R.P., Tiegel, S.A. & Judge, C.P. (1996). New developments in employee assistance programs. *Psychiatric Services, 47*(4), 387-391.

Young, H.M., Lierman, L., Powell-Cope, G., Kasprzyk, D. & Benoliel, J.Q. (1991). Operationalizing the theory of planned behavior. *Research in Nursing & Health, 14*, 137-144.

APPENDIX A

EAP PILOT STUDY INTERVIEW QUESTIONNAIRE

EAP PILOT STUDY INTERVIEW/QUESTIONNAIRE

Hello, my name is Marie Couturier. Thank you for agreeing to participate in this pilot study on the EAP. I am doing this preliminary study to collect information that will be useful for me to develop a questionnaire that will be given to all staff in May. Have you had an opportunity to read the information sheet that was given to you? Do you have any questions about it? The questionnaire that is being developed is on employees' perceptions of the EAP and their willingness to use it. Today, I will ask you questions and write down your answers. If you need any clarification on anything, please ask. If you would prefer not to answer any question, feel free to say so.

***Demographics*: Here are some general questions about you:**

1) Participant #: _____ Gender: _____

2) Main occupation: _____

3) Service/Department you work in: _____

4) Age or Year of Birth: _____

5) Main ethnic group you identify with:

   Maori ____ Pacific Islands ____ European ____ Asian ____ Other ____

6) Marital Status: _____

7) How many children do you have? _____

8) Which of these categories bests describes your education?

   No formal schooling _____ Primary-intermediate to Std 6 or Form 2 _____

   Secondary School: to 3 years _____ 4 or more years _____

   University/Polytech: to 3 years _____ 4 or more years _____

9) What is your highest formal qualification?

   No formal qualification _____ School qualification only _____

   Trade/Professional Certificate _____ Diploma below Bachelor _____

   Bachelor Degree _____ Postgraduate or higher _____

Purpose of EAP:

8) **First of all, can you tell me what you think the EAP program is for? (Who do you think would use it? What kind of problems would people use it for?** Distinguish between their ideas and some possible prompts such as: counselling, personal problems, work problems, addictions, for all employees**).**

Attitude Factor (Questions 9, 10 and 11):

9) **If you or a co-worker/peer had a personal or work situation that was causing distress, what do you see as the advantages of using the EAP to get help?** (Remember: in what way? How do you mean? Can you explain further what you mean by that? Distinguish between their ideas and prompts such as: it will help me, it's a good/beneficial/worthwhile thing to get help, it will help with work performance, good step towards getting help)

10) **What would be the disadvantages of using the EAP?** (Distinguish between their ideas and prompts such as: it's bad/worthless/foolish to get help, makes me feel weak to get help, others may find out, there are other alternatives I would rather use.)

Attitude Factor Continued:

11) **Is there anything else you associate with using the EAP?** (Remember: what do you mean by that? Can you explain further? Could you elaborate? In what way? How do you mean?)

Subjective Norms (Questions 12, 13 & 14):

12) **For the next couple of questions I would like you to pretend that you actually do have a problem and are thinking about using the EAP for help. Can you think of any groups or people who would approve of you using the EAP?** (Ideas - but be sure to differentiate between those they say and if I suggest any: family, co-workers, friends, supervisor, management.)

Attitude factor continued ...

13) **Can you think of any groups or people who would disapprove of you using the EAP?** (Ideas - but be sure to differentiate between those they say and if I suggest any: family, co-workers, friends, supervisor, management.)

14) **Are there any other groups or people who come to mind when you think about using the EAP?**

Control Factors (questions 15 & 16):

15) **Not everyone who has a problem uses the EAP. Can you think of some things that would get in the way or prevent you from using the EAP?** (Remember: if not responding much, ask about getting in the way of their co-workers or peers using the EAP. Also here are ideas but distinguish between theirs and your prompts: it's personally difficult for me to get help, I would feel I have no control, confidentiality is a concern, I don't know enough about it.)

16) **Can you think of things that would encourage you to use the EAP?** (If they can't think of anything, give the posters advertising the program as an example .. other examples are their supervisor, reminders being sent around, etc..., I don't have a problem getting help if I need it, I believe it is confidential, they have a good reputation, I have control over whether I use it or not).

17) **Is there anything else you would like to add about the EAP?**

Again, thank you very much for participating.

APPENDIX B

EAP INFORMATION SHEET AND INSTRUCTIONS AND QUESTIONNAIRE

INFORMATION SHEET AND INSTRUCTIONS

QUESTIONNAIRE ON THE EMPLOYEE ASSISTANCE PROGRAM

Dear Employees,

My name is Marie Couturier and I am a student at Massey University in the Human Resources Department conducting a research project for my Masters thesis. In the field of human resource management, an area of growing interest has been Employee Assistance Programs (EAPs), which is the area I have chosen to do my research in. I would like to invite you to take part in a survey on the EAP at your organization. It has been designed to gather information that will help understand employees' perceptions and willingness to use the EAP. Through this, valuable information can be gained to determine if the EAP is working to its full potential for the benefit of everyone.

The questionnaire is anonymous and the information you provide will be held in confidence and seen only by the researchers and those who do the computer data entry. Your participation is entirely voluntary and you may decline to answer any particular questions. The final research report will be based on summarised information and no individual will be identifiable. Results will be published in academic and professional journals but, again, the information will be presented only in summarised form. A report will be provided to your organization of the summarised data which can be made available to you on request. It is assumed that filling out the questionnaire implies consent to participate.

We anticipate it should take you no more than 15 to 20 minutes to complete the questionnaire. Most questions require you to tick a box or they ask you to rate your answer by circling a number from 1 to 7. **Please only circle one answer per question**. The following is an example of this type of question:

I am likely to use the E.A.P. if I have a problem.

1	2	3	4	5	6	7
Extremely Unlikely						Extremely Likely

If you think it is **extremely likely**, you would circle 7 but if you think it is only **slightly** likely, you would circle the 5. If you think it is quite **unlikely**, you would circle a 1. If you are unsure about your answer, circle the 4. The word "problem" is used throughout the questionnaire. It refers to any personal or work problem that causes you any distress. Questions 39 to 59 ask you how you have been feeling for the past week and ask you to rate your answers from 1 to 4 ("not at all" to "extremely").

This research is being carried out under the supervision of Dr. Karl Pajo, Department of Human Resource Management, College of Business, Massey University. If you have any questions we can be contacted at Massey University at 350-4283.

Again, I invite you to participate. Thank you for taking the time to read this information sheet and, if you choose to, for completing the questionnaire.

PLEASE RETURN THEM IN THE ENVELOPE PROVIDED THAT IS MARKED "CONFIDENTIAL" TO MARIE COUTURIER, AT YOUR ORGANIZATION.

QUESTIONNAIRE ON THE EMPLOYEE ASSISTANCE PROGRAM (EAP)

Please seal the completed questionnaire in the confidential envelope provided and return through the internal mail by **JUNE 15,** 1998. Please check-off or circle **ONE** answer only for **each** question. The following demographics will be used for data interpretation only.

For office use

1. **Main occupation/profession:**

Nurse/Midwife	☐	Group/Service Manager	☐
Medical Practitioner	☐	Dept Manager/Team Leader	☐
Allied Health Professional	☐	Clerical/Reception/Administrative	☐
Care Assistant/Hospital Aid	☐	Company Adviser/Support Staff	☐

2. **Service you work in:**

Medical/Surgical/Women's Health Unit	☐	Dental Health	☐
Elderly, Disability Support, Rehabilitation	☐	H.R.O.D.	☐
Public/Community/Rural Health	☐	Mental Health	☐
Commercial Support Services	☐	Corporate Support	☐
Clinical Support Services	☐		

3. **Gender:**

Female ☐ Male ☐

4. **Your age in years:** _____

5. **Main ethnic group you identify with:**

Maori	☐	Pacific Islands	☐	Other	☐
Pakeha/European	☐	Asian	☐		

6. **Marital Status:**

Married/De Facto ☐ Single ☐ Other ☐

7. **Do you have children?**

Yes ☐ No ☐

8. **What is your highest formal qualification?**

No formal qualification	☐	School qualification only	☐
Trade/Professional Certificate	☐	Diploma below Bachelor	☐
Bachelor Degree	☐	Postgraduate or higher	☐

For office use

The word "problem" in this questionnaire, refers to any personal or work situation that causes you any significant level of distress. Please remember to circle ONE number which best represents your feelings about the statement. If you are unsure, circle the 4.

9. Using the EAP when I have a problem will provide me with help.

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

10. For me to get help for a problem is:

1 2 3 4 5 6 7

Extremely Bad — Extremely Good

11. Using the EAP for help will make me feel that I am weak.

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

12. If I thought I was weak it would be:

1 2 3 4 5 6 7

Extremely Bad — Extremely Good

13. Using the EAP could result in others finding out I have a problem.

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

14. If others found out I have a problem it would be:

1 2 3 4 5 6 7

Extremely Bad — Extremely Good

15. There are other professional counselling alternatives I would rather use than the EAP if I had a problem:

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

16. Using alternative counselling resources when I have a problem is:

1 2 3 4 5 6 7

Extremely Bad — Extremely Good

For office use

17. Using the EAP for help when I have a problem could improve my work performance.

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

18. Improving my work performance is:

1 2 3 4 5 6 7

Extremely Bad — Extremely Good

19. Using the EAP when I have a problem is the best first step toward help:

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

20. Taking a first step toward help is:

1 2 3 4 5 6 7

Extremely Bad — Extremely Good

21. Most people who are important to me think I should use the EAP when I have a problem.

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

22. Generally, I want to do what most people who are important to me think I should do.

1 2 3 4 5 6 7

Not at all — Very Much

23. I intend to contact the EAP if I have a problem in the next few months:

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

24. For me to use the EAP when I have a problem is:

1 2 3 4 5 6 7

Extremely Difficult — Extremely Easy

For office use

25. If I want to, I can easily use the EAP every time I have a problem:

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

26. I have complete control over whether or not I use the EAP when I have a problem:

1 2 3 4 5 6 7

Strongly Disagree — Strongly Agree

27. Confidentiality encourages me to use the EAP:

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

28. Information and resources of the EAP are easily accessible to me:

1 2 3 4 5 6 7

Strongly Disagree — Strongly Agree

29. My family thinks I should use the EAP when I have a problem.

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

30. Generally, I want to do what my family thinks I should do.

1 2 3 4 5 6 7

Not at all — Very Much

31. My co-workers/peers think I should use the EAP when I have a problem.

1 2 3 4 5 6 7

Extremely Unlikely — Extremely Likely

32. Generally, I want to do what my co-workers/peers think I should do.

1 2 3 4 5 6 7

Not at all — Very Much

33. My friends think I should use the EAP when I have a problem.

1	2	3	4	5	6	7
Extremely Unlikely						Extremely Likely

34. Generally, I want to do what my friends think I should do.

1	2	3	4	5	6	7
Not at all						Very Much

35. My supervisors/management think I should use the EAP when I have a problem.

1	2	3	4	5	6	7
Extremely Unlikely						Extremely Likely

36. Generally, I want to do what my supervisors/management think I should do.

1	2	3	4	5	6	7
Not at all						Very Much

37. I intend to contact the EAP every time I have a problem.

1	2	3	4	5	6	7
Extremely Unlikely						Extremely Likely

38. My using the EAP for help when I have a problem is:

1	2	3	4	5	6	7
Extremely Bad						Extremely Good

1	2	3	4	5	6	7
Extremely Foolish						Extremely Wise

1	2	3	4	5	6	7
Extremely Harmful						Extremely Beneficial

1	2	3	4	5	6	7
Extremely Worthless						Extremely Worthwhile

For office use

How have you felt during the past 7 days including today? Use the following scale to describe how distressing you have found these items to be - circle the number that best describes how you feel:

1 Not at all	2 A little	3 Quite a bit	4 Extremely

39.	Difficulty in speaking when you are excited.	1	2	3	4
40.	Pains in the lower part of your back.	1	2	3	4
41.	Blaming yourself for things.	1	2	3	4
42.	Trouble remembering things.	1	2	3	4
43.	Soreness of your muscles.	1	2	3	4
44.	Feeling lonely.	1	2	3	4
45.	Worried about sloppiness or carelessness.	1	2	3	4
46.	Hot or cold spells.	1	2	3	4
47.	Feeling blue.	1	2	3	4
48.	Having to do things very slowly in order to be sure you are doing them right.	1	2	3	4
49.	Numbness or tingling in parts of your body.	1	2	3	4
50.	Your feelings being easily hurt.	1	2	3	4
51.	Having to check and double-check what you do.	1	2	3	4
52.	A lump in your throat.	1	2	3	4
53.	Feeling others do not understand you or are very unsympathetic.	1	2	3	4
54.	Your mind going blank.	1	2	3	4
55.	Weakness in parts of your body.	1	2	3	4
56.	Feeling that people are unfriendly or dislike you.	1	2	3	4
57.	Trouble concentrating.	1	2	3	4
58.	Heavy feelings in your arms and legs.	1	2	3	4
59.	Feeling inferior to others.	1	2	3	4

Again, circle the number that best represents your feelings about these statements:

60. I aim to use the EAP if I have a problem.

1	2	3	4	5	6	7
Extremely Unlikely						Extremely Likely

61. If I have a problem in the next few months, it is my intention to seek help from the EAP:

1	2	3	4	5	6	7
Extremely Unlikely						Extremely Likely

62. The EAP is provided (paid for) by your organization for all employees but the services are separate, offsite and confidential:

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

63. Having the EAP provided (paid for) by your organization is:

1	2	3	4	5	6	7
Extremely Bad						Extremely Good

64. Have you ever sought help for a problem from any type of professional service? Yes ☐ No ☐

65. Was this beneficial to you? Yes ☐ No ☐

66. Have you ever used any EAP service before? Yes ☐ No ☐

67. Was this beneficial to you? Yes ☐ No ☐

One final question:

68. Do you have any comments or suggestions about the current EAP that you would like to make?

_____

_____

_____

_____

_____

Thank you, again, for taking the time to complete the questionnaire.

APPENDIX C

VARIABLES AND CODING KEY

VARIABLES AND CODING KEY
EMPLOYEE ASSISTANCE PROGRAM (EAP) QUESTIONNAIRE

Numbers beside the boxes are for coding purposes. VARIABLE: ID ☐☐☐☐
Missing Data for first page = 0

1. Main occupation/profession: VARIABLE: JOB

Nurse/Midwife	1☐	Group/Service Manager	5☐
Medical Practitioner	2☐	Dept Manager/Team Leader	6☐
Allied Health Professional	3☐	Clerical/Reception/Administrative	7☐
Care Assistant/Hospital Aid	4☐	Company Adviser/Support Staff	8☐

2. Service you work in: VARIABLE: SERVICE

Medical/Surgical/Women's Health Unit	1☐	Dental Health	6☐
Elderly, Disability Support, Rehabilitation	2☐	H.R.O.D.	7☐
Public/Community/Rural Health	3☐	Mental Health	8☐
Commercial Support Services	4☐	Corporate Support	9☐
Clinical Support Services	5☐		

3. Gender: VARIABLE: GENDER

Female 1☐ Male 2☐

4. VARIABLE: AGE

Your age in years: _____ (Code actual age)

5. Main ethnic group you belong to: VARIABLE: ETHNIC

Maori	1☐	Pacific Islands	3☐	Other	5☐
Pakeha/European	2☐	Asian	4☐		

6. Marital Status: VARIABLE: MARITAL

Married/De Facto 1☐ Single 2☐ Other 3☐

7. VARIABLE: CHILDREN

Do you have children? Yes 1☐ No 2☐

8. What is your highest formal qualification? VARIABLE: EDUCATE

No formal qualification	1☐	School qualification only	4☐
Trade/Professional Certificate	2☐	Diploma below Bachelor	5☐
Bachelor Degree	3☐	Postgraduate or higher	6☐

ALL MISSING DATA FOR THE REST OF QUESTIONNAIRE: 8

VARIABLE: GENATT
CODING: None needed unless a circled number is not clear.

NOTES: The following is a GENERAL MEASURE OF ATTTUDE = sum of the scores makes the attitude Score. Must be recoded -3 to +3.

Question #38: My using the EAP for help when I have a problem is:

(GenAtt1)

1	2	3	4	5	6	7
Extremely Bad						Extremely Good

(GenAtt2)

1	2	3	4	5	6	7
Extremely Foolish						Extremely Wise

(GenAtt3)

1	2	3	4	5	6	7
Extremely Harmful						Extremely Beneficial

(GentAtt4)

1	2	3	4	5	6	7
Extremely Worthless						Extremely Worthwhile

TRANSFORM: GENATT1 + GENATT2 + GENATT3 + GENATT4
FOR A GENATT SCORE

MUST BE RECODED -3 to +3

VARIABLE: ATTITUDE
CODING: None needed unless a circled number is not clear.

NOTES: The following are to test for belief-based ATTITUDES. Each pair of Behavioral Beliefs (BB) and Evaluation Outcomes (OE) must be multiplied and the products summed for an *Attitude Score*. Each pair is separated by ****.

Variable Being Measured	# on Questionnaire	Question
BB (Att1)	9	Using the EAP when I have a problem will provide me with help. 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
OE (Att2)	10	For me to get help for a problem is: 1 2 3 4 5 6 7 Extremely Bad ... Extremely Good
BB (Att3)	11	Using the EAP for help will make me feel that I am weak. 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
OE (Att4)	12	If I thought I was weak it would be: 1 2 3 4 5 6 7 Extremely Bad ... Extremely Good

****

Variable Being Measured	# on Questionnaire	Question
BB	13	Using the EAP could result in others finding out I have a problem.
(Att5)		1 2 3 4 5 6 7
		Extremely Unlikely ... Extremely Likely
OE	14	If others found out I have a problem it would be:
		1 2 3 4 5 6 7
(Att6)		Extremely Bad ... Extremely Good

****

BB	15	There are other professional counselling alternatives I would rather use than the EAP if I had a problem:
(Att7)		1 2 3 4 5 6 7
		Extremely Unlikely ... Extremely Likely
OE	16	Using alternative counselling resources when I have a problem is:
		1 2 3 4 5 6 7
(Att8)		Extremely Bad ... Extremely Good

****

BB	17	Using the EAP for help when I have a problem could improve my work performance.
(Att9)		1 2 3 4 5 6 7
		Extremely Unlikely ... Extremely Likely
OE	18	Improving my work performance is:
		1 2 3 4 5 6 7
(Att10)		Extremely Bad ... Extremely Good

****

Variable Being Measured	# on Questionnaire	Question
BB (Att11)	19	Using the EAP when I have a problem is the best first step toward help: 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
OE (Att12)	20	Taking a first step toward help is: 1 2 3 4 5 6 7 Extremely Bad ... Extremely Good

****

BB (Att13)	62	The EAP is provided (paid for) by your organization for all employees but the services are separate, offsite and confidential: 1 2 3 4 5 6 7 Strongly Disagree ... Strongly Agree
OE (Att14)	63	Having the EAP provided (paid for) by the company is: 1 2 3 4 5 6 7 Extremely Bad ... Extremely Good

****

TRANSFORM: ATT1 x ATT2 + ATT3 x ATT4 + ATT5 x ATT6 + ATT7 x ATT8 + ATT9 x ATT10 + ATT11 x ATT12 + ATT13 x ATT14

FOR A MEASURE OF ATTITUDE

MUST BE RECODED -3 to +3

VARIABLE: GENSN
CODING: None needed unless a circled number is not clear.

NOTES: This first question is a GENERAL MEASURE OF SUBJECTIVE NORMS.

Variable Being Measured	# on Questionnaire	Question
SN	21	Most people who are important to me think I should use the EAP when I have a problem.
(Gensn1)		1 2 3 4 5 6 7
		Extremely Unlikely ... Extremely Likely
MC	22	Generally, I want to do what most people who are important to me think I should do.
(Gensn2)		1 2 3 4 5 6 7
		Not at all ... Very Much

RECODE GENSN1 ONLY TO -3 to +3

NOTE: The MC component of GENSN was subsequently not used in the analysis as it was not needed for the direct measure.

****

VARIABLE: SUBJNORM
CODING: None needed unless a circled number is not clear.

NOTES: The following are to test for belief-based SUBJECTIVE NORMS (SN) indirectly. Each pair of Normative Beliefs (NB) and Motivation to Comply (MC) must be multiplied and the products summed for a *Subjective Norm score*. Each pair is separated by ****. The NB must be recorded to -3 to +3 but not the MC per Ajzen & Fishbein, 1980; and Ajzen, 1988.

Variable Being Measured	# on Questionnaire	Question
NB (Sn1)	29	My family thinks I should use the EAP when I have a problem. 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
MC (Sn2)	30	Generally, I want to do what my family thinks I should do. 1 2 3 4 5 6 7 Not at all ... Very Much

****

NB (Sn3)	31	My co-workers/peers think I should use the EAP when I have a problem. 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
MC (Sn4)	32	Generally, I want to do what my co-workers/peers think I should do. 1 2 3 4 5 6 7 Not at all ... Very Much

****

Variable Being Measured	# on Questionnaire	Question
NB (Sn5)	33	My friends think I should use the EAP when I have a problem. 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
MC (Sn6)	34	Generally, I want to do what my friends think I should do. 1 2 3 4 5 6 7 Not at all ... Very Much

****

NB (Sn7)	35	My supervisors/management think I should use the EAP when I have a problem. 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
MC (Sn8)	36	Generally, I want to do what my supervisors/management think I should do. 1 2 3 4 5 6 7 Not at all ... Very Much

****

TRANSFORM: SN1 x SN2 + SN3 x SN4 + SN5 x SN6 + SN7 x SN8 =
FOR A MEASURE OF SUBJNORM

MUST RECODE SN1, SN3, SN5 and SN7 to -3 to +3

VARIABLE: INTENT
CODING: None needed unless a circled number is not clear.

NOTES: The following are to test for INDIVIDUAL'S INTENTIONS (II) directly. The four responses are added together for a general measure of INTENTION.

Variable Being Measured	# on Questionnaire	Question
II (Intent1)	23	I intend to contact the EAP if I have a problem in the next few months: 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
II (Intent2)	37	I intend to contact the EAP every time I have a problem. 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
II (Intent3)	60	I aim to use the EAP if I have a problem. 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely
II (Intent4)	61	If I have a problem in the next few months, it is my intention to seek help from the EAP. 1 2 3 4 5 6 7 Extremely Unlikely ... Extremely Likely

TRANSFORM: INTENT1 + INTENT2 + INTENT3 + INTENT4 = MEASURE OF INTENT

MUST RECODE ALL TO -3 to +3

VARIABLE: PBC
CODING: None needed unless a circled number is not clear.

NOTES: The following are to test for a DIRECT MEASURE of PERCEIVED BEHAVIORAL CONTROL (PBC). All five responses are to be added for a direct measure of PBC.

Variable Being Measured	# on Questionnaire	Question
PBC (PBC1)	24	For me to use the EAP when I have a problem is: 1 2 3 4 5 6 7 Extremely Difficult … Extremely Easy
PBC (PBC2)	25	If I want to, I can easily use the EAP every time I have a problem: 1 2 3 4 5 6 7 Extremely Unlikely … Extremely Likely
PBC (PBC3)	26	I have complete control over whether or not I use the EAP when I have a problem: 1 2 3 4 5 6 7 Strongly Disagree … Strongly Agree
PBC (PBC4)	27	Confidentiality encourages me to use the EAP: 1 2 3 4 5 6 7 Extremely Unlikely … Extremely Likely
PBC (PBC5)	28	Information and resources of the EAP are easily accessible to me: 1 2 3 4 5 6 7 Strongly Disagree … Strongly Agree

TRANSFORM: PBC1 + PBC2 + PBC3 + PBC4 + PBC5 = MEASURE OF PBC
MUST RECODE ALL TO -3 to +3

NOTES: The following is the Hopkins Symptom Checklist-21 (HSCL-21).
CALCULATE: PD (add PD1 to PD7)
SD (add SD1to SD7)
GFD (add GFD1 to GFD7)
GMSD (add PD + SD + GFD)

1 Not at all | 2 A little | 3 Quite a bit | 4 Extremely

Variable	Q#	Statement				
PD1	39	Difficulty in speaking when you are excited.	1	2	3	4
PD2	42	Trouble remembering things.	1	2	3	4
PD3	45	Worried about sloppiness or carelessness.	1	2	3	4
PD4	48	Having to do things very slowly in order to be sure you are doing them right.	1	2	3	4
PD5	51	Having to check and double-check what you do.	1	2	3	4
PD6	54	Your mind going blank.	1	2	3	4
PD7	57	Trouble concentrating.	1	2	3	4
SD1	40	Pains in the lower part of your back.	1	2	3	4
SD2	43	Soreness of your muscles.	1	2	3	4
SD3	46	Hot or cold spells.	1	2	3	4
SD4	49	Numbness or tingling in parts of your body.	1	2	3	4
SD5	52	A lump in your throat.	1	2	3	4
SD6	55	Weakness in parts of your body.	1	2	3	4
SD7	58	Heavy feelings in your arms and legs.	1	2	3	4
GFD1	41	Blaming yourself for things.	1	2	3	4
GFD2	44	Feeling lonely.	1	2	3	4
GFD3	47	Feeling blue.	1	2	3	4
GFD4	50	Your feelings being easily hurt.	1	2	3	4
GFD5	53	Feeling others do not understand you or are very unsympathetic.	1	2	3	4
GFD6	56	Feeling that people are unfriendly or dislike you.	1	2	3	4
GFD7	59	Feeling inferior to others.	1	2	3	4

NOTES: The following is to test for a direct measure of effects of prior experience. Two belief questions and their corresponding outcomes are asked.

VARIABLE: PRIOREXP
CODING: See numbers beside boxes.

64. Have you ever sought help for a problem from any type of professional service? Yes 1☐ No 2☐

VARIABLE: BENEFIT1

65. Was this beneficial to you? Yes 1☐ No 2☐ N/A 3

VARIABLE: PRIOREAP

66. Have you ever used an EAP service before? Yes 1☐ No 2☐

VARIABLE: BENEFIT2

67. Was this beneficial to you? Yes 1☐ No 2☐ N/A 3

THE LAST QUESTION IS CONTENT ANALYSIS:

68. Do you have any comments or suggestions about the current EAP that you would like to make?

VARIABLE: COMMENT1

Code: 1 = Positive EAP Comments (re: experiences, attitudes/beliefs/views that are positive).
Code: 2 = EAP Resources Comments (re: questions on type of service availabe, location,time, counsellors/providers, barriers or facilitators to using this specific programme).
Code: 3 = Lack of Info Comments (re: no knowledge, need more info, more advertising is required).
Code: 4 = Confidentiality Comments (re: as a barrier or facilitator to use).
Code: 5 = Negative EAP Comments (re: experiences, attitudes/beliefs/views that are negative related to EAP and/or management and EAP, negative help-seeking attitudes).
Code: 6 = Alternate Resource Comments (other resources people would prefer to use).
Code: 7 = Questionnaire Format Comments (re: format, question type comments).
Code: 8 = Missing Data

VARIABLE: COMMENT 2

Same coding as COMMENT 1 above.

VARIABLE: COMMENT3

Same coding as COMMENT 1 above.

APPENDIX D

CORRELATION MATRIX

CORRELATION MATRIX OF DIRECT AND INDIRECT MEASURES OF THE TPB

NB: See Table 2 for description of individual behavioral, normative and control beliefs.

	A	BB1	BB2	BB3	BB4	BB5	BB6	BB7	∑BB	SN	NB1	NB2	NB3	NB4	∑NB	PBC	PBC1	PBC2	PBC3	PBC4	PBC5	I
A	----																					
BB1	.30*	----																				
BB2	.16*	.00	----																			
BB3	.19*	.06	.24*	----																		
BB4	-.18*	.00	-.03	-.18*	----																	
BB5	.54*	.23*	.14**	.09***	-.13**	----																
BB6	.47*	.17*	.16*	.14**	-.22*	.43*	----															
BB7	.54*	.23*	.09***	.19*	-.13**	.38*	.27*	----														
∑BB	.63*	.50*	.46*	.46*	.00	.66*	.64*	.63*	----													
SN	.48*	.12	.07	.07	-.19*	.38*	.47*	.24*	.37*	----												
NB1	.37*	.18*	.02	.02	-.10***	.26*	.34*	.17*	.26*	.53*	----											
NB2	.33*	.14**	.07	.06	-.14**	.29*	.31*	.21*	.29*	.49*	.53*	----										
NB3	.35*	.17*	.10***	.11	-.14**	.32*	.41*	.18*	.35*	.55*	.63*	.64*	----									
NB4	.39*	.10***	.09***	.05	-.12	.26*	.29*	.21*	.28*	.43*	.39*	.52*	.51*	----								
∑NB	.45*	.17*	.09***	.07	-.15*	.35*	.41*	.24*	.36*	.62*	.79*	.82*	.84*	.78*	----							
PBC	.62*	.28*	.12**	.21*	-.18*	.50*	.38*	.54*	.57*	.39*	.32*	.31*	.36*	.34*	.42*	----						
PBC1	.50*	.22*	.16*	.15*	-.19*	.40*	.32*	.35*	.42*	.31*	.26*	.23*	.33*	.25*	.35*	.74*	----					
PBC2	.34*	.14**	.07	.09***	-.10***	.31*	.23*	.27*	.32*	.29*	.23*	.23*	.26*	.21*	.31*	.71*	.46*	----				
PBC3	.23*	.06	.04	.12	.00	.10***	.12**	.24*	.22*	.05	.07	.10***	.08	.16*	.12**	.50*	.17*	.20*	----			
PBC4	.55*	.18*	.08***	.26*	-.20*	.45*	.38*	.48*	.51*	.37*	.30*	.27*	.28*	.26*	.34*	.67*	.42*	.29*	.16*	----		
PBC5	.45*	.24*	.05	.11	-.12	.38*	.22*	.46*	.44*	.26*	.21*	.19*	.26*	.28*	.30*	.76*	.43*	.40*	.32*	.36*	----	
I	.65*	.23*	.11***	.20*	-.32*	.48*	.52*	.41*	.52*	.62*	.50*	.44*	.53*	.45*	.60*	.62*	.57*	.43*	.12	.54*	.40*	----

* $P < .001$ ** $p < .005$ *** $P < .05$

A :	Attitude - Direct Measure	SN:	Subjective Norms - Direct Measure	PBC:	Perceived Behavioral Control - Direct Measure
BB1-BB7:	Behavioral Beliefs x Outcome Evaluation Pairs	NB1-NB4:	Normative Beliefs x Motivation to Comply Pairs	PBC1-PBC5:	Individual Control Beliefs
∑BB:	Sum of Behavioral Belief Pairs - Indirect Measure	∑NB	Sum of Normative Belief Pairs - Indirect Measure	I:	Intention - Direct Measure