A Review of Employee Assistance Programs

Mary Sliney

St. John Fisher College

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Abstract
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First Supervisor
Seth Silver

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Barbara Francis

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Marilynn Butler

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Mary Sliney

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Mary Sliney

St. John Fisher College, Rochester, NY
We approve this paper of Mary Sliney.

Seth Silver, Ed.D.
Associate Professor of Human Resource Development
St. John Fisher College

Barbara Francis, Ed.D.
Associate Professor of Education
St. John Fisher College

Marilynn N. Butler, Ph. D.
Advisor
Assistant Professor of Human Resource Development
Director / Chair MSHRD
St. John Fisher College

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5/1/02
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Abstract

In these now uncertain times, employees no longer leave their problems at home when they come to work. They spend valuable work time dwelling on personal issues and trying to come up with solutions, and as a result, can be unproductive while at work. If the problems worsen, the employee may be absent from work or stop working altogether. The employee may complain of medical ailments, such as fatigue and headaches, and seek medical treatment at the employers’ expense. In order to combat these types of problems, many companies are offering or considering the implementation of employee assistance programs. This essay illustrates that it is to a company’s advantage to offer employee assistance programs as support for employees, as well as recommendations for future research.
Introduction

A patient becomes violently angry and stabs an emergency room doctor while discussing the patient's injuries.

Two planes crash into the World Trade Center in New York City, while thousands of people are working inside.

An employee walks into work, randomly shoots people, and then kills himself.

Incidents like these are becoming commonplace in society. In these now uncertain times, employees no longer leave their problems at home when they come to work. They spend valuable work time dwelling on personal issues and trying to come up with solutions, and as a result, can be unproductive at work. If the problems worsen, the employee may be absent from work or stop working altogether. The employee may also complain of medical ailments, such as fatigue and headaches, and seek medical treatment at the employers' expense. Some employees fear embarrassment or loss of privacy or are unaware that their symptoms indicate a medical condition, and do not try to seek help, instead letting the problem linger and worsen (Vernarec, 1998). In order to combat these types of problems, many companies are offering or considering the implementation of employee assistance programs.

The purpose of this essay is to illustrate that it is to a company's advantage to offer employee assistance programs. To frame this essay, literature pertaining to employee assistance programs was examined, regarding their growing prevalence and their response to global workplace issues: specifically, depression, stress, workplace violence, and substance abuse. To provide a conceptual framework for this paper, studies dating from 1985 to the present were
chosen. Here, employee assistance programs, job satisfaction, and productivity were a primary focus of the review of related literature. Moreover, literature examining the areas of depression, stress, workplace violence, and substance abuse was also reviewed. The following six questions will guide this essay: Why is the topic relevant to human resource development professionals? What is an employee assistance program? How did they begin? What do they look like today? How prevalent are they? Why do companies have them?

Relevance to the Field of Human Resource Development

Employee assistance program professionals rely on human resource and human resource development professionals to recognize behavioral and/or performance problems in the workplace, and to refer employees with these problems to the employee assistance program. In addition, employee assistance program professionals may partner with human resource development professionals to train supervisors and managers to recognize the warning signs that accompany employee issues in the workplace (Employee Benefit Plan Review, 1994). Common forms of this training are stress management, workplace violence prevention, and harassment prevention workshops.

Organization of the Paper

This paper presents a three-fold discussion. The discussion begins with an introduction to employee assistance programs, the history and evolution of these programs up to present day. A review of related literature is presented, focusing on the frequency and increase of the use of employee assistance programs. The most common uses of employee assistance programs for problems such as depression, stress, workplace violence, and substance abuse are each discussed. A discussion will then be offered based on the review of literature, with recommendations for future research on employee assistance programs.
What is an Employee Assistance Program?

Employee assistance programs are “designed to assist work organizations by providing help and counseling for employees and their family members with a wide range of personal problems that may affect job performance” (Mann & Kelly, 1999). These programs may be internal or external, and employees may refer themselves or be referred by a member of the company’s management team. The intent of an employee assistance program is to help employees cope with work- or home-related problems while retaining their job (Freiman, 2001). Since home-related problems are common, some companies allow the family members of their employees to participate in the employee assistance program (Stuart, 1993).

Employee assistance programs are open to employees regardless of sex, race, or religion, but research indicates that the most likely users of an employee assistance program are females who are more than 30 years old, who earn median and below-median earnings (Reed, 1994). Research suggests that women and minorities have unique needs, including childcare and assistance dealing with harassment (Reed, 1994). If the company’s management does not support diversity, and the idea that different people have different needs, the program will not be successful. The employees will then seek necessary assistance and/or treatment outside the company (Reed, 1994).

Employees turn to employee assistance programs for a variety of reasons, including depression, stress, alcohol and substance abuse problems, and coping with workplace violence. All of these problems may cause employees to be less productive on the job, or unable to work at all. If employees can return to work after seeking the employee assistance program’s services, provisions can be made to modify jobs, or to arrange a transfer (Coshan, 1992).
If a manager makes a referral for an employee to an employee assistance program and the EAP professionals are able to provide or seek treatment for the employee, the employee may feel more secure and valued by the employer (Employee Benefit Plan Review, 1994), and be more productive.

If employers create a working environment that fosters and maintains employee motivation, they will enhance employee productivity (Wiley, 1992). This motivation is created in part by a corporate philosophy consisting of "caring for employees, and displaying qualities of fairness, honesty, supportiveness, and accessibility" (Wiley, 1992). Thus, if employees feel more valued, they are likely to be more productive and be retained by the company.

Nearly nine out of ten companies have a form of health promotion and “there is accumulating evidence that such programs can be excellent mechanisms for increasing worker health and productivity” (Trudeau, 2002). A corporate philosophy of caring for employees and displaying qualities of fairness, honesty, supportiveness and accessibility also increase employee motivation. Before motivation can be increased, individuals’ basic needs must be addressed.

According to Maslow, people have five levels of needs: psychological, safety, social, ego, and self-actualizing (Maslow, 1943). Maslow believed that the lower levels must be satisfied before the employee could be motivated by a higher need. An employee assistance program affects the psychological, safety, and sometimes social needs of employees, which, according to Maslow, would mean that once these needs are met, an employee can be motivated by ego and self-actualizing factors.

Herzberg’s motivation theory classified motivation into the two categories of motivators and hygienes (Herzberg, Mausner & Snyderman, 1959). Motivators, also known as intrinsic (or internal) factors, include achievement and recognition, which produce job satisfaction. People
are motivated to consult with employee assistance programs to satisfy their intrinsic needs by helping them through a difficult time. Working with an employee assistance program and retaining their job satisfies their extrinsic (external) needs of receiving pay and continuing to work.

Many employees are intrinsically motivated by performance appraisals, because they impart a level of achievement to employees. Research suggests that employees with substance abuse and mental health claims were less likely to receive high performance ratings than their counterparts without such claims (Trudeau, Deitz & Cook, 2002). The difference was reported as 31% to 38%, which was significant to companies interested in improving performance ratings (Trudeau, et. al., 2002).

History of Employee Assistance Programs

Employee assistance programs are not new to the workplace. As early as the 1940s, occupational alcoholism programs were gaining attention as an employee benefit. These programs continued through the 1960s. The purpose of these programs was to confront an employee on the job, in order to treat the addiction and allow the employee to continue employment (Cook, 1992). In some cases, the program’s staff consisted of recovering alcoholics (Cook, 1992). Over time, companies began to realize that substance abuse programs are often a symptom of another physical or emotional problem. To help employees through their problems, companies began to implement broader-based employee assistance programs in the 1970s (White, Sharar, & Funk, 2001). The programs focused on alcohol abuse problems, but also focused on problems such as divorce, substance abuse, and financial problems. In the new employee assistance program system, managers were trained to refer employees to the program.
based on the employee's work performance, without trying to diagnose the employee's problem and the cause of the poor performance (Cook, 1992).

Employee Assistance Programs Today

Employee assistance programs look similar today to the programs of the 1970s. The programs may be internal or external. When a program is internal, the company employs the employee assistance staff. The program may be located inside the company, or in an offsite location. In an external employee assistance program, the company works with a vendor. The vendor may provide employee assistance services within the company offices, in the vendor's offices, or both (Cook, 1992). External employee assistance program services are less likely to involve a supervisor or manager in an intervention (French, Zarkin, Bray, & Hartwell, 1999). External employee assistance programs are also more likely to participate in constructive confrontations with employees, offer short-term counseling and become involved in health promotion activities (French, et. al., 1999).

Smaller companies (fewer than 2,000 employees) may choose to pool their resources with other companies and participate in an employee assistance program consortium (Cook, 1992). For example, a group of companies may hire a vendor to service their employees. More than 90% of internal employee assistance programs offer four or more services (French, et. al., 1999). Only 60% of external employee assistance programs offer the same number of services (French et. al., 1999).

Regardless of the format, the basic services offered by an employee assistance program are the same. Employee assistance program counselors assess employees' problems and offer referrals and/or short-term counseling (Cook, 1992). In some cases, depending on the employee's problem, the employee assistance program professional may provide written
information to the employee so that the employee can learn about alternatives to help them overcome their problems. In other cases, the employee needs to be sent to another counselor or agency to seek treatment (Cook, 1992). The employee may be sent to a therapist, an outpatient or inpatient treatment program.

Employee assistance program counselors are able to identify behavioral and other health issues that may affect an employee’s performance. When an employee goes to an employee assistance program, the probability of an alcohol, drug abuse, or mental health claim increases substantially in the same quarter as the employee’s contact with the employee assistance program. The employee assistance programs then prompt the employee to seek some sort of medical attention (Zarkin, Bray, and Qi, 2000) to reduce the long-term cost.

An employee assistance program can reduce medical costs by discovering an employee’s problem before anyone else knows. If the problem is identified in its early stages, the odds of recovery are better and money is saved. The costs mount as the problem continues to develop untreated (Stuart, 1993). The employee assistance program will follow the case and ensure that the treatment is appropriate for the person. This type of personalized follow-up also reduces medical costs (Stuart, 1993).

American companies pay between $24 to $48 per worker per treatment in an employee assistance program (The Economist, 1994). Most times, this money comes directly from the company to the employee assistance program’s bills, or from the company to the hospital or institution that is treating the employee. The employee assistance program cost variation by region varied only slightly. The cost was $16.09 in the Midwest and $18.05 in the West (French, et. al., 1999).
The Paul Revere Insurance Company reduced its long-term disability rates by an equal amount of its EAP costs (McDonald, 2002). For every dollar invested in the employee assistance program, the company reported savings of $4.23, through decreased absenteeism, decrease in health insurance claims, reduced turnover, and increased productivity (McDonald, 2002).

Prevalence of Employee Assistance Programs

The United States Department of Labor estimated that employee assistance programs were available to 61% of full-time employees in 1997 (Maynard, 2001). The growing prevalence of employee assistance programs has been attributed partially to the fact that employers may retain workers and enhance the work environment, therefore saving money (Maynard, 2001). While employee assistance programs have become increasingly popular, companies may be wary to start a program because of the costs involved, both in treatment and employee assistance staff.

The government has taken steps to ensure that more companies offer employee assistance programs as a benefit to employees. The Drug Free Workplace Act of 1988 mandated that federal employees and firms under government contract have access to an employee assistance program (Stuart, 1993). After this act was passed, scores of companies began offering employee assistance services. In 1995, an estimated 67% of all employees in United States worksites with 50 or more employees had access to an employee assistance program (Hartwell, Steele, French, et al., 1995). The prevalence of employee assistance programs in that same year was estimated at 39%, with another 10% of companies who were considering starting up an employee assistance program (The Research Triangle Institute, 1995). Employee assistance programs have earned the
reputation of being an effective way to address employees’ behavioral and/or medical issues that may have serious ramifications on the workplace.

A discussion about why companies install employee assistance programs frames this study.

Depression in the Workplace

In the workplace, depression is becoming a common problem amongst employees. At least 11 million Americans are afflicted with depression each year; approximately 7.8 million women and 3.2 million men (Greenberg, Finkelstein & Berndt, 1995). Depression is often caused by a blend of factors, including a person’s psychological tendency to pessimism, low self-esteem, and trauma (Turner, 1995). It is estimated that treatment of depression has a price tag of $44 billion annually, and almost three-quarters of this cost is a result of the combination of reduced productivity and lost earnings due to depressed workers (Greenberg, Finkelstein & Berndt, 1995). According to data provided by some employers, depression is a common disability claim.

In 1991, the First National Chicago Bank reported spending approximately $1 million on depressive disorder treatment for employees, both inpatient and outpatient (Business and Health, 1994). To combat this cost, which the bank discovered was the most expensive of all mental health claims, First National Chicago began a training program to educate managers on depressive disorders and their effect on the workplace. By 1994, 40% of employee assistance program referrals received by employees of First National Chicago were initiated by the management team (Business and Health, 1994). By referring employees who exhibit signs of depression to the employee assistance program before the problem affects the workplace, the bank saved money on treatment costs.
Approximately half of all psychiatric disability claims are filed due to depression (Burgess, 1999). One of the reasons that depression costs are so high and so many claims are filed is that depression tends to go untreated for long periods of time. By the time a depressed employee seeks assistance, treatment takes several months from that time to complete (Gordon, Hequet, Lee, Picard, M. et.al., 1996).

One example is a study conducted by Westinghouse Electric Corporation interviewed 1,879 of its employees during 1988 and 1989 to determine how many employees were affected by depression and to identify the risk factors that contributed to this problem. Based on their findings, which included a risk factor of “conflicting work demands, unclear job expectations and responsibilities, lack of intrinsic rewards, and negative job events” (Business and Health, 1994), Westinghouse instituted a training program for managers and supervisors. The purpose of this training program was to raise the managers’ awareness of the effects of depression in the workplace and give them some tips to recognize the warning signs of a depressed employee (Business and Health, 1994).

By managing depression and helping workers become assimilated in the workplace after treatment, depression treatment costs can be dramatically reduced. For example, the BANC ONE Corporation decreased their direct treatment costs from $1 million to $400,000 between 1991 and 1995 (Burgess, 1999). The company’s total mental health claims dropped from 62% in 1992 to 45% in 1995 (Burgess, 1999), due to the fact that employees were being treated for depression, and the claims were not lingering as they had in the past. Follow-up meetings between the employee and the employee assistance program professionals for continued support helps the employee become assimilated to their workplace after treatment.
Since earlier treatment referrals have decreased employer benefit costs, employers are beginning to recognize the value of internal management training programs. While launching these programs and encouraging managers to refer employees to the employee assistance program initially raises benefit costs, employers are becoming confident that treated employees will perform better than they did before (Business and Health, 1994). As a result, they will save the company more money long-term than was spent on their treatment. When depression is correctly diagnosed and treated, the success rate is 85% (Vernarec, 1998).

Stress in the Workplace

Employees today are increasingly expected to work more efficiently and faster in a complex and fast-paced work environment. A study conducted by the Health Enhancement Research Association reported that depression and high stress were two of the most common problems in the workplace. Employees in this study who reported being depressed racked up $3,189 in health-care costs (American Demographics, 1999).

In a 1997 study conducted by the American Society of Chartered Life Underwriters and Chartered Financial Consultants, almost half of the 1,300 people surveyed said that stress on their job caused them to act unethically, and sometimes illegally, at work (Schiff, 1997). Covering up mistakes and not concentrating on quality were the two most common ways that employees respond to pressure (Schiff, 1997).

Stress is the body’s protection mechanism, which prepares the body to fight or flee from a physical threat (Varhol, 2000). Stress has both short-term and long-term symptoms. In the short term, people experience a faster heartbeat, increase in sweating, cold hands and feet, nausea, rapid breathing, and tense muscles (Varhol, 2000). Long-term symptoms include insomnia, stomach irritation, withdrawal from work activities, and irritability (Varhol, 2000).
The most common ailments reported by employees that are attributed to stress are gastrointestinal problems, mental disorders, substance abuse, and hypertension (Schiff, 1997).

Companies are beginning to focus not only on helping employees cope with stress, but also on preventing stress. Companies such as Marks and Spencer, located in England, are offering courses to employees on how to manage stress at work (Hodges, 1994). Employees are taught to recognize the warning signs of stress and how to deal with them before the problem escalates, and managers are taught to refer employees to the employee assistance program if they appear to be under stress (Hodges, 1994). Marks and Spencer, and other companies that are introducing this type of program in the workplace, are investing the time and resources into this type of training in order to treat stress problems more quickly, therefore reducing the long-term costs associated with treatment. If stress goes untreated, employees may turn to substance abuse.

Substance Abuse in the Workplace

In order to deal with stress and depression in the workplace, some employees turn to drug and/or alcohol abuse. Signs of substance abuse may be an indication that an employee is having difficulty in another area of their life (Smith, 1994). Substance abuse includes an addiction to prescription, over-the-counter, and illegal drugs.

The 1994 National Household Survey on Drug Abuse found that nearly 70% of illegal drug users (aged 18-49) were employed full-time and that 16% of employed adults, full-time or part-time, had used an illicit drug in the past month (Hoffman, et. al., 1997). The full-time workers who admitted to current drug use were more likely than non-drug users to have unexcused work absences, and either voluntarily left an employer or were terminated (Hoffman, et.al., 1997). These statistics are staggering. Research shows that in many cases, employees’ problems are interrelated; therefore, some employees may be using drugs because they are
depressed or stressed at work. Abusing drugs does not alleviate the problem; in fact, it can make the employee more depressed or stressed, while negatively impacting the company.

It is difficult to estimate the bottom-line cost of substance abuse in the workplace. However, employees who abuse alcohol or drugs have higher incidences of absenteeism, tardiness, sick time, insurance claims, and worker's compensation claims (Twing, 1995). Hidden costs may include management's time in dealing with the employee's issues, friction among workers, turnover, damages to equipment, and employee injury (Twing, 1995). In order to avoid these costs, managers must learn to recognize the warning signs and refer the employee to the employee assistance program.

Workplace Violence

In today's world, with the number of incidents of workplace violence, coming to work can be frightening. The International Labour Organization revealed in a study that at least 20 people are murdered each week at work, worldwide (The Internal Auditor, 1998). Workplace violence is not usually a random act. In some cases, those who commit violent acts in the workplace exhibit some warning behaviors. These include poor work performance, conflicts with supervisors and co-workers, unfounded and numerous complaints, and abuse of sick leave (Financial Executive, 2000). These warning signs are a way for employees to express their anger, and negatively affect the company's bottom line (Bensimon, 1997).

Despite whether or not employers recognize any apparent signs of impending violence, the aftermath of workplace attacks leave employers with the challenge of helping the employees cope and feel safe in returning to work. Grief counselors are often called to assist in the coping process (Business Week, 2001). Some companies choose to gather all of the employees together
to discuss the incident and to recognize the importance of moving past the tragedy (Business Week, 2001).

Recovering after a tragedy can be extremely difficult. The terrorist attacks on New York City on September 11, 2001 had long-reaching implications to the United States, and brought many employees to their employee assistance programs, looking for grief counseling. For example, ComPsych, a national employee assistance program provider, saw a 1,000% increase in calls in the weeks following the September 11 attacks (Wojcik, 2001). Americans were reminded of the 1995 Oklahoma City bombing, because the terror also took place in a work environment. Employees complained of not being able to concentrate, were making mistakes on the job, and in some cases, absenteeism increased. Shortly after the tragedy, companies turned to their EAP programs to defuse emotions and offer employees a coping mechanism. In response, employee assistance programs across the world offered self-help tools for employees and their families or group counseling sessions (Caldwell, 2001).

Discussion

Today’s employees face a great deal of problems, both personally and professionally. As a result, when these issues build up, an employee may have difficulty working or being productive. In order to help employees cope, companies should offer an employee assistance program. Whether the program is internal to the company or run by an outside vendor, employees can receive confidential counseling or referral services. By doing this, companies can save money on absenteeism and health-care costs in the long run and show their employees that the company cares about the well being of the people who work there.

Employee assistance programs can be traced all the way back to the 1940s. At that time, the programs focused on alcoholism. Employee assistance programs have grown significantly in
recent decades to include support for employees dealing with a myriad of work- and home-
related issues, including stress, depression, substance abuse and workplace violence. These are
problems that employees in every industry, in every country, face. In order to provide support for
employees, companies are instituting training programs for employees and managers so that they
may recognize the signs of stress, depression, or substance abuse. Managers are taught to feel
confident in referring an employee to the employee assistance program to receive treatment
before the problem grows.

In order to deal with these now common problems, employee assistance programs are
becoming more prevalent in the workplace. The United States Department of Labor estimated
that employee assistance programs were available to 61% of full-time employees in 1997
(Maynard, 2001).

Depression affects at least 11 million Americans every year, and the effects are felt in the
workplace, especially in the areas of reduced productivity and absenteeism (Greenberg, et.al.,
1995). Depression tends to go untreated for periods of time; therefore, when an individual does
seek treatment, the treatment then takes several months from that point to complete (Gordon,
Hequet, Lee, Picard, et. al., 1996). During the several months of treatment, companies lose
money in lost productivity, absenteeism, and the actual cost of the treatment. If companies train
their employees to recognize the warning signs of depression and refer employees to an
employee assistance program quickly, they can lower the associated costs.

On-the-job stress is another area of increased employee assistance program referral.
Almost half of the 1,300 people surveyed by the American Society of Chartered Life
Underwriters and Chartered Financial Consultants said that stress caused them to act unethically
and at times illegally at work (Schiff, 1997). In this study, employees reported that covering up
mistakes and paying less attention to quality were two of the most common ways that they responded to workplace stress (Schiff, 1997). However, by covering up mistakes and paying less attention to quality, employees are prolonging their stress, in fear that their employer will discover these actions. Conversely, employees may also think that they can go back later on to fix mistakes or produce higher-quality product, also increasing their stress level. Employees are expected to work fast and efficiently, and some become so stressed that they cannot work productively (they make mistakes, cut corners on quality, etc.). They can, in effect, never catch up to the level of productivity or quality that they need to achieve. In this circle of stress and lower productivity, some employees become depressed, angry, or turn to substance abuse.

Some employees who reported being stressed in some area of their life are dealing with substance abuse issues (Smith, 1994). Nearly 70% of illegal drug users over the age of 18 were employed full-time and 16% of employed adults, full-time or part-time, had used an illicit drug in the past month (Hoffman et. al., 1997). The full-time workers who admitted to recent drug use were more likely than non-drug users to have unexcused work absences, and had either voluntarily left an employer or were terminated (Hoffman et. al., 1997).

Similar workplace issues such as poor work performance, conflicts with supervisors and co-workers, and abuse of sick leave affect employees who commit violent acts in the workplace (Financial Executive, 2000). These warning signs are a way for employees to express their anger, and negatively impact the company's bottom line, by incurring increased medical claims and management's time spent dealing with the issue (Bensimon, 1997). If companies offer an outlet for their employees to express these feelings, without punishment to the employee or harm to others in the workplace, they can save money in lost productivity and medical claims, and potentially turnover.
Some employees are dealing with a combination of problems. For example, an alcohol abuse problem may stem from an abusive relationship, or a stress management problem may result from financial hardship. Employees who reported having both psychological and social problems incurred medical costs 147% higher than the risk-free control group (American Demographics, 1999). The researchers discovered that employees who are dealing with these types of issues are also likely to boost medical bills by seeking medical attention for more minor physical ailments, or by not treating their real problem, which may lead to a more serious physical illness (American Demographics, 1999).

Whose responsibility is it to ensure that people are “healthy”? Companies can decrease cost by maintaining a “healthy” workforce. With the amount of time that people spend at work, companies should take steps to ensure that employees have an outlet for problems and are able to work productively. If companies do not invest the resources to offer employee assistance programs to their employees, they will eventually be putting those resources into recruitment and training for replacement employees. At some point, the new employees may also need the employee assistance program. Research shows that the problems do not simply go away. One example is the cost of depression treatment, which is estimated at $44 billion per year (Greenberg et al., 1995). Most of this cost stems from reduced productivity and lost earnings due to depressed workers.

In today’s world, with mounting stress, depression, substance abuse and incidents of workplace violence, it is to a company’s advantage to offer employee assistance programs as an outlet for employees, for support and treatment for their problems. Companies should offer these programs as a resource for employees; as a way for companies to show employees that they are willing to partner with them to help them resolve their problems. This partnership can increase
employee motivation. Before motivation can be addressed, however, individuals’ basic needs must be met. According to Maslow, people have five levels of needs: psychological, safety, social, ego and self-actualizing (Maslow, 1943). An employee assistance program affects people’s psychological, safety, and sometimes social needs, which, according to Maslow, would mean that once these needs are met, an employee can then begin to be motivated by ego and self-actualizing factors.

Herzberg classified motivation into the two categories of motivators and hygienes (Herzberg et. al., 1959). Motivators, also known as intrinsic (or internal) factors, include achievement and recognition, which produce job satisfaction. Employees can be motivated to consult with an employee assistance program to satisfy their intrinsic needs by helping them work through a difficult time and be assimilated back into the workplace. Returning to work after treatment satisfies employees’ extrinsic (external) needs of receiving pay and continuing to work. The company’s role is to offer the employee assistance program as an outlet through which employees can satisfy their intrinsic and extrinsic needs, and meet their basic psychological, safety, and social needs. If these conditions are met, employees will have a high level of motivation and therefore be more productive.

Recommendations for Future Research

As the world escalates into the new millennium, employers must continue to consider offering employee assistance programs. The literature shows that sending employees to treatment was less expensive than hiring and training a new employee to replace them.

However, more research is needed on the effect of employee assistance programs in the workplace, especially retention rates of employees who had successfully undergone employee-sponsored treatment for stress, depression, or substance abuse. After companies invest the
money into sending employees for treatment, are the employees staying with the companies? Can employers effectively track their retention rate of employees who have been treated by an employee assistance program? If so, the confidentiality of the program is affected. The following studies are recommended to investigate this further.

**Recommended Study One**

The purpose of study one is to measure the retention rates of employees who have undergone employer-sponsored treatment. This will be a difficult study to execute, given the confidential nature of employee assistance programs. Managers do not always know the course of treatment that employees receive after referring them to an employee assistance program. To maintain confidentiality, employee assistance professionals should track retention by conducting follow-up sessions with the employees. The methodology for this study includes a series of one-on-one interviews with the employees, asking employees how they perceive they are doing at work and if they plan to continue working for the company or to seek other employment. The number of employees retained by the company following treatment should then be compared to the cost of treatment over the course of one year. As a result, companies would have a potential indicator of the savings and costs associated with offering an employee assistance program. The study would be repeated over several years, to establish a cost and potential savings trend for offering the program as a benefit for employees.

**Recommended Study Two**

This study should be designed to provide employers with information on the cost of turnover related to employee assistance program treatment costs. Tracking the number of employees terminated during or following treatment would involve employee assistance program professionals. A comparison of this data with the cost of recruitment and training for a
placement employee will show the savings related to retaining employees. The methodology for this study is as a series of interviews between management and employee assistance program professionals. The methodology includes a series of meetings consisting of managers and employee assistance program professionals. These interviews would continue for a specific length of time (for example, one year) to collect the data. During this time, the employee assistance program professionals and members of the management team should hold monthly meetings to collect data pertaining to the retention rate of employees who have entered or recently completed employer-sponsored treatment. The data collected at these meetings should then be compared to the selection and training costs for new employees in similar positions as those who were terminated. As a result of this study, companies will have an indicator of the effectiveness of using employer-sponsored treatment on retaining employees. As with study one, the design of this study calls for it to be repeated over several years to establish normative data showing a trend on the effectiveness of retaining employees who have used the employee assistance program. If the trend is negative, meaning that the retention rate is low, employers should investigate the following three factors: (a) Is the employee assistance program truly confidential? (b) Are there negative job consequences (for example, lack of promotions) for those who use the employee assistance program's services? and (c) It is important to mention that there will be some employees who begin treatment in an employee assistance program but are terminated due to failure to comply with the treatment. Terminating employees for failing to comply with the treatment does not necessarily mean that the program is not effective; depending on the nature of the problem (for example, violent behavior), it may be imperative that the employee completes treatment before returning to work.
Recommended Study Three

The purpose of study three is to examine the difference in treatment costs between ending an employee for treatment when the problem is first noticed at work (for example, within one month of noticing the behavior), as compared to sending an employee six months to one year later. Employee assistance program professionals and members of the benefits department would work together to compile the costs of treatment, depending on the severity and duration of the employees' symptoms. The methodology for this study includes monthly meetings between the employee assistance program professionals and members of the benefits department who handle payment for employer-sponsored treatment. Examining each treatment case, specifically, the duration of the symptoms and the type and cost of recommended treatment will be the data collection method. The data collected during this study will provide employers with evidence that training management to recognize the warning signs of stress, depression, substance abuse, and workplace violence saves the company money in the long run. In addition, costs pertaining to the employees' medical costs for physical ailments (for example, headaches, ulcers, etc.) would be compared to the cost of the treatment for depression, substance abuse, stress, and violent behavior. These costs would then be compared to treatment given early in the stages of the problem and given later, if the problem was untreated over a period of time.

Conclusion

In today's complex society, people are bringing their problems to work. Problems such as depression, stress, substance abuse, and violent behavior in the workplace are barriers to being productive at work. Employers can offer employee assistance programs for outlets through which to work through these problems. If employees have access to these programs, they will
feel valued, and be more motivated at work. If employees are motivated and not suffering from problems such as depression, stress, substance abuse, or coping with workplace violence, they will be less apt to cut corners on quality or make mistakes. The bottom line for the company is a better product, lower long-term medical treatment costs and higher retention rates, because employees care about their work and feel valued by their employer.

The art of leading, in operations large or small, is the art of dealing with humanity, of working diligently on behalf of men, of being sympathetic with them, but equally, of insisting that they make a square facing toward their own problems (Marshall, 2000, p.88).
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