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A Review of the Employee Assistance Programme (EAP) Market in the UK and Europe

Conducted for



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Falck
Healthcare



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June 2007

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Executive Summary

The purpose of this research study was to explore the perception of HR Managers of the EAP product and EAP providers. This was subsequently expanded to include all managers and employees who were involved with EAPs from a management perspective.

This study had its origins in research undertaken by others, which suggested that EAPs had, or were in the process of becoming commodities. Consequently the view was that they had become devalued, standardized and were often used as an add-on bundled with the purchases of other services.

This research study while not setting out to empirically prove or disprove this hypothesis, is designed to explore the perceptions of HR and other managers involved with EAPs (the purchasers), and add to the debate on this important perception.

The research study was designed and data was gathered using an on-line questionnaire. The questionnaire was piloted and the initial results were presented at The EAEF conference in Germany in 2006. The questionnaire that served as both a quantitative and qualitative data-gathering tool was then distributed to a sample of organizations and respondents.

The questionnaire sought to gather data about HR Managers and other Managers perceptions about EAPs in the following areas:

- the EAP product
- the services included in EAPs
- the factors which influenced the purchase of EAPs
- the EAP provider
- the reasons for establishing and maintaining EAPs

In general the research results established a much higher awareness of EAPs in the UK than in Denmark and Germany/Switzerland; the HR and other managers involved with EAPs were working at a relatively senior level but had a relatively low level of participation in the buying decision; there is a possible mismatch of services included in EAPs compared to what respondents actually want – though this may need further research.

Price is rated as a 'somewhat important' factor in the buying decision but such factors as the relationship with and the quality of the EAP provider are also important and that generally EAPs provide value for money and there is little evidence of overselling.

Finally, there is very little difference between organizations and participating countries in the reasons for establishing and maintaining EAPs or in-fact in the anticipated and hoped for benefits.

The research study report amplifies the above findings and in conclusions and recommendations suggests some actions for EAP providers and respondents.

Introduction

The Robert Gordon University (RGU) was contracted by the Employee Assistance European Forum (EAEF) to examine the awareness of Human Resource Managers (HRM) about Employee Assistance Programmes (EAP) in Europe.

EAPs have a long history in the USA. Only in the last decade have they begun to be adopted by European businesses (Reddy, 2005). Originally aimed at alcohol and other drug abuse, these programmes have developed into services offering professional counselling for personal and work-related problems such as emotional, family, legal and financial problems. Proponents of these programmes claim that the inevitable result of such intervention is enhanced work-performance, safety, productivity and reduced turnover (Maiden, 1988). There is however very limited empirical evidence for these claims and almost all of the research has been conducted in North America.

1. Employee Assistance European Forum (EAEF)

The EAEF is a non-profit organisation for individuals and organisations interested in the development of Employee Assistance and Work-Life services in Europe, including Employee Assistance Programmes (EAP)

EAEF is concerned with that the EAP 'product' has been devalued and 'commodified'. The goal of this study is to provide much need empirical data on the purchaser's perception of the EAP product. It also aims to provide the EAEF with European data and analysis of the EAP field and the views of Human Resource Managers and an understanding of the European market.

The EAEF approached its membership base to provide corporate sponsorship to assist with the funding of this research. The following EAEF members agreed to fund the research and provided assistance with the selection of a representative sample (in alphabetical order).

- AXA PPP Healthcare (UK)
- CiC (UK)
- Falck Healthcare (Denmark)
- ICAS Schweiz AG (Germany)

2. The Robert Gordon University

The Robert Gordon University in Aberdeen has a strong reputation for delivering professional, career-focused education in a dynamic and modern setting. We offer access to learning across a wide range of disciplines including Management, Law, Information Management and Communication, Health and Social Care, Engineering, Computing and Architecture.

The first Robert Gordon learning institution was founded in 1750. Today, we offer a number of courses across a broad range of subjects and we are involved in a range of research activity.

The Aberdeen Business School has a broad portfolio of postgraduate courses in the areas of business and management, information and media and law. The Aberdeen Business School has developed strong links with industry and is committed to academic research and knowledge transfer.

3. Principal Investigators

- Tony Buon, Part-Time Lecture, Aberdeen Business School, Robert Gordon University. He is also a Partner in the Edinburgh based ScotCoach consultancy firm. Tony has extensive experience, spanning 25 years in the EAP and HRM fields.
- John Taylor, Senior Lecturer, Aberdeen Business School, Robert Gordon University. John is the Head of the Department of Human Resource Management and was previously a Senior Adviser with ACAS.

4. Research Summary

This study explored the perception of Human Resource Managers (HRM) in Europe about the value of Employee Assistance Programmes (EAPs).

EAPs are offered internally and increasingly by external vendors who offer the services on a fee-for-service or 'capitated' (per-employee per-month) basis (Hopkins, 2005). The market is also increasingly dominated by large national and international vendors, many who offer EAPs as part of a portfolio of health, training and insurance related products.

In recent years, there has been a concern from the external providers, that despite growth in the market, the EAP 'product' has become devalued and 'commodified' (Sharar & Hertenstien, 2006). That is, EAP purchasers (normally HRM Departments) see the programmes and the EAP vendors as interchangeable and offering the same product. The result is that purchasers appear to select their EAP based on price (Buon, 2006).

5. Employee Assistance Programmes

The modern Employee Assistance Programme (EAP) has its roots in the early workplace alcohol programs in the United States (Buon, 1988; Roman, 1981). More specifically in the 1940s with the support of Alcohol Anonymous (AA) the first workplace counselling programs for 'alcoholic' employees were established in companies such as DuPont and Eastman Kodak.

During the 1960s, programs were developed rapidly in the United States. Many of these were refinements of the earlier alcohol programs; however, their focus remained on difficult to treat alcoholic employees. During this time, occupational welfare work and chaplaincy services were introduced into some workplaces.

During the 1970s a new Employee Assistance Programme "EAP" model emerged that offered a broader approach to assisting with problems such as financial, marital and work problems. The acceptance of these more broadly based services by employees and management alike was exceptional. The stigma associated the alcohol programs was almost totally removed. These modern EAPs offered free professional confidential counselling services to employees in the workplace for a wide range of problems including alcohol and other drug problems.

In recent times, the EAP model (or at least the EAP brand) has metamorphosed into even *broader-brush* programmes offering everything from work-life programmes to psychometric assessments. With an increased use of telecommunications technology and a convergence with health promotion, the EAP of today barely resembles that of the past.

Over the past decade, we have seen the emergence of a Global EAP market. While programs may have originated in the USA, the market in Asia, Australasia and Europe continues to develop in areas quite different from that of the American EAP.

Part of this trend has been due to trans-national and global companies wanting EAPs in all their locations 'just like home' in New York (or London or Sydney for that matter). It has also been due to international EAP providers who have entered markets such as China and India.

As with the United States, early international workplace programs focussed on assisting employees with alcohol and other drug problems. It was not until the early 1980s, that an EAP approach was adopted in countries such as UK, Australia and New Zealand (Buon & Compton, 1994).

Many of the early programs operating in Europe or Australia were for American multinational firms familiar with the North American concept of EAP. Some of the early EAPs operating in the UK and Australia in the 1980s were with companies such as 3M, DuPont and General Motors. It was obviously easier to sell EAPs to these organisations when their head offices in North America already supported the concept of employee counselling.

Outside of western markets such as Australasia and the UK, EAPs were primarily offered to expatriate workers (often US nationals), not foreign national. In fact, this model still exists today in parts of Asia and the Middle East. However, increasingly EAPs are being offered to the local workforce, again more often than not to the local workforce of a US based multinational.

Richard Hopkins from the *Employee Assistance European Forum* (EAEF) reports that:

"towards the end of the decade and into the 90's, EAPs were being established in Hong Kong, Singapore, Japan, some countries in Europe, notably in Scandinavia and the Benelux counties, and pockets of activity in South and Central America. This decade has seen an explosion of interest in EAP work in many more countries around the world, including China and India" (Hopkins, 2005b)

However, this claim is rather optimistic. While no accurate data exists for EAP penetration rates in most countries, it can be estimated that the penetration rate is at least less than the 10% suggested for the UK by the UK Chapter of the Employee Assistance Professionals Association (EAPA UK, 2005). In all likelihood, the actual penetration rate outside of the UK is very small.

While the reasons for this low market penetration are many, in general the EAP product has issues in relation to marketing, cost, cultural relevance and cost-benefit.

EAP Definition

EAPs can be defined in many ways, but generally, they are seen as worksite-based programs designed to assist work organisations in addressing employee behavioural problems that cause or potentially cause productivity issues. This is accomplished by aiding employees and their families in identifying and resolving personal concerns such as marital, family, emotional, eldercare, drug and stress problems. Since their origin 50 years ago, EAPs have demonstrated that when organizations address the maintenance of their human resources, they further their missions of profitability, productivity, and safety and establish themselves as an employer of choice.

Increasingly, work-life and other health and general wellness programmes are also seen as part of the 'core technology' of EAPs. In some countries (particularly the UK), information service, occupational health products and even 'concierge' type services are being bundled with the EAP services to make up a total approach to employee health and welfare.

The EAEF defines EAPs as:

A work based programme to improve organisational performance through the provision of structured management and employee support services (EAEF, 2004)

Globalisation of EAPs

In recent times, the term "Globalisation" has been a central theme of Western politics. It is generally accepted that globalisation is the sensible and or the inevitable direction to follow given the emerging global village. This global village is brought about by instantaneous communication, unprecedented intercontinental travel and the flow of capital in international markets (Dunning, 1993).

Culturally speaking, globalisation is largely, but not entirely, the spread of Americanisation, from Big Mac to iPod, on a global scale. Employee counselling is seen by many as an 'American' idea or concept. Moreover, with its roots clearly in the US, this identity can be rather difficult for the marketing of EAPs in countries that may be vary wary of Americanisation (Buon, 2004: 12).

EAPs often offer services already offered by internal welfare officers or occupational social workers, especially in Europe.

The global EAP does offer outsourcing opportunities for HR Managers who wish to trim internal professional staff and this is often a key selling point for the global provider. However, due to this 'outsourcing' many professional groups such as occupational social workers often become highly defensive and see the new EAP providers as a threat (Hopkins, 2005).

While most EAPs in the 1980's were internal, there is a worldwide trend towards outsourcing EAP and other forms of workplace counselling and cost reduction is always a large element of the rationale. Of course, it is not just EAPs that are being outsourced; training, recruitment, health & safety and other human resource activities are all prime candidates for outsourcing.

Modern Human Resource Management emphasises the quantitative, calculative and strategic aspects of managing people. Human Resources (employees) should be managed in as 'rational' a way as any other economic resource (Storey, 1992).

Because of this strategic view, outsourcing a service such as employee welfare or EAP is generally regarded as a successful and desirable management strategy. This trend of outsourcing workplace counselling will continue and in ten to fifteen years, it is likely that there will be very few (if any) internal models in operation (Buon, 2004).

A further result of the 'globalisation' of EAP and related services has been the emergence of very low cost alternatives for employers who wish to either '*tick-the-box*' and thus meet a requirement for an EAP or those who wish to have a 'two-tiered' model of service delivery. These low cost services offer very limited and tightly controlled services to employers preferring the use of lower cost on-line services or call-centres.

Paradoxically, the increased work intensification due to the strategic management of human resources may result in an even greater need for workplace counselling at a time when access through internal counselling and face-to-face counselling will be increasingly restricted.

The EAP field has an admirable history based on core values of compassion and integrity. Unfortunately, the future suggests a shift from the integrity-based response to a compliance-based response. It is a shift from corporate welfare to economic rationalism.

The EAP Market in Europe

Generalities in discussing the whole of Europe are implausible. Moreover, this study is not attempting to provide an overview of EAPs throughout Europe.

So far, EAPs have made little real headway in any European country, with the exception of the UK, Denmark and Ireland, and this has as much to do with a 'fortunate mix of circumstances' as to any strategy by UK, Danish or Irish EAP providers (Ready, 2005).

In one county in Europe, psychotherapists may be the dominant workplace-counselling providers, in another it may be Occupational Social Workers and in yet another, Psychiatrists may dominate. The UK idea of a 'counsellor' is unheard of in countries such as Germany and Norway.

This does not mean, however, that EAP *style* work is not being done in Europe. Occupational social workers have long provided support services for employees, particularly in northern European countries (Hopkins, 2005). This work, especially in Germany and, to a lesser extent in France, differs little from some aspects of EAP work.

Elsewhere in Europe, multinationals and pan-European organizations have only just begun to exert an influence. This, combined with the welfare tradition in many Western European countries and, more recently, EU policy related to a 'healthy workplace', has led to the beginnings of more substantive growth in EAP provision over the past few years (Hopkins, 2005).

The Certified Employee Assistance Professional (CEAP) credential is of some interest to existing professionals in some counties. Even though this is often seen as an 'American' credential, many countries in Europe lack good certification for workplace counselling.

There are EAP modules being offered by some Universities in Europe, notably the *National University of Ireland* in Galway with the support of *EAPA Ireland*.

The formation of the *Employee Assistance European Forum* (EAEF) in March 2004 was an important development for European EAPs. In the past EAPs have been generally viewed as 'American Programmes', with little relevance to European businesses.

The primary purpose of the EAEF is to promote the highest standards of practice and continuing development of EA professionals, providers and services in Europe. Its key aims include the development and enforceability of Standards of Practice and Codes of Ethics for the profession, the provision of networking and learning opportunities for its members and the promotion of effective EA work amongst potential purchasers, related professional bodies and public policy makers. The

EAEF has a present membership of approximately 50 EA professionals from over 15 European countries.

As the countries covered by this study are the UK, Denmark and Germany (plus Switzerland); these countries will be analysed in some more detail in the next section.

EAPs in the United Kingdom

In the UK, there is a very long history of welfare in employment. The first EAP programme was introduced to UK when Control Data, an American company, began assisting their employees from their internal EAP in the States. This became a UK-based internal service in 1981. The first external EAPs were founded in the mid 1980s (Beer, 2005).

The UK market has diverged from those in most other developed EAP markets (i.e. US, Australasia, Canada) by focusing on the health benefit side of the EAP rather than its performance-related aspects (Ready, 2005).

Recent research into market penetration by *EAPA UK* has reported a 10% market penetration rate.

Currently 1137 organisations have EAPs in the UK covering some 2.26 million employees (around 10% of the UK working employee population). The value of this business is £22.53M. These figures were higher than our estimates before however it confirms that in the UK EAPs have a low penetration. This is good news as there are lots of opportunities for market growth. The current market for telephone counselling helplines (only) is 304 organisations covering another 1.79 million employees and worth just over £2M (EAPA UK, 2005).

In an attempt to recover from reducing profit margins and turnover, many UK providers have diversified into new products and services. This has not always been a successful or even logical diversification.

Some of the most common diversified services offered by UK providers are:

- Soft-skills training (communication, time management, etc)
- Management training (leadership, change management, etc)
- Stress management and stress auditing services
- Work-life services
- Coaching and mentoring
- Workplace mediation services
- Concierge services

Denmark

Since the 1960s, many large companies in Denmark have offered in-house counselling services for employees. The type of service provided varied from the provision of legal, medical, psychological and social work services. Some trade unions also offered counselling, mostly performed by social workers (Sosted, 2005).

In the late 1980's the development of an EAP model was supported by the Ministry of Health as a way of dealing with alcohol problems in the workplace. As in other markets, this model soon became the broad-brush type of EAP known in the UK and the US.

Today, approximately 25% of the Danish workforce now has some kind of EAP in place (Sosted, 2005).

Germany

The term EAP is not generally used in Germany and there is no real German equivalent term. The term "Betriebssozialarbeit" (Occupational Social Work/OSW) is mainly used in places of training and "Betriebliche Sozialberatung" (Occupational social consultancy) is popular in companies. Often the term "Mitarbeiterberatung" (staff consultation) is used as well (Appelt, 2005)

EAPs in Germany are almost exclusively in multinationals and very large private companies. The programs often have an alcohol and other drug focus.

There are about 500 German companies with internal BSAs (equivalent to OSWs). The *Bundesfachverband Betriebliche Sozialarbeit* is the lobby for OSWs in Germany. There are also a small number of independent, external OSWs, who provide their services to companies.

Switzerland

Occupational Social Work in Switzerland has a very long history with the first occupational social work office opened in 1922 at the Maschinenfabrik Gebr. Bühler AG, Niederuzwil. They started with external counsellors, because it was seen that the social worker should be neutral. At that time, the political tension between workers and employers was very strong (Hufschmid, 2005).

A further interesting development in Switzerland is the location of the *International Council on Alcohol and Addictions* in Lausanne. This body has been promoting EAPs since 1977.

In Switzerland, OSW services nowadays are internal. In the last few years, some companies evaluated an outsourcing of the OSW but few have done so.

6. Commodification in the EAP field

It has been claimed by some authors in the EAP field that the EAP market has entered a period of 'commodification' (see: Sharar & Hertenstien, 2006).

A commodity exists where a product or service has become standardised (Bean & Radford, 2000). Primary products like iron ore, wheat, wool and coal are all examples of commodities. An example in the service area is the conveyancing of property, once thought of as a complex legal skill; conveyancing is now carried out by specialists for a fixed fee and at 'low cost' (Kenny, 2004).

When a product or service drifts towards the commodity category, strategic factors such as service features become standardised. As a result, customer focus moves towards price, and the opportunities a business has to differentiate itself from its competitors narrow (Kenny, 2004).

The possible impact of this 'commodification' is that prices lower (normally good for purchaser's); the return on investment (ROI) is low and there is therefore few new investors. During commodification, organisations tend to focus on cost cutting and outsourcing. There is also often a lack of research & development in a commodified sector. One further feature of commodification is that tendering (and auctions) is increasingly used to procure the commodified product or service.

Certainly, the above criteria seem to be true for many EAPs. In particular, there has been a reduction in the price of EAPs and an increase in the use of tendering for the procurement of EAPs (Buon, 2005).

In a 2006 US study, Sharar & Hertenstien interviewed 30 'key informants' from U.S. & Canada and reported that 94% believed that commodification is a major issue confronting the EAP field (Sharar & Hertenstien, 2006). Participants in the study used the term to mean that the characteristics of providers are so similar that programme differentiation and brand mean little, leaving price as the critical factor in purchasing. Sharar & Hertenstien (2006) report that many suspect that competition and an oversupply are responsible for the low prices in EAPs. They also lament the trend for EAPs to be bundled and sold through benefit brokers as add-ons, or even free throw-ins

Sharar & Hertenstien (2006) suggest that managed health care firms, EAPs being under priced & oversold by providers and apathetic or naïve employers or purchasers (HR) are responsible for this result. The study suggests amongst other things that there is a need to educate both purchasers and EA professionals to sell and buy based on quality rather than price and to conduct conclusive, evidence-based research that compares the effect of various EAP models.

In an article in an Australian marketing journal, Graham Kenny (2004) suggests that to avoiding the commodity trap services need to avoid tendering situations; sell to senior management; sell value, quality, and

exclusivity; build the brand; consolidate and amalgamate or exit the industry.

However, it is also important not to ignore the well know concept of 'product life cycle'. That is, products are born, they prosper & they die. It is suggested that product move somewhat naturally though four stages (see: Rink & Fox, 1999; Bleichrody & Quiggin, 1999).

1. Concept
2. Development
3. Maturity, and
4. Decline or Termination

In the concept stage, there is extensive research & development, innovation, and market development. There is a sellers' market and often-monopolistic pricing. During this phase, "thoughtful planning with innovative programme design and development and promotional strategies to accommodate client needs are primary" (White, 1988)

The development stage is characterised by rapid growth and competitive turbulence. There is often entry of many aggressive emulators who are attracted by perceived large profits. Individuals face growing price elasticity and intra-industry competition leads to price reductions. Competitors begin to encroach on one other's market areas (Bowling, 2001).

The maturity stage is generally seen as a buyers' market. There can be market saturation and programs are at their highest efficiency, although minor tweaking or customization for a specific audience may take place. Sales peak and profits start to decline. New product ideas can start a new product life cycle (Rink & Fox, 1999).

The decline or termination stage happens because the product or service outgrows its usefulness, fashions change, technology changes and sales decline. Substantial time and energy are required to sustain a programme that is in the decline phase (Bleichrody & Quiggin, 1999).

Business success and profitability are tied directly to product management and where a product or service is in the Product Life Cycle and this certainly applies to EAPs. EAPs, at least in the developed markets of the UK, appear to be leaving the maturity stage and approaching decline. This can result in price becoming a key determinant in purchasing and the product appearing to be commodified.

It would be reasonable to suggest that some of the issues facing the EAP industry may be related to normal product cycle factors rather than commodification of their product. This study, given its size and preliminary nature, will not conclusively answer this question, but it will provide valuable information and somewhat uniquely in EAP research concentrate on the customer's perceptions, rather than the perceptions of EAP professionals or other experts.

7. Study Goals

This study will explore the perception of buyers and their views of the existing markets in four key European countries.

The goal of this study was to provide much need empirical data on the purchaser's perception of the EAP product. The research attempt to answer the following questions:

1. How do Human Resource Managers (the purchasers) perceive the EAP product and what components do HRM believe should make up an EAP? Are there any additional services or components they would like from their EAP?
2. How did they purchase their EAP (tender, recommendation, bundled, etc)?
3. What differences do they perceive between EAP Providers?
4. What were the reasons for purchasing and establishing an EAP?
5. What benefits did they hope to receive from establishing an EAP? In addition, what benefits do they perceive to have received from their EAP?
6. Do they see their EAP as having been oversold by the vendor?
7. How important was 'cost' in deciding to purchase their current EAP?

The results of this study should provide the EAEF, its members and EAP stakeholders in general with important European data and analysis of the EAP field and a good understanding of the views of European Human Resource Managers (HRMs) and other purchasers of EAPs.

Methodology

1. Research Design & Sample

This study focuses on the perception of Human Resource Managers (HRM) in Europe about the value of Employee Assistance Programmes (EAPs). For this purpose, it was decided that the appropriate methodology would be survey research. This method is appropriate for the exploratory nature of the proposed study and due to the time and cost constraints of this type of research (Gravetter & Wallnau, 2007).

The methodology used produced a very good response rate and met the conditions set in the research design. It is expected that this methodology will be able to be replicated by other researchers in the future.

The EAEF sponsoring organisations assisted with the selection of the appropriate cohort from each of the countries (30 from Germany, 30 from Denmark and 60 from the UK). Sample organisations were identified and human resource professionals (or equivalent) were contacted by the sponsors and commitment gained to complete the on-line questionnaire.

The intended sample was 120 Human Resource Managers from Germany, Denmark & from the UK. Following the feedback given to the pilot study it was decided to target those Senior HR, Personnel or other similar Managers with EAP purchasing responsibility or authority.

The sample was drawn from both public and private organisations, from various industry sectors, in the three European countries¹.

The project sponsors were:

1. AXA PPP Healthcare (UK)
2. CiC (UK)
3. Falck Healthcare (Denmark)
4. ICAS Schweiz AG (Germany & Switzerland)

The sampling method used was a type of 'stratified quota sampling'. Stratified quota sampling is the nonprobability equivalent of stratified sampling. The disadvantages of this sampling method are that it may not be as representative of the population as full random sample would be and further it is not possible to assess the possible sampling error. However, as the subjects were pre-qualified by the sponsors, participants were motivated to complete the questionnaire and response rate was high. The decision to use this method of sampling was taken following the results of the pilot study and in consultation with the EAEF.

¹ Switzerland was added during the study as the German sponsor found to be difficult to get a full sample from Germany. For the purposes of this study, the results from both Switzerland and Germany will be combined.

2. Instrumentation

The instrument for this study was an on-line questionnaire (See Appendix). The questionnaire consisted of four parts. The first parts consisted of general questions about EAPs and were to be attempted by all subjects. Part 2 was for those with an EAP and was about how the EAP was purchased. Part 3 was for those who did not have an EAP and were about the reasons for this decision. Part 4 was designed to collect relevant demographics from all participants.

The survey instrument also included questions about the EAEF's existing definition of EAPs, a dichotomous scale, about whether various services should or should not be offered by EAPs, and the main benefits those who have EAPs have received.

Variables of interest include the HRMs gender, age, industry grouping and size of organisation. The questionnaire was in English.

3. Procedures

Following the development of the theoretical framework and an initial literature review, the following research methodology was developed. While survey was the appropriate methodology due to the reasons discussed above, this method of survey research traditionally has validity problems due to low response rates. In an attempt to alleviate this problem, it was decided to use the stratified quota sampling method described above.

The survey had two stages: pilot, and the main survey. The pilot study involved a sample of 30 HR professionals in Aberdeen, Scotland. Conducted in May 2006, the pilot study allowed for the final construction of an instrument suitable for use with the target population. The pilot study also allowed for a testing of the sampling technique and the suitability of the sampling frame.

This pilot sample produced useful feedback on the study design, flaws in the design of the pilot instrument were noted, and some initial data analysis was conducted to test the structuring of individual questions. Useful suggestions from the EAEF Committee were also received at this time. The results of the pilot study were presented to a workshop of EAP professionals at the EAEF Conference in Wuppertal, Germany on 29 June 2006 and comments from this group were received. All the suggested changes to the procedure and the instrument were incorporated in the final study.

4. Reliability, Validity & Limitations

External reliability for this study has been maintained by the detailed and appropriate definition of the procedures and conditions of the study. The detailed descriptions in this section and the appendices provided should ensure the possibility that an independent researcher could reproduce this study in a similar setting.

The questionnaire design to some extent ensured internal reliability. The use of a pilot instrument also assisted with reliability concerns.

Internal validity refers to the extent to which the results of the study can be interpreted. This has been ensured with randomisation, control, measurement and appropriate analysis. The following Results Section will demonstrate that the results of this study can be accurately interpreted.

One threat to internal reliability was the use of English as the only language for the questionnaire. This was canvassed prior to the study with the EAEF and seen to be acceptable. It was assumed that the population who were to complete the questionnaire would be literate and would have few difficulties in completing the survey instrument. In practice it appears that, some (non-UK) participants may have had difficulty with some of the language and anecdotal feedback from sponsors suggests that some participants (particularly in Germany & Denmark) may not have completed the questionnaire due to language concerns.

This study also limits itself to Europe and while the results of the proposed study may appear to be only applicable to the countries involved, it may be possible to extrapolate the results to other European countries. A further external validity issue is the great difference in EAP development in the UK when compared to Denmark & Germany (and Switzerland). For this reason, it was necessary to look at the data in two cohorts (UK and 'others') for some analysis purposes.

There are of course inherent problems in the web-based questionnaire design. This technique does not allow for the probing and clarification of responses, as is possible with the personal interview. The personal interview combined with the mailed questionnaire may be the most effective way to collect the type of data required for this type of study.

However, the methodology described above, should demonstrate that all effort was taken to ensure the accuracy, replicability and generalisability of the present results, notwithstanding these constraints.

The results from this study are presented in the next chapter. This provides the results of statistical analysis conducted on the survey findings. In this chapter, the statistical analysis of the data gathered by the survey is analysed and presented. These results are further discussed and recommendations given in final chapter.

Results & Discussion

1. Respondent Characteristics

One hundred and three (103) respondents completed the full Employee Assistance Awareness Questionnaire (EAAQ). As one respondent omitted to include critical identification details and other important information, this questionnaire was disregarded resulting in a final response of 102 respondents. There was a further six incomplete questionnaires that could not be used. This was a total of 109 respondents or 91% of the target sample.

The resulting sample size of valid entries was 102 (85%). We received 30 complete questionnaires from Germany/Switzerland (ICAS), 21 from Denmark (Falck) & 51 from the UK (31 CiC & 20 AXA). The data analysed in this study is from the responses to the full questionnaire by the 102 HRMs.

Table 1 below shows the response rate by Country and by established EAP. The sample shows that the UK provided 50% of the total sample while Denmark and Germany/Switzerland contributed 21% and 29% respectively. In terms of those respondents with EAPs, the UK contributed 57% of the sample and Denmark and Germany/Switzerland 16% and 26% respectively. This is perhaps not too surprising as EAPs have been in existence longer in the UK than elsewhere in Europe.

	Denmark	Germany/ Switzerland	United Kingdom	Total
With EAPs	11 (16%)	18 (26%)	39 (57%)	68
No EAPs	10 (29%)	12 (35%)	12 (35%)	34
Total	21 (21%)	30 (29%)	51 (50%)	102

Table 1: Analysis of respondent by Country including those who have EAPs and those who do not have EAPs (figures in brackets represent the percentage share)

Twenty-three different industry sectors were identified within the United Kingdom, Healthcare, Government, Manufacturing, Legal Services, Financial Services, Education, and Insurance being the principal sectors. Denmark and Germany/Switzerland showed a similar profile of industry sector with Retail, when added to the UK figure for that industry sector, becoming more prominent.

Further respondent analysis was undertaken in the areas of position held, length of service, age and gender. Table 2 below shows the analysis of respondents by position held and this provides some interesting contrasts.

Position	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
Senior Level HR	3	3	16	21
Middle Level HR	6	11	19	36
Lower Level HR	1	1	7	9
Total HR Sub-total	10	15	42	66
Senior Level Other	2	4	3	8
Middle Level Other	4	3	1	7
Lower Level Other	1	0	1	2
Total Other Sub-Total	7	7	5	17
Grand Total	17	22	47	83

Table 2: Positions held by respondents

Although not all of the respondents specified their position, some 19 failed to provide this information, the table does show that approximately 80% of respondents held positions in Human Resources (HR). The extent of HR involvement with this research study, ranged from 59% in Denmark, 68% in Germany/Switzerland and 89% in the UK.

It is also interesting to note the higher degree of involvement with EAPs by middle level HR people in Denmark and Germany/Switzerland than in the UK though it is recognised that this level of involvement does not necessarily mean that these respondents were responsible for EAP related procurement. Although this will be discussed in more detail later in the report, it is considered that the involvement of non-HR people as respondents in this research study is a function of the size of the organisations that were perhaps too small to have HR Departments or a structured approach to the management of people.

The distribution of respondents by age reveals that the majority of respondents responsible for EAPs (or who at least considered themselves responsible by participating in this research study) are over 47 years of age. This is consistent with the content of Table 2, which showed that the majority of employees responsible for EAPs were senior to middle HR or other managers.

The age distribution is remarkably similar in Germany/Switzerland and the UK with approximately 60% of respondents being over 47 years of age. Denmark has a slightly younger profile of 48% of respondents being 47 years of age and over. This perhaps reflects that Denmark has more respondents at middle to lower levels than Germany/Switzerland and the UK.

An analysis of respondents by gender can be seen in Table 3 below.

	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
Male	12	16	17	45
Female	7	10	33	50
Not stated	2	4	1	7
Grand Total	21	30	51	102

Table 3: Analysis of respondents by gender

The above table shows that in terms of the total number of respondents who stated their gender, 49% are female and 44% male. The profile of participation by gender is interesting in that it is not consistent across the participating countries. Denmark for example has male participation in the range of 57% while in Germany/Switzerland the male participation rate is 53%. Denmark and Germany/Switzerland with their majority male participation rates compare with the UK where the male participation rate reflects a minority position of 33%. It is not exactly clear why this difference exists. However, it can be related to the preponderance of HR people as respondents and that in the UK, HR has for a number of years been an attractive career option for women. It may also be because HR is more highly developed in the UK than in continental Europe (Armstrong, 2006).

Finally, respondents were analysed by organisation size and by the size of the division in which they worked or were responsible. Table 4 below shows some interesting information.

Size of Organisation	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
1 to 500	11	6	8	25
>500 up to 1000	2	3	8	13
>1000 up to 5000	1	11	18	30
>5000 up to 10000	1	1	6	8
>10000 up to 20000	0	2	7	9
>20000 up to 50000	0	2	1	3
>50000 up to 100000	0	0	1	1
>100000 up to 250000	0	0	0	0
>250000	0	2	1	3
not specified	6	3	1	10
Grand Total	21	30	51	102

Table 4: Analysis of respondents by size of organisation (by number of employees)

Interestingly 67% of respondents work in organisations with up to 5000 employees and this distribution is consistent across all participating countries. Germany/Switzerland has the largest organisations participating in the research study but the number of organisations is not excessive. Overall, four organisations employing in excess of 50000 people are included in the study.

In summary, respondents are mainly HR professionals and hold positions at a senior to middle level. They tend to be 47 years of age and over and in respect of the research study, there is a small majority in favour of female participation. There is though a marked difference in gender distribution with the UK showing a significantly higher level of participation than Denmark and Germany/Switzerland.

2. Perception of the EAP Product

The first part of the questionnaire attempted to establish how familiar with EAPs HR and other managers were and to attempt to reach some understanding of their perceptions of the EAP product, for example, the extent to which they were involved in the buying or selection of the EAP product. The aim here was to 'qualify' the respondent, so that data was representative of the population.

It is also reasonable to see the sample as a 'snapshot' of purchasers in the UK, Denmark and Germany/Switzerland, and for this reason, we have made some extrapolations from the data.

The following table analyses a number of factors related to respondent's knowledge and perception of EAPs.

	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
Respondents familiar with the term EAP	16	27	51	94
Respondents unsure of the term EAP	5	3	0	8
Total	21	30	51	102
Organisations which have EAPs	11	18	39	68
Organisations which don't have EAPs	10	12	12	34
Total	21	30	51	102

Table 5: Respondent knowledge and perception of EAPs

Table 5 above shows that 76% of respondents have EAPs with the UK showing the highest proportion with 76%, Denmark 52% and Germany/Switzerland 60%. In relation to the total sample of 68 organisations with EAPs, the UK contributes 57%, Denmark 16% and Germany/Switzerland 26%.

These figures support the level of confidence of UK respondents all of whom indicate that they are familiar with the term EAP. This contrasts with the response from Germany/Switzerland that indicated that 10% of the respondents were unsure of the term and in respect of Denmark, 24% indicated similarly.

A further analysis of those respondents with EAPs (39 in the UK and 29 in the European participant countries) showed that in the UK, 37 of the EAPs were provided by external (to the respondent organisation) providers. The equivalent figure for Denmark and Germany/Switzerland was 20.

These figures mean that for the sample, 95% and 69% respectively of EAPs are provided by external providers. There is an obvious difference

in the provision of external EAPs between the UK and Denmark and Germany/Switzerland with the latter countries showing a tendency to offer employees and in-house, internal and on 2 occasions both and internal an external EAP provision. The extent of the internal provision of EAPs is not significant with only two respondents in Denmark and four in Germany/Switzerland offering these services to employees. Of course, this result may be simply due to the sampling method used in the study with sponsoring organisations providing the sample.

The level of familiarity with the term of EAP will also depend on the extent to which respondents were involved in the procurement decision and related processes. Table 6 below shows the distribution of whether or not the respondents were personally involved in the purchase or selection of the EAP product.

Involved in purchase or selection of EAP product²	Denmark	Germany/Switzerland	United Kingdom	Grand Total
Yes	8	9	20	37
No	2	8	18	28
Grand Total	10	17	38	65

Table 6: Analysis of Respondents and whether or not involved in the purchase or selection of the EAP product.

It can be seen from the above table that overall 57% of respondents state they were involved in the purchase or selection of the EAP product. There are similarities in the level of involvement between the UK and Germany/Switzerland where 51% and 53% of respondents respectively stated that they were involved in the procurement decision. However, albeit with smaller absolute numbers, this contrasts with Denmark where 80% of respondents state they were involved in the decision to purchase or select the EAP product.

Considering what factors might influence this relatively low level of involvement in the buying decision some consideration has to be given to the level of the positions occupied by respondents in their organisations. There is also a need to consider the length of time an organisation has had an established EAP. This factor is illustrated in Table 7 below. The information in Table 7 will be considered together with information related to respondents' position and length of service.

² Three respondents, one each from each country failed to answer this question

No of years had EAP³	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
Up to 1 year	0	9	2	11
> than 1 year and up to 2 years	3	1	3	7
> than 2 years and up to 3 years	1	1	5	7
> than 3 years and up to 4 years	0	0	3	3
> than 4 years and up to 5 years	0	2	8	10
> than 5 years and up to 8 years	3	2	6	11
> than 8 years and up to 10 years	1	1	7	9
> than 10 years and up to 15 years	2	0	2	4
15 years and over	0	1	0	1
Grand Total	10	17	36	63

Table 7: Length of time organisations have had their EAPs

In respect of the low level of involvement in the buying decision, it has already been established that the majority of people involved with EAPs in their organisations and who are participating in this research study hold middle to senior positions in their organisations.

It would therefore not be unreasonable to assume that they would be involved in the buying decision in some way. Most of the respondents have been with their organisations for more than 5 years, 76% in Denmark and 79% in both Germany/Switzerland and the UK.

Table 7 shows that 60% of EAPs were purchased in the last 5 years with a quite recent burst of buying activity in Germany/Switzerland in the last year or so. All of the indicators suggest that the survey should have solicited a higher 'involvement' response than that indicated.

³ Five respondents, one each in Denmark and Germany/Switzerland and three in the UK were unsure how long they have had their EAPs and declined to answer this question.

There is no obvious reason for the low level of 'buying involvement' and this may well be a function of organisational structure and decision-making processes. For example, another senior manager may well be involved in the buying of external services and the subject or functional managers are responsible for the delivery and general stewardship of the external service.

It is clear that to establish a definitive answer to this point further research focused on the buying decision and related processes will be necessary. However, in terms of EAP buying activity it is interesting to note that in comparison to Germany/Switzerland and the UK, buying activity and growth of EAPs in Denmark is relatively modest with only 36% of the respondents buying an EAP in the past 5 years. The UK demonstrates a balanced level of activity with 54% of EAPs being purchased in the past 5 years while the figures applicable to Germany/Switzerland indicate real growth with around 76% of EAPs being purchased in the same period. The interesting aspect of this performance is the level of activity in the past year where some 53% of respondents indicate their organisation purchased an EAP.

3. Respondents views on what an EAPs should include.

In order to establish what respondents thought of EAPs and what they should include they were asked to agree or disagree with and comment on the following EAEF definition of an EAP.

“a work based programme to improve organisational performance through the provision of structured management and employee support services”

Respondent's answers to this question are shown in Table 8 below⁴.

Agree or disagree with EAP definition	Denmark	Germany/Switzerland	United Kingdom	Grand Total
Yes	12	18	25	55
No	8	12	25	45
Grand Total	20	30	50	100

Table 8: Respondents views on EAEF EAP Definition

The overall response indicated that 55% of respondents agreed with the definition. However, on a country basis both Denmark and Germany/Switzerland had a majority of 60% in favour of the definition while in the UK opinion was evenly split with 50% of respondents agreeing and disagreeing with the definition.

There was no prominent reason for agreeing with the definition and on examination respondent's comments tended to fall into two categories – improvement in organisational performance and being perceived as a caring employer. There was no significant distinction in the response between the participating countries.

In the UK, the principal reasons in favour of the EAP definition were the emphasis on improving organisational performance by contributing to maintenance of productivity, reducing absenteeism or encouraging employees to return to work sooner than they might otherwise have done in the absence of an EAP and being perceived as a caring employer. In respect of Denmark and Germany/Switzerland respondents, comments were similar to those in the UK with a similar emphasis on the business case and the need to be seen to support employees going through difficult times.

⁴ Two respondents, one each from Denmark and the UK did not answer this question

Those respondents who did not agree with the EAP definition were slightly more vociferous in their criticism. Some of the criticisms across the board were that the definition was too broad, too complicated or confusing. Other comments particularly from Germany/Switzerland suggested that improvements in organisational performance were "more aspirational than fact".

The weight of opinion though of those respondents in disagreement with the EAP definition was directed at the need to emphasise the employee support aspect of EAPs rather than the business case. Again, this view was expressed across all four countries.

It would seem that the EAEF EAP definition could be revisited in light of these findings. While it may be appropriate to be aspirational in defining ones product or service, this should not be at the expense of clarity.

Services offered by an EAP

Clearly, a critical element of this research study is respondent's views on what an EAP should or should not offer. The study addressed this by asking respondents to select from a pre-determined list of services⁵ those, which they considered should be included in an EAP, and those that should not be included. In addition and by way of seeking corroboration, respondents were asked two further questions that required them to state the one service that an EAP should definitely offer and the one service that should definitely not be offered.

The responses to the selections made from the pre-determined list are shown in Table 9 below, as percentages. This Table also shows the differences in responses for those who had an EAP and those who did not. This data was not analysed across countries, as there were no significant differences between the groups.

It can be seen from Table 9 below, that overall respondents feel EAPs should definitely offer the following services:

- telephone counselling for employees
- face to face counselling for employees
- telephone counselling for employees family
- alcohol and drug support and/or counselling
- critical incident and trauma counselling
- stress management
- work-life balance services

⁵ This list was developed by the researchers and tested in the pilot study. It was then modified and confirmed by an expert panel (EAEF Board).

	With EAP	With EAP	Without EAP	Without EAP	Total	Total
Service	Should Offer %	Should NOT Offer %	Should Offer %	Should NOT Offer %	Should Offer %	Should NOT Offer %
Telephone Counselling for employees	99	1	97	3	98	2
Telephone Counselling for employees family members	91	9	71	29	84	16
Face-to-face Counselling for employees	95	5	97	3	96	4
Face-to-face Counselling for employees family members	67	33	56	44	63	37
Internet based (on-line) counselling	55	45	67	33	59	41
Financial, legal, health & other information services	85	15	59	41	76	24
HRM consultation, advice & information	33	67	41	59	36	64
Coaching	49	51	63	37	54	46
Alcohol & other drug support and/or counselling	93	7	94	6	93	7
Critical incident or trauma counselling	91	9	85	15	89	11
Concierge services	25	75	21	79	23	77
Stress management services	88	12	84	16	86	14
Workplace mediation	40	60	52	48	44	56
Work-life balance services	88	12	88	12	88	12
Management training	31	69	37	63	33	67
Other specialist training (health, stress, lifestyle)	53	47	54	46	53	47
Harassment, grievance or other Investigation services	49	51	43	57	47	53
Expatriate support services	61	39	57	43	59	41
Childcare/eldercare services	79	21	62	38	73	27
Performance Management	28	72	34	66	28	72

Table 9: Respondents Views On What EAPs Should & Should Not Offer (percentages, n=102⁶)

⁶ The headline total of 102 was adjusted in some categories to take account of those respondents who did not complete the individual question

There was overwhelming support for the above services with each of them attracting over 80%. This result can be seen graphically in Figure 1 below. It should also be noted that *childcare/eldercare* (73%) and financial, *legal, health & other information services* (76%) all received significant positive responses, though a lot less than may have been expected given the predominance of these services in EAPs.

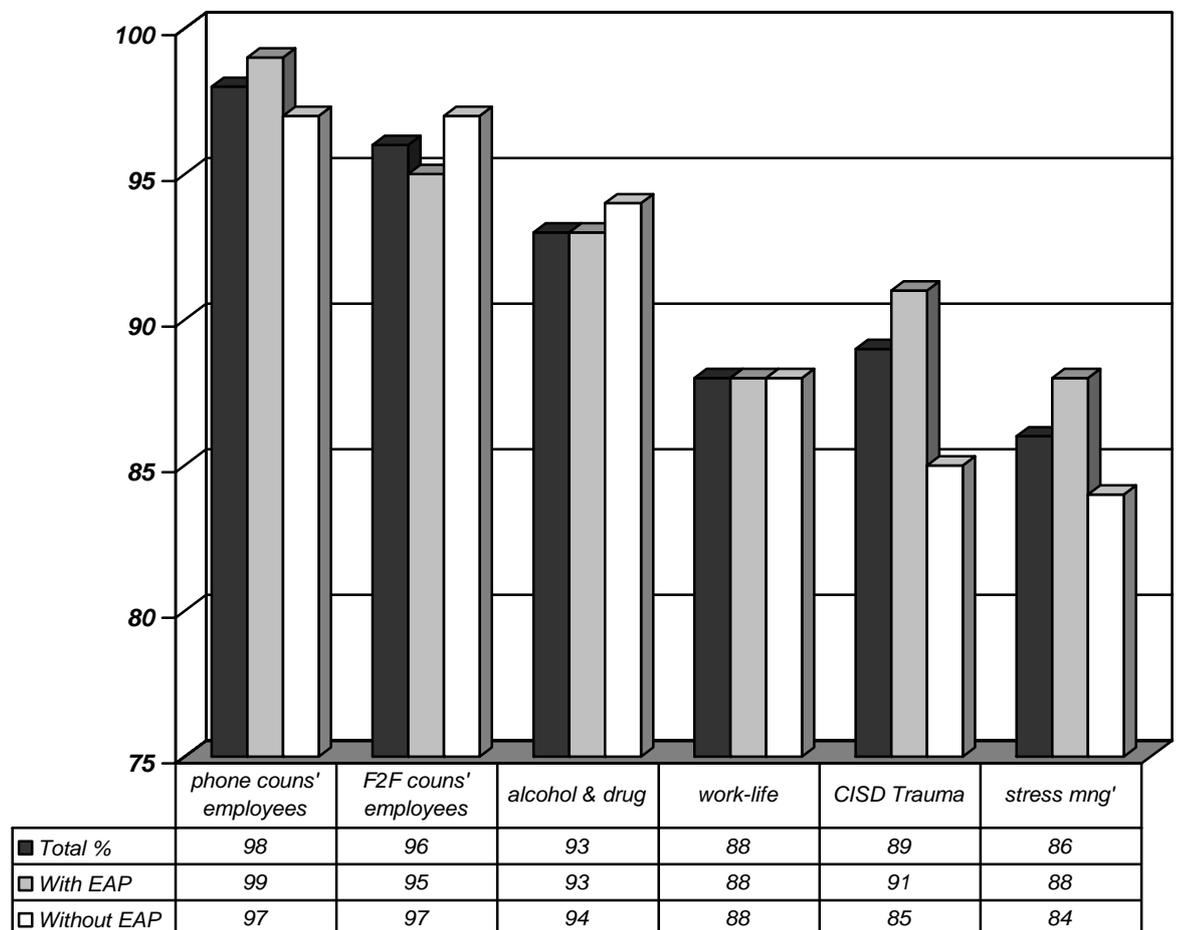


Figure 1. Services That Should Be Included in an EAP (n=102)

In particular, it is interesting to note the lack of support for *face-to-face counselling for employee's family members* (63%) while there is a large response for *work-life balance services* (88%). It is thought by the researchers that this may indicate a need for EAP Providers to better educate their clients as to the benefits of providing counselling support to employees family, which is after all part of the 'core technology' of EAPs. On the other hand, it may be necessary to listen to the customer here and at least in marketing terms be cautious about over emphasising the employee family component. In particular, there was a significant difference between those who have EAPs and those who do not in relation to counselling services (face-to-face/telephone) being offered to employee's families (67/91% 'with' & 56/71% 'without').

Respondents also felt that EAPs should not offer the following services:

- HRM consultation, advice and information
- concierge services
- management training
- performance management

This result can be seen graphically in Figure 2 below.

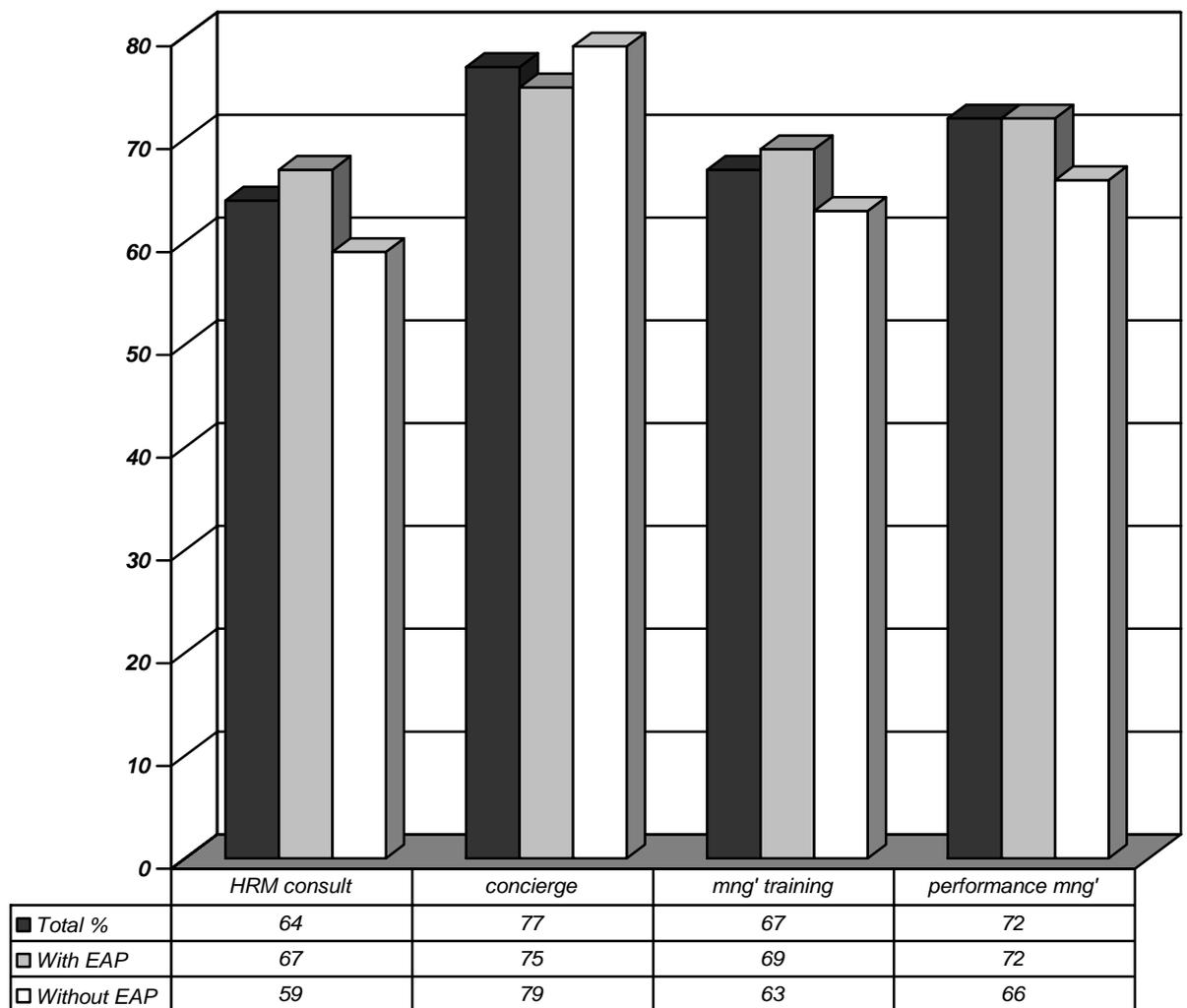


Figure 2. Services That Should NOT Be Included in an EAP (n=102)

With the exception of *concierge services*, it could be argued that the reason for the above being selected in the category of 'should not be offered' is that they are seen by the respondents as appropriate for formal management or specialist HR processes. However, this is speculation on the part of the researchers and could in fact represent an area for further research.

The dislike of concierge services is interesting and consistent with the results of the pilot study (Buon, 2006). The reason for this is outwith the aims of this study, but would be an interesting area for further study.

It is disappointing that 'performance management' is not seen as a desirable part of the EAP. The EAP literature is (see: Brody, 1988; Roman, 1981) adamant that performance management is key to Employee Assistance and is the 'great differentiator' from simply employee counselling. Supervisors are instructed in the EAP literature not to attempt to "counsel" employees about their personal problems but rather confront⁷ the employee about their work performance. When discussing poor performance with an employee the supervisor should not attempt to diagnose personal problems, rather they should deal with any work related causes and during the interview offer the employee access to the EAP.

It would seem however that our respondents are not rejecting this component of EAPs, but rather are not aware of it. Hopkins (2005b) and others have lamented the lack of awareness of purchasers of this core EAP component, and this research would seem to support this position.

Workplace mediation services, coaching and harassment, grievance or other investigation services all had mixed responses, with approximately half of the respondents feeling they should or should not be offered.

A close examination of the results in Table 9 will reveal a number of services where the 'vote' in favour of offering the service is reasonably convincing though not overwhelming, e.g. *financial, legal and health etc* and *face to face counselling for employee's family*. The table also shows some services, which attracted what might be described as a neutral 'vote', for example, *internet based (online) counselling* and *expatriate support services*.

What the above suggests, again speculation on the part of the researchers is that EAPs have possibly expanded the range of services, which they offer to the point of not offering what respondents, their organisations and even employees require.

For example in response to the question, "which **one** service should an EAP definitely offer" only two services were frequently advocated by respondents. These were "*face to face counselling for employees*" (28% of respondents) and "*telephone counselling for employees*" (35% of respondents). The next most popular service was "*alcohol and drug support and/or counselling*" with 9% of respondents advocating this service.

⁷ The term 'constructive confrontation' is a popular one in American EAPs to describe the process where the supervisor (or manager) employees with difficulties are identified through the monitoring of job performance and are confronted in a positive manner about performance changes, though this term is rarely used in European EAPs.

The surprisingly high results for *alcohol and drug support and/or counselling* is of particular interest, given that this was the roots of the modern EAP movement (Roman, 1981) and is one of the great 'differentiators' between the UK/European EAP model and the US EAP model. EAP providers in Europe, if they want to be responsive to their customers, may need to rethink their general reluctance to embrace alcohol and other drug services as core EAP services.

In relation to what **one** service should not be offered again respondents voted for a limited range of services. *Concierge services* (23%), *performance management* (15%), *human resource consultation, information and advice* (11%) and *management training* (9%) were the most frequently selected services falling into the category of "should definitely not be offered".

These results are consistent with the results included in Table 9 and therefore we can assume a high degree of confidence in the comparisons and contrasts that they present. It seems that there could well be a mismatch between what EAP providers offer and what their potential clients require. This would clearly have an impact on the perception of EAPs in terms of purchasing criteria and in particular the emphasis on price.

It is of course vital for any successful business to listen to its customers. And it would appear, at least from the respondents to this study, that buyers are looking for what has been described by Roman (1980) and others as 'core EAP' services, that is, counselling and support services for employees (possibly their families) including trauma counselling, stress and work-life services and definitely alcohol and other drug services. As discussed above, unfortunately the core component of performance management is not seen by the respondents as desirable.

Those EAP providers who wish to pursue products that purchasers clearly do not see as appropriate such as concierge services, performance management, human resource consultation, information and advice and management training, do so at some possible risk.

4. Factors influencing the purchase of EAPs - purchasing method, price and reasons for selecting an EAP provider

This part of the study is applicable to those organizations who have established EAPs (n=68). A number of respondent who did not have EAPs also answered the questions and have been omitted from the following analysis.

Main way of selecting EAP Provider ⁸	Denmark	Germany/Switzerland	United Kingdom	Grand Total
Formal tender or bid	2	3	19	24
Proposal	4	4	5	13
Relationship with EAP Provider	1	3	9	13
Service was bundled	1	0	2	3
N/A – internal EAP only	0	1	1	2
Unsure	2	5	3	10
Grand Total	10	16	39	65

Table 10: Purchasing method for EAPs

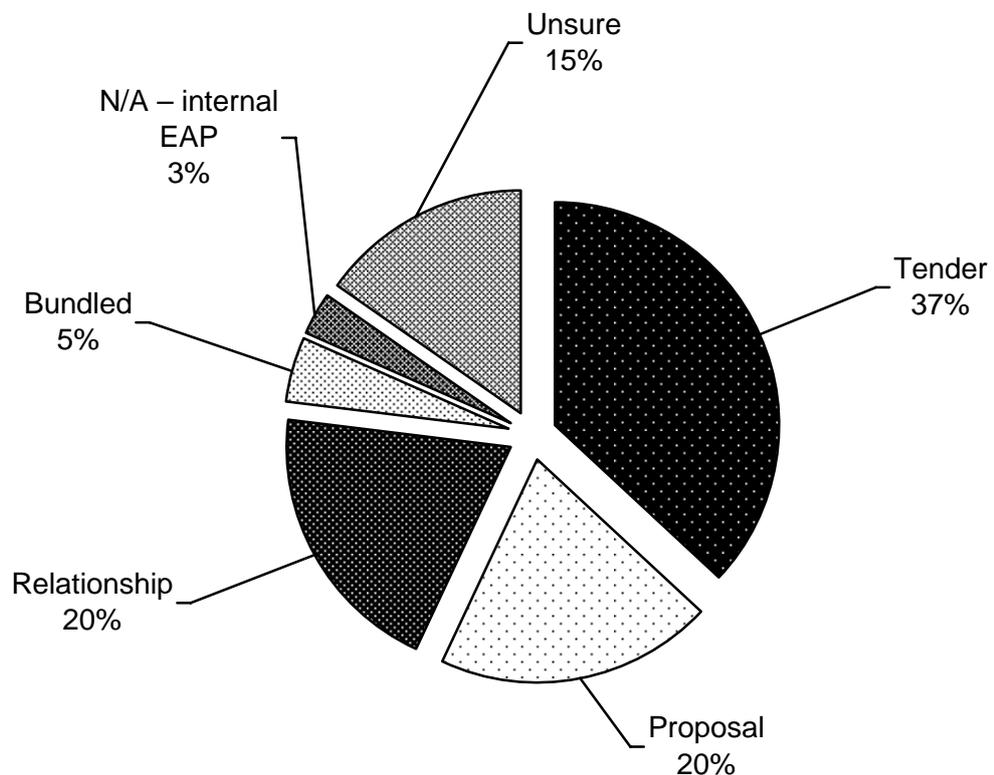


Figure 3. Purchasing method (n=65)

⁸ Two respondents did not answer this question, 1 each from Germany/Switzerland and Denmark.

Figure 3 above provides some valuable information which when combined with other responses will be of particular interest to respondents and EAP providers alike. This shows that most EAPs are purchased through 'formal tendering and bidding' processes and proposals (a less formal version of the tender) (total = 57%).

This is perhaps not surprising given the emphasis in today's business world on value for money, financial integrity and ethics. However, it cannot be assumed that price, although probably important, was the sole determinant in the buying decision.

The perceived value of the 'relationship with the EAP provider' is also interesting in that it appears to have some influence in the buying decision in Germany/Switzerland and the UK with 19% and 23% of respondents, respectively, identifying this category as a factor.

Another interesting point is the very low evidence of 'bundling' (5%). The literature review refers to other studies that suggest that EAPs have become commodities used as a 'makeweight' or an 'add-on' in the context of larger buying arrangements.

Importantly, the above results show little evidence of 'bundling' across all participating countries in our sample. This does not mean that the idea of commodification of EAPs can be definitely refuted but it does not support the commodification hypothesis and illustrates the need for further research.

As was previously mentioned, a feature of commodification is that tendering is increasingly used to procure the commodified product or service, and there is certainly an increase in the use of tendering for the procurement of EAPs, however it does not necessarily follow that tendering means that commodification exists. Tenders are of course simply a very good way of securing a good price in a competitive market.

There is no doubt that price will be a significant consideration for organizations in the procurement of services. However, in the purchase of EAPs other factors seem also to be important. For example, table 10 indicated that the relationship with the EAP provider could also be an important consideration. Table 11 below considers the importance of price in the purchase of EAPs and then the discussion will explore what other factors may also influence the procurement decision.

How important was price in this decision ⁹	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
Very important	2	4	11	17
Somewhat important	5	4	22	31
Minor importance	3	2	1	6
Not important	0	1	1	2
Unsure	0	4	4	8
Grand Total	10	15	39	64

Table 11: Analysis of the influence of price in procurement decisions

Table 11 above shows that 26% of respondents considered price to be 'very important' in the decision to purchase their EAP. The equivalent percentage in Denmark is 20%, Germany/Switzerland 27% and in the UK 28%. For most respondents price was considered at being 'somewhat important' in the purchase decision. This would again appear to support a rejection of the commodification hypothesis but support the notion that the EAP field has indeed become very competitive.

However when asked to identify the most important reason for selecting their current EAP provider, respondents identified a number of reasons other than price, as can be seen in Table 12 below.

Most important reason for selecting provider ¹⁰	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
Name and reputation of EAP provider	2	3	6	11
Price offered by provider	0	0	3	3
Range of Services	1	1	6	8
Quality of EAP provider	3	2	8	13
Relationship with provider	4	1	5	10
Performance Management	0	0	0	0
Value added by provider	0	0	5	5
Unsure	0	5	3	8
Other	1	4	2	7
Grand Total	11	16	38	65

Table 12: Analysis of the most important reasons for selecting current EAP provider

⁹ Three respondents did not answer this question, 1 each from Denmark and 2 from Germany/Switzerland.

¹⁰ Two respondents, 1 each from Germany/Switzerland and the UK did not answer this question.

The information contained in Table 12 above, is interesting as it shows that respondents consider the following as significant in the buying decision:

- the name and reputation of the EAP provider
- the quality of the EAP provider
- the relationship with the EAP provider.

This discussion can be further illustrated by Figure 4 below. This would seem to cast some doubt on the hypothesis that the EAP market in Europe has become commodified. Buyers do not appear to be selecting providers simply because of price.

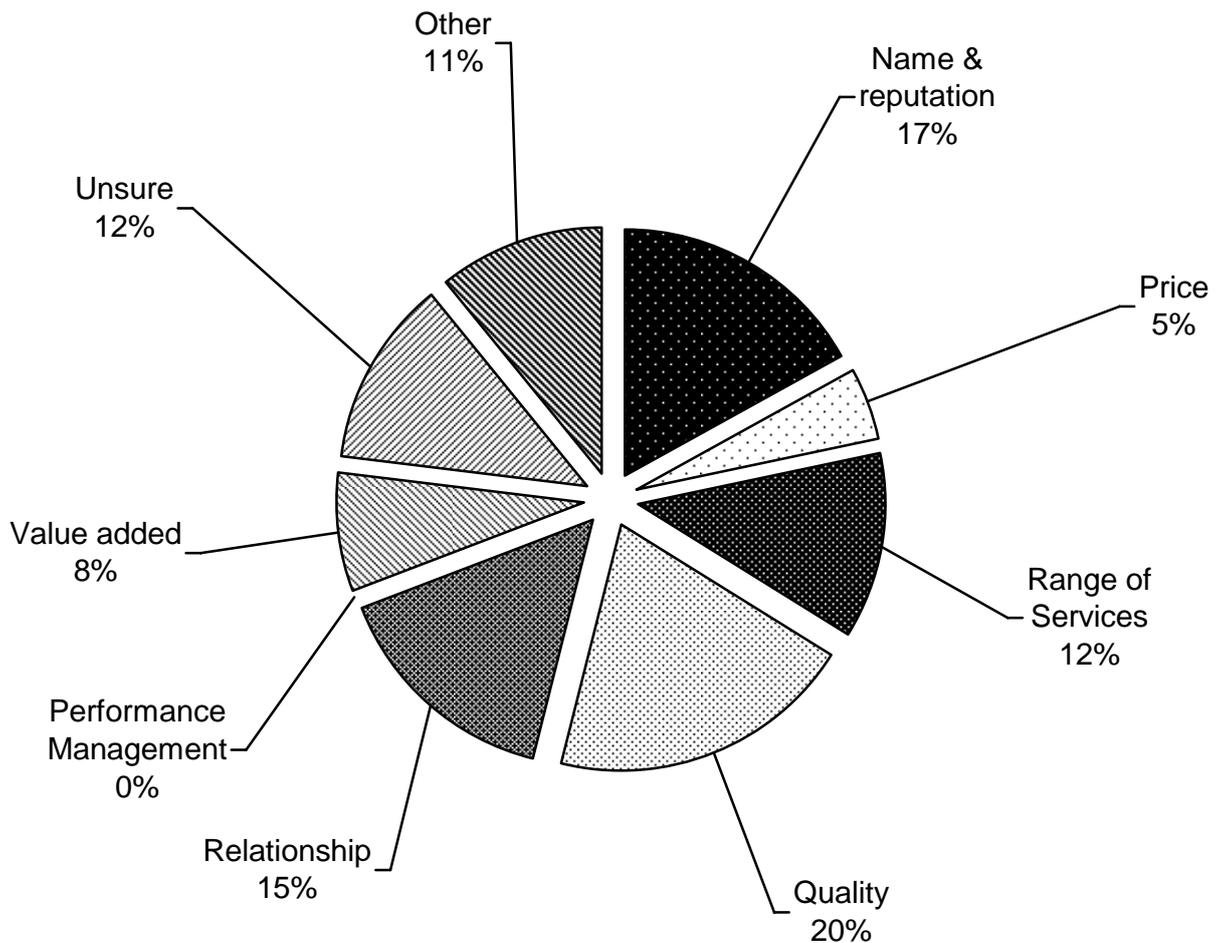


Figure 4. Reasons for selecting current EAP provider (n=65)

To further test the commodification hypothesis, respondents were also asked if they would be prepared "to pay more for an EAP run by a world famous - highly regarded EAP organization". Table 13 below analyses the responses to this question.

Prepared to pay more for an EAP run by a world famous – highly regarded EAP organisation¹¹	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
Yes	1	1	3	5
No	9	9	21	38
Don't Know	0	5	6	11
Possibly	0	1	9	10
Grand Total	10	16	39	65

Table 13: Prepared to pay more for an EAP

The above results suggest that buyers' are discerning and that they are not prepared to buy solely on the basis of reputation without taking into consideration other factors included those resulting from Table 12.

Therefore while not discounting the significance of price it appears that the buying decision depends on the consideration, assessment and evaluation of a range of factors including the standing and status of the EAP provider, the quality of the EAP product and it is assumed the likelihood of an ongoing positive relationship with the EAP provider.

¹¹ two respondents, one each from Denmark and Germany/Switzerland did not respond to this question

5. Perception of EAP providers

The study sought to establish respondents perceptions of EAP providers in terms of whether or not their products provided value for money and if the products lived up to their pre-purchase claims.

Is your EAP Value for Money ¹²	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
Yes	8	9	26	43
No	0	2	3	5
Don't Know	1	3	4	8
Possibly	0	3	6	9
Grand Total	9	17	39	65

Table 14: Are EAPs perceived as giving value for money

The information contained in Table 14 above and Figure 5 below indicates a generally positive perception of EAP Providers and their products by respondents. Some 66% of respondents thought their EAP represented value for money and a further 14% thought that it 'possibly' represented value for money.

Denmark (89%) is particularly emphatic in its support for EAP providers and products and in the UK 67% of respondents thought they were receiving value for money. The position in Germany/Switzerland is less convincing with 53% showing a positive response.

A possible source of concern is that, together those who answered 'no' and 'don't know', in other words, respondents who couldn't say 'yes' account for 20% of the sample. This suggests that EAP organizations may have some work to do in relations to developing closer links with their customers and demonstrating more clearly the value and benefits of their products.

Another possible area for concern or at least attention is the relatively low level of satisfaction expressed by respondents from Germany/Switzerland given the indications of increased activity in these countries and that they may be considered growth areas for EAPs. However, these comments should not detract from the generally very positive view, presented by respondents, of EAP providers and products.

¹² Two respondents did not answer this question, both from Denmark

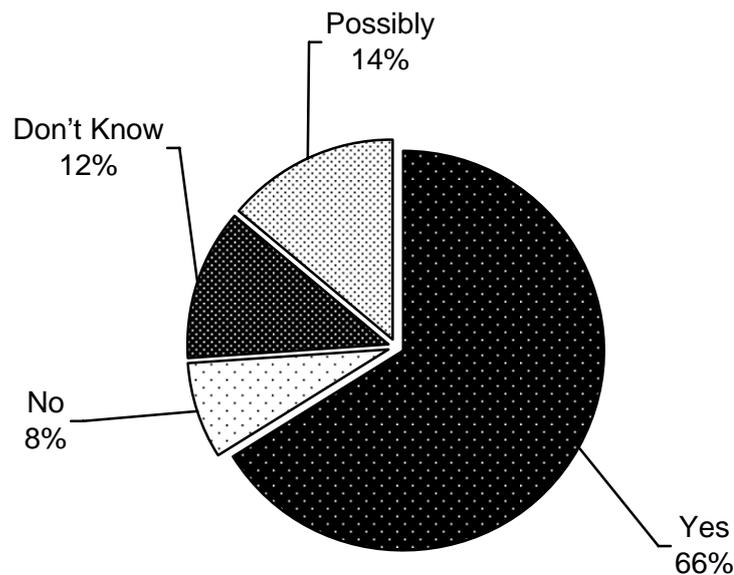


Figure 5. EAPs as Value for Money (n=65)

One of the surest ways of influencing perception of an organization and its products is whether or not they are 'fit for specification' and do they 'live up to the promises made' in the selling phase. Table 14 below illustrates the response to the question on whether or not they believe their EAPs were oversold.

Was your EAP oversold by your provider¹³	Denmark	Germany/ Switzerland	United Kingdom	Grand Total
Yes	3	3	1	7
No	4	9	23	36
Don't Know	3	4	13	20
Possibly	0	0	2	2
Grand Total	10	16	39	65

Table 14: As EAPs perceived as being oversold

¹³ Two respondents, one each from Denmark and Germany/Switzerland did not answer this question.

Similar to Table 13 above the results are mainly of a positive picture. Only a small number of respondents thought that their EAP was oversold, 11%. While the position is insignificant in the UK, in Denmark it is slightly more concerning with 30% of respondent believing their EAP was oversold; the position in Germany/Switzerland is 19%. The position in Denmark has to be considered in the light of the relatively small numbers involved, for example, the three respondents who believe that their EAPs were oversold account for just fewer than 5% of the total sample that responded to this question.

It seems therefore that respondents have in general a very positive opinion of their EAP provider and the EAP product. However from an EAP provider perspective there may well be some concern at the number of respondents who answered in the 'don't know' and 'possibly' categories and they may wish to consider what steps they need to take to move these responses into the 'no' category.

The next part of the research study report will explore the reasons why respondents established EAPs in the first place, the benefits they hoped to receive from establishing an EAP and the benefits they believe they have in fact accrued.

6. Reasons for establishing an EAP and desired benefits.

The research study hoped to determine why organizations established EAPs, why they continued to maintain EAPs and what benefits they actually accrued from EAPs. The responses to the question of why organizations established EAPs produced a number of responses each highly individual to the organization. In an attempt to marshal this information into a coherent format, the data has been aggregated into common or related themes and is discussed below. The themes seemed to suggest the following emphases:

- a) **employee support to** deal with difficult or stressful experiences or events – in other words a reactive response to a potentially damaging experience
- b) **work-life balance and well being** – a proactive approach to encourage work-life balance, good health and diet regimes and generally to educate employees toward good health
- c) **from a business and organizational performance** perspective to minimize disruption to work performance and productivity, optimize attendance and minimize absence
- d) **to be perceived as a caring employer** and an employer of choice offering a good and modern benefits package to employees
- e) **to protect the organization from litigation** with an emphasis on duty of care.

a) Employee Support

The issues and comments that seemed to fall into this category suggested that respondents perceived a need to make available to employees an independent, confidential and external counselling and other services that could provide expertise not readily available within the organization.

Examples given included, stress counselling, financial and debt management, assistance with domestic issues, for example, bereavement, and support for employees who in their normal day to day jobs work at close quarters with stressful and traumatic situations.

b) Work –life balance and well-being

Responses suggested that some organizations established EAPs in order to support employees but also to take a pro-active approach to promote healthy living and work-life practices, for example, healthy diet, exercise and education in the consumption of alcohol; there was an indication of creating a happy and contented workforce.

c) Business perspective

Some respondents were in favour of EAPs as a means of improving or at least maintaining business and organizational performance; other respondents were sceptical of this assertion. However, it was clear that respondent did perceive EAPs as helpful in addressing absence and in

getting employees back to work quicker than would otherwise have been possible.

d) Perceived as a good and caring employer

There were indications that some respondents perceived EAPs as having an influence in how their organization would be perceived externally, presumably in the labour market and by their peers and internally by their employees.

EAPs were considered an enhancement to the benefits package and that they offered respondents, most of whom are employed in HR, the opportunity to enhance the benefits package at relatively little cost. Respondents also felt that having an EAP contributed to being perceived as an employer of choice and that it was the right thing to do for employees. Some respondents considered that having an EAP contributed to employee motivation.

e) Duty of care and litigation

A few respondents highlighted the duty of care and the need to protect the organization from litigation.

Summary of reasons for establishing EAPs

A summary of the main reasons¹⁴ why respondents had established an EAP is provided in Figure 6 below. The most common response was to provide support for staff/employees (39%). The only other significant responses were for 'benefit package'¹⁵, related (14%) and 'absence management' (7%).

It is worth noting that being required to establish an EAP due to US parent company influence or requirement, something often mentioned in European EAP literature (Hopkins, 2005; Reddy, 2005), was true for only 3% of our respondents.

¹⁴ Participants were asked to list the 'main' reason they established their EAP.

¹⁵ offer benefits to employees/extend range of benefits/be a top employer

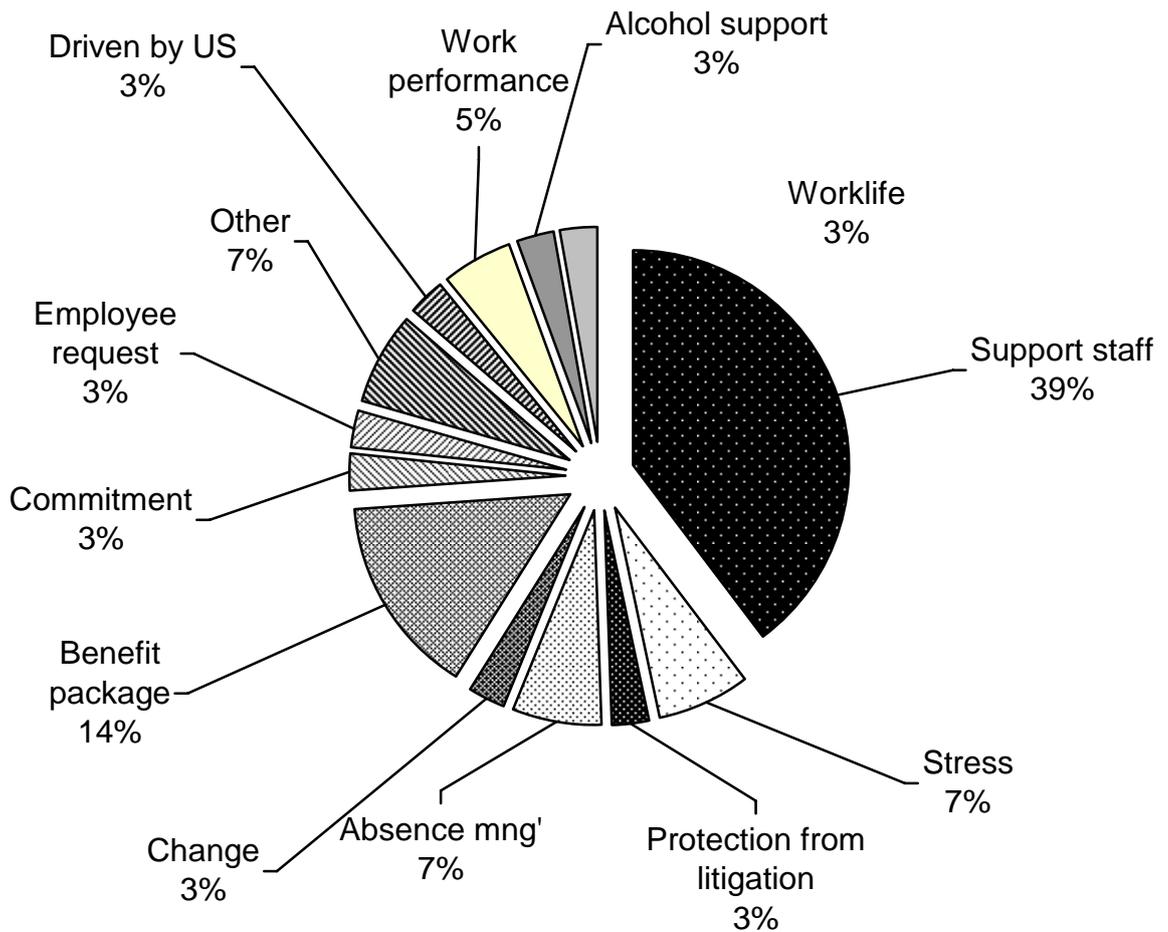


Figure 6. Reasons for establishing an EAP (n=73)

Why organizations maintained their EAP

In response to this question, respondents could state as many reasons as they considered appropriate therefore we have only descriptively analysed these results.

Responses to this point were very pragmatic and presumably were based on internal monitoring by respondents or simply their experiences in dealing with situations applicable to EAPs. The most prominent reason for maintaining their EAP was that it was valued by employees and perceived as a positive service to help them deal with a variety of personal and/or work related problems.

Some respondents were conscious of the costs of stress and saw their EAP as a means of mitigating these costs. Other respondents reported that their EAPs were well used by employees, received good feedback in organizational surveys, added value and provided cost savings on the in-house provision of similar services.

However, the principal reason for maintaining their EAP was the perceived *raison d'être* for EAPs – to provide an independent, anonymous, confidential and external service to employees allowing access to expertise not available within the organization.

The main benefits received were as follows:

- the provision of independent and confidential counselling services
- staff recognizing that their employer is a caring employer
- support for staff in a number of stressful, critical and traumatic situations
- perceived by staff as being a 'benefit'
- increase in staff satisfaction
- helps to minimize absence from work.

The above list may also serve as a useful benchmark in relation to present marketing and promotion efforts by providers. Again, it is worth remembering that this is the voice of the customer.

In relation to the reasons why EAPs were established, why they are maintained and the benefits to come from them there was no noticeable variation between the countries participating in this study. In fact, there was a significant degree of correlation with perhaps Denmark having a slightly greater emphasis on alcohol and drug support.

7. Why an organisation does not have an EAP

The research study concluded by asking those respondents who did not have an EAP why this was the case. The question provided a list of pre-determined reasons and asked respondents to select all of the reasons that were applicable. Some respondents made multiple selections and others did not make any. Therefore, the responses will not total in terms equal to the number of respondents.

The total number of respondents who did not have EAPs was 35, equivalent to 34% of the sample. Twelve were in the UK, 10 in Denmark and 13 in Germany/Switzerland representing 12%, 10% and 13% respectively. This further confirms what we know, that is, that EAP activity is higher in the UK than in Denmark and Germany/Switzerland.

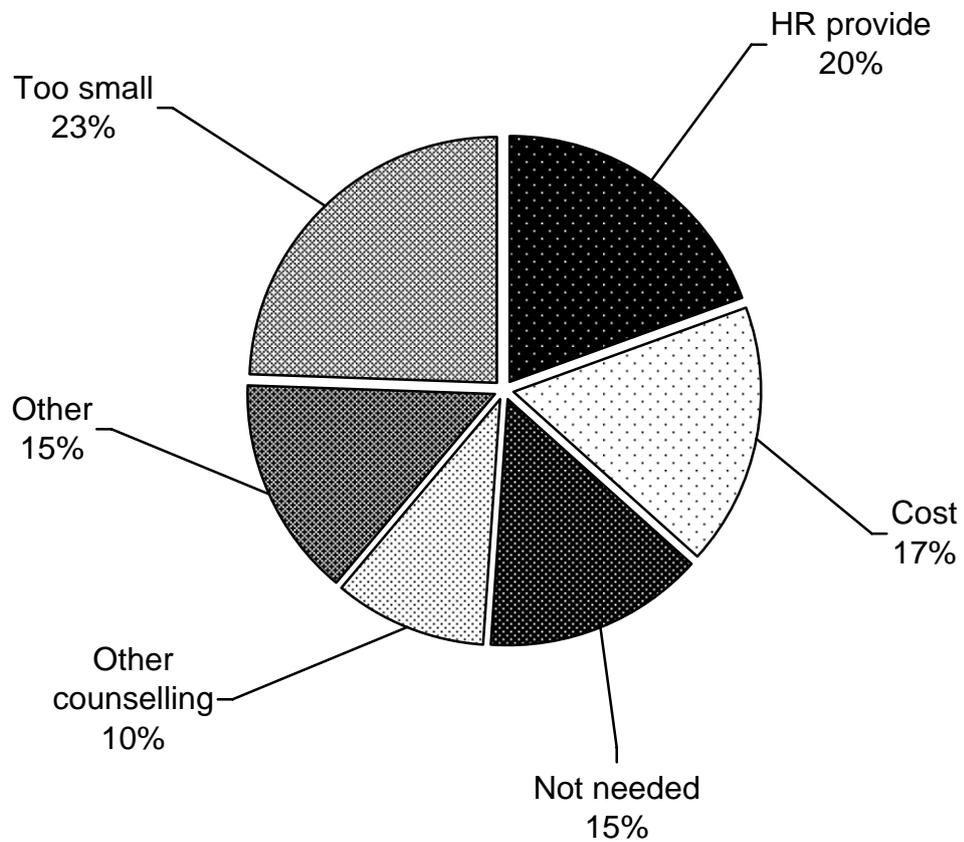


Figure 7. Reasons for not having an EAP (n=41)

The reasons given for not having EAPs were not surprisingly unique to the individual respondent organisation; however aggregating the reasons produced some common areas as follows:

- some, only a few, had access to external counselling services
- human resource departments provided some EAP services internally, again very few with Germany/Switzerland having the most activity here – 5 organisations
- cost and price – again Germany/Switzerland was the most prominent with 4 organisations
- some organizations considered themselves 'too small' – 10 organisations were in this category

As can be seen in Figure 7 above, 20% of respondents stated that the HR Department offered EAP services internally. While it is possible that this is being conducted by qualified and independent counsellors/psychologists, it is more likely that this involves the HR professional counselling the employee. However, this practice has been advised against in the professional literature (see: Speroff, 1955; Hunt, 1974; Compton, 1988; Buon, 2005). There is a strong distinction between work related HR advice and professional psychotherapy. HR professionals need to be made aware of their limitations in relation to employee counselling.

Other reasons given for not having EAPs were that EAPs were not needed by managers or employees and one organization was in the process of acquiring an EAP.

It is difficult to draw any conclusions from the above other than that most of the organizations did not feel that an EAP provided by an external supplier was appropriate for their organization either for reasons of size, cost or they had access to a somewhat more limited internal and external provision.

Conclusions & Recommendations

Introduction

This research study has, to some extent, its origins in research undertaken by Sharar & Hertenstien, 2006 that among other conclusions suggested that EAPs had become or were becoming 'commodified'. They suggest that as a result the EAP product has become devalued, standardized and that it is purchased largely on price. While not intending to prove or disprove Sharar & Hartenstein's hypothesis this research study is designed to explore the perceptions of HR and other Managers involved with EAPs. The research design focuses on how HR and other Managers perceive the following areas:

- the EAP Product
- the services included in the EAP product
- factors which influence the purchase of EAPs
- EAP Providers

Perception of the EAP Product

The research study focused on two areas under this heading, the extent to which HR and other managers were familiar with the term EAP and the degree of involvement in the purchase and/or selection of the EAP provider.

It was clear that there was greater familiarity with the EAP term in the UK than in Denmark and Germany Switzerland. This is perhaps not too surprising given the higher level of EAP activity and the longer tradition of using EAPs in the UK than Denmark and Germany/Switzerland. However, with regard to Europe generally, this poses certain challenges for EAP providers in marketing and selling EAPs and subsequent comments on overselling and value for money should be noted.

Based on the results of this study, it can be suggested that HRMs (i.e. the customer) have a good perception of EAPs. They see them as professional counselling services offering valuable support services to employees and are generally satisfied with the services they receive.

The involvement of HR and other Managers in the buying decision (of EAPs) did reveal one or two interesting factors. It was established that the various managers involved were in the main relatively senior, Denmark being the exception. The research also established that most of the managers involved have been with their organizations for a reasonable period of time and that the majority of EAPs, around 60% had been purchased in the past 5 years. It was therefore surprising that there was a relatively low level of involvement of these senior managers in the decision to purchase and/or select the EAP provider. It was suggested that this was probably a function of the buying process within organizations, i.e. formal tendering and procurement procedures. Further comment will be made about this in subsequent paragraphs on the factors that influence the purchase of EAPs.

What an EAPs should include

The research provided information on what respondents considered should be included in an EAP. These services are listed in Table 9 above. These results and the responses to questions about 'what an EAP should definitely include' and 'what an EAP should definitely not include' tend to suggest that it is time for EAP providers to 'stick to their knitting'.

Nearly all of the services advocated by respondents for inclusion in EAP are what might be described as traditional EAP services, e.g. face to face counselling for employees, critical incident and trauma support and so on.

Those that respondents suggested should not be included in EAPs or which did not attract support could be described as 'add on' services such as concierge services, and services that could reasonably be expected to fall within normal people management and HRM policies and practices, e.g. performance management and harassment and grievance investigation.

Although this is yet another area that could be subject to further research it does indicate that EAP providers may well be offering EAPs with a range of services that respondents do not want and therefore this may well be contributing to the price pressure just as much as, if not more than, commodification.

Factors influencing the purchase of EAPs

This study considered how EAPs are purchased, the influence of price and other factors that determine the buying decision. One of the principal indicators of commodification is the tendency to purchase through tendering or bidding processes where it can be argued the emphasis is on price. The evidence suggests that there is a need to standardize the range of EAP services and to return to a more traditional range of services, perhaps taking into account the need to be pro-active in the area of work-life balance and other well-being programmes and approaches.

However although appearing contradictory the evidence produced in this study suggests that in addition to the need for more focused EAPs, respondent organizations take into account more than simply price, albeit this is not an insignificant factor, when purchasing EAPs. Evidence suggests that 'the relationship with the EAP provider', 'the name and reputation of the EAP provider' and 'the quality of the EAP provider' are also important factors in the buying decision. There was, at least in this research, little indication of bundling – another indicator of commodification.

However, there is little doubt that price is also important and it was interesting that most respondents' considered price 'somewhat important' rather than 'very important'. This could be construed as confirmation that prospective EAP buyers will make the decision to purchase an EAP against a profile of criteria that will obviously include, but not be solely based on, price.

Perception of EAP providers

Various researchers have suggested that EAPs are or have the perception of being oversold and by implication not providing value for money (Sharar & Hertenstien 2006: Kenny 2004). The research design attempted to explore both these areas.

Respondents' tended to suggest that they were happy with their EAP product that it provided value for money and was not oversold. The EAP providers appear to have 'done' a professional job here at least in respect of these respondents. However, one area of concern for EAP providers might be the number of respondents who although not replying in the negative found themselves unable to respond in the positive. A number of respondents opted to answer either 'possibly' or 'don't know' to these questions.

Benefits of EAPs

The research study explored the reasons for establishing and maintaining EAPs and the benefits expected. Responses to this area were very individualistic but tended to fall under some common themes:

- employee support to deal with difficult or stressful experiences or events – the re-active dimension
- work-life balance and well being – the pro-active dimension
- the improvement of business and organizational performance – the economic dimension
- to be perceived as a caring employer and an employer of choice – the perception dimension
- to protect the organization from litigation – the legal dimension.

There was very little difference between the reasons for establishing an EAP or continuing to maintain the EAP and the anticipated and hoped for benefits. Equally, there was very little difference across the countries participating in this research with perhaps a slightly greater emphasis on alcohol and other drug support in Denmark.

The research data did suggest that most organizations appear not to take a holistic or strategic perspective of their people management needs in the field of work force health. Many of the EAP aspirations or benefits appeared to develop in response to a rather perfunctory evaluation of the needs of the organisation or the work force – one respondent suggested their EAP scheme was established as a 'sop' to the trade union!

While the information applicable to this part of the research study is in the main anecdotal there may well be scope for further research into why organizations seek to establish EAPs and what they hope to achieve by establishing them.

Recommendations

The following list of recommendations consists of a range of general observations and specific comments that EAP providers and respondents may wish to consider.

1. The current EAEF EAP definition should be revisited and may need to be less aspirational and made more descriptive.
2. EAP providers may wish to take steps to increase the general level of awareness of EAPs in Denmark and Germany/Switzerland (and by extension Europe generally). In relation to the sample, the knowledge and awareness of EAPs, particularly for the UK sample, was very good.
3. There is perhaps a need to undertake further research into the procurement procedures in organizations to determine the extent to which HR Managers and other senior managers are involved in the purchase decision.
4. EAP providers may wish to review the range of services included in their EAPs to ensure that what is on offer is what the client wants; alternatively EAP providers may wish to adopt a more flexible approach to what they include in EAP packages to reflect what appears to be a need for more traditional EAP services.
5. The indication of demand for alcohol and drug support and/or counselling by the HR Managers suggests that EAP providers in Europe need to rethink a general reluctance to embrace alcohol and other drug services as core EAP services.
6. The 'performance management' component of EAPs is not well understood by HR Managers and need to be better promoted or even revaluated by EAP providers.
7. EAP providers need to take some form of action to build up or development customer confidence in the EAP product in order to establish if the EAP product provides value for money and whether or not they are perceived as being oversold.
8. There is perhaps a need for respondent organizations to take a more strategic approach to the identification of their EAP needs and for EAP providers to contribute by helping respondents analyse what their longer terms people management needs are in this area.
9. This preliminary research should be expanded and the sample size increased to cover more emerging European markets and other established markets such as The Republic of Ireland. It would also be interesting to compare other established EAP markets (US, Canada, Australia, NZ) with the UK. If further research is to be conducted, attention will need to be paid to the translation of the questionnaire into multiple languages and increasing the size and quality of the sample.

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Appendices

CONFIDENTIAL

Human Resource Professionals Employee Assistance Awareness Study

We are studying the perception of Human Resource Managers about Employee Assistance Programmes (EAPs) and employee counselling services. We appreciate you taking the time to complete this brief questionnaire. It will take you approximately 10 minutes to complete this form. You can then submit it by e-mail or print it for fax or posting.

Principal Researchers: Tony Buon & John Taylor, Department of Human Resource Management, Aberdeen Business School, Garthdee, Aberdeen, Scotland, AB10 7QE Phone: +44 (0) 1975641333 Fax: + 44 8451274541 E-mail: t.buon@rgu.ac.uk

1. Are you familiar with the term Employee Assistance Programmes (EAPs) ?

2. Does your organisation have an EAP?

3. If yes, for how long have you had the EAP? Years

4. Is this an internal or external service? Internal External Both Don't know

5. What is the name of your EAP or counselling service provider?

6. Were you personally involved in the purchase or selection of this service? Yes No

7. EAPs are defined by one body as:

A work based programme to improve organisational performance through the provision of structured management and employee support services

Do you think this is a good definition? Yes No

Why?

On the following page is a list of services that could be offered by an EAP Provider, external employee counselling programme or psychological counselling service. We are interested in your opinion as to whether you believe each service is one that an EAP should or should not offer, even if you do not presently have an EAP or a counselling service available.

8. Please indicate whether you believe the following services should or should not be offered by an EAP

- | | | |
|--|---|---|
| Telephone counselling for employees | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Telephone counselling for employee's family | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Face-to-face counselling for employees | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Face-to-face counselling for employee's family | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Alcohol & other drug support and/or counselling | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Critical incident or trauma counselling | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Internet based (on-line) counselling | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Financial, legal, health & other information services | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Work-life balance services | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Childcare/eldercare services | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Expatriate support services | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Concierge services | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Coaching | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Human Resource consultation & information | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Performance management | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Management training | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Other specialist training (health, lifestyle) | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Stress management services | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Harassment, bullying or grievance investigation | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |
| Workplace mediation | <input type="radio"/> should offer this service | <input type="radio"/> should NOT offer this service |

9. Any other service(s) you feel an EAP should offer?

10. Which one service should an EAP definitely offer?

11. Which one service should an EAP definitely NOT offer?

We now have a few questions about how your EAP was purchased. If you were not directly involved in the purchase decision - please still answer these to the best of your ability.

If your organisation DOES NOT have an EAP - please go to Part B on the next page

PART B

12. What was the main way your organisation selected (procured) your present EAP Provider? (select one only)

Formal Tender or Bid
Proposals
Relationship with the EAP Provider
Service was bundled with another programme (e.g. Insurance)
N/A – Internal EAP Only
Unsure

13. How important was price in this decision? (select one only)

Very Important
Somewhat Important
Minor importance
Not important
Unsure

14. What is the **most important** reason this provider was selected? (select one only)

Name/reputation of EAP Provider
Price offered by EAP Provider
Quality of EAP Provider
Relationship with EAP Provider
Range of services offered
Performance management
Value added by the EAP provider
Unsure
Other (please describe)

Other

15. Would your organisation would pay more for an EAP that was run by a world famous - highly regarded EAP organisation?

Yes No
 Don't know Possibly

16. Why did your organisation originally establish the EAP? (main reason only)

17. Why has your organisation maintained its EAP?

18. Is your EAP value for money?

Yes No
 Don't know Possibly

19. Was the EAP oversold by the EAP provider?

Yes No
 Don't know Possibly

20. What is the main benefit you have received from your EAP?

**PART B - This section is only to be completed by those without an EAP.
If you have an EAP please go to Part C below**

21. Please select the reasons your organisation does not have an EAP? (Select all that apply)

- Our HR Department offers EAP services internally
- We have other external counselling services available
- Not needed by employees
- Not needed by managers
- Cost or price
- Not consistent with our philosophy or beliefs
- Never heard (not aware) of them
- We are too small
- We are too large
- EAP Providers have not approached us to buy the services
- Parent company (head office) would not allow
- Unsure
- Other (please describe)

Other

Part C: The following demographic data is required for analysis purposes only. Your details will not be supplied to anyone other than the researchers and will not be presented in any results. Your confidentiality will be protected.

Your Name

Your Gender

- female male prefer not to answer

What year were you born?

How long have you worked in HR?

Years

What is your Title?

Organisation or Company Name

What industry grouping are you in?

How many employees in your total organisation?

How many employees in your part or division?

Any other comments?

End of questions, thank you. Please submit by clicking on the e-mail button bellow or print out and post/fax

Print Form

Submit by Email

7 February 2007

Robert Gordon University
Aberdeen Business School
Scotland



RE: Employee Assistance Programme Study

Introduction

The Robert Gordon University (RGU) have been contracted by the Employee Assistance European Forum (EAEF), a non-profit organisation for individuals and organisations interested in the development of Employee Assistance Programmes (EAP) in Europe to conduct research into the awareness of Human Resource Managers about EAPs.

The EAEF has received corporate sponsorship from several organisations to assist with the funding of this research.

The Robert Gordon University

The Robert Gordon University is based in Aberdeen, Scotland. Our name has been synonymous with education in Aberdeen since 1750 - when the first Robert Gordon learning institution was founded. Today, we offer a number of courses across a broad range of subjects and we are also involved in a range of research activity.

Principal Investigators

Tony Buon, Part-Time Lecture, Aberdeen Business School, Robert Gordon University. Tony has extensive experience, spanning 25 years in the EAP and HRM fields. John Taylor, Senior Lecturer, Aberdeen Business School, Robert Gordon University. John is the Head of the Department of Human Resource Management and was previously a Senior Manager with ACAS.

Project Summary

This research study will explore the perception of Human Resource Managers (HRM) in Europe about the value of Employee Assistance Programmes (EAPs). EAPs have a long history in the USA and have only in the last decade been adopted by European businesses. Originally aimed at alcohol and other drug abuse, these programmes have developed into services offering professional counselling for personal and work-related problems such as emotional, family, legal and financial problems. EAPs are offered internally and increasingly by external vendors who offer the services on a fee-for-service or 'capitated' (per-employee per-month) basis.

The goal of this study is to provide much need empirical data on the purchaser's perception of the EAP product. It will provide the EAEF with European data and analysis of the EAP field and the views of Human Resource Managers and an understanding of the European market.

Procedures

A sample of 120 Human Resource Managers in the Netherlands, Germany and the United Kingdom will be surveyed to ascertain their perception, knowledge and beliefs about EAPs. The sample will be drawn from both public and private organisations. The study involves an on-line 15 minute questionnaire being completed by the sampled Human Resource Managers (or equivalent). Full confidentiality will be applied to responses from individuals and no company specific data will be released.

We thank you for your interest in this study and if you require any further information or clarification, please do not hesitate to contact the researchers at any time.

Tony Buon

Principal Researcher

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