

Exploring the impact of employee assistance programs on absentee hours for addiction-related presenting issues

Ashley Peters and Jeremy W. Bray, UNC Greensboro

David Goehner, Empathia

Richard Lennox

BACKGROUND

- Employee Assistance Programs (EAP's) originally grew out of occupational alcohol programs that focused on alcohol-impaired employees and now address a wide range of issues that may impact employee performance (Bray et al., 2010)
- EAPs assess troubled employees, provide short-term counseling, and refer more troubled employees to outside resources
- We conceptualize the EAP as a series of brief interventions for employees with addiction-related presenting issues and explore its potential effect on absentee hours

DATA & MATERIALS

- Data provided by Empathia, which provides EAP and crisis management services to workplaces across the US, including several Fortune 500 companies.
- We use the Workplace Outcomes Suite (WOS) (Lennox et al., 2010; Lennox et al., 2018), which Empathia administers to EAP clients at intake and after 28-days post intake
- Empathia provided WOS data on 7825 observations from 434 companies, time period spanning 2011-2021

Case #	Workplace Outcomes Suite (Version 4.7.b)	Date:
Administration Type	EAP Intake: <input type="checkbox"/> EAP Closure: <input type="checkbox"/> Post EAP Service: <input type="checkbox"/>	
	Work Referral Intake: <input type="checkbox"/> Work Referral Closure: <input type="checkbox"/> Post Work Referral: <input type="checkbox"/>	
General Instructions Below is a series of statements that refer to aspects of your work and life experience that may have been affected during the last 30 days by the personal problems you want to address at the EAP. Please read each item carefully and answer as accurately as you can.		
Instruction for items 1-5. Please report for the period of the past thirty (30) days the total number of hours your personal problems:		
1	caused you to miss work altogether.	Number of Hours
2	made you late for work.	
3	caused you to take off early.	
4	pulled you away from your normal work location while still at work	
5	required you to be on the phone, e-mail or internet while at work.	
Instruction for following items. The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements, based upon the last 30 days.		
6	My personal problems keep me from concentrating on my work.	Strongly disagree Neutral Somewhat agree Strongly agree
7	I am often eager to get to the work site to start the day.	Strongly disagree Neutral Somewhat agree Strongly agree
8	So far, my life seems to be going very well.	Strongly disagree Neutral Somewhat agree Strongly agree
9	I dread going into work.	Strongly disagree Neutral Somewhat agree Strongly agree

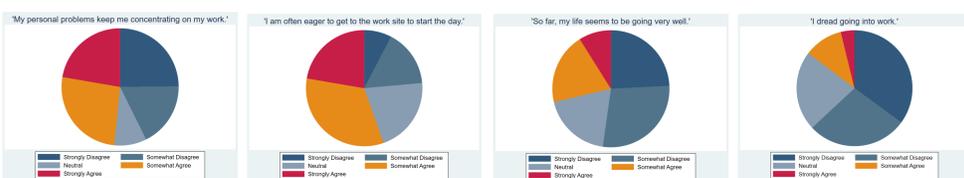
METHODS

- Primary exploratory assessment tool was one-sample t-test
 - H0: Outcome Absentee Hours = 0
- Absentee Hours:
 - Outcome variables were created for questions 1 through 5 by subtracting hours reported on the post test from hours reported on the intake form (pretest) to give the net change in absentee hours for each question
 - Total absentee hours were measured as the sum of hours reported in questions 1 through 5; total hours from the post test were subtracted from total pretest hours to give net change in total absentee hours for each client
- Quantifying outcomes from questions 6 through 9:
 - Sample means were compared across various subgroups for each question, indicating a general shift in attitudes up or down the 5-point scale (1 = strongly disagree, 5 = strongly agree)
- Presenting Issue:
 - Counselors enter presenting issue for client from pre-determined list of 22 issues
 - Issues condensed into groups of similar broader issues, such as substance use
- Substance use presenting issues include:
 - Alcohol Employee
 - Alcohol Family Member
 - Drug Employee
 - Drug Family Member
 - Drug-testing Referral
- Substance use presenting issues represent 500 observations, or 6.39% of total sample
 - Alcohol Employee: 157
 - Alcohol Family Member: 33
 - Drug Employee: 55
 - Drug Family Member: 27
 - Drug-testing Referral: 228
 - Non-Substance Use: 7,325
 - Total Sample: 7,825

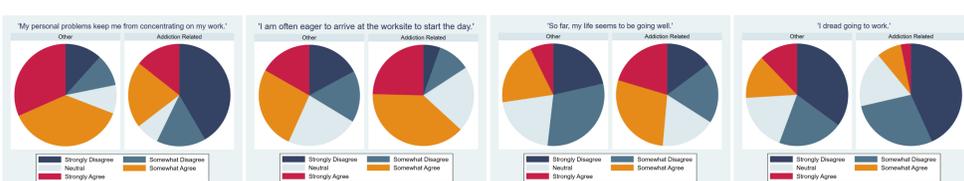
EMPLOYEES WITH AN ALCOHOL-RELATED PRESENTING ISSUE

- Employees with an alcohol-related presenting issue unlikely to report absentee hours
- Quality of life questions
 - Employees with an alcohol-related presenting issue more likely to answer questions favorably
 - Employees with an alcohol-related presenting issue less likely than addiction-related, but still more likely than others, except for "life going well"

Employees with an Alcohol-Related Presenting Issue



Employees without an alcohol-related presenting issue

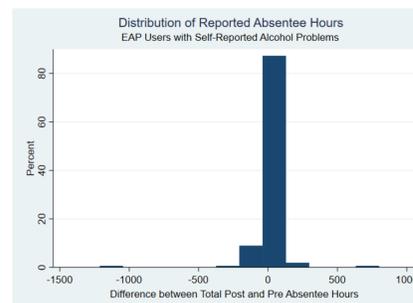


RESULTS

- Initial results of hypothesis tests were insignificant for employees with an alcohol-related presenting problem
- Changes in absentee hours as result of EAP treatment not statistically different from 0 for Alcohol Employee subgroup.

One-Sample t-test		
H0: Outcome Absentee Hours = 0		
Group	Mean	Significance
Alcohol Employee	0.08	0.99
Alcohol Family Member	-2.88	0.03
Drug Employee	-4.99	0.45
Drug Family Member	-3.04	0.23
Drug Testing Referral	-7.94	0.00
Non-Addiction	-3.56	0.00

- Among employees with an alcohol-related presenting problem, 88% reported 0 absentee hours
 - Hypothesis 1: Self-reported absentee hours are accurate and are genuinely low
 - Hypothesis 2: Self-reported absentee hours are inaccurate and are higher than employee acknowledges
 - Hypothesis 3: A combination of hypotheses 1 and 2
- Among employees with an alcohol-related presenting problem who were referred to EAP by their supervisor, the difference in reported absentee hours is large and significant
 - Implementation of screening and brief intervention in EAP?
 - Training supervisors to recognize warning signs and refer to EAP?



One-Sample t-test -- Referred by Supervisor		
H0: Outcome Absentee Hours = 0		
Group	Mean	Significance
Alcohol Employee	-36.67	0.05
Alcohol Family Member	NA	NA
Drug Employee	-3.00	0.83
Drug Family Member	NA	NA
Drug Testing Referral	-10.81	0.00
Non-Addiction	-11.66	0.00

- Further questions to explore:
 - Why are people with self-reported alcohol problems coming to the EAP? What is their motivation?
 - How can we get more people in similar situations to come to the EAP?
 - How do we get people to come sooner?

NEXT STEPS

- The data we have are limited and further research is needed. The next step we are hoping to take is to get more in-depth data, with specific information about treatment plan, incidence of being referred outside of the EAP program, drinking behavior if applicable, and a more specific reason for coming to EAP if available. Once more data are available, a deeper level of analysis can be performed.
- This exploratory analysis has also highlighted several areas with questions that could be examined further, such as what motivates some people with self-described issues with drinking to seek treatment with an EAP and others not? How can we get more people to seek treatment? How motivating is it for supervisors to intervene, and how long do any effects from that intervention last? Would training supervisors in how to recognize problematic behaviours and warning signs make an impact on the number of people who seek treatment with EAP's? These are questions we hope to be able to explore in the future.

REFERENCES

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- Lennox, R., Sharar, D. A., Goehner, D. B., & Shmitz, E. (2018). Validation of the 5-item short form version of the Workplace Outcome Suite©. *International Journal of Health & Productivity*.

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CONTACT

Ashley Peters
UNC Greensboro
Department of Economics
arpeter2@uncg.edu
336-256-1010

