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EAP Use and Effectiveness in Six Global Regions: The Workplace Outcome Suite - 2024 Report

The Workplace Outcome Suite® (WOS) is a self-report measure of employee EAP outcomes for work absenteeism, work presenteeism, workplace distress, work engagement, and life satisfaction (see Figure 1). Employees complete the WOS when starting EAP involvement and again after use (often at 1 to 3 months later). A variety of psychometric tests support the validity and reliability of the WOS measures. It was originally created in 2010 as a 25-item measure with five items for each outcome category but the subsequently developed brief 5-item version (one item per outcome category) is more widely used today. Items are rated on 1-5 scale and can be combined into a summary measure (the SuperScore) with higher scores indicating better outcome or healthier status. Specific hours of work absenteeism and work presenteeism in the past month also can be self-reported (fill in the blank format) or estimated from 1-5 ratings data, depending on the WOS version used. These hours are then added to create a measure of lost productive work time in the past 30 days.



Figure 1

This article highlights results from the latest (2024) report on EAP industry global benchmarks for the WOS. This is one of the largest and most comprehensive applied studies ever undertaken to profile EAP use and

its effectiveness for work-related outcomes. The report features data contributed by 61 different EAP vendors and internal EA programs at specific employers. The study profiles over 140,000 EA users across a wide range of individual client and EAP use contexts between 2010 and 2022. Over 62,000 of these cases had valid data at both before and after use of the EAP, which allowed for longitudinal tests of improvement on WOS outcomes over time. The 97-page report includes 10 chapters, 9 appendices, and 57 references. It is the sixth report in the series. The full [report](#) can be downloaded at no cost from the *International Employee Assistance Digital Archive*.

WOS 2024 Finding Part 1: Improvement After EAP Use on WOS in Total Sample

The study includes over 62,000 cases in the total sample with WOS data collected during EAP use. The vast majority of cases (88 percent) had data from a classic pre- to post- study design with start of the case as the pre-measure and follow-up data conducted between 30 to 90 days after case close as the post- measure. Another 12 percent of cases involved WOS data collected at the first and the last EAP sessions (note: cases with less than 30 days between the start and end of EAP use were excluded). Tests indicated the cases in the longitudinal total sample were similar to the cases having only data from the start of the case. Thus, the longitudinal sample was representative of the larger profile sample on most of the profile factors and on the starting levels of the WOS outcomes. The test results indicate that all of the WOS outcomes had statistically significant and meaningful changes in scores indicating an improvement from before to after use of the EAP. The summary outcomes for each WOS measure include:

- **Work Absenteeism** (*hours missed from work during the past month due to a personal concern*) was reduced from 7.9 hours missed per employee pre-EAP use to 4.3 hours missed post-EAP use. Tests of this measure indicated a significant change with a medium size statistical effect ($d = .34$). By comparison, other research has shown that a typical employee misses less than 4 hours of work per month. When defined as missing 4 or more hours of work as a “problematic level” of this outcome, the percentage of EAP cases with problematic absenteeism was reduced from 32 percent at pre-EAP use to 17 percent post-EAP use.
- **Work Presenteeism** (*not being able to concentrate on work because of personal concerns*) was reduced from 57 percent of cases at pre-EAP use to 34 percent of cases post-EAP use. Tests of mean scores on the 1-5 rating of work presenteeism indicated significant change with a large size statistical effect ($d = .45$). The estimated hours of lost productive time associated with presenteeism per month was reduced from 42.8 hours missed per employee pre-EAP use to 33.1 hours post-EAP use.
- **Workplace Distress** (*dreading going into work*) was reduced from 26 percent of cases at problem level pre-EAP use to 18 percent of cases post-EAP use. Tests of mean scores on the 1-5 rating of workplace distress indicated significant change with a small size statistical effect ($d = .17$).
- **Work Engagement** (*being eager to get to work the start the day*). Not being engaged in work was reduced from 33 percent of cases at pre-EAP use to 24 percent of cases post-EAP use. Tests of mean scores on the 1-5 rating of work engagement indicated significant change with a small size statistical effect ($d = .18$).
- **Life Satisfaction** (*feeling that life overall is going very well*). Not being satisfied with life was reduced from 35 percent of cases at pre-EAP use to 17 percent of cases post-EAP use. Tests of mean scores on the 1-5 rating of life satisfaction indicated significant change with a large size statistical effect ($d = .43$).
- **Combined SuperScore** (*all five WOS outcomes*). Tests of mean scores on the overall measure across all five outcomes (range 5-25) indicated significant change of 13 percent improvement with a large size statistical effect ($d = .54$).
- **Lost Productive Time** (*hours of work absenteeism combined with estimated hours of lost productivity associated with work presenteeism*). The hours of LPT per month per case was reduced from 43 hours at pre-EAP use to 33 hours post-EAP use. Tests of mean scores on this measure indicated significant improvement with a large size statistical effect ($d = .49$).

- Return on Investment (ROI)** was estimated for an employer in the United States with 1,000 employees using the reduction in hours of lost productive time over a 6-month effect period for employee users under conditions of typical EAP use (5 counseling cases per every 100 covered employees per year); US norms on WOS outcomes of work absenteeism and work presenteeism, a conservative deduction of one-third of the financial savings results to account for other non-EAP causal factors potentially influencing the outcomes; typical US-paid wages and benefits value per hour per employee; and a US\$25 per employee per year investment cost for the EAP. Based on average savings of US\$2,557 per employee EAP case, the final ROI result was US\$5.11 returned for every US\$1 dollar invested in the EAP.

The general conclusion is that services and support provided by EAPs improve multiple aspects of work functioning and life satisfaction for most users of these services. Each of the WOS outcomes showed statistically significant results, although there were different degrees of impact and improvement across certain measures. More specifically, the work presenteeism and life satisfaction outcomes improved more than the other three outcomes. Thus, a positive ROI for EAPs can be achieved under typical use and cost conditions based on just two kinds of work outcomes.

WOS 2024 Finding Part 2: EAP Use Around the World

An important feature of the WOS project is the international representation of EAP users. There were over 21,000 individual client cases across 43 countries with data contributed by 19 EAP providers: 14 external vendors and five internal or hybrid programs at corporations in locations all over the world. Of those outside the United States, five of these locations had at least 1,000 cases with data at the start of use, including Australia, Brazil, Canada, China, New Zealand and the United Kingdom. The remaining four percent of the sample were spread across 36 other countries (ranging from just one case to 544 cases). A total of seven regions were created to organize the sample into different parts of the world with enough data to analyze. These locations are described below for their representation in the total sample, number of cases, and specific countries.

WOS data by Region, 2024			
Region	Percent of Total	Number of Cases	Countries Represented by Percent of Cases
United States	85.5%	n = 120,237	US – 100%
China & East Asia	5%	n = 7,106	China – 84%; Hong Kong – 8%; Taiwan – 4%; Japan – 3%; Philippines – 1%
Australia & New Zealand	3.2%	n = 4,460	Australia – 45%; New Zealand – 55%
United Kingdom & Europe	2.2%	n = 3,178	United Kingdom & Ireland – 94%; France, Germany, Greece, Hungary, Italy, Luxembourg, Netherlands, Spain & Switzerland – 6%.
Canada	2.1%	n = 2,990	Canada – 100%
Brazil & South America	1.5%	n = 2,109	Brazil – 94%; Argentina, Chile, Columbia, Costa Rica, Ecuador, Mexico, Paraguay, Peru, Puerto Rico & Venezuela. – 6%
Other	0.9%	n = 1,217	Dubai, Qatar, Russia, South Africa & United Arab Emirates

Figure 2

For each of the six largest global locations, a descriptive profile of EAP use is provided in Figure 3 (For the factors lacking enough valid cases then a “NA” is noted for *not applicable*).

<p style="text-align: center;">United States: User Profile</p> <ul style="list-style-type: none"> • EAP Model: 88% vendors (35); 12% internal programs (12) • Client Referral to EAP: 94% self; 1% family; 5% work • Client Benefit Status: 94% employee; 6% dependent • Client Age: 38 average years • Client Gender: 67% female; 32% male; <1% other • Counseling Use Duration: 63 average days • Counseling Use Sessions: 4.1 average per case • Counseling Use Delivery: 32% in-person; 53% online video; 8% telephone; 7% text or e-mail • Counseling Use Reason (primary presenting issue): <ul style="list-style-type: none"> 51% mental health 21% relationships or family 16% personal life or stress 9% work 3% alcohol or drug <p><i>n</i> = 120,237 Cases</p>	<p style="text-align: center;">Canada: User Profile</p> <ul style="list-style-type: none"> • EAP Model: 100% vendors (2); 0% internal programs • Client Referral to EAP: NA • Client Benefit Status: 88% employee; 12% dependent • Client Age: 42 average years • Client Gender: 66% female; 33% male; <1% other • Counseling Use Duration: 68 average days • Counseling Use Sessions: 3.2 average per case • Counseling Use Delivery: 13% in-person; 21% online video; 66% telephone; 0% text or e-mail • Counseling Use Reason (primary presenting issue): <ul style="list-style-type: none"> 39% mental health 25% relationships or family 23% personal life or stress 11% work 2% alcohol or drug <p><i>n</i> = 2,990 Cases</p>
<p style="text-align: center;">UK & Europe Region: User Profile</p> <ul style="list-style-type: none"> • EAP Model: 98% vendors (2); 2% internal programs (1) • Client Referral to EAP: NA • Client Benefit Status: 98% employee; 2% dependent • Client Age: 42 average years • Client Gender: 57% female; 42% male; <1% other • Counseling Use Duration: 39 average days • Counseling Use Sessions: 4.1 average per case • Counseling Use Delivery: 2% in-person; 23% online video; 75% telephone; 0% text or e-mail • Counseling Use Reason (primary presenting issue): <ul style="list-style-type: none"> 39% mental health 12% relationships or family 29% personal life or stress 20% work <1% alcohol or drug <p><i>n</i> = 3,178 Cases</p>	<p style="text-align: center;">Australia & New Zealand: User Profile</p> <ul style="list-style-type: none"> • EAP Model: 100% vendors (1); 0% internal programs • Client Referral to EAP: NA • Client Benefit Status: 95% employee; 5% dependent • Client Age: 42 average years • Client Gender: 68% female; 31% male; <1% other • Counseling Use Duration: 68 average days • Counseling Use Sessions: 3.2 average per case • Counseling Use Delivery: 62% in-person; 2% online video; 36% telephone; 0% text or e-mail • Counseling Use Reason (primary presenting issue): <ul style="list-style-type: none"> 23% mental health 20% relationships or family 28% personal life or stress 28% work <1% alcohol or drug <p><i>n</i> = 4,460 Cases</p>
<p style="text-align: center;">China and East Asia Region: User Profile</p> <ul style="list-style-type: none"> • EAP Model: 98% vendors (6); 2% internal programs (2) • Client Referral to EAP: 97% self; 1% family; 2% work • Client Benefit Status: 94% employee; 6% dependent • Client Age: 31 average years • Client Gender: 67% female; 32% male; <1% other • Counseling Use Duration: NA • Counseling Use Sessions: 3.7 average per case • Counseling Use Delivery: NA • Counseling Use Reason (primary presenting issue): <ul style="list-style-type: none"> 21% mental health 2% relationships or family 50% personal life or stress 26% work <1% alcohol or drug <p><i>n</i> = 7,106 Cases</p>	<p style="text-align: center;">Brazil & South America Region: User Profile</p> <ul style="list-style-type: none"> • EAP Model: 97% vendors (4); 3% internal programs (1) • Client Referral to EAP: NA • Client Benefit Status: NA • Client Age: NA • Client Gender: 52% female; 39% male; 9% other • Counseling Use Duration: NA • Counseling Use Sessions: 4.0 average per case • Counseling Use Delivery: <1% in-person; 5% online video; 89% telephone; 5% text or e-mail • Counseling Use Reason (primary presenting issue): <ul style="list-style-type: none"> 32% mental health 19% relationships or family 40% personal life or stress 9% work <1% alcohol or drug <p><i>n</i> = 2,109 Cases</p>

Figure 3: EAP counseling use profile for six global regions.

WOS 2024 Finding Part 3: EAP Effectiveness Around the World

The number of EAP users with valid longitudinal data on WOS measures was less than the total sample described in the profile section. Figure 4 presents a standardized rate for each global location for how many cases were at-risk level on each WOS measure from pre-EAP to post-EAP use per every 100 users. The sum of the WOS measures at pre- and post-EAP use is also examined (ranging from 0 to 5).

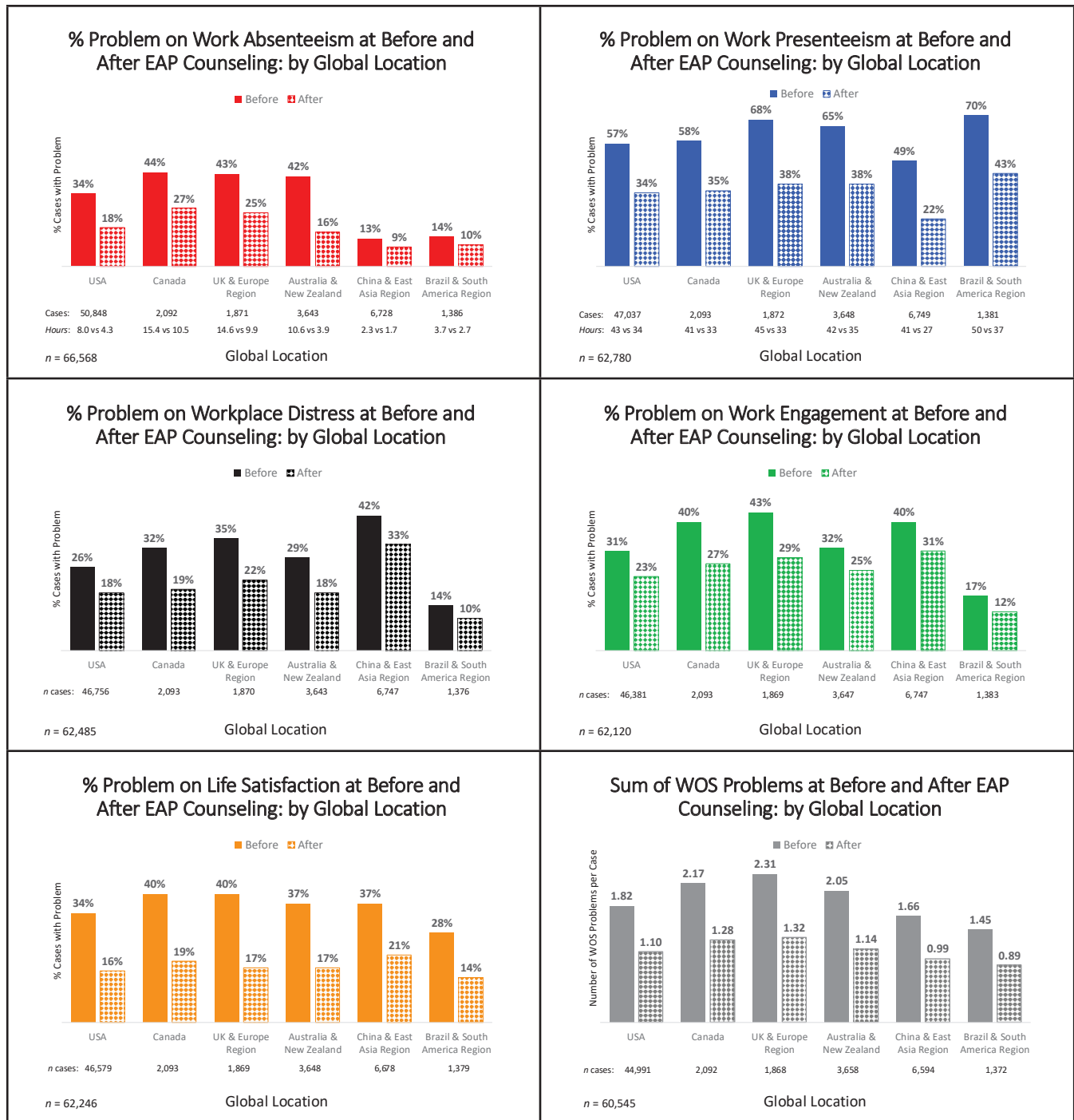


Figure 4: Percentage of cases and WOS outcomes at pre- and post-EAP use in six global locations

The global locations differed substantially in the starting levels of **work absenteeism**, with Canada being highest (44 percent of cases at risk level) and China/East Asia region the lowest (13 percent at risk level). All of the locations had significant improvement in work absenteeism after EAP use.

The global locations differed from each other in the starting levels of **work presenteeism**, with the Brazil/South America region being highest (70 percent of cases at risk level) and China/East Asia region the lowest (49 percent at risk level). All of the locations had significant improvement in work presenteeism after EAP use.

The global locations differed from each other in the starting levels of **workplace distress**, with the China/East Asia region being highest (42 percent of cases at risk level) and Brazil/South America region the lowest (14 percent at risk level). All of the locations had significant improvement in workplace distress after EAP use.

The global locations differed from each other in the starting levels of **work engagement**, with the United Kingdom and Europe region being highest (43 percent of cases at risk level) and Brazil/South America region the lowest (17 percent at risk level). All of the locations had significant improvement in work engagement after EAP use.

The six global locations differed from each other in the starting levels of **life satisfaction**, with the United Kingdom and Europe region and Canada both being highest (40 percent of cases at problem level) and the Brazil/South America region the lowest (28 percent at problem). All of the locations had significant improvement in work engagement after EAP use.

The global locations differed from each other in the starting levels of the composite **SuperScore**, with the United Kingdom and Europe region being highest (average of 2.3 total concerns per case) and Brazil/South America region the lowest (average of 1.5 total concerns per case). All of the locations had significant improvement in reducing the total number of case outcomes after EAP use.

Conclusions and Implications for EA Global Practice

This study reports on one of the largest sample sizes ever analyzed for EAP use and effectiveness. These latest findings expand on earlier reports in the WOS series. The six global locations had mostly similar profiles for EAP use. The longitudinal findings indicate geographic location did have some meaningful impact on the levels of the WOS measures. However, none of the measures had rates of improvement over time that differed meaningfully by geographic location (all statistical effect sizes were trivial). The lack of moderator effects by global location is robust evidence that the services and support typically experienced by EAP users was successful to roughly the same degree for a wide variety of employee clients living in many different countries.

Source: Attridge, M. (2024). *Workplace Outcome Suite® (WOS) EAP Industry Global Report No. 6: Use and Effectiveness of Over 140,000 Counseling Cases from 2010 to 2022*. [White paper 97 pages]. TELUS Health & Employee Assistance Professionals Association (EAPA).

Get the WOS: Those interested in using the WOS measures are encouraged to obtain a license at wosanalytics@telushealth.com.

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