

Workplace Outcome Suite[®] (WOS) Annual Report 2020

Part 2 - Profiles of Work Outcomes
on 10 Context Factors of EAP Use



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The Workplace Outcome Suite

The Workplace Outcome Suite® is a self-report measure of change that examines five key aspects of workplace functioning: Work Absenteeism, Work Presenteeism, Work Engagement, Workplace Distress, and Life Satisfaction. It is the only publicly available outcome instrument that has been psychometrically validated and tested for use in EAP settings. It is an easy-to-administer tool that uses a short, precise, and easy-to-administer survey to collect EAP specific outcome data both at start of the counseling and at a follow-up (usually at two or three months) after the last clinical session.

Workplace Outcomes Suite (WOS)

The WOS was developed in 2010 (published peer-reviewed research). Now licenced by over 500 EAP vendors and internal programs globally to measure changes from before to after use of EAP counseling.



Work Presenteeism is when an employee is physically present on the job but is not working at their normal level of job performance because of some health or personal. Presenteeism assesses whether the employee is doing what he or she is supposed to do at work, rather than being distracted by a problem. Presenteeism is measured on the WOS with a 1-5 rating scale.



Work Absenteeism is the missed time away from regularly scheduled work. This is defined as complete work days and also as partial days when the employee arrived late work or left early. Absenteeism is measured on the WOS with a fill in the blank with specific numbers of hours absent in the past 30 days.



Lost Productive Time (LPT) is the result of combined absenteeism hours and estimated hours of unproductivity while working due to presenteeism. This outcome is not measured by specific items on the WOS, rather it is derived mathematically from using the combined data from the WOS work absenteeism and work presenteeism items. LPT is measured in hours of time per month.



Workplace Distress is the feeling an employee has about the conditions of the work environment. It is not designed to evaluate the underlying cause of the distress, but only to measure the reduction in distress caused by the EAP intervention. This is measured on the WOS with a 1-5 rating scale.



Work Engagement refers to the extent to which an employee is invested in his or her job. Conceptually, work engagement has three core components: cognitive, emotional, and behavioral. Work engagement is measured on the WOS with a 1-5 rating scale.



Life Satisfaction is a straightforward measure that addresses satisfaction with one's life. As a general construct, life satisfaction is useful in addressing the broader impact of workplace problems on one's general well-being and can be used to place the problem in a "life" context. In the context of EAP counseling, this measure functions as a proxy for level of overall distress. Life satisfaction is measured on the WOS with a 1-5 rating scale.

What do the different colors indicate for each of the WOS measures?

- **Work Absenteeism** is colored red because this outcome involves a stoppage of work - like the red color featured on a stop sign for traffic.
- **Work Presenteeism** is colored blue because this is the color of blue is linked to depression ("feeling blue"), which is a clinical issue strongly linked to a decreased (depressed) level of work performance.
- **Lost Productive Time (LPT)** at work is colored purple because this color is derived from mixing together the colors of red and blue and the outcome of LPT is calculated from adding together the data from the work absenteeism and work presenteeism outcomes.
- **Workplace Distress** is colored black because this outcome involves a feeling of dread about going to the workplace – and black presents a dark or ominous psychological state.
- **Work Engagement** is colored green because this outcome involves having a growth-oriented approach to one's work and this theme is depicted by the color green because green represents healthy plants and nature.
- **Life Satisfaction** is colored yellow/orange because it reflects a positive and happy perspective on life and happiness is often associated with the colors of yellow or orange.

What does it mean to be at "problem status" on a WOS measure?

The problem status analytical approach uses the meaning embedded in the labels on the response scales of WOS items to determine a more clinically relevant sub-portion of the employee population who are at a "problem level" on the outcome. This method simply asks how many employees (as a percentage of all cases) have a problem on a particular outcome when first seeking counseling and then how many still have a problem at the follow-up after counseling has concluded? The expectation is that the prevalence rate of the more severe levels on these outcomes would go down after counseling when employees had experienced some clinical improvement.

Conceptually, this approach borrows from the wellness field's emphasis on prevention and finding employees who are at-risk for a health issue and then trying to reduce those risks through education and coaching. The results can be used to demonstrate the role of EAP counseling in the risk management of behavioral health issues for work organizations. How this approach is enacted operationally for each WOS measure is shown in Table 1.

Table 1. WOS-5 brief measure items with response options and recoding for problem status

Item on WOS-5	Rating scale	Problem status
<p>WORK ABSENTEEISM: <i>"For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early." ___</i></p>	<p>5 = Absent 25 to 159 hrs 4 = Absent 9 to 24 hours 3 = Absent 4 to 8 hours 2 = Absent 1 to 3 hours 1 = No Absence (0 hours)</p>	<p>Problem Problem Problem Not a problem Not a problem</p>
<p>WORK PRESENTEEISM: <i>"My personal problems kept me from concentrating on my work."</i></p>	<p>5 = Agree Strongly 4 = Agree Somewhat 3 = Neutral 2 = Disagree Somewhat 1 = Disagree Strongly</p>	<p>Problem Problem Not a problem Not a problem Not a problem</p>
<p>WORKPLACE DISTRESS: <i>"I dread going in to work."</i></p>	<p>5 = Agree Strongly 4 = Agree Somewhat 3 = Neutral 2 = Disagree Somewhat 1 = Disagree Strongly</p>	<p>Problem Problem Not a problem Not a problem Not a problem</p>
<p>WORK ENGAGEMENT: <i>"I am often eager to get to the work site to start the day."</i></p>	<p>5 = Agree Strongly 4 = Agree Somewhat 3 = Neutral 2 = Disagree Somewhat 1 = Disagree Strongly</p>	<p>Not a problem Not a problem Not a problem Problem Problem</p>
<p>LIFE SATISFACTION: <i>"So far, my life seems to be going very well."</i></p>	<p>5 = Agree Strongly 4 = Agree Somewhat 3 = Neutral 2 = Disagree Somewhat 1 = Disagree Strongly</p>	<p>Not a problem Not a problem Not a problem Problem Problem</p>

Profiles of EAP counseling use: Summary

Country. N = all 35,693. A total of 26 different countries were represented, but 97% of the cases came from just three countries: United States (72%), China (22%), and New Zealand (3%). The remaining 3% of the sample were spread across 23 other countries. Five regions of the US were also examined.

Region of the United States N = 24,680. (96% of cases from the US). Five regions of the US were also examined (based on US Census definition). The percentage of cases in each region: Northeast (17%); South (26%), Midwest (33%), West (22%) and Pacific (1% from Hawaii).

Model of EAP Delivery. N = all 35,693. Most of the individual cases in the study sample (70%) were from external vendors of EAP services. About 1 in every 8 cases (13%) were from internal staff model programs at large employers. About 1 in every 6 cases (17%) were from EAPs with the employer hybrid model (17%) which has both an external vendor (or multiple vendors) and also some EAP staff. Of the 18 hybrid or internal staff model EAPs, eight programs were based in hospitals or health systems with the goal of primarily serving the internal employees.

Industry. N = 19,215. A wide variety of industries were represented among the employers who sponsored the EAP services. This included the sectors of government (29%); health care (26%); manufacturing (18%); technology (12%); colleges & universities (5%); lower-wage industries (6%; including subtypes of service and hospitality; administrative/clerical; and customer service) and higher wage industries (4%; including finance/banking/insurance; professional; and executive).

Client Age. N = 14,843. Age ranged from 18 to 72 years old, with an average of 36 years.

Client Sex. N = 14,262. About twice as many women as men used the EAP (68% > 32%).

Clinical Issue. N = 11,122. Mental health issues or personal stress were the most common kind of issue with 44% of all cases. Specific issues within this category included anxiety (12% of all cases), depression (12%), behavior conduct (7%), personal stress (7%), grief (5%), and violence or trauma (2%). Almost 1 in every 3 cases (30%) used the EAP for difficulties with a personal relationship (marriage or family). Work stress (11%) and occupational issues (5%) combined to represent about 1 in every 8 cases (16%). Despite being part of Core Technology of the employee assistance profession (Roman, 1990), alcohol misuse and drug problems accounted for less than 1 in every 20 cases (4%). Other personal life issues (legal, financial, medical, other) accounted for the final 6% of cases [yet as these are often served by EAP staff or partners other than counselors; thus this area of utilization is likely much higher).

Referral Source Into EAP. N = 7,580. The vast majority of cases were self-referrals (85%). Referral from a supervisor at work accounted for about 1 in every 10 cases. Referral from a family member or other sources accounted for only 5% of all referrals.

Clinical Duration. N = 5,796. The average case participated in counseling for about six weeks (median 42 days; mean = 54 days; range 1 to 365 days). This data is from two external vendors and one internal staff program, all located in US.

Clinical Sessions. N = 1,885. The average case had 3.2 sessions of EAP counseling (range 1 to 6). This data is from one external vendor in US.

Methodology

The specific coding of some factors (i.e., age, clinical issue, referral type, industry) were standardized across the various formats of the raw data provided by the different EAPs. More details for each context factor are described in the following pages with detailed statistical results profiling each factor shown in the Appendix. Tests were conducted for three goals:

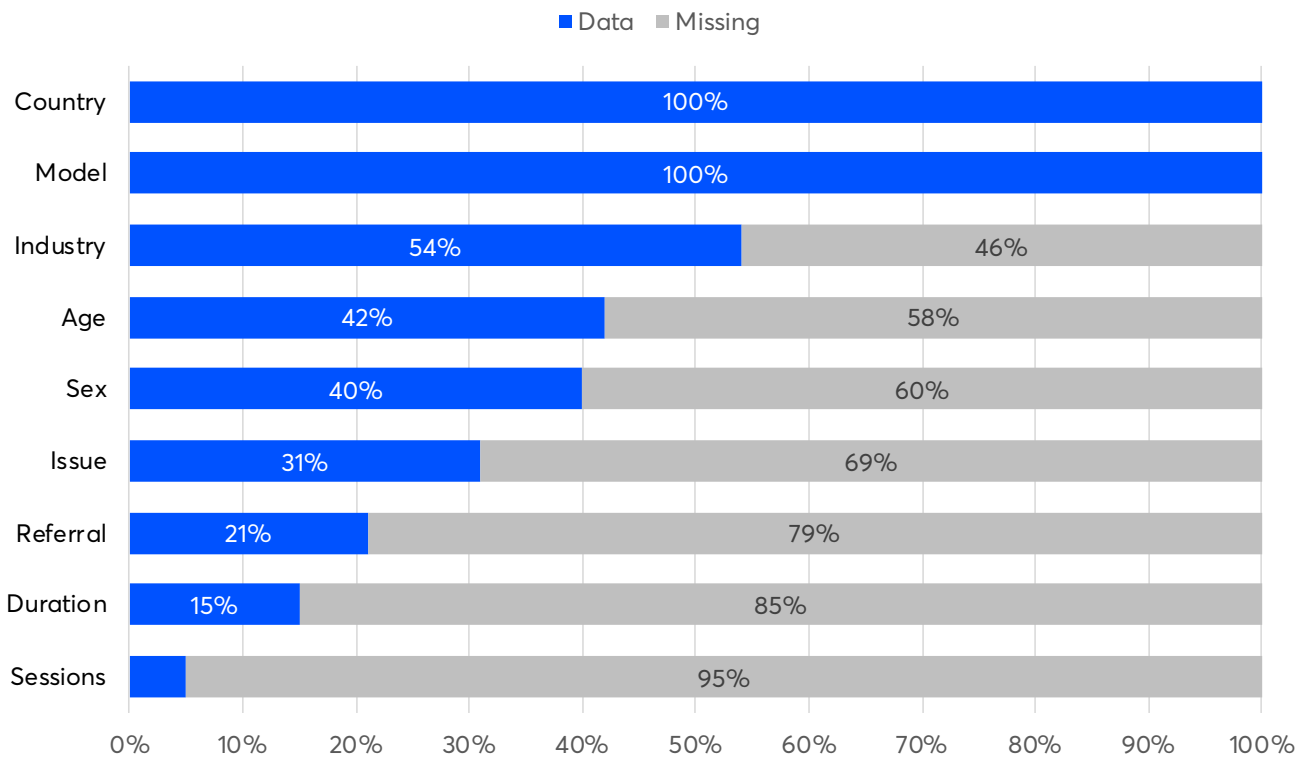
- 1 - Explore the context factors as descriptive characteristics of EAP counseling use.
- 2 - Test for possible differences in subgroups of factors on WOS outcomes - both for levels of problem status (outcome severity) and for extent of improvement from before to after use of the EAP in reducing the severity of the work outcomes.
- 3 - Test for possible differences in subgroups of factors on LPT outcomes - both for levels of work productivity and related hours of work absenteeism, work presenteeism and total lost productive time.

Sample sizes for context factors and extent of missing data

Only the factors of country and EAP delivery model had full data. The other factors involved different subsets of the study sample depending on which EAPs voluntarily provided the data.

Figure 1. Context factors with data as percentage of total sample size

Cases with Context Factor Information (% Total Sample)



Increase in sample sizes for context factors since the last annual report

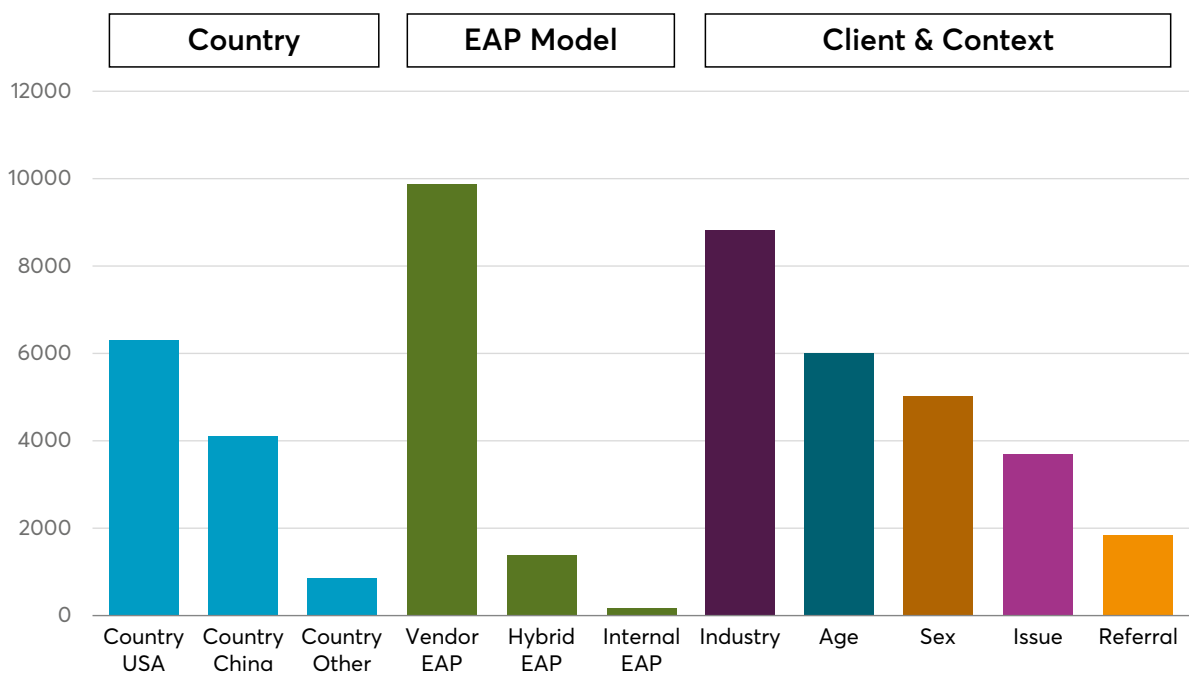
Table 2. Updates to the data on context factors featured in this annual report

Factor	Total 2018 WOS Report	Total This Report	New data (n cases)	New data as % over last year
Total Valid Cases	24,363	35,693	11,330 ^a	47%
Full Sample				
Country	All	All		
United States	19,234	25,614	6,380	33%
China	3,615	7,754	4,139	114%
Other Global	1,514	2,325	811 ^b	54%
EAP Delivery Model	All	All		
External Vendors	15,086	24,960	9,874	65%
Hybrid (Vendor & Staff)	4,760	6,094	1,334	28%
Internal Staff	4,517	4,639	122	3%
Partial Sample				
Industry (if available)	10,461	19,335	8,874	46%
Age of Client	8,810	14,843	6,033	71%
Sex of Client	9,219	14,262	5,043	55%
Clinical Issue	7,428	11,222	3,749	51%
Referral Type	5,751	7,580	1,829	32%
Clinical Duration (3 EAP)	5,796	5,796	0	NA
Clinical Sessions (1EAP)	1,885	1,885	0	NA

^a All new cases used the brief version of the WOS-5. ^b All from one EAP vendor in New Zealand.

Figure 2. Context factors with numbers of new cases added to this annual report

New data added this year with 11,330 cases



Sample sizes for context factors: By country

The United States had most of the cases with data on the context factors. China also had over 7,700 cases with demographic factors of client age and sex and 3,269 cases with industry but no data on the other context factors.

Table 3. Number of EAP cases for various context factors by country

Context Factor	United States	China	New Zealand	Other Global
Total Sample Cases	25,614	7,754	1,147	1,178
EAP Model: Number of EAPs (Cases)				
– Vendor	15 (15,825)	1 (7,710)	1 (1,147)	2 (278)
– Hybrid (can be in multiple countries)	7 (5,361)	1 (44)	0	2 (689)
– Internal Staff	10 (4,428)	0	0	1 (211)
– Hospital-based (some of Hybrid & Staff)	8 (3,917)	0	0	0
Number of Cases				
Industry - Other than mixed for vendors	14,270	3,269	707	969
Clinical Issue	10,888	0	0	234
Client Referral Type	7,412	0	0	168
Client Age (18+)	7,043	7,732	0	68
Client Sex	6,469	7,724	0	69
Clinical Duration	5,796	0	0	0
Clinical Session Count	1,885	0	0	0

Note: N = 4,302 with valid data on all context factors (excluding duration and session count).

Table 4. WOS outcomes at problem status & work productivity: Total sample results review

Outcome	Pre EAP	Post EAP	Improve	Improvement Effect Size
Problem Status	% Yes	% Yes	%	
Work Presenteeism	56	28	50***	.195 Large
Work Absenteeism	29	13	55***	.096 Medium
Workplace Distress	22	13	41***	.038 Small
Work Engagement	32	23	28***	.030 Small
Life Satisfaction	37	16	57***	.140 Large
Total of WOS Outcomes at Problem Status (0 to 5)	1.76	0.92		
Work Productivity Outcomes Based on WOS Data			%	
Level of Productivity When at Work (0-100%)	62.46%	78.37%	25***	.246 Large
Hours of Work Absenteeism	6.24	2.58	53***	.049 Small
Hours of Work Presenteeism	57.00	33.52	41***	.227 Large
Hours of Combined Lost Productive Time	63.24	36.10	43***	.264 Large

N = 35,693. *** p < .001.

Results - Profiles of each context factor

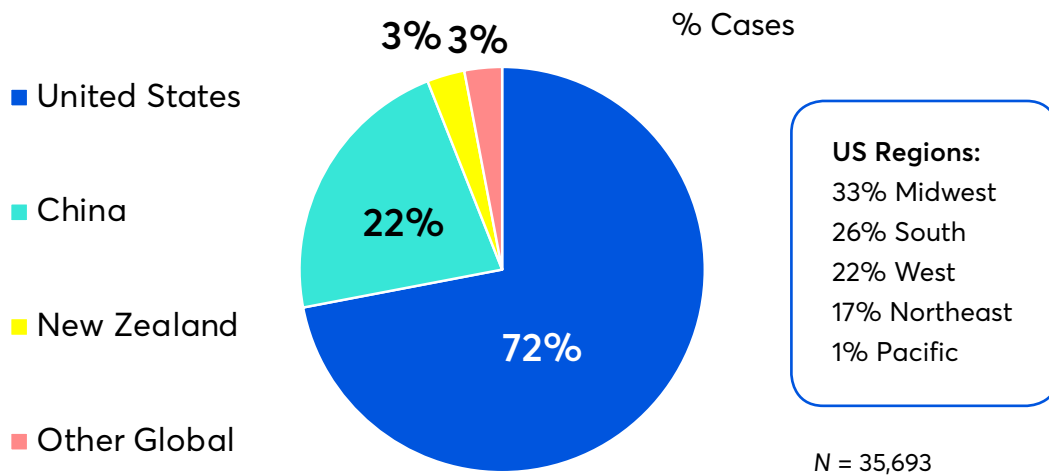
Context factor 1: Country of where the client lives

Country sample size. All of the 35,693 cases were categorized by country where the employee lived. This was based on 1) case specific country location if available or 2) the location of the EAP.

Country and EAP use. Although a total of 26 different countries were represented, 97% of the total cases came from three countries. Most of the cases were from the United States (72% of the total n = 25,614). China had 22% of total cases (n = 7,754 with 99% of these cases from one external EAP vendor – Chestnut Global Partners China. Three percent of cases were from New Zealand (n = 1,147), all provided by one EAP vendor (Benestar). Village FSC EAP vendor in Brazil provided 164 cases from Brazil. Hellas EAP in Greece provided all 110 cases for that country. The remaining 3% of the sample were from two large multi-national corporations (Caterpillar and Dupont), with employees users being spread across 23 countries but with only 17 or fewer cases located in any one specific country. The country variable was re-coded into four groups, based on frequency in the total sample: United States, China, New Zealand and "Other Global" (see Figure 3).

Figure 3. Country of EAP client: Percentage of cases

Country of EAP Client



Country and other context factors. Having data on other context factors available to test for comparisons varied by country was limited to client age, sex and industry, as the other factors mostly had data only from the US. The mix of men and women clients was similar in different countries. China had younger average age than US (see age factor). Certain EAP models and industries also had some differences by country.

Country and WOS outcomes. Tests for possible difference between country on WOS outcomes were conducted when statistically controlling for EAP delivery model. See Table A.1. The percentage of cases at problem status on WOS outcomes had small differences between users of counseling by different countries for four of the outcomes. New Zealand was the highest and China was the lowest for work presenteeism, for work absenteeism, for workplace distress and also on the summary of the five WOS outcomes. The US had the lowest percentage of cases at problem level on work engagement compared to the other countries. The countries tended to have similar patterns of the extent of improvement, though, from pre to post use of counseling. Change in problem status from pre to post on work absenteeism was lowest, however, in Other Global than in other countries.

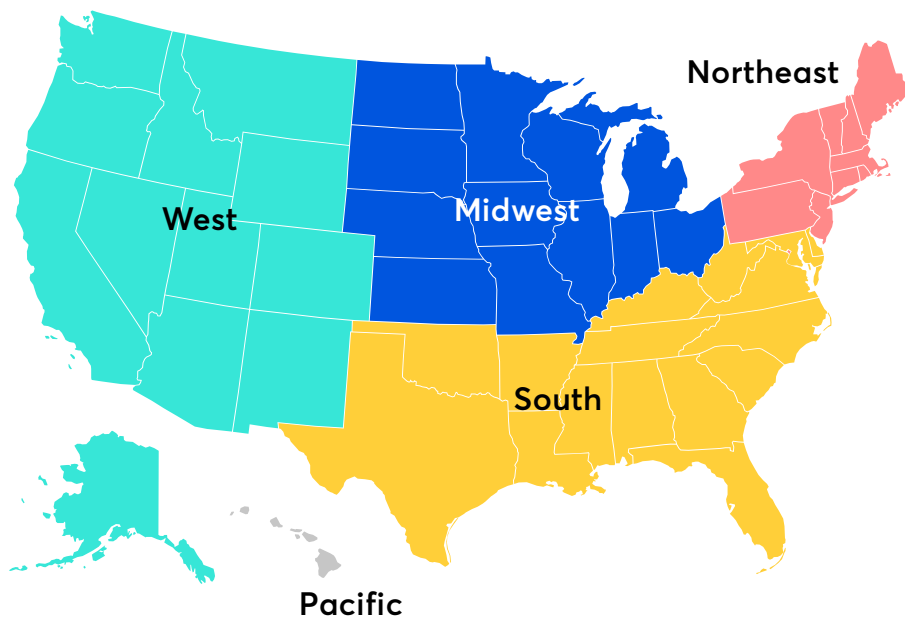
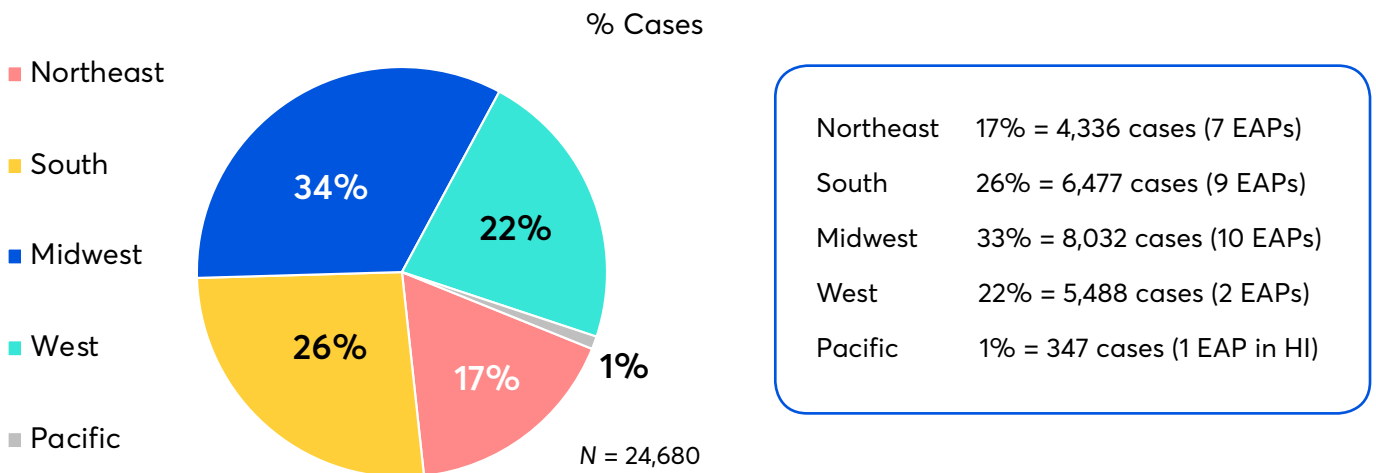
Country and LPT outcomes. Tests for possible difference between country on LPT outcomes were conducted when statistically controlling for EAP delivery model. See Table A.2. New Zealand had the largest deficit in work productivity level and China had the smallest deficit in work productivity level. Similarly, New Zealand was the highest and China was the lowest for hours of work absenteeism, hours of work presenteeism, hours of combined lost productive time. Countries tended to have similar patterns of improvement in LPT outcomes, though, from pre to post use of counseling.

Context factor 2: Region of United States where the client lives

Regions of the US. As the United States accounted the vast majority the data in the full sample, the country was also divided into major geographic regions. The regions were based on definition used by the US Census Department. Excluded were 934 cases from a group of EAPs which were in the US but were not identified with a specific vendor or employer and thus could not be assigned to a region. There were a total of 24,680 cases sorted into different regions (96% of the 25,614).

Figure 4. Region of United States: Percentage of cases

Region of Country of EAP Clients in United States



Region of US and other context factors. The different regions were similar on age and sex and referral type. But there were some differences on the other context factors by region of the US. For delivery models, external vendors were mostly in the Midwest (49%) and West (37%) regions; the internal staff programs were mostly in the South (91%), and the hybrid programs were mostly in the Northeast region (84%). Hospital-based EAPs were also mostly located in the Northeast region (77%). Industry had differences as well by region. The Northeast region had the majority of EAP cases working in industries of health care and higher wage businesses. The South region had the majority of EAP cases working in industries of government and manufacturing. The West region had the majority of EAP cases working in the technology industry. The Midwest and the Pacific regions had cases working in different industries.

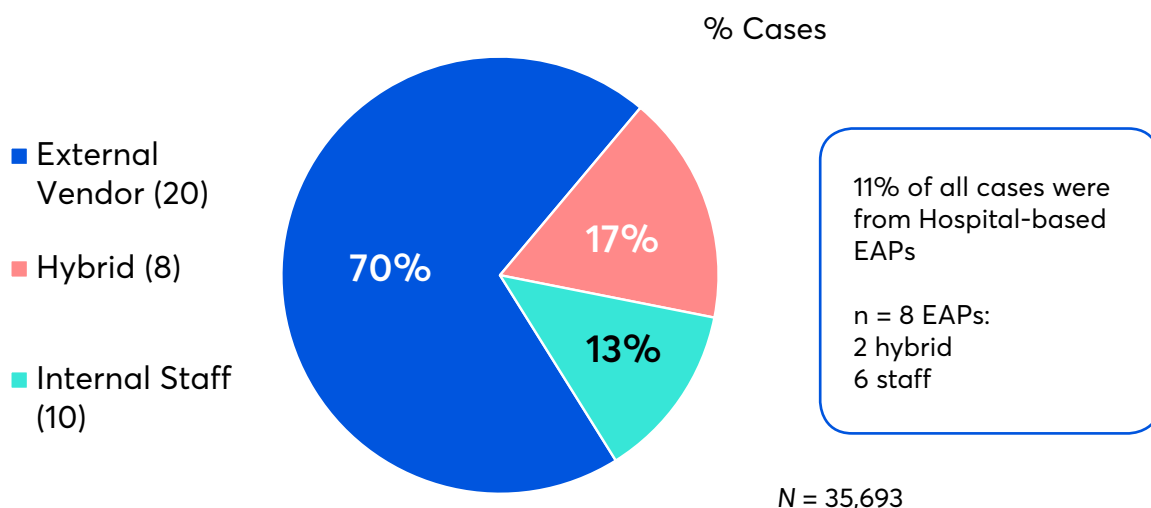
Region of US and WOS outcomes and LPT outcomes. Tests for possible difference between regions of the US on outcomes were conducted when statistically controlling for EAP delivery model. The percentage of cases at problem status on WOS outcomes was similar in the five regions (see Table A.3). The work productivity outcomes also were at similar levels in the various regions. The one exception was that the Northeast region was lowest in work absenteeism. See Table A.4.

Context factor 3: Delivery model for EAP services

EAP model sample size. The type of EAP delivery model was determined by the study authors for all 35,693 cases based on the EAP provider or the employer. A total of 38 different sources provided WOS data, most of which were specific EAP vendors or employer-based programs and one industry group that represents external vendors in the United States. These sources grouped by delivery model and also for specialty market (see Figure 5).

Figure 5. Model of EAP delivery: Percentage of cases

Delivery Model for EAPs



EAP model type 1: External vendors. Most sources of data were external vendors of EAP ($n = 20$). Vendors in the United States tended to be moderate in size (based on market share) and focus mostly on serving employers in certain regions of the United States (with some national accounts). Other vendors were national vendors in four countries outside of the US. Most of the total individual cases in the study sample were from external vendors (70%; $n = 24,960$).

EAP model type 2: Internal staff. Another 10 EAP sources were internal staff model employee assistance programs at specific large employers. About 1 in every 8 of the individual cases in the total sample were from these staff model programs (13%; $n = 4,639$).

EAP model type 3: Hybrid. There were also eight programs at large size employers had hybrid programs involving a mix of some staff dedicated to the EAP and also involving a vendor(s) of EAP. The hybrid employers tended to be large multi-national corporations or large public sector organizations. About 1 in every 6 cases in the total sample were from EAPs with the employer hybrid model (17%; $n = 6,094$).

EAP model type 4: Hospital-based. Of the 18 hybrid or internal staff model EAPs, eight were based in hospitals or health systems with the goal of primarily serving the internal employees ($n = 3,917$). Some of these EAPs, however, also sell their services to other employers in the same local area.

EAP model and other context factors. Some small size differences were found with EAP model and country and with EAP model and referral type. Hospital EAPs had slightly more women as cases than the other EAP models (74% women) than the other models (66% women). This was likely due to overall workforce being majority female at most health care settings. Users at internal staff model EAPs were older (age 44 years) than users in other models (both age 36).

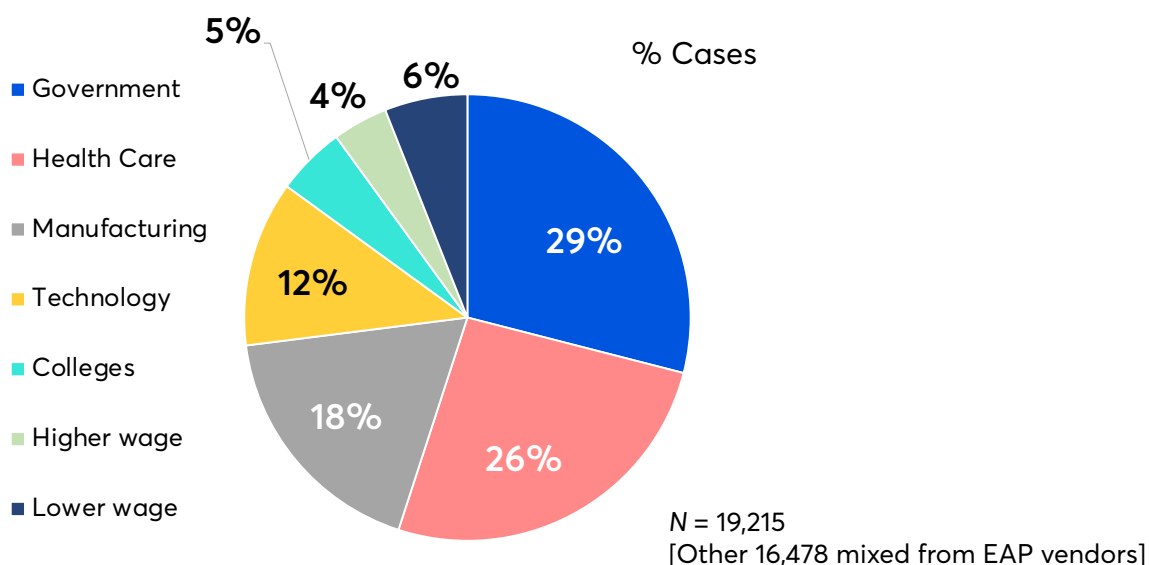
EAP model and WOS and LPT outcomes. Tests for possible difference between EAP delivery models were conducted when statistically controlling for country. Results found that the delivery models were similar on all outcomes. See details in Tables A.5 and A.6.

Context factor 4: Industry of the employer

Industry sample size. A total of 19,215 cases had the industry of their employer classified (54% of total cases). Some of these cases were identified by vendor data that listed the name of the employer customers but the rest of the users were unable to be identified at case level for industry. Seven categories were created to best represent the wide range of industries in the data (see Figure 6).

Figure 6. Industry of employer sponsor of EAP: Percentage of cases

Industry of Employer



Industry and EAP use. A variety of industries were represented among the employers who sponsored the EAP services. This indicates a representative sample of many different industries. This included:

- Government (29%) *n* = 5,613
- Health care (26%) *n* = 4,955
- Manufacturing (18%) *n* = 3,392
- Technology (12%) *n* = 2,272
- Colleges & universities (5%) *n* = 983
- Higher wage industries (4%; finance/banking/insurance; professional; executive) *n* = 852
- Lower-wage industries (6%; service and hospitality; administrative/clerical; and customer service) *n* = 1,148

Industry and other context factors. Clients from different industries tended to be similar in sex, age of client and referral type. Only two industries had meaningful numbers of EAP cases living in countries other than the US: Manufacturing had some cases in all countries; and most of the cases in the technology sector came from China. All industries had some EAP vendors represented as the delivery model. The government industry was mostly from EAPs with a hybrid model (three-fourths of all of the cases). The manufacturing industry had half of its cases from EAP with a hybrid model.

Industry and WOS and LPT outcomes. Tests for possible difference between industries were conducted when statistically controlling for factors of country and EAP delivery model. See details in Tables A.7 and A.8, respectively. Results found that cases in different industries had similar profiles on the WOS and work productivity LPT outcomes. Only two findings had effects (both small size): Employees working at colleges at the highest levels of work presenteeism than other industries; and employees working in manufacturing were lowest for workplace distress compared to other industries.

Context factor 5: Age of the EAP client

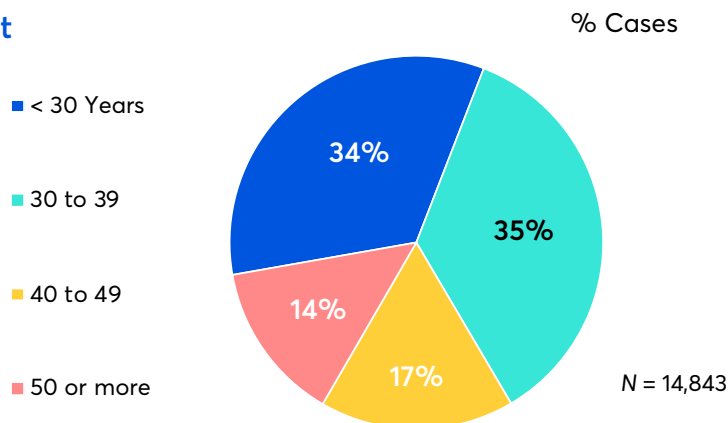
Client age sample size. A total sample of 14,843 cases had their age identified (42% of the total sample). The age of the client was provided by 11 different EAPs – 8 from US and 3 global.

Client age and EAP use. Age ranged from 18 to 72 years old, with an average of 36 years old. For descriptive purposes, four groups were created (see Figure 7):

- 18-29 years *n* = 5,046 34%
- 30-39 years *n* = 5,390 35%
- 40-49 years *n* = 2,508 17%
- 50+ years *n* = 2,102 14%

Figure 7. Age of EAP client: Percentage of cases

Age of EAP Client



Client age and other context factors. As shown in Table 4, age was much lower for cases in China than for cases in the US (31 years vs. 42 years, respectively). Age had no meaningful differences with other context factors.

Table 4. Differences on EAP client age between countries of China and United States

Country	Sample	Age of Client				
		18 to 29 years	30 to 39 years	40 to 49 years	50+ years	Average
China	7,752	48%	43%	8%	1%	30.5
United States	7,043	18%	28%	26%	28%	42.4

Age of client and WOS and LPT outcomes. Tests for possible difference between counseling users based on age were conducted when statistically controlling for factors of country and EAP delivery model. Results found that employees of different ages had similar profiles on WOS outcomes and work productivity outcomes. See details in Tables A.9 and A.10.

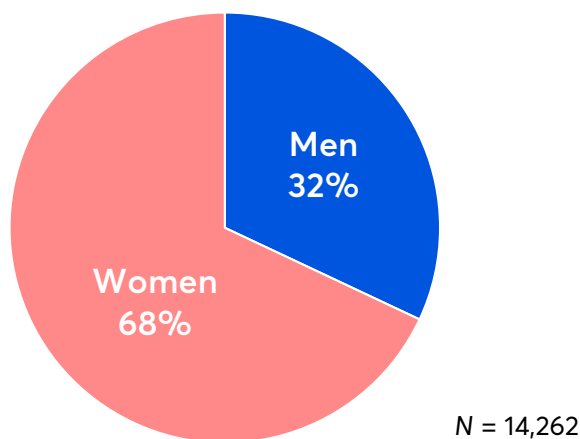
Context factor 6: Sex of the EAP client

Sex of client sample size. A total of 14,262 cases (40% of full sample) had their sex identified. This includes about half from the US and half from China with only small fraction in other countries. The sex of the user was provided by 12 different EAPs – 9 from US and 3 global.

Sex of client and EAP use. About twice as many women as men used the EAP (68% > 32%). See Figure 7. This sex difference is consistent with other research on EAPs utilization.

Figure 7. Sex of EAP client: Percentage of cases

Sex of EAP Client



Sex of client and other context factors. Subgroups within the other context factors tended to have a similar mix of men and women. However, two context factors had sex differences. Referral type had more supervisory referrals who were men (14.9% of all men > 9.4% women). The clinical issue subtype of substance was twice as common among men than women (6.3% of all men > 2.1% of all women).

Sex of client and WOS and LPT outcomes. Tests for possible difference between men and women were conducted when statistically controlling for factors of country and EAP delivery model. Results revealed that men and women users of counseling had extremely similar profiles on WOS outcomes and work productivity outcomes. See details in Table A.11.

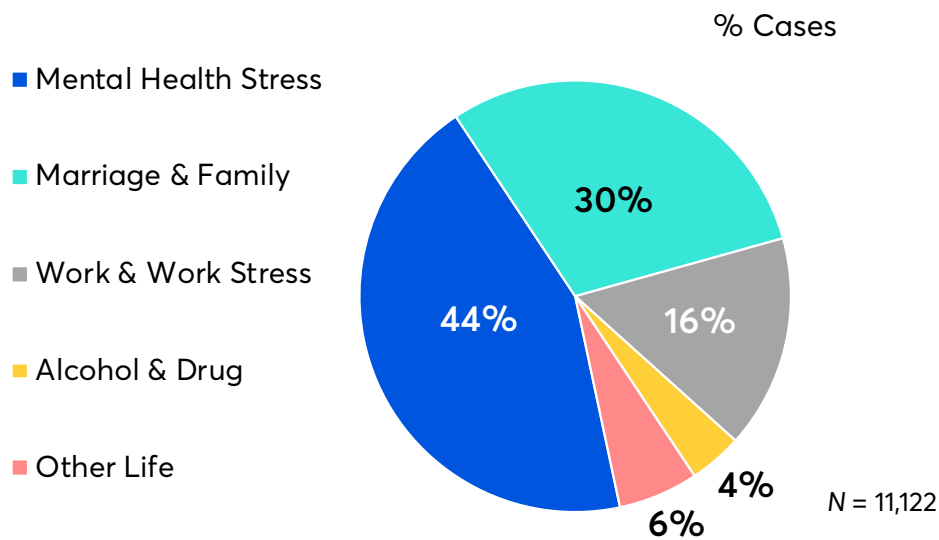
Context factor 7: Clinical issue

Clinical issue sample size. A total sample of 11,122 cases (31% of total study sample) had the reason why they had used the EAP identified. The presenting concern or clinical issue was provided by 21 (of 38) EAPs with 19 of the 21 EAPs in the United States). Although more detail was available, five major categories were featured for analyses (see Figure 8).

- Mental Health & Stress 44% n = 4,908
- Marital & Family 30% n = 3,355
- Work & Work Stress 16% n = 1,826
- Alcohol & Drug 4% n = 407
- Other Life Issues 6% n = 626

Figure 8. Clinical issue for EAP client: Percentage of cases

Clinical Issue (Reason for EAP Use)



Clinical issue and EAP use. Within this sub-sample, the most common issue was related to mental health issues or personal stress, with 44% of cases. Within the largest category of mental health, a variety of specific issues included anxiety (12% of all cases), depression (12%), behavioral conduct (7%), personal stress (7%), grief (5%), and violence or trauma (2%). The profile of WOS outcomes for mental health issues revealed similar patterns for the pairs of issues of anxiety and personal stress and also for depression and grief.

The next most common type of reason for EAP use was the domain of personal relationships and included marriage problems or family issues (30%). Work stress (11%) and occupational issues (5%) combined to be the third most popular area (16%). One of the seven EAP "core technology" specialties is to identify and support employees with alcohol misuse and drug problems (Roman, 1990). However, this issue accounted for only

about 1 in every 20 cases (4%). Other personal life issues (legal, financial, medical, other) accounted for the final 6% of cases. However, it is likely that there were many more employees who sought assistance at EAP for financial or legal issues who were not offered the opportunity to take the WOS because these users were serviced by staff or specialty partners other than the licensed counselors at the EAP.

Clinical issue and other context factors. The mix of different reason for why the EAP was used tended to be similar across the other context factors of country, EAP model, client age and client sex. However, some differences were evident with supervisory referrals. Cases who were referred to the EAP by their work supervisor (compared to self-referral or referral from family), were more likely to have clinical issues of work/occupational (21% vs. 2%), alcohol or drug (15% vs. 3%), behavior/conduct (19% vs. 8%), and work-related stress (20% vs. 14%). Supervisory referrals were also less likely than other kinds of referrals to have clinical issues of anxiety (5% vs. 14%), depression (5% vs. 12%), marital (6% vs. 26%), and family (1% vs. 5%).

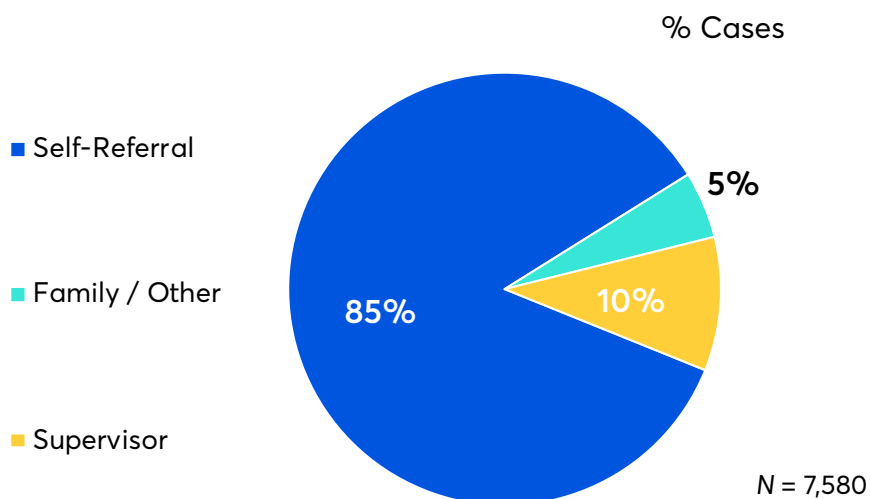
Clinical issues and WOS and LPT outcomes. Tests for possible difference between clinical issues were conducted when statistically controlling for factors of country and EAP delivery model. Results found that using the EAP for different issues tended to have similar profiles on WOS outcomes and work productivity outcomes. Very small size effects were found for the alcohol or drug issue as having the lowest levels of problems on WOS outcomes and small size effects for the alcohol or drug issue as having the lowest levels of deficits in lost time work productivity outcomes. See Tables A.12 and A.13.

Context factor 8: Referral source into the EAP

Referral source sample size. A total sample of 7,580 cases had the source of their referral into the EAP identified. The source of who made the referral into the EAP for counseling was provided by 18 different EAPs – 17 from United States. Thus, 21% of the total study sample had data on referral source of the client. Three groups were used in analyses (see Figure 9).

Figure 9. Referral source: Percentage of cases

Source of Referral into EAP



Referral source and EAP use. Within this sub-sample, the vast majority of cases were self-referrals – at 85% of all cases. Referral from a supervisor at work accounted for about 1 in every 10 cases. Least common was a referral from a family member or other sources – at 5% of all cases.

- Self 85% $n = 6,470$
- Supervisor Work 10% $n = 724$
- Family Friend 5% $n = 386$

Referral source and other context factors. Subgroups with the other context factors tended to have a similar mix of referral sources. However, a few differences involved supervisory referrals. The Internal Staff EAPs had more referrals from work supervisors than did the other delivery models (15.6% > 9.0% other). The same pattern was found for hospital-based EAPs too which all have some internal staff dedicated to EAP (16.8% of referrals from supervisors). This finding may reflect the relatively greater rapport of the local EAP staff with supervisors compared to more external relationships and EAP account management approaches of vendor models.

Clinical issues with higher representation of supervisory referrals included work issues (47%), substance issues (36%), and behavior conduct issues (20%). In contrast, supervisory referrals accounted for a very small part of the referrals among the family (2%) and marital issues (2%). Supervisory referrals also differed by client sex with more men than women clients being referred to EAP by their supervisors (14.9% > 9.4%).

Referral source and WOS and LPT outcomes. Tests for possible difference between types of referral on outcomes were conducted when statistically controlling for factors of country and EAP delivery model. Results found that using the EAP when referred by a supervisor tended to have a different profile on WOS outcomes and work productivity outcomes. Small size effects were found such that compared to the other two kinds of referrals, a supervisory referral case was had a lower rate of problems on work presenteeism and was also lowest the work productive time level, lowest in hours of work presenteeism and lowest in hours of combined lost productive work time. The referral types did not differ in work absenteeism or on problem rates for the other specific WOS outcomes or problem status summary. See Table A.14.

Context factor 9: duration of counseling

Duration of clinical treatment sample size. A sample of 5,796 cases had valid information on clinical duration or how long the counseling treatment period had lasted. This factor was measured as the total number of days per case between the dates of the first and the last sessions of counseling. Valid data on this factor was provided by three EAPs (two vendors and one internal staff program) all located in the United States. With only 16% of the total study sample had data on this factor (missing data in other 84% of cases), these findings may not reflect the experiences of other EAPs. Other programs may have longer or shorter duration period for clinical support than this particular data. However, from a statistical perspective, it is a very large sample size with power to detect meaningful results.

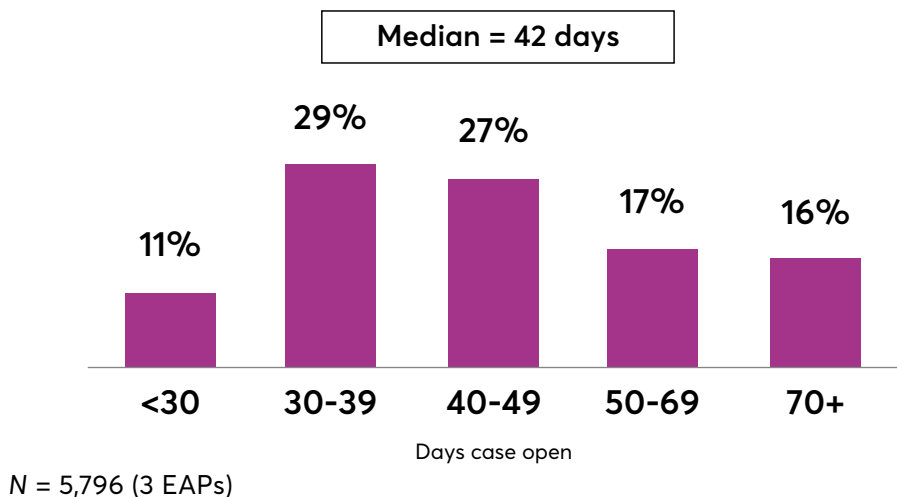
Source data for clinical duration factor:

- EAP Vendor A - $n = 5338$ (missing 9) Average = 51; Median = 42; range 1-365
- EAP Vendor B - $n = 258$ (missing 3) Average = 35; Median = 16; range 1-365
- EAP Internal - $n = 200$ (missing 0) Average = 163; Median = 142; range 21-365

Duration of clinical treatment period and EAP use. The average case participated in counseling over a period of about six weeks (median 42 days; mean = 54 days; but some outliers with very long duration of full year skew the statistical average). The range spanned 1 to 365 days (a small percentage beyond this period were recoded to cap of 365 days). However, the vast majority of cases had a duration period between five and seven weeks. See Figure 10.

Figure 10. Clinical duration: Percentage of cases

Clinical Duration: Days from counseling Start date to finish date per case



Source data for clinical duration factor:

- Short third = 1-35 days - average = 29 days n = 19365
- Average third = 36-49 days - average = 43 days n = 1942
- Long third = 50-365 days - average = 91 days n = 1918

Duration of clinical treatment period and other context factors. No data was available to test.

Duration of clinical treatment period and WOS and LPT outcomes. Tests for possible difference between duration of treatment were conducted when statistically controlling for EAP delivery model. The duration of clinical contact period was unrelated to all outcomes. See Table A.15.

Context factor 10: number of counseling sessions (clinical dosage)

Clinical sessions sample size. A sample of 1,885 cases had the number of sessions of counseling identified. This data was from national EAP vendor in the US. With only 5% of the total study sample with data on this factor (missing data in other 95% of cases), these findings on clinical sessions should be cautiously interpreted as they do not adequately represent the larger WOS benchmark sample. However, from a statistical perspective this sample size has enough power to detect meaningful results.

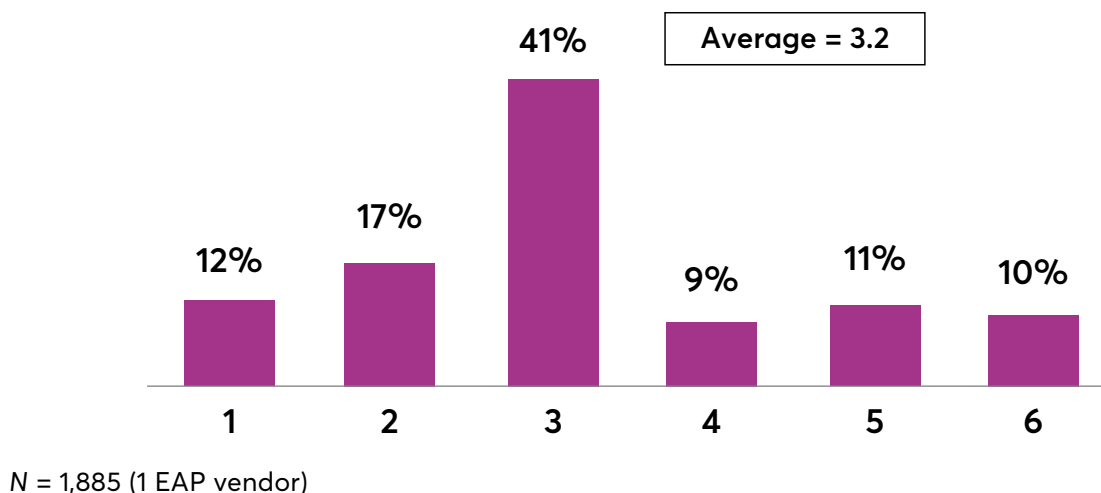
Clinical sessions and EAP use. The average case at this external EAP participated in 3.2 counseling sessions. The range spanned from one to six sessions (with less than 1% of these cases having more than six sessions; n = 36). See Figure 11. This finding is consistent with other research on EAP external vendors.

For descriptive analyses, this measure was divide into three groups of roughly equal size:

- Low third = 1 or 2 sessions 29% n = 540
- Average = 3 sessions 41% n = 774
- High third = 4 to 6 sessions 30% n = 563

Figure 11. Clinical sessions: Percentage of cases

EAP Counseling Sessions per case



Clinical sessions and other context factors. It is unknown how this factor interacts with others as there was missing data on all other context factors for these cases with the number of sessions identified.

Clinical sessions and WOS and LPT outcomes. The number of clinical sessions used was unrelated to all outcomes.

Appendix - Tables with Detailed Results of Tests of Context Factors on WOS Problem Status Outcomes and LPT Outcomes

Table A.1 Country of EAP client and problem status on WOS outcomes

Country (N = 35,693)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
New Zealand	67	44	Small Effect ($\eta_p^2 = .033$) China lowest; NZ highest	34	Similar
United States	59	32		46	
Other Global	55	29		47	
China	45	13		71	
Work Absenteeism: Problem Status (% Yes)					
New Zealand	46	12	Small Effect ($\eta_p^2 = .054$) China and Other lower; NZ high	74	Small Effect ($\eta_p^2 = .010$) Other Global lowest change
United States	34	16		53	
Other Global	10	8		20	
China	13	3		77	
Workplace Distress: Problem Status (% Yes)					
New Zealand	30	19	Small Effect ($\eta_p^2 = .014$) China lowest	37	Similar
United States	23	15		35	
Other Global	29	21		28	
China	16	6		63	
Work Engagement: Problem Status (% Yes)					
New Zealand	35	28	Small Effect ($\eta_p^2 = .03$) US lowest	20	Similar
United States	29	20		31	
Other Global	35	29		17	
China	38	31		18	
Life Satisfaction: Problem Status (% Yes)					
New Zealand	38	17	Similar	55	Similar
United States	37	16		57	
Other Global	35	20		43	
China	36	13		64	
All WOS Outcomes: Total of Problem Status (0 to 5)					
New Zealand	2.13	1.20	Small Effect ($\eta_p^2 = .019$) China lowest	44	Similar
United States	1.83	0.99		46	
Other Global	1.63	1.07		34	
China	1.48	0.66		55	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.2 Country of EAP client and LPT outcomes

Country (N = 35,693)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Level of Productivity When at Work (0-100%)					
New Zealand	57.34	70.61	Small Effect ($\eta_p^2 = .032$) NZ lowest; China highest	23	Similar
United States	61.16	76.03		24	
Other Global	64.66	78.08		21	
China	67.19	87.20		30	
Hours of Work Absenteeism					
New Zealand	10.68	2.31	Small Effect ($\eta_p^2 = .030$) NZ highest; China lowest	78	Similar (this is close to small effect but too much SD variance in data)
United States	7.48	3.23		57	
Other Global	1.95	1.70		13	
China	2.15	0.30		83	
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
New Zealand	63.16	46.01	Small Effect ($\eta_p^2 = .026$) NZ highest; China lowest	27	Similar
United States	58.46	36.93		37	
Other Global	55.68	34.49		38	
China	51.48	20.24		61	
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
New Zealand	73.84	48.32	Small Effect ($\eta_p^2 = .041$) NZ highest; China lowest	35	Similar
United States	65.94	40.25		39	
Other Global	57.63	36.18		37	
China	53.64	20.54		62	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.3 Region of United States and problem status on WOS outcomes

Region (N = 24,680)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
Northeast	54	31	Similar	43	Similar
South	56	35		38	
Midwest	60	29		52	
West	38	20		47	
Pacific	49	39		20	
Work Absenteeism: Problem Status (% Yes)					
Northeast	27	13	Small Effect ($\eta_p^2 = .01$) NE region lowest	52	Similar
South	42	19		55	
Midwest	31	13		58	
West	38	20		47	
Pacific	40	21		48	
Workplace Distress: Problem Status (% Yes)					
Northeast	19	15	Similar	21	Similar
South	24	18		25	
Midwest	24	12		50	
West	24	16		33	
Pacific	27	19		30	
Work Engagement: Problem Status (% Yes)					
Northeast	26	16	Similar	38	Similar
South	29	19		34	
Midwest	30	19		37	
West	29	22		24	
Pacific	30	23		23	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.3 Region of United States and problem status on WOS outcomes
(continued from previous page)

Region (N = 24,680)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Life Satisfaction: Problem Status (% Yes)					
Northeast	31	17	Similar	45	Similar
South	37	14		62	
Midwest	43	17		60	
West	29	22		24	
Pacific	31	13		58	
All WOS Outcomes: Total of Problem Status (0 to 5)					
Northeast	1.57	0.91	Similar	42	Similar
South	1.87	1.04		44	
Midwest	1.87	0.90		52	
West	1.86	1.08		42	
Pacific	1.77	1.15		35	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.4 Region of United States and LPT outcomes

Region (N = 24,680)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Level of Productivity When at Work (0-100%)					
Northeast	64.26	76.50	Similar	19	Similar
South	61.51	74.33		21	
Midwest	60.73	77.63		28	
West	60.01	75.82		26	
Pacific	65.29	72.57		11	
Hours of Work Absenteeism					
Northeast	6.11	2.41	Similar (although NE region lowest in missed work)	61	Similar
South	8.55	3.79		56	
Midwest	7.51	3.30		56	
West	7.75	3.37		57	
Pacific	12.03	5.89		51	
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
Northeast	54.23	36.49	Similar	33	Similar
South	57.41	39.21		32	
Midwest	59.14	34.53		42	
West	60.11	37.35		38	
Pacific	49.76	40.91		18	
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
Northeast	60.34	38.90	Similar	36	Similar
South	65.96	43.00		35	
Midwest	66.65	37.82		43	
West	67.85	40.73		40	
Pacific	61.79	46.81		24	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.5 EAP delivery model and problem status on WOS outcomes

Model (N = 35,693)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
External Vendors	59	28	Similar	53	Similar
Hybrid	55	30		45	
Internal Staff	44	27		39	
*Hospital-based	46	30		35	
Work Absenteeism: Problem Status (% Yes)					
External Vendors	28	14	Similar	50	Small Effect ($\eta_p^2 = .013$) Hybrid improved the most
Hybrid	39	10		74	
Internal Staff	22	12		45	
*Hospital-based	26	15		42	
Workplace Distress: Problem Status (% Yes)					
External Vendors	23	14	Similar	39	Similar
Hybrid	21	11		48	
Internal Staff	20	16		20	
*Hospital-based	22	18		18	
Work Engagement: Problem Status (% Yes)					
External Vendors	32	23	Similar	28	Similar
Hybrid	29	20		31	
Internal Staff	31	22		29	
*Hospital-based	29	19		34	
Life Satisfaction: Problem Status (% Yes)					
External Vendors	39	16	Similar	59	Similar
Hybrid	33	12		64	
Internal Staff	32	18		44	
*Hospital-based	33	19		42	
All WOS Outcomes: Total of Problem Status (0 to 5)					
External Vendors	1.81	0.94	Similar	48	Similar
Hybrid	1.76	0.83		53	
Internal Staff	1.49	0.95		36	
*Hospital-based	1.54	1.02		34	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.6 EAP Delivery model and LPT outcomes

Model (N = 35,693)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Level of Productivity When at Work (0-100%)					
External Vendors	61.53	78.41	Similar	27	Similar
Hybrid	60.94	77.66		27	
Internal Staff	69.46	79.10		14	
*Hospital-based	69.11	76.89		11	
Hours of Work Absenteeism					
External Vendors	5.92	2.77	Similar	53	Similar (note Hybrid also improved more but very small effect size)
Hybrid	7.97	1.85		77	
Internal Staff	5.70	2.50		56	
*Hospital-based	6.89	3.38		51	
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
External Vendors	58.63	33.43	Similar	43	Similar
Hybrid	58.40	34.75		40	
Internal Staff	46.39	32.37		30	
*Hospital-based	46.37	35.56		23	
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
External Vendors	64.55	36.20	Similar	44	Similar
Hybrid	66.38	36.60		45	
Internal Staff	52.09	34.87		33	
*Hospital-based	53.27	38.94		27	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.7 Industry and problem status on WOS outcomes

Industry (N = 19,215)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
Government	61	31	Small Effect ($\eta_p^2 = .012$) Colleges highest	49	Similar
Health Care	52	29		44	
Manufacturing	45	24		47	
Technology	56	30		46	
Colleges	61	41		33	
Higher Wage	56	32		43	
Lower Wage	52	30		42	
Work Absenteeism: Problem Status (% Yes)					
Government	29	15	Similar	48	Similar
Health Care	25	11		56	
Manufacturing	41	15		63	
Technology	37	16		57	
Colleges	33	16		52	
Higher Wage	34	12		65	
Lower Wage	31	14		55	
Workplace Distress: Problem Status (% Yes)					
Government	27	18	Small Effect ($\eta_p^2 = .010$) Manufacturing lowest	33	Similar
Health Care	21	14		33	
Manufacturing	15	10		33	
Technology	18	13		28	
Colleges	28	16		43	
Higher Wage	23	12		48	
Lower Wage	21	15		29	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.7 Industry and problem status on WOS outcomes
(continued from previous page)

Industry (N = 19,215)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Engagement: Problem Status (% Yes)					
Government	35	25	Similar	29	Similar
Health Care	30	21		30	
Manufacturing	23	17		26	
Technology	27	24		11	
Colleges	34	25		26	
Higher Wage	34	22		35	
Lower Wage	30	23		23	
Life Satisfaction: Problem Status (% Yes)					
Government	32	13	Similar	59	Similar
Health Care	35	17		51	
Manufacturing	35	17		51	
Technology	33	16		52	
Colleges	34	12		65	
Higher Wage	36	12		67	
Lower Wage	36	16		56	
All WOS Outcomes: Total of Problem Status (0 to 5)					
Government	1.84	1.02	Similar	45	Similar
Health Care	1.63	0.91		44	
Manufacturing	1.58	0.85		46	
Technology	1.71	0.99		42	
Colleges	1.90	1.09		43	
Higher Wage	1.83	0.90		51	
Lower Wage	1.69	0.97		43	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.8 Industry and WOS problem total and LPT outcomes

Industry (N = 19,215)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Level of Productivity When at Work (0-100%)					
Government	59.14	79.69	Small Effect ($\eta_p^2 = .015$)	30	Similar
Health Care	67.76	78.62		16	
Manufacturing	65.46	79.99		22	
Technology	61.32	77.02		26	
Colleges	59.67	72.58		22	
Higher Wage	63.34	77.17		22	
Lower Wage	64.89	78.13		20	
Hours of Work Absenteeism					
Government	8.88	2.88	Similar	68	Similar
Health Care	5.89	2.71		54	
Manufacturing	5.17	1.80		65	
Technology	6.32	2.87		55	
Colleges	7.40	3.32		55	
Higher Wage	6.42	2.79		57	
Lower Wage	6.01	3.10		48	
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
Government	60.58	35.78	Small Effect ($\eta_p^2 = .012$)	41	Similar
Health Care	48.96	32.96		33	
Manufacturing	53.20	31.46		41	
Technology	58.86	35.77		39	
Colleges	60.76	42.25		30	
Higher Wage	55.68	35.52		36	
Lower Wage	53.41	33.83		37	
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
Government	60.58	35.78	Small Effect ($\eta_p^2 = .015$)	41	Similar
Health Care	54.85	35.67		35	
Manufacturing	58.37	33.26		43	
Technology	65.18	38.64		41	
Colleges	68.16	45.57		33	
Higher Wage	62.10	38.31		38	
Lower Wage	59.41	36.93		38	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.9 Client age and problem status on WOS outcomes

Age (N = 14,843)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
18-29 years	54	23	Similar	57	Similar
30-39 years	54	22		59	
40-49 years	55	24		56	
50+ years	49	21		57	
Work Absenteeism: Problem Status (% Yes)					
18-29 years	23	11	Similar	52	Similar
30-39 years	22	12		45	
40-49 years	22	11		50	
50+ years	21	10		52	
Workplace Distress: Problem Status (% Yes)					
18-29 years	22	13	Similar	41	Similar
30-39 years	18	11		39	
40-49 years	20	10		50	
50+ years	23	12		48	
Work Engagement: Problem Status (% Yes)					
18-29 years	36	28	Similar	22	Similar
30-39 years	33	26		21	
40-49 years	35	26		26	
50+ years	36	26		28	
Life Satisfaction: Problem Status (% Yes)					
18-29 years	36	15	Similar	58	Similar
30-39 years	36	14		61	
40-49 years	38	16		58	
50+ years	42	20		52	
All WOS Outcomes: Total of Problem Status (0 to 5)					
18-29 years	1.71	0.90	Similar	47	Similar
30-39 years	1.64	0.84		49	
40-49 years	1.70	0.87		49	
50+ years	1.70	0.89		48	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.10 Client age and LPT outcomes

Age (N = 14,843)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Level of Productivity When at Work (0-100%)					
18-29 years	63.47	80.93	Similar	28	Similar
30-39 years	63.49	81.97		29	
40-49 years	63.77	80.71		27	
50+ years	66.09	83.30		26	
Hours of Work Absenteeism					
18-29 years	4.13	1.81	Similar	56	Similar
30-39 years	4.18	1.82		56	
40-49 years	4.27	1.83		57	
50+ years	4.89	2.25		54	
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
18-29 years	56.42	29.79	Similar	47	Similar
30-39 years	56.37	28.14		50	
40-49 years	55.84	30.90		45	
50+ years	52.07	25.99		50	
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
18-29 years	60.54	31.60	Similar	48	Similar
30-39 years	60.51	29.62		51	
40-49 years	60.13	31.92		47	
50+ years	56.95	28.24		50	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.11 Sex of client and problem status on WOS outcomes and LPT outcomes

Sex (N = 14,262)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
Men	53	22	Similar	58	Similar
Women	52	22		58	
Work Absenteeism: Problem Status (% Yes)					
Men	20	9	Similar	55	Similar
Women	22	11		50	
Workplace Distress: Problem Status (% Yes)					
Men	19	10	Similar	47	Similar
Women	20	11		45	
Work Engagement: Problem Status (% Yes)					
Men	32	24	Similar	25	Similar
Women	36	28		22	
Life Satisfaction: Problem Status (% Yes)					
Men	37	15	Similar	59	Similar
Women	36	14		61	
All WOS Outcomes: Total of Problem Status (0 to 5)					
Men	1.62	0.80	Similar	51	Similar
Women	1.67	0.87		48	
Level of Productivity When at Work (0-100%)					
Men	63.41	81.71	Similar	29	Similar
Women	64.55	81.87		27	
Hours of Work Absenteeism					
Men	4.01	1.57	Similar	61	Similar
Women	4.10	1.82		56	
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
Men	56.67	28.73	Similar	49	Similar
Women	54.67	28.24		48	
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
Men	60.68	30.31	Similar	50	Similar
Women	58.77	30.06		49	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta^2 < .01$).

Table A.12 Clinical issue and problem status on WOS outcomes

Issue (N = 11,122)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
Mental Health & Stress	60	35	Similar overall but Substance lowest at both times	42	Similar
Marital & Family	59	34		42	
Work & Work Stress	48	32		33	
Other Life Issues	55	35		36	
Alcohol & Drug	36	19		47	
Work Absenteeism: Problem Status (% Yes)					
Mental Health & Stress	42	21	Similar	50	Similar
Marital & Family	33	17		48	
Work & Work Stress	36	20		44	
Other Life Issues	40	22		45	
Alcohol & Drug	40	14		65	
Workplace Distress: Problem Status (% Yes)					
Mental Health & Stress	25	17	Similar	32	Similar
Marital & Family	13	11		15	
Work & Work Stress	38	24		37	
Other Life Issues	19	19		0	
Alcohol & Drug	13	10		23	
Work Engagement: Problem Status (% Yes)					
Mental Health & Stress	30	21	Similar overall but Work highest; Substance lowest	30	Similar
Marital & Family	20	15		25	
Work & Work Stress	39	30		23	
Other Life Issues	28	21		25	
Alcohol & Drug	15	10		33	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta^2 < .01$).

Table A.12 Clinical issue and problem status on WOS outcomes
(continued from previous page)

Issue (N = 11,122)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Life Satisfaction: Problem Status (% Yes)					
Mental Health & Stress	38	17	Similar	55	Similar
Marital & Family	37	18		51	
Work & Work Stress	27	14		48	
Other Life Issues	34	20		41	
Alcohol & Drug	28	9		68	
All WOS Outcomes: Total of Problem Status (0 to 5)					
Mental Health & Stress	1.95	1.10	Similar overall but Substance lowest at both times	44	Similar
Marital & Family	1.62	0.93		43	
Work & Work Stress	1.88	1.20		36	
Other Life Issues	1.75	1.16		34	
Alcohol & Drug	1.32	0.61		54	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.13 Clinical issue and LPT outcomes

Issue (N = 11,122)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Level of Productivity When at Work (0-100%)					
Mental Health & Stress	60.16	75.07	Small Effect ($\eta_p^2 = .014$) Substance least affected	25	Similar
Marital & Family	61.15	75.43		23	
Work & Work Stress	66.46	76.11		15	
Other Life Issues	62.20	73.70		18	
Alcohol & Drug	73.61	83.71		14	
Hours of Work Absenteeism					
Mental Health & Stress	8.18	3.67	Similar	55	Similar
Marital & Family	5.20	2.54		51	
Work & Work Stress	7.05	3.89		45	
Other Life Issues	7.63	4.26		44	
Alcohol & Drug	9.84	2.98		70	
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
Mental Health & Stress	59.78	38.37	Small Effect ($\eta_p^2 = .015$) Substance lowest	36	Similar
Marital & Family	59.61	38.20		36	
Work & Work Stress	50.62	36.73		27	
Other Life Issues	56.76	40.31		29	
Alcohol & Drug	38.56	25.19		35	
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
Mental Health & Stress	67.95	42.04	Small Effect ($\eta_p^2 = .012$) Substance lowest	38	Similar
Marital & Family	64.81	40.75		37	
Work & Work Stress	57.68	40.62		30	
Other Life Issues	63.39	44.57		30	
Alcohol & Drug	48.40	28.17		42	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.14 Referral source and problem status on WOS outcomes and LPT outcomes

Referral (N = 7,580)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
Self	55	35	Small Effect ($\eta_p^2 = .013$) Supervisor low	36	Similar
Family Other	54	32		41	
Supervisor	35	23		34	
Work Absenteeism: Problem Status (% Yes)					
Self	38	19	Similar	50	Similar
Family Other	37	21		43	
Supervisor	38	14		63	
Workplace Distress: Problem Status (% Yes)					
Self	27	16	Similar	27	Similar
Family Other	20	15		25	
Supervisor	20	15		25	
Work Engagement: Problem Status (% Yes)					
Self	28	22	Similar	21	Similar
Family Other	26	21		19	
Supervisor	23	14		39	
Life Satisfaction: Problem Status (% Yes)					
Self	36	15	Similar	58	Similar
Family Other	31	13		58	
Supervisor	27	9		67	
All WOS Outcomes: Total of Problem Status (0 to 5)					
Self	1.79	1.07	Similar	40	Similar
Family Other	1.69	1.02		40	
Supervisor	1.42	0.74		48	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.14 Referral source and problem status on WOS outcomes and LPT outcomes

(continued from previous page)

Referral (N = 7,580)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Level of Productivity When at Work (0-100%)					
Self	61.55	74.05	Small Effect ($\eta_p^2 = .023$) Supervisor high		Similar
Family Other	63.22	75.88			
Supervisor	74.07	81.85			
Hours of Work Absenteeism					
Self	6.94	3.36	Similar		Similar
Family Other	7.78	4.02			
Supervisor	8.95	2.94			
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
Self	58.16	40.00	Small Effect ($\eta_p^2 = .024$) Supervisor low		Similar
Family Other	54.99	37.25			
Supervisor	38.41	27.99			
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
Self	65.09	43.35	Small Effect ($\eta_p^2 = .019$) Supervisor low		Similar
Family Other	62.78	41.27			
Supervisor	47.37	30.83			

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.15 Clinical duration and problem status on WOS outcomes and LPT outcomes

Duration (N = 5,796)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
Short (4 weeks)	60	28	Similar	53	Similar
Average (6 weeks)	66	26		61	
Long (3 months)	66	22		67	
Work Absenteeism: Problem Status (% Yes)					
Short (4 weeks)	31	14	Similar	55	Similar
Average (6 weeks)	31	11		65	
Long (3 months)	30	8		73	
Workplace Distress: Problem Status (% Yes)					
Short (4 weeks)	27	14	Similar	48	Similar
Average (6 weeks)	26	11		58	
Long (3 months)	22	10		55	
Work Engagement: Problem Status (% Yes)					
Short (4 weeks)	35	20	Similar	43	Similar
Average (6 weeks)	33	19		42	
Long (3 months)	29	16		45	
Life Satisfaction: Problem Status (% Yes)					
Short (4 weeks)	48	19	Similar	60	Similar
Average (6 weeks)	50	18		64	
Long (3 months)	49	17		65	
All WOS Outcomes: Total of Problem Status (0 to 5)					
Short (4 weeks)	2.00	0.94	Similar	53	Similar
Average (6 weeks)	2.05	0.85		59	
Long (3 months)	1.96	0.73		63	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.15 Clinical duration and problem status on WOS outcomes and LPT outcomes

(continued from previous page)

Duration (N = 5,796)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Level of Productivity When at Work (0-100%)					
Short (4 weeks)	60.24	77.17	Similar	28	Similar
Average (6 weeks)	58.43	78.19		34	
Long (3 months)	58.48	80.32		37	
Hours of Work Absenteeism					
Short (4 weeks)	8.05	4.52	Similar	44	Similar
Average (6 weeks)	7.37	3.33		55	
Long (3 months)	7.25	2.16		70	
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
Short (4 weeks)	59.74	34.70	Similar	42	Similar
Average (6 weeks)	62.77	33.68		46	
Long (3 months)	62.77	30.72		51	
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
Short (4 weeks)	67.79	39.22	Similar	42	Similar
Average (6 weeks)	70.14	37.01		47	
Long (3 months)	70.02	32.87		53	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.16 Clinical sessions and problem status on WOS outcomes and LPT outcomes

Sessions (N = 1,885)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Work Presenteeism Outcome: Problem Status (% Yes)					
1 or 2 Sessions	65	25	Similar	62	Similar
3 Sessions	69	29		58	
4 to 6 Sessions	65	30		54	
Work Absenteeism: Problem Status (% Yes)					
1 or 2 Sessions	37	15	Similar	59	Similar
3 Sessions	39	21		46	
4 to 6 Sessions	33	26		21	
Workplace Distress: Problem Status (% Yes)					
1 or 2 Sessions	25	16	Similar	36	Similar
3 Sessions	24	17		29	
4 to 6 Sessions	22	19		14	
Work Engagement: Problem Status (% Yes)					
1 or 2 Sessions	29	18	Similar	38	Similar
3 Sessions	32	22		31	
4 to 6 Sessions	27	21		22	
Life Satisfaction: Problem Status (% Yes)					
1 or 2 Sessions	33	12	Similar	64	Similar
3 Sessions	38	15		61	
4 to 6 Sessions	34	16		53	
All WOS Outcomes: Total of Problem Status (0 to 5)					
1 or 2 Sessions	1.89	0.85	Similar	55	Similar
3 Sessions	2.01	1.05		48	
4 to 6 Sessions	1.82	1.11		39	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).

Table A.16 Clinical sessions and problem status on WOS outcomes and LPT outcomes

(continued from previous page)

Sessions (N = 1,885)	Time Period			Improve %	Group Difference in Extent of Improvement
	Pre	Post	Group Difference		
Level of Productivity When at Work (0-100%)					
1 or 2 Sessions	60.75	82.57	Similar	36	Similar
3 Sessions	59.15	79.61		35	
4 to 6 Sessions	61.47	79.57		29	
Hours of Work Absenteeism					
1 or 2 Sessions	7.73	2.79	Similar	64	Similar
3 Sessions	7.73	3.95		49	
4 to 6 Sessions	6.75	4.07		40	
Hours of Work Presenteeism (from hours worked excluding time absent from work)					
1 or 2 Sessions	59.21	26.85	Similar	55	Similar
3 Sessions	61.62	31.28		49	
4 to 6 Sessions	58.05	31.16		46	
Hours of Lost Productive Time (combined absenteeism & presenteeism)					
1 or 2 Sessions	66.94	29.63	Similar	56	Similar
3 Sessions	69.34	35.22		49	
4 to 6 Sessions	64.80	35.24		46	

Note: Means adjusted to statistically control for EAP delivery model. Similar = statistical effect size trivial ($\eta_p^2 < .01$).



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