

# UMB Digital Archive

## An examination of a combined internal-external program: The St. Joseph's Health Centre Employee Counselling Service.

Item Type	Article
Authors	Csiernik, Rick;Atkinson, Brenda;Cooper, Rick;Devereux, Jan;Young, Mary, M.S.W.
Citation	Csiernik, R., Atkinson, B., Cooper, R., Devereux, J. & Young, M. (2001) An examination of a combined internal-external program: The St. Joseph's Health Centre Employee Counselling Service. Employee Assistance Quarterly, 16 (3), 37-48.
Publisher	Employee Assistance Quarterly
Download date	2025-02-15 05:55:19
Link to Item	<a href="http://hdl.handle.net/10713/4542">http://hdl.handle.net/10713/4542</a>

Csiernik, R., Atkinson, B., Cooper, R., Devereux, J. & Young, M. (2001) An examination of a combined internal-external program: The St. Joseph's Health Centre Employee Counselling Service. *Employee Assistance Quarterly*, 16 (3), 37-48.

## 1. INTRODUCTION

Since the 1960s Canadians have had universal access to the full range of medical services highlighted by a complex and sophisticated hospital system as a right of citizenship. However, the 1990s witnessed unprecedented changes in the Canadian health care sector, particularly in how hospitals were funded and staffed, producing a crisis in the delivery of health care services. Deficit management became a priority for both federal and provincial governments. The shift from a health care sector orientation to a health care industry orientation in the Province of Ontario signified a paradigm shift that led to a reallocation of resources, redesigned service delivery, restructuring of traditional roles, loss of employment and a wide spread sense of job insecurity. Despite threatened and actual job actions by physicians, nurses and other health care workers, massive organizational restructuring proceeded. This in turn led to unprecedented levels of stress for all health care professionals, not only those who lost jobs but those left behind to continue to provide the historically expected levels of health care services to individuals and communities with diminished resources. One resource that demonstrated itself to be of vital importance in supporting both individuals and organizations during this type of transition was the Employee Assistance Program (EAP).

## 2. ST. JOSEPH'S HEALTH CENTRE AND THE DEVELOPMENT OF EAP

St. Joseph's Health Centre is situated in London, Ontario and is a recognized national and international centre of excellence in health care. The Sisters of St. Joseph who came to London from Le Puy, France founded the original St. Joseph's Hospital in 1888. Significant organizational changes began in 1984 when St. Joseph's Hospital, an acute care facility with 530 beds, amalgamated with St. Mary's Hospital, a 184 bed chronic care hospital and Marian Villa, a 247 bed home for the aged thus creating the St. Joseph's Health Centre.

At the time of the merger, St. Joseph's Hospital had *Project Care*, an internal employee counselling service provided by staff of the hospital's Social Work Department. St. Mary's Hospital had a funded, external program provided by a community-based counselling agency and Marian Villa had no official employee counselling program. The existing employee counselling programs at both St. Joseph's Hospital and St. Mary's Hospital were well utilized by employees with a high level of satisfaction as evidenced by positive anecdotal feedback about the services being offered.

The amalgamation of the programs and departments in three health care facilities was implemented over five years. In 1988 a task force with representation from all major employee groups including senior management and union representatives began to explore the feasibility of an integrated EAP. The advantages of each of the existing programs were outlined in conjunction with a review of various service-model options. Staff of the former St. Joseph's Hospital particularly valued their internal program for its convenience and accessibility as well as the fact that the

counsellor was someone who was well acquainted with the organization. Staff of the former St. Mary's Hospital valued the off-site approach for its outside perspective and arms length relationship with the organization. Due to the perceived success of the previous programs there was a strong desire by the task force not to lose what had already been working effectively and efficiently. Thus, in order to optimize the best of the two existing programs, a new integrated internal-external model was proposed - the St. Joseph's Health Centre Employee Counselling Service (ECS). The new model included an Advisory Committee that met quarterly and ensured communication regarding all aspects of program development, implementation and evaluation. This approach was also intended as an indicator to staff of the newly formed St. Joseph's Health Centre that their ideas and needs were very important.

### 3. THE ST. JOSEPH'S HEALTH CENTRE EMPLOYEE COUNSELLING SERVICES

The St. Joseph's Health Centre Employee Counselling Service began in January 1990 as a new and expanded program for all staff and family members living with them as well as physicians, volunteers and retirees. The stated goal of the Employee Counselling Service was to provide a confidential, voluntary counselling service utilizing a short-term solution-focused counselling approach. The program brochure states that the Health Centre recognizes that "at some point most of us experience stress at work and in our personal lives which may affect our personal and physical health as well as our ability to be productive in our employment." The provision of a comprehensive counselling service, as an employee benefit was one way that the institution

demonstrated its ongoing concern for the physical, emotional and spiritual well-being of its employees.

The ECS provided both on-site and off-site counselling options each with a designated counsellor/coordinator. An external counselling service, WestBridge Associates Employee Assistance Services, was contracted to provide the off-site option. A counsellor with the St. Joseph's Health Centre Department of Social Work provided the on-site option. The counsellor/coordinators became responsible for the following:

- ◆ providing confidential assessments; individual, couple, family and group counselling; and, if necessary, referrals to community agencies or other resources in the Health Centre or within the complement of psychologists, social workers and other professional counsellors of WestBridge Associates ;
- ◆ developing and delivering education, wellness and outreach programs;
- ◆ administering a client/employee satisfaction survey at the conclusion of counselling;
- ◆ collecting and collating quarterly and year end program statistics; and
- ◆ compiling an annual written report that included an evaluation of the previous year's service and an outline of program goals and objectives for the next year.

Employees using the ECS had the choice of directly contacting the on-site internal counsellor/coordinator located in a private location within St. Joseph's Health Centre or the off-site external counsellor/coordinator at WestBridge Associates.

Integral to the success of ECS was the Advisory Committee. Established at the onset of the program, the ECS Advisory Committee closely monitored the program and its impact on employees. The fundamental structure of the Committee established in 1990 remains in operation currently. It is composed of representatives from all major

employee groups, union and non-unionized, including a Vice-President. The internal/external counsellor/coordinators, the Coordinator of Occupational Health Services who is responsible for the internal counsellor/coordinator and a counsellor from the external provider, who is responsible for the external counsellor/coordinator, are also active members of the Advisory Committee. The ECS Advisory Committee is responsible for making recommendations for program development and changes based upon a review of quarterly and annual statistics as well as reviewing ECS policies, forms and promotional materials. In addition, representatives of the various constituencies continuously reflect the impact on staff of ongoing hospital restructuring activities and act as advocates for their member groups within the Committee.

#### 4. ECS PROGRAM EVOLUTION

When the new ECS program began in January 1990, there were 2,903 employees at the Health Centre. In the late 1980s it had become apparent that funding and staffing levels could not be maintained at existing levels and that a new method of offering patient care would be necessary. In 1988 the first President and Chief Executive Officer who was not a Sister of St. Joseph was hired. He had a vision of the future of health care for the 1990s and a mandate to lead St. Joseph's Health Centre into that future. It involved the introduction of Continuous Quality Improvement (CQI) which focused on establishing partnerships with 'customers', use of data and the demonstration of effective outcomes. In its first year of development, the ECS program responded with the introduction of a client satisfaction survey as well as an increased

awareness of, and service response to, the impact of change and stress on employees in the workplace.

In 1992 the first surge in program use was felt as the ECS experienced a 42.6% increase in the number of employees receiving service (Table 19.1). Not surprisingly, the ECS Advisory Committee was challenged to explore options for service delivery. The following year, the hospital re-structuring/redesign process was begun, resulting in a shift from a departmental, hierarchical structure to a team based, cross-functional structure. The ECS continued to be heavily used with a 19.2% increase in caseload. In April 1993 counselling services ceased to be open ended and a ten-session cap, per referral, was introduced. As well, counsellors were encouraged to develop a prioritized waiting list when necessary and some prevention activities were temporarily curtailed. As the St. Joseph's Health Centre underwent redesign and development of a new model of care, an Organizational Transition Team was established. The on-site ECS coordinator chaired a sub-committee for the team examining the emotional response to change by staff on both personal and professional levels. Although the global budget was decreased for the first time in 1994, the ECS was granted a budgetary supplement due to its increased focus on change and the provision of organizational change/transition related group-work services to employees. In 1995 the ECS also shifted its reporting from the Department of Social Work to the Department of Occupational Health. While there were some initial concerns about the possible perceived association with Human Resources, the umbrella service under redesign for all staff-related services, there was no decrease in use of the ECS. As well, feedback from the client services surveys continued to be positive throughout this administrative

transition. The increased funding for the ECS was maintained, demonstrating the commitment of the Health Centre's administrative team to support staff during this very stressful process.

In 1996 the Ontario Ministry of Health reduced funding by 6.4% to the Health Centre leading to a reduction of nearly 5% in staffing and the implementation of organizational redesign. Job stress moved to become the leading cause for seeking counselling. Due to budgeting constraints throughout the Health Centre, the ECS had its two-year supplemental funding discontinued. In a proactive step, ECS counsellors were asked to participate in the design of the continuous employment program to aid employees to return to work in a timely fashion following short or long term absences from the workplace. In response to these events the ECS streamlined and computerized the collection of the intake data form and redesigned the client satisfaction survey in order to document the link between program utilization and specific indicators of improved job performance.

In 1997 the Ontario Ministry of Health reductions continued leading to further staffing cuts. At the same time, the province of Ontario's Health Service Restructuring Commission (HSRC) proposed that the St. Joseph's Health Centre assume governance of Parkwood Hospital in London, a facility for chronic care and rehabilitation; and the recently amalgamated London/St. Thomas Psychiatric Hospital. While transfer of the governance of the psychiatric facilities was initially delayed, the governance of the Parkwood facility was assumed quickly. Parkwood Hospital had an external model of EAP service delivery, also using WestBridge Associates Employee Assistance Services. With a view toward integrating the existing Parkwood program with that



utilized by the larger Health Centre, the programs at both sites underwent an analysis of their strengths, weaknesses, opportunities and threats (SWOT). In 1998 the two separate Advisory Committees began holding joint meetings to develop a common vision and adopt a best practices model of integrated and comprehensive employee assistance program delivery to begin in 1999.

## 5. PROGRAM OUTCOMES

Measuring outcomes of Employee Assistance Programs is a daunting and challenging task (Csiernik, 1995; 1998). The ECS has maintained statistics in a variety of areas since its inception. The Client Satisfaction Survey was reformatted in 1996 for implementation in 1997. Table 19.1 illustrates the change in caseload in the ECS since its inception in comparison with changes in funding and staffing.

Year	St. Joseph's Health Centre				Employee Counselling Services*		
	Funding		Employees	Telephone Assessment & Referral	In-Office Files/Cases	Total	
1990	Global Base		2903	26	153	179	
1991	Increase	11.2%	Increase 4.1%	20	156	176	
1992	Increase	9.2%	Decrease 2.8%	25	226	251	
1993	Increase	2.2%	Decrease 1.3%	44	255	299	
1994	Decrease	2.2%	Decrease 3.2%	34	210	244	
1995	No Change		Increase 0.7%	38	236	274	
1996	Decrease	6.4%	Decrease 4.9%	32	275	307	
1997	Decrease	6.2%	Decrease 4.1%	29	238	267	
1998	No Change		Decrease 0.1%	32	230	262	
* Does not include additional group work, outreach and wellness services provided to employees and family members							

Comparing use in 1998 with that in 1990, there has been a 46% increase in the number of individual employees assisted despite nearly a 13% decrease in staff levels. The two years of highest usage - 1993 (299) and 1996 (307) - coincided with significant organizational change and major anticipated or actual financial and staff reductions. It is important to note that between 1995 and 1996 the Health Centre had its budget cut by over 12%.

Likewise, there were significant changes in the problem profile between 1990 and 1998 (Tables 19.2a and 19.2b) (1). Presenting problems that have increased since the inception of the ECS include relationship issues, family difficulties, child-raising, and adolescent issues. Some increases have occurred simply because more clients used the service, though areas such as aging parents, financial difficulties, grief and loss and alcohol/drug use remained relatively stable. Less than two percent of all problems presented to the ECS since its inception have been alcohol or drug related. This is notable as chemical dependency is the issue most commonly associated with the original development of Employee Assistance Programs in the 1940s. In 1993 job stress became the single greatest reason that employees contacted the ECS and has remained one of the most frequent reason for requesting ECS assistance.

Table 19.2a: Problem Profile 1990-1996								
	1990	1991	1992	1993	1994	1995	1996	
Personal Concern	65	42	76	60	54	59	62	
Relationship Issue	48	31	73	45	50	66	64	
Marriage Problem	41	45	60	55	36	44	54	
Family Difficulty	18	32	36	29	41	31	43	
Violence	7	2	7	5	3	3	7	
Child Raising	8	6	8	13	9	7	20	
Adolescent Problems	8	8	12	12	19	12	22	
Ageing Parents	4	2	0	3	4	1	1	
Job Stress	19	20	44	69	54	66	87	
Financial Difficulties	7	2	8	3	5	12	9	
Grief and Loss	12	5	8	7	15	17	12	
Alcohol and Drugs	6	4	12	2	8	9	1	
Retirement	1	0	0	0	5	1	1	
Other	4	0	0	0	1	6	1	
Table 19.2b: Problem Profile 1997-1998*								
	1997	1998						
Personal Concerns	70	59						
Family Concerns	115	117						
Violence	3	4						
Work	47	48						
Addiction	1	2						
Other	1	2						
* In 1997, the categories for Problem Profile were collapsed to six categories and recorded								
Based upon the primary reason an individual sought counselling. Prior to 1997, multiple reasons								
Were captured.								

Table 19.3 summarizes the results of the client satisfaction surveys from 1991 to 1998. As with much client satisfaction data collected, response rates were moderate ranging from 16.1% in 1998 to 49.4% in 1992 (Table 19.3a). Thus, there are limitations in extrapolating the results of Table 19.3 to all ECS users. Nevertheless, the 440 users who did respond were extremely satisfied with the service responsiveness of the ECS,

which consisted of ease, timeliness and convenience of making an appointment to see an on-site or off-site counsellor (Table 19.3b). There was exceptionally high agreement throughout the surveys that the counsellors, both internal and external, heard and were able to understand the concerns of the employees. As well, not only did respondents state that they would use the service again, if required, but they also almost unanimously stated that they would recommend the ECS to co-workers. Between 60% and 71% of respondents claimed that their situation had improved, while an even greater number, 81% average over the eight years reported, answered that they were better able to manage their problem after meeting with the ECS counsellor (Table 19.3c).

The final section of the client satisfaction questionnaire asked program users to comment upon the impact of counselling on their work performance. A significant majority in each year stated that counselling had led to an overall improvement in their work performance, ranging from 75% in 1994 to 100% in 1998. Over the eight year period reported, an average of 40% of respondents stated they had improved concentration as a result of using the ECS; over 20% reported improved attendance at work; 37% reported improved relations with co-workers; 23% reported improved supervisory relationships (Table 19.3d); and 37% reported improved productivity. Overall, for those who replied, there was a strong belief that the Employee Counselling Service had been instrumental in improving their ability to work more collaboratively and effectively.

Table 19.3: Client Satisfaction Survey Responses							
Table 19.3a: Number of Respondents							
	1991	1992	1993	1994	1995	1996	1997
Total Respondents	52	77	62	48	59	60	45
% of new cases	34.0	49.4	27.4	18.8	25.0	21.8	18.9
Table 19.3b: Service Responsiveness							
	(Responsiveness defined as accessibility, timeliness and convenience of appointments)						
	1991	1992	1993	1994	1995	1996	1997
% Satisfied	97	95	94	96	95	96	98
Table 19.3c: Client Satisfaction With Counselling Process(%)							
	1991	1992	1993	1994	1995	1996	1997
Counsellor Understood My Concerns	96	95	96	94	98	98	98
I Was Better Able to Manage My Problem My Situation Improved	69	88	71	68	80	82	98
I Would Use The ECS Again	63	71	69	60	69	71	*
I Would Refer a Co-Worker to the ECS	98	96	100	92	98	98	*
	96	99	100	98	100	100	*
* not asked							
Table 19.3d: Impact of Counselling on Work Performance							
	1991	1992	1993	1994	1995	1996	1997
Increase in Overall Performance	77	77	84	75	94	85	100
Improved Relations With Co-Workers	17	20	21	17	38	22	70
Improved Relations With Supervisors	8	10	15	28	22	10	37
Improved Productivity	21	22	35	22	31	32	67
Improved Attendance	10	9	13	14	22	13	33

Decreased Stress	69	70	73	72	80	60	*
Improved Concentration	37	46	37	42	40	45	*
	* not asked						

## 6. CONCLUSION

St. Joseph's Health Centre's commitment to a staff-focused approach to employee assistance programming was established early with the initial decision to adopt an innovative service model designed to address the specific needs of staff in a merger situation. The positive outcomes of the resulting Employee Counselling Service highlight the importance of tailoring an EAP to be responsive to an organization's unique needs and the necessity of maintaining a proactive employee counselling program.

The combined on-site/off-site model has proven to be an effective program design for the St. Joseph's Health Centre. The program design along with regular communication between the on-site and off-site providers ensured staff of the maximum benefits of choice. Even more fundamental to the success of the program, however, is the program's demonstrated flexibility and capacity to remain open to new information and ideas. A key success factor in the ability of the St. Joseph's Health Centre ECS to continue to respond to the profound changes experienced in the Canadian health care sector during the 1990s has been its connection to the impact of those changes on staff/employees through a working Advisory Committee. Regular meetings/discussions through the Advisory Committee process has ensured continuous dialogue and enabled the ECS to identify and respond to employee needs as they arise within the context of continuous change.

In retrospect, St. Joseph's Health Centre of London developed an Employee Counselling Service which equipped both program staff and its Advisory Committee members to deal with a process of integration and service development necessary for the ongoing evolution of the new and still changing organization. As clinical programs move from and are added to St. Joseph's Health Centre, the ability of the ECS to adapt to each additional change will continue to be challenged. However, the ECS structure and processes created have placed the program in a position prepared to effectively meet those challenges (2).

#### Notes

1. in 1997 a new data collection system was instituted that did not report problem profile in the same manner as the previous seven years
2. In 2003 in response to the SARS concern within the Ontario health care system all employee counselling was moved off site.

#### 7. REFERENCES

Csiernik, R. (1995) A review of research methods used to examine Employee Assistance Program delivery options. *Evaluation and Program Planning*, 18(1), 25-36.

Csiernik, R. (1998). A profile of Canadian Employee Assistance Programs. *Employee Assistance Research Supplement*, 2(1), 1-8.

