

Published in final edited form as:

J Workplace Behav Health. 2009 ; 24(3): 344–356. doi:10.1080/15555240903188380.

Workplace Stress, Organizational Factors and EAP Utilization

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Abstract

This study examined relationships between workplace stress, organizational factors and use of EAP counseling services delivered by network providers in a large, privately-insured population. Claims data were linked to measures of workplace stress, focus on wellness/prevention, EAP promotion, and EAP activities for health care plan enrollees from 26 employers. The association of external environment and work organization variables with use of EAP counseling services was examined. Higher levels of EAP promotion and worksite activities were associated with greater likelihood of service use. Greater focus on wellness/prevention and unusual and significant stress were associated with lower likelihood of service use. Results provide stakeholders with insights on approaches to increasing utilization of EAP services.

Keywords

Employee Assistance Programs; utilization; workplace stress; organizational factors

Since the 1950s, growing numbers of employers have offered workers and their families access to Employee Assistance Programs (EAPs). In 2002, 90 percent of Fortune 500 firms indicated they offered such services and by 2005, 40 percent of all US private industry workers had access to an EAP (Merrick et al., 2007; US DOL, 2005). In the contemporary marketplace, EAPs typically provide a broad range of work- and life-related assistance for employees and family members. These services include providing information about community resources, referrals for legal or financial counseling and child/elder care, conducting mental health educational sessions at the worksite, as well as assessment, referral and brief interventions for behavioral health conditions. Often, employers purchase an integrated EAP and managed behavioral health product in which the initial EAP counseling sessions are used for the preliminary stages of outpatient behavioral health treatment (Cuffel & Regier, 2001).

From their historical origins in occupational alcohol programming, EAPs have continuously evolved, while retaining the goal of reducing the impact of mental health and substance use disorders on worker productivity and the cost of premature death and disability among employees and their covered family members. Although the clinical efficacy and availability of therapeutic interventions for substance use and mental disorders are well established, these treatments remain chronically underutilized, and the vision of EAPs as a gateway to

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Disclosures: Dr. Hiatt is Vice President, Quality Improvement for MHN. The remaining authors have no interests to disclose.

early, effective behavioral health treatment has not been fully realized (McCann, 2001; Masi et al., 2004).

Review of the Literature

Previous EAP research has examined both the willingness of employees to use the EAP as measured through surveys as well as the actual utilization of EAPs by client characteristics such as gender, marital status, educational level, employment tenure, and problem type. While not unanimous, most single site studies and meta-analyses of individual client utilization variables generally indicate that younger, married, and female enrollees are over-represented among EAP users (Blum & Bennett, 1990; Blum & Roman, 1992; Braun & Novak, 1986; Franz, 2006; French et al., 1997; Hall et al., 1991; Harris & Fennell, 1988; Milne, Blum & Roman, 1994). Also present in the literature are investigations concerning the influence of environmental features or organizational factors upon utilization, including perceptions of confidentiality, supervisory/management support, program efficacy, and the effect of promotion and training on knowledge of EAP services. Findings from these studies have consistently associated positive perceptions about EAP accessibility, efficacy, adequate safeguards for protecting employee confidentiality, high levels of supervisory/management EAP support; and greater program promotion and familiarity with/knowledge of the EAP with higher enrollee utilization and/or employee willingness to use EAP services (Athanasopoulos et al., 2008; Blum & Bennett, 1990; Braun & Novak, 1986; Csiernik, 2003; Delaney et al., 1998; French et al., 1997; Frost, 1990; Hall et al., 1991; Harris & Fennell, 1988; Lawrence et al., 2002; Roman & Blum, 1996; Reynolds & Lehman, 2003; Weiss, 2003; Zarkin et al., 2001).

Similar to the growth of EAPs, workplace health promotion and wellness programs have widely proliferated over the past few decades (Pelletier, 1999) and are considered beneficial approaches to reducing absenteeism, controlling health care costs, improving productivity and retaining workers (Heaney & Goetzel, 1997). In a study of the utility of the organizational context for investigating rates of worker participation in worksite wellness activities, Crump et al. (1996) reported a positive association between higher levels of management support for activities, promotional marketing of the health benefits of wellness activities and ease of accessibility to employees, and noted that understanding the reasons for limited participation in such initiatives will likely lead to more effective programming and increase their cost benefit ratios.

Building on these previous studies, this research effort seeks to explore potential relationships between the workplace environment, organizational factors, and utilization of EAPs. While previous literature has focused on the whole range of services offered by an EAP, including work-life, childcare, eldercare, legal or financial issues and various non-clinical EAP services, in this study we focus specifically on the use of EAP counseling services, as delivered by network providers. We chose to focus on these services because of the common finding in the behavioral health services literature that many individuals either do not receive or delay treatment for substance use and mental disorders, and that outreach efforts are needed which increase access to and initiation of treatment (McCann et al, 2008; Wang et al., 2005; SAMHSA, 2006). Our study sought to investigate whether there are critical organizational factors that would increase the likelihood that the EAP may provide a gateway to behavioral healthcare for this population.

In order to measure the influence of environmental and organizational factors on plan enrollees' likelihood of using the EAP, we investigated the role of four key explanatory variables. First, we sought to explore the EAP's expanded role (Hurrell & Murphy, 1996) and utility as one of the main vehicles for addressing occupational stress (Kirk & Brown,

2003). We anticipated that workforces that experienced unusual or significant stressors would demonstrate a higher rate of EAP counseling services. As an illustration, in the aftermath of one particularly notable unusual or significant workplace stressor, we note the numerous discussions in both the mass media and the research literature of the rise in demand for workplace mental health services after the September 11, 2001 terrorist attack (Merrick, 2003; Masi et al, 2004; Jordan, 2005).

Second, we sought information on two measures of workplace culture: the employer's overall focus on wellness and prevention programs, and the level of employer promotion of the EAP. We expected a positive effect for these two variables on use of counseling services, based on the literature summarized above. Third, we examined the level of EAP provider-conducted worksite program orientations, educational seminars, trainings and related activities, expecting that these activities reflecting well-established "EAP core technologies" would increase worker knowledge of the EAP, reflect positively on the programs' availability and accessibility, and thus be positively related to a greater likelihood of using counseling services.

Methods

Study Setting

The setting for this study was Managed Health Network (MHN), a national managed behavioral health care organization covering 11 million enrollees. MHN contracts with numerous employers and other payers to manage and deliver EAP and managed behavioral healthcare (MBHC) services. As is common in the private-sector behavioral healthcare marketplace, these products are offered either separately as a stand-alone EAP or an integrated (EAP and MBHC) product. In these products, the EAP portion of the enrollee's benefit typically covers a client assessment, short-term counseling, referral to further treatment if indicated, and follow-up activities. These basic EAP services are offered through a network provider at no cost to the enrollee. Additional sessions or levels of treatment are then accessed through the enrollee's mental health or substance abuse treatment benefit. We selected employer-purchased EAP and integrated accounts of over 1000 employees from the MHN client database, and specifically those having complete enrollee annual eligibility data to ensure an accurate denominator for utilization rate calculations.

Data

This analysis linked data from three sources provided by MHN for the enrollee benefit year 2005. The first data source consisted of descriptive information about larger (over 1000 employees) employer purchasers of EAP or integrated products from MHN. These data included information on workplace environments, organizational policies and programs, and behavioral benefit plan features. A second data source was administrative data, including de-identified claims and eligibility files. The third data source was a database reflecting the non-counseling EAP worksite activities (employee seminars, workgroup trainings, and supervisory or management consultations) conducted by MHN EAP staff at employer locations in 2005.

Measures

Our outcome variable for the analysis is *any EAP use*, defined as whether an enrollee (employee, spouse, or dependent) used EAP counseling services provided by MHN network affiliate providers during 2005. For key explanatory variables, we constructed four dichotomous variables. Three of these measures were obtained in late 2005/early 2006 from responses to a questionnaire providing characterizations of employer client environments,

completed by MHN account managers, who were highly knowledgeable about these purchaser accounts. The fourth measure was created from a MHN database of EAP worksite activities in 2005.

Workplace Stress

For this measure, account managers were queried: *“Has this company experienced unusual and significant stress during the past year (e.g., substantial layoffs, difficult merger/acquisition, and other major events)?”* Response choices were: *Yes, No, or Don’t Know.*

Workplace Culture

To establish an understanding of the work organizational climate, values for the second and third explanatory variables were composed from the following two questions: *“How much does this company focus on wellness and prevention programs (of all types, including medical or behavioral)?”* Response choices were: *Very little, Moderately, or A great deal,* and *“How much does this employer promote MHN’s services?”* Response choices were: *Not at all, A little, Moderately, or Extensively.* We then composed binary measures of low to moderate versus high level to reflect account manager responses.

EAP Worksite Activities

The MHN activity database was used to construct a binary measure of whether employee orientations, substance abuse, mental health and wellness presentations, advanced training for supervisory personnel, and supervisory or management consultations were conducted by EAP staff at the employer client worksite in 2005.

Control Variables

Because prior research has found that demographic variables affect utilization, we included control variables for gender, age, and relation to subscriber (employee, spouse or dependent); all derived from employer eligibility files. Census region of residence (Northeast, South, Midwest or West), as well as product type (EAP-only or integrated) were also derived from eligibility files and included as control variables.

Sample

Linking data about organizational factors regarding employers with individual-level eligibility data within the two product types yielded a total sample of 853,317 enrollees with non-missing data, from 26 employers. Weights were applied to adjust for partial-year enrollment of some enrollees yielding a weighted sample population of 742,937 full-time enrollees. The study received approval by the Institutional Review Board.

Analytic Approach

The unit of analysis in this study was the individual enrollee. The use of any EAP counseling services in 2005 served as the dependent variable. Bivariate analysis using Chi-square tests for dichotomous variables was employed to compare external environmental factors, workplace characteristics, enrollee demographics and measures of EAP counseling service use. Logistic regression analysis examined the influence of external environment, work organization, and client demographic variables on EAP counseling service use. We limited employer-level variables to the four measures described above, in light of the need for parsimony imposed by the employer sample size of 26. We used Generalized Estimating Equations to address the issue of data clustering at the employer level (Zeger et al, 1988). This was implemented in SUDAAN statistical software that provides robust estimators of variances (Shah et al., 1997).

Results

The study sample description is presented in Table I. All results are presented in weighted form. The sample population is roughly equal in proportion by gender, with slightly more dependents than employees, and a higher percentage of enrollees aged 36–55. By region it is concentrated in the West and South and 40 percent are employed in the manufacturing sector. A majority of enrollees (82.8 percent) are covered under an integrated (EAP and MBHC) benefit plan.

Table II illustrates the weighted percent of enrollees with use of any EAP counseling services in 2005 separately by workplace characteristics. Overall, 1.8 percent of enrollees received any EAP counseling service from network providers. Of the four key explanatory variables, results of the bivariate analysis indicated that high levels of employer promotion of the EAP and having EAP activities conducted at the worksite were associated with significantly higher rates of EAP counseling service use. On the other hand, high employer focus on wellness and prevention and unusual and significant stress were associated with significantly lower rates. Some of the stressful events most frequently mentioned by account managers included budget cuts, reorganizations, hurricanes and labor negotiations (data not shown).

Table III presents the logistic regression results. Controlling for enrollee demographics and product type, the model indicates that enrollees were more likely to have claims for any EAP counseling services in workplaces with higher levels of employer EAP promotion (OR 1.14, $p < .01$), and similarly in those where EAP staff conducted worksite activities (OR 1.09, $p < .05$). In workplaces characterized as having higher focus on all types of employee wellness and prevention programs, enrollees were somewhat less likely to use EAP counseling services (OR 0.96, $p < .05$). For enrollees in those workplaces characterized as experiencing unusual and significant stress, the odds of EAP counseling use (OR 0.86, $p < .01$) was notably lower than for those which did not experience such stressors.

Discussion

Our analysis found that enrollees in workplaces where employers extensively promote an EAP product and in which EAP staff provide worksite activities are more likely to use EAP counseling services than enrollees in organizations which mount less vigorous promotion of EAPs and where no worksite activities are conducted. This suggests that greater efforts by employers to promote EAPs, and a more prominent visibility conferred by conducting worksite EAP activities may lead to greater enrollee familiarity with and confidence in the efficacy of EAP services. Previous research has found that higher levels of these variables are significantly correlated with greater willingness to utilize EAP services (Harris & Fennell, 1988; Lawrence et al., 2002; Milne et al., 1994). In workplaces where employers focus a great deal on wellness and prevention programs, it is possible that this enhanced, broad-based focus may have the effect of increasing healthy behaviors, and thus perhaps slightly reducing the demand for EAP-delivered counseling services.

Our finding that enrollees in workplaces that experienced unusual and significant worksite stress were less likely to use EAP counseling services was counterintuitive. Given the phenomenon of higher demand for EAP critical incident response and other services after the terrorist attacks of September 11, 2001, one might have expected work populations that experienced unusual/significant stress to have higher, not lower, rates of EAP counseling service use. In some cases, the EAP may indeed have responded to traumatic stressful events by providing critical incident group sessions at the worksite, thus reducing the demand for individual EAP counseling services. Alternatively, the nature of the unusual and significant

stressors may be a contributing factor in this unexpected finding. For example, during layoffs or mergers, employees may be hesitant to access EAP services to avoid revealing vulnerabilities. We suspect that it is possible a variety of stressful circumstances might disrupt delivery of or create barriers to the use of EAP counseling. This phenomenon is lent credence by results of a study of a large New Orleans workforce six months after Hurricane Katrina. DeSalvo et al. (2007) reported that a majority of workers experiencing symptoms consistent with post-traumatic stress disorder had not sought assistance from a health professional. Similarly, a recent case study of employee attitudes towards an externally-contracted EAP may provide insight. On one hand, the author found employees were highly aware of the EAP and believed stress to be the highest presenting issue to EAP counselors. However, a review of the organization's EAP utilization records revealed stress to actually be the least common presenting issue (Walton, 2003). Another study of EAP directors regarding rationales for non-use of EAPs, respondents identified victims of high job stress as the single highest (79 percent) category of non-users (Braun & Novak, 1986); additionally, a study by Reynolds and Lehman (2003) concludes that employees who might benefit most from the EAP are often the most reluctant to use it. Similarly, in results of the 2004 National Worksite Health Promotion Survey nearly half (48 percent) of 730 worksites noted a lack of participation by high-risk employees as a barrier to success of the program (Linnan, et al. 2008).

Our study has several limitations. First, our cross-sectional study design only indicates relationships, not causality. A second limitation is that although the study included a large number (742,937) of enrollees, the entire sample was drawn from employer clients of a single MBHO provider of EAP and integrated behavioral health products. Given the expansive market for such products, and the wide variation in procedures across contemporary EAP/behavioral health providers, these results may not be generalizable across all private sector plan enrollees and/or employer clients of other behavioral health provider organizations. Another limitation regards our data on employer focus on wellness and prevention, level of employer promotion of EAP product, and unusual/significant workplace stress. These data were gathered indirectly, from the work organization's EAP account manager, which however, we regarded as a highly knowledgeable secondary source of information.

Nonetheless, the results of this study have implications for multiple stakeholders involved in purchasing, administering, providing and evaluating EAPs. Employer purchasers are typically interested in optimizing enrollee participation from an EAP product to meet the objectives of improving worker health and productivity while receiving the most value from behavioral health care expenditures. Likewise, EAP providers have a contractual responsibility to supply adequate levels of service to clients in need. Our findings lend support to French et al.'s (1997) statement regarding "the apparent need for better and more frequent information regarding EAP services" and those of other researchers that efforts to increase awareness and management support for an EAP appear to facilitate its attractiveness to those employees who may benefit most from its services (Harris & Fennell, 1988; Milne et al., 1994; Zarkin et al., 2001).

Of particular interest to human resource administrators, EAP providers and employers is our finding that generally increasing EAP promotional messages and raising EAP visibility through worksite activities may have a positive effect on rates of use by workers and their families. Given the near universal shift in delivery of contemporary employee assistance from its historical internal model to external provision of services, we suggest that revisiting the first of Roman & Blum's EAP core technologies -- *Consultation and training to work organizations and outreach/education to employees and their family members about the availability of EAP services* (Beidel & Brennan, 2003) -- may increase the utility of EAPs as

a gateway to behavioral healthcare. An additional consideration is that it may be necessary to both increase levels of promotional efforts and worksite activities and specifically target such initiatives to employees and family members experiencing the negative consequences of workplaces undergoing major stresses to encourage optimal rates of EAP utilization and thus maximize its benefit to the organization.

Acknowledgments

This study was funded by the National Institute on Drug Abuse grant # P-50-DA-010233 through the Brandeis-Harvard Center for Managed Care and Drug Abuse Treatment.

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Table I

Sample Description (N = 742,937, weighted)

Organizational Factor		Percent of enrollees
Employer promotion of EAP services:	Low to moderate level	55.5
	High level	44.5
Worksite EAP activity:	EAP conducted worksite activities in 2005	27.6
	No worksite EAP activities conducted in 2005	72.4
Employer focus on wellness/prevention programs:	Low to moderate level	40.7
	High level	59.3
Experienced unusual/significant workplace stress in past year:	Yes	45.3
	No	54.7
Product Type:	EAP-only benefit	17.2
	Integrated (EAP + MBHC) benefit	83.8
Individual Characteristic		Percent of enrollees
Gender:	Female	50.2
	Male	49.8
Age:	Under 18	27.5
	18 – 35	27.9
	36 – 55	33.3
	Over 55	11.3
Enrollee Status:	Employee	47.0
	Spouse/Dependent	53.0
Region of Residence:	Northeast	11.2
	Midwest	12.8
	South	34.4
	West	41.6
Industry Sector:	Manufacturing	40.2
	Construction/Utilities/Transportation	3.2
	Sales	24.8
	Information/Financial/Government	13.2
	Service/Other	18.6

Table II

Percent of enrollees with any EAP counseling (N = 742,937, weighted)

Organizational Factor		Percent with any EAP counseling
Overall use of any EAP clinical service		1.81
Level of employer promotion of EAP product:	Low to moderate level	1.50 *
	High level	2.20 *
Level of worksite EAP activities:	EAP conducted worksite activities	2.00 *
	No worksite EAP activities	1.74 *
Focus on wellness/prevention programs:	Low to moderate level	2.10 *
	High level	1.62 *
Experienced unusual/significant workplace stress in past year?:	No	1.85 **
	Yes	1.77 **

*
p <.01;**
p<.05

Table IIILogistic Regression - Predictors of any EAP clinical service use²

Organizational Factor	Odds Ratio (95% CI)
High level of employer promotion of EAP/Integrated product <i>(Reference = Low to moderate promotion)</i>	1.14[*] (1.10 – 1.18)
Any worksite EAP activities conducted <i>(Reference = No worksite EAP activities)</i>	1.09^{**} (1.03 – 1.15)
High employer focus on wellness and prevention programs <i>(Reference = Low to moderate level of focus)</i>	0.96^{**} (0.92 – 1.00)
Experienced unusual/significant workplace stress in past year <i>(Reference = No unusual/significant stress)</i>	0.86[*] (0.83 – 0.90)

*
p <.01;**
p<.05² After controlling for gender, age, enrollee status, region, industry sector and product type