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### Evaluating the Workplace Effects of EAP Counseling

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### ABSTRACT

Despite the popularity and prevalence of Employee Assistance Programs (EAPs), and the historical emphasis on how EAP can improve work performance, there has been very little rigorous evaluation of the *workplace effects* of EAP counseling. The aim of this outcome study was to examine if and to what degree EAP counseling correlates with improved workplace effectiveness. The sample included 197 subjects all employed by two Fortune 100 companies who received EAP counseling via an EAP affiliate provider in 2010. The *Workplace Outcome Suite* (WOS), a five-item, five scale outcome tool specifically designed for EAPs, was utilized as a Pre/Post measure, with the Post measure occurring about 90 days after the EAP intake. A paired t-test was used to compare the pre-and post means on four of the scales, and a Wilcoxon test was used for Absenteeism due to skewing. All scales show positive change from the Pre- to Post-test, with two scales meeting the .05 level and two showing high significance at the level of 0.000. Even though EAP affiliate network models rarely provide "protocol" driven intervention and may not specifically focus on workplace issues, they still seem to produce workplace-related improvements. Future research should focus on increasing the sample size and examining other types of EAP models.

KEY WORDS: Employee Assistance Programs, affiliate networks, workplace outcomes

## *Introduction*

Most large and mid-size employers in the United States provide Employee Assistance Program (EAP) services as a prepaid benefit to help employees and their families with a variety of personal concerns that may have negative effects on job performance (Masi, 2004), and EAP has clearly made a mark with U.S. employers. At the conceptual core of EAP counseling, as opposed to the traditional “psychotherapeutic” perspective, is an awareness of the impact of the employee’s unresolved personal problems on work effectiveness and occupational functioning (Roman, 1981). Despite this core dimension of EAP counseling, measures of the effectiveness of an EAP service have not routinely captured whether EAP providers achieve results that are relevant to workplace effectiveness, and thus meaningful to employer representatives or stakeholders in Human Resources, Employee Benefits, and Occupational Health & Safety. Typical measures of an EAP often focus on process metrics such as utilization rates, presenting problems and demographics, and fail to demonstrate the program’s actual effectiveness in obtaining a positive outcome in the workplace. Ironically, most EAP providers do not quantify the impact of the field’s original claim – that when employees’ personal concerns and employers’ job performance concerns overlap, EAPs improve job performance. This job related outcome requires EAP providers to understand the end results of their particular EAP intervention, especially the effects that employers seem to care about, like less absenteeism and presenteeism, higher levels of work engagement, and reduced levels of distress at work. The following historic and popular measures of effectiveness fall short of this goal:

1. **Measures of client satisfaction.** Many EAP counselors are likable and caring people and may be rated highly by clients that have experienced little or no change in their work environment.
2. **Case studies or testimonials.** First-hand, positive anecdotal accounts of an employee’s personal experience with EAP are valuable but imprecise and not standardized, quantifiable or reliable outcome indicators. But they may have limited impact when attempting to demonstrate the business-relevant value of EAP to Finance, Benefits, Human Resources, or Medical personnel.

3. **Utilization rates.** A "high" utilization rate reflects a common perception that the EAP must be successful, but it only indicates the extent to which employees use the EAP, not if the EAP had a positive workplace impact.
4. **Other published studies.** While a step in the right direction, the number of published studies is quite small, outdated, and not easy to find (Attridge, 2010). Also, there is wide variation in EAP models and the quality of the services examined. So these few studies may not generalize well to particular EAP providers or client organizations.

With an increased national focus on "comparative effectiveness" research to identify which health and welfare benefits work best for which patients under what circumstances, the EAP field can no longer afford to avoid scrutiny of its methods for gauging effectiveness. While the primary objective of this outcome study was initially to provide two key corporate purchasers with quantifiable and credible data regarding the workplace effectiveness of EAP counseling, a secondary objective is to share the evidence of an empirical, applied evaluation with broader professional communities. The aim of this outcome study is to examine if and to what degree EAP counseling correlates with improved workplace effectiveness.

#### *The Status of Outcomes Research in EAP*

In 1988, Pallassana Balgopal, a long-standing occupational social worker and professor, stated that the "growth of EAPs has not been accompanied by an increase in rigorous evaluation of these programs" (P. 17). That statement remains accurate over twenty-two years later. The EAP field has not produced outcomes research at a level commensurate with its involvement and scope in providing helping services to the American workforce. The reasons are many, and include:

- Absence of a short, valid, relevant, and affordable measure;
- Little or no cooperation from employers;
- No extra funding or fee increases to implement credible evaluations;
- Problems in getting staff to reliably collect data;
- Lack of in-house scientific expertise to analyze data;

- The highly competitive and proprietary nature of EAP does not emphasize or reward the integration of research & practice.

A major part of the problem also derives from the fact that so few studies of EAP outcomes have been published in peer-reviewed scientific journals. Much of the evidence sits in non-peer reviewed outlets, such as proprietary internal company evaluations, presentations at conferences, and trade magazine articles (Attridge, 2010). The methodological quality of the research and credibility of claims in these non-peer reviewed outlets is either weak or unknown (Arthur, 2001; Pompe and Sharar, 2008; Attridge, 2010). Attridge (2010) also points out that the small literature that shows the positive organizational impact of EAP tends to focus on small subsets of EAP cases with serious mental health or alcohol abuse issues. The type of EAP intervention used with these serious cases involved the usual assessment and brief counseling components with the critical addition of long-term follow-up, active case management, and frequent collaboration with treatment providers and referral sources. Most contemporary EAPs today, however, serve a diverse clientele. The majority of typical cases are less clinically severe and only receive brief counseling within the EAP, meaning six sessions or less with no onward referral for longer-term treatment outside the EAP and into the medical plan benefit (Sharar, 2009). It is not really known if the popular "brief counseling only" type cases in EAP yield the same kinds of outcomes or cost-offsets as the older "core technology" style EAPs that focused on intensive case management and follow-up with more severe, high-risk cases.

### *Sample*

The sample for this study includes 197 subjects (EAP clients) who received EAP counseling services between March and September of 2010. The employee (clients) were all employed by two Fortune 100 manufacturing companies headquartered in the Midwest region of the United States. Both companies have employees dispersed in numerous communities throughout the continental United States, including urban, suburban, and rural locations. The sample is a heterogeneous mix of labor (hourly workers) and management or administrative personnel (salaried, "white collar") and only includes employees as EAP clients- dependents or family members were excluded. Both companies use an external EAP provider or vendor to provide EAP services to their workforce and dependents throughout

the United States and abroad. In addition, both companies requested that their vendor initiate a credible outcome evaluation and attempt to quantify the impact of EAP counseling on work effectiveness.

### *Correlational Design*

This study deployed a single group correlational “pre-post” or “before-after” design to examine the relationship between EAP counseling and specific workplace effects. This design is frequently used when access to a matched comparison group is not available or permitted. It was selected because it was not disruptive to the subject's normal help-seeking process and the investigators were not in a position to remove or manipulate the intervention. Its purpose in this study was to test the strength of the association between EAP counseling and work effectiveness, so it can identify if employees are improving at work. Our intent was not to authoritatively explain why, or prove that EAP services caused the improvements at work. Obviously, the stronger the correlation between EAP service provision and work effectiveness, the stronger the association and the likelihood that EAP contributed to improved work effectiveness. The other major limitation with this design is one of generalization. This sample includes EAP clients (employees) from two, large Fortune 100 manufacturing companies with headquarters in the Midwest region of the United States. The same findings may or may not be replicated with other types of organizations, employee groups, or EAP models.

### *Measurement Tool – Workplace Outcome Suite*

The Workplace Outcome Suite (WOS) was specifically designed for EAPs and is short (25 total items with 5 scales), psychometrically tested and validated, workplace focused and easy to administer (Lennox, Sharar, Schmitz, and Goehner, 2010). The WOS contains five-item measures of five scales that are popular and lie at the heart of understanding EAP effectiveness: absenteeism, presenteeism, work engagement, life satisfaction, and workplace distress. All but the absenteeism scale are effect-indicator structures derived from classical psychometric theory. The absenteeism scale used a formative measurement model that captures the individual components of being away from the job site due to personal concerns. Two separate validation studies tested the reliability of the scales, the structural

validity of the items, and the construct validity of the unit-weighted scale scores. The results of these studies support the use of the WOS to evaluate the workplace effects of EAP counseling and provide evidence that the WOS does indeed measure its intended construct (Lennox, Sharar, Schmitz, Goehner, 2010). The WOS can assess relevant individual differences that focus on workplace outcomes that are specifically related to EAP interventions and are likely to show sensitive change if the intervention works, or no change if it does not.

The Absenteeism scale assesses the number of hours absent due to a personal problem taking the employee away from work. In addition to physical absence away from work, the WOS includes absence even if the employee is on the job site. The Presenteeism scale addresses decrements to productivity even though the employee is not absent per se but not working at his or her optimum due to unresolved personal problems. Put simply, is the employee doing what he or she is supposed to do rather than being distracted by personal problems? The Work Engagement scale refers to the extent to which the employee is invested in or passionate about his or her job. Workplace problems are likely to diminish when employees are highly engaged or enthusiastic about their work. The Life Satisfaction scale is more of a global measure that addresses the impact of work and life issues on one's general, affective sense of well-being. The outcome here is really a perceived improvement in one's quality of life or sense of well-being. Finally, the Workplace Distress scale looks at the degree of distress at work from any number of sources. Employees usually present to an EAP because they are distressed about something, so the outcome is to reduce this mental state that makes one less effective at work.

#### *The Intervention – EAP Counseling*

The most prevalent model in the delivery of EAPs is the “affiliate network”, where primary EAP vendors contract with a network of independent behavioral health clinicians, or “affiliates”, to provide EAP counseling services in a private office to employees and family members (Sharar, 2009). EAP providers routinely form a contractual network of subcontract affiliates who are almost always licensed as social workers, professional counselors, clinical psychologists, and marriage & family therapists. This model is highly prevalent as it provides geographic accessibility in an efficient manner for employers, like the two employers in this study, who have multiple, interstate, dispersed work sites and commuting employees (Sharar, 2009).

Affiliates perform contractual EAP counseling on an as-needed basis on behalf of EAP providers. Only a small or moderate portion of their caseload tends to be EAP counseling. In reality, the majority of EAP affiliates function as general mental health practitioners in private practice or agency clinic settings with a multitude of third-party payment streams. Rarely do EAP affiliates work as full-time EAP specialists (Sharar, 2009).

There is a variety of assessment and therapeutic approaches used by affiliates with EAP cases, and some of these approaches are more empirically supported than others. Given the highly varied approaches and competencies among affiliates, the “EAP counseling” intervention deployed in this study is not well defined or specified. The lack of control for over the counseling interventions in this study was done, to some degree, by design. We wanted to assess the outcome of EAP service delivery in a natural setting, in its truest form.

Brief or short-term counseling is likely the best umbrella term to describe the intervention approach used in this study with EAP cases, meaning there is some emphasis on being helpful in six or fewer sessions, identifying specific problem areas, and using direct intervention techniques. There is some evidence that the top two primary approaches or models that affiliates commonly used in the EAP setting are cognitive behavioral therapy, a well developed and efficacious brief treatment, and solution-focused therapy, a popular but anecdotally successful brief treatment (Sharar, 2009). In Sharar's (2009) study, cognitive behavioral therapy was the primary intervention of choice by affiliates with EAP cases at 38% followed by solution-focused therapy at 29%. This finding does not necessarily mean that affiliates deliver the intervention model as intended or within the confines of manualized brief treatments more common in controlled conditions.

### *Procedures*

Subjects, or actual EAP employee clients seeking services, were pre-tested with the WOS before introducing EAP counseling and then after the intervention, usually about 90 days following the pre-test. Ninety day follow-up was set as a procedure to allow EAP counseling to run its usual course and have potential for some sustained impact. The pre-test was conducted during routine telephonic intake by EAP Intake Counselors, before formal EAP counseling was set up with an EAP affiliate. Recruitment involved

asking clients who called EAP to voluntarily participate in the evaluation, followed by verbal informed consent and guarantees of confidentiality. Less than five percent of EAP clients declined to participate. During the pre-test, Intake Counselors let clients know that a staff person would follow-up with them in about 90 days to complete the post-test. Complete locator information was gathered (e-mail, cell, work, home phone) to help increase response rates. The post-test was either administered over the phone or via an e-mail link over a secure commercial website. Follow-up staff made at least four attempts to reach clients and gather data before eliminating the client from the sample. The sponsoring employers requested that no more than four follow-up attempts occur in order to minimize any potential complaints about the process. In all cases, the pre and completed post-tests were linked with a common identification number and each client's data was placed and stored on a single line organized in an Excel spreadsheet. These Excel files were then transferred into a statistical package (SPSS) for statistical analysis.

#### *Data Analysis*

We will present the item descriptive statistics for the 25 items and five sub-scales in the WOS, along with bar-chart comparisons of the scale scores. A paired t-test was used to compare the pre-and post means on the scales scores, except for the absenteeism scale which was found to be heavily skewed, as this skewing is in violation of the normality assumption underlying the traditional parametric tests. The investigators opted for the nonparametric Wilcoxon rank sums test just for the absenteeism scale.

## RESULTS

Table 1 presents the means and standard deviations of the 25 items in the WOS. As can be seen in the in the first five Absenteeism items, all have means that are less than their associated standard deviation, indicating that the left censored distribution has most of its observation near the lower end of the scale. For example, item one asks about total hours missed due to personal problems with an



average of 4.41 hours and a standard deviation of 12.88. Given that the respondents cannot have less than zero hours missed, that distribution must be characterized by the majority of the respondents being at the low number, combined with a few respondents having a higher number of hours. The presence of these extreme cases is what created the skewed distribution. It is worth noting that the Absenteeism distributions are problems associated with the complex dynamics involved when employees make decisions about missing work, more than the anomalies of reporting that information.

[Insert Table 1 about here]

In contrast to the Absenteeism items, all remaining WOS items show standard deviations that are substantially lower than their respective means on the pre-test and post-test scores, suggesting that the distributions are at least symmetrical if not technically normal. These distributions pose little risk for the traditional parametric paired t-tests used to test the change in the WOS scale scores.

[Insert Table 2 about here]

Table 2 presents the pre-tests and post-test statistics for the five summary scores of the WOS. The pre-test and post-test presents the means and standard deviations for the respective time frame, and the column labeled “N” presents the sample size of completed pairs for the scale score comparisons. The final column presents the 2-tail test of significance for the comparison.

The bar chart in Figure 1 illustrates the pretest- posttest change in Absenteeism. There is

[Insert Figure 1 about here]

a clear decrease in hours of missed work across the measurement phases. The Wilcoxon test of the statistical test of the difference in the average of 8.39 and 5.87 hours is statistically significant ( $p = 0.04$ ), indicating that observed difference is unlikely to have occurred simply by chance.

In contrast to Absenteeism the difference seen in Figure 2 for Presenteeism is not only large is also high statistically significant ( $p=.0.000$ ), indicating that the observed difference

[Insert Figure 2 about here]

of 13.99 and the post-test of 10.15 provides strong evidence in support for the EAP counseling intervention to improve Presenteeism. The standard deviations on the Presenteeism scale are smaller than the Absenteeism scores and stable across the two measurement periods.

Figure 3 shows a much smaller change for Work Engagement that is not large enough

[Insert Figure 3 about here]

to support the ability of the EAP counseling intervention to impact the construct. Close examination of the figure shows that although the difference appears large, there is actually a very small change. The statistical test of the changes as scored does not reach the traditional level of significance ( $p=0.272$ ), even with a one-tailed test of the hypothesis ( $p = 0.136$ ). However, the small change is in the proper direction, indicating that Work Engagement may change with other types of intervention that may complement EAP counseling.

Unlike the small effects seen for Work Engagement, the results of the Life Satisfaction scale illustrated in Figure 4 show a profound increase in the construct that reaches

[Insert Figure 4 about here]

traditional levels of significance ( $p = 0.000$ ). This result suggests that the EAP counseling intervention can improve the employee's overall evaluation of the quality of his or her life. Finally, as seen in Figure 5, the EAP counseling intervention also appears to modestly decrease the levels of workplace

[Insert Figure 5 about here]

distress. The modest difference produces a significant two-tailed t-test of the hypothesis ( $p = .049$ ), indicating that small difference is not likely to be produced by chance. This small difference suggests that workplace distress may provide a strong test for certain interventions and/or certain populations, but it's relevance to a non-protocol driven type of intervention is not likely to be robust.

## CONCLUSIONS

Taken together, the results support the premise that EAP clinical service delivery results in a positive impact on the workplace as measured by the scales of the Workplace Outcome Suite. All changes occurred in the hypothesized direction and yet not all scales show identical changes. This

supports an element of discriminant validity for the WOS scales and suggests the five scales address similar yet distinct constructs. Absenteeism continues to be the most difficult scale to show sensitive changes among the WOS scales, owing in part to the complex thought processes that underlie the decision to miss work, and pointing to multitude of other factors beyond unresolved personal problems that actually drive the decision, such as an employer's absenteeism policy and the impact on the employee's compensation. Workplace distress shows a similar resistance to change probably associated with the extreme nature of the construct itself.

The results of this analysis may provide some important general insight into the effectiveness of external EAP providers using affiliate network providers. Because these affiliate models rarely provide protocol driven counseling interventions, affiliates rely on their own clinical insights and highly varied approaches to intervene with client's presenting problems. In simple terms, affiliate model EAP can be unpredictable, uncontrolled and rather generic.

From an evaluation design perspective, this means the interventions themselves are heterogeneous and as such almost certainly introduce an element of error. Such error variance is likely to inflate the denominator and increase the likelihood that that we would fail to reject the null hypothesis and create a Type II error. Some of the "no significant" effects seen in this study appear to be affected in this way, especially those that go in the predicted direction. Of course, we could not have made a Type II error in those cases where we did reject the null hypothesis. Therefore we can conclude with certainty that the external EAP affiliate model, despite its "generic nature", does seem to provide enough of a sufficient intervention to produce a measurable improvement in workplace outcomes.

A related issue is the highly varied nature of the types and severity of problems clients bring to an EAP, where the EAP affiliate has to deal with whatever problem or multiple problems the client presents to the EAP. In contrast to controlled clinical trials that employ exclusion and inclusion criteria to make sure the right kind of subjects get into the research trial, the external EAP provider and affiliate deal with all kinds of clients, usually in less than six sessions. Again, this adds to the heterogeneity of the design that tends to inflate the denominator of the test statistics and increases the probability of the type II error.

EAP clinical services have a positive, and possibly even financial impact on the workplace as measured by the WOS. These conclusions are reinforced when placed in the context of the expanding

effects of the small sample size to the standard error of the test statistics, along with the attenuating effects of the heterogeneous interventions inherent in the external EAP affiliate model, and finally the lack of selection criteria. To the EAP purchaser or stakeholder who is invested in using EAP as a tool to improvement productivity and business success, these results lend credibility to the overall value of EAP.

These results have important implications for measuring outcomes with a short suite of correlated but distinct workplace outcomes measures. Conventional wisdom typically claims that short scales lack reliability, and thus provide underpowered tests of intervention effectiveness. The WOS was specifically designed to focus the measures on the outcomes that are directed by the intervention. By removing extraneous factors that are not the focus on the intervention, the WOS can deliver a sensitive test of the effectiveness hypotheses with only a few items. The results of this study also show the WOS can identify significant change in some of the variables under a statistically underpowered condition. Further study is needed to see just what types of EAP intervention is required to move all five of the WOS measures.

There is an important need to continue this research to increase the sample size and to compare the affiliate model to other types of EAP approaches, such as Internal or Staff Model Programs and Telephone or Online Only type interventions. Such head-to-head comparisons of workplace outcomes will provide needed scientific support for how employers can get the best “bang for their buck” in EAP services. It is worth noting that both employers in this study plan to continue the use of the WOS as a standard and routine measure of EAP services in order to demonstrate EAP value, focus improvement initiatives and aid in long-term program development.

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Table 1: Means and standard Deviation of the 25 WOS items					
	Item Description	Pre-test		Post-test	
		M	SD	M	SD
1	Personal Problem caused you miss to work altogether.	4.87	17.12	3.05	12.38
2	Personal Problem made you late for work.	0.69	2.84	0.34	1.67
3	Personal Problem caused you to take off early.	0.90	1.95	0.64	1.73
4	Personal Problem pulled you away from your normal work...	0.70	5.82	0.46	1.85
5	Personal Problem required... phone, e-mail, or internet	1.22	2.50	1.035	2.56
6	I had a hard time ...work because of my personal problems.	2.81	1.34	2.05	1.26
7	My personal problems kept me from concentrating on my work.	3.02	1.28	2.22	1.30
8	Because of my personal problems I was not able to enjoy my work.	3.15	1.40	2.28	1.31
9	My personal problems made me worry about completing my tasks.	2.71	1.44	1.93	1.23
10	I could not do my job well because of my personal problems.	2.38	1.32	1.74	1.09
11	I feel stimulated by my work.	3.31	1.36	3.58	1.19
12	I often think about work on my way to the work site.	3.90	1.25	3.84	1.20
13	I feel passionate about my job.	3.71	1.23	3.76	1.20
14	I am often eager to get to the work site to start the day.	3.09	1.29	3.19	1.26
15	I often find myself thinking about my work at home.	3.54	1.28	3.54	1.22
16	My life is nearly perfect.	2.32	1.08	2.70	1.08
17	I am not very satisfied with my life as a whole.	2.83	1.17	2.64	1.18
18	So far, my life seems to be going very well.	3.01	1.09	3.39	1.05
19	There isn't anything about my life that I would change if I could.	2.11	1.14	2.18	1.07
20	I am very disappointed about the way my life has turned out.	2.43	1.15	2.13	1.06
21	I often feel anxious at work.	3.03	1.33	2.79	1.27
22	Thinking about being at work makes me upset.	2.18	1.30	2.08	1.21
23	I am unhappy most of time at work.	2.19	1.21	2.05	1.18
24	I dread going into work	2.31	1.39	2.14	1.24
25	I can't wait to get away from work.	2.72	1.38	2.63	1.28

<b>Table 2: Pre EAP and Post EAP comparisons of Manufacturing firms on five WOS scales</b>						
	<b>Pre-test</b>		<b>Post-test</b>			
<b>WOS Score</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>N</b>	<b>2-tailed Statistical Significance</b>
Absenteeism	8.39	21.29	5.87	14.42	197	<b>0.040<sup>a</sup></b>
Presenteeism	13.99	5.67	10.15	5.44	193	<b>0.000</b>
Work Engagement	17.58	4.60	17.91	4.46	193	<b>0.272</b>
Life Satisfaction	14.13	3.88	15.45	4.04	193	<b>0.000</b>
Workplace Distress	12.37	5.57	11.71	5.16	194	<b>0.049</b>
Note: <sup>a</sup> Wilcoxon signed ranks tests was used to test the significance of the reduction in missed hours of work. Although the 2-tailed test is reported, the 1-tailed test is appropriate in this directional test of the hypotheses, which means that the presented significance levels should actually be divided by 2.						

Figure 1: Comparison of Pre-test and Post-test Means on Absenteeism

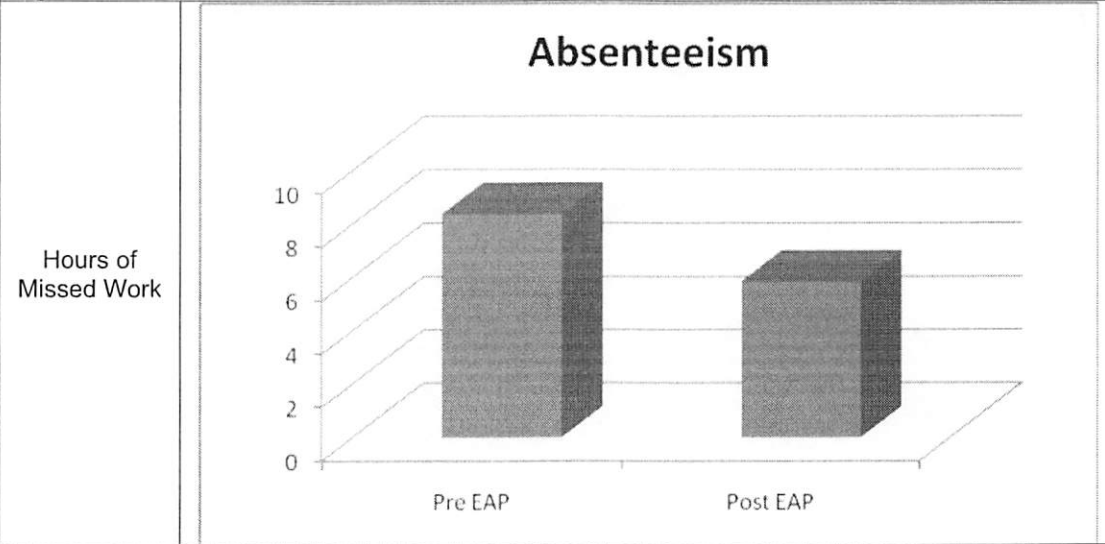




Figure 2: Comparison of Pre-test and Post-test Means on Presenteeism

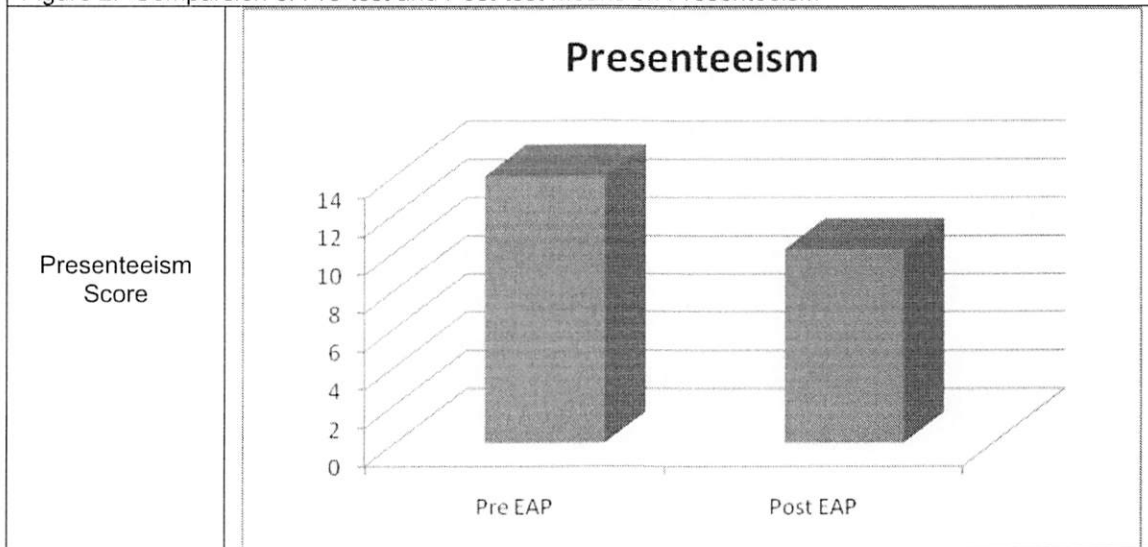


Figure 3: Comparison of Pre-test and Post-test Means on Work Engagement

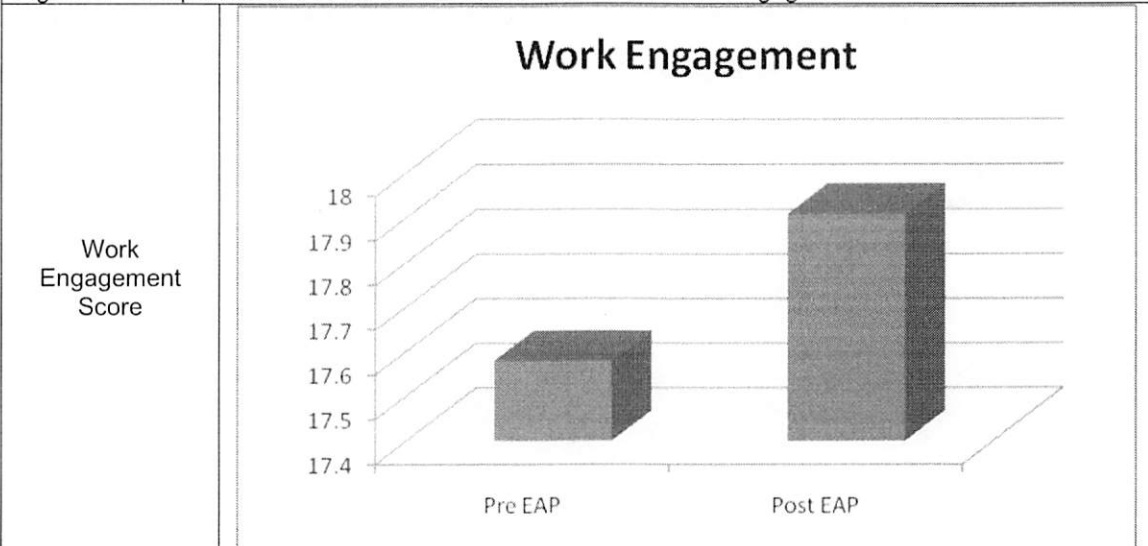


Figure 4: Comparison of Pre-test and Post-test Means on Life Satisfaction

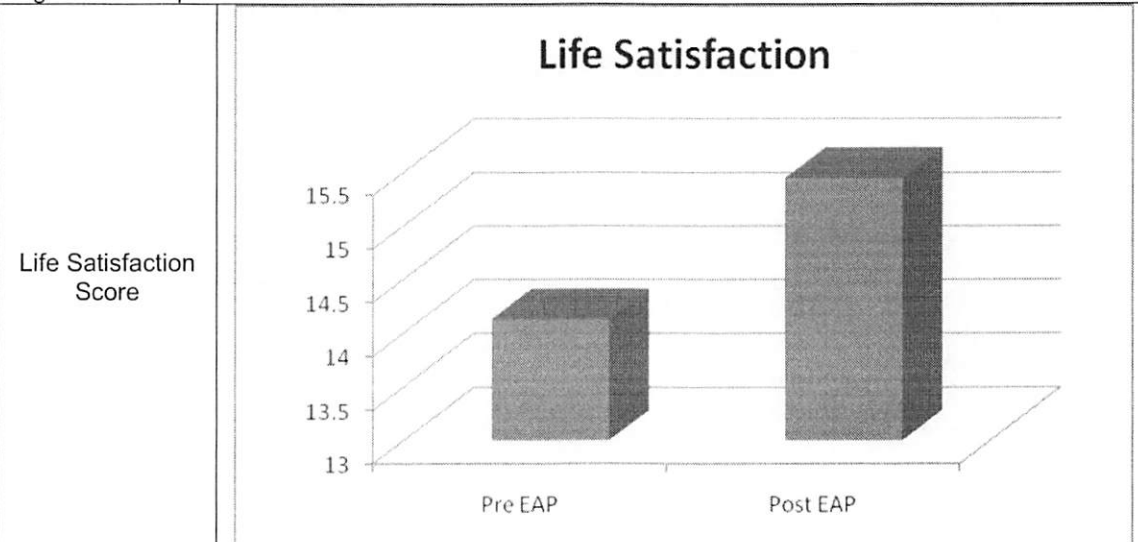


Figure 5: Comparison of Pre-test and Post-test Means on Workplace Distress

