

 **Special Journal of Banking,
Finance & Management****Employee Assistance Programme for
Midwives: A resource to mitigate the effects
of Maternal deaths in Ghana****Dartey¹ AF and Phetlhu² DR**

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Highpoints

- Employee Assistance Programme (EAP) is an Occupational Health Programme.
- EAP help identify performance and behavioural challenges affecting workers.
- EAP developed for midwives dealing with maternal death at the hospitals.

Abstracts

Introduction: Employee Assistance Programme (EAP) is one of the most effective workplace programmes for the identification and resolution of performance and behavioural related challenges. Examples of these challenges are discrimination, tight work schedules, and the death of patients which could lead to anxiety and stress. Long-term maternal death distress has been shown to have significant effects on midwives' health and the quality of care provided to clients under their care.

Objective: The objective of this paper was to develop An Employee Assistance Programme: a tool to assist midwives to alleviate maternal death-related pain and anxiety.

Materials and Methods: The development of the EAP followed the occupational health programmes and services at workplace guidelines (involving situation analysis/data collection, data analysis, planning, implementation, and evaluation).

The results: Two steam services of the Employee Assistance Programme were developed: Direct and Indirect Services. The direct services include Assessment, Trauma debriefing, Crisis intervention, Counselling services, Referral services, Monitoring, and Follow-up. While the indirect services were Training and Workshops.

Conclusion and recommendations: A robust implementation of the EAP will help to improve the wellbeing and performance of midwives that translates to improved quality of work-life for midwives in the Ashanti Region of Ghana and the country at large.

Keywords: *Employee Assistance Programme, Occupational health, Midwives, maternal death and Quality of work-life*

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Introduction

Employee Assistance Programmes (EAP) started as far back as in the early 1940s in the United States of America (USA) as a support programme to assist employees with alcohol and drug problems (1). Also, the programme was intended to improve employer-employee communication and create a positive atmosphere within the working environment. As the years went by, the programme became more comprehensive with more services introduced to assist employees in areas such as work-related stress, family problems, bereavement, financial and legal problems. Given its successes in addressing employee-related problems, the programme was also extended to include other areas of concern in the workplace, such as boredom, anxiety, and other interpersonal problems that impact health and wellness leading to stress and subsequent decreased work performance. Since the time EAP was

introduced, many organizations have used it as a means to enhance the performance and well-being of their employees.

It is evident in the literature that the workplace is a crucial setting for health protection, promotion, and disease prevention programmes, especially in cases where employees spend more time at work than at home (2-4). Thus, the importance of a programme such as EAP, which provides intervention in the alleviation of challenges employees are faced with at workplaces is crucially significant. Furthermore, EAPs are designed to address occupational health and safety issues in the workplace and are also important for any profession or organization which seeks to comply with the standard requirements set by the International Labour Organization (ILO) and the World Health Organization (WHO). EAPs can bring positive attitudinal change to individual employees within the organization that they work for (3), by establishing a wellness culture, thereby

promoting healthy behaviour for the entire workforce (5). This is partly because EAPs lessen health risks and improve the quality of life for all employees (3). Owing to marked differences among workplaces, each may have different work-related problems which in effect necessitate the need to provide services that directly respond to the needs of employees in these work environments. Some of the services EAPs may provide are short-term counselling, referral treatment, and other support services (6), which may vary from one organization to another. Prominent among organizations that employ such programmes include the police service, different business institutions, and the health sector itself.

Objectives

The purpose of this paper was to develop an Employee Assistance Programme for midwives who are challenged by maternal deaths (MDs) at the workplace in the Ashanti Region of Ghana. This tool is to help them mitigate the effects of maternal deaths they experience in the workplace.

Materials and Methods

Population

In all, five different populations were involved in the study: The basis for populations one and two was to establish the need for the development of the EAP. Population three, four and five, help in the development of the EAP Programme.

Population one: Made up of eight focus group discussions with membership ranging between four to seven participants, a total number of fifty-seven people took part in the study. They were all ward midwives.

Population two: Made up of 18 supervisors, who were taken through individual semi-structured interviews. Population one and two were drawn from nine health care facilities of four-level

hospitals: a teaching hospital, a regional hospital, 4 district hospitals (2 with high maternal death cases and 2 with lower maternal death cases since 2015, and 3 health centres. With purposive sampling, these participants took part in the first stage of the study where primary data were collected through semi-structured interviews and focus group interviews to find out the midwives' experiences with maternal death. The criteria for selection were any midwife with at least one year of practiced and who had experienced maternal death during work.

Population three: Members of two health institutions were gathered for information dissemination purposes. These stakeholders were recruited from two workshops organised by researchers to disseminate the results of the primary data of the study. After the presentations, discussions were held and members' views were solicited to contribute to the development of EAP. The stakeholders were recruited by use of invitation letters to their various departments. In all, one hundred people participated in the two workshops.

Population four: This was a multi-disciplinary team of experts made up of (Psychologist, Physiotherapist, Public Health specialist etc) in the health sector with knowledge and background, expertise needed to contribute by reviewing the drafted EAP. A total of twenty experts was recruited by letters and verbal invitations.

Population five: Two specialists in the field of EAP were recruited through referrals from Occupational Health Nurse colleagues. These specialists are providers of EAP services in South Africa. One had earlier seen the summary of findings situation analysis while the other was recruited after the development of the programme. They were particularly concerned about the context of EAP development. A report of specialist comments was sent via emails.

Methods of development

The development of an EAP as a workplace programme adopted Acutt, Hattingh and Bergh's (2): *steps of providing occupational health programmes and services at the workplace*. The following are the steps: situation analysis/data collection, data analysis, planning, implementation and evaluation. A review of the processes in developing employee assistance programmes and how they are managed in other countries were also examined (7) and a more contextual one was developed to suit the health system in Ghana. Acutt, Hattingh, and Bergh (2) contend that the establishment of occupational health programmes and services should be done following organizational philosophy, vision, and mission as well as the legal requirements of the country in which the programme will be implemented. Since workplace hazards vary from one organization to another, Acutt, Hattingh, and Bergh (2) argue for the need for the content of the programme to meet the needs of the workers. The methods of development are presented in figure 1 as follows:

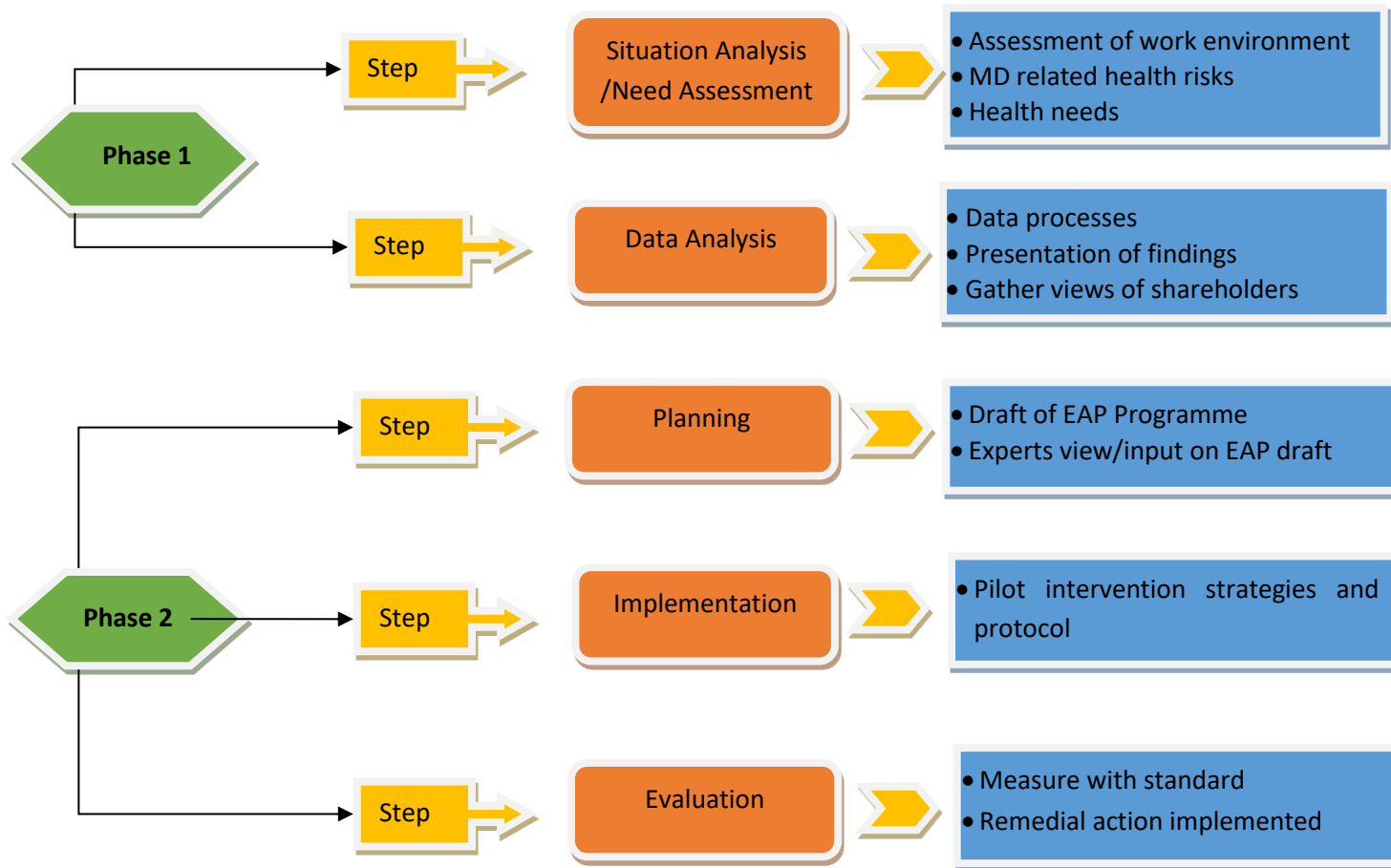


Figure 1: Summary of steps in EAP development

Step 1: Situation analysis and needs assessment

A detailed assessment of the current situation of the need to develop an EAP was conducted. Data were collected from midwives to explore the need for the programme development. It included individual worker demographics, the organization's environmental assessment, health needs, risks involved in the midwives' work, support services available, resources available, the services required to fill the needs, and addressing risks. The comprehensive situation analysis conducted, provided a rich source of information as the participants gave their experience dealing with maternal death (MD) and how they coped with the situation. This brought to bear the considerate content of the programme to be developed. Data were collected through focus group discussions and individual semi-structured interviews.

Step 2; Data analysis

The data were analysed to help determine the contents of the EAP and prioritize the most important needs. Therefore, the researchers produced an integrated workplace needs assessment report from analysed data. The findings were then presented to two groups of stakeholders: management of teaching hospital and regional health directorate of the GHS in the Ashanti Region. The idea was to make them understand what the midwives go through with regards to maternal death; seek their views and contributions to help in the development of the EAP. Additionally, the researcher wanted to create awareness and support of the programme when it is developed. After the two discussions, it was evident that stakeholders in the health sectors saw the need for the programme development and thus pledged their support for its development. The data were analysed by using the Thematic Content Analysis and conclusion statements of the research findings, proposing the need for the establishment of EAP for the midwives. A summary of the analysed data is presented in the table below:

Table 1: Summary of analyzed data

1. Participants experienced grief: the grief is unique and felt disenfranchised. This impacted negatively on most of them.
2. Emotional, psychosocial, and physical effects of maternal death were prominent. Examples are fear, distress, trauma, depression, sleep difficulty, inability to eat, and more.
3. The effects of maternal death also affected the family of the midwives, their output at work, and the hospitals they work for.
4. Midwives employed depended on family members, colleagues, and other individuals around to help them cope since there are no organised counselling services for the workers at the healthcare facilities.
5. The maternal death review is seen as a good tool in the review of maternal death and it is seen as an unofficial means of coping since until the review is done, the case is not closed.
6. Participants were not happy because maternal death reviews do not consider spiritual and cultural issues that surround the death of some mothers.

Step 3: Planning

A draft of the EAP was done after gathering and incorporating the views of stakeholders from the MOH/GHS as well as staff from the teaching hospital. In addition, ideas were gathered from reviewing literature from other countries that are employing EAP as well as results of a needs assessment from midwives at the various hospitals. The draft of the EAP involved formulating the objectives, vision, and mission of the programme. It provided advice to the hiring of professionals to the EAP and advertising the programme. Planning of the programme evaluation was instituted. After the draft, the researcher assembled a multi-disciplinary team of experts. The team to review the draft was made up of experts in the field of occupational health, public health, psychology, ward management, gynaecologist, health service administration, and social work. The draft document once completed was revised accordingly. The document was then sent to two specialists in the field of EAP service providers outside Ghana for their final inputs.

The details of step three (planning) follow the five stages as indicated below:

Stage 1: The domain of EAP

The domain of EAP states and defines what it is as well as establishes boundaries of operation. EAP per the current study is “A wellness programme” developed for midwives dealing with maternal death cases in the Ashanti Region of Ghana. The programme is meant for the early identification and diffusion of maternal death-related problems at the workplace. From the perspective of this study, EAP is **NOT**:

- (a) a social welfare programme;
- (b) a prescriptive programme;
- (c) a long-term programme; or

- (d) The only programme that can solve all problems workers faces in the health sector.

Therefore, an Employee Assistance Programme (EAP) is a work-based, voluntary programme for midwives dealing with maternal death cases that provide free and short-term counselling, confidential assessments, referrals, and follow-up services to employees who have personal and/or work-related problems. EAP speaks to many issues affecting the psychological, physical and social well-being of employees and works stress, as well as burnout (3, 7, 8, 9, 10).

Stage 2: Characteristics of EAP

The following section presents the characteristics of EAP, which: vision, mission, core values, the purpose of the programme and the objective.

- **The vision statement of EAP**

The vision of EAP is “to provide a programme of choice that aims at the organization of self-worth even after experiencing maternal death and to develop the culture of well-being to take away all the emotional, physical and social effects that maternal death brings among midwives”.

- **The mission statement of EAP**

According to (11), every organization has a mission for its existence and this mission must be unique to differentiate that organization from all others. In this study, the mission of EAP is “to provide counselling, debriefing services, and training related services to individual midwives as well as group therapy”.

- **Core Values:** The core values of EAP are: Compassion; Excellence Veracity

- **Purpose of the Programme**

The purpose of this EAP is to assist midwives to mitigate the effects of maternal death and improve the quality of work-life among them.

Objectives of the Programme

The objectives of the programme include the following:

- (i) To promote health and wellbeing of midwives in the Ashanti Region of Ghana;
- (ii) To ensure job security among midwives in the Ashanti Region of Ghana;
- (iii) To enrich job satisfaction and job performance through improved well-being; and
- (iv) To promote a balance between work and non-work life of the midwives in the Ashanti Region of Ghana.

Stage 3: Principles of EAP

The principles are important for the success of any programme, and therefore, EAP would operate without compromising on the principles. The EAP would function under the following four principles namely: 1. Confidentiality; 2. Voluntary participation; 3. Equal treatment. 4. Proper recordkeeping

Stage 4: Models and Drive of EAP

(i) On-site or internal model

On-site or internal model: This is the model that is based in the workplace and run by the organization. All workers of EAP are part of the organization and work within the organizational policy. These models are short time and no fee is paid by users of the programme.

(ii) Off-site or external model

Off-site or external models: These are models that provide services from outside the organization. The company in which the employees work is responsible for the payment of the service employees receive.

(iii) Combine model (on-site and off-site)

Combine model: (on-site and off-site): this is the combination of on-site and off-site models. The employees enjoy some services on-site and are referred for other services off-site.

For EAP to function well in any organization, it is important to identify what can drive and keep it running. In the current study, EAP is driven by **midwives' wellness** or **wellbeing** as well as **management involvement** or **support** for the programme. It focuses on midwives' wellness because the EAP is designed to help them deal with the effects of maternal deaths at their workplaces and therefore improves the quality of work life. Management involvement or support for EAP is important because the programme would need to be supported financially. Workers referred for treatment or counselling may need to take some time out as well as the need for training.

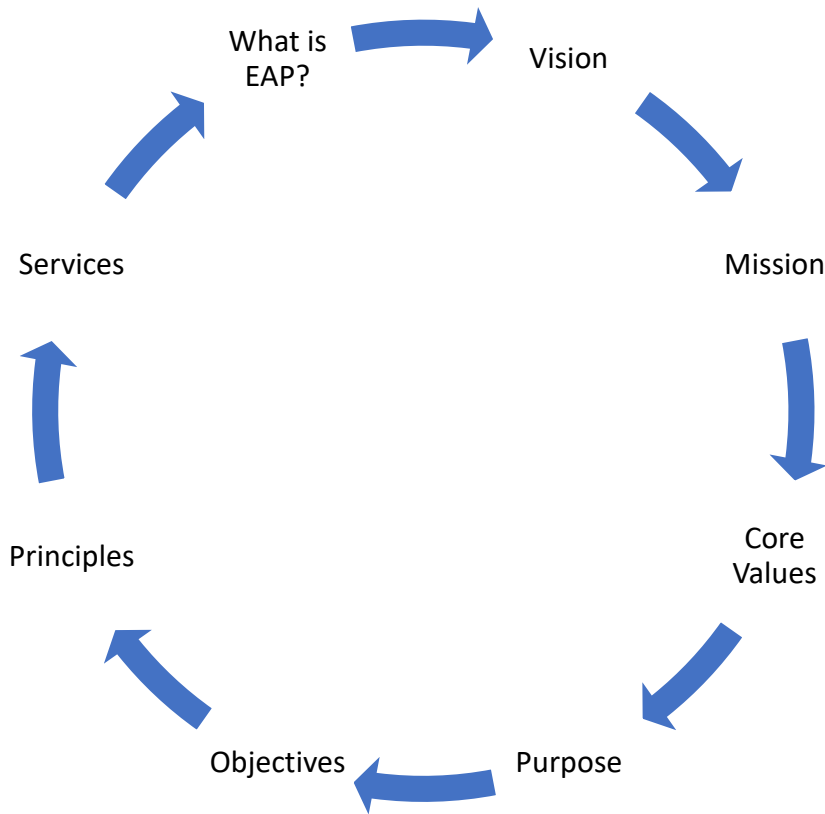


Figure 2: Characteristics of EAP,

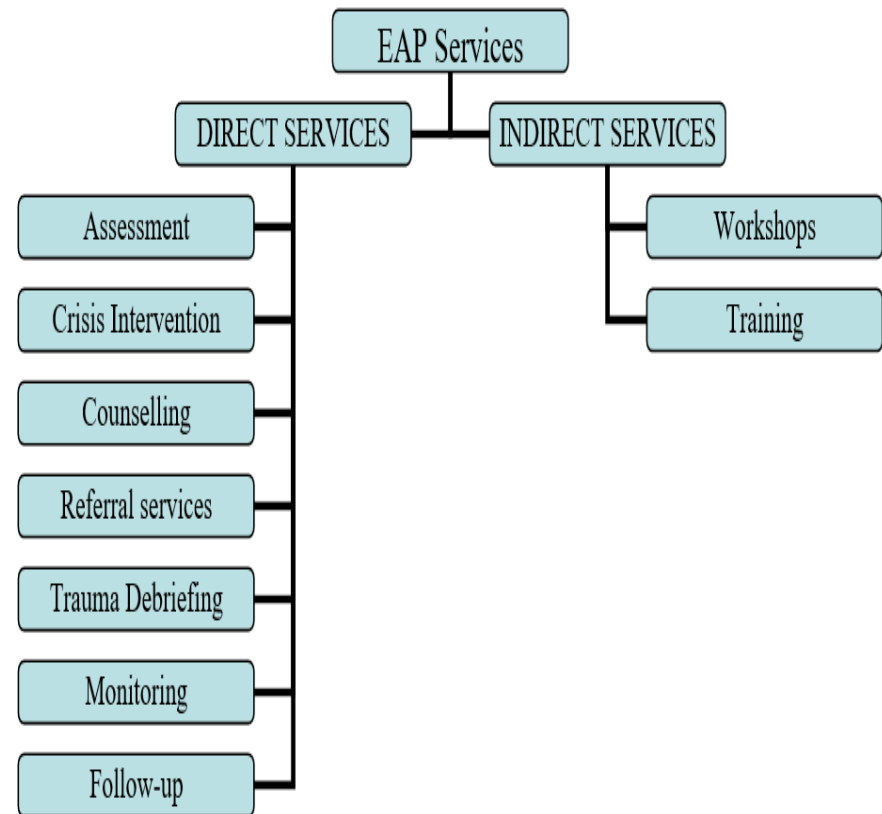


Figure 3: Services to be offered under the EAP

Figures of the characteristics of the EAP. The figures show how the characteristics come together to present what EAP is all about.

Stage 5: Services to be offered under the EAP

- There are two main types of services to be offered under the EAP. These are direct and indirect services. Figure 4 presents the services to be offered under the EAP.

- **Direct services:**

Direct services are services that deal with the individual workers either identified and referred or self-referred. These services are provided to the workers who need them. The type of services to be provided under direct services may include, but are not restricted to, the following;

- (a) Assessment
- (b) Trauma debriefing
- (c) Crisis intervention
- (d) Counselling services
- (e) Referral services
- (f) Monitoring
- (g) Follow-up

- **Indirect services:**

Indirect services are services that are provided to a supervisor and all midwives to help them identify colleagues with problems; behaviour change, low outputs, and so on for early referral and treatment. The services are as follows:

- **Training**

Assertiveness training;
Induction training; and
In-service training of unit, ward managers and all ward midwives.

- **Workshops**

The indirect service of EAP is the training (assertive, induction and in-service) of the unit, ward managers as well as all ward midwives to identify any colleagues who have problems after experiencing maternal death for behaviour change and refer and workshops for all. These also serve as a means of preparing midwives on what to do when they experience maternal death on the wards.

Type of services to be provided under indirect services may include, but are not restricted to, the following:

Table 2a: Direct EAP Services

Direct Services	EAP providers responsibilities
<p>Assessment: Assessment is conducted to identify employees' problems and develop a plan to resolve them. Assessment helps to identify and evaluate midwives' strengths, difficulties and needs to plan solutions for action to be taken on them. Thorough situation analysis is essential to arrive at a good intervention.</p>	<p>Note: Assessment may include clients' statement of the problem, how maternal death occurred, the experience of death, mental state of the client, relation with the family when she experienced maternal death, effects on job performance and sources of support. Competent Assessment will assist midwives balance work and non-work life.</p>
<p>Trauma debriefing: This service aims to respond timely to maternal deaths that are traumatic to attending midwives on duty at the time of the incident. It will provide trauma-defusing services to attending midwives immediately after maternal death at the hospital. This will help reduce the initial confusion and stress that come with the loss of clients at the hospital. It also prepares midwives for MDR and prevents long-term difficulty and dysfunction with work and family life.</p>	<p>Note: The EAP workers should ensure that all midwives who attend to clients before their deaths are timely defused and debriefed immediately after confirmation of death and all protocol related to maternal death is observed. They should ensure that midwives are well prepared for the maternal death review (MDR) process without any fears and that they are confident to present the report of the happenings of maternal death to the auditing team. This goes a long way in promoting the health and wellness of midwives.</p>
<p>Crisis intervention: This service will be provided to midwives who find maternal death as a source of the crisis. It aims at containing and normalizing crises among midwives after maternal death. When an intervention is available at the time of crisis during work, it helps with settling of emotions and timely proper adaptation to situations at work and home.</p>	<p>Note: EAP workers should identify midwives with crises after the experience of maternal death and intervene appropriately. Clients should be referred when necessary. Appropriate techniques should be employed to ensure that a crisis does not interfere with the health and wellness of the midwives in question.</p>

Table 2b: Direct Services

Direct Services	EAP providers responsibilities
<p>Counselling services: Aims at ensuring that all psychological, physical and social effects of maternal deaths that impact your wellness and capacity to perform at work are reduced. Counselling would help the midwives gain insight into the difficulty they may experience with maternal death and develop the needed resilience to deal with the situation to attain wellness.</p>	<p>Note: Counselling should be individual-problem-based. Group counselling may be done if all attending midwives want to be counselled together. During group counselling, participants should be encouraged to support each other and EAP workers should ensure that every participant is treated with fairness and equity in the workplace for job satisfaction.</p>
<p>Referral services: The services aim at ensuring that all midwives get access to the right resources and care. Midwives could also be sent to access services outside the internal counselling and debriefing services through referrals. When midwives are referred, it is expected to increase the wellness of the individual midwife and job performance. When a referral is performing well, it ensures the credibility of the EAP Programme and also the timely intervention of problems associated with maternal death.</p>	<p>Note: There are two types of referrals; one is a referral from the ward mostly by ward and unit managers or colleagues for EAP services while the other is referred from the EAP consultants for further treatment outside the EAP. Cases that are beyond short-term counselling and debriefing and beyond the scope of EAP should be referred to the EAP by counsellors and follow-up be made. Employees who enjoy this type of service feel secure in their job as the workplace takes responsibility for their health.</p>
<p>Monitoring: This helps to maintain steady contact with the client to ensure that the goals of the interventions are achieved. It is important that monitoring is done during EAP service provision to track deviation from normally intended outcomes. Good monitoring will help improve the EAP Programme. Confidentiality should not be compromised.</p>	<p>Note: EAP counsellors should give appropriate feedback to referring nurse manager or colleague about the progress. All monitoring should be documented. Monitoring can help trace the progress of the individual midwife's case. This can help any imbalance that might be affecting the midwife either at home or at work.</p>
<p>Follow-up: Follow-up should start immediately after assessment and referral as well as after completion of the intervention. EAP workers could call a client on the phone to find out the progress made with the intervention. Confidentiality must be affirmed.</p>	<p>Note: Midwives referred for other services should be followed up on and demand writing progress reports on referral. Follow-ups and progress reports are important to trace any imbalance between work and non-work life among midwives.</p>

Table 3: Indirect Services

Indirect services	Details of what EAP providers must do
<p>EAP Training of units, ward managers and all midwives:</p> <ul style="list-style-type: none"> • Ward and unit managers shall be trained to identify troubled midwives and refer them to EAP consultants for counselling and debriefing and to identify midwives' behaviours that may impact work and family. • Confidentiality should be maintained and the training should be assertive, inductive and serve as in-service training. 	<p><i>EAP workers should train unit, ward managers and all midwives to observe and identify behaviour change in any midwives' document these behaviours.</i></p> <p><i>The ward managers refer these midwives for EAP counselling. Managers are expected to follow up with referrals for feedback. Further training should be in the area of assertiveness, induction training and in-service training.</i></p>
<p>a. Assertiveness training:</p> <ul style="list-style-type: none"> • For the midwife to manage the effects of maternal death daily, will serve as an effective technique in health promotion and helps the individual to attain the needed health and self-esteem. 	<p><i>EAP workers must ensure that all midwives go through assertive training to develop interpersonal skills and build techniques that help in decision-making in self-management in times of work-related problems that may lead to health and wellness</i></p>
<p>b. Induction training:</p> <ul style="list-style-type: none"> • It is an orientation of an employee in a new working environment that prepares shows them the nature of work and how to deal with situations when they occur. It reduces fear and uncertainty. Trainees should be taught the culture of the Maternal Death Review audit. 	<p><i>The areas to be covered in induction training are the physical and geographical layout of the wards. Details information on where to find working tools, for example, emergency trolley, drugs, oxygen. Induction should also cover life-saving techniques so midwives can perform their duty to the best of their abilities to enjoy job satisfaction.</i></p>
<p>c. In-service Training:</p> <p>It is an update training of employees already on the job. It fills the gap in the skills and knowledge of employees and helps the midwives to learn new diagnoses and treatments relating to pregnancy and its complications.</p>	<p><i>EAP workers must help develop a competency level among midwives to enhance the building of confidence. Knowing the new requirement of the job will guarantee job security for the midwives because they have what it takes to perform their job to the fullest.</i></p>
<p>Workshops:</p> <p>EAP workers should organize workshops regularly improve midwives' delivery skills, preparing them for self-management in case of maternal death, how to report maternal death at the review and how to document services provided even after the death of the client among others.</p>	<p><i>All midwives are expected to attend these workshops to improve on skills delivery and develop competencies that go a long way to enhance the quality of work-life as these midwives build their skills, knowledge, confidence levels and prepare themselves for any eventualities.</i></p>

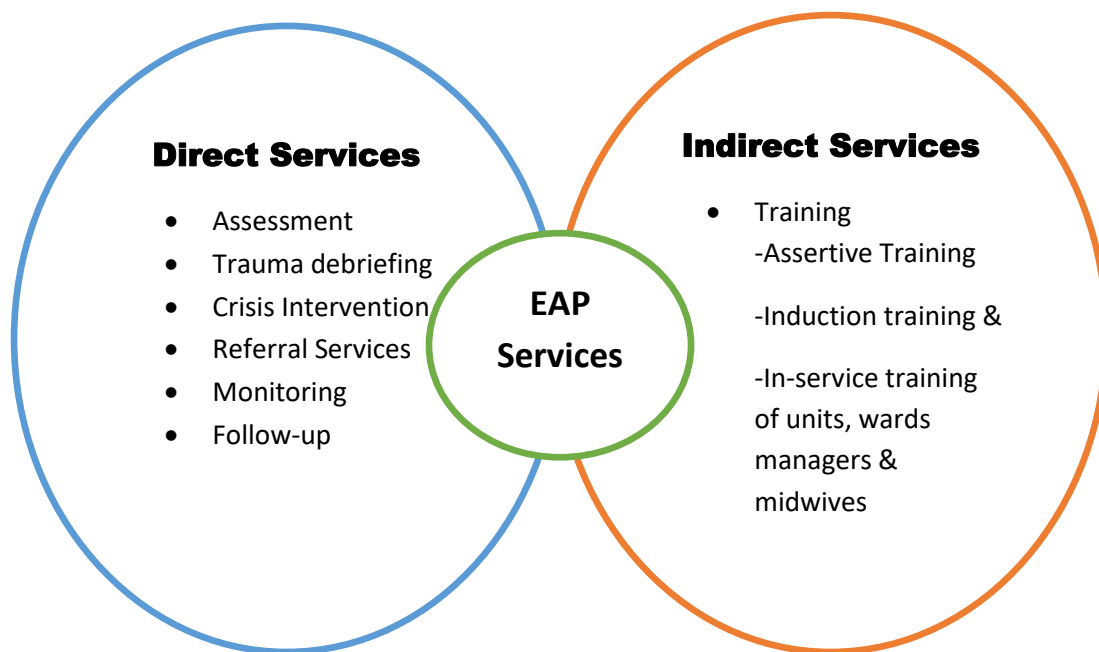


Figure 4: EAP Services

EAP services should help all midwives become more positive even after experiencing maternal death at the hospitals and be more productive, giving the best nursing care needed by their clients. When these are achieved, it would be justifiable the midwives have attained the needed quality of work life.

- **How to access the EAP?**

Accessibility of EAP services shall be based on the following conditions:

- There shall be a 24-hour service available either by face to face or by telephone;
- Seven days a week service for all who need it.
- The services shall be in any language of clients' choice, especially the major languages that are spoken in Ghana, for example, in English, Twi, Ewe, Ga, Hausa, and Dagbani.
- The services could be provided at different locations as per the agreement between the EAP service providers and the client midwives. This location, however, will be within the Ashanti Region of Ghana.

- **Participation in the programme:**

Participation in the EAP may follow:

- Voluntary participation/Self-referred by individuals who seek the services on their own;
- Informal referral where ward managers or colleagues recommend the programme; and
- A formal referral based on job performance and a supervisor's recommendation with a referral note or telephone call to the EAP providers.

A piece of advice was given as to the type of professionals to hire for the provision of EAP of the health facilities, according to the chosen model and provide the necessary resources to be used.

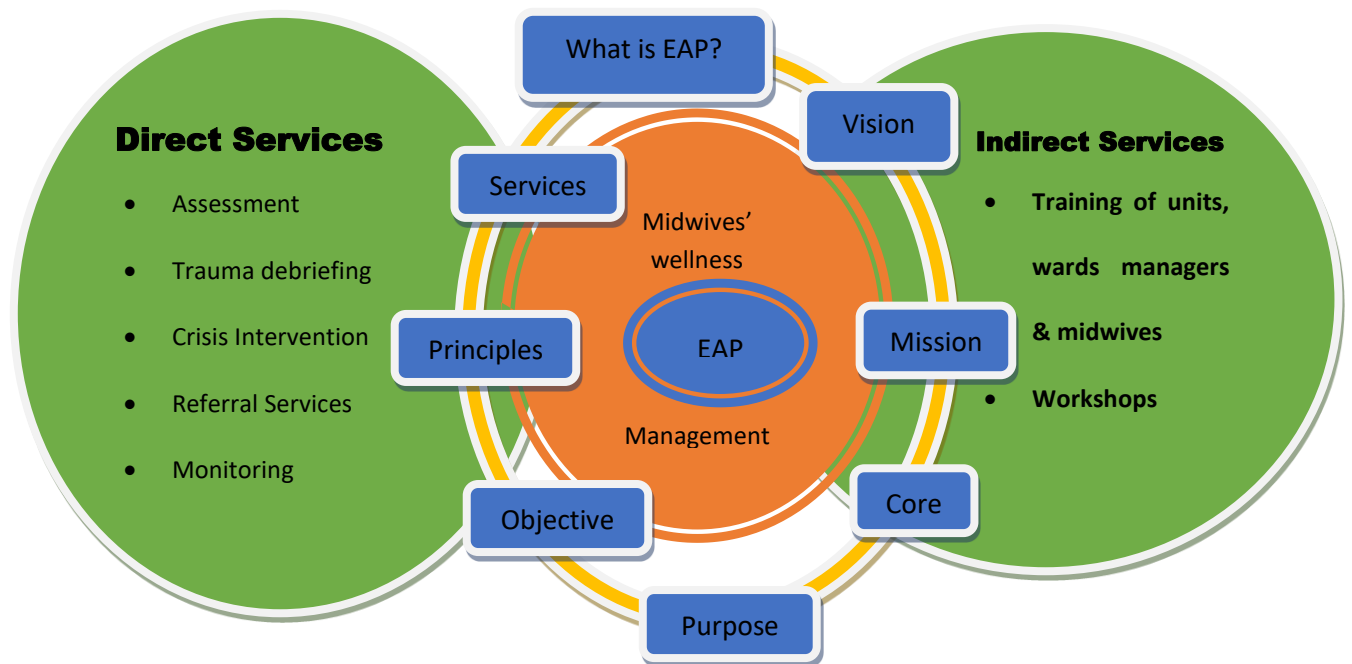


Figure 5: EAP Diagram

Step 4: Implementation

The programme should be advertised in meetings, posters on notice boards, and hospital intercom. Names and contact numbers of midwives who had experienced maternal death in hospitals should be sent to the EAP counsellors. Calls should be made to these individuals to voluntarily seek EAP counsel. The advertisement could also follow orientation programmes at the hospitals and introductory letters could be given to the staff while brochures could also be used. Details of appointment times should be given. A list of available services should be provided and confidentiality should be assured.

Step 5 Evaluation

Evaluation refers to the act of assessing the outcome of the plan. It is defined as attributing value to an intervention by gathering reliable and valid information about it systematically, and by making comparisons, to make more informed decisions or understand the causal mechanism or general principle (12-16). The evaluation forms should be designed and made available to midwives who benefited from the EAP. Participants should be asked to complete the evaluation form. The following should be considered for evaluation: confidentiality; the services provided; the counselling section; and how the programme could be improved. Remedial actions should be taken to address any established gaps. Quarterly and annual reports must be submitted to the hospital management for quality assurance purposes. The names and staff identities should not be part of the report. A summary of all actions taken in developing the EAP Programme is presented in fig 6. The figure presents the problems identified, inputs made in terms of direct and indirect services and the output (outcomes).

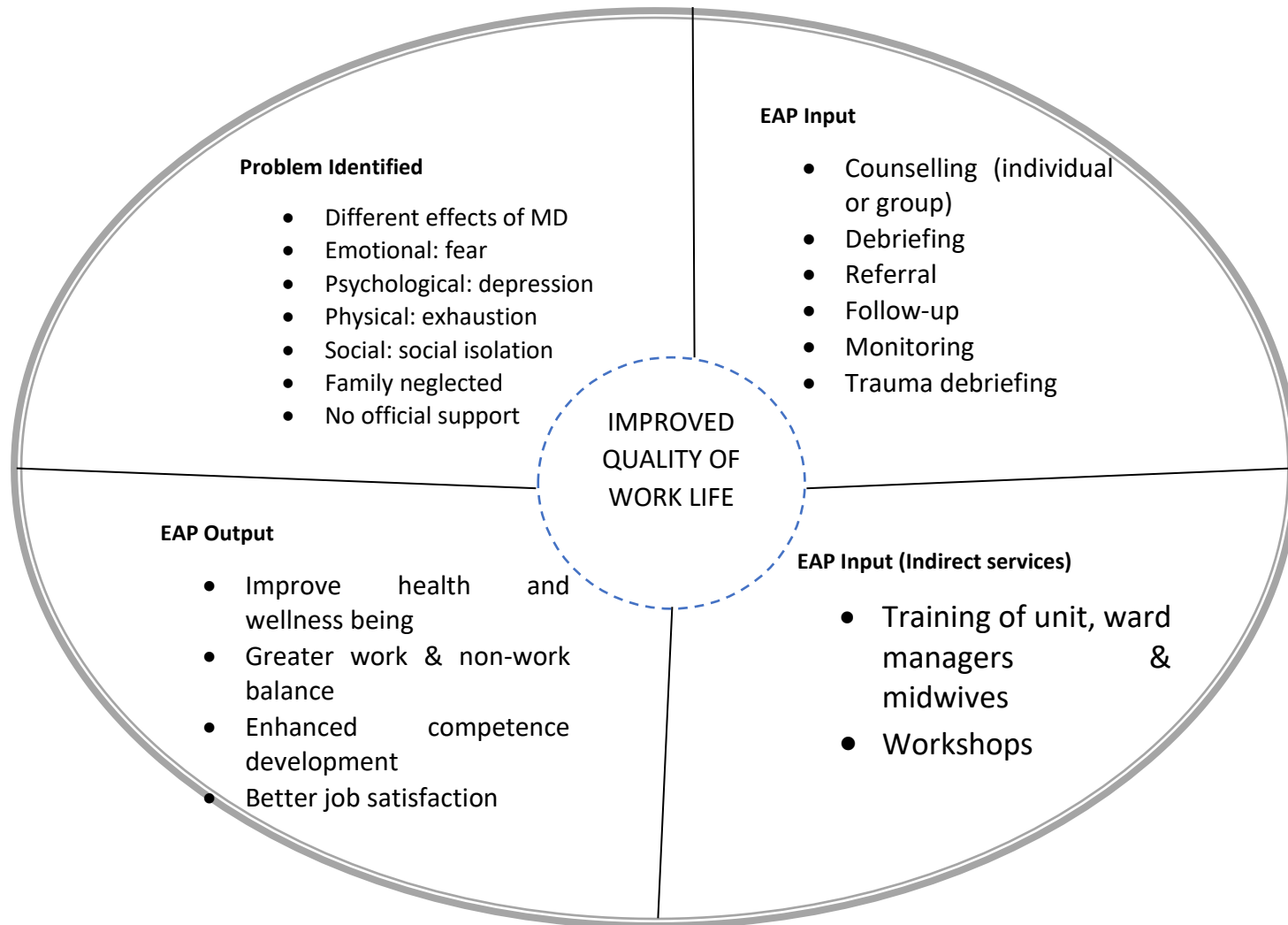


Figure 6: EAP input and output.

Conclusion

An EAP for midwives dealing with maternal death has been developed. The programme is simple to understand, easy to use in mitigating the effects of maternal death on the midwives and also would help in improving their quality of work life. The researchers believe this will go a long way in improving maternal health care and the wellness of midwives in their various workplaces.

Data availability statement

Data is available upon request from the School of Nursing, University of Western Cape, South Africa, who issued ethical clearance for the data collected on PhD research titled “The development of an employee assistance program for midwives dealing with maternal deaths”.

Conflict of interest

The authors wish to declare therein, that there is no conflict of interest concerning this manuscript.

Ethical considerations

The researcher got ethical clearance from the Senate Research Committee of the University of Western Cape and the Ministry of Health/Ghana Health Service. Additional permission was obtained from the Ethical Clearance Committee of the Ghana Health Service, Accra and Ashanti Region where the study took place

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