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Assessing the effects of socio-demographic, social-psychological, socio-cultural, organizational, and community factors on the propensity of employees to utilize employee assistance programs (EAPs)

Hall, LaCheata Graves, Ed.D.

The University of North Carolina at Greensboro, 1989

ASSESSING THE EFFECTS OF SOCIO-DEMOGRAPHIC, SOCIAL-

PSYCHOLOGICAL, SOCIO-CULTURAL, ORGANIZATIONAL,

AND COMMUNITY FACTORS ON THE PROPENSITY

OF EMPLOYEES TO UTILIZE EMPLOYEE

ASSISTANCE PROGRAMS (EAPs)

by

LaCheata Graves Hall

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the Faculty of the Graduate School at
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APPROVAL PAGE

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HALL, LACHEATA GRAVES, Ed.D. Assessing the Effects of Socio-Demographic, Social-Psychological, Socio-Cultural, Organizational and Community Factors on the Propensity of Employees to Utilize Employee Assistance Programs (EAPs). (1989) Directed by Dr. Nicholas A. Vacc. 443 pp.

This study investigated, based on a proposed utilization model, the relationship of the following five domains on employees' self-reported propensity to utilize employee assistance programs (EAPs): (a) socio-demographic, (b) social-psychological, (c) socio-cultural, (d) organizational, and (e) community. Propensity was divided into four areas: (a) propensity to self-refer, (b) propensity to act upon supervisor referral, (c) propensity to act upon peer/co-worker referral, and (d) overall propensity to utilize EAP services.

Data relevant to the domains were gathered from a large industrial company and a small service company using a questionnaire and were analyzed using hierarchical multiple regression. Results indicated that a majority of employees had a high propensity to utilize EAP services. The greatest propensity was found in acting upon supervisor referral. Significant predictors emerged from every domain, suggesting that the model was conceptually sound. It was hypothesized that the social-psychological domain would be the best predictor domain. This hypothesis was not supported by the data. The organizational domain at the industrial company and the socio-demographic domain at

the service company were the best predictor domains of employee propensity. The model was moderately predictive of propensity, with R^2 square values ranging from .17 to .29 for the industrial company and from .16 to .42 for the service company. The model accounted for the most variance in overall propensity to utilize EAP services at both companies.

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CHAPTER I

INTRODUCTION.

The increasing complexity of our society is contributing to a plethora of problems such as substance abuse, marital conflict, and individual and family financial difficulties. These problems can have an emotional and physical impact on individuals, affecting every aspect of their lives, including job performance (Carr & Hellan, 1980; Hollmann, 1981; Reed, 1983). Individuals whose personal problems create an impediment to their successful job performance have been referred to as "troubled workers" (Holoviak & Holoviak, 1984; Johnson, 1985; Kuzmits & Hammons, 1979).

An estimated 20 percent of an employer's workforce could be classified as troubled workers; and these workers' performances incur cost to the employer (Carr & Hellan, 1980; Hall & Fletcher, 1984; Myers & Myers, 1985). These costs result from employee performance deficiencies as evidenced by absenteeism, tardiness, sick leave, injury, property damage, medical claims, turnover, and organizational conflict, which are typical manifestations of troubled workers (Kelvins, 1983; Kemp, 1985; Kuzmits & Hammons, 1979).

Management's traditional response to troubled workers has been dismissal. However, during the past 10 to 15 years, management has increasingly recognized the need to provide assistance to troubled workers (Cairo, 1983; Gomez-Mejia & Balkin, 1980) through Employee Assistance Programs (EAPs), programs established by companies as a means of assisting employees with problems.

EAPs offer counseling to troubled workers with the belief that such counseling improves job performance. EAPs are based on the premise that both the employee and company benefit from providing EAPs (Busch, 1981; Hollmann, 1981; Kemp, 1985; Witte & Cannon, 1979). Gam, Sauser, Evans and Lair (1983) defined EAPs as company-sponsored clinical intervention, intended to identify, confront, diagnose, treat, and follow-up on employees who are experiencing personal problems that negatively affect their job performance. EAPs provide an alternative to job termination, preserving an employee's means to a livelihood and identity. For employers, EAPs generate financial savings by reducing the enormous costs associated with employee training and replacements due to terminations (Finkel, 1987; Starr & Byram, 1985) and reduced job performance (Hall & Fletcher, 1984; Jansen, 1986; Shahandeh, 1985).

EAPs evolved from occupational alcohol programs (OAPs) that were implemented in industrial settings during the

1930's and 1940's and focused primarily on alcohol problems. EAPs can now be found in a wide variety of settings such as colleges and universities (Grimes, 1984), hospitals (Featherston & Bednarek, 1981), state governments (Kemp, 1985), and municipal governments (Johnson, 1985). Most EAPs today offer a variety of counseling services such as substance abuse rehabilitation, career and financial planning, family and marital therapy, legal advisement, and emotional/psychological therapy. Employees can receive EAP services through self, peer/co-worker, and supervisor referrals.

Statement of the Problem

EAPs over the past decade have experienced much growth in prevalence and type of services provided. Yet, despite the growth and rapidly expanding scope of EAPs, little attention has been directed toward assessing the effectiveness of these programs (Dickman & Emener, 1982; Gam, Sauser, Evans & Lair, 1983; Ford & McLaughlin, 1981; Kemp, 1981; LaVan, Mathys & Drehmer, 1983). Gam, Sauser, Evans, and Lair (1983) stated that "data related to the effectiveness of EAPs are virtually non-existent in the professional literature" (p. 63).

The primary measure for assessing EAP effectiveness is the proportion of employees in a company utilizing their company's EAP services (Braun & Novak, 1986; Hall & Fletcher, 1984; Keohane & Newman, 1984; Textile World,

1983). Utilization studies on EAPs have been very
limited, usually involving surveys conducted internally by
companies that focus on EAP clients. As a result,
available literature provides little information on who is
and who is not utilizing EAPs. Hollmann (1981) has
suggested that in order to gain an accurate picture of EAP
effectiveness, information on both utilization and non-
utilization is needed.

Some EAP utilization studies have been conducted using
a cross section of companies that provide EAPs and have
used both EAP and non-EAP client data. However, all of
these studies have relied upon indirect methods for
obtaining employee data, such as personnel managers'
perceptions (Braun & Novack, 1986) and EAP directors'
perceptions (Ford & McLaughlin, 1981).

The research conducted on EAP utilization, whether
internal or across companies, has focused primarily upon
demographic (i.e., employee characteristics) and
organizational (i.e., characteristics of the company
sponsoring the EAP) factors (Braun & Novak, 1986; Dickman &
Emener, 1982; Featherston & Bednarek, 1981, Ford &
McLaughlin, 1981; Gam, Evans, Sauser, & Lair, 1983;
Johnson, 1985; LaRock, 1984; McClellan, 1985). Demographic
variables that affect EAP utilization are age, gender, race
income and education. Organizational factors that predict
utilization of EAP's are cost, convenience, helpfulness,

helpfulness, and confidentiality of services; perceived

sanctions regarding use of EAP services; and employees'

perceptions of their immediate supervisors' attitude toward

EAPs.

Although EAP utilization research has been limited,

extensive research has been conducted on utilization

relevant to various other social services (e.g.,

physicians, psychiatrists) (Berkanovic, Telesky & Reeder,

1981; Bice, Eickhorn, & Fox, 1972; Gove & Swafford, 1981;

Greenley & Mechanic, 1976; Horwitz, 1977, 1978; McKinlay,

1973; Nadler & Porat, 1978; Shapiro, 1984; Tessler &

Schwartz, 1972; Veroff, 1981; Zola, 1964). Research in

this area has been conducted from several different

perspectives. These various perspectives have been

summarized into major domains by McKinlay (1972) based on

extensive review of the literature on health and welfare

services conducted during the 1950's and 1960's. The

domains are as follows: (a) socio-demographic, (b)

economic, (c) geographical, (d) social-psychological, (e)

socio-cultural, (f) and organizational. The socio-

demographic domain refers to factors that characterize or

describe individuals. The economic domain refers to

factors related to the cost of these services. The

geographical domain refers to factors relating to the

proximity of services, such as accessibility and

convenience. The social-psychological domain refers to

individual attribution, learning, and motivation. The socio-cultural domain refers to socially and culturally learned response factors, such as values, norms, beliefs and life-styles.

Several individual factors under each of these domains have been suggested to be significantly related to social services utilization. A delineation of these individual factors by domains is presented in Table 1.

Incorporating various combinations of these domains and individual factors within the domains, numerous social service utilization models have been developed (Andersen & Newman, 1973; Anderson, 1973; Antonovsky, 1972; Berkanovic, Telesky & Reeder, 1981; Hershey, Luft, & Gianoris, 1975; Mechanic, 1978; Poole & Carlton, 1986; Tanner, Cockerham & Spaeth, 1983; Wan & Soifer, 1974). Particularly prevalent are health services utilization models (Andersen & Newman, 1973; Berkanovic, Telesky & Reeder, 1981; Poole & Carlton, 1986; Wan & Soifer, 1974).

To date, EAP utilization research has neglected to formulate any models. Such a model was needed to merge the disparate studies into a meaningful framework for better examining EAP utilization. A model for the study of EAP utilization which included data from social services utilization in general and EAP utilization in particular was proposed. Included were factors suggested under the six domains presented in Table 1. The factors were

Table 1

Individual Factors Affecting Social Services Utilization By
Domains

Domains	Individual Factors
Socio-demographic	Age, race, gender, education, income
Economic	Cost of services
Geographical	Proximity of services
Social-psychological	Perceived need, perceived severity of need, problem attribution, and previous use of services
Socio-cultural	Size and complexity of social support networks and perceived social support from networks.
Organizational	Confidentiality, convenience, cost, and helpfulness of services

collapsed into four domains, placing the factors from the economic and geographical domains under the organizational domain. An additional domain, called community, was also added to the model. This domain referred to alternatives to the EAP services found in the individual's community (i.e., town, city, county). The community domain was included in this model due to the non-mandatory nature of EAP use. Employees may use their company's EAP or their own alternative source of care when problems occur. The complete EAP utilization model consisted of five domains of factors and permitted the examination of all these factors simultaneously. This model is presented in detail in Chapter 2.

Purpose of the Study

The purpose of this study was to assess who is likely to utilize EAP services based on the EAP utilization model. Specifically, this study examined the relationship between employees' propensity to utilize EAP services and the following five domains: (a) socio-demographic factors, (b) social-psychological factors, (c) socio-cultural factors, (d) organizational factors, and (e) community factors. Further, this study examined the effect of these five domains on EAP utilization, using a cross section of employees from two large North Carolina Companies.

Need for the Study

It has been estimated that up to 20 percent of an employer's workforce experience problems that negatively affect employee job performance to the extent that the company suffers considerable direct and indirect costs (Carr & Hellan, 1980; Hall & Fletcher, 1984; Jansen, 1986; Shahandeh, 1985). Yet, the average utilization rate of EAP services has been placed at seven percent (N. Hodgkins, personal communication, March 1987; Keohane & Newman, 1984; Textile Management, November 1983). The figure of seven percent utilization suggests that 13 percent of employees considered to be "troubled workers" are not utilizing EAP services. There was a need to determine what factors contribute to the employees in the seven percent who utilize EAP services and the 13 percent who do not utilize EAP services. The intent of this study was to provide data that EAP providers and administrators could use for policy and program planning to make EAP services more accessible to employees.

Significance of the Study

According to the 1987 Statistical Abstract of the United States, 108,856,000 non-institutionalized individuals, who are 16 years of age or older, are employed in the United States. Most of these individuals will spend a significant portion of their adult life, or nearly half of their waking hours in the workplace.

Chestang (1982) suggested that work is related to human development as an internal organizer, as social learning, as a source of social recognition and status, and as a way of finding meaning in one's life. However, there are approximately 21,771,200 individuals, (based on U.S. employed population times estimates of "troubled worker" population) who could be considered "at risk" of being separated from an essential route to psychological maturity and human development. For those "at risk" individuals whose companies have EAPs, data from this study can be used to consider ways in which this route can remain open.

EAPs are expected to witness continued growth (Witte & Cannon, 1979). Thus, expanded opportunities for counselor practice in the area of EAPs are expected (Forrest, 1983). Results from this study can be used to assist counselors and other EAP providers with individual and organizational issues that are necessary for effective EAP intervention.

Definition of Terms

Certain key terms are operationally defined below in an effort to aid in the clarity of this study. The terms refer to the dependent and the independent variables used for this study and their method of measurement.

EAP Utilization

EAP utilization, for the purpose of this study, refers to contact made by an employee with a member of the EAP staff for services because of a personal problem(s).

Therefore, the unit of analysis for this study was self-reported likelihood of an employee to contact the EAP for services. Utilization and help-seeking were used synonymously in this study. The propensity for EAP utilization was measured by a self report questionnaire.

Social Support Network

Social support network as defined by Bott (1957) is "all or some of the social units (individuals or groups) with whom a particular individual is in contact" (p. 320). For the purpose of this study, social support network referred to the individual(s) to whom employees turn for support, information and feedback. Separate social support networks for family and friend were referred to in this study.

Social Support Network Complexity

Social support network complexity refers to the number of individuals within an employee network who were in contact with each other. The more contact that was made among network members, the more complex the network.

Perceived Social Support

Perceived social support was defined as the extent to which individuals believe that their need for support, information, and feedback were fulfilled by their social support network (Procidano & Heller, 1983). Perceived social support was measured by the Perceived Social

Support Inventory for Friends (PSS-Fr) and Family (PSS-Fa),

developed by Procidano and Heller (1983).

Problem Attribution

Problem attribution referred to the way in which

individuals ascribed their problem as consequences not

contingent upon their behavior (externally) or consequences

contingent upon their behavior (internally). Problem

attribution was measured by Rotter's (1966)

Internal/External Locus of Control Scale, which is a

generalized measure of the way people believe events affect

their lives.

Organization of the Study

Chapter II consists of the review of related

literature, divided into six sections: concept of EAP, EAP

utilization, methodological weakness of EAP research,

factors affecting utilization of social services, summary

of utilization research, and models of utilization.

Chapter III discusses the methodology used in this study

and includes information concerning the research questions

that the study sought to answer, the population of

employees who were sampled, the sampling procedure used,

the questionnaire that was used to secure information on

propensity of employees to utilize EAP services,

procedures used to collect the data, the statistical

analyses, and the limitations of the study. Chapter IV

presents the results and discussion of the data analyses,

and Chapter V discusses the summary, conclusions,

implications and recommendations of this study.

CHAPTER II

REVIEW OF RELATED LITERATURE

The review of literature consists of three sections. The first section discusses the concept of Employee Assistance Programs (EAPs), including the history, services, internal and external structure, and referral system. The second section presents literature on EAP utilization and utilization of social services, and covers six major categories of factors influencing utilization: socio-demographic, economic, geographical, socio-cultural, social-psychological, and organizational. A comprehensive review of the research, conducted by McKinlay (1972) on health and welfare services published during the 1950's and 1960's suggested these six major categories of factors were significant in utilization behavior. The final section of the chapter describes a proposed model for the study of EAP utilization.

Concept of EAP

Employees bring a variety of problems with them to work that can have a negative impact on their job performance. Recent literature in human resources administration (Brumback, 1987; Levine, 1985; Schuster, 1978; Sonnenstuhl & O'Donnell, 1980; Westbrook, 1987)

reveals an increase in the concern for these employees, referred to as "troubled workers" (Kuzmits & Hammons, 1979). More and more organizations are providing assistance to troubled workers. The most common approach to providing this assistance is the EAP.

EAPs are methods of intervention that focus on the decline in job performance in an effort to restore the troubled worker to full productivity (Masi, 1984; Myers, 1984). Specifically, EAPs are company-sponsored clinical interventions whose purpose is to "identify, confront, diagnose, treat, and follow-up" (Gam, Sauser, Evans, & Lair, 1983, p. 62) the troubled worker, with a primary focus on treating deteriorating job performance (Dellovo, 1986; Masi, 1982). EAPs are based on the premise that it is more desirable, for both humanitarian and economic reasons, to rehabilitate valuable employees (i.e., those who have been previously proven and trained) than to terminate them (Busch, 1981; Hollmann, 1981; Kemp, 1985; Witte & Cannon, 1979). The American Society for Training and Development estimates that the United States spends 210 billion dollars each year for formal and informal training (Finkel, 1987). Based on a model developed by Finkel (1987), the average cost of training was estimated at $462 per employee. After implementing an EAP at Amtrak for 19,000 employees nationwide, a savings of $1 million a year

was estimated. Employers have become aware that EAPs serve the interests of employees and the company.

<u>History of EAPs</u>

EAPs evolved from Occupational Alcoholism Programs (OAPs) implemented in industrial settings during the 1930's and 1940's, mainly through the impetus of Alcoholics Anonymous (AA), in an effort to eliminate alcohol use and abuse from the workplace (Bloomquist, Gray, & Smith, 1979; Carr & Hellman, 1980; Forrest, 1983; Lee & Rosen, 1984; Brumback, 1987; Masi, 1984; Popple, 1981; Wyers & Kaulukukui, 1984). The 1930's and 1940's marked the era of the Human Relations Movement (Googins & Godfrey, 1985) which held that the social (i.e., feelings and emotions) and productive (i.e., motivation and output) functions of the employee were inseparable (Lee & Rosen, 1984). Prior to this time, the human engineering philosophy prevailed in the workplace. Employees were viewed as machines that required the application of scientific principles for the purpose of maintaining high levels of performance (Googins & Godfrey, 1985; Kuzmits & Hammons, 1979).

A number of companies established OAPs during the Human Relations era, with Consolidated Edison, Kemper Insurance, Eastman Kodak, and the Dupont Corporation among the early pioneers (Masi, 1984; Roman, 1981; Trice & Schonbrunn, 1981). These programs focused primarily on the problem of alcoholism, which was becoming recognized as an

"illness" or "disease." Emphasis was placed on identifying the disease and constructively confronting employees who were identified (Shahandeh, 1985). Responsibility for identifying and confronting alcoholic employees rested largely with the first-level supervisors. Supervisors were forced into the role of diagnostician; a role for which they were not adequately trained nor one they readily accepted. As a result, supervisors' efforts toward carrying out their OAP role function tended to vary between the extremes of neglect and "witch-hunting" (Googins & Kurtz, 1980, 1981; Shahandeh, 1985). For the next 20 years until the late 1960's, the OAPs continued to be implemented in companies across the United States but not on a widespread basis. In 1959 only 50 such programs were in existence in the United States (Carr & Hellman, 1980; Forrest, 1983).

The 1960's have been identified with a serious loss in the rate of productivity by American industrial workers (Schuster, 1978). During the 1960's absenteeism, decreased productivity, and work performance were used to identify and confront the alcoholic worker (Shahandeh, 1985).

OAPs began to receive federal involvement both in terms of legislation and funding in the 1970's. In 1970 the Federal Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act (Hughes Act) was passed. This legislation provided for the creation of the National

Institute of Alcoholism and Alcohol Abuse (NIAAA) in 1972.

An occupational branch within NIAAA was mandated by the

Hughes Act to develop programs related to alcoholism in the

workplace (Masi, 1984). In 1973, Congress passed the

Rehabilitation Act, guaranteeing the rights of handicapped

people. In this act alcoholism and drug addiction were

defined by the attorney general as handicapping conditions.

Also during the 1970's, a new program model began to emerge

in companies that provided for a broadened scope of

services and expanded basis for intervention beyond

supervisor referrals. Supervisors focused on surveillance

of job performance without reference to any particular type

of problem. NIAAA officials recommended deleting the words

"alcohol" and "alcoholism" from the occupational alcohol

title, and suggested substituting the titles of employee

counseling or employee services (Forrest, 1983). During

the same time, Wrich (1980) in a monograph written for the

Hazelton Foundation, Center City, Minnesota, entitled "The

Employees Assistance Program (EAP)" promoted a program

model that addressed a wider range of employee problems in

addition to alcoholism and contained a self-referral

component.

Industry's management had begun to recognize and

accept that employee problems other than alcohol were

costly to the company. Thus, Wrich's EAP model gained

acceptance. Acceptance for the EAP model spread beyond

industrial organizations to such organizations as
universities (Grimes, 1984; Roman, 1980; Schade, 1984;
Thoreson, 1984), hospitals (Featherston & Bednarek, 1981),
state governments (Kemp, 1985), and municipal governments
(Johnson, 1985). The EAP model became the dominant model
in business, industry, and in government during the mid-
seventies, and experienced extraordinary growth in terms of
numbers and scope. Jansen (1986), citing the results of a
1979 survey conducted by the Washington Business Group on
Health, stated that 56.7 percent of the Fortune 500
corporations in the United States were operating some type
of EAP. In 1977 an estimated 2,500 EAPs were in existence
(Roman, 1981), with approximately 2,000 being established
between 1972 and 1978 (Sonnenstuhl & O'Donnell, 1980).
Over 5,000 EAPs were in operation in the United States in
1981 (Land, 1981) and approximately 8,000 EAPs were
reported in 1985 (Chiabotta, 1985). The most recent
estimates place the number of EAPs in existence across the
country at 12,000 (EAP Digest, 1987).

EAP Services

Most EAPs today offer a wide variety of services for
employees. Eight major categories of services most
frequently provided by EAPs can be derived from the
literature: alcohol, drugs, career,
emotional/psychological, family/marital, legal, financial,
and physical health (Bailey, 1986; Dickman & Emener, 1982;

Edwards, 1984; Employee Benefit Plan Review, 1985, 1986;
Ford & McLaughlin, 1981; Gam, Sauser, Evans, & Lair, 1983;
Gomez-Mejia & Balkin, 1980; Kelvins, 1983; Reed, 1983;
Skidmore, Balsam & Jones, 1974; Textile Management, 1983;
Weissman, 1975).

Data collected in the late 1970's from 68 companies
with EAPs revealed that the following percentages of
companies offered services for: alcoholism, 100 percent;
drug abuse, 85 percent; family/emotional/crisis, 74
percent; psychiatric, 72 percent; financial, 48 percent;
and legal, 45 percent (Kiefhaber & Goldbeck, 1980).

Ford and McLaughlin (1981), in their survey examining
the pervasiveness of EAPs among 1000 American Society of
Personnel Administrators (ASPA) members, found that for
those companies providing EAPs, the following services were
available: alcohol rehabilitation, drug abuse programs,
emotional, career, family, and marital counseling, and
legal and financial assistance. Similar types of services
were found to be available to employees through the
Administrative Management Society (AMS) survey of 305
companies (Bailey, 1986) and the Personnel Journal survey
of 100 human resources managers (Levine, 1985).

Examination of results from studies conducted with
some individual companies with EAPs suggest similar
patterns of service offerings as those found in previously

cited studies (Employee Benefit Plan Review, 1985; Gam et al., 1983; Gomez-Mejia & Balkin, 1980; Klarveich, DiGiuseppe & DiMattia, 1987; Reed, 1983; Skidmore, Balsam & Jones, 1974; Weissman, 1975). Using factor analysis, Gomez-Mejia and Balkin (1980) examined 14,000 EAP client cases at a large organization and identified 28 problem areas addressed by EAPs. Nine clusters of problems that underlie the 28 problem areas were extracted: health related problems, impact of chemical dependency off the job; impact of chemical dependency on the job, policy and procedures, financial counseling, legal referral, intimate relations, work relationships, and benefits. The eight major categories of services found in the previously cited studies can be found within Gomez-Mejia and Balkin's nine factors.

Klarveich, DiGiuseppe, and DiMattia (1987), in a review of the EAP in a large oil company, found that services were provided for personal/emotional, job related, marital/family, and substance abuse problems. Also, United States Steel, South Works in Chicago (Weissman, 1975), Control Data (Reed, 1983), Russell Corporation (Gam, Sauser, Evans & Lair, 1983) Detroit Edison, (Employee Benefit Plan Review, 1986), Kennecott Copper Corporation (Skidmore, Balsam & Jones, 1974), and NCR Corporation (Employee Benefit Plan Review, 1985) offered EAPs that included the services previously cited.

Internal or External Structures

EAPs vary in structure among organizations, depending upon such factors as size, location, philosophy, and employee characteristics. However, two basic structures of EAPs can be described: internal and external (Ford & McLaughlin, 1981; Hollmann, 1981; Kelvins, 1983; Kemp, 1985; Levine, 1985; Myers, 1984).

Internal EAPs are established within the company, with a staff of professionals who usually report to a company department such as the human resources or medical department. The internal EAP staff can range from one or two individuals to a full complement of psychiatrists, psychologists, physicians, nurses, lawyers, counselors, and social workers. Employees usually receive assistance from the EAP staff at no cost to the employee, as the staff are company employees.

In the external EAP, the company contracts with a community-based or privately run health care service and employees needing assistance are referred to these service providers. A pre-determined number of visits per employee, per problem, to the EAP providers are provided at no cost to the employees. These visits are usually set aside for assessment and limited counseling. If employees need additional assistance beyond the set number of visits, they may be responsible for part or all of the fee for needed

services, depending upon the health insurance coverage for such services.

Few "pure" internal or external EAPs exist, according to the results of a survey of 1,000 ASPA members conducted by Ford and McLaughlin (1981). Most of the EAPs in their study provided some internal and external services. Levine (1985), in a similar study of 100 human resource managers found that the most prevalent form of EAP was one where a few services were provided internally and the rest were offered externally by referring employees to resources outside the organization.

Regardless of the EAP structure, experts in the field have identified critical elements necessary for effective programming. These essential elements described in the literature by Busch (1981), Dickman and Emner (1982), McClellan (1985), McGaffey (1978), Myers (1984), and Wrich (1988) include the following: (a) written policies and procedures, (b) management support, (c) union support (if a union exists), (d) availability of comprehensive services, (e) insurance coverage for patient treatment, (f) assurance of confidentiality, (g) easy access to services, (h) supervisor training, (i) employee education, (j) professional leadership, and (k) follow-up evaluation.

The element of management support, particularly lower level management (i.e., first-level supervisors) warrants some elaboration, as it is essential to successful EAP

intervention (Foote & Erfurt, 1981; Gam et al., 1983;
Googins & Kurtz, 1980, 1981; Harrison, 1982; Johnson, 1985;
Kelvins, 1983; Kuzmits & Hammons, 1979; Perkins, 1978;
Roman, 1981; Wright, 1984). Wright (1984) stated that an
attitude of acceptance of the EAP on the part of employees
is "the cornerstone" of an effective EAP, and that the
attitude of the immediate supervisor is the most important
factor in employee acceptance. Wright further reported
that many employees "look up" to their supervisors and when
they give their approval, employees interpret this to mean
that the program is "all right." Kuzmits and Hammons
(1979) emphasized the importance of supervisors' ability to
relate to the troubled employee for creating a supportive
environment. Even though an atmosphere of acceptance and
support are important functions of the first-level
supervisor, sometimes personal and organizational factors
can facilitate or inhibit supervisors carrying out these
role functions. Googins and Kurtz (1981) in a study of 457
supervisors examined six domains of factors that serve as
inhibitors or facilitators to supervisors, referring
employees to OAPs. Employing discriminant analysis,
results yielded the following six items which best
discriminated between referring and non-referring
supervisors: years with the company, attitude held toward
the effectiveness and utility of the program, ability to
identify performance problems, knowledge of the company's

program, and relationship with their supervisors (higher

level supervisors). Referring supervisors who had been

with the company for a significantly longer period of time

saw the program as helpful, saw referring employees as part

of their job, were routinely involved with all types of

performance problems, had more knowledge of the program,

and were part of a network of information exchange in

dealing with problem workers.

EAP Referral System

There are three primary sources through which

employees are referred to the company's EAP; supervisory-

referrals, self-referrals, and peer-referrals.

Supervisory referrals. EAP interventions are based on

reduced, declining, or substandard job performance (e.g.,

excessive tardiness, unexcused absences, waste, accidents).

Supervisors, particularly first level supervisors, have the

responsibility of monitoring and evaluating subordinates'

performance. Supervisors also, by virtue of their

authority, can exercise sanctions to maintain normative

behavior (Foote & Erfurt, 1981; Googins & Kurtz, 1980).

These supervisory role functions place supervisors in a

unique situation to identify and refer the troubled worker

to the company's EAP.

Most companies rely heavily upon supervisor referrals

to their EAPs; they are the largest referral source (Ford &

McLaughlin, 1981; Kemp, 1985). However, although

supervisors are in a position to persuade employees to follow through on their referrals, very few companies make it mandatory for referred employees to use the company's EAP. What is required is that workers bring their performance up to an acceptable level or risk termination.

Self-referrals. Even though the legitimate basis for EAP intervention is poor job performance, employees experiencing problems and whose job performance is not an issue, also make use of EAPs. This is usually done through self-referrals or peer-referrals. Self-referrals at some companies outnumber supervisor-initiated referrals (Edwards, 1984; Employee Benefit Plan Review, 1985, 1986; Gam, Sauser, Evans & Lair, 1983; LaRock, 1984; Skidmore, Balsam & Jones, 1974). In companies where self-referrals do not outnumber supervisory-referrals, self-referrals make up the second largest referral source.

Peer-referrals. Although supervisory and self-referrals account for the majority of EAP referrals, a significant number of employees come in contact with their EAP through peers and co-workers who have either used the program themselves and are satisfied with the results, or have heard about the EAP and believe it to be useful (Edwards, 1984).

EAP Utilization

As more companies are implementing EAPs, the services offered through EAPs have become greater, and more referral

routes into EAPs have developed. It would be expected that a comparable amount of research be conducted. However, this has not been the case. After reviewing the literature on counseling in industry, Cairo (1983) reported that the literature is comprised of practitioner-oriented magazines "dominated by articles which either provide superficial descriptions of unevaluated programs or purport to offer 'how-to-do-it' suggestions" (Cairo, 1983, p. 16). A similar situation exists with EAPs; little research has been conducted on their effectiveness (Dickman & Emener, 1982; Gam, Sauser, Evans & Lair, 1983; Ford & McLaughlin, 1981; Kemp, 1985; LaVan, Mathys & Drehmer, 1983).

A primary measure for evaluating the effectiveness of an EAP is utilization (Braun & Novak, 1986; Hall & Fletcher, 1984). Utilization refers to the proportion of employees in a company who make contact (i.e., telephone calls, face-to-face sessions) with the company's EAP, to the total population of employees in that company. Hollmann (1981) stated that there is a need for research that addresses the questions of who is using EAPs and if employees are not using the program, why not?

Some research on EAP utilization has been conducted. The existing literature concerning EAP utilization has taken essentially one of three primary forms: (a) the type and percentages of problems presented by employees using

EAP services; (b) the characteristics of EAP clients; and
(c) the attitudes held by employees using EAP services.

Type and Percentage of Problems

A delineation of the types and percentage of problems
typically encountered by employees making use of EAPs has
been presented previously in this chapter under the
discussion of the EAP services, and therefore will not be
treated again here.

Characteristics of EAP Clients

In terms of characteristics of employees utilizing
EAPs, analyzed data point to some relatively consistent
findings. The majority of EAP participants are female
(Dickman & Emener, 1982; Featherston & Bednarek, 1981; Gam,
Sauser, Evans & Lair, 1983; Johnson, 1985; LaRock, 1984),
high school educated and beyond (Dickman & Emener, 1982;
LaRock, 1984) under 50 years old (Dickman & Emener, 1982;
Gam, Sauser, Evans, & Lair, (1983), and white (Gam, Sauser,
Evans, & Lair, 1983). Johnson (1985) developed a summary
profile of EAP clients of three eastern cities that
presented a different picture of EAP participants than that
found in the previously cited studies. EAP clients from
the three cities tended to be black, male, and blue collar
workers. The percentage of black, male, and blue collar
EAP clients, according to Johnson, is disproportionate when
compared to each city's total workforce. Johnson's
explanations for the occurrence of the disproportionate

number of black, male EAP clients included: (1) white supervisors tend to identify black rather than white employees as troubled (racism); (b) blacks more frequently experience problems that interfere with job performance; and (c) supervisors of blue collar workers (blacks are more likely to occupy blue collar jobs) have a greater likelihood to make EAP referrals than supervisors of non-blue collar employees. Johnson suggested further examination of differential support of EAPs according to supervisory level and job status.

Employees' Attitudes About EAPs

Studies on employees attitudes regarding their company's EAP suggest that there are significant factors influencing EAP utilization. Dickman and Emener (1982) surveyed perceptions of employers regarding their EAP. Eighty-seven percent found the EAP providers helpful, 91 percent felt the providers were trustworthy, 46 percent stated they would not have or probably would not have sought assistance on their own if the company had not had an EAP, and 84 percent would recommend a co-worker to the company's EAP if they knew he/she had a problem.

Braun and Novak (1986) studied employee attitudes, beliefs, and feelings that contributed to EAP utilization and non-utilization. The researchers mailed questionnaires to 498 United States and Canadian EAP directors. With a 29 percent response rate, 469 attitudes, beliefs, and feelings

were identified as being held by non-utilizing employees
with the following being the most frequently cited:
(a) denial of problem or need for services; (b) self-
reliance; (c) use of EAP would devalue oneself; (d) EAP is
for others, not for them; (e) EAP is not confidential; (f)
lack of understanding of how to use EAP services; (g)
resistant, not open to change; (h) supervisors support non-
utilization; and (i) use of program would jeopardize career
and/or job. They further reported that the most frequently
listed attitudes, beliefs, and/or feeling that contribute
to EAP utilization were: (a) trust in EAP services; (b)
open to change; (c) peer had been helped by program; (d)
free and convenient; (e) supervisors support utilization;
(f) alternative to job loss; and (g) recognition of need
for help. Although not cited as frequently as those above,
the following additional categories were listed as
contributing to program utilization: (a) perception that
program use does not jeopardize cne's career, (b) a belief
that asking for help is okay, (c) a lack of other
resources, (d) positive prior experience in seeking
assistance, (e) fear of loss of family member or
significant other if help is not sought, and (f) fear that
co-workers will discover that he/she has a problem if help
is not sought.

In a two-part questionnaire mailed to a random sample
of 1,000 American Society for Personnel Administrators

members, respondents were asked questions regarding their perceptions of the willingness of different employee groups to use the EAP, whether they felt their employees believed using the EAP would hurt their careers, and how effective they believed the EAP to be (Ford & McLaughlin, 1981). The data indicated that respondents believed their employees were willing to use EAP services. However, the authors noted changes in the percentages across job levels in the organization, indicating that willingness to use EAPs increases as you go progressively lower in the employee ranks. On a five-point scale, 62 percent of the respondents said they disagreed or strongly disagreed, 29 percent were neutral, and 10 percent agreed with the statement that using the EAP would hurt their careers.

To measure program effectiveness, Ford and McLaughlin (1981) asked the respondents to rate the effectiveness of several types of EAP services. Data from the question indicated that alcohol rehabilitation, drug abuse programs, and emotional, marital, and family counseling were considered the most effective EAP services. Respondents expressed more uncertainty about career, financial, and legal counseling services.

The effectiveness of the EAP at a major oil company was investigated, where 90 percent of the 600 employees who had used the program responded (Klarveich, DiGiuseppe, & DiMattia, 1987). Results from the study indicated that 75

percent of the respondents found the EAP to be very helpful, 14 percent somewhat helpful, and 12 percent not helpful in solving their problems.

Methodological Weaknesses of EAP Utilization Research

The studies on EAP utilization cited in the previous section contain several weaknesses that seriously threaten generalizability. The internal studies conducted by Gam et al., (1983) at Russell Corporation; Dickman and Emener (1983) at Anheuser-Busch in Tampa, Florida; LaRock (1984) at the Pentagon; and Featherston and Bednarek (1981) at a non-profit hospital, provided data on characteristics of EAP clients that need to be viewed cautiously, given the limited information regarding the composition of these companies. It cannot be determined whether the employee composition of these companies reflect the general population of employed individuals. Therefore, external validity is significantly reduced in the studies. Likewise with the Johnson (1985) study of EAP client characteristics of municipal employees in three eastern cities, the general population of cities vary from region to region and also from city to city within a given region, thereby affecting the composition of their municipal employees. The profile provided by these results can only be generalized to cities with similar population characteristics.

Braun and Novack (1986) in their survey of personnel managers regarding their perceptions of their employees'

attitudes, beliefs , and feelings relevant to their EAP and Ford and McLaughlin (1981) in their survey of EAP directors relevant to their views on employee EAP utilization, in both cases, had low response rates (29 percent and 51 percent, respectively), no description of non-respondents was provided, and indirect sources were surveyed for obtaining their data. One would expect these results to be somewhat favorably biased, since responses were made by those responsible for administering the EAP.

In the studies conducted by Gam et al., (1983, Dickman and Emener (1983), LaRock (1984), Johnson (1985), and Featherston and Bednarek (1981), data were collected from employees who had utilized EAP services. These studies only describe the characteristics of those employees using the EAP. The studies do not describe the factors influencing the decision to utilize the EAP service, nor do they address the fact that there may be employees with need for EAP services who do not utilize the services.

Despite their methodological problems, the studies when considered together provide a profile of those who utilize EAP services. Relevant factors such as gender, race, age, length of service, educational level, and job level or categories were persistent themes in the literature. Confidentiality, perceived helpfulness of EAP services, convenience of EAP, supervisor's attitude toward EAP, and perceived sanctions for using EAP services were

suggested in the literature as influencing EAP utilization.
Also, other factors seem to have a direct effect on EAP
utilization: recognition of need for help, attitude toward
asking for help, and positive prior experience in seeking
help.

In general, research in the area of EAP utilization is
in its infancy. More sophisticated empirical study and
theory based research are needed before hypothesized
relationships can be presented.

There exists however, an extensive body of literature
on utilization relevant to social services in general
(Brown, 1978; DePaulo & Fisher, 1980; Nadler & Porat, 1978;
Tessler & Schwartz, 1972; Vaux, Burda & Stewart, 1986) and
to specific types of services (Andersen & Newman, 1973;
Berkanovic & Reeder, 1974, Gove & Swafford, 1981; Horwitz,
1977; Tessler, Mechanic & Dimond, 1976). This research can
be useful in understanding EAP utilization. This body of
literature will be reviewed below.

Factors Affecting Utilization of Social Services

Several studies have examined factors believed to have
an influence on utilization of Social Services. These
different factors can be categorized into six major
domains: (a) socio-demographic, (b) economic, (c)
geographical, (d) socio-psychological, (e) socio-cultural,
and (f) organizational. These domains are based on the
taxonomy used by McKinlay (1972) to classify approaches

used by researchers for studying the concept of
utilization. The following review of utilization
literature is organized following McKinlay's taxonomy.

Socio-Demographic Factors

Several socio-demographic factors have been examined
relevant to their relationship to utilization of mental and
physical health services. Among those most frequently
cited in the sociological and psychological literature are
gender (Berkanovic, Telesky & Reeder, 1981; Butler,
Giordano, & Neren, 1985; Gourash, 1978; Gove & Swafford,
1981; Gove and Tudor, 1973; Greenley & Mechanic, 1976;
Kessler, 1981; Kessler, Brown & Broman, 1981; Kirarly,
Couton, & Graham, 1982; Muller, 1986; Russo & Sobel, 1981;
Shapiro et al., 1984; Sharp, Ross & Cockerham, 1983; Wan &
Soifer, 1974), race (Brown, 1978; Gourash, 1978; Rosenblatt
& Mayer, 1972; Sharp, Ross & Cockerham, 1983), age
(Berkanovic, Telesky & Reeder, 1981; Brown, 1978; Gourash,
1978; Nelson & Barbaro, 1985), education (Gourash, 1978;
Nelson & Barbaro, 1985; Rosenblatt & Mayer, 1972), and
income (Berkanovic, Telesky & Reeder, 1981; Bice, Eickhorn
& Fox, 1972; Ludwig & Gibson, 1969; Rundall & Wheeler,
1979). These factors will be discussed separately.

Gender. The literature is replete with studies on
gender and utilization (Berkanovic, Telesky & Reeder, 1981;
Gourash, 1978; Gove & Swafford, 1981; Gove & Tudor, 1973;
Kessler, Brown & Broman, 1981; Russo & Sobel, 1981).

Berkanovic, Telesky, and Reeder (1981) analyzed data from a study that examined whether medical help was sought for symptoms. Using hierarchial multiple regression, gender was found statistically significant. Females were more likely to have utilized physician services for symptoms than men. Gourash (1978) found that women, more than men, sought help for troublesome events from self-help groups and professionals. Gove and Tudor (1973) examined the relationship between adult sex roles and mental illness using data from a variety of psychiatric treatment settings. The data indicated that married women had a higher incidence of mental illness and utilization than married men. Russo and Sobel (1981), citing data from a study by Rosenstein and Milazzo-Sayre, found dramatic differences in the utilization pattern of men and women for mental health services. Women were found to be overrepresented as patients in private mental hospitals, community mental health centers, general hospital inpatient units, and outpatient psychiatric facilities. Kirarly, Couton, and Graham (1982) investigated the perceived willingness of family practice patients to seek help for personal problems and the relationship between willingness to seek help and demographic characteristics. Using a sample of 145 patients, findings suggested that the only characteristic affecting willingness to seek help was gender. Women were significantly more willing to seek help

than were men. The researchers urged caution in generalizing these results since their sample was not representative of the family practice population.

Data from a probability sample of 3,500 non-institutionalized persons age 18 years and older were examined relevant to utilization of health and mental health services (Shapiro, Skinner, Kessler, VonKorff, German, Tischler, Leaf, Benham, Cottler, & Regier, 1984). Findings from the study indicated that women with DSM-III diagnosis sought help for their emotional problems more frequently than did men. In a study investigating socio-cultural and attitudinal profiles for those seeking help for psychological problems, data from a random sample of 1502 university students indicated that students utilizing psychiatric services were significantly more likely to be women (Greenley & Mechanic, 1976).

Wan and Soifer (1974), using data obtained from a household survey of five New York and Pennsylvania counties, employed path analysis in an effort to examine relationships between predisposing, enabling, and need for care factors, and physician utilization. Results suggested that the predisposing factor of gender was an important determinant of physician utilization. Females used more physician services than did men. Butler, Giordano, and Neren (1985) found among 100 graduate students at an eastern university that, compared to male subjects, female

subjects had requested significantly higher levels of assistance for stressful events during the previous year. Kessley, Brown, and Broman (1981) after examining separate stages of the three-stage help-seeking process proposed by Kadushin (1969), found that women had more problems than men and also had a tendency to seek psychiatric help at a higher rate than men with comparable emotional problems. Gove and Swafford (1981) concurred with these findings. However, Gove and Swafford maintained that Kessler et al., misspecified their model. They contended that after controlling for the severity of the problem, women did not have a greater propensity to seek psychiatric help. In response to Gove and Swafford's criticism of their study, Kessler (1981) admitted errors in the statistical analyses; however, he maintained that the errors had no bearing on the findings reported. Kessler offered an updated interpretation of their findings, saying "that women are more likely than men with comparable problems to seek psychiatric help, but that this tendency is particularly evident among people who are suffering from serious, but not extreme levels of distress" (Kessler, 1981, p. 1296).

The differential utilization pattern between the sexes seems to exist within subpopulations. Neighbors and Jackson (1984) conducted a national survey of black Americans, focusing on four patterns of informal and formal help. Results from the study revealed that black women

were more likely than were black men to seek both informal
and professional help.

Race. The utilization of services also has been found
to be related to race (Brown, 1978; Gourash, 1978; Hulka,
Kupper, & Cassel, 1972; Neighbors, 1985; Rosenblatt &
Mayer, 1972). Gourash (1978) found a pattern in the
literature which revealed that whites utilize services at a
higher rate than blacks. Hulka, Kupper, and Cassel (1972)
interviewed a probability sample of low-income households
in Raleigh, North Carolina, in a effort to identify the
determinants of physician utilization in response to
illness. Race was found to be an important discriminator
between physician utilization and non-utilization. Blacks
were less likely than whites to seek medical help. In a
similar study, Brown (1978) compared a group of urban help-
seekers with non-help seekers. Blacks with less education
(i.e., high school and below) were less likely than whites
to seek help. Neighbors (1985) investigated the impact of
personal problem definition using a national sample of
black Americans. Results indicated low usage of the mental
health sector in response to problems (9%); less than half
(48%) sought some type of professional assistance.
Compared to utilization rates cited in the Veroff, Kulka,
and Douvan (1981) study, Neighbors (1985) found that blacks
do not utilize mental health resources for personal
problems at the same rate as whites. Among women,

Rosenblatt and Mayer (1972) found that white women were more likely to use the help of professionals than black women. They further reported that at all educational levels, more professionals were found in the helping circles of whites than blacks.

Age. The literature generally supports age as a significant utilization factor (Berkanovic et al., 1981; Brown, 1978; Gourash, 1978; Neighbors & Jackson, 1984; Nelson & Barbaro, 1985; Shapiro et al., 1984; Wan & Soifer, 1974). Gourash (1978) found that younger individuals seek help from self-help groups and professional resources more often than older individuals. Nelson and Barbaro (1985) found that older people were less receptive to the idea of counseling, with those over 55 the most resistant. Brown (1978) also found that individuals over 60 years of age, when compared to individuals 40 and 50 years of age, were less likely to seek help for their problems. Persons 18 to 25 years old were less likely than persons 25 to 65 years old to seek help for emotional problems (Shapiro et al., 1984). However, results from a national survey of black Americans indicated that older respondents were less likely than younger ones to seek informal help only (Neighbors & Jackson, 1984). Neighbors and Jackson (1984) found that there was no significant difference between younger and older respondents in their use of professional help. Contrary to the studies cited above, results from

studies conducted by Wan and Soifer (1974) and Berkanovic et al., (1981) suggested that older individuals were more likely to utilize doctors' services than younger individuals.

Several factors may be operating to produce the conflicting findings regarding the role of age in utilization of services. First, age seems to interact with types of service utilization. Older individuals appear to utilize medical services at a higher rate than younger ones, but tend to utilize services from the mental health sector at a lower rate than younger individuals. It is difficult to determine if the disproportionate use of medical services by older persons is a function of greater propensity or health status. It is reasonable to think that since physical health tends to worsen with age, higher utilization of medical services may be the result of poorer health level.

Conflicting results from studies on age and utilization may also stem from the arbitrary intervals in age scales, resulting in a lack of uniformity in the age measure. Consequently, comparisons among studies are difficult and not very meaningful.

McKinlay (1972) noted that the use of socio-demographic factors in the study of utilization has some merit, yet these factors fail to differentiate between those who utilize services and those who do not. He

recommended that researchers go beyond studies that rely on socio-demographic factors only to the examination of the characteristics of utilizers and non-utilizers.

Education and income. The relationship between utilization and education and income as separate factors (Bice, Eickhorn, & Fox, 1972; Escovar & Kurtines, 1983; Gortmaker, Eckenrode, & Gore, 1982; Gourash, 1978; Greenley & Mechanic, 1976; Kulka, Veroff & Douvan, 1979; Nelson and Barbaro, 1985; Rundall & Wheeler, 1979; Rosenblatt & Mayer, 1972) and as joint factors (Fischer & Cohen, 1972; Kulka, Veroff & Douvan, 1979; McBroom, 1970) has been examined. When education and income are considered together (i.e., socio-economic status), the literature suggested that the once held inverse relationship to utilization has diminished over the past twenty to thirty years (Fischer & Cohen, 1972; Kulka, Veroff & Douvan, 1979; McBroom, 1970). The socio-economic class of individuals had no substantial linear relationship to utilization.

Examining income and education separately, differences in the utilization of some types of services can be found. Help seeking experiences among 5,600 women from different educational and racial groups were analyzed, indicating that as people become more educated they are more likely to seek professional help for their problems (Rosenblatt & Mayer, 1972). Nelson and Barbaro (1985) used a telephone survey of 5,406 subjects to assess the general public's

attitude regarding mental health services. They found that education and age were major factors influencing the decision to utilize services. Gourash (1978) found a "certain predictability" rise in help-seeking patterns for professional services; educated, young, white, middle-class, and females utilized self-help and professional services more often than did those with less than high school education, males, minorities, the aged, and working lower classes. Escovar and Kurtines (1983) found, however, in their examination of service utilization patterns among 88 non-institutionalized elderly hispanics, that lack of education was not predictive of service utilization.

Kulka, Veroff and Douvan (1979) analyzed data from studies conducted in 1957 and 1976 and noted differences in the use of psychiatrists and psychologists based on education and income of individuals. More educated and middle-class individuals made greater use of psychiatrists and psychologists than did less educated (i.e., high school or less) and low-income individuals. University students utilizing psychiatric services were significantly likely to be women and have fathers with more education and higher-status occupations (Greenley & Mechanic, 1976). Gortmaker, Eckenrode, and Gore (1982) collected data from a random sample of 356 women with children in a study investigating the effects of stress and social support on utilization of

primary health care services. Results reveal that education of the mother predicted variation in utilization.

Rundall and Wheeler (1979) interviewed 781 adult residents of a county in Michigan, in an attempt to explain the effect of income on use of physicians' service for preventive care. Analysis of the data revealed negligible direct effect of income on preventive care (financial constraint), and a positive indirect effect through perceived susceptibility to illness and usual source of care. Wan and Soifer (1974) also found no direct effect of income on physician utilization. Bice, Eickhorn, and Fox (1972), examining data from several national surveys on utilization of physicians' services, found the relationship between income and use of physician services had changed over the past 40 years. Low income individuals were shown to utilize physicians' services at higher rates than in the past.

Economic Factors

The cost of services (financial barrier) has been a focus of research on utilization. The role of cost seems less clear than some other socio-demographic factors in predicting service utilization, notably race and gender. Research suggests that use of services is highly related to the price of services (Berkanovic, Telesky & Reeder, 1981; Bice, Rabin, Starfield & White, 1973; Ludwig & Gibson, 1969), particularly among lower income levels. Wan and

Soifer (1979) found that average cost per physician visit
and insurance coverage had a direct effect on the use of
physicians' services. The higher the cost the lower the
use of physician services. Stefl and Posperi (1985)
examined the relationship between health need, utilization,
and accessibility using data from community telephone
surveys conducted during 1980 to 1982. Access was viewed
in terms of multiple factors serving as barriers to seeking
mental health services. Four barriers were defined:
availability (i.e., awareness and location), accessibility
(i.e., ease of getting to services), acceptability (i.e.,
issues of stigma), and affordability (i.e., cost of
services). Findings from the study revealed that
affordability was the dominant barrier. Other research
indicated that cost of services had no significant
influence on whether individuals utilized a service (Bice,
Eickhorn & Fox, 1972; Monteiro, 1973; Nelson & Barbaro,
1985; Rundall & Wheeler, 1979). Data from studies on the
relationship between utilization of services and cost of
services tend to suggest an indirect instead of direct
effect of income on utilization. Also, intuitively, it
would seem that when cost considerations are the same,
individuals would differentially utilize services based on
the type of service.

Geographic Factors

The relationship between geographical proximity of services and utilization has been the focus of a considerable amount of research (Penchansky & Thomas, 1981; Stefl & Posperi, 1985; Weiss & Greenlick, 1970; White, 1986). Penchansky and Thomas (1981) defined geographical proximity as the relationship between location of services and location of clients. Employing Penchansky and Thomas' (1981) definition, Stefl and Posperi (1985) found accessibility to be a major barrier to the utilization of mental health services. White (1986) presented data indicating that travel distance was a significant factor in predicting utilization of community mental health services. As distance increased, utilization decreased. A study conducted by Weiss and Greenlick (1970) that examined the effect of social class and distance of medical services on medical utilization indicated, however, no consistent association between increasing distance and decreasing medical care contact across the social classes.

Social-Psychological Factors

There exists considerable data suggesting that social-psychological factors play a significant role in utilization. Several key factors relevant to utilization emerge in the literature: (a) perceived need for services, (b) perceived severity of need for services, (c) attribution of need for services, (d) perceived efficacy of

services, and (e) previous use of services. These factors
will be discussed separately.

Perceived need for services. Problem recognition is a
factor repeatedly suggested in the literature as having a
direct relationship to utilization. Andersen and Newman
(1973); Gurin, Veroff and Feld (1960); and Gross and
McMullen (1982) conceptualized different models for viewing
the utilization of various types of services. The first
step in each of these models consists of perceiving a
problem (i.e., recognize a symptom and define it as a
problem). Wolinsky (1978) using the Andersen and Newman
model with data from 1971, 1972, and 1973 Health Interviews
Survey found that most of the explained variance in their
analysis were attributable to the illness morbidity
characteristics, which covers the area of perceived need.
Rundall (1981) maintains that most of the explanatory power
in the behavioral models of physician utilization can be
found in the need concept. Tessler, Mechanic and Dimond
(1976) tested the hypothesis that psychological distress
was causally related to physician utilization, where the
results indicated a positive relationship between distress
and physician utilization. Greenley and Mechanic (1976)
found, among a random sample of 1,502 university students,
that the degree of psychological problems had an effect on
the use of psychiatric services, counseling services,
clergymen, medical services, and other formal helping

services. The effect of psychological distress was maintained even after the effect of other variables were controlled. Tanner, Cockerham and Spaeth (1983) created a variable called the respondent evaluated symptom (RES) that measured the presence of symptoms and the evaluation of the need for medical services based on symptoms. The RES was tested relative to its effect on physician utilization, with results indicating that the RES variable was a relatively strong predictor of physician utilization. They found a positive linear relationship between evaluated need for medical service and physician use.

Analyzing data derived from a study where 2,264 adults were interviewed, Veroff (1981) found that both men and women who experience the feeling that they were going to have a nervous breakdown were more likely to seek help than those who had not; however, this relationship did not hold uniformly for men and women. Results from a study conducted by Wan and Soifer (1974) suggested that the need for care variable had the strongest direct causal effect for predicting physician use. More physician utilization was found among households with persons having one or more health disorders. Greenley and Mechanic (1976) found, among a random sample of university students, that reported symptoms and problem levels were generally more important than social characteristics in differentiating between users and non-users of psychiatrists, counselors, and

clergymen. Gortmaker, Eckenrode, and Gore (1982) also found that the best single predictor of primary health care services was the presence of a symptom(s). Sharp, Ross, and Cockerham (1983), explored the culture of poverty perspective, which suggested that beliefs of disadvantaged groups such as the lower class and minorities blocked their use of physician services. They found that not attitudes alone, but attitudes in combination with symptoms had an effect on the utilization of physician services.

While problem recognition is suggested as an important factor in utilization behavior, the ways subgroups of individuals recognize problems seemed to differ. Horwitz (1977) examined gender differences in the definition and response to symptoms using data collected from interviews with 120 patients at a community mental health center. Results indicated that women in treatment were more likely than men to recognize perceived psychiatric problems. Similarly, Kessler et al. (1981) found that women more readily than men interpreted generalized feelings of distress into specific problems. As a result, women experienced psychological problems and utilized psychiatric services at a higher rate than men.

Severity of need. The Gross and McMullen (1982) help-seeking model indicates that individuals must define their problems as relevant for action by their culture. Several researchers have indicated the importance of perceiving a

problem as serious enough for action in the utilization of services (Berkanovic et al., 1981; Brown, 1978; Jones, Weise, Moore & Haley, 1981; Neighbors, 1984; Safer, Tharps & Jackson (1979); Tanner et al., 1983; Veroff, 1981). Tanner et al., (1983) found a person's own evaluation of the necessity for medical care for symptoms experienced to be a strong predictor of physician utilization. Hulka, Kupper, and Cassel (1972) found perceived seriousness of the problem to be among important discriminators between physician utilization and non-utilization. They found that 39 percent of the individuals reporting serious complaints sought help compared to 10 percent of the individual reporting less serious complaints. Safer, Tharps, and Jackson (1979) completed interviews with 93 patients from four clinics in a large inner-city hospital in an effort to determine factors that delayed the seeking of medical care. Delay was divided into three states: (1) appraisal delay, (b) illness-delay, and (c) utilization delay, and results revealed that utilization delay was briefest for persons who perceived their symptoms to be severe (painful symptoms).

Jones, Weise, Moore, and Haley (1981), in an effort to understand the way symptoms are interpreted, factor analyzed a set of 45 symptoms. Three factors of perceived meaning of symptoms resulted from the analyses. The first factor was defined as the extent to which symptoms were

perceived as threatening, disruptive, and painful, which

accounted for 54 percent of the variance. Brown (1978)

compared a group of urban help-seekers with non-help-

seekers and found that intensity (i.e., number and type) of

problems faced by the individual successfully discriminated

help-seekers from non-help-seekers. More personal crises

were reported among help-seekers than non-help-seekers.

Berkanovic et al. (1981), using hierarchial multiple

regression, examined whether individuals sought medical

help for their symptoms, and found that the best

predictors were perceived efficacy of care and perceived

seriousness of symptoms.

Problem attribution. Another factor influencing

utilization of services is the way in which individuals

attribute the causes of their problems. More

specifically, whether individuals perceive that their

problems are internally caused (i.e., personal disposition)

or externally caused (i.e., environmental) (Fisher, Nadler

& Witchner-Alagna, 1982; Johnson & Sarason, 1978; Veroff,

1981). Tessler and Schwartz (1972) examined the effect of

problem attribution on help utilization, using 48 female

undergraduates. They suggested that if subjects perceived

they were performing poorly on a social judgment task and

believed that many others were also, these individuals

would attribute their difficulty to external factors. On

the other hand, subjects perceiving that they were

performing poorly and perceived only a few others were also performing poorly would attribute their difficulty to internal factors. They hypothesized that if an internal attribution was made, lower utilization of help would be observed. The hypothesis was supported. Utilization of help was significantly higher when failure was attributed to external factors rather than to self. Similarly, Gross, Wallston, and Piliavin (1979) suggested that utilization would be less when attribution was made internally. Negative feelings associated with utilizing Aid to Families with Dependent Children (AFDC) services were examined in a sample of 210 new female AFDC clients, using a 2 (client/worker-initiated) by 2 (separate/combined aid and service) factorial design. Gross et al., (1979) suggested that when aid had to be requested, it promoted an internal attribution for inadequacies. Results revealed that more help was utilized when aid was offered than when it had to be requested. Nadler and Porat (1978), in a study conducted in Israel, found that individuals with needs that were attributed to external factors utilized more help than other subjects. However, the condition of anonymity had to be present. Jones et al., (1981) found that familiarity of symptoms and the perceived personal responsibility for their occurrence was a principal factor in the way meaning is given to symptoms, emphasizing again the importance of attribution. Sandler and Lakely (1982) investigated the

effects of locus of control belief (i.e.,

internality/externality) on social support mobilization.

They found for 93 college undergraduates (52 internals, 41

externals) that externality was positively related to the

quantity of support received. Eckenrode (1983), however,

found in a sample of 308 women, that mobilization of social

support for internals was greater than for externals.

Fischer and Turner (1970), in the development of an

attitude scale on orientations toward seeking professional

help found that externals tended to express negative

attitudes toward seeking help. They contended that

individuals with a positive attitude toward utilization

would not be externals, since belief in getting help is to

accept some control of one's life, a characteristic

generally not associated with external attribution.

Despite conflicting findings, research indicated that the

attribution construct has important implications for the

study of utilization and that more utilization tends to

occur when individuals attribute their problems to external

forces.

Efficacy of social services. Perceived efficacy of

help has been shown to influence utilization (Berkanovic et

al., 1981; Eckenrode, 1983; Ludwig & Gibson, 1969; Safer et

al., 1979; Vaux, 1985). Veroff (1981) proposed that it was

necessary for people seeking help to have positive

expectations about the efficacy of that help. Mobilization

of social support was related to an individual's belief in the benefits of seeking help, independent of the number of supporters potentially available (Eckenrode, 1983). Safer et al., (1979) found that short utilization delay occurred when individuals believed that there was a cure for their symptoms (Safer et al., 1979). Ludwig and Gibson (1969) analyzed data collected from 705 social security benefits applicants, examining subjects' faith in the medical system. Employing the Medical-Scientific Orientation Index which espouses the belief that science will some day have a cure for almost everything, they found that the lower the medical-scientific orientation, the greater the proportion of individuals not utilizing medical services. Berkanovic et al., (1981) found perceived efficacy along with perceived seriousness of problems to account for the largest proportion of variance in individuals seeking medical help. In the study previously cited by Hulka et al. (1972), perceived efficacy successfully discriminated between users and non-users of physician services. Only 5 percent of individuals perceiving the doctor was not able to help them with their problems sought help, compared to 29 percent who perceived the doctor could help them.

Socio-Cultural Factors

Berkanovic and Reeder (1974) criticized the assertion that perceived symptoms and ability to pay were determinants of health service utilization and instead

offered that socio-cultural factors played a role in
determining utilization. Among the socio-cultural factors,
social network was suggested as a significant determinant
in utilization (Ball, 1983; Burke & Weir, 1975; Eaton,
1978; Gourash, 1978; Horwitz, 1977, 1978; McKinlay, 1972,
1973; Neighbors & Jackson, 1984; Salloway & Dillion, 1973;
Tolsdorf, 1976).

Social support network refers to the set of all others
(groups and individuals) with whom one has social
interactions and turns to for feedback and motivation (Lui
& Duff, 1972). The social support network concept comes
from the general theory of social impact, which suggests
that increases in the strength, immediacy, and number of
people who are the source of influence should lead to
increase in their effect on an individual (Latane', 1981).
Gourash (1978) delineated four ways in which members of a
social support network can affect utilization: (a) by
buffering the experience of stress which blocks the need
for help; (b) by providing assistance that precludes the
need for professional help; (c) by serving as screening and
referral agents to professional services; and (d) by
transmitting attitudes, values, and norms about
utilization.

Several social support network variables have been
investigated relative to their influence on utilization
(Tolsdorf, 1976). The structure (i.e., size, density) and

composition of the network are suggested to be important predictors of utilization (Berkanovic, Telesky & Reeder, 1981; Salloway & Dillion, 1973). Berkanovic et al. (1981) found that the greater the network size, the more contact reported in relation to symptoms, the more likely individuals had utilized physician services. In a study of the use of maternity clinics, McKinlay (1973) found that women whose social networks were composed primarily of family members tended to utilize pre-natal services less than women whose social networks were composed primarily of friends. Salloway and Dillion (1973) indicated in a study of health care utilization that friend networks facilitated utilization of health services while family networks impeded utilization. They pointed out that the larger the friend networks, the more frequent the interaction with them, and the more support available from them, the more utilization of health services occurred; the larger the family networks, the more frequent the interactions with them, and the more support available from them, the less utilization of health services occurred. Horwitz (1978), examining the role of kin and friend networks in psychiatric help-seeking, found that individuals who relied on friends for assistance utilized psychiatric services at a higher rate than individuals who sought the help of family members.

Individuals' perceptions of whether their needs have been met by their social support network are also related to utilization (Burda, Vaux & Schill, 1984; Horwitz, 1977; Salloway & Dillion, 1973). Horwitz (1977) analyzed data from 120 patient interviews, with results indicating that persons with strong support from family networks delayed or inhibited utilization of psychiatric services, while individuals with little support from family networks more readily utilized these services. Horwitz offered the explanation that relatives tended to offer "lay" solutions and friends gave referrals to professional helpers.

Differences in the composition and function of social support networks seem to vary along demographic characteristics (Ball, 1983; Burda, Vaux & Schill, 1984; Burke & Weir, 1974; Horwitz, 1977; Neighbors & Jackson, 1984, Veroff, Kulka & Douvan, 1981). Veroff, Kulka and Douvan (1981), in a study analyzing the way Americans sought help for mental health problems, found that women and educated individuals were more likely to have larger networks, young more so than older people used informal help. Horwitz (1977), in a study of 120 patients at a community hospital, found that women had larger networks than did men, and after controlling for network size, women were twice as likely as men to consult with network members regarding their problems. Men revealed their problems to their spouses. Ball (1983) found that with low income

blacks, women made contacts with their support network more frequently than men. Burke and Weir (1975), in a study investigating who individuals sought for help, found that men sought the help of family, except for their spouses, for work and non-work related problems significantly less than did females. They also found that females' friend networks consisted of same-sex individuals more than males' friend networks. Nelson and Jackson (1984), in a survey of black Americans, found that women were more likely than men to seek informal help. Burda, Vaux and Schill (1984), in a study of sex and sex roles on social support networks of college students, found that females reported significantly larger networks, which were composed of individuals seen as more similar to self. Results from this study also indicated that females perceived their social networks to be more supportive than did males.

Organizational Factors

Organizational variables have been found to have an effect on utilization. The presence of the conditions of anonymity and confidentiality (Nadler & Porat, 1978; Shapiro, 1978) were positively related to individuals seeking more help than when these conditions were not provided. When individuals perceived that utilizing services would reflect on their competence (DePaulo & Fisher, 1980; Gross, Wallston & Piliavin, 1979) and would result in an unfavorable change in helpers' evaluation of

the help-seeker (Gross, Wallston & Piliavin, 1979), the likelihood of utilization of services was greatly reduced. Zola (1964) found that the presence of sanctioning and perceived threat to vocational or avocational activities were "triggers" which impelled individuals to seek medical help instead of symptoms themselves.

Summary of Utilization Research

Data from studies on utilization of EAPs and social services, in general, suggest the importance of several factors. These factors can be viewed from six major domains: socio-demographic, social-psychological, economic, geographical, socio-cultural, and organizational.

Research on socio-demographic characteristics and utilization has indicated important relationships among the following six factors: gender, race, age, educational level, income level, and job category. It is generally held that women, whites, younger, educated (i.e., beyond high school), and individuals in higher income levels utilize social services at higher rates than men, blacks, older less educated (i.e., high school education and below) and individuals in lower income levels. The role of job category to EAP utilization and utilization of other social services is essentially reversed. Individuals with higher status jobs tended to utilize social services at a higher rate than lower status job holders. However, individuals within the lower organization ranks, particularly blue

collar workers, were found to utilize EAP services at higher rates than individuals higher in the organizational hierarchy. The unique structure and purposes of EAPs relative to other social services may be attributable to these findings.

Studies on utilization from a social-psychological perspective revealed that problem recognition, perceived problem severity, problem attribution, perceived efficacy of services, and previous use of services were directly related to utilization. Individuals who recognized a symptom(s) and defined it as a problem, who defined their problem(s) as relevant for action, who attribute the cause of their problem(s) to circumstances outside of themselves (external locus of control), and who believed that use of services would result in ameliorating their conditions, were more likely to utilize professional services than individuals who did not perceive themselves as having a problem(s) serious enough for seeking help, who attributed their problem(s) to their own actions (internal locus of control), and who perceived that use of services would not be helpful. It was also found that individuals who had used a service previously were more likely to utilize that type of service again than were individuals who had not previously used a service.

The cost of services (i.e., economic factor) and location of service (i.e., geographical factor) were shown

to be related to utilization. However, their relationship was not systematic, indicating an indirect effect of cost and geographical proximity of services to utilization.

From a socio-cultural approach, the role of social support networks was suggested to have a significant effect on utilization. Social support networks are individuals and/or groups to whom individuals turn to for assistance (i.e., advice, money, motivation) during a personal crisis. Social support networks both facilitated or inhibited the use of professional services, depending upon such network characteristics as composition (i.e., family, friend), size and complexity (i.e., number of network members having contact with each). In general, individuals with social support networks that were large, consisting mainly of friends, and where friends know each other, tended to seek professional help more often than either of the following situations: individuals with small networks, consisting mainly of friends who do not know each other; individuals with large family networks where members communicate with each other. The perception of whether one's network is supportive (i.e., perceived social supported) also played a role in utilization of professional services. Perceived social support from friend networks resulted in more use of professional help than perceived social support from family networks.

In terms of organizational factors, both EAP and social service utilization research indicated that confidentiality, perceived sanctions for using services, and individual perceptions of psychological cost of seeking help were related to utilization. More services were utilized when individuals believed their use of services were kept confidential, when threats of negative sanctions affecting careers were not present, and when use of services did not affect individual's self-image or psychological well-being.

Models of Utilization

Several utilization models from a variety of disciplines have been developed to explain the factors that influence utilization of a variety of social services. Particularly, numerous health services utilization models have been developed (Andersen & Newman, 1973; Antonovsky, 1972; Berkanovic, Telesky & Reeder, 1981; Hershey, Luft & Gianoris, 1975; Mechanic, 1978; Poole & Carlton, 1986; Tanner, Cockerham & Spaeth, 1983).

Models of Health Service Utilization

Andersen and Newman (1973) developed a multivariate model to predict utilization of health services which included the following three major components of independent variables: (a) predisposing, (b) enabling, and (c) need. The predisposing component consisted of socio-demographic factors and attitudes and beliefs regarding

health care. The enabling component refers to conditions that facilitated or impeded the use of services and include such factors as family income and health insurance coverage. The need component refers to perceived and evaluated need for services.

The Andersen and Newman (1973) model has been widely used, yet has been the object of criticism. The three components were said not to be independent of one another (Rundall, 1981) and the need component does not include the individual's own evaluation of symptoms (Tanner, Cockerham, & Spaeth, 1983).

Antonovsky (1972) suggested a model of physician utilization that focused primarily on socio-cultural and social-psychological factors. Specifically, Antonovsky's model included host characteristics (client/patient), the agent (medical situation), and the environment (the structure and value system relevant to health concerns). This model included the aspect of self-evaluated need that was not found in the Andersen and Newman (1973) model. However, Antonovsky used data to support this model from a sample consisting exclusively of native Israeli subjects. One might reason that Israel would be significantly different from the United States.

Hershey, Luft, and Gianoris (1975) offered a health care utilization model consisting of five dependent

variables based on different aspects of physician visits, and the following five groups of independent variables: per capita income, demographic information, other enabling measures, attitudes, and health status. The independent variables reflected an expansion of factors from the Andersen and Newman, (1973) and Antonovsky (1972) models. Hershey et al. (1975) recommended using expanded sets of variables in the examination of health care utilization in an effort to include all relevant variables in order to avoid misspecification and resulting biased regression results.

Mechanic (1978) proposed a process, social psychological model based on the premise that illness response is culturally and socially learned behavior. Mechanic's model consisted of the following 10 determinants: (a) appearance and recognition of symptoms, (b) perceived severity of symptoms, (c) the extent to which symptoms disrupt vocational, family, and avocational activities, (d) frequency and duration of symptoms, (e) tolerance level for symptoms, (f) knowledge and assumptions regarding illness, (g) basic needs, (h) competing responses with illness responses, (i) competing interpretations to recognized symptoms, and (j) availability and physical proximity of treatment resources and psychological and financial costs of responding to illness.

Mechanic's (1978) model is comprehensive and provides a processual depiction of decision-making in utilization of health services. However, Rundall (1981) suggested that Mechanic failed to show the manner in which the 10 determinants of health services utilization interact with each other. Leaf and Bruce (1987) similarly recommended that utilization models include main and interactive effects.

Tanner, Cockerham, and Spaeth (1983) developed a physician utilization model that combined the components of Andersen and Newman's (1973) and Mechanic's (1978) models and included a newly constructed variable that assessed the respondent's subjective evaluation of symptom (RES). The RES variable was found to be significant in predicting physician utilization.

Berkanovic, Telesky, and Reeder (1981) developed a model for predicting utilization of medical care for symptoms. The five groups of independent variables in their model included the following: (a) need factors, (b) social structural factors, (c) organization factors, (d) social network pattern and general health orientations, and (e) specific social network influences and personal beliefs about their symptoms. This model included variables similar to those contained in previously discussed models, however, unlike these models, Berkanovic et al. recognized

the role of social support networks in utilization and included this variable.

A Model of EAP Utilization

Research on utilization of social services suggested that studies of EAP utilization failed to include some relevant variables. Moreover, no attempt has been made to provide a framework that organizes the variables identified in EAP utilization studies into a meaningful conceptual manner. Based on the six domains of factors outlined earlier, a model for the study of EAP utilization has been developed.

The proposed model presented in Figure 1 includes relevant variables from other utilization models, yet attempts to overcome some of the limitations found in them. The EAP utilization model is comprehensive and is constructed so that the relevant variables can be examined simultaneously. This model also assumes main and interactive effects and permits their examination.

There are two important features of the proposed EAP utilization model: a) parsimonious "fit" to the existing data, b) and that assumptions of the model are based on empirical foundations from several disciplines.

Specifically, the EAP utilization model depicted in Figure 1 contains five domains of factors: (a) socio-demographic, (b) socio-cultural, (c) social-psychological,

Figure 1
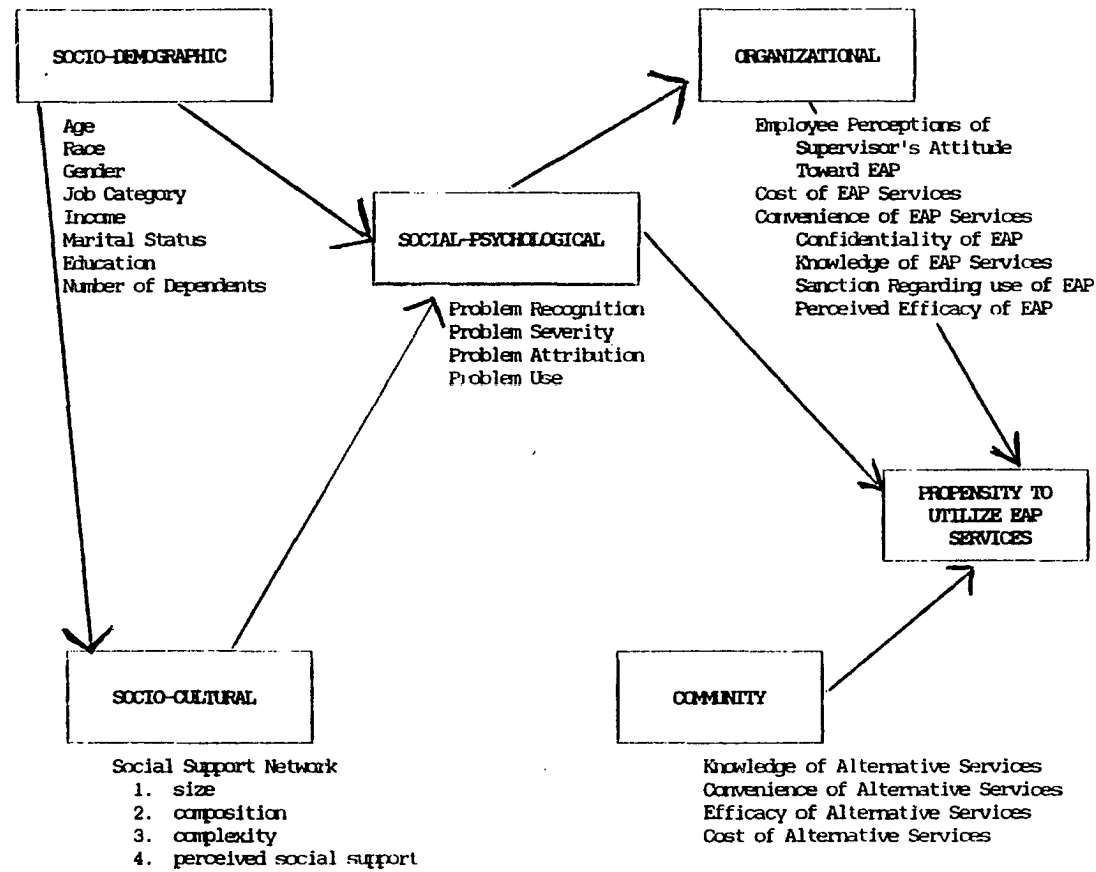
FIGURE 1.   Conceptual Model of EAP Utilization

(d) organizational and (e) community. It reflects modifications in the taxonomy of domains of utilization variables provided by McKinlay (1972), as well as the classification of some individual factors under these domains. An explanation of the EAP utilization model will be presented in the following section.

EAPs are provided by and/or through the organization. As such, the organization is responsible for deciding the locations, establishing the cost of services, and foroverseeing the EAP. Therefore, the factors of cost, convenience (a consideration in geographical location), and perceived efficacy are seen as more appropriately falling within the organizational domain. The economic and geographic domains, as separate entities, are eliminated. Also, EAPs are relatively new employee benefits. Consequently, in many instances they do not enjoy the familiarity of established services. It seems reasonable to think that if employees are not familiar with EAPs, particularly their purpose and the services they provide, employees will not use them. The factor of knowledge of services therefore is included in this model.

Income is related to utilization and the amount of income available for securing services (i.e., discretionary income) is to some extent dependent upon the number of dependents an individual has. The EAP utilization model considers the factor of number of dependents under the

socio-demographic domain. In addition, marital status is included in this model under socio-demographic domain. Research cited in the previous section on social support networks indicated that spouses are typically included in both male and female networks. As such, marital status could have an indirect effect on EAP utilization.

Even though employees are encouraged to use their company's EAPs when personal problems affect their performance, most companies do not make EAP use mandatory. Employees have the option to seek assistance outside their EAPs. The decision to seek alternative sources of help may be prompted by issues of confidentiality and perceived sanctions for using EAP services. Due to the voluntary nature of EAPs, it seems pertinent to include an additional domain that recognizes the possible influence of alternative services on EAP utilization. This domain will be referred to as community and includes services other than the EAP that can be found in employees' cities, towns, or counties.

This model suggests that employee utilization of EAP services is conditional on these five domains. Specifically, the model suggests an indirect effect of eight socio-demographic factors on EAP utilization, mediated by social-psychological and socio-cultural factors. The socio-demographic factors serve as predisposing conditions to utilization. The model further

suggests that the effect of socio-cultural factors on utilization is mediated by social-psychological factors. This indicates that one's social support network affects the way one recognizes a problem, the severity and attribution of that problem which in turn affects utilization. Organizational factors affect utilization indirectly through social-psychological factors, and social-psychological factors and community factors have a direct effect on utilization.

CHAPTER III

METHODOLOGY

This chapter contains a description of the methods used for the study on the effects of organizational, community, socio-cultural, social-psychological, and socio-demographic domains on employees' propensity to utilize EAP services, using the proposed EAP utilization model. Included are the research questions and the hypotheses tested; a description of the subjects and population sample, sampling procedures, and instruments used; a description of the procedures followed to collect and analyze the data; and a discussion of the limitations of this study.

Based on the review of literature reported in Chapter II, several factors were identified as being significantly related to the utilization of social services, in general, and EAP utilization, in particular. A comprehensive model for the study of EAP utilization was developed, that incorporated factors from social services and EAP research. The model categorizes the significant factors into five domains and conceptualizes the relationship of the domains with EAP utilization (i.e., main effect) and with each other (i.e., interactive effects). (See Figure 1.)

This study sought to answer the following research questions: a) What is the relationship between organizational, community, socio-cultural, social-psychological, and socio-demographic domains and employees' propensity to utilize EAP services? and b) Is there a difference by company in the relationship between organizational, community, socio-cultural, social-psychological, and socio-demographic domains and employees' propensity to utilize EAP services? The data to answer these questions were gathered through the use of a structured survey questionnaire.

Hypotheses

The hypotheses tested are as follows:

1.   Female employees will report a greater propensity to utilize EAP services than will male employees.

2.   White employees will report a greater propensity to utilize EAP services than will black employees.

3.   Younger employees will report a great propensity to utilize EAP services than will older employees.

4.   The social-psychological domain will be the best predictor of employees' propensity to utilize EAP services.

5.   Employees who report problems that are perceived as serious enough for professional help and who attribute their problems to external factors, will have a greater propensity to utilize EAP services than will employees who do not perceive any problems that are serious enough for

professional help and who attribute their problems to internal factors.

6. Employees who perceive greater social support from a friend network, will have greater propensity to utilize EAP services.

7. Employees who have a social-support network consisting of many friends and who perceive this network to be supportive, will report a greater propensity to utilize EAP services than will employees who have social-support networks consisting of many family members and who perceive this network to be supportive.

8. Employees who report positive views regarding organizational factors, will have a greater propensity to utilize EAP services than will employees who report negative views regarding organizational factors.

9. Employees who report problems that are perceived as serious enough for professional help and who have positive views regarding organizational factors, will have a greater propensity to utilize EAP services than will employees who report problems serious enough for professional help and who have negative views regarding organizational factors.

10. Employees who report negative views regarding organizational factors and who report positive views regarding community factors, will have less propensity to utilize EAP services than will employees who report

negative views regarding organizational factors and who report negative views regarding community factors.

Pilot Study

A pilot study of the EAP utilization model was conducted during February, 1988, which tested the hypotheses listed above. Based on the proposed model, the relationships among socio-demographic, social-psychological, socio-cultural, organizational, and community domain and employees' self-reported propensity to utilize EAP services were studied in a sample of 200 full-time employees selected from a large telephone communications company. Data relevant to the domains were gathered using a questionnaire constructed from existing tests, surveys, checklists, and utilization literature (see Appendix E).

Data from this study were analyzed employing hierarchical multiple regression. Results from the pilot study indicated that the EAP utilization model was powerful in predicting propensity. The model accounted for up to 73% of the variance in employees' propensity to act upon supervisor referrals; 53% of the variance in employees' propensity to act upon peer/co-worker referrals; and 61% of the variance in overall propensity to utilize EAP services. Of the five domains examined in this study, the organizational domain was indicated as the best predictor

of propensity. A detailed report of the pilot study is provided in Appendix E.

The methodology used for the pilot study was followed for this study, except for the modifications that are described in Appendix E. Specifically, the <u>no opinion</u> option on the response scale was deleted to encourage respondents to offer an opinion to the questions. The problem sub-categories for the questions pertaining to the cost, convenience, and helpfulness of EAP and community services were also deleted because of the lack of variability found in the categories. The intervals for the <u>income</u> variable was widened to reflect the variability found in the target population. Lastly, the method for data collection was changed from the use of consumable survey booklets to the use of optical-scannable answer documents.

Subjects

This section contains a description of the population from which the sample was drawn, the sample size, the sampling procedures, and the sample used in this study.

Participating Companies

Data for this study were collected from samples of full-time employees drawn from a large industrial company and a small service company, both of which were located in North Carolina.

The industrial company, which consisted of 1430 full-time employees, is the corporate headquarters of a large

telephone communications industry. The headquarters

supervises approximately 8,000 individuals in eight

states, and provides basic local exchange telephone service

and specialized communication services to large industrial,

governmental, and military customers. The employee

population, as presented in Table 2, was composed of 83%

non-minorities (n=1197), 17% minorities (n=233), 56%

females (n=804), and 44% males (n=626). Of the non-

minority population, 636 were females and 561 were males,

comprising 45% and 39% of the total population,

respectively. Of the minority population, 168 were females

and 65 were males, comprising 11% and 5% of the total

population, respectively. Based on the Equal Employment

Opportunity (EEO) job classification, the population was

54% Managerial/Professional with 62.9% males, 37.1%

females, 11.9% minorities, and 88.1% non-minorities; 44.5%

Office and Clerical with 6.2% males, 93.8% females, 31.6%

minorities, and 68.4% non-minorities; and 2% craft with 70%

males, 30% females, 37.5% minorities and 62.5% non-

minorities. The average income of employees ranged from

$16,000 (i.e., service workers) to $45,000 (i.e., officials

and managers). The majority of employees were college

graduates or had some college education.

The service company, which consisted of 463 full-time

employees, is the corporate headquarters of a national food

systems industry. This food industry operates and licenses

Table 2

Employee Population Composition at Participating
Companies

Factor	Frequency	Percentage
	Industrial Company	
Gender		
Male	626	44
Female	804	56
Race		
Black	233	17
White	1197	83
Race/gender		
Black female	168	11
Black male	65	5
White female	636	45
White male	561	39
Job Classification		
Professional	772	54
Manager		
Sales	–	–
Clerical	629	44
Craft	29	2

Factors	Frequency	Percentage
Operations	–	–
Service	–	–

	Service Company	
Gender		
Male	210	45
Female	253	55
Race		
Black	50	11
White	413	89
Race/gender		
Black female	31	7
Black male	19	4
White female	222	48
White male	191	41
Job Classification		
Professional	5	1
Managers	347	75
Sales	3	less than 1
Clerical	97	21
Craft	2	less than 1
Operations	–	–
Service	9	2

Note. Dash (–) for unreported data.

a chain of 2,912 fast-food hamburger restaurants in 40

states and 12 other countries and operates 10 distribution

centers that supply food and paper products to these

chains. The employee population, as presented in Table 2,

was composed of 89% non-minorities (n=413), 11% minorities

(n=50), 55% females (n=253), and 45% males (n=210). Of the

non-minority population, 222 were females and 191 were

males, representing 48% and 41% of the total population,

respectively. Of the minority population 31 were females

and 19 were males, comprising 7% and 4% of the total

population, respectively. The average income of employees

ranged from $16,300 (i.e., Salary Grade 11) to $50,900

(i.e., Director level). A majority of the employees were

college graduates or had some college education. Based on

the EEO job classification, the employee population is 75%

(n=347) officials and managers with 79% males, 21%

females, 4% minorities, and 96% non-minorities; 1% (n=5)

Technicians, with 63% males, 37% females, 87% non-

minorities, and 13% minorities; 21% (n=97) Office and

Clerical with 6% males, 94% females, 10% minorities, and

90% non-minorities; 2% (n=9) Service Workers with 68%

males, 32% females, 5% minorities, and 95% non-

minorities. Sales (n=3) and Craft workers (n=2) made up

less than 1% of the employee population.

Both companies offered their employees a wide range of

EAP services. At the time of the data collection, an EAP

had been provided by the industrial company for approximately two years (i.e., 20 months) and by the service company for approximately one year (i.e., 13 months). The EAP services were provided on a contractual basis by the same large private EAP consulting firm, which had offices located within a one-hour drive from both companies. A person from the Human Resources Department in each company served as liaison between the company and the EAP firm. Employees could make direct contact with the EAP firm by calling a telephone number given to all employees during EAP workshops and training. The telephone number was also listed on advertisement posters throughout the company. Employees could receive EAP services through supervisor-, self- and peer/co-worker-initiated referrals. Use of EAP services was kept confidential by company employees and EAP staff. Only summary data on employee utilization was reported to the company liaison person by the EAP firm. Table 3 contains the variables typically included in an EAP utilization summary report submitted by the EAP firm. Data in Table 3 are based on a period of twelve months, beginning with the date the contract was signed at each company.

Sample Size

A sample of 350 full-time employees was randomly selected from the industrial company and a sample of 150 full-time employees was randomly selected from the service company, resulting in a total of 500 full-time employees.

Table 3

EAP Utilization Year End Summary Report

Factor	Quarter	Year-to-Date[a]
	Industrial Company	
Total referrals	29	126
Employees	20	97
Family members	9	29
Gender		
Male	13	62
Female	16	64
Race		
White	–	–
Black	–	–
Other	–	–
Average age	34 yrs.	36 yrs.
Average length	11 yrs.	12 yrs.
of service		
Referral type		
Supervisory	2	13
Self	18	80
Peer/co-worker	0	3
Problem type		
Marital/family	16	60
Drug	0	1

(table continues)

Factor	Quarter	Year-to-Date[a]
Alcohol	1	5
Financial	3	16
Legal	0	0
Emotional/ psychological	8	36
Physical health	0	0
Career	1	8
Other	–	–
Overall utilization Rate	– –	8.8% –

Service Company

	Quarter	Year-to-Date
Total referrals		
Employees	10	28
Family members	7	21
Gender	3	7
Male	4	11
Female	6	17
Race		
White	8	25
Black	0	1
Other	2	2
Average age	35 yrs	37 yrs.

(table continues)

Factor	Quarter	Year-to-Date[a]
Average length of service	5 yrs.	5 yrs.
Referral type		
Supervisory	1	5
Self	6	16
Peer/co-worker	0	0
Problem type		
Marital/family	4	11
Drug	0	0
Alcohol	0	1
Financial	0	0
Legal	0	0
Emotional/ psychological	5	10
Physical health	0	0
Career	0	5
Other	1	1
Overall utilization Rate	–	5% 5.18

Note. Data based on 1430 employees at industrial company and 540 employees at service company. [a]Year-to-date for industrial company is 1/1/87 - 12/31/87 and for service company is 8/1/87 - 7/31/88.

Sampling Procedures

Subjects for this study were selected from computer printouts that contained the names, race, and gender of employees, using stratified random sampling with proportional allocation within each stratum. Because a review of the literature indicated differential utilization of services, in general, based on race and gender, the sample was stratified along these two variables in an effort to increase representativeness and sampling efficiency. The number of subjects selected from each stratum was proportional to the size of the sampling frame in that stratum and was determined using a general formula (Jaeger, 1984). Proportions of the sampling frame and sample sizes allocated to each stratum are shown in Table 4. Simple random sampling was used to select the desired number of subjects from each stratum (Rand Corporation, 1955). Subjects were arbitrarily assigned to survey administration sessions in groups of 50 so that every department was represented at each session. However, disruption to the regular operation of the department and the company as a whole was minimized. Random assignment of subjects to groups of 50 was not used since analyses of the data were done by the company and not by administration groups. Participation in the study was voluntary and was kept confidential and anonymous.

Table 4

Proportional Allocation of Sampling Frame and Sample

Size Within Strata

Race	Gender	
	Male	Female
Industrial Company		
White		
N	561	636
n	140	152
%	39	45
Black		
N	65	168
n	16	42
%	4	12
Service Company		
White		
N	191	222
n	54	71
%	41	48
Black		
N	19	31
n	7	18
%	4	7

Note. N = stratum size, n = sample size within each
stratum, and % = the percentage of the total sampling
frame represented in each stratum.

Sample

This section discusses the actual sample surveyed in this study and will be divided into three parts: industrial company, service company, and combined companies.

Industrial company. Of the 350 employees selected to participate in this study, 193 employees (i.e., 55% of the sample) completed the questionnaire during the initial two-day group sessions. Just prior to data collection, the company announced plans for major restructuring of the entire organization. Being a corporate headquarters, the participating company in this study, was particularly affected by the proposed changes. As a result, a large number of employees were involved in activities (i.e., travel, seminars, conferences) that prevented them from attending their assigned group survey sessions. Because of this unusual level of activity, the decision was made to conduct mail follow-ups so that employees could complete the questionnaire at times convenient for them.

Since anonymity and confidentiality were assured, those who did not participate during the initial sessions could not be ascertained. Consequently, questionnaires were mailed through inner-office communication to the entire original sample. A revised cover letter accompanied the surveys which encouraged employees who had not completed the questionnaire to do so. Anonymity and

confidentiality were assured, and instructions and deadline for returning the questionnaires were provided.

Two mail follow-ups were conducted, and 16 employees (i.e., 5% of the total sample) responded to the follow-up mailings. Thus, a total of 209 employees or 60% of the total sample ultimately completed the questionnaire. Table 5 presents a distribution of the 209 respondents by eight demographic characteristics; age, race, sex, job category, income, education, number of dependents, and marital status. The respondents consisted of 127 females, 82 males, 173 whites, and 36 blacks. A majority of the respondents were between 30 and 49 years of age; were professional, clerical and managerial; were evenly distributed among income ranges of $20,000 through $60,000; were married with one to three dependents; and had completed all or part of a college education.

The representativeness of the sample of respondents was investigated using two methods: a qualitative comparison of the small-group respondents to the mail follow-up respondents and a quantitative comparison of the distribution of respondents to the non-respondents on the two stratification variables of race and gender.

Since the sampling procedure was altered for the follow-ups, there was a need to determine whether the new procedure affected the way employees responded to the questionnaire as compared to the initial group of

Table 5

Distribution of Industrial Company Respondents on Eight

Demographic Characteristics

Group	Frequency	Percent	Cumulative frequency	Cumulative percent
		Age		
20-29	29	13.9	29	13.9
30-39	83	39.7	112	53.6
40-49	72	34.4	184	88.0
50-59	21	10.0	205	98.1
60-69	4	1.9	209	100.0
		Race		
Black	36	17.2	36	17.2
White	173	82.8	209	100.0
		Gender		
Female	127	60.8	127	60.8
Male	82	39.2	209	100.0
		Job category		
Professional/tech.	68	32.5	68	32.5
Managers, officials	47	22.5	115	55.0
Sales	3	1.4	118	56.5
Clerical workers	58	27.8	176	84.2
Craft workers	17	8.1	193	92.3

(table continues)

Group	Frequency	Percent	Cumulative frequency	Cumulative percent
Operations	11	5.3	204	97.6
Service	5	2.4	209	100.0

Income

10,000 to 19,999	13	6.3	13	6.3
20,000 to 29,999	35	17.0	48	23.3
30,000 to 39,999	36	17.5	84	40.8
40,000 to 49,999	48	23.3	132	64.1
50,000 to 59,000	36	17.5	168	81.6
60,000 and over	38	18.4	206	100.0

Education

High school or GED	48	23.0	48	23.0
Some college	74	35.4	122	58.4
Graduated college	45	21.5	167	79.9
Some grad. school	14	6.7	181	86.6
Graduate degree	28	13.4	209	100.0

Number of Dependents

One	62	29.8	62	29.8
Two	58	27.9	120	57.7
Three	49	23.6	169	81.3
More than three	26	12.5	195	93.8
None	13	6.3	208	100.0

(table continues)

			Cumulative	Cumulative
Group	Frequency	Percent	frequency	percent

Marital Status

Group	Frequency	Percent	frequency	percent
Married	159	76.1	159	76.1
Divorced	21	10.0	180	86.1
Separated	2	1.0	182	87.1
Widowed	6	2.9	188	90.0
Never married	21	10.0	209	100.0

respondents. Because the number of follow-up respondents was small (i.e., 16 employees) a qualitative comparison between the two groups of respondents was considered the more effective method. The gender and racial percentage of the follow-up group and the overall group was similar. Demographic characteristics of both groups of respondents appeared to be similar with respect to the and income ranges, educational level, number of dependents, and marital status. As with the overall group of respondents, the follow-up respondents generally answered the questionnaire completely. All 16 follow-up questionnaires were rendered usable, while all but one of the initial 193 questionnaires were usable. The two groups of respondents appeared to be similar.

A comparison between the distribution of respondents to non-respondents by the sex/race characteristic (see Table 6) indicated that no significant differences existed (Chi-square = 6.113, p>.10). The respondents appeared to represent the sample reasonably well with respect to sex/race combination.

Service company. One hundred of the 150 employees selected to participate in this study, i.e., (66.7% of the sample), completed the questionnaire during the initial group sessions; one questionnaire was unusable. An additional 30 employees (i.e., 20% of the total sample) completed the questionnaire during the follow-up process

Table 6

Comparison of Gender by Race Distribution of Industrial Company Respondents
to Non-Respondents

Distribution	Race/Gender				
	Black Female	Black Male	White Female	White Male	Total
	Respondents				
Frequency	27	9	100	73	209
Percent	7.71	2.57	28.57	20.86	59.71
	Non-respondents				
Frequency	15	7	52	67	141
Percent	4.29	2.00	14.86	19.14	40.29
Total	42	16	152	140	350
Percent	12.00	4.57	43.43	40.00	100.00

Note. Chi-Square = 6.113, p = 0.106; not significant, p>.10

which consisted of two group sessions, providing a total
of 129 employees or 86.6% of the total sample. Table 7
presents the distribution of respondents on eight
demographic characteristics; age, race, sex, job category,
income, education, number of dependents, and marital
status. The respondents consisted of 87 females, 42 males,
106 whites, and 23 blacks. A majority of the respondents
were between 20 and 39 years of age; managerial,
professional or clerical; within the $30,000 to $49,999
income range; married with one to two dependents; and had
completed all or part of a college education.

The representativeness of the sample of respondents
was investigated by comparing the distribution of
respondents to non-respondents on the two stratification
variables; race and gender. Because 25 percent of the
cells of this 2x2 table contained expected counts less than
5, a Chi-Square analysis was considered an invalid test for
differences between respondents and non-respondents.
Rather, the Fisher's Exact Test was used to separately test
for race and gender differences among respondents and non-
respondents. No significant race difference (p = .276) was
found between the distribution of respondents and non-
respondents (see Table 8). However, a highly significant
gender difference (p<.01) was found between the
distribution of respondents and non-respondents

Table 7

Distribution of Service Company Respondents on Eight

Demographic Characteristics

Group	Frequency	Percent	Cumulative Frequency	Cumulative Percent
		Age		
20-29	42	32.8	42	32.8
30-39	52	40.6	94	73.4
50-59	4	21.9	122	95.3
40-49	28	3.1	126	98.4
60-29	2	1.6	128	100.0
		Race		
Black	23	17.8	23	17.8
White	106	82.2	129	100.0
		Gender		
Female	87	69.8	90	69.8
Male	42	30.2	129	100.0
		Job Category		
Professional/tech.	27	20.9	27	20.9
Managers, officials	34	26.4	61	47.3
Sales	1	0.8	62	48.1
Clerical workers	64	49.6	126	97.7
Craft workers	1	0.8	127	98.4

Group	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Operations	1	0.8	128	99.2
Service	1	0.8	129	100.0

Income

Under 10,000	4	3.1	4	3.1
10,000 to 19,999	12	9.4	16	12.5
20,000 to 29,999	19	14.8	35	27.3
30,000 to 39,999	35	27.3	70	54.7
40,000 to 49,999	25	19.5	95	74.2
50,000 to 59,000	11	8.6	106	82.8
60,000 and over	22	17.2	128	100.0

Education

8th grade or less	1	0.8	1	0.8
High school/grade	33	25.6	34	26.4
Some college	39	30.2	73	56.6
Graduated college	36	27.9	109	84.5
Some grad. school	8	6.2	117	90.7
Graduate degree	12	9.3	129	100.0

Number of dependents

One	43	33.6	43	33.6
Two	36	28.1	79	61.7
Three	23	18.0	102	79.7
More than three	17	13.3	119	93.0
None	9	7.0	128	100.0

(table continues)

Group	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Marital status				
Married	94	72.9	94	72.9
Divorced	12	9.3	106	82.2
Widowed	2	1.6	113	87.6
Never married	16	12.4	129	100.0

Table 8

<u>Comparison of Race Distribution of Service Company Respondents to</u>

<u>Non-Respondents</u>

	Race		
	Black	White	Total
Respondents			
Frequency	23	106	129
Percent	15.33	70.67	86.00
Non-respondents			
Frequency	2	19	21
Percent	1.33	12.67	14.00
Total	25	125	150
Percent	16.67	83.33	100.00

<u>Note.</u> Fisher's Exact Test, p = .276 (1-Tail); p = .530 (2-Tail); not significant, p>.10

(see Table 9). Specifically, males were under-represented among the respondents. Therefore, any differences based on gender in employee's propensity to utilize EAP services may be attributable to the sample and cannot be generalized to the population of employees at the service company.

Combined companies. Between the two companies that participated in this study, a total of 338 employees completed the survey, representing an overall response rate of 73.3 percent. Of the 338 respondents, 217 (64%) were females, 121 (36%) were males, 279 (83%) were white, and 59 (17%) were black.

Instruments

A survey questionnaire was used to collect data relevant to the effects of the five domains on the propensity of employees to utilize EAP services. Based on the literature review and using McKinlay's (1972) scheme, a model for the study of EAP utilization that included the factors found to be important contributors to the use of social services was developed. The model consisted of five domains with a nesting of items within each domain (see Figure 1 in Chapter II). This EAP utilization model provided the structure for the questionnaire included in Appendix A, that was assembled to test the five domains. As identified in Appendix C, each area assessed in the questionnaire was documented by literature. The individual items used in the questionnaire to test the domains were

Table 9

Comparison of Gender Distribution of Service Company Respondents to
Non-Respondents

	Gender		
	Female	Male	Total
	Respondents		
Frequency	87	42	129
Percent	58.00	28.00	86.00
	Non-respondents		
Frequency	2	19	21
Percent	1.33	12.67	14.00
Total	89	61	150
Percent	59.33	40.67	100.00

Note. Fisher's Exact Test, p<.01 (1- and 2-Tail); significant, p<.05

derived from existing checklists, tests, surveys, and utilization research. More specifically, a description of the items contained in the questionnaire according to the dependent measures (i.e., employees' propensity to utilize EAP services) and the independent measures (i.e., organizational, community, socio-cultural, social-psychological, and socio-demographic domains) are provided in the following sections.

Use of EAP Services

A respondent's self-reported possible use of EAP services served as the dependent measure. Three questions assessed the use of EAP services, with one asking respondents to rate, using a 5-point Likert-type scale, the likelihood that they would use EAP services if they believed they had a problem in any of the eight major problem areas. The second question asked respondents to rate the likelihood of using their EAP services if their immediate supervisor referred them for job-performance problems. The third question assessed the likelihood of respondents' using EAP services if they were referred by a peer/co-worker. An overall index of EAP use was constructed by averaging the three individual dependent variables.

Organizational Domain

Included in the first section of the questionnaire were 26 questions pertaining to employees' perceptions

about organizational factors (i.e., related to the company where they work). These questions elicited information concerning the employees' knowledge of EAP services (twelve items), perceived convenience of EAP services (one item), perceived helpfulness of EAP services (two items), perception of an immediate supervisor's attitude toward the EAP (three items), perceived cost of EAP services (two items), awareness of the confidentiality of EAP (three items), and perceived sanctions for using EAP services (three items).

Community Domain

The first section of the questionnaire also contained 5 questions which pertained to employees' perceptions regarding community factors (i.e., factors related to alternative services to the EAP found in the employee's community). These questions elicited information on knowledge (two items), convenience (one item), helpfulness (one item), and cost (one item) of community services.

Socio-Cultural Domain

The socio-cultural domain elicited information regarding the employees' friend and family social-support network groups, size (one item each), complexity (one item each), and perceived social support (twenty items each). The questions addressing the size of the two separate networks used a four-point response scale of many (six or more people), several (three to five people), few (one to

two people) and <u>zero</u> (no people). The number of individuals representing the points on the response scale, except for zero, was arbitrarily set, providing a common rating scale for respondents.

Complexity of the network referred to the amount of contact made among the members of an employee's family and friend networks. The questions pertaining to information on complexity used a <u>yes</u> and <u>no</u> response scale and asked whether members of the friend network knew each other and whether members of the family network communicated with each other.

Information regarding perceived social support was obtained through two 20-item measures, one on perceived social support from family (PSS-Fa) and one on perceived social support from friends (PSS-Fr). The PSS-Fr and PSS-Fa were developed by Procidano and Heller (1983) who granted permission to incorporate these measures in the questionnaire. The PSS-Fr and PSS-Fa, consisted of 20 declarative statements each, that assessed the extent to which individuals believed these networks fulfilled the need for support, information, and feedback. Responses for the PSS-Fa and PSS-Fr scale are <u>yes</u>, <u>no</u>, or <u>don't know</u>. For each item, the response that was indicative of perceived social support was scored +1 so that scores range from 0, which indicated no perceived social support provided by family or friends, to 20 which indicated

maximum perceived social support. The _don't know_ category
was not scored.

Studies conducted on the PSS-Fr and PSS-Fa concerning
scale development and construct validity indicate that the
PSS measures appear to be homogeneous with Cronback Alphas
of .88 for PSS-Fa and .90 for PSS-Fa (Procidano & Heller,
1983). In validation studies conducted by Procidano and
Heller (1983), scores on the PSS measures were not affected
by the mood state of the subjects as measured by the Velten
Mood Induction Scale, indicating that the PSS measures are
relatively stable.

Social-Psychological Domain

This section of the questionnaire contained questions
regarding employees' recognition of problems (i.e.,
perceived need), perceived severity of problems, the
attribution of problems, and previous use of EAP services.

Problem recognition. Employees' recognition of
problems was assessed through a checklist containing 184
problem statements that were developed around eight major
categories of problems which were found in the literature
to be most often addressed by EAPs; physical health (36
items), financial (12 items), legal (10 items),
family/marital (36 items), emotional/psychological (20
items), career (12 items), alcohol (25 items), and drug (18
items). Respondents were asked to read slowly through the
checklist and to underline each statement that represented

a problem which they were presently experiencing. The problem statements were listed on the appropriate response forms. At the end of each major category of problems, respondents were asked to list any additional problems that they may have for that category. In addition, an other category was included to assess whether employees had problems which were not within the eight problem categories included. Respondents were asked to list these problems on the appropriate response forms and to follow the same instructions outlined earlier for the eight categories of problems.

The physical health, family/marital, and career items were taken, with permission, from the Mooney Problem Check List-Adult Form (Gordon & Mooney, 1950). The financial, emotional/psychological, and legal items were taken, with permission, from the Personal Problems Checklist for Adults (Schinka, 1984). Items for the alcohol section were adapted from the Michigan Alcoholism Screening Test (MAST) (Seltzer, 1971). Items for the drug section were adapted from the Wisconsin Substance Use Inventory (WSUI) (Khavari & Douglas, 1971).

The Mooney Problem Check List-Adult Form (Gordon & Mooney, 1950) contains 288 problem statements that encompass nine problem areas. It is a widely used counseling aid that was developed during the early 1940's for use with late adolescents and adults who are

principally of non-student status (Allen, 1985; Gordon & Mooney, 1950), for the purpose of helping individuals review their own problems (Allen, 1985; Jones, 1953). The items were developed using problem surveys, suggestions from experienced counselors, and a review of adult problem literature. The first preliminary Adult Form which consisted of 490 items and 14 areas, was submitted for critical appraisal to a group of experts in the field of adult counseling. Based on criticisms and suggestions made, items and areas were revised and a second preliminary form consisting of 12 areas and 420 items was developed. This form was put to actual survey use, and the present form was constructed based on analyses of the data obtained (Allen, 1985; Gordon & Mooney, 1950).

The Mooney Problem Check List-Adult Form is not designed to produce "scores" and no normative and correlational data are provided. Therefore, no single overall index of validity and reliability can be assessed (Allen, 1985; Jones, 1953).

Because the individual items on the Mooney Problem Check List-Adult Form provide significant data, the nine problem areas did not represent scales. As a result, use of 3 of the 9 problem areas does not violate or compromise the measure.

The Personal Problems Checklist for Adults (Schinka, 1984) consists of 211 items covering 13 problem areas.

Like the Mooney Problem Check List-Adult Form, the Personal
Problems Checklist is a counseling tool designed to provide
individuals with a means for surveying common problems that
might apply to their own situations (Schinka, 1984).

The Personal Problems Checklist for Adults was
developed by lists of items that were derived from existing
surveys, tests, and texts. These items were sorted into
domains (e.g. career, family) and duplicate items and low
base rate items were eliminated. Items were then rewritten
to meet criteria of brevity, common language, and
inoffensiveness. These items, identified by domain titles,
constituted a rough draft (Schinka, 1984) that was
evaluated by a panel of expert judges consisting of seven
to ten doctoral-level counseling clinicians. This review
resulted in the revision, deletion, and addition of items.
The revised draft was subsequently evaluated by a second
panel of expert judges. Final item revisions were made on
the basis of feedback from this panel (Schinka, 1984).

Because the Personal Problems Checklist for Adults is
not "scored", the usual concepts of reliability and
validity cannot be assessed. Use of the items from 3 of 13
problem areas does not violate the integrity of the
measure.

The MAST (Selzer, 1971) was developed to provide a
brief and effective screening for alcohol-related problems
and alcoholism (Connors & Tarbox, 1985; Zung, 1982).

Respondents to the Mast answer yes or no to the 25

questions which are differentially weighted. The questions

are assigned a score of 1 or 2, except for question number

8 which is assigned a score of 5 resulting in a total

possible scores ranging from 0 to 53. Questions are

weighted on the basis of their ability to predict

alcoholism. Scoring for the MAST is done by simple

summation of the differential item weights, and the total

score (i.e., maximum possible score is 53) is referred to

as a recommended cut-off score for screening problem

drinkers (Selzer, 1981).

The MAST, which consists of 25 questions pertaining to

descriptive behaviors, is a self-administered or

structured-interview test that assesses drinking behavior,

negative consequences of drinking, and efforts to seek help

for one's drinking behavior (Connors & Tarbox, 1985; Zung,

1982). For the purpose of this study the 25 items on the

MAST were changed from a question format to a problem-

statement format for compatibility with the rest of the

questionnaire, by extracting only the behavior portion of

each question. For example, the MAST asks the question "Do

you ever feel guilty about your drinking?" For the

questionnaire, this question became the following problem

statement: "Feeling guilty about my drinking."

The MAST is reported to have robust psychometric

properties for differentiating between alcoholic and non-

alcoholic individuals (Moore, 1972; Selzer, 1971; Selzer, Vinokur, & Rooijen, 1975; Zung, 1979, 1982). Validity coefficients for the MAST range from $r = .48$ (Zung, 1982) to $r = .99$ (Selzer et al., 1975). The MAST is considered to have face validity. Estimates of the reliability of the MAST indicate high internal ($r = .95$) and re-test ($r = .86$) consistency (Zung, 1982).

Since the structure of the MAST was altered and the standard-scoring procedure was not used, the psychometric properties may not hold for this study. However, for this study's purpose, the adapted MAST was believed to be useful for assessing alcohol problem recognition and severity.

The WSUI (Khavari & Douglas, 1971) was developed to provide quantitative information on drug use. The measure assesses use and frequency of use of 17 different categories of drugs. Respondents were asked if they currently use a particular category of drug and how often. An eight-point response scale with points from zero (i.e., never had particular drug) to eight (i.e., I have had particular drug but not currently using) was used. The eight points on the response scale are assigned incremental values of one to seven (Khavari & Douglas, 1971).

For this study, the WSUI was modified so that the questions regarding the use of the 17 categories of drugs became drug-use problem statements. As with the MAST, only the behavior and the type of problem were used. For

example, the question "Are you currently using tranquilizers?" became "using tranquilizers." The frequency of drug use was not assessed for this study.

Although little reliability and validity information is available for the WSUI, it was selected for use in this study because of its coverage of drug categories and its short length. Because the purpose of the drug section was to ascertain drug-problem recognition and severity and not to establish pathology or provide a diagnosis, psychometric properties were sacrificed for breadth and brevity.

Perceived problem severity. To assess perceived problem severity, respondents were asked to look back over the problem statements they underlined and decide which problems they believe required professional attention for themselves. For the underlined problem statements that they believe to be serious enough for professional attention, the respondents darkened the fifth bubble on the corresponding row of the answer sheets. Respondents darkened the first bubble on the corresponding row for those underlined problems that were not perceived as serious enough for professional attention.

Problem attribution. Problem attribution referred to the way in which individuals accounted for the cause of their problems, either internal (personally responsible) or external (not personally responsible). Problem attribution was assessed by having respondents complete the

Internal/External Locus of Control Scale (I-E Scale)

(Rotter, 1966). The I-E Scale is a 29-item, forced-choice

measure, which assesses respondents' beliefs about the

nature of the world (Hersch & Scheibe, 1967; Rotter, 1966).

The I-E Scale includes six filler items intended to mask

the purpose of the scale. Scores on the I-E Scale range

from 0 to 23. Scores above the midpoint (i.e., 12 and

above) indicate an external locus of control belief, and

scores below the midpoint (i.e., 11 and below) indicate an

internal locus of control belief. Respondents with raw

scores above the midpoint are assumed to attribute their

problems to circumstances and conditions outside themselves

(i.e., chance, luck and fate). Respondents with raw scores

below the midpoint are assumed to attribute their problems

to their own behavior or characteristics.

Reported data on the reliability of the I-E Scale were

gathered from studies on a national stratified sample of

10th, 11th, and 12th grade students, two samples of Ohio

State University students, and a sample of a prisoner

population from two states (Rotter, 1966). Internal

consistency was computed for sample one of the Ohio State

University students, using the Spearman-Brown Coefficient

(r = .73, combined male and females), and for sample two of

the Ohio State University students combined with the high

school sample, using the Kuder-Richardson coefficient

(r = .70 and r = .69, respectively), indicating modest but

relative stability (Rotter, 1966). Test-retest reliability for a one-month period was conducted with both samples of the Ohio State University students (r = .72) and a prisoner sample (r = .78), indicating consistency in the two different samples (Rotter, 1966).

Construct-validity studies were conducted using the two samples of university students and the prisoner sample by correlating the I-E Scale with the Marlowe-Crowne Social Desirability Scale and two different intelligence tests (Rotter, 1966). Results showed a low correlation with the Marlowe-Crowne Social Disability Scale, with coefficients ranging from r = -.07 to r = -.35 (prisoner sample), and low correlations with the intelligence measures (r = -.09, r = -.11, and r = .01), indicating that the I-E Scale is not affected by social desirability and intelligence (Rotter, 1966).

Results from samples of several populations showed insignificant gender differences in mean scores on the I-E Scale (Hersch & Scheibe, 1967; Rotter, 1966), but significant differences between mean scores for blacks and whites (Rotter, 1966). Blacks were reported to be significantly more external than whites (Rotter, 1966).

Previous use of EAP services. Previous use of EAP services was assessed by asking respondents to answer yes or no to the question "Have you ever used your company's EAP?"

Socio-Demographic Domain

The last section of the questionnaire included items on eight socio-demographic characteristics; gender, race, age, job category (based on classifications of occupations provided by Hauser and Featherman, 1977), marital status, education, number of dependents, and income.

Procedures

A letter on company letterhead (see Appendix D) was sent from the Director of the Human Resources Department in each company to all employees, announcing the upcoming survey. The letter described the survey's purpose and the procedure for selecting participants, and encouraged employee participation. After the samples were drawn, a letter of notification was sent from the Human Resources Department to employees selected for participation in the study. This letter also included how the subjects for the study were selected, the dates, times, and locations for testing sessions and expected completion time for the survey.

The questionnaire was administered in formal sessions to groups of 50 or less employees on company premises during company time. All responses to the questionnaire were recorded on optical scanner answer sheets; a total of 8 answer sheets per respondent were used. Copies of the answer sheets are included in Appendix B. General directions on how to take the questionnaire were included

at the front of the questionnaire. Specific directions for each section appeared at the beginning of the section and in abbreviated form at the top of the appropriate answer sheet. The administration of the questionnaire was conducted by the researcher. Before each administration session, a questionnaire, two #2 pencils, and a packet containing eight response forms were placed on the table in front of each participant. The administration sessions followed a set protocol which included an introduction of the researcher and information emphasizing the purpose of the questionnaire, the selection procedure of participants, confidentiality, anonymity, and expected total administration time (i.e., approximately 45 minutes based on a pilot-study). Other instructions for the subjects were to (a) use the response forms and the #2 pencils provided, (b) read the directions before completing the questionnaire, (c) ask questions before and during the questionnaire, (d) place the completed response forms in the folder provided, and (e) leave the questionnaire on the table where they were sitting. Participants were informed again that participation was voluntary and that they could withdraw from the study at any time.

The procedure for collecting the data for this study as outlined above was a modification of the procedure used by Taylor and Bowers (1972) in their National Survey of Organizations study. These researchers recommended on-site

data collection because this facilitated the highest

response; on-site data collections impose certain

constraints on the respondent to complete the questionnaire

and act to emphasize the company's interest in the study.

Taylor and Bowers (1972) also suggested using a survey

administrator not affiliated with the company to emphasize

non-company control of the questionnaires and to reinforce

commitment to confidentiality and anonymity.

Analyses of Data

The completed response forms were scored using an

optical scanner that entered data into a data file on the

University VAX computer system for analyses. The data

collected was used to examine how well the five domains

(i.e., organizational, community, socio-cultural, social-

psychological, and socio-demographic) predict the dependent

variables of employees' propensity to utilize EAP services.

Using the SAS statistical package (1985), descriptive

statistics including mean, standard deviation, frequency

distribution, and correlation coefficient were calculated

for each of the five domains. A stepwise multiple

regression analysis was conducted to determine the main

effects and interaction effects of the independent

individual variables under each domain using the SAS

STEPWISE procedure (1985). Selected variables were then

hierarchically entered by domain into the regression

analyses based on their relationship (i.e., direct or

indirect) as reported for the EAP utilization model in
Figure 1. The socio-demographic variables were entered
first as predisposing variables, followed by the socio-
cultural, social-psychological, organizational, and
community variables. The SAS STEPWISE procedure was used
to determine the increment in proportion of the variance in
the dependent variables accounted for by the five domains
as they were entered into the regression models. The
significance of the proportion of variance of the dependent
variables accounted for by the independent variables
(domain and individual) was examined using an F-test at the
.05 significance level. Separate regression models for
each company were derived and differences between them
were described qualitatively.

Limitations of the Study

Data collected for this study were based on self-
reports of attitudes, beliefs, and perceptions. Although
self-report measures are considered to be a valid approach
to the measurement of attitudes, beliefs, and perceptions,
they are noted to be susceptible to some weaknesses
(Nunnally, 1967); For example, they are limited to what
the individual knows about the subject in question and is
willing to relate. McKinlay (1972) and Nunnally (1967)
also noted that verbalized attitudes, in particular, do not
always correlate highly with behavior pertaining to these
attitudes.

A particular threat to the validity of the results of this study lies within the dependent measure, a self-report measure of the likelihood to utilize EAP services. Employees reporting the likelihood to utilize EAP services may not in fact do so if the need exists and, conversely, employees reporting the likelihood not to utilize EAP service may utilize EAP services.

Use of the I-E Scale (Rotter, 1966) poses another threat to the reliability and validity of this study. As used in this study, the I-E Scale assesses the attribution (external vs. internal) of the problem, based on the assumption that a generalized orientation toward locus of control will affect the attribution of all problems experienced by the individual. In fact, it is possible that beliefs about the locus of control of specific problems may vary for the individual. Sandler and Lakey (1982) suggested that total scores on a generalized locus of control scale, such as the I-E Scale, may mask differential control beliefs for different problem areas. To possibly overcome this limitation, a specific locus of control measure would have had to be designed for all eight of the problem areas included in this study; a major undertaking that is beyond the scope of this study.

Subjects used for this study were drawn from the corporate headquarters of each of the participating companies. Participation of these subjects in the study

was considered the least disruptive to the regular operations of the organization. Employees at the corporate level may not be representative of the general population of employees at these companies, nor the general population of employed individuals. One would expect corporate-level employees to have higher income and educational levels than that of employees at other levels within the company. As such, threats to external validity exist. Results from this study can only be generalized to a similar population of employees. Also, as previously mentioned, the respondents from the service company under-represented the males in the company, thereby posing an additional threat to the generalizability of the results.

Lastly, a variety of types of EAPs exist. The type of EAP provided by the companies in this study is an external, comprehensive program that is administered on a contractual basis through a private EAP consulting firm. Caution needs to be exercised in generalizing the results of this study to other forms of EAPs that vary significantly from the type used in this study.

CHAPTER IV

RESULTS AND DISCUSSION

This chapter consists of two major sections; results and discussion. The results section presents findings from a survey of employees from a large industrial company and a small service company concerning their propensity to utilize EAP services, based on a proposed EAP utilization model. Data from the two companies are presented separately, followed by a comparison of the companies by the five domains. The discussion section includes interpretations of the results and their relationships to previous research.

RESULTS

The results reported in this section are based on descriptive and inferential statistics. The descriptive statistics, which were conducted to determine central tendency and variability of the dependent variables by domain include means, standard deviations, frequency distributions, and correlation coefficients. The inferential statistics which were conducted to determine significant main and interactive predictors of the dependent variables and to test the proposed EAP utilization model, include stepwise and hierarchical multiple regression.

Using the descriptive and inferential analyses, overall results of the dependent variables and results relevant to the stated hypotheses are presented by company.

Industrial Company

Based on univariate analysis, employees' propensity to utilize EAP services approached a normal distribution, except for employee's propensity to act upon supervisor referrals. The positively skewed distribution for the latter variable suggests that the majority of employees had high propensity to utilize EAP services if referred by their immediate supervisor. As indicated by the mean (i.e., M) and standard deviation score for each dependent variable presented in Table 10, based on a five-point scale, employees were "somewhat likely" to self-refer for the eight categories of problems (means ranged from 2.25 to 2.62), to act upon peer/co-worker referrals (M=2.05) and, overall to, utilize EAP services (M=2.28). Employees were "very likely" to act upon supervisor referrals (M=1.50).

Examination of the dependent variables by the two stratification variables, race and gender (see Table 11), revealed that consistently a higher percentage of females than males reported that they were "very likely" to utilize their EAP services. A higher percentage of males than females indicated that they were "not at all likely" to utilize their EAP, except to self-refer for emotional/psychological, family/marital, and physical

Table 10

Mean and Standard Deviation Scores for the Dependent Variables

(Industrial Company)

Dependent Variable	N	Mean[a]	Standard Deviation
Propensity to self-refer for:			
Alcohol problems	208	2.27	1.09
Career problems	209	2.31	1.02
Drug problems	209	2.30	1.12
Emotional/psychological problems	209	2.25	0.99
Family/marital problems	208	2.50	1.04
Financial problems	208	2.62	0.96
Legal problems	207	2.41	1.05
Physical health problems	207	2.52	1.06
Propensity to act upon:			
Supervisor referral	207	1.50	0.74
Peer/co-worker referral	208	2.05	0.82
Overall propensity to use EAP	209	2.28	0.72

[a]Means are based on a scale of 1 = "very likely" to 5 = "not at all likely".

Table 11

Frequency and Percentage of Dependent Variables by Race and Gender

(Industrial Company)

Variable	Very Likely	Propensity Rating Scale Somewhat Likely	Not Too Likely	Not At All Likely
Propensity to self-refer for:				
		Alcohol problems		
Female	*40	42	21	23
	**19.23	20.19	10.10	11.06
Male	23	23	19	17
	11.06	11.06	9.13	8.17
		Career problems		
Female	36	46	28	17
	17.22	22.01	13.40	8.13
Male	16	29	20	17
	7.66	13.88	9.57	8.13
		Drug problems		
Female	41	37	24	25
	19.62	17.70	11.48	11.96
Male	23	26	14	19
	11.00	12.44	6.70	9.09
		Emotional/psychological problems		
Female	37	47	24	19
	17.70	22.49	11.48	9.09
Male	14	37	21	10
	6.70	17.70	10.05	4.78
		Family/marital problems		
Female	30	41	28	28
	14.42	19.71	13.46	13.46
Male	11	25	28	17
	5.29	12.02	13.46	8.17

(table continues)

Variable	Very Likely	Propensity Rating Scale Somewhat Likely	Not Too Likely	Not At All Likely
		Financial problems		
Female	19	47	35	26
	9.13	22.60	16.83	12.50
Male	6	28	27	20
	2.88	13.46	12.98	9.62
		Legal problems		
Female	31	41	29	25
	14.98	19.81	14.01	12.08
Male	16	30	18	17
	7.73	14.49	8.70	8.21
		Physical health problems		
Female	28	37	30	31
	13.58	17.87	14.49	14.98
Male	14	26	25	16
	6.76	12.56	12.08	7.73

Propensity to act upon:

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
		Supervisor referral		
Female	87	32	5	2
	42.03	15.46	2.42	0.97
Male	40	30	7	4
	19.32	14.49	3.38	1.93
		Peer/co-worker referral		
Female	44	49	29	4
	21.15	23.56	13.94	1.92
Male	11	48	17	6
	5.29	23.08	8.17	2.88

(table continues)

| | Propensity Rating Scale | | | |
Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely

Propensity to self-refer for:

Alcohol problems

Black	8	13	9	6
	3.85	6.25	4.33	2.88
White	55	52	31	34
	26.44	25.00	14.90	16.35

Career problems

Black	10	16	7	3
	4.78	7.66	3.35	1.44
White	42	59	41	31
	20.10	28.23	19.62	14.83

Drug problems

Black	8	10	10	8
	3.83	4.78	4.78	3.83
White	56	53	28	36
	26.79	25.36	13.40	17.22

Emotional/psychological problems

Black	8	15	10	3
	3.83	7.18	4.78	1.44
White	43	69	35	26
	20.57	33.01	16.75	12.44

Family/marital problems

Black	4	9	11	12
	1.92	4.33	5.29	5.77
White	37	57	45	33
	17.79	27.40	21.63	15.87

Financial problems

Black	6	12	12	6
	2.88	5.77	5.77	2.88
White	19	63	50	40
	9.13	30.29	24.04	19.23

(table continues)

Variable	Propensity Rating Scale			
	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
	Legal problems			
Black	9	11	8	8
	4.35	5.31	3.86	3.86
White	38	60	39	34
	18.36	28.99	18.84	16.43
	Physical health problems			
Black	9	11	8	8
	4.35	5.31	3.86	3.86
White	33	52	47	39
	15.94	25.12	22.71	18.84

Propensity to act upon:

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
	Supervisor referral			
Black	23	11	1	1
	11.11	5.31	0.48	0.48
White	104	51	11	5
	50.24	24.64	5.31	2.42
	Peer/co-worker referral			
Black	10	20	6	0
	4.81	9.62	2.88	0.00
White	45	77	40	10
	21.63	37.02	19.23	4.81

Note. *Frequency **Percent

health problems; more females than males were "not at all likely" to utilize their EAP for these three EAP services. Regarding race, a higher percentage of whites than blacks indicated that they were "very likely" to self-refer for alcohol, drug, emotional/psychological, and family/marital problems. A higher percentage of blacks than whites indicated that they were (a) "very likely" to self-refer for career, financial, legal, and physical health problems, to act upon supervisor and peer/co-worker referrals, and (b) "not at all likely" to self-refer for drug, family/marital, and legal problems. More whites than blacks indicated that they were "not at all likely" to self-refer for alcohol, career, emotional/psychological, and financial problems, and to act upon peer/co-worker referrals. Approximately the same percentage of blacks and whites were "not at all likely" to self-refer for physical health problems and to act upon supervisor referrals.

Results of the relationship between the dependent and independent variables relevant to each hypothesis are presented below.

Hypothesis One to Three: Gender, Race, and Age

The first three hypotheses stated that female, white, and younger employees, respectively, will report a greater propensity to utilize EAP services than will male, black, and older employees, respectively. Table 12 presents the mean and standard deviation scores of the dependent

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Table 12

Mean and Standard Deviation Scores of the Dependent Variables

by Gender, Race, and Age (Industrial Company)

Dependent Variable	N	Mean	Standard Deviation
FEMALES			
Propensity to self-refer for:			
Alcohol problems	126	2.21	1.09
Career problems	127	2.20	1.00
Drug problems	127	2.26	1.11
Emotional/psychological problems	127	2.20	1.02
Family/marital problems	127	2.43	1.08
Financial problems	127	2.54	0.98
Legal problems	126	2.38	1.06
Physical health problems	126	2.51	1.09
Propensity to act upon:			
Supervisor referral	126	1.38	0.64
Peer/co-worker referral	126	1.94	0.84
Overall Propensity to use EAP	127	2.21	0.73
MALES			
Propensity to self-refer for:			
Alcohol problems	82	2.37	1.11
Career problems	82	2.46	1.03
Drug problems	82	2.35	1.13
Emotional/psychological problems	82	2.33	0.90
Family/marital problems	81	2.63	0.97
Financial problems	81	2.75	0.92
Legal problems	81	2.44	1.04
Physical health problems	81	2.53	1.00
Propensity to act upon:			
Supervisor referral	81	1.69	0.83
Peer/co-worker referral	82	2.22	0.77
Overall Propensity to use EAP	82	2.39	0.69
BLACK			
Propensity to self-refer for:			
Alcohol problems	36	2.36	1.02
Career problems	36	2.08	0.91
Drug problems	36	2.50	1.08
Emotional/psychological problems	36	2.22	0.90
Family/marital problems	36	2.86	1.02
Financial problems	36	2.50	0.97
Legal problems	36	2.42	1.11
Physical health problems	36	2.42	1.11
Propensity to act upon:			
Supervisor referral	36	1.44	0.69
Peer/co-worker referral	36	1.89	0.67
Overall Propensity to use EAP	36	2.27	0.61

(table continues)

Dependent Variable	N	Mean	Standard Deviation

WHITE

Propensity to self-refer for:

Alcohol problems	172	2.26	1.11
Career problems	173	2.35	1.04
Drug problems	173	2.25	1.12
Emotional/psychological problems	173	2.25	1.00
Family/marital problems	172	2.43	1.03
Financial problems	172	2.65	0.96
Legal problems	171	2.40	1.04
Physical health problems	171	2.54	1.05

Propensity to act upon:

Supervisor referral	171	1.51	0.75
Peer/co-worker referral	172	2.09	0.85

Overall Propensity to use EAP	173	2.28	0.75

AGE 20-29

Propensity to self-refer for:

Alcohol problems	29	2.24	1.15
Career problems	29	2.31	1.11
Drug problems	29	2.28	1.10
Emotional/psychological problems	29	2.24	1.06
Family/marital problems	29	2.34	1.23
Financial problems	29	2.52	1.09
Legal problems	29	2.34	1.14
Physical health problems	29	2.38	1.18

Propensity to act upon:

Supervisor referral	29	1.31	0.47
Peer/co-worker referral	29	2.00	0.85

Overall Propensity to use EAP	29	2.20	0.75

AGE 30-39

Propensity to self-refer for:

Alcohol problems	82	2.33	1.10
Career problems	83	2.34	1.07
Drug problems	83	2.30	1.11
Emotional/psychological problems	83	2.25	0.99
Family/marital problems	82	2.56	1.04
Financial problems	82	2.65	1.01
Legal problems	81	2.56	1.11
Physical health problems	81	2.67	1.06

Propensity to act upon:

Supervisor referral	82	1.49	0.74
Peer/co-worker referral	82	2.07	0.90

Overall Propensity to use EAP	83	2.33	0.77

(table continues)

Dependent Variable	N	Mean	Standard Deviation
AGE 40-49			
Propensity to self-refer for:			
Alcohol problems	72	2.22	1.06
Career problems	72	2.26	0.96
Drug problems	72	2.29	1.12
Emotional/psychological problems	72	2.24	1.00
Family/marital problems	72	2.42	1.00
Financial problems	72	2.63	0.96
Legal problems	72	2.35	1.01
Physical health problems	72	2.49	1.03
Propensity to act upon:			
Supervisor referral	71	1.55	0.77
Peer/co-worker referral	72	2.03	0.77
Overall Propensity to use EAP	72	2.25	0.71
AGE 50-59			
Propensity to self-refer for:			
Alcohol problems	21	2.33	1.15
Career problems	21	2.38	0.86
Drug problems	21	2.48	1.21
Emotional/psychological problems	21	2.33	0.86
Family/marital problems	21	2.81	0.81
Financial problems	21	2.62	0.67
Legal problems	21	2.14	0.85
Physical health problems	21	2.24	0.94
Propensity to act upon:			
Supervisor referral	21	1.71	0.90
Peer/co-worker referral	21	2.19	0.68
Overall Propensity to use EAP	21	2.32	0.60
AGE 60-69			
Propensity to self-refer for:			
Alcohol problems	4	2.00	1.15
Career problems	4	2.00	1.41
Drug problems	4	1.50	1.00
Emotional/psychological problems	4	2.00	0.82
Family/marital problems	4	2.50	1.29
Financial problems	4	2.75	0.50
Legal problems	4	2.25	0.96
Physical health problems	4	2.50	1.00
Propensity to act upon:			
Supervisor referral	4	1.25	0.50
Peer/co-worker referral	4	1.75	0.96
Overall Propensity to use EAP	4	2.05	0.59

variables by gender, race and age. Mean scores for
propensity by gender indicated that both females and males
tended to be "somewhat likely" to self-refer for specific
problems and, overall, to utilize EAP services. For
propensity to act upon supervisor referrals, both males and
females were "very likely" to utilize EAP services. Mean
scores for acting upon peer/co-worker referrals were higher
for males than for females, suggesting that females had a
greater propensity to utilize the EAP if referred by a
peer/co-worker. Although mean scores for males and females
were in the same propensity category for each area of the
dependent variables except peer/co-worker, the mean scores
for males consistently were slightly higher than were the
means scores for females. Mean scores for propensity by
race indicated that blacks and whites were "somewhat
likely" to self-refer for specific types of EAP services
and overall, to utilize EAP services. As with gender, both
races were "very likely" to act upon supervisor referrals.
Most black employees were "very likely", whereas most white
employees were "somewhat likely" to act upon peer/co-worker
referrals.

For propensity by age, mean scores indicated that all
respondents, except for those 50 to 69 years of age, were
"somewhat likely", on average, to utilize EAP service and
to self-refer for specific problems. The 50 to 69 year-old
category was "very likely" to self-refer for drug problems.

All age groups were "very likely" to act upon supervisor
referrals, with the 20 to 29 and 60 to 69 year of age
categories having slightly lower means, suggesting greater
propensity. Overall, mean scores decreased as age
increased, suggesting that older employees had a greater
propensity than younger employees to utilize EAP services.

Pearson correlation coefficients for the socio-
demographic and the dependent variables (see Table 13)
indicate no significant relationship between age and any
area of propensity. Race was significantly negatively
correlated with employees propensity to self-refer for
family/marital problems (r=-.16, p<.05), suggesting that
blacks were less likely than whites to use EAP services for
family/marital problems. A significant positive
relationship existed between gender and employee's
propensity to act upon supervisor (r=.21, p<.01), and
peer/co-worker (r=.16, p<.05) referrals, suggesting that
males had less propensity in these two areas than females.
Significant relationships were also found between the
dependent variables and job category and education.
Specifically, individuals in higher-level jobs (i.e.,
professional, technical and managers, officials) had less
propensity to self-refer for financial problems.
Individuals with higher-level educational backgrounds had
less propensity to self-refer for career, financial, and
legal problems, and overall, to utilize EAP services.

Table 13

Pearson Correlation Coefficients for Dependent and Socio-

Demographic Variables (Industrial Company)

Dependent Variable	Age	Race	Gender	Job Category	Income	Edu-cation	No. of Dependents	Marital Status
Propensity to self-refer for:								
Alcohol problems	a -0.01718 b 0.8055 c 208	-0.03653 0.6004 208	0.06792 0.3297 208	-0.02781 0.6901 208	0.03390 0.6294 205	0.06310 0.3653 208	0.03756 0.5910 207	-0.00695 0.9205 209
Career problems	-0.01898 0.7851 209	0.09992 0.1500 209	0.12413 0.0733 209	-0.13508 0.0512 209	0.08102 0.2470 206	0.19282 0.0052 209	0.01814 0.7948 208	0.00781 0.9107 209
Drug problems	-0.00830 0.9050 209	-0.08323 0.2309 209	0.04110 0.5546 209	-0.04429 0.5243 209	0.01517 0.8286 206	0.08921 0.1990 209	0.03408 0.6251 208	0.03221 0.6434 209
Emotional/ psychological problems	-0.00072 0.9918 209	0.01242 0.8583 209	0.06625 0.3406 209	0.00130 0.9851 209	0.02197 0.7539 206	0.04157 0.5501 209	0.04685 0.5016 208	0.04661 0.5038 208
Family/ marital problems	0.05561 0.4250 208	-0.15708 0.0235 208	0.09606 0.1675 208	-0.04123 0.5543 208	0.01313 0.8518 205	0.04136 0.5530 208	0.02875 0.6809 207	0.04400 0.5280 208
Financial problems	0.02642 0.7048 208	0.05738 0.4103 208	0.11076 0.1112 208	-0.18668 0.0069 208	0.12388 0.0768 205	0.17175 0.0131 208	0.01256 0.8575 207	-0.03420 0.6247 207
Legal problems	-0.07680 0.2714 207	-0.00475 0.9458 207	0.02953 0.6727 207	-0.12581 0.0709 207	0.08740 0.2138 204	0.17836 0.0101 207	0.12371 0.0765 206	0.01739 0.8036 207
Physical health problems	-0.05050 0.4699 207	0.04366 0.5322 207	0.01062 0.8793 207	-0.07284 0.2970 207	0.05753 0.4137 204	0.11279 0.1056 207	0.07648 0.2746 206	-0.11933 0.0868 207
Propensity to act upon:								
Supervisor referral	0.10546 0.1304 207	0.03620 0.6046 207	0.20618 0.0029 207	-0.05510 0.4304 207	0.02785 0.6925 204	0.00125 0.9858 207	0.06860 0.3272 206	-0.02586 0.7108 208
Peer/ co-worker referral	0.01190 0.8645 208	0.09131 0.1896 208	0.16360 0.0182 208	-0.03754 0.5904 208	0.05671 0.4193 205	0.06047 0.3856 208	0.03018 0.6659 207	-0.00292 0.9665 209
Overall propensity to use EAP	-0.00297 0.9659 209	0.00506 0.9421 209	0.12131 0.0802 209	-0.10074 0.1467 209	0.07052 0.3138 206	0.13744 0.0472 209	0.06754 0.3324 208	-0.00870 0.9008 208

Note. a=Correlation Coefficient b=P Value c=Number of Respondents

Examination of the results of the stepwise regression procedure for the socio-demographic domain (see Table 14) indicate gender as a significant predictor of propensity to act upon supervisor ($R^2=.05$, $p<.01$) and peer/co-worker ($R^2=.03$, $p<.05$) referrals. Females had a greater propensity than did males to utilize EAP services if referred by their immediate supervisor or a peer/co-worker. Race was a significant predictor of propensity to self-refer for family/marital problems, yielding a negative coefficient and an R^2 value of .02. Blacks were indicated as less likely than whites to utilize the EAP for family/marital problems. Age did not enter the model as a significant predictor of any area of propensity. However, education was a significant predictor of propensity to self-refer for career ($R^2=.04$, $p<.01$) and legal ($R^2=.04$, $p<.05$) problems and overall, to utilize EAP services ($R^2=.02$, $p<.05$). Job category was a significant predictor of propensity to self-refer for financial problems ($R^2=.04$, $p<.05$). Propensity to utilize EAP services in these areas decreased as education and job levels increased.

Hypothesis Four: Social-Psychological Domain

The fourth hypothesis stated that the social-psychological domain will be the best predictor of employees' propensity to utilize EAP services. Mean and standard deviation scores for the continuous independent

Table 14

Results of Stepwise Procedure for Socio-demographic Domain (Model 1) for Industrial Company

Dependent Variables	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to self-refer for:						
Alcohol problems	-	-	-	-	-	-
Career problems	Education	1.75	0.16	8.30	<.01	0.04
Drug problems	-	-	-	-	-	-
Emotional/psychological problems	-	-	-	-	-	-
Family/marital problems	Race	3.69	-0.42	4.60	0.03	0.02
Financial problems	Job Category	2.92	-0.11	8.15	<.01	0.04
Legal problems	Education	1.84	0.16	7.60	0.01	0.04
Physical health problems	-	-	-	-	-	-
Propensity to act upon:						
Supervisor referral	Gender	1.05	0.32	12.21	<.01	0.05
Peer/co-worker referral	Gender	1.63	0.29	6.34	0.01	0.03
Overall propensity to use EAP	Education	1.97	0.08	4.54	0.03	0.02

$p \leq .05$

variables by domain are reported in Table 15. Of the
eight major categories of problems, employees reported the
most problems in the physical health category (M=4.18),
followed by family/marital (M=3.23), career (M=2.36),
emotional/psychological (M=2.35), financial (M=1.70), legal
(M=0.28), drug (M=0.23), and alcohol (M=0.16) categories.
Employees perceived more problems to be serious in the
physical health (M=1.13) and emotional/psychological
(M=1.05) categories. Few employees reported additional
problems or perceived additional problems to be serious
beyond those provided in the questionnaire.

Regarding problem attribution, employees scored toward
the internal end of the I-E Scale (M=9.74), suggesting that
they attribute their problems to consequences of their
behavior or their characteristics. As determined by a
t-test procedure, the means of the I-E Scale for blacks
(M=10.50) and whites (M=9.58) were not significantly
different. However, significant differences were found
between female (M=10.25) and male (M=8.94) mean I-E Scale
scores; females were less internal in the way they
attribute their problems than were males.

As presented in Table 16, 20 employees (i.e., 14
females and 6 males and 1 black and 19 whites) reported
having used their EAP services, representing an overall
utilization rate of 9.56%. A higher percentage of
employees, who had previously used than not previously used

Table 15

Mean and Standard Deviation Scores for Continuous Independent

Variables by Domain (Industrial Company)

Variables	N	Mean	Standard Deviation
	Socio-demographic Domain		
Age	209	3.46	0.92
Job category	209	2.82	1.72
Income	206	4.84	1.52
Educational level	209	3.52	1.27
No. of dependents	208	2.38	1.21
Marital status	209	1.61	1.28

	Social-psychological Domain		
Recognition of problems:			
Physical health	209	4.18	3.21
Financial	209	1.70	2.01
Legal	209	0.28	0.59
Family/marital	209	3.23	3.40
Emotional/ psychological	209	2.35	3.00
Career	209	2.36	2.23
Alcohol	209	0.16	0.80
Drug	209	0.23	0.55
Other	209	0.20	0.14

(table continues)

Variables	N	Mean	Standard Deviation
Severity of problems:			
Physical health	209	1.13	1.85
Financial	209	0.56	1.23
Legal	209	0.14	0.45
Family/marital	209	1.05	2.54
Emotional/ psychological	209	0.67	1.94
Career	209	0.67	1.39
Alcohol	209	0.04	0.43
Drug	209	0.05	0.24
Other	209	0.00	0.10
Problem attribution	209	9.74	4.33

Socio-cultural Domain

Network size:			
Friend	209	2.56	0.77
Family	208	2.51	0.75
Perceived social support:			
From friend	209	13.99	4.78
From family	209	15.41	5.15

Organizational Domain

Supervisor attitude toward:

Overall EAP	202	2.02	.80

(table continues)

Variables	N	Mean	Standard Deviation
Helpfulness of EAP	203	2.10	.81
Cost of EAP	205	3.30	1.00
Convenience of EAP	201	2.16	.76
Sanctions regarding use of EAP:			
Negatively affects career with company	207	1.71	.73
Causes loss of respect among co-workers	207	1.57	.66
Helps employees to continue work with company	207	2.58	.78
Knowledge of why company began EAP:			
Help employees continue to work with company	209	3.08	.87
Help management "keep eye" on troubled employees	208	1.82	.89
Help only a "select group" of employees	208	1.33	.66
Overall helpfulness of EAP	203	1.92	.68

(table continues)

Variables	N	Mean	Standard Deviation
Helpfulness of EAP in assisting with personal problems	199	1.98	.72

	Community Domain		
Convenience of community resources	200	2.24	0.88
Helpfulness of community resources	197	2.11	0.68
Cost of community resources	204	2.95	1.16

Table 16

Frequency and Percentage of Previous of EAP Services by the

Dependent Variables (Industrial Company)

Previous Use	Propensity Rating Scale			
	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely

Propensity to self-refer for:

Alcohol problems

Yes	*10	6	2	2
	**4.81	2.88	0.96	0.96
No	53	59	38	38
	25.48	28.37	18.27	18.27

Career problems

Yes	7	6	6	1
	3.35	2.87	2.87	0.48
No	45	69	42	33
	21.53	33.01	20.10	15.79

Drug problems

Yes	11	4	3	2
	5.26	1.91	1.44	0.96
No	53	59	35	42
	25.36	28.23	16.75	20.10

Emotional/psychological problems

Yes	14	3	2	1
	6.70	1.44	0.96	0.48
No	37	81	43	28
	17.70	38.76	20.57	13.40

Family/marital problems

Yes	11	4	4	1
	5.29	1.92	1.92	0.48
No	30	62	52	44
	14.42	29.81	25.00	21.15

Previous Use	Propensity Rating Scale			
	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
	Financial problems			
Yes	4	7	7	2
	1.92	3.37	3.37	0.96
No	21	68	55	44
	10.10	32.69	26.44	21.15
	Legal problems			
Yes	8	6	4	2
	3.86	2.90	1.93	0.97
No	39	65	43	40
	18.84	31.40	20.77	19.32
	Physical health problems			
Yes	6	5	7	2
	2.90	2.42	3.38	0.97
No	36	58	48	45
	17.39	28.02	23.19	21.74

Propensity to act upon:

	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
	Supervisor referral			
Yes	6	5	7	2
	2.90	2.42	3.38	0.97
No	36	58	48	45
	17.39	28.02	23.19	21.74
	Peer/co-worker referral			
Yes	7	8	3	2
	3.37	3.85	1.44	0.96
No	48	89	43	8
	23.08	42.79	20.67	3.85

Note. *Frequency **Percent

their EAP services, reported that they were "very likely" to utilize their EAP. A majority of the employees who had not used their EAP reported that they were "somewhat likely" to utilize it. Consistently a higher percentage of non-previous EAP users than EAP-users reported that they were "not at all likely" to self-refer for specific problems, and to utilize their EAP if referred by their supervisors. However, the reverse situation was present for utilizing their EAP if referred by a peer/co-worker; a higher percentage of previous users were "not at all likely" to act upon peer/co-worker referral.

Pearson correlation coefficients for the dependent and social-psychological variables (see Table 17) indicate a significant negative correlation between recognition of family/marital problems ($r=-.18$, $p<.05$) and propensity to self-refer for that type of problem. Individuals who perceived their family/marital problems to be many, were likely to self-refer for family/marital problems. No other significant relationship was found between recognition of a specific problem and propensity to self-refer for that problem. However recognition of alcohol problems had a significant positive correlation with propensity to self-refer for physical health problems ($r=.14$, $p<.05$). Recognition of drug problems had a significant positive relationship with propensity to act upon supervisor referrals ($r=.16$, $p<.05$).

Table 17

Pearson Correlation Coefficients for Dependent and Social-Psychological Variables

(Industrial Company)

| | Propensity to self-refer for: | | | | | | | | Propensity to act upon: | | |
Variable	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Finan- cial problems	Legal problems	Physical health problems	Super- visor referrals	Peer/ coworker referrals	Overall propensity
Recognition of:											
Physical health problems	a 0.07705 b 0.2687 c 208	-0.05233 0.4518 209	0.05326 0.4437 209	0.05901 0.3960 209	0.02579 0.7115 208	-0.06599 0.3436 208	-0.04962 0.4777 207	-0.06841 0.3274 207	-0.06063 0.3855 207	-0.00751 0.9143 208	-0.01550 0.8237 209
Financial problems	0.00378 0.9568 208	-0.02515 0.7178 209	0.00577 0.9340 209	0.06041 0.3849 209	-0.00048 0.9945 208	-0.09557 0.1697 208	-0.00517 0.9411 207	-0.01259 0.8572 207	0.02343 0.7376 207	0.04446 0.5237 208	-0.00689 0.9212 209
Legal problems	0.00830 0.9053 208	-0.08627 0.2143 209	0.09364 0.1775 209	0.04655 0.5033 209	-0.02585 0.7109 208	-0.09367 0.1784 208	-0.05111 0.4645 207	-0.10112 0.1471 207	-0.05195 0.4572 207	-0.05046 0.4692 208	-0.03953 0.5699 209
Family/ marital problems	0.00652 0.9255 208	-0.04574 0.5107 209	-0.00447 0.9487 209	-0.02918 0.6749 209	-0.17920 0.0096 208	-0.09056 0.1933 208	-0.07279 0.2973 207	-0.11461 0.1001 207	-0.10167 0.1449 207	0.04186 0.5483 208	-0.08424 0.2253 209
Emotional/ psychological problems	0.04626 0.5070 208	-0.03040 0.6622 209	0.05068 0.4662 209	0.00301 0.9655 209	-0.09100 0.1912 208	-0.04104 0.5561 208	-0.01202 0.8636 207	-0.05168 0.4596 207	-0.04309 0.5375 207	-0.02922 0.6752 208	-0.02740 0.6937 209
Career problems	0.08771 0.2077 208	0.06126 0.3783 209	0.08813 0.2045 209	0.07114 0.3060 209	0.05018 0.4717 208	0.11315 0.1037 208	0.13349 0.0552 207	0.10719 0.1242 207	0.10335 0.1383 207	0.06033 0.3867 208	0.11939 0.0851 209
Alcohol problems	0.10322 0.1379 208	0.09207 0.1849 209	0.09660 0.1641 209	-0.00899 0.8972 209	0.06292 0.3666 208	0.12521 0.0716 208	0.08751 0.2099 207	0.14005 0.0441 207	0.03221 0.6450 207	0.10414 0.1344 208	0.11486 0.0977 209
Drug problems	0.01255 0.8572 208	0.05967 0.3908 209	0.00361 0.9586 209	0.02498 0.7196 209	0.05254 0.4510 208	0.06913 0.3211 208	0.05920 0.3968 207	0.06357 0.3628 207	0.15898 0.0221 207	-0.03805 0.5853 208	0.05791 0.4049 209
Other problems	-0.06729 0.3342 208	-0.04204 0.5456 209	-0.06851 0.3243 209	-0.14296 0.0389 209	-0.03438 0.6220 208	-0.01756 0.8012 208	-0.05429 0.4372 207	0.03106 0.6568 207	-0.09599 0.1689 207	0.07620 0.2740 208	-0.05864 0.3990 209

(table continues)

	Propensity to self-refer for:								Propensity to act upon:		
Variable	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Finan- cial problems	Legal problems	Physical health problems	Super- visor referrals	Peer/ coworker referrals	Overall propensity
Severity of:											
Physical health problems	0.05327 0.4448 208	-0.01088 0.8758 209	0.07211 0.2995 209	0.07515 0.2795 209	0.03727 0.5930 208	-0.04715 0.4989 208	-0.01481 0.8322 207	0.01241 0.8591 207	-0.01090 0.8761 207	0.03964 0.5697 208	0.02814 0.6859 209
Financial problems	-0.11059 0.1118 208	-0.05958 0.3915 209	-0.07504 0.2802 209	0.00456 0.9478 209	-0.02853 0.6825 208	-0.17555 0.0112 208	-0.07421 0.2879 207	-0.05207 0.4562 207	-0.09051 0.1946 207	-0.01971 0.7775 208	-0.09382 0.1766 209
Legal problems	-0.09649 0.1656 208	-0.12319 0.0756 209	0.00376 0.9569 209	-0.02395 0.7307 209	-0.02691 0.6996 208	-0.12128 0.0810 208	-0.11896 0.0878 207	-0.12074 0.0831 207	-0.12372 0.0757 207	-0.10988 0.1141 208	-0.11638 0.0933 209
Family/ marital problems	-0.00871 0.9006 208	-0.11899 0.0862 209	0.01362 0.8448 209	-0.01837 0.7917 209	-0.16356 0.0182 208	-0.14008 0.0436 208	-0.09791 0.1605 207	-0.13389 0.0544 207	-0.13399 0.0542 207	-0.04056 0.5608 208	-0.11221 0.1058 209
Emotional/ psychological problems	0.02935 0.6739 208	-0.04025 0.5628 209	0.01723 0.8044 209	-0.04455 0.5218 209	-0.10075 0.1476 208	-0.06004 0.3889 208	0.03153 0.6520 207	-0.01145 0.8700 207	-0.03348 0.6320 207	0.04420 0.5261 208	-0.02260 0.7453 209
Career problems	0.05523 0.4282 208	-0.00060 0.9931 209	0.08744 0.2081 209	0.05642 0.4171 209	0.02281 0.7437 208	0.01648 0.8132 208	0.03907 0.5762 207	0.00699 0.9204 207	0.06826 0.3285 207	0.09519 0.1714 208	0.06426 0.3553 209
Alcohol problems	0.03943 0.5717 208	0.05038 0.4688 209	0.03666 0.5982 209	-0.02298 0.7412 209	0.02135 0.7596 208	0.10653 0.1257 208	0.09445 0.1758 207	0.10602 0.1284 207	-0.03111 0.6563 207	0.06291 0.3667 208	0.06538 0.3469 209
Drug problems	-0.03260 0.6401 208	-0.06133 0.3777 209	-0.03596 0.6052 209	-0.07283 0.2946 209	-0.02063 0.7674 208	-0.02562 0.7133 208	-0.05969 0.3929 207	-0.00329 0.9625 207	-0.05642 0.4194 207	-0.06288 0.3669 208	-0.05868 0.3987 209
Other problems	-0.02476 0.7226 208	-0.02958 0.6707 209	-0.02616 0.7069 209	-0.07542 0.2778 209	0.04702 0.5001 208	0.09047 0.1938 208	0.00887 0.8991 207	0.09218 0.1865 207	-0.06754 0.3336 207	0.17354 0.0122 208	0.02355 0.7350 209
Previous use of EAP	0.14177 0.0411 208	0.08191 0.2384 209	0.14496 0.0362 209	0.24959 0.0003 209	0.23724 0.0006 208	0.09197 0.1864 208	0.12647 0.0694 207	0.08286 0.2352 207	0.01243 0.8589 207	0.02099 0.7634 208	0.16592 0.0164 209
Problem attribution	0.19667 0.0044 208	0.06184 0.3737 209	0.18307 0.0080 209	0.22650 0.0010 209	0.20773 0.0026 208	0.10479 0.1320 208	0.08854 0.2046 207	0.11291 0.1053 207	0.00249 0.9716 207	0.08496 0.2224 208	0.17971 0.0092 209

Note. a=Correlation Coefficient   b=P Value   c=Number of Respondents

Perceived severity of financial (r=-.18, p<.05) and family/marital (r=-.16, p<.05) problems were significantly negatively related to propensity to self-refer for those problems. Individuals with serious financial and family/marital problems were likely to self-refer for these problems.

Previous use of EAP services had a significant positive relationship with propensity to self-refer for alcohol (r=.14, p<.05), drug (r=.14, p<.05), emotional/psychological (r=.25, p<.01), and financial (r=.24, p<.01) problems. Employees who had previously used EAP services reported a greater propensity to self-refer for alcohol, drug, emotional/psychological, and family/marital problems. No significant relationships were found between previous use of EAP services and propensity to self-refer for career, financial, legal, or physical health problems. In addition, no significant relationships were found between previous use of EAP services and propensity to act upon supervisor or peer/co-worker referrals. However a significant positive relationship was found between previous use of EAP services and overall propensity to utilize EAP services (r=.17, p<.05).

A significant positive relationship existed between problem attribution and employee's propensity to self-refer for alcohol (r=.20, p<.01), drug (r=.18, p<.05), emotional/psychological (r =.23, p<.01) and family/marital

(r=.21, p<.01) problems. This positive correlation suggests that employees who attribute their problems to external influences had less propensity to self-refer for alcohol, drug, emotional/psychological, and family/marital problems than individuals who attribute their problems to internal influences. No significant relationships were found between problem attribution and propensity to self-refer for career, financial, legal, or physical health problems, as well as propensity to act upon supervisor or peer/co-worker referrals. Overall propensity to utilize EAP services was significantly related to problem attribution (r=.18, p<.05), suggesting that individuals who attribute their problems to external factors have less propensity to utilize EAP services than individuals who attribute their problems to internal factors.

Results of the stepwise regression procedure for the social-psychological domain (see Table 18) indicate problem attribution and severity of financial problem as significant predictors of propensity to self-refer for alcohol problems (R^2=.06). No significant predictors were indicated for propensity to self-refer for career and legal problems. Problem attribution was a significant predictor of propensity to self-refer for drug problems (R^2=.03). For propensity to self-refer for emotional/psychological problems, previous use of EAP services and problem attribution were significant predictors (R^2=.10).

Table 18

Results of Stepwise Procedure for Social-psychological Domain (Model 2) for

Industrial Company

Dependent Variables	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to self-refer for:						
Alcohol problems	Problem attribution		0.06	8.29	<.01	
		1.79				
	Severity of financial problem		−0.14	5.04	0.02	0.06
Career problems	−	−	−	−	−	−
Drug problems	Problem attribution	1.84	0.05	7.18	0.01	0.03
Emotional/ psychological problems	Previous use of EAP	0.33	0.77	13.75	<.01	
	Problem attribution		0.05	9.75	<.01	0.10
Family/marital problems	Previous use of EAP		0.79	12.29	<.01	
	Problem attribution	0.69	0.05	7.98	0.01	
	Recognition of family/marital problems		−0.07	11.29	<.01	0.14
Financial problems	Severity of financial problems		−0.16	6.55	0.01	
		2.55				
	Recognition of career problems		0.07	4.89	0.03	0.05

(table continues)

Dependent Variables	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R2
Legal problems	–	–	–	–	–	–
Physical health problems	Recognition of alcohol problems	2.49	0.18	4.10	0.04	0.02
Propensity to act upon:						
Supervisor referral	Severity of family/ marital problems	1.49	-0.04	5.32	0.02	
	Recognition of drug problems		0.23	4.76	0.03	0.05
Peer/co-worker referral	Severity of other problems	2.04	1.46	6.40	0.01	0.03
Overall propensity to use EAP	Problem attribution		0.03	6.91	0.01	
	Severity of family/ marital problems	1.31	-0.04	4.98	0.03	
	Previous use of EAP		0.37	4.15	0.04	0.07

Accounting for approximately 14 percent of the variance in propensity to self-refer for family/marital problems, previous use of EAP services, problem attribution, and recognition of family/marital problems were significant predictors. Yielding an R square value of .05, severity of financial problems and recognition of career problems were significant predictors of propensity to self-refer for financial problems. Propensity to self-refer for physical health problems was significantly predicted by recognition of alcohol problems (R^2=.02). Propensity to act upon supervisor referral was significantly predicted by severity of family/marital problems and recognition of drug problems, yielding an R^2 value of .05. Propensity to act upon peer/co-worker referral was significantly predicted by severity of other problems (R^2=.03). Problem attribution, severity of family/marital problems and previous use of EAP services were significant predictors of overall propensity to utilize EAP services (R^2=.07).

Hypothesis Five: Problem Severity and Problem Attribution

The fifth hypothesis stated that employees who report problems serious enough for professional help and who attribute their problems to external influences, will have greater propensity to utilize EAP services than will employees who do not perceive any problems serious enough for professional help, and who attribute their problems to internal influences.

The mean and standard deviation scores for problem severity and problem attribution are reported in Table 14. Pearson correlation coefficients for problem severity and problem attribution indicate that severity of physical health ($r=.15$, $p<.05$), financial ($r=.20$, $p<.01$), emotional/psychological ($r=.14$, $p<.05$), and career ($r=.22$, $p<.01$) problems and overall problem severity ($r=.21$, $p<.01$) were significantly correlated with problem attribution, suggesting that employees who perceived their problems to be severe, tend to attribute their problems to external factors.

Interaction between specific and overall problem severity and problem attribution were examined in the stepwise regression procedure for the social-psychological domain (see Table 18). Interaction between problem severity and problem attribution were not indicated as significant predictors of any area of propensity.

Hypothesis Six: Perceived Social Support.

The sixth hypothesis stated that employees who perceive greater social support from a friend network will have greater propensity to utilize EAP services.

Mean and standard deviation scores for the socio-cultural domain (see Table 15) indicate that employees perceived their friend ($M=13.99$) and family ($M=15.41$) networks to be supportive, with family network being slightly more supportive than friend network. Using a

t-test procedure, race and gender differences between perceived social support from family and from friends were computed. No significant differences were found for blacks and whites, between perceived social support from family network and from friend network. No significant difference was found for males and females, between perceived social support from family members, but significant differences were found between the amount of perceived social support from friend network for females (M=15.00) and males (M=12.35). Females perceived their friend network to be more supportive than did males.

Pearson correlation coefficients for the dependent and socio-cultural variables are provided in Table 19. Perceived social support from friend and family were not significantly correlated with any area of propensity. Family network complexity (i.e., network members who communicate with each other) had a significant negative relationship with propensity to self-refer for family/marital problems (r=.15, p<.05). Individuals with complex family networks had less propensity to self-refer for family/marital problems than individuals whose family networks were not complex. Family network complexity was not significantly correlated with any other dependent variable. Friend network complexity was not significantly correlated with any of the dependent variables.

Table 19

Pearson Correlation Coefficients of Dependent and Socio-

Cultural Variables (Industrial Company)

Dependent Variable	Friend Network:		Family Network:		Social Support:	
	Size	Complexity	Size	Complexity	Family	Friend
Propensity to self-refer for:						
Alcohol problems	[a]-0.02346	-0.06797	0.04695	-0.07526	-0.00780	-0.08574
	[b] 0.7366	0.3305	0.5007	0.2835	0.9110	0.2182
	[c] 208	207	208	205	208	208
Career problems	-0.07044	-0.00537	0.10676	-0.01263	-0.03417	-0.01784
	0.3108	0.9386	0.1248	0.8574	0.6233	0.7976
	209	208	208	205	209	209
Drug problems	-0.00230	-0.03521	0.01673	-0.05004	0.02715	-0.07308
	0.9737	0.6136	0.8104	0.4762	0.6964	0.2930
	209	208	208	205	209	209
Emotional/ psychological problems	-0.10111	-0.05721	0.01671	-0.05506	0.02825	0.01620
	0.1452	0.4118	0.8107	0.4329	0.6847	0.8159
	209	208	208	205	209	209
Family/ marital problems	-0.12177	-0.08024	-0.01412	-0.14633	0.11974	0.10723
	0.0798	0.2504	0.8400	0.0368	0.0849	0.1232
	208	207	207	204	208	208
Financial problems	-0.04971	-0.01367	0.08065	-0.00530	0.06240	0.04059
	0.4758	0.8451	0.2480	0.9400	0.3706	0.5605
	208	207	207	204	208	208
Legal problems	-0.15351	0.06293	0.01129	-0.04585	0.04851	0.02123
	0.0272	0.3688	0.8720	0.5160	0.4876	0.7614
	207	206	206	203	207	207
Physical health problems	-0.03630	0.03866	0.07853	-0.03891	-0.02027	0.04581
	0.6035	0.5812	0.2607	0.5806	0.7719	0.5122
	207	206	207	204	207	207
Propensity to act upon:						
Supervisor referral	-0.10475	-0.07689	0.03072	-0.02158	0.02273	-0.11959
	0.1331	0.2720	0.6611	0.7599	0.7451	0.0861
	207	206	206	203	207	207
Peer/co-worker referral	-0.17009	-0.09182	-0.05176	-0.06152	0.05954	-0.02647
	0.0140	0.1882	0.4578	0.3809	0.3930	0.7043
	208	207	208	205	208	208
Overall propensity to use EAP	-0.11763	-0.04197	0.03675	-0.07427	0.03802	-0.01128
	0.0898	0.5472	0.5982	0.2899	0.5847	0.8712
	209	208	208	205	209	209

Note. a=Correlation Coefficient b=P Value c=Number of Respondents

Stepwise regression procedure for the socio-cultural domain (see Table 20) indicate complexity of family network as a significant predictor of propensity to self-refer for family/marital problems, yielding an R^2 value of .02. The negative coefficient suggests that individuals with complex family networks had less propensity to self-refer for family/marital problems. No other significant predictors were indicated for propensity to self-refer for specific problems. Large supportive friend networks and large supportive family networks were significant predictors of propensity to act upon supervisor referrals (R^2=.07). Yielding an R^2 value of .03, size of friend network was a significant predictor of propensity to act upon peer/co-worker referral. Individuals with large friend networks were less likely to act upon peer/co-worker referrals than individuals with small friend networks. No significant predictors from this domain were shown for overall propensity to utilize EAP services.

<u>Hypothesis Seven: Network Size and Perceived Social</u>
<u>Support</u>

The seventh hypothesis stated that employees who have a social-support network consisting of many friends and who perceive this network to be supportive, will report a greater propensity to utilize EAP services than will employees who have social-support networks consisting of many family members and who perceive this network to be

Table 20

Results of Stepwise Procedure for Socio-cultural Domain (Model 3) for Industrial Company

Dependent Variables	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to self-refer for:						
Alcohol problems	-	-	-	-	-	-
Career problems	-	-	-	-	-	-
Drug problems	-	-	-	-	-	-
Emotional/psychological problems	-	-	-	-	-	-
Family/marital problems	Complexity of family network	2.97	-0.39	4.34	0.04	0.02
Financial problems	-	-	-	-	-	-
Legal problems	-	-	-	-	-	-
Physical health problems	-	-	-	-	-	-
Propensity to act upon:						
Supervisor referral	Large supportive friend network	1.66	0.01	8.50	<.01	
	Large supportive family network		0.01	5.15	0.02	0.07
Peer/co-worker referral	Size of friend network	2.51	-0.18	5.86	0.02	0.03
Overall propensity to use EAP	-	-	-	-	-	-

p ≤.05

supportive. The mean score indicated that employees'
friend (M=2.56) and family (M=2.51) networks consisted of
several individuals (i.e., 3 to 5) (see Table 15). As
shown in Table 19 size of employee's friend network was
significantly negatively related to propensity to self-
refer for legal problems (r=-.15, p<.05), and propensity to
act upon peer/co-worker referrals (r=.17, p<.05).
Individuals with large friend networks were less likely to
self-refer for legal problems and to act upon peer/co-
worker referrals than individuals with small friend
networks. No other area of propensity was significantly
correlated with friend or family network size.
Interaction variables for perceived social support from
friend and friend network size and perceived social support
from family and family network size were created. Pearson
correlation for the interaction variable for perceived
social support from friends and family network size, and
perceived social support from family and family network
size yield a significant positive relationship
(r=.35, p<.01); individuals who had large supportive
friend networks also had large supportive family networks.

The stepwise regression procedure for the socio-
cultural domain (see Table 20), reveal that the interaction
between perceived social support from friend and friend
network size and the interaction between perceived social
support from family and family network size were

significant predictors of propensity to act upon supervisor

referral (R^2=.07). Individuals with large supportive

friend networks were less likely to act upon supervisor

referrals than individuals with small supportive friend

networks. Conversely, individuals with large supportive

family networks were more likely to act upon supervisor

referral than individuals with small supportive family

networks. Neither of the two interaction variables was a

significant predictor of any other area of propensity.

Hypothesis Eight: Organizational Views

The eighth hypothesis stated that employees who report

positive views regarding organizational factors will have a

greater propensity to utilize EAP services than will

employees who report negative views regarding

organizational factors. These views were measured on a

scale of 1 = "very likely" to 5 = "not at all likely".

Mean and standard deviation scores for the continuous

variables under the organizational domain (see Table 15)

indicate that employees thought their EAP was probably

begun to help employees continue to work with the company

(M=3.08), to possibly help management keep an eye on

employees (M=1.82) and not to help only a "select group" of

employees who have problems continue to work with the

company (M=1.33). Employees consider their EAP to be

somewhat convenient (M=2.16), very helpful (M=1.92), and

too expensive to use (M=3.30). In terms of sanctions

regarding use of EAP services, employees indicated that
utilization of EAP services would not negatively affect
their careers in the company (M=1.71), would not cause them
to lose respect among fellow employees (M=1.57), and
possibly would help them to continue working with the
company (M=2.58). Employees reported that they believed
their immediate supervisors regarded the EAP as somewhat
helpful (M=2.02).

For the categorical variables under the organizational
domain, frequency distributions (see Table 21) indicate
that a majority of the employees knew procedures to follow
to receive EAP services (56.5%). In addition, most
employees knew that their EAP provided assistance for
alcohol (96.2%), career (62.7%), drug (96.2%),
emotional/psychological (97.1%), family/marital (94.3%),
financial (62.5%), legal (52.6%), and physical health
(57.9%) problems and perceived that their supervisor
believed that referring employees to the EAP reflected upon
the supervisor well or had no effect (93.57%). A majority
(63.0%) of employees indicated that they were not sure
whether the cost of EAP would keep them from using the
services, while 20.7% reported the cost would, and 16.3%
reported the cost would not, keep them from using the EAP
services. An almost equal percentage of employees
indicated "yes" (46.2%) and "not sure" (46.6%) that use of
their EAP is kept confidential by the EAP staff. A

Table 21

Frequency and Percentage of Categorical Organizational

Variables (Industrial Company)

Variables	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Knowledge of EAP procedures				
Yes	118	56.5	118	56.5
Not Sure	58	27.8	176	84.2
No	33	15.8	209	100.0
Knowledge of EAP services for:				
Alcohol problems				
Yes	201	96.2	201	96.2
No	8	3.8	209	100.0
Career problems				
Yes	131	62.7	131	62.7
No	78	37.3	209	100.0
Drug problems				
Yes	201	96.2	201	96.2
No	8	3.8	209	100.0
Emotional/psychological problems				
Yes	203	97.1	203	97.1
No	6	2.9	209	100.0
Family/marital problems				
Yes	197	94.3	197	94.3
No	12	5.7	209	100.0

(table continues)

Variables	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Financial problems				
Yes	130	62.5	130	62.5
No	77	37.0	207	99.5
Legal problems				
Yes	110	52.6	110	52.6
No	97	46.4	207	99.0
Physical health problems				
Yes	121	57.9	121	57.9
No	88	42.1	209	100.0
Reflection upon referring supervisor				
Poorly	13	6.4	13	6.4
Has No Effect	134	66.3	147	72.8
Well	55	27.2	202	100.0
Confidentiality of EAP staff				
Yes	96	46.2	96	46.2
Not Sure	97	46.6	193	92.8
No	15	7.2	208	100.0
Confidentiality of referring supervisor				
Yes	59	28.4	59	28.4
Not Sure	116	55.8	175	84.1
No	33	15.9	208	100.0
Confidentiality of employee's company				
Yes	78	37.7	78	37.7
Not Sure	100	48.3	178	86.0
No	29	14.0	207	100.0

(table continues)

Variables	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Cost of EAP services for specific problems				
Yes	43	20.7	43	20.7
Not Sure	131	62.9	174	83.7
No	34	16.4	208	100.0

majority of employees were not sure (55.8%), while 28.4%

believed and 15.9% did not believe that use of the EAP was

kept confidential by the referring supervisor. In terms of

confidentiality of employee's company, 37.7% reported

"yes", 48.3% reported "not sure", and 14.0% reported "no"

that their company insured the privacy of employees who

used their EAP.

Pearson correlation coefficients for the dependent and

organizational variables (see Table 22) indicate

significant positive relationships between employee's

perception of their supervisor's attitude toward the

helpfulness of the EAP and all areas of propensity, except

for propensity to self-refer for career and legal problems.

Employees who thought their immediate supervisor considered

the EAP to be helpful were more likely to utilize EAP

services than employees who did not think their immediate

supervisor considered the EAP helpful.

Significant negative correlations were found between

propensity to self-refer for alcohol ($r=-.16$, $p<.05$), drug

($r=-19$, $p<.05$), and emotional/psychological problems

($r=-.14$, $p<.05$), overall propensity to utilize EAP services

($r=.14$, $p<.05$) and employee's perception of how their

immediate supervisor believed that referring employees to

the company's EAP reflected upon the supervisor. Employees

who believed that their immediate supervisor thought

referring employees to the company's EAP reflected upon

Table 22

Pearson Correlation Coefficients of Dependent and Organizational

Variables (Industrial Company)

Dependent Variable	Supervisor's Attitude Toward:			Cost of EAP:		
	Overall helpfulness	Specific services	Referring employees	Overall cost	Specific services	Convenience of EAP
Propensity to self-refer for:						
Alcohol problems	a 0.32955 b 0.0001 c 202	0.31173 0.0001 202	-0.16113 0.0223 201	0.09815 0.1615 205	-0.01077 0.8776 207	0.24550 0.0005 200
Career problems	0.13689 0.0521 202	0.12880 0.0670 203	-0.11993 0.0891 202	0.09681 0.1673 205	0.04452 0.5231 208	0.15193 0.0313 201
Drug problems	0.33837 0.0001 202	0.31781 0.0001 203	-0.18969 0.0069 202	0.12789 0.0676 205	-0.00906 0.8966 208	0.25868 0.0002 201
Emotional/ psychological problems	0.26407 0.0001 202	0.22596 0.0012 203	-0.13831 0.0497 202	0.09604 0.1707 205	0.00238 0.9727 208	0.24948 0.0004 201
Family/ marital problems	0.20852 0.0030 201	0.17132 0.0148 202	-0.11608 0.1008 201	0.06302 0.3705 204	0.05071 0.4681 207	0.23903 0.0007 200
Financial problems	0.17486 0.0130 201	0.12280 0.0817 202	-0.10478 0.1388 201	0.22099 0.0015 204	0.05469 0.4338 207	0.13131 0.0638 200
Legal problems	0.13702 0.0524 201	0.11120 0.1151 202	-0.04334 0.5413 201	0.20960 0.0027 203	-0.02829 0.6865 206	0.12873 0.0700 199
Physical health problems	0.15073 0.0327 201	0.12977 0.0663 201	-0.03542 0.6185 200	0.14334 0.0408 204	-0.02486 0.7228 206	0.11143 0.1172 199
Propensity to act upon:						
Supervisor referral	0.21841 0.0018 201	0.20457 0.0035 202	-0.10808 0.1267 201	0.07176 0.3090 203	0.07080 0.3119 206	0.09927 0.1630 199
Peer/ co-worker referral	0.18871 0.0072 202	0.17285 0.0139 202	-0.04566 0.5198 201	0.06518 0.3531 205	0.02389 0.7325 207	0.16786 0.0175 200
Overall propensity to use EAP	0.29955 0.0001 202	0.25964 0.0002 203	-0.14356 0.0415 202	0.16136 0.0208 205	0.02191 0.7534 208	0.25319 0.0003 201

(table continues)

Dependent Variable	Confidentiality of:			Perceived Sanctions:		
	EAP Staff	Referring Supervisor	Employee's Company	Affect Career	Lose Respect	Help Keep Job
Propensity to self-refer for:						
Alcohol problems	0.28671 0.0001 208	0.24380 0.0004 208	0.25554 0.0002 207	0.25483 0.0002 207	0.23567 0.0006 207	-0.05054 0.4695 207
Career problems	0.06515 0.3498 208	0.08578 0.2179 208	0.18547 0.0075 207	0.13107 0.0598 207	0.12119 0.0819 207	-0.03784 0.5883 207
Drug problems	0.26917 0.0001 208	0.27017 0.0001 208	0.26567 0.0001 207	0.23041 0.0008 207	0.24135 0.0005 207	-0.08012 0.2511 207
Emotional/ psychological problems	0.34035 0.0001 208	0.21420 0.0019 208	0.30493 0.0001 207	0.29967 0.0001 207	0.20444 0.0031 207	-0.06900 0.3232 207
Family/ marital problems	0.25868 0.0002 207	0.13500 0.0524 207	0.23520 0.0007 206	0.28707 0.0001 206	0.18739 0.0070 206	-0.13887 0.0465 206
Financial problems	0.09712 0.1639 207	0.12630 0.0698 207	0.16085 0.0209 206	0.10731 0.1247 206	0.06738 0.3359 206	-0.13233 0.0579 206
Legal problems	0.18628 0.0073 206	0.12040 0.0847 206	0.23216 0.0008 205	0.05827 0.4066 205	0.14815 0.0340 205	-0.10492 0.1344 205
Physical health problems	0.08795 0.2076 207	0.13617 0.0504 207	0.15601 0.0251 206	0.11321 0.1052 206	0.07789 0.2658 206	-0.09714 0.1648 206
Propensity to act upon:						
Supervisor referral	0.11074 0.1131 206	0.18225 0.0087 206	0.18174 0.0089 206	0.08737 0.2129 205	0.18206 0.0090 205	-0.13503 0.0536 205
Peer/ co-worker referral	0.11629 0.0944 208	0.08398 0.2278 208	0.14130 0.0423 207	0.14610 0.0357 207	0.20169 0.0036 207	-0.03327 0.6342 207
Overall propensity to use EAP	0.25554 0.0002 208	0.22261 0.0012 208	0.29693 0.0001 207	0.24190 0.0004 207	0.23429 0.0007 207	-0.11724 0.0925 207

(table continues)

					Knowledge of EAP:				
Dependent Variable	Procedures	Alcohol services	Career services	Drug services	Emotional psycho-logical services	Family/ marital services	Financial services	Legal services	Physical health services
Propensity to self-refer for:									
Alcohol problems	0.20666 0.0027 208	0.13314 0.0552 208	0.00569 0.9350 208	0.20191 0.0034 208	0.16740 0.0157 208	0.08908 0.2007 208	-0.00578 0.9340 208	0.01357 0.8457 208	0.07291 0.2953 208
Career problems	0.08208 0.2374 209	-0.08455 0.2236 209	0.08862 0.2020 209	0.01349 0.8463 209	0.03274 0.6379 209	-0.03385 0.6266 209	0.09599 0.1678 208	0.16388 0.0177 209	0.19098 0.0056 209
Drug problems	0.17955 0.0093 209	0.12590 0.0693 209	-0.01898 0.7850 209	0.19303 0.0051 209	0.15991 0.0207 209	0.08194 0.2382 209	0.02679 0.7009 208	0.02516 0.7177 209	0.05126 0.4611 209
Emotional/ psychological problems	0.19146 0.0055 209	0.02580 0.7108 209	-0.01426 0.8376 209	0.12801 0.0647 209	0.07361 0.2895 209	0.08460 0.2233 209	0.03011 0.6660 208	0.01769 0.7993 209	0.06062 0.3832 209
Family/ marital problems	0.22119 0.0013 208	-0.01371 0.8442 208	0.01084 0.8765 208	0.06336 0.3632 208	0.01440 0.8365 208	0.00926 0.8944 208	-0.00766 0.9128 207	0.02251 0.7469 208	0.13226 0.0569 208
Financial problems	0.09021 0.1951 208	-0.09296 0.1817 208	0.03372 0.6287 208	0.01832 0.7928 208	-0.00331 0.9622 208	-0.06327 0.3640 208	0.04112 0.5564 207	0.11593 0.0954 208	0.19369 0.0051 208
Legal problems	0.05887 0.3995 207	-0.07235 0.3002 207	0.06838 0.3276 207	0.02953 0.6727 207	0.02912 0.6771 207	-0.03004 0.6674 207	0.15369 0.0274 206	0.12276 0.0780 207	0.25832 0.0002 207
Physical health problems	0.04285 0.5398 207	-0.14255 0.0405 207	0.01137 0.8709 207	-0.01569 0.8225 207	-0.01746 0.8028 207	-0.05492 0.4319 207	0.05269 0.4508 207	-0.00154 0.9825 207	0.20051 0.0038 207
Propensity to act upon:									
Supervisor referral	0.09410 0.1775 207	-0.00066 0.9925 207	0.03148 0.6525 207	0.03345 0.6323 207	0.03862 0.5806 207	-0.00082 0.9907 207	0.09465 0.1760 206	-0.00306 0.9651 207	0.06367 0.3620 207
Peer/ co-worker referral	0.06613 0.3426 208	-0.01287 0.8536 208	0.07101 0.3081 208	0.01755 0.8013 208	0.02387 0.7322 208	-0.01593 0.8194 208	-0.00210 0.9760 208	0.06445 0.3550 208	0.04032 0.5631 208
Overall propensity to use EAP	0.17471 0.0114 209	0.00164 0.9813 209	0.04081 0.5574 209	0.11241 0.1051 209	0.09157 0.1873 209	0.02391 0.7311 209	0.06465 0.3536 208	0.07766 0.2637 209	0.17790 0.0100 209

(table continues)

Dependent Variable	Why Company Began EAP:			Helpfulness of EAP:	
	Help keep job	Eye on employees	Help select employees	Overall	Specific problems

Propensity to self-refer for:

Dependent Variable	Help keep job	Eye on employees	Help select employees	Overall	Specific problems
Alcohol problems	-0.09277 0.1826 208	0.12583 0.0708 207	0.10534 0.1309 207	0.34894 0.0001 202	0.35285 0.0001 198
Career problems	0.01133 0.8706 209	-0.06125 0.3795 208	0.02471 0.7231 208	0.12134 0.0846 203	0.22117 0.0017 199
Drug problems	-0.10711 0.1227 209	0.17690 0.0106 208	0.12529 0.0714 208	0.32373 0.0001 203	0.33216 0.0001 199
Emotional/ psychological problems	-0.16864 0.0147 209	0.16270 0.0189 208	0.19976 0.0038 208	0.33764 0.0001 203	0.39719 0.0001 199
Family/ marital problems	-0.10116 0.1460 208	0.13316 0.0558 207	0.21846 0.0016 207	0.28288 0.0001 202	0.36491 0.0001 198
Financial problems	0.05212 0.4546 208	0.04384 0.5305 207	0.03054 0.6622 207	0.14540 0.0390 202	0.23583 0.0008 198
Legal problems	-0.04465 0.5230 207	-0.08424 0.2286 206	0.05034 0.4724 206	0.18533 0.0084 201	0.20876 0.0032 197
Physical health problems	0.03000 0.6678 207	-0.08321 0.2344 206	-0.00352 0.9600 206	0.15974 0.0235 201	0.25598 0.0003 197

Propensity to act upon:

Dependent Variable	Help keep job	Eye on employees	Help select employees	Overall	Specific problems
Supervisor referral	-0.17718 0.0107 207	0.05430 0.4382 206	0.01748 0.8031 206	0.13249 0.0608 201	0.13291 0.0619 198
Peer/ co-worker referral	-0.03246 0.6416 208	0.06720 0.3360 207	0.16076 0.0207 207	0.13997 0.0469 202	0.20812 0.0033 198
Overall propensity to use EAP	-0.08183 0.2388 209	0.08013 0.2499 208	0.13237 0.0567 208	0.31039 0.0001 203	0.38935 0.0001 199

Note. a=Correlation Coefficient   b=P Value   c=Number of Respondents

their immediate supervisor poorly tended to be less likely to utilize EAP services for alcohol, drug, and emotional problems, and overall to utilize EAP services.

Cost of extended EAP services was significantly related to propensity to self-refer for financial (r=.22, p<.01), legal (r=.21, p<.01), and physical health (r=.14, p<.05) problems and overall propensity to utilize EAP services (r=.16, p<.05). Employees who considered the EAP services to be too expensive to use were less likely to self-refer for financial, legal, and physical health problems and overall, to utilize EAP services. No significant relationships were found between cost of EAP services and propensity to self-refer for alcohol, career, drug, emotional/psychological, or family/marital problems; or propensity to act upon supervisor or peer/co-worker referrals.

Convenience of EAP services was significantly related to propensity to self-refer for alcohol (r=.25, p<.01), career (r=.15, p<.05), drug (r=.26, p<.01), emotional/psychological (r=.25, p<.01), and family/marital (r=.24, p<.01) problems; propensity to act upon peer/co-worker referral (r=.17, p<.05); and overall propensity to utilize EAP services (r=.25, p<.01). Employees who perceived the EAP services to be convenient were more likely to utilize these services than employees who did not perceive their EAP services to be convenient. No

significant relationships were found between convenience of EAP services and propensity to self-refer for financial, legal, or physical health services, and propensity to act upon supervisor referral. Confidentiality of the EAP staff was significantly related to propensity to self-refer for alcohol ($r=.29$, $p<.01$), drug ($r=.27$, $p<.01$), emotional/psychological ($r=.34$, $p<.01$) family/marital ($r=.26$, $p<.01$), and legal ($r=.19$, $p<.01$) problems, and overall propensity to utilize EAP services ($r=.26$, $p<.01$). Employees were likely to utilize the EAP for these services if they believed confidentiality was assured by the EAP staff. Confidentiality of EAP staff was not significantly related to propensity to self-refer for career, financial, and physical health problems, or propensity to act upon supervisor, or peer/co-worker referrals. Confidentiality of the referring supervisor was significantly related to propensity to self-refer for alcohol ($r=.24$, $p<.01$), drug ($r=.27$, $p<.05$), and emotional/psychological ($r=.21$, $p<.01$) problems, propensity to act upon supervisor referral ($r=.18$, $p<.01$); and overall propensity to utilize EAP services ($r=.22$, $p<.01$). Employees who believed confidentiality was assured by their immediate supervisor, were more likely to utilize these services than employees who did not believe confidentiality was assured. No significant relationships were found between confidentiality of the referring supervisor and propensity to self-refer for career, family/marital, financial, legal,

or physical health problems, or propensity to act upon peer/co-worker referral. Confidentiality of the employee's company was significantly related to all areas of propensity. Employees who believed that the company insured the privacy of EAP use had greater propensity to utilize EAP services than employees who did not believe their company assured the privacy of EAP use.

Significant positive correlations were found between employee's belief that use of the EAP did not effect their careers in the company and propensity to self-refer for alcohol (r=.25, p<.01), drug (r=.23, p<.01), emotional psychological (r=.30, p<.01), and family/marital (r=.29, p<.01) problems; propensity to act upon peer/co-worker referrals (r=.15, p<.05); and overall propensity to utilize EAP services (r= 24, p<.01). Belief that use of the EAP did not cause employees to lose respect among peers was significantly related to propensity to self-refer for alcohol (r=.24, p<.01), drug (r =.24, p<.01), emotional/psychological (r=.20, p<.01), family/marital (r=.19, p<.05), legal (r=.15, p<.05) and physical health (r=.18, p<.05) problems; propensity to act upon peer/co-worker referral (r=.20, p<.01); and overall propensity to utilize EAP services (r=.23, p<.01). Employees who believed that use of the EAP helped them to continue working with the company were likely to self-refer for family/marital problems (r=-.14, p<.05) only. No other

area of propensity had a significant relationship with this perceived sanction.

Relevant to knowledge of EAP services, employees who reported that they knew what to do if they wanted to receive EAP services had greater propensity to self-refer for alcohol ($r=.21$, $p<.01$), drug ($r=.18$, $p<.05$), emotional/psychological ($r=.19$, $p<.05$), and family/marital ($r=.22$, $p<.01$) problems; and overall propensity to use EAP services ($r=.17$, $p<.05$). Propensity to self-refer for career, financial, legal, and physical health problems; and propensity to act upon supervisor and peer/co-worker referrals had no significant relationship with knowledge of how to receive EAP services. Knowledge that the EAP provided services for drug ($r=.19$, $p<.05$) and physical health ($r=.20$, $p<.01$) problems was significantly related to propensity to self-refer for drug and physical health problems. No other significant relationships existed between knowledge of a specific type of EAP service and propensity to self-refer for that service; or propensity to act upon supervisor or peer/co-worker referrals. However, knowledge of physical health services was significantly related to overall propensity to utilize EAP services ($r=.18$, $p<.05$).

Efficacy of the EAP for specific problems was significantly related to all areas of propensity except for propensity to act upon supervisor referral. Individuals

who considered the EAP to be helpful had greater propensity

to self-refer for alcohol ($r=.35$, $p<.01$), career

($r=.22$, $p<.01$), drug ($r=.33$, $p<.01$),

emotional/psychological ($r =.40$, $p<.01$), family/marital

($r=.36$, $p<.01$), financial ($r=.24$, $p<.01$), legal

($r=.21$, $p<.01$), and physical health ($r=.26$, $p<.01$)

problems; to act upon peer/co-worker referrals

($r=.21$, $p<.01$); and overall to utilize EAP services

($r=.39$, $p<.01$). Significant positive correlations existed

between overall efficacy of the EAP and all the dependent

variables except propensity to self-refer for career

problems and to act upon supervisor referral. These

positive correlations suggest that propensity to use EAP

services increased with increased perceptions of the

efficacy of the EAP in assisting employees with their

personal problems.

The stepwise regression procedure for the

organizational domain (see Table 23) revealed several

significant predictors of propensity. Specifically,

helpfulness of EAP, sanctions regarding use of EAP, and

knowledge of EAP services were significant predictors of

propensity to self-refer for alcohol problems ($R^2=.18$).

Helpfulness of EAP services and knowledge of EAP services,

significantly predicted propensity to self-refer for career

problems ($R^2=.07$). Yielding an R square value of .18,

supervisor's attitude toward helpfulness of EAP, overall

Table 23

Results of Stepwise Procedure for Organizational Domain (Model 4) (Industrial Company)

Dependent Variables	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R2
Propensity to self-refer for:						
Alcohol problems	Helpfulness of EAP		0.46	25.54	<.01	
	Use of EAP helps employee keep job	-0.00	0.33	8.34	<.01	
	Knowledge of EAP		0.86	5.06	0.03	0.18
Career problems	Helpfulness of EAP		0.26	8.41	<.01	
		1.30				
	Knowledge of EAP		0.34	5.61	0.02	0.07
Drug problems	Supervisor's attitude toward helpfulness of EAP		0.26	22.52	<.01	
	Overall helpfulness of EAP		0.31	8.26	<.01	
		-0.09				
	Loss of respect for using EAP		0.27	4.66	0.03	
	Knowledge of emotional/ psychological services		0.85	4.08	0.04	0.18
Emotional/psychological problems	Helpfulness of EAP		0.40	35.05	<.01	
	Confidentiality of EAP staff	0.68	0.26	10.78	<.01	
	Use of EAP negatively affect career		0.21	4.63	0.03	0.22

(table continues)

Variables Dependent	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R2
Financial problems	Cost of EAP		0.21	12.83	<.01	
	Knowledge of physical health services	1.04	0.34	8.18	<.01	
	Helpfulness of EAP		0.21	4.94	0.03	0.13
Family/marital problems	Helpfulness of EAP		0.46	29.57	<.01	
	Use of EAP negatively affects career	1.09	0.30	9.18	<.01	0.18
Legal problems	Knowledge of physical health services		0.51	13.88	<.01	
	Cost of EAP		0.26	11.64	<.01	
	Confidentiality of employee's company		0.45	9.42	<.01	
	Use of EAP negatively affects career	0.74	-0.24	5.06	0.03	
	Company began EAP to keep an eye on employees		-0.16	4.34	0.04	0.21
Physical health problems	Helpfulness of EAP		0.33	11.28	<.01	
	Knowledge of physical health services	1.49	0.61	8.39	<.01	
	Knowledge of legal services		-0.32	3.94	0.05	0.12

(table continues)

Variables Dependent	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to act upon:						
Supervisor referral	Supervisor's attitude toward overall helpfulness of EAP	1.01	0.25	15.02	<.01	0.07
Peer/co-worker referral	Supervisor's attitude toward overall helpfulness of EAP	1.67	0.19	6.69	0.01	0.03
Overall propensity to use EAP:	Helpfulness of EAP		0.26	28.38	<.01	
	Confidentiality of employee's company		0.19	8.18	<.01	
	Cost of EAP	0.82	0.10	4.75	0.03	
	Knowledge of EAP services		0.19	4.02	0.05	0.21

p<.05

helpfulness of EAP, belief that use of EAP does not cause employees to lose respect from fellow employees, and knowledge of emotional/psychological services were significant predictors of propensity to self-refer for drug problems. Propensity to self-refer for emotional/psychological problems was significantly predicted by helpfulness of EAP services, confidentiality of EAP staff, and belief that use of EAP did not negatively affect employee's career with company ($R^2=.22$). Yielding an R square value of .18, helpfulness of the EAP and belief that use of EAP helped employees keep their jobs were predictors of propensity to self-refer for family/marital problems. Cost, knowledge, and helpfulness of EAP services were significant predictors of propensity to self-refer for financial problems ($R^2=.13$). Propensity to self-refer for legal problems was predicted by knowledge and cost of EAP services, belief that the company assured confidentiality of EAP use, belief that use of EAP did not negatively affect career with company, and belief that company did not begin EAP to "keep an eye" on employees with problems ($R^2=.21$) Helpfulness and knowledge of EAP services were significant predictors of propensity to self-refer for physical health problems ($R^2=.12$). Supervisor's attitude toward the overall helpfulness of the EAP was a significant predictor of propensity to act upon supervisor referral ($R^2=.07$) and propensity to act upon peer/co-worker

referral (R^2=.03). Overall propensity to utilize EAP

services was predicted by helpfulness, cost, and knowledge

of EAP, and belief that employer assured confidentiality of

EAP use (R^2=.21).

Hypothesis Nine: Problem Severity and Organizational Views

The ninth hypothesis stated that employees who report

problems that are perceived as serious enough for

professional help and who have positive views regarding

organizational factors will have a greater propensity to

utilize EAP services than will employees who report

problems serious enough for professional help and who have

negative views regarding organizational factors. Summary

variables for problem severity and the organizational

domain were created. The mean score for problem severity

was 4.30, indicating that employees perceived approximately

four problems serious enough for professional help. The

mean score for organizational views was 1.92, suggesting

that, overall, employees thought their EAP was very

helpful. No significant correlation was indicated between

the summary variables for problem severity and the

organizational views.

An interaction variable for problem severity and the

organizational views was constructed. Pearson correlation

coefficients for this interaction variable and the

dependent variables revealed no significant relationship.

Although the stepwise regression procedure for the social-

psychological domain indicated problem severity as a significant predictor for some areas of propensity, the interaction term for problem severity and organizational views did not enter the equation as a significant predictor of any dependent variables.

Hypothesis Ten: Organizational and Community Views

The tenth hypothesis stated that employees who report negative views regarding organizational factors and positive views regarding community factors will have less propensity to utilize EAP services than will employees who report negative views regarding organizational factors and negative views regarding community factors. Mean and standard deviation scores for the organizational domain, were reported earlier, and community domain are presented in Table 15. Mean scores for the community domain, indicate that employees believed their community resources were somewhat convenient (M=2.24), somewhat helpful (M=2.11), and manageable, but costly to use (M=2.95). Frequency distributions for the categorical variables under the community domain, reveal that 67.94% of the employees knew of resources within their community that assisted persons with personal problems. However, only 38.94% had and 60.58% had not identified a person in their community from whom they could receive help for personal problems.

Pearson correlation coefficients for the dependent and community variables (see Table 24) indicate that knowledge

Table 24

Pearson Correlation Coefficients of Dependent and Community

Variables (Industrial Company)

Dependent Variable	Knowledge of Resources	Resource Person	Convenience of Resources	Helpfulness of Resources	Cost of Resources
Propensity to self-refer for:					
Alcohol	a 0.14754	0.05488	0.08436	0.10596	0.02695
problems	b0.0334	0.4322	0.2349	0.1394	0.7020
	c208	207	200	196	204
Career	-0.13619	0.01535	0.02226	0.04448	0.02169
problems	0.0493	0.8259	0.7544	0.5349	0.7582
	209	208	200	197	204
Drug	0.08393	0.04550	0.07026	0.08756	0.03524
problems	0.2269	0.5140	0.3229	0.2212	0.6168
	209	208	200	197	204
Emotional/	0.00347	0.03365	0.07100	0.05536	0.05500
psychological	0.9603	0.6295	0.3177	0.4397	0.4346
problems	209	208	200	197	204
Family/	0.03666	0.02881	-0.01591	0.04223	0.05969
marital	0.5991	0.6803	0.8235	0.5567	0.3975
problems	208	207	199	196	203
Financial	-0.03161	0.04298	0.00692	0.13845	0.08309
problems	0.6503	0.5386	0.9227	0.0530	0.2386
	208	207	199	196	203
Legal	-0.16580	-0.09192	-0.05181	-0.01992	-0.00094
problems	0.0170	0.1888	0.4685	0.7822	0.9894
	207	206	198	195	202
Physical	-0.03066	0.03634	0.01613	0.00338	-0.00911
health	0.6609	0.6040	0.8211	0.9626	0.8973
problems	207	206	199	195	203
Propensity to act upon:					
Supervisor	-0.02335	0.02505	-0.02731	0.02815	0.08998
referral	0.7384	0.7208	0.7025	0.6961	0.2029
	207	206	198	195	202
Peer/	-0.05689	0.00234	-0.02990	0.03498	0.02831
co-worker	0.4144	0.9733	0.6743	0.6264	0.6877
referral	208	207	200	196	204
Overall	-0.01738	0.02220	0.02262	0.06935	0.04602
propensity to	0.8028	0.7502	0.7506	0.3329	0.5134
use EAP	209	208	200	197	204

Note. a=Correlation Coefficient b=P Value c=Number of Respondents

of community resources was significantly related to propensity to self-refer for alcohol ($r=.15$, $p<.05$), career ($r=-.14$, $p<.05$), and legal ($r=-.17$, $p<.05$) problems. Specifically, individuals who knew of community resources that assisted persons with personal problems were likely to self-refer to the EAP for alcohol problems and less likely to self-refer for career and legal problems. No other area of propensity was related to knowledge of community resources. Also, convenience, helpfulness, and cost of community resources were not significantly related to any area of propensity. Pearson correlation coefficients for the summary variables for community and organization views indicate a significant positive relationship ($r=.24$, $p<.01$). Individuals who held positive views regarding organizational factors, also held positive views regarding community factors.

An interaction variable for community and organizational views was constructed and entered into the stepwise regression procedure for the community domain (see Table 25). The results indicate that this interaction was not a significant predictor of any area of propensity. Knowledge of community resources was a significant predictor of propensity to self-refer for alcohol ($R^2=.02$), career ($R^2=.02$), and legal problems ($R^2=.03$). Employees who had knowledge of their community resources were more likely to self-refer to the EAP for alcohol, career, and

Table 25

Results of Stepwise Procedure for Community Domain (Model 5) (Industrial Company)

Dependent Variable	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to self-refer:						
Alcohol problems	Knowledge of community resources	1.82	0.37	4.94	0.03	0.02
Career problems	Knowledge of community resources	2.74	-0.32	4.21	0.04	0.02
Drug problems	-	-	-	-	-	-
Emotional/psychological problems	-	-	-	-	-	-
Family/marital problems	-	-	-	-	-	-
Financial problems	-	-	-	-	-	-
Legal problems	Knowledge of community resources	2.98	-0.40	6.44	0.01	0.03
Physical health	-	-	-	-	-	-
Propensity to act upon:						
Supervisor referral	-	-	-	-	-	-
Peer/co-worker referral	-	-	-	-	-	-
Overall propensity to use EAP	-	-	-	-	-	-

p<.05

legal problems than employees who did not have knowledge of their community resources.

Hierarchical Multiple Regression

Statistically significant predictors from each domain as selected by the stepwise regression procedure were entered into a hierarchical regression procedure for each dependent variable, as indicated by the proposed EAP utilization model. Thus, the significant variables from the socio-demographic domain were entered first, followed by the socio-cultural, social psychological, organizational, and community domains. Results from the hierarchical regression procedure (see Table 26) reveal that propensity to self-refer for alcohol problems was significantly predicted by severity of financial problems, sanctions regarding use of EAP services, knowledge of EAP services, and overall helpfulness of EAP (R^2=.25). Employees who perceived their financial problems to be serious enough for professional help, who believed use of their EAP did not cause them to lose respect from fellow employees, who knew what services were provided by their EAP, and who perceived their EAP to be helpful, were likely to utilize their EAP for alcohol problems.

Helpfulness and knowledge of the EAP, and knowledge of community resources significantly predicted propensity to self-refer for career problems, yielding an R^2 value of

Table 26

Results of Hierarchical Regression Procedure (Industrial Company)

Variables	Coefficient	Standard Error	Prob>[T]	F- Value	P- Value	R^2
Propensity to self-refer for:						
Alcohol problems						
Intercept	-0.359	0.59	0.55			
Problem attribution	0.021	0.02	0.29			
Severity of financial problems	-0.213	0.08	0.01			
Loss of respect for peers	0.237	0.12	0.05			
Knowledge of career services	0.854	0.41	0.04			
Helpfulness of EAP	0.402	0.19	0.04			
Knowledge of community resources	0.177	0.16	0.28			
Problem severity				4.42	.01	.25
and organizational views	-0.041	0.03	0.23			
Problem severity and attribution	0.010	0.01	0.17			
Organizational						
and community views	0.029	0.06	0.60			
Large supportive friend network	-0.009	0.01	0.10			
Large supportive family network	0.008	0.01	0.11			
Problem recognition (summary)	0.010	0.01	0.35			
Problem severity (summary)	0.004	0.02	0.86			
Career problems						
Intercept	1.280	0.46	0.01			
Education	0.096	0.06	0.09			
Helpfulness of EAP	0.358	0.13	0.01			
Knowledge of physical health services	0.295	0.14	0.04			
Knowledge of community resources	-0.407	0.16	0.01			
Problem severity				3.19	.01	.17
and organizational views	-0.097	0.06	0.11			
Problem severity and attribution	0.013	0.01	0.19			
Organizational						
and community views	-0.003	0.04	0.95			
Large supportive friend network	0.008	0.00	0.09			
Large supportive family network	-0.005	0.01	0.36			
Problem recognition (summary)	0.002	0.01	0.81			
Problem severity (summary)	-0.009	0.02	0.60			

(table continues)

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Drug problems						
Intercept	-0.193	0.66	0.77			
Problem attribution	0.023	0.02	0.24			
Supervisor's attitude toward EAP	0.259	0.11	0.02			
Use of EAP causes loss of respect	0.269	0.19	0.16			
Helpfulness of EAP	0.254	0.13	0.05			
Knowledge of emotional/ psychological services	0.702	0.48	0.15	3.39	.01	.19
Problem severity and organizational views	0.074	0.16	0.64			
Problem severity and attribution	-0.007	0.03	0.79			
Organizational and community views	-0.002	0.06	0.98			
Large supportive family network	0.006	0.01	0.28			
Large supportive friend network	-0.004	0.01	0.46			
Problem recognition (summary)	0.006	0.01	0.55			
Problem severity (summary)	-0.010	0.02	0.54			
Emotional/psychological problems						
Intercept	-0.577	0.47	0.22			
Previous use of EAP	0.622	0.22	<.01			
Problem attribution	0.033	0.02	0.04			
Helpfulness of EAP	0.348	0.12	0.01			
Confidentiality of EAP staff	0.216	0.12	0.06			
Use of EAP negatively affects career	0.196	0.09	0.04			
Problem severity and attribution	0.002	0.01	0.66	5.95	.01	.29
Problem severity and organizational views	-0.004	0.03	0.90			
Large supportive friend network	-0.006	0.00	0.19			
Large supportive family network	0.006	0.00	0.14			
Organizational and community views	-0.015	0.04	0.69			
Problem recognition (summary)	0.002	0.01	0.82			
Problem severity (summary)	-0.014	0.02	0.43			
Family/marital problems						
Intercept	0.247	0.87	0.78			
Race	-0.153	0.20	0.44			
Size of family network	-0.066	0.10	0.52			
Problem attribution	0.035	0.02	0.05			
Recognition of family/ marital problems	-0.060	0.03	0.08			
Previous use of EAP	0.741	0.24	<.01			
Helpfulness of EAP	0.370	0.17	0.03			
Use of EAP negatively affects career	0.260	0.10	0.01	4.08	.01	.25
Problem severity and attribution	0.006	0.00	0.27			
Problem severity and organizational views	-0.040	0.04	0.29			
Organizational and community views	-0.038	0.05	0.47			
Large supportive friend network	0.001	0.00	0.91			
Large supportive family network	0.006	0.01	0.24			
Problem recognition (summary)	0.007	0.01	0.55			
Problem severity (summary)	-0.009	0.02	0.67			

(table continues)

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Financial problems						
Intercept	1.153	0.40	<.01			
Job category	-0.054	0.04	0.18			
Severity of financial problems	-0.151	0.08	0.05			
Recognition of career problems	0.003	0.05	0.96			
Cost of EAP services	0.177	0.06	0.01			
Knowledge of physical services	0.308	0.13	0.02			
Helpfulness of EAP	0.257	0.12	0.04			
Problem severity and attribution	0.011	0.01	0.32	3.21	.01	.19
Problem severity and organizational views	-0.035	0.06	0.58			
Large supportive friend network	-0.003	0.00	0.57			
Large supportive family network	0.008	0.00	0.08			
Organizational and community views	-0.183	0.04	0.64			
Problem recognition (summary)	0.003	0.01	0.79			
Problem severity (summary)	-0.003	0.02	0.87			
Legal problems						
Intercept	0.973	0.50	0.05			
Education	0.092	0.06	0.10			
Knowledge of physical health services	0.494	0.14	<.01			
Cost of EAP services	0.223	0.07	<.01			
Confidentiality of employee's company	0.426	0.11	<.01			
Use of EAP negatively affects career	-0.272	0.11	0.01			
Knowledge of career services	-0.258	0.08	0.05	5.11	.01	.29
Helpfulness of community resources	-0.424	0.15	0.01			
Problem severity and attribution	-0.010	0.12	0.94			
Problem severity and organizational views	0.133	0.95	0.89			
Large supportive family network	0.010	0.00	0.04			
Large supportive friend network	-0.009	0.01	0.09			
Organizational and community views	0.049	0.03	0.15			
Problem recognition (summary)	-0.000	0.01	0.98			
Problem severity (summary)	-0.008	0.01	0.57			
Physical health problems						
Intercept	1.347	0.39	<.01			
Recognition of alcohol problems	0.192	0.09	0.04			
Helpfulness of EAP	0.366	0.14	0.01			
Knowledge of physical health services	0.577	0.17	<.01			
Knowledge of legal services	-0.319	0.17	0.06			
Problem severity and attribution	-0.526	0.32	0.10	3.53	.01	.18
Problem severity and organizational views	0.150	0.06	0.02			
Organizational and community views	-0.037	0.04	0.40			
Large supportive friend network	-0.001	0.01	0.85			
Large supportive family network	0.008	0.01	0.11			
Problem severity (summary)	-0.010	0.02	0.53			
Problem recognition (summary)	-0.000	0.01	0.97			

(table continues)

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2

Propensity to act upon:

Supervisor referral

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Intercept	0.865	0.30	<.01			
Gender	0.156	0.11	0.14			
Severity of family/ marital problems	-0.055	0.04	0.12			
Recognition of drug problems	0.141	0.09	0.13			
Supervisor's attitude toward EAP	0.190	0.07	<.01			
Problem severity and organizational views	0.000	0.01	1.00	3.65	.01	.19
Problem severity and attribution	0.000	0.00	0.87			
Organizational and community views	0.008	0.03	0.76			
Problem recognition (summary)	-0.000	0.01	0.98			
Problem severity (summary)	0.008	0.03	0.80			
Large supportive friend network	-0.011	0.00	0.01			
Large supportive family network	0.009	0.00	0.01			

Peer/co-worker referral

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Intercept	1.384	0.35	<.01			
Gender	0.304	0.13	0.02			
Size of friend network	-0.222	0.08	0.01			
Severity of other problems	1.600	0.55	<.01			
Supervisor's attitude toward EAP	0.144	0.07	0.06			
Problem severity and organizational views	-0.004	0.01	0.74	2.87	.01	.15
Problem severity and attribution	-0.001	0.00	0.66			
Organizational and community views	0.019	0.03	0.54			
Large supportive friend network	-0.001	0.00	0.79			
Large supportive family network	0.009	0.00	0.04			
Problem recognition (summary)	0.008	0.01	0.32			
Problem severity (summary)	0.019	0.03	0.58			

Overall propensity to use EAP

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Intercept	0.284	0.40	0.48			
Education	0.055	0.04	0.14			
Problem attribution	0.004	0.01	0.74			
Severity of family/ marital problems	-0.037	0.03	0.26			
Previous use of EAP	0.224	0.17	0.18			
Helpfulness of EAP	0.232	0.09	0.01			
Confidentiality of employee's company	0.157	0.07	0.03			
Cost of EAP services	0.095	0.05	0.05	4.60	.01	.29
Knowledge of physical health services	0.157	0.10	0.10			
Problem severity and organizational views	0.004	0.01	0.66			
Problem severity and attribution	0.003	0.00	0.12			
Organizational and community views	-0.011	0.03	0.70			
Large supportive friend network	-0.006	0.00	0.07			
Large supportive family network	0.009	0.00	0.01			
Problem recognition (summary)	0.003	0.01	0.69			
Problem severity (summary)	-0.040	0.03	0.23			

.17. Employees who knew their EAP provided services for physical health problems, who knew of community resources that assisted individuals with personal problems, and who considered their EAP to be helpful, had a greater propensity to utilize EAP services for career problems than employees who did not know their EAP provided services for physical health problems, who did not have knowledge of community resources, and who did not consider their EAP to be helpful.

Only employees' perceptions of their supervisor's attitude toward the EAP and perceived sanctions regarding EAP use were significant predictors of propensity to self-refer for drug problems (R^2=.19). Employees who perceived that their supervisor believed the EAP was helpful and that use of the EAP did not cause them to lose respect among fellow workers were likely to utilize their EAP for drug problems.

Previous use, helpfulness of, and sanctions regarding use of EAP services, and problem attribution significantly predicted propensity to self-refer for emotional/psychological (R^2=.29) and family/marital (R^2=.25) problems. Employees who had previously used their EAP services, perceived their EAP to be helpful, believed that use of their EAP would not negatively affect their careers in the company, and who attributed their problems

to internal factors, were likely to utilize their EAP for emotional/psychological and family/marital problems.

For propensity to self-refer for financial problems, 19 percent of the variance was accounted for by perceived severity of financial problems, cost, knowledge, and helpfulness of EAP services. Employees who perceived their financial problems to be severe, and who had knowledge of what types of services their EAP provided, who perceived their EAP to be helpful and affordable were likely to utilize EAP services for financial problems.

Knowledge, cost, and confidentiality of the EAP services, sanctions regarding use of EAP, knowledge of community resources, and interaction between perceived social support from family and family network size were significant predictors of propensity to self-refer for legal problems ($R^2=.29$). Employees were likely to utilize EAP services for legal problems if they: a) knew the type of services their EAP provided, b) considered the cost of EAP services to be affordable, c) believed their company assured the privacy of employees who used the EAP, d) believed that use of the EAP did not negatively affect their careers with the company, e) thought the EAP was not begun to help management keep an eye on employees who have problems, f) did not know of community resources that assisted individuals with personal problems, and g) had large supportive family networks.

Propensity to self-refer for physical health problems was significantly predicted by problem recognition, helpfulness and knowledge of EAP services, and interaction between problem severity and problem attribution ($R^2=.18$). Individuals were likely to utilize the EAP for physical health problems if they recognized personal problems, believed in the efficacy of the EAP, knew that the EAP provided physical health services, attributed their problems to external factors, and perceived their problems to be serious.

Supervisor's attitude toward helpfulness of EAP, interaction between perceived social support from family and family network size, and interaction between perceived social support from friends and friend network size were significant predictors of propensity to act upon supervisor referral ($R^2=.19$). Individuals were likely to utilize their EAP when they thought their immediate supervisor considered the EAP to be helpful, had large supportive family networks, and had large friend network not perceived as supportive.

Gender, size of friend network, problem severity, interaction between perceived social support from family and size of family network significantly predicted propensity to act upon peer/co-worker referrals ($R^2=.15$). Females, employees who had small friend networks, severe problems not included in the eight categories provided, and

who had large supportive family networks were likely to utilize EAP services if referred by a peer/co-worker.

Overall propensity to utilize EAP services was predicted by helpfulness, cost, and confidentiality of EAP services, and interaction between perceived social support of a family network and family network size ($R^2=.29$). Individuals were likely to utilize their EAP if they believed the EAP was helpful, affordable, privacy was assured for employees who used the EAP, and had large supportive family networks.

Based on the hierarchical procedure, hypothesis one was partially supported; females reported a greater propensity to act upon peer/co-worker referrals than did males. No gender difference was found for propensity to self-refer for specific problems; to act upon supervisor referrals; or overall, to utilize EAP services. Hypotheses two and three were not supported; white and younger employees, respectively, did not report greater propensity to utilize EAP services than did black and older employees, respectively. No race and age differences were indicated for any of the dependent variables. Hypothesis four was not supported; the social-psychological domain was not the best predictor of employees' propensity to utilize EAP services. Of the five domains, more variables from the organizational domain were indicated as significant predictors. No interaction between problem severity and

problem attribution was found, lending no support for hypothesis five. Hypothesis six was not supported; perceived social support did not predict propensity. Hypothesis seven was partially supported; employees with social-support networks consisting of many friends and who believed these networks to be supportive were likely to act upon supervisor referrals. No support for hypothesis seven was present for any of the other dependent variables. Partial support for hypothesis eight was given; employees who reported positive views regarding organizational factors, reported a greater propensity to self-refer for alcohol, career, emotional/psychological, family/marital, financial, and physical health problems, and overall, to utilize EAP services. Hypothesis eight was not supported for propensity to self-refer for drug or legal problems; propensity to act upon supervisor; or propensity to act upon peer/co-worker referrals. Hypothesis nine and ten were not supported; interaction between problem severity and organizational views and interaction between organizational and community were not present.

Service Company

Based on univariate analysis, the distribution of the dependent variables approached normality, except for employee's propensity to act upon supervisor referral. The positively skewed distribution for the latter variable suggests that a majority of employees have a high

propensity to utilize EAP services if referred by their immediate supervisor. As indicated by the mean and standard deviation for each dependent variable presented in Table 27, employees were "very likely" to act upon supervisor referrals (M=1.54) as previously suggested by the univariate analysis. However, employees were "somewhat likely" to act upon peer/co-worker referrals (M=2.25) and to self-refer for specific problems. Within the "somewhat likely" category, propensity to self-refer for family/marital (M=2.62) and financial (M=2.60) problems was less than the propensity to self-refer for other categories of problems, particularly alcohol (M=2.11) and career (M=2.12).

Examination of the dependent variables by the two stratification variables, race and gender (see Table 28) revealed that a higher percentage of females than males were "very likely" to utilize EAP services, except for propensity to self-refer for legal and physical health problems. Consistently a higher percentage of males than females were "not at all likely" to utilize EAP services. More blacks than whites reported that they were "very likely" and "not at all likely" to utilize EAP services.

Results of the relationship between the dependent and independent variables are examined below relevant to each hypothesis tested in this study.

Table 27

Mean and Standard Deviation Scores for the Dependent Variable

(Service Company)

Dependent Variable	N	Mean[a]	Standard Deviation
Propensity to self-refer for:			
Alcohol problems	129	2.11	1.03
Career problems	129	2.12	1.04
Drug problems	129	2.17	1.05
Emotional/psychological problems	128	2.25	1.00
Family/marital problems	128	2.62	1.00
Financial problems	129	2.60	1.00
Legal problems	129	2.21	1.00
Physical health problems	129	2.38	1.09
Propensity to act upon:			
Supervisor referral	129	1.54	0.81
Peer/co-worker referral	129	2.25	0.89
Overall propensity to use EAP	129	2.22	0.69

Note. [a]Means are based on a scale of 1 = "very likely" to 5 = "not at all likely".

Table 28

Frequency and Percentage of Dependent Variables by Race and

Gender (Service Company)

	Propensity Rating Scale			
Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely

Propensity to self-refer for:

Alcohol problems

Female	* 31	37	12	7
	** 24.03	28.68	9.30	5.43
Male	12	10	9	11
	9.30	7.75	6.98	8.53

Career problems

Female	34	26	21	6
	26.36	20.16	16.28	4.65
Male	12	12	8	10
	9.30	9.30	6.20	7.75

Drug problems

Female	32	36	12	7
	24.81	27.91	9.30	5.43
Male	8	12	8	14
	6.20	9.30	6.20	10.85

Emotional/psychological problems

Female	24	39	15	8
	18.75	30.47	11.72	6.25
Male	8	12	11	11
	6.25	9.38	8.59	8.59

(table continues)

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
Family/marital problems				
Female	17	29	29	11
	13.28	22.66	22.66	8.59
Male	4	6	15	17
	3.13	4.69	11.72	13.28
Financial problems				
Female	12	32	29	14
	9.30	24.81	22.48	10.85
Male	5	14	10	13
	3.88	10.85	7.75	10.08
Legal problems				
Female	20	39	21	7
	15.50	30.23	16.28	5.43
Male	13	14	5	10
	10.08	10.85	3.88	7.75
Physical health problems				
Female	20	28	22	17
	15.50	21.71	17.05	13.18
Male	14	10	9	9
	10.85	7.75	6.98	6.98
Propensity to act upon:				
Supervisor referral				
Female	55	24	5	3
	42.64	18.60	3.88	2.33
Male	24	12	3	3
	18.60	9.30	2.33	2.33

(table continues)

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
	Peer/co-worker referral			
Female	19	43	16	9
	14.73	33.33	12.40	6.98
Male	5	21	10	6
	3.88	16.28	7.75	4.65
Propensity to self-refer for:				
	Alcohol problems			
Black	9	6	4	4
	6.98	4.65	3.10	3.10
White	34	41	17	14
	26.36	31.78	13.18	10.85
	Career problems			
Black	10	6	4	3
	7.75	4.65	3.10	2.33
White	36	32	25	13
	27.91	24.81	19.38	10.08
	Drug problems			
Black	10	6	2	5
	7.75	4.65	1.55	3.88
White	30	42	18	16
	23.26	32.56	13.95	12.40
	Emotional/psychological problems			
Black	8	7	3	5
	6.25	5.47	2.34	3.91
White	24	44	23	14
	18.75	34.38	17.97	10.94

(table continues)

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
Family/marital problems				
Black	5 3.91	6 4.69	8 6.25	4 3.13
White	16 12.50	29 22.66	36 28.13	24 18.75
Financial problems				
Black	4 3.10	9 6.98	6 4.65	4 3.10
White	13 10.08	37 28.68	33 25.58	23 17.83
Legal problems				
Black	9 6.98	9 6.98	1 0.78	4 3.10
White	24 18.60	44 34.11	25 19.38	13 10.08
Physical health problems				
Black	6 4.65	5 3.88	7 5.43	5 3.88
White	28 21.17	33 25.58	24 18.60	21 16.28

Propensity to act upon:

Supervisor referral

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
Black	16 12.40	4 3.10	1 0.78	2 1.55
White	63 48.84	32 24.81	7 5.43	4 3.10

(table continues)

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
Peer/co-worker referral				
Black	6	9	3	5
	4.65	6.98	2.33	3.88
White	18	55	23	10
	13.95	42.64	17.83	7.75

Note. *Frequency **Percent

Hypotheses One to Three: Gender, Race, and Age

The first three hypotheses stated that female, white, and younger employees respectively, will report a greater propensity to utilize EAP services than will male, black, and older employees, respectively.

Table 29 contains the mean and standard deviation scores for the dependent variable by gender, race, and age. Mean scores were (a) consistently lower for females than males, except for propensity to self-refer for physical health problems; (b) were similar for blacks and whites; and (c) were consistently lower for employees within the 50 to 59 years of age range. These results suggest that females and older employees have a greater propensity than do males and younger employees to utilize EAP services.

Pearson product moment correlations for the dependent and the socio-demographic variables (see Table 30) reveal a significant positive correlation between gender and propensity to self-refer for alcohol ($r=.23$, $p<.05$), career ($r=.18$, $p<.05$), drug ($r=.33$, $p<.01$), emotional/psychological ($r=.24$, $p<.05$), and family/marital ($r=.32$, $p<.01$) problems; and overall, to utilize EAP services ($r=.23$, $p<.05$). These positive correlation suggests that females have a greater propensity than do males to utilize EAP services in these areas. No significant correlations were found for gender and propensity to self-refer for financial, legal, or physical

Table 29

Mean and Standard Deviation Scores of the Dependent Variables

by Gender, Race, and Age (Service Company)

Dependent Variable	N	Mean	Standard Deviation
FEMALES			
Propensity to self-refer for:			
Alcohol problems	87	1.94	0.91
Career problems	87	1.99	0.96
Drug problems	87	1.93	0.91
Emotional/psychological problems	86	2.03	0.91
Family/marital problems	86	2.40	0.95
Financial problems	87	2.52	0.93
Legal problems	87	2.17	0.88
Physical health problems	87	2.41	1.05
Propensity to act upon:			
Supervisor referral	87	1.49	0.76
Peer/co-worker referral	87	2.17	0.89
Overall Propensity to use EAP	87	2.11	0.63
MALES			
Propensity to self-refer for:			
Alcohol problems	42	2.45	1.17
Career problems	42	2.38	1.15
Drug problems	42	2.67	1.14
Emotional/psychological problems	42	2.60	1.08
Family/marital problems	42	3.07	0.97
Financial problems	42	2.74	1.04
Legal problems	42	2.29	1.15
Physical health problems	42	2.31	1.16
Propensity to act upon:			
Supervisor referral	42	1.64	0.91
Peer/co-worker referral	42	2.40	0.89
Overall Propensity to use EAP	42	2.45	0.77

(table continues)

Dependent Variable	N	Mean	Standard Deviation
BLACK			

Propensity to self-refer for:

	N	Mean	Standard Deviation
Alcohol problems	23	2.13	1.14
Career problems	23	2.00	1.09
Drug problems	23	2.09	1.20
Emotional/psychological problems	23	2.22	1.17
Family/marital problems	23	2.48	1.04
Financial problems	23	2.43	0.99
Legal problems	23	2.00	1.09
Physical health problems	23	2.48	1.12

Propensity to act upon:

	N	Mean	Standard Deviation
Supervisor referral	23	1.52	0.95
Peer/co-worker referral	23	2.30	1.11
Overall Propensity to use EAP	23	2.17	0.81

WHITE			

Propensity to self-refer for:

	N	Mean	Standard Deviation
Alcohol problems	106	2.10	1.00
Career problems	106	2.14	1.03
Drug problems	106	2.19	1.02
Emotional/psychological problems	105	2.26	0.96
Family/marital problems	105	2.65	1.00
Financial problems	106	2.62	0.96
Legal problems	106	2.25	0.95
Physical health problems	106	2.36	1.08

Propensity to act upon:

	N	Mean	Standard Deviation
Supervisor referral	106	1.55	0.78
Peer/co-worker referral	106	2.24	0.85
Overall Propensity to use EAP	106	2.23	0.67

AGE 20-29			

Propensity to self-refer for:

	N	Mean	Standard Deviation
Alcohol problems	42	2.36	1.10
Career problems	42	2.14	1.12
Drug problems	42	2.38	1.13
Emotional/psychological problems	41	2.39	1.05
Family/marital problems	41	2.78	0.96
Financial problems	42	2.64	1.03
Legal problems	42	2.29	1.07
Physical health problems	42	2.43	1.06

Propensity to act upon:

	N	Mean	Standard Deviation
Supervisor referral	42	1.69	0.84
Peer/co-worker referral	42	2.26	0.86
Overall Propensity to use EAP	42	2.33	0.80

(table continues)

Dependent Variable	N	Mean	Standard Deviation
AGE 30-39			

Propensity to self-refer for:

	N	Mean	Standard Deviation
Alcohol problems	52	2.08	1.01
Career problems	52	2.25	1.08
Drug problems	52	2.21	1.07
Emotional/psychological problems	52	2.29	1.02
Family/marital problems	52	2.56	1.04
Financial problems	52	2.67	1.00
Legal problems	52	2.29	1.02
Physical health problems	52	2.63	1.10

Propensity to act upon:

	N	Mean	Standard Deviation
Supervisor referral	52	1.37	0.69
Peer/co-worker referral	52	2.35	0.93

	N	Mean	Standard Deviation
Overall Propensity to use EAP	52	2.27	0.68

AGE 40-49

Propensity to self-refer for:

	N	Mean	Standard Deviation
Alcohol problems	28	1.86	0.93
Career problems	28	2.00	0.86
Drug problems	28	1.93	0.90
Emotional/psychological problems	28	2.18	0.90
Family/marital problems	28	2.54	1.07
Financial problems	28	2.46	0.84
Legal problems	28	2.00	0.82
Physical health problems	28	2.04	1.00

Propensity to act upon:

	N	Mean	Standard Deviation
Supervisor referral	28	1.54	0.74
Peer/co-worker referral	28	2.14	0.85

	N	Mean	Standard Deviation
Overall Propensity to use EAP	28	2.07	0.56

AGE 50-59

Propensity to self-refer for:

	N	Mean	Standard Deviation
Alcohol problems	4	1.75	0.96
Career problems	4	1.50	0.58
Drug problems	4	1.50	0.58
Emotional/psychological problems	4	1.50	0.58
Family/marital problems	4	2.25	0.96
Financial problems	4	2.00	0.82
Legal problems	4	1.75	0.50
Physical health problems	4	1.25	0.50

Propensity to act upon:

	N	Mean	Standard Deviation
Supervisor referral	4	1.75	1.50
Peer/co-worker referral	4	1.25	0.50

	N	Mean	Standard Deviation
Overall Propensity to use EAP	4	1.65	0.44

(table continues)

Dependent Variable	N	Mean	Standard Deviation
AGE 60-69			
Propensity to self-refer for:			
Alcohol problems	2	2.00	1.41
Career problems	2	1.00	0.00
Drug problems	2	1.50	0.71
Emotional/psychological problems	2	1.00	0.00
Family/marital problems	2	3.00	0.00
Financial problems	2	2.50	0.71
Legal problems	2	2.50	0.71
Physical health problems	2	2.00	1.41
Propensity to act upon:			
Supervisor referral	2	1.50	0.71
Peer/co-worker referral	2	2.00	0.00
Overall Propensity to use EAP	2	1.90	0.14

Table 30

Pearson Correlation Coefficients of Dependent and Socio-

Demographic Variables (Service Company)

Dependent Variable	Age	Race	Gender	Job Category	Income	Education	No. of Dependents	Marital Status
Propensity to self-refer for:								
Alcohol problems	a -0.17758	-0.00999	0.23399	0.08259	-0.03416	0.19486	-0.07287	0.17806
	b 0.0449	0.9105	0.0076	0.3521	0.7019	0.0269	0.4137	0.0435
	c 128	129	129	129	128	129	128	129
Career problems	-0.13392	0.05251	0.17828	-0.04614	-0.00578	0.16565	0.06125	0.10076
	0.1318	0.5545	0.0432	0.6036	0.9484	0.0606	0.4922	0.2559
	128	129	129	129	128	129	128	129
Drug problems	-0.20702	0.03734	0.33060	-0.05220	0.00014	0.26234	0.02162	0.16508
	0.0190	0.6744	0.0001	0.5568	0.9987	0.0027	0.8086	0.0616
	128	129	129	129	128	129	128	129
Emotional/ psychological problems	-0.18660	0.01538	0.24317	0.09358	-0.12181	0.18530	0.01325	0.19994
	0.0357	0.8632	0.0057	0.2934	0.1725	0.0363	0.8824	0.0236
	127	128	128	128	127	128	127	128
Family/ marital problems	-0.00385	0.06496	0.31714	0.09204	-0.01332	0.07493	0.00089	0.17799
	0.3486	0.4663	0.0003	0.3015	0.8814	0.4006	0.9921	0.0444
	127	128	128	128	128	128	127	128
Financial problems	-0.09893	0.07479	0.10765	0.01701	0.07917	0.10448	-0.05008	-0.01300
	0.2666	0.3996	0.2246	0.8482	0.3744	0.2387	0.5746	0.8837
	128	129	129	129	128	129	128	129
Legal problems	-0.09793	0.10052	0.05474	0.07810	0.10417	0.13068	0.02585	0.02192
	0.2714	0.2570	0.5378	0.3790	0.2419	0.1399	0.7721	0.8052
	128	129	129	129	128	129	128	129
Physical health problems	-0.18400	-0.04246	-0.04525	0.01440	0.01671	0.17023	-0.08438	0.08444
	0.0376	0.6328	0.6106	0.8713	0.8515	0.0538	0.3436	0.3414
	128	129	129	129	128	129	128	129
Propensity to act upon:								
Supervisor referral	-0.05554	0.01206	0.08629	0.04386	-0.02782	0.04923	-0.09304	0.04277
	0.5335	0.8921	0.3309	0.6217	0.7553	0.5795	0.2962	0.6304
	128	129	129	129	128	129	128	129
Peer/co-worker	-0.12814	-0.02948	0.12240	0.05004	-0.12551	0.07768	0.04007	0.02668
	0.1495	0.7402	0.1670	0.5733	0.1581	0.3815	0.6534	0.7641
	128	129	129	129	128	129	128	129
Overall propensity to use EAP	-0.19300	0.03831	0.23397	0.04984	-0.01491	0.20666	-0.01749	0.14092
	0.0291	0.6665	0.0076	0.5748	0.8674	0.0188	0.8446	0.1112
	128	129	129	129	128	129	128	129

Note. a=Correlation Coefficient b=P Value c=Number of Respondents

health services; or propensity to act upon supervisor or peer/co-worker referrals.

Relevant to race, no significant relationships were indicated for any of the dependent variables. Significant negative correlations were present for age and propensity to self-refer for alcohol ($r=-.18$, $p<.05$), drug ($r=-.21$, $p<.05$), emotional/psychological ($r=-.19$, $p<.05$), and physical health problems ($r=-.18$, $p<.05$); and overall propensity to utilize EAP services ($r=-.19$, $p<.05$). The negative correlation for age suggests that older employees had a greater propensity to utilize these EAP services than did younger employees. No significant correlation were indicated between age and propensity to self-refer for career, family/marital, financial, or legal problems; or propensity to act upon supervisor or peer/co-worker referrals.

No significant relationships were found between job category, income level, or number of dependents with any of the dependent variables. However, education was significantly related to propensity to self-refer for alcohol ($r=.19$, $p<.05$), drug ($r=.26$, $p<.01$), and emotional/psychological ($r=-.19$, $p<.05$) problems, and overall propensity to utilize EAP services ($r=.21$, $p<.05$). Marital status was significantly correlated with propensity to self-refer for alcohol ($r=.18$, $p<.05$),

emotional/psychological (r=.20, p<.05), and family/marital (r=.18, p<.05) problems.

Results from the stepwise regression procedure for the socio-demographic domain (see Table 31) indicate that propensity to self-refer for alcohol problems was significantly predicted by gender, marital status, job category, and education (R^2=.18). Male, married, professional/managerial level and less educated employees were likely to utilize the EAP for alcohol problems. Gender was a significant predictor of propensity to self-refer for career problems, yielding an R square value of .03; females were more likely than males to utilize the EAP for career problems. Accounting for approximately 16 percent of the variance in propensity to self-refer for drug problems, gender and age were significant predictors. Females and older employees had a greater propensity to utilize EAP services for drug problems than did male and younger employees. Propensity to self-refer for emotional/psychological problems was significantly predicted by gender, marital status, job category and education, yielding an R square value of .19. Gender, job category, and marital status significantly predicted propensity to self-refer family/marital problems (R^2=.21). Age significantly predicted propensity to self-refer for physical health problems, yielding an R square value of .04. Older employees had a greater propensity to utilize

Table 31

Results of Stepwise Regression Procedure for Socio-demographic Domain (Model 1) for Service Company

Dependent Variables	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to self-refer for:						
Alcohol problems	Gender		-0.71	6.17	0.01	
	Marital status	-0.48	0.14	6.52	0.01	
	Job category		0.25	5.85	0.02	
	Educational level		0.20	5.92	0.02	0.18
Career problems	Gender	1.61	0.39	3.96	0.05	0.03
Drug problems	Gender		0.77	13.84	<.01	
		1.97				
	Age		-0.28	8.19	0.01	0.16
Emotional/psychological problems	Gender		0.73	6.64	0.01	
	Marital status		0.15	7.87	0.01	
	Job category	-0.33	0.26	7.08	0.01	
	Education		0.18	5.39	0.02	0.19
Family/marital problems	Gender		0.93	12.64	<.01	
	Job category	0.42	0.21	10.71	<.01	
	Marital status		0.16	7.20	0.01	0.21
Financial problems	-	-	-	-	-	-
Legal problems	-	-	-	-	-	-
Physical health problems	Age	3.10	-0.23	4.76	0.03	0.04
Propensity to act upon:						
Supervisor's referral	-	-	-	-	-	-
Peer/co-worker referral	-	-	-	-	-	-
Overall propensity to use EAP	Gender		0.50	6.45	0.01	
	Age	1.77	-0.16	6.28	0.01	
	Job category		0.10	4.17	0.04	0.13

p≤.05

their EAP for physical health problems than younger

employees. For overall propensity to utilize EAP

services, gender, age, and job category were significant

predictors $(R^2=.13)$. Females, older employees, and

employees in higher-level jobs (e.g., professional,

managers) had greater propensity to utilize EAP services

than did males, younger employees, and employees in lower-

level jobs (e.g., operations, service). No socio-

demographic variables were indicated as significant

predictors of propensity to self-refer for financial or

legal problems; or propensity to act upon supervisor and

peer/co-worker referrals.

Hypothesis Four: Social Psychological Domain. The fourth

hypothesis stated that the social-psychological domain will

be the best predictor of employee's propensity to utilize

EAP services. Mean scores for the continuous variables

(see Table 32) and frequency distribution for "previous

use" (see Table 33) under the social-psychological domain

revealed the following: employees reported the most

problems in the physical health category (M=4.70), followed

by family/marital (M=2.76),career (M=1.94), financial

(M=1.86), emotional/psychological (m =1.84), legal

(m =.29), alcohol (M=.26), and drug (M=.25) categories.

Employees perceived problems to be serious in the same

order as they recognized having these problems. No

Table 32

Mean and Standard Deviation Scores for Continuous Independent

Variables by Domain (Service Company)

Variables	N	Mean	Standard Deviation
	Socio-demographic Domain		
Age	128	3.00	0.90
Job category	129	2.88	1.35
Income	128	4.45	1.65
Educational level	129	3.41	1.22
No. of dependents	128	2.32	1.26
Marital status	129	1.71	1.37

	Social-Psychological Domain		
Recognition of:			
Physical health problems	129	4.70	3.99
Financial problems	129	1.86	1.96
Legal problems	129	0.29	0.68
Family/marital problems	129	2.76	2.78
Emotional/ psychological problems	129	1.84	2.51
Career problems	129	1.93	2.41
Alcohol problems	129	0.26	1.02
Drug problems	129	0.26	0.68

(table continues)

Variables	N	Mean	Standard Deviation
Other problems	129	0.00	0.00
Severity of:			
Health problems	129	1.26	1.83
Financial problems	129	0.56	0.26
Legal problems	129	0.09	0.28
Family/marital problems	129	0.84	1.51
Emotional/ psychological problems	129	0.53	1.60
Career problems	129	0.55	1.47
Alcohol problems	129	0.11	0.62
Drug problems	129	0.07	0.26
Severity of other problems	129	0.00	0.00
Problem attribution:	129	9.41	3.88

Socio-Cultural Domain			
Size of friend network	129	2.71	0.67
Size of family network	129	2.62	0.72
Perceived social support from family	129	14.74	5.31
Perceived social support from friends	129	13.52	5.00

Variables	N	Mean	Standard Deviation
		Organizational Domain	
Employee's perception of: supervisor's attitude toward:			
EAP	126	1.91	0.86
Helpfulness of EAP	125	1.98	0.86
Cost of EAP	128	3.47	0.85
Convenience of EAP	125	1.96	0.76
Sanctions regarding use of EAP:			
Negatively affects career with company	129	1.67	0.63
Causes loss of respect among co-workers	129	1.59	0.68
Helps employees to continue to work with company	129	2.70	0.82
Knowledge of why company began EAP:			
Help employees continue to work with company	129	3.16	0.97
Help management "keep eye" on troubled employees	129	2.07	0.98
Help only a "select group" of employees	129	1.43	0.79
Overall helpfulness of EAP	127	1.92	0.75
Helpfulness of EAP in assisting with personal problems	122	2.01	0.73
		Community Domain	
Convenience of community resources	124	2.39	0.88
Helpfulness of community resources	121	2.31	0.76
Cost of community resources	125	3.12	1.03

Table 33

Frequency and Percentage of Previous Use of EAP Services by
the Dependent Variables (Service Company)

	Propensity Rating Scale			
Previous Use	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
Alcohol problems				
Yes	*2	4	2	0
	**1.56	3.13	1.56	0.00
No	41	43	18	18
	32.03	33.59	14.06	14.06
Career problems				
Yes	1	3	3	1
	0.78	2.34	2.34	0.78
No	45	34	26	15
	35.16	26.56	20.31	11.72
Drug problems				
Yes	3	3	2	0
	2.34	2.34	1.56	0.00
No	37	45	17	21
	28.91	35.16	13.28	16.41

(table continues)

Previous Use	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
Emotional/psychological problems				
Yes	2	4	2	0
	1.57	3.15	1.57	0.00
No	29	47	24	19
	22.83	37.01	18.90	14.96
Family/marital problems				
Yes	1	5	2	0
	0.79	3.94	1.57	0.00
No	19	30	42	28
	14.96	23.62	33.07	22.05
Financial problems				
Yes	*0	5	3	0
	**0.00	3.91	2.34	0.00
No	17	41	35	27
	13.28	32.03	27.34	21.09
Legal problems				
Yes	2	5	1	0
	1.56	3.91	0.78	0.00
No	31	47	25	17
	24.22	36.72	19.53	13.28

Previous Use	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
	Physical health problems			
Yes	2	1	3	2
	1.56	0.78	2.34	1.56
No	31	37	28	24
	24.22	28.91	21.88	18.75

Propensity to act upon:

	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely
	Supervisor referral			
Yes	6	2	0	0
	4.69	1.56	0.00	0.00
No	73	33	8	6
	57.03	25.78	6.25	4.69
	Peer/co-worker referral			
Yes	2	5	0	1
	1.56	3.91	0.00	0.78
No	21	59	26	14
	16.41	46.09	20.31	10.94

Note. *Frequency **Percent

employees reported having additional problems (M=0.00) beyond the eight major categories of problems provided.

Regarding problem attribution employees scored toward the internal end of the I-E Scale continuum (M=9.41), suggesting that employees attributed their problems to consequences of their behavior or characteristics. Based on a t-test procedure, no significant difference between means on the I-E Scale for females (M=9.85) and males (M=8.50) or blacks (M=9.87) and whites (M=9.31) were indicated at the .05 level of confidence.

Relevant to previous use of EAP services, 8 employees (i.e., 2 blacks, 6 whites; 6 females, and 2 males) reported having used their EAP, representing an overall utilization rate of 6.2%. No systematic pattern was indicated for the distribution of the dependent variables by previous use of EAP services. However, overall, a majority of employees who had used their EAP indicated that they were "very likely" to "somewhat likely" to use their EAP. The opposite pattern was present for employees who had not previously used their EAP; a majority of non-users reported that they were "not at all likely" to utilize their EAP. For specific areas of propensity, a majority of previous EAP users compared to non-users were "very likely" to "somewhat likely" to self-refer for alcohol, drug, emotional/psychological, family/marital, financial, and legal problems and; to act upon peer/co-worker referrals.

One hundred percent of the previous users versus 88 percent of the non-users reported that they would use their EAP if referred by their supervisor.

Pearson correlation coefficients for the dependent and the social-psychological variables (see Table 34) indicated no significant relationship between recognition of a specific problem and propensity to self-refer for that type problem. Also, no significant relationship was found between problem recognition and propensity to act upon peer/co-worker referrals. A significant negative correlation was present between recognition of drug problems and propensity to act upon supervisor referrals ($r=-.18$, $p<.05$), suggesting that individuals who recognize drug problems were likely to utilize the EAP if referred by their supervisor. Recognition of career problems was significantly related to overall propensity to utilize EAP service ($r=.18$, $p<.05$); individuals who recognized career problems were not likely to utilize their EAP services.

No significant correlations were present for severity of a specific problem and propensity to self-refer for that type problem, except for severity of drug problems ($r=.-19$, $p<.05$); individuals with severe drug problems were likely to utilize their EAP for those problems. Severity of drug problems was also significantly negatively related to propensity to act upon peer/co-worker referral

Table 34

Pearson Correlation Coefficients for Dependent and Social-Psychological Variables

(Service Company)

Variable	Propensity to self-refer for:							Propensity to act upon:			
	Alcohol problems	Career problems	Drug problems	Emotional/ psychological problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems	Supervisor referral	Peer/ co-worker referral	Overall propensity to use EAP
Recognition of:											
Physical health problems	a 0.02339	-0.06713	0.00496	0.03260	0.00993	-0.15238	-0.10436	-0.07087	-0.04800	0.08709	-0.04093
	b 0.7924	0.4497	0.9555	0.7149	0.9114	0.0847	0.2392	0.4248	0.5891	0.3264	0.6452
	c 129	129	129	128	128	129	129	129	129	129	129
Financial problems	0.06998	0.01965	0.06897	0.06473	-0.01401	-0.16722	-0.06660	0.09154	0.02351	0.13630	0.03217
	0.4307	0.8251	0.4374	0.4679	0.8753	0.0582	0.4533	0.3022	0.7914	0.1235	0.7174
	129	129	129	128	128	129	129	129	129	129	129
Legal problems	0.04497	-0.13742	0.04078	0.06709	-0.02123	-0.16538	-0.12764	-0.06461	-0.04394	-0.02822	-0.06029
	0.6129	0.1204	0.6464	0.4518	0.8120	0.0611	0.1494	0.4670	0.6210	0.7509	0.4973
	129	129	129	128	128	129	129	129	129	129	129
Family/ marital problems	0.05577	-0.02818	0.00077	-0.05801	-0.03502	-0.08649	-0.02454	-0.01871	-0.05605	-0.02927	-0.03747
	0.5302	0.7512	0.9931	0.5154	0.6947	0.3298	0.7825	0.8333	0.5281	0.7420	0.6733
	129	129	129	128	128	129	129	129	129	129	129
Emotional/ psychological problems	0.09462	0.04305	0.05176	-0.03614	0.05703	-0.01037	0.02296	0.06774	-0.01593	0.03123	0.04643
	0.2861	0.6281	0.5602	0.6855	0.5226	0.9071	0.7962	0.4456	0.8578	0.7254	0.6013
	129	129	129	128	128	129	129	129	129	129	129
Career problems	0.22096	0.17195	0.15597	0.05734	0.10293	0.09644	0.13208	0.17357	0.12940	0.03262	0.18300
	0.0119	0.0514	0.0776	0.5203	0.2476	0.2769	0.1357	0.0492	0.1439	0.7137	0.0379
	129	129	129	128	128	129	129	129	129	129	129
Alcohol problems	0.04682	0.03707	0.00873	-0.09585	0.08373	0.01552	0.00690	-0.06957	-0.10749	0.02186	-0.00493
	0.5982	0.6766	0.9218	0.2818	0.3474	0.8614	0.9381	0.4334	0.2253	0.8058	0.9558
	129	129	129	128	128	129	129	129	129	129	129
Drug problems	-0.05163	-0.02049	-0.13934	-0.17764	-0.09661	-0.13694	-0.11752	-0.12292	-0.18401	-0.14469	-0.16529
	0.5612	0.8177	0.1153	0.0449	0.2780	0.1218	0.1847	0.1652	0.0368	0.1018	0.0612
	129	129	129	128	128	129	129	129	129	129	129
Other problems	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
	129	129	129	128	128	129	129	129	129	129	129

	Propensity to self-refer for:							Propensity to act upon:			
Dependent Variable	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Finan- cial problems	Legal problems	Physical health problems	Super- visor referral	Peer/ co-worker referral	Overall propensity
Severity of:											
Physical health problems	-0.02735 0.7583 129	-0.06515 0.4632 129	-0.07581 0.3932 129	-0.01395 0.8758 128	-0.10226 0.2507 128	-0.22705 0.0097 129	-0.16584 0.0603 129	-0.09642 0.2770 129	-0.10467 0.2378 129	0.16608 0.0600 129	-0.10209 0.2496 129
Financial problems	0.04341 0.6253 129	0.05158 0.5615 129	0.06933 0.4350 129	0.06399 0.4730 128	-0.04604 0.6058 128	-0.08608 0.3321 129	-0.03224 0.7169 129	0.03799 0.6691 129	0.15995 0.0702 129	0.20204 0.0217 129	0.06119 0.4909 129
Legal problems	0.07629 0.3902 129	-0.14205 0.1083 129	0.10978 0.2155 129	0.09131 0.3053 128	0.00587 0.9475 128	-0.21598 0.0140 129	-0.09451 0.2867 129	0.04683 0.5982 129	-0.06772 0.4457 129	0.10208 0.2497 129	-0.00974 0.9127 129
Family/ marital problems	-0.10932 0.2175 129	0.02213 0.8034 129	-0.09570 0.2807 129	-0.15096 0.0889 128	-0.12206 0.1699 128	-0.12629 0.1538 129	-0.13036 0.1409 129	-0.09529 0.2827 129	-0.07389 0.4053 129	-0.01612 0.8561 129	-0.12701 0.1515 129
Emotional/ psychological problems	0.03100 0.7273 129	0.12241 0.1670 129	0.01973 0.8244 129	-0.07996 0.3696 128	0.06542 0.4631 128	0.07761 0.3820 129	0.01282 0.8853 129	0.05308 0.5502 129	-0.09301 0.2945 129	-0.00610 0.9453 129	0.03361 0.7053 129
Career problems	0.13601 0.1243 129	0.12669 0.1525 129	0.12101 0.1719 129	0.03475 0.6970 128	0.13345 0.1332 128	0.11630 0.1893 129	0.04432 0.6180 129	0.07841 0.3771 129	0.12089 0.1723 129	0.03199 0.7189 129	0.13434 0.1290 129
Alcohol problems	-0.09313 0.2939 129	0.05360 0.5463 129	-0.11385 0.1989 129	-0.15995 0.0713 128	0.04261 0.6330 128	0.00989 0.9114 129	-0.07732 0.3838 129	-0.10913 0.2183 129	-0.08770 0.3230 129	-0.04937 0.5785 129	-0.08250 0.3526 129
Drug problems	-0.20792 0.0181 129	0.05763 0.5165 129	-0.19071 0.0304 129	-0.06930 0.4370 128	-0.07799 0.3816 128	-0.04122 0.6428 129	-0.12185 0.1690 129	-0.09634 0.2774 129	-0.14644 0.0977 129	-0.17900 0.0424 129	-0.14964 0.0905 129
Other problems	0.00000 1.0000 129	0.00000 1.0000 129	0.00000 1.0000 129	0.00000 1.0000 128	0.00000 1.0000 128	0.00000 1.0000 129	0.00000 1.0000 129	0.00000 1.0000 129	0.00000 1.0000 129	0.00000 1.0000 129	0.00000 1.0000 129
Problem Attribution	0.02566 0.7737 128	-0.09546 0.2838 128	0.07148 0.4227 128	0.06807 0.4470 127	0.13164 0.1401 127	0.05647 0.5266 128	0.08910 0.3172 128	-0.05619 0.5287 128	0.09224 0.3004 128	0.07513 0.3993 128	0.06037 0.4985 128
Previous Use of EAP	0.09472 0.2856 129	0.19013 0.0309 129	0.12681 0.1521 129	0.14553 0.1012 128	0.06253 0.4832 128	0.00787 0.9295 129	0.00807 0.9276 129	-0.07636 0.3897 129	0.08505 0.3379 129	0.10559 0.2337 129	0.10567 0.2333 129

Note. a=Correlation Coefficient   b=P Value   c=Number of Respondents

(r=-.18, p<.05), suggesting that individuals with severe drug problems were likely to utilize the EAP if referred by a peer/co-worker. Problem severity was not significantly related to propensity to act upon supervisor referral or overall propensity to utilize EAP services.

Previous use of EAP services was not significantly correlated with any of the dependent variables. Problem attribution was only significantly related to propensity to self-refer for career problems (r=.19, p<.05); employees who attribute their problems to external factors were less likely to utilize the EAP for career problems than were employees who internally attribute their problems.

The stepwise regression procedure for the social-psychological domain (see Table 35) indicate that recognition of career problems and severity of drug problems were significant predictors of propensity to self-refer for alcohol problems $R^2=.08$. Propensity to self-refer for career problems was significantly predicted by problem attribution, yielding an R square value of .04. Severity of drug problems significantly predicted propensity to self-refer for drug problems ($R^2=.04$).

Accounting for approximately 3 percent of the variance in propensity to self-refer for emotional/psychological problems, recognition of drug problems was a significant predictor. Propensity to self-refer for financial problems was predicted by severity of health problems, yielding an R

Table 35

Results of Stepwise Procedure for Social-psychological Domain (Model 2)(Service Company)

Dependent Variables	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to self-refer for:						
Alcohol problems	Recognition of career problems		0.09	6.50	0.01	
		1.99				
	Severity of drug problems		-0.74	4.76	0.03	0.08
Career problems	Problem attribution	1.64	0.05	4.75	0.03	0.04
Drug problems	Severity of drug problems	2.22	-0.77	4.69	0.03	0.04
Emotional/psychological problems	Recognition of drug problems	2.33	-0.27	· 4.32	0.04	0.03
Family/marital problems	-	-	-	-	-	-
Financial problems	Severity of physical health problems	·2.74	-0.12	6.73	0.01	0.05
Legal problems	-	-	-	-	-	-
Physical health problems	Recognition of career problems	2.24	0.08	3.98	0.05	0.03
Propensity to act upon:						
Supervisor referral problems	Recognition of drug problems		-0.24	4.35	0.04·	
		1.54				
	Severity of financial problems		0.12	4.36	0.04	0.07
Peer/co-worker referral	Severity of financial problems		0.17	5.19	0.02	
		2.21				
	Recognition of drug problems		0.77	6.63	0.01	0.09
Overall propensity to use EAP:	Recognition of career problems		0.05	4.34	0.04	
		2.16				
	Recognition of drug problems		-0.18	4.09	0.05	0.06

$p \leq .05$

square value of .05. Accounting for approximately 3
percent of the variance in propensity to self-refer for
physical health problems, recognition of career problems
was a significant predictor. Propensity to act upon
supervisor referrals was predicted by recognition of drug
problems and severity of financial problems yielding a R
square value of .07; individuals who recognized drug
problems were likely, and individuals with severe financial
problems were not likely to utilize the EAP if referred by
a supervisor. Severity of financial and drug problems
significantly predicted propensity to act upon peer/co-
worker referrals (R^2=.09); individuals who reported severe
drug problems were likely and individuals who reported
severe financial problems were not likely to utilize the
EAP if referred by a peer/co-worker. Overall propensity to
utilize EAP services was predicted by recognition of career
and drug problems (R^2=.06); individuals who recognized drug
problems were likely and who recognized career problems
were not likely to utilize EAP services.

Hypothesis Five: Problem Severity and Problem Attribution

The fifth hypothesis stated that employees who report
problems that are serious enough for professional help and
who attribute their problems to external factors will have
a greater propensity to utilize EAP services than will
employees who do not perceive any problems serious enough
for professional help and who attribute their problems to

internal factors. The mean and standard deviation scores for problem severity and problem attribution were reported in Table 32. Pearson correlation coefficients for problem severity and problem attribution indicate that only severity of emotional/psychological problems was significantly related to problem attribution; employees who perceived their emotional/psychological problems to be severe tended to attribute their problems to external factors. Interaction variables for severity of specific problems and problem attribution and overall problem severity and problem attribution were entered into the stepwise procedure for the social-psychological domain. Interactions between problem severity and problem attribution were not indicated as significant predictors of any of the dependent variables (see Table 35).

Hypothesis Six: Perceived Social Support

The sixth hypothesis stated that employees who perceive greater social support from a friend network will have greater propensity to utilize EAP services. Mean and standard deviation scores for the socio-cultural domain (see Table 32) indicate that employees perceived their friend (M=13.52) and family (M=14.74) networks to be supportive, with family networks slightly more supportive than friend networks. Results from a t-test procedure indicated no significant difference between blacks and whites perceived social support from friends and from

family. A significant difference was present for perceived social support from friend networks for females and males; females perceived more social support from their friend networks than did males. No significant difference was found between the amount of perceived social support from family networks for males and females.

Pearson correlation coefficients for the dependent and socio-cultural variables are presented in Table 36. No significant relationships were present for perceived social support from friends and any area of propensity. Additionally, no significant relationships were found between perceived social support from family and any dependent variable.

The stepwise regression procedure for the socio-cultural domain (see Table 37) indicated that perceived social support from friends and family were not significant predictors of any dependent variables.

Hypothesis Seven: Network Size and Perceived Social Support

The seventh hypothesis stated that employees who have a social-support network consisting of many friends and who perceive this network to be supportive, will report a greater propensity to utilize EAP services than will employees who have social-support networks consisting of many family members and who perceive this network to be supportive. The mean scores for network size (see Table

Table 36

Pearson Correlation Coefficients of Dependent and Socio-Cultural

Variables (Service Company)

Dependent Variable	Friend Network:		Family Network:		Social Support:	
	Size	Complexity	Size	Complexity	Family	Friend
Propensity to self-refer for:						
Alcohol problems	a0.07007 b0.4301 c129	0.03927 0.6612 127	0.15153 0.0865 129	0.03863 0.6638 129	-0.06660 0.4533 129	-0.14357 0.1046 129
Career problems	0.06137 0.4897 129	0.04206 0.6387 127	0.11207 0.2061 129	0.03437 0.6990 129	-0.04283 0.6298 129	-0.10521 0.2354 129
Drug problems	0.09501 0.2841 129	0.00523 0.9535 127	0.13842 0.1177 129	0.04378 0.6223 129	-0.09044 0.3081 129	-0.16169 0.0671 129
Emotional/ psychological problems	0.06233 0.4846 128	0.02554 0.7765 126	0.10125 0.2555 128	-0.03378 0.7051 128	-0.12585 0.1569 128	-0.17481 0.0484 128
Family/ marital problems	0.04049 0.6500 128	0.06351 0.4799 126	0.16537 0.0621 128	0.02556 0.7746 128	-0.13063 0.1416 128	-0.22774 0.0097 128
Financial problems	-0.01959 0.8256 129	0.07455 0.4048 127	0.15588 0.0777 129	0.06131 0.4901 129	-0.03133 0.7245 129	-0.07355 0.4075 129
Legal problems	0.05966 0.5018 129	0.03942 0.6599 127	0.20339 0.0208 129	0.04615 0.6035 129	-0.02884 0.7456 129	0.01119 0.8999 129
Physical health problems	-0.02776 0.7548 129	0.16696 0.0606 127	0.15625 0.0770 129	0.13667 0.1225 129	0.05771 0.5160 129	0.10592 0.2322 129
Propensity to act upon:						
Supervisor referral	-0.15025 0.0892 129	-0.01112 0.9013 127	0.00789 0.9293 129	-0.01538 0.8627 129	0.06881 0.4385 129	0.04748 0.5931 129
Peer/ co-worker referral	0.05813 0.5129 129	-0.13489 0.1305 127	0.17196 0.0513 129	0.15644 0.0767 129	-0.03757 0.6725 129	-0.11821 0.1821 129
Overall propensity to use EAP	0.04046 0.6489 129	0.04665 0.6025 127	0.19515 0.0267 129	0.07182 0.4186 129	-0.06162 0.4878 129	-0.12025 0.1746 129

Note. a=Correlation Coefficient   b=P Value   c=Number of Respondents

Table 37

Results of Stepwise Procedure for Socio-cultural Domain (Model 3) (Service Company)

Dependent Variables	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to self refer for:						
Alcohol problems	–	–	–	–	–	–
Career problems	–	–	–	–	–	–
Drug problems	–	–	–	–	–	–
Emotional/psychological problems	Large supportive friend network	2.72	0.01	4.18	0.43	0.03
Family/marital problems	Large supportive friend network	3.28	–0.02	8.07	0.01	0.06
Financial problems	–	–	–	–	–	–
Legal problems	Size of family network	1.48	0.26	5.62	0.02	0.04
Physical health problems	–	–	–	–	–	–
Propensity to act upon:						
Supervisor referral	–	–	–	–	–	–
Peer/co-worker referral	Size of family network	1.72	0.19	5.28	0.23	0.04
Overall propensity to use EAP	–	–	–	–	–	–

$p \leq .05$

32) indicated that friend networks (M=2.71) and family

networks (M=2.62) consisted of several individuals

(i.e., 3 to 5). As presented in Table 36, Pearson

correlation coefficients for the dependent variables and

network size indicate no significant relationships for size

of friend network and any dependent variable. However,

size of family network was significantly correlated with

propensity to self-refer for legal problems (r=.20, p<.05)

and overall propensity to utilize EAP services

(r=.20, p<.05); individuals with small family networks were

less likely to self-refer for legal problems and overall,

to utilize EAP services.

Results from the stepwise regression procedure for the

socio-cultural domain (see Table 37) reveal that size of

family network was a significant predictor of propensity

to self-refer for legal problems (R^2=.04) and overall

propensity to utilize EAP services (R^2=.04), suggesting

that individuals with small family networks were less

likely to utilize EAP services for legal problems

specifically, and overall.

Interaction variables for perceived social support

from friends and friend network size and perceived social

support from family and family network size were

constructed. Pearson correlation coefficient for these

interaction variables indicated a significant positive

relationship (r=.24, p<.05); individuals who had large

supportive friend networks also tended to have large supportive family networks.

Interaction between perceived social support from friend and friend network size emerged from the stepwise regression procedure for the socio-cultural domain (see Table 37) as a significant predictor of propensity to self-refer for emotional/psychological (R^2=.03) and family/marital (R^2=.06) problems; individuals with large supportive friend networks were less likely to utilize EAP services for emotional/psychological and family/marital problems.

Hypothesis Eight: Organizational Views

The eighth hypothesis stated that employees who report positive views regarding organizational factors will have a greater propensity to utilize EAP services than will employees who report negative views regarding organizational factors.

Mean and standard deviation scores for the continuous variables under the organizational domain (see Table 32) indicate that employees thought their EAP was probably begun to help employees continue to work with the company (M=3.16), to possibly help management keep an eye on employees who have problems (M=2.07), and not to help only a "select group" of employees who have problems continue to work with the company (M=1.42). Employees considered their EAP to be very convenient (M=1.96), very helpful overall

(M=1.92), somewhat helpful in assisting employees with personal problems (M=2.00), and too expensive to use (M=3.47). Regarding sanctions, employees thought that use of the EAP would not negatively affect their careers in the company (M=1.67), would not cause them to lose respect among fellow employees (M=1.58), and possibly would help them to continue working with the company (M=2.70). Employees reported that they believed their immediate supervisor regarded the EAP as very helpful overall (M=1.91), and specifically for assisting employees with personal problems (M=1.98).

Frequency distributions of the categorical variables under the organizational domain (see Table 38) indicate a majority of employees (63.67%) knew what to do to receive EAP services, that their company provided EAP services for alcohol (88.37%), career (67.44%), drug (90.70%), emotional/psychological (91.47%), family/marital (84.50%), financial (57.40%), legal (55.12%), and physical health (69.53%) problems. A small percentage of employees (9.52%) thought that their immediate supervisors believed referring employees to the company's EAP reflected poorly upon the supervisor. A majority of employees (57.14%) thought their supervisor believed such action had no effect upon the supervisor's image in the company. In terms of the cost of EAP services, a majority of employees (53.49%) were not sure if the cost would keep them from using these services.

Table 38

Frequency and Percentage of Categorical Organizational

Variables (Service Company)

Variable	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Knowledge of EAP procedures				
Yes	82	63.6	82	63.6
Not Sure	31	24.0	113	87.6
No	16	12.4	129	100.0
Knowledge of EAP services for:				
Alcohol problems				
Yes	114	88.4	114	88.4
No	15	11.6	129	100.0
Career problems				
Yes	87	67.4	87	67.4
No	42	32.6	129	100.0
Drug problems				
Yes	117	90.7	117	90.7
No	12	9.3	129	100.0
Emotional/psychological problems				
Yes	118	91.5	118	91.5
No	11	8.5	129	100.0
Family/marital problems				
Yes	109	84.5	109	84.5
No	20	15.5	129	100.0

(table continues)

Variable	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Financial problems				
Yes	74	57.4	74	57.4
No	55	42.6	129	100.0
Legal problems				
Yes	70	55.1	70	55.1
No	57	44.9	127	100.0
Physical health problems				
Yes	89	69.5	89	69.5
No	39	30.5	128	100.0
Reflection upon referring supervisor				
Poorly	12	9.5	12	9.5
Has No Effect	72	57.1	84	66.7
Well	42	33.3	126	100.0
Cost of EAP services for specific problems				
Yes	36	27.9	36	27.9
Not Sure	69	53.5	105	81.4
No	24	18.6	129	100.0
Confidentiality of EAP staff				
Yes	45	34.9	45	34.9
Not Sure	68	52.7	113	87.6
No	16	12.4	129	100.0
Confidentiality of referring supervisor				
Yes	33	25.6	33	25.6
Not Sure	72	55.8	105	81.4
No	24	18.6	129	100.0
Confidentiality of employee's company				
Yes	44	34.1	44	34.1
Not Sure	66	51.2	110	85.3
No	19	14.7	129	100.0

Relevant to confidentiality, a majority of employees were not sure that use of the EAP was kept confidential by the EAP staff (52.71%), by the referring supervisors (55.81%), or by the employees' company (51.16%). More employees believed confidentiality was assured than not assured for all three areas of confidentiality.

Pearson correlation coefficients for the dependent and organizational variables (see Table 39) indicate a significant positive relationship between employees' perceptions of their supervisor's attitude toward the overall helpfulness of the EAP and propensity to self-refer for alcohol (r=.26, p<.01), career (r=.24, p<.05), drug (r=.30, p<.01), emotional/psychological (r=.29, p<.01), legal (r=.21, p<.05), and physical health (r=.19, p<.05) problems; propensity to act upon peer/co-worker referrals (r=.21, p<.05); and overall propensity to utilize EAP services (r=.30, p<.01). Employees who believed that their immediate supervisor considered the EAP services to be helpful were more likely to utilize the EAP than employees who did not hold this perception.

Supervisor's attitude regarding helpfulness of the EAP for assisting employees with personal problems was significantly correlated with propensity to self-refer for alcohol (r=.26, p<.01), career (r=.19, p<.05), drug (r=.31, p<.05), emotional/psychological (r=.23, p<.01) problems and overall propensity to utilize EAP services

Table 39

Pearson Correlation Coefficients of Dependent and Organizational

Variables (Service Company)

Dependent Variable	Supervisor's Attitude Toward:			Cost of EAP:		Convenience of EAP
	Overall helpfulness	Specific services	Referring employees	Overall cost	Specific services	
Propensity to self-refer for:						
Alcohol problems	a0.25766 b0.0036 c 126	0.2565 0.0039 125	-0.26038 0.0032 126	0.10743 0.2274 128	-0.10898 0.2189 129	0.15034 0.0942 125
Career problems	0.24460 0.0058 126	0.19274 0.0313 125	-0.16672 0.0621 126	0.08428 0.3442 128	-0.05122 0.5643 129	0.33375 0.0001 125
Drug problems	0.30296 0.0006 126	0.30761 0.0005 125	-0.28427 0.0013 126	0.16918 0.0563 128	-0.08752 0.3240 129	0.19092 0.0329 125
Emotional/ psychological problems	0.28712 0.0012 125	0.22980 0.0102 124	-0.25064 0.0048 125	0.09888 0.2687 127	-0.02053 0.8181 128	0.28272 0.0015 124
Family/ marital problems	0.15244 0.0897 125	0.16705 0.0637 124	-0.26379 0.0030 125	0.16400 0.0654 127	0.10825 0.2239 128	0.18051 0.0448 124
Financial problems	0.11949 0.1826 126	0.10002 0.2671 125	-0.19789 0.0263 126	0.19930 0.0241 128	0.07244 0.4146 129	0.13193 0.1425 125
Legal problems	0.20633 0.0205 126	0.13868 0.1230 125	-0.09273 0.3017 126	0.18813 0.0335 128	-0.07676 0.3873 129	0.17660 0.0488 125
Physical health problems	0.19091 0.0322 126	0.15254 0.0895 125	-0.04404 0.6244 126	0.20018 0.0235 128	-0.01532 0.8632 129	0.11584 0.1983 125
Propensity to act upon:						
Supervisor referral	0.16951 .0.0578 126	0.11522 0.2007 125	-0.32317 0.0002 126	0.04775 0.5925 128	-0.07803 0.3794 129	0.29706 0.0008 125
Peer/co-worker referral	0.21474 0.0157 126	0.16169 0.0716 125	-0.20207 0.0233 126	0.04132 0.6433 128	-0.06480 0.4657 129	0.29802 0.0007 125
Overall propensity to use EAP	0.30357 0.0005 126	0.25963 0.0035 125	-0.28880 0.0010 126	0.18704 0.0345 128	-0.04634 0.6020 129	0.30195 0.0006 125

(table continues)

Dependent Variable	Confidentiality of:			Perceived Sanctions:		
	EAP staff	Referring supervisor	Employee's company	Affect career	Lose respect	Help keep job

Propensity to self-refer for:

Dependent Variable	EAP staff	Referring supervisor	Employee's company	Affect career	Lose respect	Help keep job
Alcohol problems	0.18865 0.0323 129	0.21795 0.0131 129	0.14376 0.1041 129	0.09187 0.3004 129	0.04204 0.6362 129	-0.18466 0.0362 129
Career problems	0.02743 0.7576 129	0.13695 0.1217 129	0.15566 0.0782 129	0.17908 0.0423 129	0.12381 0.1621 129	-0.25396 0.0037 129
Drug problems	0.21674 0.0136 129	0.25344 0.0038 129	0.20223 0.0215 129	0.16858 0.0562 129	0.08820 0.3202 129	-0.27762 0.0014 129
Emotional/ psychological problems	0.21847 0.0132 128	0.26308 0.0027 128	0.22322 0.0113 128	0.20500 0.0203 128	0.18577 0.0358 128	-0.30223 0.0005 128
Family/marital problems	0.14242 0.1088 128	0.15943 0.0723 128	0.14398 0.1049 128	0.11118 0.2115 128	0.20352 0.0212 128	-0.22591 0.0103 128
Financial problems	-0.02376 0.7893 129	0.07688 0.3865 129	0.12885 0.1456 129	0.04834 0.5865 129	0.10978 0.2155 129	-0.21850 0.0129 129
Legal problems	0.07465 0.4005 129	0.15577 0.0779 129	0.18133 0.0397 129	0.02291 0.7966 129	0.02469 0.7812 129	-0.26392 0.0025 129
Physical health problems	0.05541 0.5328 129	0.12402 0.1614 129	0.05877 0.5082 129	-0.09249 0.2972 129	-0.05158 0.5615 129	-0.01048 0.9062 129

Propensity to act upon:

Dependent Variable	EAP staff	Referring supervisor	Employee's company	Affect career	Lose respect	Help keep job
Supervisor referral	0.18826 0.0326 129	0.20174 0.0219 129	0.27992 0.0013 129	0.22746 0.0095 129	0.23759 0.0067 129	-0.19900 0.0238 129
Peer/ co-worker referral	0.20376 0.0206 129	0.20082 0.0225 129	0.21030 0.0168 129	0.04770 0.5914 129	0.14338 0.1050 129	-0.03566 0.6883 129
Overall propensity to use EAP	0.18115 0.0399 129	0.25375 0.0037 129	0.24069 0.0060 129	0.13975 0.1142 129	0.15105 0.0875 129	-0.28012 0.0013 129

(table continues)

	Knowledge of EAP:							
Dependent Variable	Procedures	Alcohol services	Career services	Drug services	Emotional psychological services	Family/ marital services	Financial services	Legal services	Physical health services

Propensity to self-refer for:

Alcohol problems	0.21694 0.0135 129	0.19829 0.0243 129	0.20159 0.0220 129	0.20121 0.0222 129	0.02192 0.8053 129	0.18521 0.0356 129	0.12329 0.1639 129	0.18163 0.0410 127	0.24006 0.0063 128
Career problems	0.02848 0.7486 129	-0.01745 0.8444 129	0.22639 0.0099 129	-0.01023 0.9084 129	-0.03442 0.6986 129	0.05553 0.5319 129	0.03958 0.6561 129	0.08902 0.3196 127	0.10086 0.2573 128
Drug problems	0.19234 0.0290 129	0.14940 0.0911 129	0.21954 0.0124 129	0.15238 0.0847 129	0.02992 0.7364 129	0.19697 0.0253 129	0.11455 0.1961 129	0.16886 0.0577 127	0.22802 0.0096 128
Emotional/ psychological problems	0.12529 0.1588 128	0.05508 0.5369 128	0.20963 0.0176 128	0.08104 0.3631 128	0.06321 0.4784 128	0.17349 0.0502 128	0.05170 0.5622 128	0.20380 0.0221 126	0.11841 0.1849 127
Family/ marital problems	0.12272 0.1676 128	-0.05479 0.5391 128	0.21740 0.0137 128	-0.03766 0.6730 128	-0.04982 0.5765 128	0.14308 0.1071 128	0.09546 0.2838 128	0.16170 0.0705 126	0.02460 0.7837 127
Financial problems	0.04438 0.6175 129	-0.02106 0.8127 129	0.14207 0.1083 129	-0.02970 0.7383 129	-0.07162 0.4199 129	0.07167 0.4196 129	0.05865 0.5091 129	0.09734 0.2763 127	0.06292 0.4805 128
Legal problems	0.00922 0.9174 129	0.02145 0.8093 129	0.14002 0.1135 129	-0.04159 0.6398 129	-0.06589 0.4582 129	0.06214 0.4842 129	0.04022 0.6509 129	0.12115 0.1749 127	0.11346 0.2023 128
Physical health problems	0.05158 0.5615 129	-0.03802 0.6688 129	0.18457 0.0363 129	0.01092 0.9022 129	-0.05600 0.5285 129	0.00800 0.9283 129	0.00158 0.9859 129	0.06058 0.4987 127	0.09087 0.3077 128

Propensity to act upon:

Supervisor referral	0.20166 0.0219 129	0.11568 0.1917 129	0.01621 0.8553 129	0.11536 0.1930 129	0.06985 0.4315 129	0.16314 0.0647 129	0.06128 0.4903 129	0.00061 ·0.9945 127	-0.00689 0.9385 128
Peer/co-worker referral	0.18986 0.0312 129	-0.01960 0.8255 129	0.10381 0.2417 129	-0.02931 0.7416 129	-0.02274 0.7981 129	0.04909 0.5806 129	0.09440 0.2873 129	0.17474 0.0494 127	0.07558 0.3965 128
Overall propensity to use EAP	0.16550 0.0609 129	0.05491 0.5365 129	0.23876 0.0064 129	0.05929 0.5045 129	-0.01777 0.8415 129	0.15679 0.0760 129	0.09724 0.2729 129	0.18082 0.0419 127	0.15525 0.0801 128

(table continues)

Dependent Variable	Why Company Began EAP:			Helpfulness of EAP:	
	Help keep job	Eye on employees	Help select employees	Overall	Specific problems
Propensity to self-refer for:					
Alcohol problems	-0.17423 0.0483 129	0.03916 0.6595 129	0.13566 0.1253 129	0.29741 0.0007 127	0.37660 0.0001 122
Career problems	-0.11954 0.1772 129	-0.03894 0.6613 129	0.03450 0.6979 129	0.23436 0.0080 127	0.27310 0.0023 122
Drug problems	-0.17293 0.0500 129	0.03408 0.7014 129	0.06268 0.4804 129	0.29749 0.0007 127	0.36160 0.0001 122
Emotional/ psychological problems	-0.13131 0.1396 128	-0.00405 0.9638 128	-0.00750 0.9330 128	0.29195 0.0009 126	0.42141 0.0001 121
Family/ marital problems	-0.10935 0.2192 128	-0.06031 0.4989 128	0.07984 0.3703 128	0.14901 0.0959 126	0.27548 0.0022 121
Financial problems	-0.14429 0.1028 129	-0.02734 0.7584 129	-0.04521 0.6109 129	0.06387 0.4756 127	0.13405 0.1410 122
Legal problems	-0.07735 0.3836 129	0.03378 0.7039 129	0.01515 0.8647 129	0.19506 0.0280 127	0.29815 0.0009 122
Physical health problems	-0.07378 0.4060 129	0.02640 0.7665 129	0.01928 0.8283 129	0.10503 0.2399 127	0.16070 0.0770 122
Propensity to act upon:					
Supervisor referral	-0.08307 0.3493 129	0.13922 0.1156 129	0.16091 0.0685 129	0.20126 0.0233 127	0.14296 0.1162 122
Peer/co-worker referral	-0.03779 0.6707 129	0.15898 0.0719 129	0.17043 0.0535 129	0.19345 0.0293 127	0.24531 0.0065 122
Overall propensity to use EAP	-0.16018 0.0698 129	0.03866 0.6635 129	0.08552 0.3352 129	0.28872 0.0010 127	0.38059 0.0001 122

Note. a=Correlation Coefficient b=P Value c=Number of Respondents

(r=.26, p<.01). Employees who believed their supervisor perceived the EAP to be helpful were likely to utilize the EAP for alcohol, career, drug, and emotional/psychological problems.

Employees who thought their supervisor believed referring employees to the company's EAP reflected poorly on the supervisor were less likely to self-refer for alcohol (r=-.26, p<.01), drug (r=-.28, p<.01), emotional/psychological (r=-.26, p<.01), and family/marital (r=.20, p<.05) problems; to act upon supervisor (r=-.32, p<.01), and peer/co-worker (r=-.20, p<.05) referrals; and overall to utilize EAP services (r=-.29, p<.01). No significant relationships were present for reflection upon supervisor and propensity to self-refer for career, legal, and physical health problems.

Employees who rated the cost of EAP services to be expensive for assisting employees with personal problems were not likely to self-refer for financial (r=.20, p<.05), legal (r=.19, p<.05), and physical health (r=.20, p<.05) problems; or overall to utilize the EAP (r=.19, p<.05). Cost of EAP was not significantly related to propensity to self-refer for alcohol, career, drug, emotional/psychological, and family/marital, propensity to act upon supervisor, and peer/co-worker referrals. Employees' belief regarding the prohibitiveness of EAP cost

for specific services was not significantly correlated with any of the dependent variables.

Convenience of the EAP was significantly related to propensity to self-refer for career (r=.33, p<.01), drug (r=.19, p<.05), emotional/psychological (r=.28, p<.01), family/marital (r=.18, p<.05), and legal (r=.18, p<.05) problems; to act upon supervisor (r=.30, p<.01), and peer/co-worker (r=.30, p<.01) referrals; and overall, to utilize EAP services (r=.30, p<.01); employees who perceived the EAP services to be convenient were more likely to utilize them for these areas. Convenience of the EAP was not significantly related to use of the EAP for alcohol, drug, financial, or physical health problems.

Employees who believed use of the EAP is kept confidential by the EAP staff were likely to utilize the EAP for alcohol (r=.19, p<.05), drug (r=.22, p<.05) and emotional/psychological (r=.22, p<.05) problems; to act upon supervisor (r=.19, p<.05) and peer/co-worker (r=.20, p<.05) referrals; and overall, to utilize EAP services (r=.18, p<.05). Likewise, belief·regarding assurance of confidentiality by the referring supervisor was significantly correlated with propensity to self-refer for alcohol (r=.22, p<.05), drug (r=.25, p<.01), and emotional/psychological (r=.26, p<.01) problems; to act upon supervisor (r=.20, p<.05) and peer/co-worker (r=.20, p<.05) referrals; and overall propensity to utilize

EAP services (r=.25, p<.01). Employees were likely to utilize the EAP for these services if they believed the referring supervisor maintained confidentiality.

Employees who thought their company insured the privacy of employees who used the EAP were more likely to self-refer for drug (r=.20, p<.05), emotional/psychological (r=.22, p<.01) and legal (r=.18, p<.05) problems; to utilize the EAP if referred by their supervisor (r=.28, p<.01) and peer/co-worker (r=.21,. p<.05); and overall, to utilize EAP services (r=.24, p<.01) than employees who did not believe their company insured the privacy of EAP use.

Regarding sanctions, employees who thought use of the EAP would not negatively affect their careers in the company were likely to self-refer for career (r=.18, p<.05) and emotional/psychological (r=.21, p<.05) problems; and to act upon supervisor referrals (r=.23, p<.05). No other dependent variables were significantly correlated with the belief that use of the EAP negatively affect careers. Employees holding the belief that use of the EAP did not cause them to lose respect among fellow employees were likely to self-refer for emotional/psychological (r=.19, p<.05) and family/marital (r=.20, p<.05) problems; and to act upon supervisor referrals (r=.24, p<.05). Propensity to self-refer for alcohol, career, drug, financial, legal, and physical health problems; to act upon

peer/co-worker referrals; and overall to utilize EAP services were not significantly related to the belief that use of the EAP caused them to lose respect from peers. Employees who believed that use of the EAP helps employees to continue working with the company were likely to self-refer for alcohol ($r=-.18$, $p<.05$),career ($r=-.25$, $p<.01$), drug ($r=-28$, $p<.01$), emotional/psychological ($r=-.30$, $p<.01$), family/marital ($r=-.23$, $p<.05$), financial ($r=-.22$, $p<.05$), and legal ($r=-.26$, $p<.01$); to act upon supervisor referral ($r=-.20$, $p<.05$); and overall, to utilize EAP services ($r=-.28$, $p<01$). The only dependent variables indicating no significant correlation with this perceived sanction were propensity to self-refer for physical health problems and to act upon peer/co-worker referrals.

Relevant to knowledge of EAP services, employees who knew what to do to receive their company's EAP services, compared to those who did not, had greater propensity to self-refer for alcohol ($r=.22$, $p<.05$) and drug services ($r=.19$, $p<.05$); to act upon supervisor ($r=.20$, $p<.05$) and peer/co-worker ($r=.20$, $p<.05$) referrals. No significant relationships were indicated for any other dependent variables and knowledge of EAP procedures. Knowledge that the company provided EAP services for a specific problem was not significantly correlated with propensity to utilize the EAP for that problem, except for alcohol ($r=.20$, $p<.05$)

and career problems (r=.23, p<.01); employees who knew that their company provided EAP service for alcohol and career problems had a greater propensity to utilize EAP services for those problems than employees who did not know. Knowledge of why the company began the EAP was significantly related to propensity to utilize EAP services for alcohol (r=-.17, p<.05.) and drug (r=-.17, p=.05) problems only.

Overall helpfulness of the EAP was significantly correlated with a majority of the dependent variables. Specifically, employees who considered their EAP to be helpful were likely to utilize their EAP for alcohol (r=.30, p<.01), career (r=.23, p<.05), drug (r=.30, p<.01), emotional/psychological (r=.29, p<.01), and legal (r=.20, p<.03) problems; to act upon supervisor (r=.20, p<.05) and peer/co-worker (r=.19, p<.05) referrals; and overall, to utilize EAP services (r=.29, p<.01). No significant relationships were indicated for overall helpfulness of the EAP and propensity to utilize the EAP for family/marital, financial, and physical health services. Regarding helpfulness of the EAP in assisting employees with personal problems, employees who believed the EAP was helpful were likely to utilize the EAP for alcohol (r =.38, p<.01), career (r=.27, p<.01), drug (r =.36, p<.01), and emotional/psychological (r=.42, p<.01), family/marital (r=.28, p<.01), and legal

(r=.30, p<.01) problems; to act upon peer/co-worker referral (r=.25, p<.05); and overall to utilize the EAP (r=.38, p<.01). No significant relationships were indicated for the helpfulness of the EAP and propensity to utilize the EAP for financial and physical health problems, or propensity to act upon supervisor referrals.

Results of the stepwise procedure for the organizational domain (see Table 40) indicate that propensity to self-refer for alcohol problems was significantly predicted by helpfulness and knowledge of how to receive EAP services (R^2=.20); employees who believed the EAP to be helpful and knew what service the EAP provided were likely to utilize it for alcohol problems.

Convenience and knowledge of EAP services, and sanctions regarding use of EAP services were significant predictors of propensity to self-refer for career problems (R^2=.20). Employees who believed their EAP was convenient, was used to help employees to continue working with the company, and who knew that the EAP provided services for career problems were likely to utilize the EAP for career problems.

Regarding propensity to self-refer for drug problems, helpfulness and cost of EAP services, and employee's perception of their supervisor's attitude toward EAP, were significant predictors (R^2=.22); employees who believed their EAP services were helpful and affordable, and that

Table 40

Results of Stepwise Procedure for Organizational Domain (Model 4) (Service Company)

Variables Dependent	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to self-refer for:						
Alcohol problems	Helpfulness of EAP in assisting with personal problems		0.54	22.34	<.01	
		0.64				
	Knowledge of types of services provided by EAP		0.27	4.62	0.03	0.20
Career problems	Convenience of EAP		0.38	14.29	<.01	
	Help employees to continue to work with company	1.50	−0.28	6.77	0.01	
	Knowledge of career services		0.45	5.77	0.02	0.20
Drug problems	Helpfulness of EAP in assisting with personal problems		0.50	20.22	<.01	
	Employee's perception of supervisor's attitude toward referring employees to EAP	1.15	−0.33	5.64	0.02	
	Cost of EAP services		0.22	4.53	0.04	0.22
Emotional/psychological problems	Helpfulness of EAP in assisting with personal problems		0.53	27.39	<.01	
		1.76				
	Help employees to continue to work with company		−0.22	4.09	0.05	0.22

(table continues)

Variables Dependent	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R2
Family/marital problems	Employee's perception of supervisor's attitude toward referring employees to EAP		-0.38	9.84	<.01	
		2.95				
	Helpfulness of EAP in assisting with personal problems		0.27	4.51	0.04	0.11
Financial problems	Cost of EAP services		0.26	6.68	0.01	
		2.20				
	Helps employees to continue to work with company		-0.22	4.30	0.04	0.09
Legal problems	Helpfulness of EAP in assisting with personal problems		0.30	11.09	<.01	
	Cost of EAP services	1.50	0.26	6.78	0.01	
	Helps employees to continue to work with company		-0.28	6.55	0.01	0.19
Physical Health	Cost of EAP services		0.23	5.26	0.02	
		1.04				
	Knowledge of career services		0.42	4.00	0.04	0.08
Propensity to act upon:						
Supervisor referral	Employee's perception of supervisor's attitude toward EAP		-0.36	12.92	<.01	
		1.82				
	Convenience of EAP		0.27	7.99	0.01	0.16
Peer/co-worker referral	Convenience of EAP		0.30	10.18	0.01	
		1.40				
	Help only a "select group" of employees		0.21	4.05	0.05	0.11

(table continues)

Variables Dependent	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R2
Overall propensity to use EAP:	Helpfulness of EAP in assisting with personal problems		0.33	20.80	<.01	
	Employee's perception of supervisors attitude toward employees employees to EAP	1.60	-0.24	7.00	0.01	
	Cost of EAP services		0.15	4.95	0.03	0.24

$p < .05$

their supervisor thought making EAP referrals did not negatively reflect upon the supervisor's, were likely to utilize the EAP for drug problems.

Accounting for approximately 22 percent of the variance in propensity to self-refer for emotional/psychological problems, helpfulness of the EAP and sanction regarding use of the EAP, were significant predictors. Employees' who believed that the EAP was helpful and use of EAP services helped employees to continue to work with their company, were likely to use the EAP for emotional/psychological problems.

Propensity to self-refer for family/marital problems was significantly predicted by employees' perceptions of supervisor's attitude toward the EAP and helpfulness of the EAP services ($R^2=.11$). Employees who believed that their supervisor thought that referring employees to the EAP did not negatively reflect upon the supervisor and that the EAP was helpful, were likely to utilize the EAP for family/marital problems.

Cost of EAP services and sanctions regarding use of the EAP were significant predictors of propensity to self-refer for financial problems ($R^2=.09$). Employees who believed that EAP services were affordable and use of the EAP helps employees to continue working with the company, were likely to utilize the EAP for financial problems.

Propensity to self-refer for legal problems was predicted by helpfulness, cost, and sanctions regarding use of EAP ($R^2=.19$). Employees who perceived that their EAP was helpful, affordable and that supervisors did not think referring employees to the EAP reflected upon the supervisors negatively, were likely to utilize EAP services for legal problems.

Yielding an R square value of .08, cost and knowledge of EAP services significantly predicted propensity to self-refer for physical health problems. Employees who perceived that the EAP was affordable and had knowledge regarding the types of EAP services that were provided, were likely to utilize the EAP for physical health problems.

Regarding propensity to act upon supervisor referrals, employees' perception of their supervisor's attitude relevant to the EAP and convenience of the EAP were significant predictors ($R^2=.16$). Employees who believed that their supervisor thought referring employees to the company's EAP did not reflect negatively upon the supervisor and who believed the EAP was convenient, were likely to utilize the EAP if referred by their supervisor.

Convenience and knowledge of EAP services were significant predictors of propensity to act upon peer/co-worker referrals, yielding an R square value of .11. Employees who believed the EAP services were convenient and

knew the EAP provided services for career problems were likely to utilize the EAP if referred by a peer/co-worker.

Overall propensity to utilize EAP services was significantly predicted by helpfulness and cost of EAP services and employees' perceptions of their supervisor's attitude toward the EAP (R^2=.24). Employees were likely to utilize EAP services when they believed their EAP was helpful, affordable, and their supervisor did not feel referring employees to the company's EAP reflected negatively upon the supervisor.

Hypothesis Nine: Problem Severity and Organizational Views

The ninth hypothesis stated that employees who report problems that are perceived as serious enough for professional help and who have positive views regarding organizational factors will have a greater propensity to utilize EAP services than will employees who report problems serious enough for professional help and who have negative views regarding organizational factors. Summary variables for problem severity and organizational views were created. Mean score for problem severity was 4.00, indicating that employees perceived, on average, four individual problems serious enough for professional help. Mean score for organizational views was 1.92, indicating that, overall, employees thought their EAP was very helpful. No significant correlation was present between problem severity and organizational views.

An interaction variable between problem severity and the organizational views was constructed. Pearson correlation coefficients for this interaction variable and the dependent variables indicated no significant relationships. Although the stepwise procedure for the social-psychological domain (see Table 35) indicated severity of specific problems as significant predictors of some areas of propensity, the interaction between problem severity and organizational views did not enter the equation as a significant predictor of any dependent variables.

Hypothesis Ten: Organizational and Community Views

The tenth hypothesis stated that employees who report negative views regarding organizational factors and positive views regarding community factors will have less propensity to utilize EAP services than will employees who report negative views regarding organizational factors and negative views regarding community factors. Mean and standard deviation scores for the organizational domain were presented under hypothesis eight. Mean scores for the community domain (see Table 32), indicate that employees believed their community resources were somewhat convenient (M=2.38), somewhat helpful (M=2.31), and too expensive to use (M=3.12). Frequency distributions for the categorical variables under the community domain reveal that 58.91% of the employees knew of resources within their community that

assisted persons with personal problems. However, only 37.98% of the employees already had a person identified in their community from whom they could receive help for personal problems.

Pearson correlation coefficients for the dependent and the community variables (see Table 41) indicate that no significant relationship existed, except for helpfulness of community resources and propensity to self-refer for emotional/psychological problems (r=.18, p<.05). Pearson correlation coefficients for the summary variables for the community views and the organizational views indicated no significant relationships.

An interaction variable between community and organizational views was constructed and entered into the stepwise procedure for the community domain (see Table 42). Results from the stepwise procedure indicate that this interaction was not a significant predictor of any dependent variable. Helpfulness of community resources was a significant predictor of propensity to self-refer to the EAP for emotional/psychological problems $(R^2=.03)$; employees who perceived their community resources to be helpful were likely to utilize EAP services for emotional/psychological problems. Cost of community resources significantly predicted propensity to self-refer to the EAP for legal problems $(R^2=.04)$. Employees who believed the community resources were affordable, were

Table 41

Pearson Correlation Coefficients for Dependent and Community

Variables (Service Company)

Dependent Variable	Knowledge of Resources	Resource Person	Convenience of Resources	Helpfulness of Resources	Cost of Resources
Propensity to self-refer for:					
Alcohol problems	a 0.01926	0.08319	-0.00520	0.10177	0.07774
	b 0.8285	0.3486	0.9543	0.2667	0.3888
	c 129	129	124	121	125
Career problems	0.04334	0.05726	0.07477	0.15654	0.11748
	0.6258	0.5193	0.4092	0.0864	0.1920
	129	129	124	121	125
Drug problems	0.01453	0.03610	0.05203	0.10846	0.11730
	0.8702	0.6846	0.5660	0.2364	0.1926
	129	129	124	121	125
Emotional/ psychological problems	0.00000	0.05265	0.10042	0.18187	0.04284
	1.0000	0.5550	0.2691	0.0468	0.6366
	128	128	123	120	124
Family/ marital problems	0.05212	0.05206	0.05999	0.13694	0.08228
	0.5590	0.5595	0.5098	0.1359	0.3636
	128	128	123	120	124
Financial problems	0.02909	0.03104	-0.00093	0.03911	0.08452
	0.7434	0.7270	0.9918	0.6702	0.3487
	129	129	124	121	125
Legal problems	0.07972	0.08655	0.02612	0.11156	0.17287
	0.3692	0.3294	0.7734	0.2231	0.0539
	129	129	124	121	125
Physical health problems	0.01267	-0.02053	-0.02844	0.07698	0.10818
	0.8867	0.8174	0.7539	0.4013	0.2298
	129	129	124	121	125
Propensity to act upon:					
Supervisor referral	-0.05388	-0.04771	0.03448	0.06546	0.04638
	0.5442	0.5913	0.7038	0.4756	0.6075
	129	129	124	121	125
Peer/ co-worker referral	-0.00261	0.03870	0.04070	0.06782	0.04394
	0.9766	0.6633	0.6536	0.4598	0.6266
	129	129	124	121	125
Overall propensity to use EAP	0.02909	0.05271	0.04871	0.14939	0.12765
	0.7435	0.5530	0.5911	0.1020	0.1560
	129	129	124	121	125

Note. a=Correlation Coefficient b=P Value c=Number of Respondents

Table 42

Results of Stepwise Procedure for Community Domain (Model 5) (Service Company)

Dependent Variable	Significant Predictors	Intercept	Coefficient	Partial F	P Value	Model R^2
Propensity to self-refer for:						
Alcohol problems	-	-	-	-	-	-
Career problems	-	-	-	-	-	-
Drug problems	-	-	-	-	-	-
Emotional/psychological problems	Helpfulness of community resources	1.68	0.24	4.07	0.05	0.03
Family/marital problems	-	-	-	-	-	-
Financial problems	-	-	-	-	-	-
Legal problems	Cost of community resources	1.72	0.18	4.40	0.04	0.04
Physical health problems	-	-	-	-	-	-
Propensity to act upon:						
Supervisor referral	-	-	-	-	-	-
Peer/co-worker referral	-	-	-	-	-	-
Overall propensity to use EAP	-	-	-	-	-	-

p<.05

likely to utilize the EAP services. No other community variables were indicated as a significant predictor of any other dependent variables.

Hierarchical Multiple Regression

Significant predictors from each stepwise regression procedure (i.e., all 5 domains, Model 1 through Model 5) were entered into a hierarchical regression procedure as indicated by the EAP utilization model. Thus, the significant variables from the socio-demographic domain were entered first, followed by the socio-cultural, social-psychological, organizational and community domains. Results from the hierarchical procedure (see Table 43) indicate that propensity to self-refer for alcohol problems was significantly predicted by gender, job category, and education ($R^2 = .37$). Females, employees in higher-level jobs and who had received some college and below education, were likely to utilize EAP services for alcohol problems.

Belief that use of their EAP helped employees to continue to work with the company and knowledge that the EAP assisted with career problems, contributed significantly to the prediction of propensity to self-refer for career problems ($R^2 = .26$).

Accounting for approximately 40 percent of the variance in the propensity to self-refer for drug problems, gender, age, helpfulness of the EAP, employees' perceptions of their supervisors' attitude toward referring employees

Table 43

Results of Hierarchical Regression Procedure (Service Company)

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Propensity to self-refer for:						
Alcohol problems						
Intercept	-1.108	0.77	0.15			
Gender	0.655	0.23	<.01			
Marital status	0.091	0.07	0.20			
Job category	0.188	0.09	0.03			
Education	0.193	0.09	0.03			
Recognition of career problems	0.047	0.05	0.36			
Severity of drug problems	-0.538	0.42	0.21			
Helpfulness of EAP	0.325	0.17	0.06			
Knowledge of EAP procedures	0.072	0.13	0.59			
Large supportive family network	0.007	0.01	0.33	3.75	.01	.37
Large supportive friend network	-0.006	0.01	0.47			
Problem severity and organizational views	-0.045	0.07	0.52			
Organizational and community views	0.028	0.04	0.51			
Problem severity and attribution	-0.001	0.01	0.96			
Problem recognition (summary)	0.012	0.01	0.40			
Problem severity (summary)	0.002	0.03	0.94			
Career problems						
Intercept	0.655	0.76	· 0.39			
Gender	0.234	0.23	0.32			
Problem attribution	0.032	0.03	0.24			
Convenience of EAP	0.265	0.16	0.10			
Use of EAP helps keep job	-0.258	0.12	0.03			
Knowledge of career services	0.437	0.21	0.04			
Problem severity and attribution	0.023	0.02	0.19			
Large supportive friend network	-0.000	0.01	0.97			
Large supportive family network	o.010	0.01	0.14	2.67	.01	.26
Helpfulness of EAP	-0.040	0.23	0.86			
Problem severity and organizational views	-0.059	0.06	0.34			
Organizational and community views	0.046	0.05	0.38			
Problem recognition (summary)	-0.003	0.01	0.82			
Problem severity (summary)	-0.016	0.03	0.54			

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Drug problems						
Intercept	1.737	0.79	0.03			
Gender	0.645	0.20	<.01			
Race	-0.276	0.10	0.01			
Severity of drug problems	-0.550	0.36	0.13			
Helpfulness of EAP	0.318	0.16	0.05			
Supervisor's attitude toward referring employees	-0.353	0.16	0.03			
Cost of EAP services	0.203	0.11	0.06			
Problem recognition (summary)	0.006	0.01	0.61	4.98	.01	.40
Problem severity (summary)	-0.017	0.02	0.45			
Problem severity and attribution	0.099	0.07	0.15			
Large supportive friend network	-0.006	0.01	0.42			
Large supportive family network	0.004	0.01	0.51			
Problem severity and organizational views	-0.228	0.35	0.51			
Organizational and community views	-0.015	0.04	0.70			
Emotional/psychological problems						
Intercept	-0.215	0.83	0.80			
Gender	0.593	0.21	0.01			
Marital status	0.063	0.07	0.34			
Job category	0.240	0.08	<.01			
Education	0.174	0.09	0.05			
Perceived social support-friend	0.003	0.03	0.92			
Recognition of drug problems	-0.066	0.15	0.66			
Helpfulness of EAP	0.323	0.19	0.09			
Use of EAP helps keep job	-0.061	0.19	0.75	3.77	.01	.39
Helpfulness of community resources	0.015	0.02	0.33			
Problem severity and attribution	-0.000	0.01	0.97			
Problem recognition (summary)	-0.017	0.03	0.52			
Problem severity (summary) Large supportive friend network	-0.001	0.01	0.92			
Large supportive family network	0.000	0.01	0.96			
Problem severity and organizational views	-0.097	0.08	0.21			
Organizational and community views	0.066	0.06	0.30			

(table continues)

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Family/marital problems						
Intercept	1.061	0.77	0.17			
Gender	0.909	0.21	<.01			
Job category	0.223	0.07	<.01			
Marital status	0.133	0.07	0.05			
Perceived social support-friend	-0.006	0.03	0.81			
Supervisor's attitude toward referring employees	-0.321	0.16	0.04			
Helpfulness of EAP	0.062	0.17	0.71	3.85	.01	.34
Problem severity and organizational views	0.026	0.09	0.77			
Problem recognition (summary)	0.001	0.01	0.94			
Problem severity (summary)	-0.063	0.03	0.03			
Problem severity and attribution	0.010	0.01	0.32			
Large supportive friend network	-0.002	0.01	0.83			
Large supportive family network	0.006	0.01	0.36			
Organizational and community views	0.041	0.04	0.32			
Financial problems						
Intercept	2.396	0.54	<.01			
Severity of physical health problems	-0.082	0.07	0.27			
Cost of EAP services	0.196	0.11	0.07			
Use of EAP helps keep job	-0.154	0.11	0.18			
Organizational and community views	0.024	0.04	0.52	1.94	.05	.16
Perceived social support-family	0.005	0.01	0.47			
Perceived social support-friend	-0.004	0.01	0.61			
Problem recognition (summary)	-0.003	0.01	0.77			
Problem severity (summary)	-0.022	0.04	0.54			
Problem severity and attribution	0.008	0.01	0.35			
Problem severity and organizational views	0.000	0.04	0.99			
Legal problems						
Intercept	0.370	0.67	0.58			
Size of family network	0.292	0.12	0.02			
Helpfulness of EAP	0.303	0.17	0.07			
Cost of EAP	0.196	0.11	0.06			
Use of EAP helps keep job	-0.324	0.11	<.01			
Cost of community resources	0.145	0.09	0.12			
Problem severity and attribution	0.024	0.04	0.58	3.20	.01	.28
Problem severity and organizational views	-0.273	0.30	0.36			
Problem recognition (summary)	0.005	0.01	0.66			
Problem severity (summary)	-0.022	0.02	0.31			
Organizational and community views	-0.005	0.04	0.90			
Large supportive family network	-0.000	0.01	0.97			
Large supportive friend network	0.010	0.01	0.19			

(table continues)

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Physical health problems						
Intercept	1.509	0.69	0.03			
Age	-0.214	0.12	0.07			
Recognition of career problems	0.084	0.05	0.12			
Cost of EAP services	0.180	0.12	0.14			
Knowledge of career services	0.294	0.23	0.20			
Problem severity and attribution	0.285	0.13	0.03			
Problem severity				2.61	.01	.22
and organizational views	-1.717	0.72	0.02			
Problem recognition (summary)	-0.001	0.02	0.94			
Problem severity (summary)	-0.040	0.03	0.13			
Large supportive family network	0.013	0.01	0.10			
Organizational						
and community views	0.025	0.04	0.50			
Large supportive friend network	-0.000	0.01	0.97			

Propensity to act upon:

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Supervisor referral						
Intercept	2.361	0.47	<.01			
Recognition of drug problems	-0.132	0.13	0.30			
Severity of financial problems	0.063	0.07	0.35			
Supervisor's attitude						
toward referring employees	-0.387	0.13	<.01			
Convenience of EAP	0.160	0.11	0.17			
Problem severity				3.03	.01	.25
and organizational views	0.037	0.02	0.02			
Problem severity and attribution	0.001	0.00	0.85			
Large supportive friend network	-0.003	0.01	0.63			
Large supportive family network	0.000	0.01	0.98			
Organizational						
and community views	-0.018	0.03	0.58			
Problem recognition (summary)	-0.001	0.01	0.90			
Problem attribution (summary)	-0.088	0.05	0.08			

(table continues)

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Peer/co-worker referral						
Intercept	1.244	0.54	0.02			
Size of family network	0.151	0.12	0.21			
Severity of financial problems	0.134	0.08	0.10			
Severity of drug problems	-0.860	0.36	0.02			
Convenience of EAP	0.245	0.13	0.07			
EAP began to help "select" group	0.081	0.11	0.47			
Large supportive friend network	-0.004	0.01	0.55	1.66	.09	.17
Large supportive family network	0.002	0.01	0.74			
Problem séverity and organizational views	-0.011	0.02	0.59			
Problem severity and attribution	-0.002	0.00	0.59			
Recognition of problem (summary)	0.003	0.01	0.83			
Severity of problems (summary)	0.039	0.06	0.49			
Organizational and community views	0.015	0.04	0.70			
Overall propensity to use EAP						
Intercept	0.983	0.64	0.12			
Gender	0.429	0.15	<.01			
Age	-0.160	0.07	0.02			
Job category	0.100	0.05	0.04			
Size of family network	0.197	0.08	0.02			
Recognition of career problems	0.060	0.03	0.07			
Recognition of drug problems	0.055	0.10	0.59			
Helpfulness of EAP	0.189	0.11	0.09			
Supervisor's attitude toward referring employees	-0.262	0.11	0.02	4.24	.01	.42
Cost of EAP services	0.151	0.07	0.04			
Problem severity and organizational views	-0.002	0.01	0.85			
Problem severity and attribution	0.002	0.00	0.36			
Large supportive friend network	0.001	0.01	0.92			
Large supportive family network	0.003	0.00	0.53			
Problem recognition (summary)	-0.011	0.01	0.27			
Problem severity (summary)	-0.041	0.04	0.32			
Organizational and community views	0.007	0.03	0.80			

to the company's EAP, and cost of EAP services were significant predictors. Specifically, females, older employees, employee with the perception that their supervisor believed referring employees to the EAP did not reflect poorly upon the supervisor, and who believed the EAP was affordable, were likely to use the EAP for drug problems.

Propensity to self-refer for emotional/psychological problems were predicted by gender, job category, and educational level (R^2=.39). Females, higher job level employees (i.e., professional, technical, managers, officials), and employees with some college and below education were likely to utilize the EAP for emotional/psychological problems.

Yielding an R square value of .34, gender, job category, employees' perception of their supervisor's attitude toward referring employees to EAP, and problem severity, contributed significantly to the prediction of propensity to self-refer for family/marital problems. Females, individuals in higher level jobs, employees who perceived that their supervisors believed referring employees to the EAP did not reflect poorly upon the supervisor, and employees with problems that were perceived as serious enough for professional help, were likely to utilize the EAP for family/marital problems.

No significant variable from the stepwise procedure for propensity to self-refer for financial problems were indicated. However, the intercept was significant (p<.01), accounting for approximately 16 percent of the variance in propensity to self-refer for financial problems.

Size of family network and sanctions regarding use of the EAP services contributed significantly to the prediction of propensity to self-refer for legal problems (R^2=.28). Employees with large family support-networks and who believed that use of the EAP helped employees keep their jobs were likely to utilize the EAP for legal problems.

Propensity to self-refer for physical health problems was significantly predicted by interaction between problem severity and problem attribution, and interaction between problem severity and views regarding the organization (R^2=.22). Employees who reported problems that were perceived as serious enough for professional help, who attributed their problems to external factors, and who had positive views regarding the organization, were likely to utilize the EAP for physical health problems.

Accounting for approximately 25 percent of the variance in propensity to act upon supervisor referral, employee's perceptions of their supervisor's attitude toward the EAP and interaction between problem severity and organizational views were significant predictors.

Employees who perceive that their supervisor believed that referring employees to the EAP does not reflect poorly upon the supervisor, who have problems serious enough for professional help, and who have positive views regarding the organization, were likely to utilize the EAP when referred by their immediate supervisor.

Severity of drug problems, significantly predicted propensity to act upon peer/co-worker referral (R^2=.17). Employees who reported drug problems that were serious enough for professional help were likely to utilize if referred by a peer/co-worker.

Overall propensity to utilize EAP services was significantly predicted by gender, age, job category, size of family network, employee's perception of supervisor's attitude toward the EAP, and cost of the EAP (R^2=.42). Females, older employees, employees in higher-level jobs, employees with large family networks, employees who perceived that their supervisor believed that referring employees to the EAP does not reflect poorly upon them as supervisors, and employees who consider the cost of the EAP to be affordable were likely to utilize their EAP.

Based on the hierarchical regression procedure, hypothesis one was partially supported; propensity to self-refer for alcohol, drug, emotional/psychological and family/marital problems, and overall propensity to utilize EAP services were greater for females than for males. No

gender difference was indicated for the other dependent variables. Hypothesis two and three were not supported; no race difference in propensity was indicated; however, older employees had a greater propensity to utilize the EAP for drug problems, and overall to utilize the EAP. No support was given for hypothesis four; the social-psychological domain was not the best predictor of propensity to utilize EAP services. More significant predictors of propensity were entered from the socio-demographic domain. Hypothesis five was supported for propensity to self-refer for physical health problems only; employees who reported physical health problems that were perceived as serious enough for professional help and who attributed their problems to external factors were likely to self-refer for physical health problems. Support for hypothesis five was not present for the other dependent variables. No support was present for hypothesis six; social support was not a significant predictor of propensity. No interaction was present between network size and perceived social support, lending no support for hypothesis seven. Hypothesis eight was supported for propensity to self-refer for drug problems; employees who reported positive views regarding organizational factors had a greater propensity to utilize EAP services for drug problems than did employees holding negative views regarding the organization. Hypothesis nine was supported for propensity to self-refer for physical

health problems only; employees who reported problems that were perceived as serious enough for professional help and who had positive views regarding the organization, were likely to utilize the EAP for physical health problems. No interaction was found between organizational and community views, lending no support for hypothesis ten.

Comparison of Industrial and Service Company

This section discusses the differences and similarities between the two participating companies based on the five major domains and the hierarchical regression procedure.

Socio-Demographic Domain

Propensity according to race, gender,and age was similar for both companies. Irrespective of race, gender, and age, employees were "somewhat likely" to self-refer for specific problems; to act upon peer/co-worker referrals; and overall to utilize EAP services. Overall, the service company's employees had slightly smaller means for the dependent variables than did the industrial company's employees, suggesting greater propensity to utilize EAP services at the service company. Also, regarding age, greater propensity to utilize EAP services occurred at an earlier age category for the service company than did for the industrial company. The greatest propensity to utilize EAP services was reported for the individuals in the 50 to

59 age category at the service company and in the 60 to 69 age category at the industrial company.

The Pearson correlation coefficient for the dependent and the socio-demographic variables for both companies reveal some striking similarities. Few, if any significant correlations among race, job category, income, number of dependents, and marital status, were indicated for any of the dependent variables for either company. Some differences between the companies were also suggested by the Pearson correlation coefficients. Age was significantly related to five areas of propensity for the service company; but, not any areas of propensity for the industrial company. Gender was significantly related to propensity to act upon supervisor and peer/co-worker referrals at the industrial company and propensity to self-refer for alcohol, career, drug, emotional/psychological, and family/marital problems, and overall propensity to utilize EAP service at the service company. Education was significantly related to four areas of propensity for both companies. However, none of the four areas of propensity were the same for the companies, except overall propensity to utilize EAP services.

Results of the stepwise regression procedure for the socio-demographic domain indicate that more socio-demographic variables were significant predictors of

propensity for the service company than for the industrial company.

Social-Psychological Domain

Means for problem recognition indicated that employees at the service company perceive slightly more physical health, financial, legal problems, alcohol, and drug problems and less family/marital, emotional/psychological, and career problems than did employees at the industrial companies. The largest problem recognition difference existed between the companies for family/marital problems.

For problem severity, means indicated that employees at the service company perceived slightly more serious physical health, family/marital, drug, and alcohol problems and slightly less serious legal, emotional/psychological and career problems than did employees at the industrial company. Means for severity of financial problems were the same for both companies.

Means for problem attribution were located at the internal end of the continuum for both companies, suggesting that employees attributed their problems to consequences of their own behavior. However, service company employees attributed their problems slightly more internally than did industrial company employees. No race difference was indicated for the way employees attribute their problem at either company. Gender differences in problem attribution was indicated at the industrial company

but not for the service company. Females at the industrial company attributed their problems significantly less to internal factors than did males.

The utilization rate was 9.56% for the industrial company and 6.20% for the service company. Delineation of the utilization rate by gender and race reveal that previous EAP use was similar for both of these variables at both companies. More females than males and more whites than blacks had used the EAP. However, a larger percentage of females and blacks had previously used the EAP at the service company than the industrial company.

Pearson correlations for the dependent and social-psychological domain indicate that problem recognition and problem severity were not significantly related to propensity to self-refer for specific problems at either company. Problem attribution was significantly correlated with propensity to self-refer for career problems at the service company but not at the industrial company. However, at the industrial company, problem attribution was significantly correlated with propensity to self-refer for alcohol, drug, emotional/psychological, and family/marital problems, and overall propensity to utilize EAP services. Previous use of EAP services was not significantly related to any area of propensity at either company, except for overall propensity at the industrial company.

Results of the stepwise regression procedure indicated that more variables for the social-psychological domain were significant predictors for the industrial company than for the service company. Problem recognition was indicated as a significant predictor in six areas for the service company and in four areas for the industrial company. Problem severity was indicated as a significant predictor in five areas for both companies. No other significant predictors were indicated for the service company. However, for the industrial company, problem attribution was indicated in five areas and previous use of EAP services was indicated in three areas as significant predictors.

Socio-cultural Domain

Means for the socio-cultural variables indicate that employees perceive greater support from their friend and family networks at the industrial company than at the service company, while the service company employees reported having larger friend and family networks.

Pearson correlation coefficients reveal that perceived social support from family was not significantly correlated with any of the dependent variables at either companies. Perceived social support from friends was not significantly related to any dependent variable at the industrial company but was significantly related to propensity to self-refer for emotional/psychological and family/marital problems.

Family network size at the service company and friend network size at the industrial company was significantly related to propensity to self-refer for legal problems. Size of friend network at the service company was not significantly related to any area of propensity.

Results of the stepwise regression procedure reveal that no variables from the socio-cultural domain were significant predictors of propensity to self-refer for alcohol, career, drug, financial, and physical health problems at either companies. Socio-cultural variables were indicated as significant predictors of propensity to self-refer for family/marital problems at both companies; to self-refer for emotional/psychological and legal problems, and overall propensity at the service company; and propensity to act upon supervisor and peer/co-worker referrals at the industrial company.

Organizational Domain

Frequency distributions for the categorical variables under the organizational domain indicate that a larger percentage of the service company's employees than industrial company's employees knew what to do to receive their company's EAP services. More employees at the industrial company than the service company were not sure and did not know what to do to receive EAP services. Regarding knowledge of what types of services the EAP provided, a larger percentage of employees at the

industrial company than the service company was aware that their EAP provided assistance for alcohol, drug, emotional/psychological, family/marital and financial problems. On the other hand, a larger percentage of the service company's employees was aware that their EAP provided assistance for career, legal, and physical health problems. For both companies, the largest percentage of employees knew that their EAP provided assistance for drug and emotional/psychological problems.

Relevant to cost of EAP services, a majority of employees at both companies were not sure if the cost of EAP services would prevent them from using these services, with a higher percentage being not sure at the industrial company. A larger percentage of employees at the service company than the industrial company, reported that the cost would and would not prevent them from using the EAP.

For all three areas of confidentiality (i.e., EAP staff, referring supervisor, employee's company), a larger percentage of the employees at the industrial company believe confidentiality was assured. Conversely, a larger percentage of employees at the service company compared to the industrial company, believed confidentiality was not assured by the EAP staff, referring supervisor, and the company. The largest percentage of employees at both companies reported that they were not sure that confidentiality was assured.

For the continuous variables under the organizational domain, means were very similar for both companies. Employees thought their immediate supervisor believed the EAP to be somewhat helpful. Employees perceived the cost of EAP services to be too expensive, and the EAP to be somewhat helpful, and somewhat convenient. Also, for employees who used the EAP, a majority of employees believed that use did not negatively affect their careers with the company, did not cause them to lose respect among fellow employees, and possibly helps them to continue working with the company.

Pearson correlation coefficients for the dependent and organizational variables indicate that helpfulness of the EAP services and employees' perception of their supervisor's attitude toward the EAP were significantly correlated with a majority of the dependent variables for both companies. Knowledge of the types of services provided by the EAP and propensity to self-refer for those services was not significantly related for either company, with the exception of career for the service company and physical health for the industrial company. In addition, belief that cost of EAP services would prevent employees from using these services had no significant relationship with any of the dependent variables at both companies.

Several differences in the correlations between the dependent and organizational variables exist between the

companies. First, confidentiality of the employing company was significantly correlated with all eleven dependent variables for the industrial company and with only six dependent variables for the service company. Second, employees' belief that use of the EAP helps employees to continue working with the company was significantly correlated with nine out of eleven dependent variables for the service company and only one out of eleven dependent variables for the industrial company. Third, knowledge of why the company began the EAP was significantly correlated with few dependent variables for both companies, but less for the service company.

The stepwise regression procedure for the organizational domain reveal that organizational variables were significant predictors for every dependent variable for both companies. Overall, more organizational variables per dependent variable were indicated as significant predictors for the industrial company than the service company.

Community Domain

Frequency distributions of the categorical variables under the community domain reveal that a higher percentage of employees at the industrial company compared to the service company knew of resources within their community that assist persons with personal problems. Little difference existed between companies regarding the

percentage of employees who had a person identified in their community from whom they could receive help for personal problems. Fewer employees had not, than had, a person identified in their community from whom they could receive help with personal problems.

Means of the continuous variables under the community domain indicate that although employees at both companies considered their community resources to be somewhat convenient and somewhat helpful, industrial company employees' views were slightly more favorable. Employees at the industrial company, again, viewed the cost of community resources more favorable than did service company employees. Cost of community resources was considered manageable, but costly at the industrial, and too expensive to use at the service company.

Pearson correlation coefficients for the dependent and community variables reveal that for both companies, no significant correlations were found between any of the dependent variables and whether employees had a person identified in the community from whom they could receive help for personal problems, or with the convenience and cost of community resources. Knowledge of community resources was significantly related to propensity to self-refer for alcohol, career, and legal problems for the industrial company, but not significantly related to any dependent variables for the service company. Helpfulness

of community resources was not significantly correlated with any dependent variables for the industrial company and only with propensity to self-refer for emotional/psychological problems at the service company.

The stepwise regression procedure for the community domain indicated that no significant predictors from this domain were present for both companies or propensity to self-refer for drug, family/marital, financial, and physical health problems, to act upon supervisor or peer/co-worker referrals, or overall to utilize EAP services. Knowledge of community resources was a significant predictor of propensity to self-refer for alcohol and career problems at the industrial company. No significant predictors were indicated for propensity to self-refer for alcohol and career problems at the service company. Helpfulness of community resources was a significant predictor or propensity to self-refer for emotional/psychological problems at the service company. No significant predictor was indicated for propensity to self-refer for emotional/psychological problems at the industrial company. Propensity to self-refer for legal problems was predicted by knowledge of community resources at the industrial company and cost of community resources at the service company.

Hierarchical Multiple Regression

Results from the hierarchical regression procedures indicate that the EAP utilization model was different for the two companies with respect to the relationship of the dependent variables and the five domains in general (see Table 44) and the specific predictors from the domains (see Table 26 and Table 43). As indicated by Table 44, more variables from the domains were significant predictors for the industrial company than for the service company. The largest percentage of predictors (i.e., 57%) for the industrial company were from the organizational domain. For the service company, the largest percentage of predictors (i.e., 45%) were from the socio-demographic domain. The organizational and social- psychological domains were among the three domains most frequently indicated for significant predictors by both companies. The largest contrast for the companies exists with the frequency of predictors represented from the socio-demographic domain. The socio-demographic domain, constituted the largest percentage of predictors (i.e., 45%) for the service company and the smallest percentage of the predictors (i.e., 4%) for the industrial company. The community domain provided the smallest percentage of predictors for the service company and the industrial company.

Table 44

Distribution of Significant Predictors from Hierarchical

Regression Procedure by Company

		Significant Predictors	
Domain	N		%
		Industrial Company	
Socio-demographic	2		4
Socio-cultural	6		13
Social-psychological	10		22
Organizational	27		57
Community	2		4
	Total N = 47		
		Service Company	
Socio-demographic	15		45
Socio-cultural	2		6
Social-psychological	5		15
Organizational	11		33
Community	-		-
	Total N = 33		

Table 26 and Table 43 contain the significant
predictors resulting from the hierarchical regression
procedure for the industrial and service company,
respectively. A comparison of the predictors in these
tables reveals few similarities in their distribution by
company. For propensity to self-refer for alcohol,
emotional/psychological, and family/marital problems, and
overall propensity to utilize EAP services, no significant
predictors were in common for the companies. Both
companies shared knowledge of EAP services as a
significant predictor for propensity to self-refer for
career problems. For propensity to self-refer for drug
problems, employees perceptions of their supervisor's
attitude toward the EAP and helpfulness of the EAP were
significant predictors for both companies. Cost of EAP
services was shared by the companies as a significant
predictor of propensity to self-refer for financial
problems. For propensity to self-refer for legal problems,
employees at both companies indicated sanctions as a
significant predictor. The interaction variables for
problem severity and problem attribution and problem
severity and organizational views were shared by both
companies as significant predictors of propensity to self-
refer for physical health problems. Propensity to act upon
supervisor and peer/co-worker referrals were significantly
predicted by employees' perception of their supervisors'

attitude toward the EAP and problem severity, respectively, for both companies.

Examination of the R square values indicate that overall, the EAP utilization model was more powerful for the service company than for the industrial company. R^2 values for the service company ranged from .16 to .42 for propensity to self-refer for financial problems and overall to utilize the EAP, respectively. For the industrial company, R^2 values ranged from .15 to .29 (three dependent variables) for propensity to act upon supervisor referral; to self-refer for legal and emotional/psychological problems; and overall to utilize EAP services, respectively. The EAP utilization model accounted for the largest amount of variance in overall propensity to utilize the EAP at both companies.

DISCUSSION

Overall, few hypotheses were retained in this study. Only the hypothesized relationship of gender and positive organizational views were supported for some of the dependent variables for data collected from both companies. Additionally, the hypothesized relationship of the interaction between problem severity and problem attribution, and the interaction between problem severity and organizational views were partially supported for the service company. For the industrial company, the

hypothesized relationship for perceived social support from friends was partially supported.

Specifically, for the industrial company, females had a greater propensity to utilize their EAP if referred by a peer/co-worker than did males. Employees who had social-support networks consisting of many friends and who perceived these networks to be supportive had a greater propensity to act upon supervisor referrals than did employees who had social-support networks consisting of many family members and who perceived these networks to be supportive. Finally, employees who had positive views regarding the organization had a greater propensity to self-refer to their EAP for alcohol, career, emotional/psychological, family/marital, and physical health problems, and overall to utilize their EAP services than employees who had negative views. For the service company, females had a greater propensity to self-refer for alcohol, drug, emotional/psychological, and family/marital problems, and overall to utilize their EAP than did males. Employees who reported positive views regarding the organization had a greater propensity to self-refer for drug problems. Employees who had problems that were perceived as serious enough for professional help and who attributed their problems to external factors were likely to self-refer to their EAP for physical health problems. Lastly, employees who had personal problems that were

perceived as serious enough for professional help and who

had positive views regarding the organization had a greater

propensity to self-refer for physical health problems than

did employees who had problems serious enough for

professional help and who had negative views regarding the

organization.

It is important to note that although only a few of

the hypotheses were supported, the EAP utilization model

examined the relationship of several variables not included

in these hypotheses. Some important relationships of these

variables emerged in the analyses of the data. These

relationships will be discussed in the following sections

as they relate to the five domains.

Socio-Demographic Domain

The dominance of gender difference in propensity to

utilize EAP services, as indicated by the literature on

utilization of other social services, was not present in

the study. Gender was more significant for the service

company than for the industrial company. However, this

finding may not be representative of the service company

since females were over-represented in its sample.

Although the Pearson correlation coefficients for gender

and the dependent variables revealed some significant

relationships, when considered with other factors, these

relationships were diminished or erased. This finding

lends some support to Gove and Swafford's (1981) conclusion

that after controlling for other variables, females do not have a greater propensity to utilize services than do males.

The literature indicates that whites have a greater propensity to utilize services than do blacks. However, findings from this study are not consistent with the literature. No race difference in propensity was found. Yet examination of actual utilization data from both of the participating companies reveal that whites utilize their EAP at a higher rate than do blacks. This discrepancy between actual and reported likelihood to use EAPs suggest that blacks may have responded to this study in a way that they perceive as socially acceptable.

Although it was hypothesized that younger employees would have a greater propensity to utilize their EAP, findings from this study suggest the opposite relationship. Older employees were "more likely" to utilize their EAP than were younger employees. The literature relevant to age and utilization is conflicting, suggesting that in some studies younger individuals and in other studies, older individuals have greater propensity to utilize services. Findings from this study lends support to the latter position which is espoused by Berkanovic, Telesky and Reeder (1981), and Wan and Soifer (1974). As with race, examination of EAP utilization data at both companies by age (see Table 3) reveal that the average age of EAP

clients is 35 years. Older employees may have also responded to the propensity questions in a socially acceptable manner.

Significant correlations were present for some areas of propensity and education and job category. Individuals in high educational and high job levels were less likely to utilize EAP services. The direction of these coefficients is opposite of that indicated by the social services literature, but consistent with EAP utilization literature. The consistency of these findings with EAP utilization literature is reasonable since the companies participating in this study would be typical of companies where EAP research is conducted.

A majority of the employees in this study at both companies were married; although individuals had a greater propensity to utilize their EAP at the service company, marital status was not a significant predictor of propensity at the industrial company. The relationship of marital status to utilization was gleaned from research on social support networks. This research indicated, if married, that spouses were typically a part of most individual family networks. Family networks were suggested to delay and/or deter utilization of services, often by offering "lay" advice. Based on this position, one expects married employees to have less propensity to utilize EAP services than divorced, separated or never married ones,

opposite from findings in this study. It is speculated that since the element of job security is associated with EAP utilization, but not necessarily with utilization of other types of social services, family members would be more inclined to encourage individuals to seek professional help than in other problem situations.

The number of dependents was included in the EAP utilization model because of its relationship to disposable income which is indicated as related to utilization. It was believed that the larger the number of dependents an individual has, the "less likely" the individual would be to utilize EAP services. Number of dependents was not a significant predictor of propensity for either company. However, overall, the direction of the Pearson correlation coefficients for the dependent variables and number of dependents was consistent with the position stated in this study.

Similar to number of dependents, income did not emerge as a significant predictor of any of the dependent variables for either company. The literature regarding income and utilization is contradictory. Some research indicated that low income individuals utilize services at a lower rate than other income groups, while other research indicated the opposite. Still other research indicate that income is indirectly related to utilization through other variables. Based on the first two findings from the

literature, two explanations for the insignificant relationship between income and utilization can be offered. First, based on the frequency distributions of and mean score for participants income ranges in the study, a minuscule percentage of employees could be considered low income. As would be expected for corporate headquarters employees, a large majority of them were in the middle to upper income ranges. Consequently, the variability needed to indicate any difference between low and other income groups was not present. Second, since EAP services are provided at no expense to the employee, except for extended services, income could be considered unimportant to the affordability of these services and, by extension, utilization.

The socio-demographic domain was indicated as the best predictor domain for the service company and the least for the industrial company. This domain, as dictated by the model, served as predisposing variables. As such, relationships to propensity indicated by the domain, identify and not necessarily explain (McKinlay, 1972).

Social-Psychological Domain

All eight problem categories were recognized and perceived as serious by the respondents. For both companies, employees reported the most problems with physical health, family/marital, and career areas. These same problems were perceived as serious in that same order.

Yet, irrespective of type of problem, employees reported

that they were "somewhat likely" to utilize their EAP.

This accounts for the weak to insignificant correlations

found between propensity to utilize the EAP for specific

problems and recognition and severity of specific problems.

Where significant correlations were present for propensity

and problem recognition and severity, individuals who had

problems and perceived them as serious were likely to

utilize EAP services. Similarly, when problem recognition

and severity emerged as significant predictors of

propensity, employees were likely to utilize EAP services,

lending further support to the literature. A notable

exception to this positive linear relationship existed for

recognition of physical health problems and propensity to

self-refer for that problem; individuals who recognized

health problems were less likely to utilize their EAP for

those problems. It would be expected that employees, when

confronted with many health problems, would consult their

private physician instead of the EAP physician(s), who

typically is connected with the company's medical

department. The medical departments at most companies are

designed to handle minor problems and emergencies, and to

make referrals for serious problems.

It is also important to note that although employees

reported that they were "very likely" to act upon

supervisor referrals at both companies, individuals who

recognize drug problems had high propensity at the service company and low propensity at the industrial company to act upon supervisor referrals. These results may suggest that employees have different views regarding the organization (i.e., supervisor attitude, confidentiality, sanctions) at the two companies.

Regarding problem attribution, employees in this study, were indicated as internals, attributing their problems to consequences of their own behavior. No relationship was found between propensity and problem attribution for the service company. However, significant relationships were found between problem attribution and propensity to self-refer for alcohol, drug, emotional/psychological, and family/marital problems at the industrial company; individuals who attribute their problems to external forces were to utilize the EAP for these services. The literature indicated that individuals who attribute their problems to external factors were likely to utilize services. It would appear that the finding from this study is inconsistent with the literature. Although the employees at the industrial company, both in terms of race and gender, attributed their problems less to external factors than the service company employees, the findings are based on all respondents scoring well within the internal range. Therefore,

findings from this study support, rather than, contradict the literature.

Similar to problem attribution, previous use of EAP services was not related to propensity at the service company, but emerged as a significant predictor of propensity to self-refer for emotional/psychological and family/marital problems for the industrial company. Employees who had previously used the EAP were "more likely" to use it again than those who had not, lending support to the literature. Overall, however, previous use of EAP services did not play a large role in predicting propensity at either company. This may be attributed to the small percentage of previous users in this study. It is notable that even though the utilization rate from this study for the service company (i.e., 6.2%) and the industrial company (i.e., 9.56%) was below the estimated troubled worker population (i.e., 20%), these rates were at or above the average EAP utilization rate indicated by the literature (i.e., 7%). It is also noted that the overall EAP utilization rate at the service company (i.e., 5.2%) and the industrial company (i.e., 8.8%) was less than the utilization rate among the employees participating in this study, suggesting a slight over representation of previous user in the samples. Lastly, a higher percentage of previous EAP users was found in the sample at the industrial company than at the service company.

Sufficient information is not available from this study to determine the causes of the different utilization rates between the two companies.

In general, the social-psychological domain played a significant role in predicting propensity at both companies, particularly the industrial one. Although it was hypothesized as such, this domain was not the best predictor domain of propensity, but was among the top three significant domains for both companies.

Socio-Cultural Domain

Perceived social support from family or friends did not have a main effect on any of the dependent variables. However, interactive effects of perceived social support and network size were present. These interactive effects emerged as significant predictors only for overall propensity to utilize EAP services, propensity to act upon supervisor and peer/co-worker referrals, and only for the industrial company. No interactive effects were present for the service company. However, for the service company, family network size significantly predicted propensity to self-refer for legal problems, and overall utilize the EAP.

It was hypothesized that employees with large supportive friend networks would have greater propensity to utilize EAP services than employees with large supportive family networks. Further, the literature indicated that individuals who rely on friend networks were "more likely"

to utilize services than employees who rely on family
networks. The opposite relationship was found in this
study for perceived social support and network size;
individuals with large networks were likely to utilize EAP
services.

Although numerous studies have been conducted on
social support networks as stress reducers and buffers,
only recently have the effects of these networks on
utilization been examined. To suggest an explanation for
the opposite relationship found in this study would be
tenuous. Yet the following consideration is offered. As
stated earlier, with the presence of the threat of job loss
if personal problems are not resolved, family members may
more readily encourage the use of professional help than if
a problem situation occurs where the job is not in
jeopardy.

Organizational Domain

In general, employees reported positive views
regarding their organization and specifically their EAP.
Employees had knowledge of what service their EAP provided.
However, more employees knew that their EAP provided
services for alcohol, drug, emotional/psychological, and
family/marital problems than who knew the EAP provided
legal, financial, physical health, and career problems.
The former EAP services include those services that were
typically provided by the earlier expanded EAP models. The

latter EAP services are among those included in the most recent comprehensive models. Therefore, it is reasonable to expect employees to be more aware of the group of services that have been associated the longest with EAPs.

Also, employees believed that the company began the EAP for positive reasons, that the threat of negative sanctions for EAP use is minimal, and that their immediate supervisor endorsed the EAP. Relevant to views specifically regarding the EAP, employees considered it to be somewhat convenient and very helpful. Both convenience and helpfulness were significantly correlated with and emerged as predictors of some areas of propensity, with helpfulness emerging frequently. Lending support to the literature, employees who perceived their EAP to be helpful and convenient, had a greater propensity to utilize EAP services than employees who perceived their EAP to not be helpful and convenient.

Three problematic areas in the organizational domain are indicated by the data in the study. The first problematic area deals with the issue of confidentiality. A high percentage of employees were not sure if the EAP staff, referring supervisor, or the employee's company assured confidentiality of EAP use. These areas were significantly related to the propensity of employees to self-refer for alcohol, drug, and emotional/psychological problems; to act upon supervisor referrals; and overall, to

utilize EAP services. The direction of these relationships was consistent with the literature where individuals who believed that confidentiality was assured were likely to utilize their EAP services. Confidentiality of the referring supervisor was a significant predictor of propensity at the industrial company. Although employees reported slightly more positive beliefs regarding confidentiality of the EAP staff than the employee's company and the referring supervisor, all areas are possibly adversely affecting utilization, especially for the industrial company.

The second problematic area pertains to knowledge of how to receive EAP services. A small majority of employees at both companies knew the procedures to follow in order to receive EAP services. Yet a large percentage of employees did not know proper EAP procedures. Since knowledge of EAP procedures was correlated with and significantly predicted some areas of propensity, utilization again, would be expected to suffer.

It is notable that a larger percentage of employees at the service company, than at the industrial company, knew what to do to receive EAP services. Yet, at the time of this study, the EAP had been implemented at the industrial company for approximately 22 months, and the service company for approximately one year. One would expect that the longer a program has been in operation, the more people

would know about its procedures. A possible explanation
for the occurrence in the study lies in the method used
for introducing employees to the EAP. Personnel from the
companies' EAP provider conduct training sessions for
supervisors regarding EAP concepts and procedures.
Supervisors then hold departmental seminars for their
employees where they disseminate similar information as
that they received. Both supervisor and employee training
occur at the inception of the program and periodically
thereafter for new personnel. Having an older EAP,
employees at the industrial company may have forgotten some
or all of the information regarding EAP procedures. The
service company's employees had more recently received
their information, making recall easier. In addition, it
is reasonable to expect that more employees would leave a
company in a two-year span compared to a one-year span.
The follow-up training sessions for new personnel may not
occur at frequent enough intervals to keep up with
turnover. Therefore, at the time of this study, a larger
number of employees at the industrial company than the
service company may have not received their EAP training.

The third problematic area for the organizational
domain deals with cost of extended EAP services (i.e.,
services beyond the initial free sessions). Most employees
believed the cost of extended EAP services were too
expensive to use. Also employees were not sure if the cost

of EAP services would keep them from using them. Cost was
significantly related to and predicted some areas of
propensity. As with confidentiality and knowledge of EAP
procedures, the cost issue would be expected to deter the
utilization of EAP services, contributing to the under
utilization found at both companies.

The organizational domain was the best predictor
domain for the industrial company and the second best
predictor domain for the service company. These findings
may be a function of the organizational climate at the time
of this study rather than utilization behavior. A major
reorganization of the industrial company was occurring
during data collection for this study. This reorganization
would understandably focus employees attention more toward
the role of the organization regarding their attitudes
beliefs, and opinions of the EAP. To the researcher's
knowledge, employees at the service company were not faced
with any major organizational stressors, allowing them more
introspection. This is evident in the highly significant
role at the service company of the socio-demographic
domain, where focus is on individual factors.

Community Domain

This domain was included in the utilization model
because of the non-compulsory use of EAP if problems arise.
It was believed that individuals who had community
resources that could assist them with their problems, would

elect to utilize them over their EAP services because of perceived negative consequences for EAP use. It was hypothesized that individuals with positive views regarding the organization and negative views regarding the community would have a greater propensity to utilize EAP services than individuals with negative views regarding the organization. Findings from this study indicate that employees viewed their community resources as positive. Further, a significant positive correlation was present for community views and organizational views. Specifically, individuals who held positive views regarding the community, also held positive views regarding the organization.

The community contributed the least, of the five domains, to the prediction of propensity at both companies. No significant predictors emerged from the community domain for the service company and only one for the industrial company; individuals with knowledge of community resources were likely to self-refer for career and legal problems at the industrial company. Although the rationale for including the community domain in the model appears to be unfounded, its consideration is indicated by its significance in predicting propensity.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

This chapter consists of four sections: a summary of the overall research; the conclusions that may be drawn from the study; implications of the outcomes of the study for EAP administrators and counselor practitioners; and recommendations for further study in the area.

SUMMARY

This study focused on factors that influence the propensity of employees to utilize EAP services, based on a proposed EAP utilization model. The model was developed around the following five domains of factors: socio-demographic, socio-psychological, socio-cultural, organizational, and community. A questionnaire was constructed to assess these five domains. The questionnaire was administered to samples of full-time employees at two North Carolina companies: 129 employees from a service company and 209 employees from an industrial company. Employees were administered the questionnaire in small groups (i.e., 50 and fewer) on company premises during company time.

Three main areas of propensity to utilize the EAP were assessed: self, supervisor, and peer/co-worker referrals. The self-referral area of propensity was further divided

into eight sub-categories which assessed propensity to self-refer for alcohol, career, drug, emotional/psychological, family/marital, financial, legal, and physical health problems. These eight areas represent the types of services most frequently provided by EAPs. An average variable for propensity was constructed, which assessed overall propensity to utilize EAP services.

Results of the survey indicated that in general, employees from both companies were likely to utilize their EAP. Overwhelmingly, the greatest propensity was found in employees acting upon supervisor referrals. The second greatest area of propensity was indicated for peer/co-worker referrals. Regarding propensity to self-refer for EAP services, employees indicated the greatest propensity to self-refer for alcohol problems. Propensity to self-refer for emotional/psychological problems for the industrial company and drug problems at the service company ranked second. For both companies, the least propensity was found for self-referrals for financial, family/marital, and physical health problems.

The EAP utilization model was moderately predictive of propensity to utilize EAP services. In general the model was more predictive of all areas of propensity at the service company than at the industrial company. Specifically, the EAP utilization model was the most predictive of overall propensity to utilize EAP services

for both companies, and propensity to self-refer for legal and emotional/psychological problems at the industrial company and drug and emotional/psychological problems at the service company. The least predictive area of propensity by the model was peer/co-worker referrals.

Relevant to the relationship between propensity and the domains within the model, results indicated that the organizational and social-psychological domains provided the largest percentage of significant predictors for the industrial company. For the service company, the socio-demographic and organizational domain provided the largest percentage of significant predictors. For both companies, the community domain provided the least predictors of the five domains.

In terms of specific predictors within the domains, gender and job category were most frequently indicated as significant predictors for the socio-demographic domain. For the organizational domain, helpfulness of the EAP, sanctions regarding use of the EAP, and employees perceptions regarding their supervisor's attitudes toward the EAP were the most frequent predictors of propensity. Interaction between perceived social support and network size was the most frequently indicated predictor of propensity from the socio-cultural domain. Knowledge of community resources was the only significant predictor from the community domain.

Finally, all five domains provided significant predictors of areas of propensity, suggesting that the framework of the EAP utilization model is conceptually sound. However, not all specific variables within the domain emerged as significant predictors, suggesting the model was over-specified. Although some of the stated hypotheses were partially supported, over-specification of the model resulted in several hypotheses that were not supported for either company. Hypothesis one (i.e., gender) and hypothesis eight (i.e., organizational views) were partially supported for both companies. Hypothesis five (i.e., interaction between problem severity and attribution) and hypothesis nine (i.e., interaction between problem severity and organizational views) were partially supported for the service company but not for the industrial company. Hypothesis seven, which pertains to interaction between network size and perceived social support, was partially supported for the industrial company but not for the service company. No support was given at either company for hypotheses two (i.e., race), three (i.e., age), four (i.e, social-psychological domain), six (i.e., perceived social support-friend), and ten (i.e., interaction between organizational and community views).

CONCLUSIONS

Several conclusions may be derived from the results of this study of factors affecting the propensity of employees

to utilize EAP services. Overall, employees reported a high propensity to utilize EAP services. However, it can be concluded that reported propensity greatly exceeds actual utilization, based on utilization data from both companies (see Table 3). It can further be concluded that employees at both companies are under-utilizing their EAP, particularly blacks. Since race was not a significant predictor of propensity at either company, it can be concluded that under-utilization by blacks is the result of some intervening variable(s) such as recognition and severity of problems.

A higher percentage of previous EAP-users than non-users reported that they were "very likely" to utilize their EAP. Conversely, a lower percentage of previous EAP-users than non-users reported that they were "not at all likely" to utilize their EAP. Once employees use their EAP, the EAP itself appears not to be a deterrent of future use, suggesting employee satisfaction with the program.

Based on the different individual and domain predictors, and the number and contribution of these predictors, it can be concluded that propensity varies by problem and referral source. Regarding problem type, the greatest propensity was found in utilizing the EAP for alcohol and drug problems. Relative to referral source, the greatest propensity was found in acting upon supervisor referral.

Regarding the EAP utilization model, it can be concluded that the model's basic framework was sound, since all domains contributed significantly to the prediction of propensity. However, some of the variables under the domains were not significant, suggesting that the model was over-specified. Over specification occurred the most with the community and socio-cultural variables. The best specified variables were from the organizational domain for the industrial company and the socio-demographic domain for the service company.

Additionally, because of the modest R square values, it may be concluded that the model was mis-specified. The misspecification is believed to be a result of the relationship of the domains to each other and to the dependent variables instead of the omission of important variables. Despite some weaknesses in the model, it can be concluded that, overall, the factors that effect social services utilization also effect EAP utilization. However, behavior with regard to these factors appear to be different for social services and EAP utilization. This is particularly evident for such factors as job category, education and income levels, and social support networks where significant opposite relationship were revealed for the two areas.

IMPLICATIONS

The intent of this study was to provide data that EAP administrators and counselor practitioners could use for EAP policy and program planning. Implications relative to these two groups are made in the following sections.

Implications for EAP Administrators

The discrepancy found between reported propensity and actual EAP utilization suggests that employees may have provided what they perceive as socially acceptable responses, implying perceptions of company's endorsement and perhaps coercion to use the EAP. In the same vein, the high reported propensity to act upon supervisor referral as compared to other forms of referral, suggests further that employees perceive some pressure to use their EAP. These factors imply that use of the EAP may not be perceived as voluntary when referrals are made from the organization.

Employees' perceptions of their supervisor's attitude toward the EAP, and again, the high propensity of employees to act upon supervisor referral highlight the pivotal role that supervisors play in EAP utilization. Similarly, the high reported propensity to use EAP services if referred by a peer/co-worker, and the role of social networks in predicting propensity, suggest that the "informal" organization play a viable part in EAP utilization.

Based on the lack of knowledge regarding EAP procedures, cost, and confidentiality, additional publicity.

of the EAP and training of employees seem needed.
Additionally, the mixed attitude and beliefs regarding EAP
issues suggest that further promotion of the program is
also needed.

The need for additional promotion and publicity of the
EAP is further suggested by the gender, race, and age
differential predisposition for propensity as indicated by
this study. Informational material paying special
attention to males, blacks, and younger employees seems
necessary.

Finally employees reported having a variety of
personal problems and perceived some of these problems to
be serious. Although employees' beliefs and attitudes
about their physical and psychological health were related
to and significantly predicted some areas of propensity,
these attitudes and beliefs alone did not to a large extent
translate into reported utilization propensity. This
finding, coupled with the dominance of organizational
factors in this study, imply that psycho-dynamic variables
were intervened by systems variables. By extension, EAPs
need to address the contribution of organizational and
personal variables to employees becoming troubled workers.

Implications for Counselors

Opportunities for counselor practice in EAP settings
are said to be expanding (Forrest, 1983). For counselors
who become involved in the EAP field, some important

practical and ethical implications from this study can be made.

Since the central issue in EAP intervention is job performance, counselors will need to develop a professional orientation that assigns value to employee productivity, as well as, psycho-dynamic issues that are usually associated with the counseling profession. These two areas of emphasis may result in a conflict within the counselor, particularly one who places priority on the employee's mental health, as opposed to the organization's profit expectations.

In addition, due to the unique nature of EAPs, which are under the auspices and often at the work organization, counselors need to have knowledge of organizations, in general, and knowledge of their employing organization, in particular. This knowledge of organization theory and behavior seems particularly appropriate since the organizational variables were significant in predicting some areas of propensity.

The confidential and voluntary nature of the counseling relationship emphasized by professional code of ethics may be hampered in EAP settings. This appears to be particularly possible regarding supervisor referrals, where, whether based in reality or not, perceived pressure and lack of confidentiality appears to exist. Counselors will need to clearly define their framework for handling

these issues and articulate the limits that they are willing to accept.

The variety of problems expressed by employees in the workplace suggests that counselors need to have a range of clinical skills in order to effectively assist employees with these problems. Particularly needed seems to be both assessment and referral skills in substance abuse problems since propensity to utilize EAP services for alcohol and drug problems was high.

Employees' propensity to utilize EAP services for career and family/marital problems was slightly lower than their propensity to use the EAP for alcohol, drug, or emotional/psychological problems. Since employees reported having more career and family/marital problems than any other problems, except for physical health problems, counselors need to develop strategies to encourage utilization of these two services. An appropriate strategy, particularly for the career areas, would be to take developmental and preventive approaches that emphasize career awareness and development through the life span.

Relatedly, counselors also need to develop strategies that encourage younger employees to utilize EAP services and strategies to effectively work with older employees, since older employees were more likely to utilize the EAP than were younger employees. Also, to encourage and maintain EAP utilization by black employees, counselors

need to use intervention approaches that recognize cultural differences and how these differences may impact the perception of job-related and personal problems.

In order for counselors to acquire the necessary professional "mind-set", knowledge, and skills for effective EAP intervention, counselors will need to receive academic training and field experience in EAPs. To assist in these efforts, counselor education programs are encouraged to take a pivotal role in creating learning opportunities for individuals interested in the EAP field, including the development of suitable field-work sites and a specially designed curriculum that outlines the essential components of EAPs.

RECOMMENDATIONS

Several recommendations have grown out of this study of factors affecting employees' propensity to utilize EAP services. Recommendations for further EAP research and recommendations for EAP administrators and counselor practitioners are provided in this section.

Recommendations for Further Research

This study has been a pioneer research in EAP utilization, where a model was provided that simultaneously examined the effects of a comprehensive set of variables. Results from this study indicate some important relationships among these variables. Some of the limitations anticipated in this study were realized,

thereby threatening the generalizability of the findings
regarding the model. These limitations resulted, in part,
from the use of corporate headquarters employees as
subjects, where little variability was found among
employee's education and income levels, and job categories.
Therefore, it is recommended that this study be replicated,
using subjects who are representative of the larger
population of working individuals. Also, it is recommended
that a larger sample of companies that represent a variety
of industry-types be used when replicating this study.

In addition, it is recommended that other research
efforts be conducted that use EAP client data along with
self-report measures. Such research may provide some
explanations to the discrepancy found between the reported
propensity and actual EAP utilization.

Research is needed also, where considerable attention
is paid to the relationship of the individual domains
proposed by the model to EAP utilization. Specifically,
for the socio-demographic domain, there is a need to
unravel the conflicting findings of this study with the
literature regarding utilization and age, income and
educational level, and job category. For the social-
psychological domain, much work is needed concerning the
relative importance of problem attribution in EAP
utilization. Use of a generalized measure for assessing
problem attribution such as the I-E scale, is believed to

have weakened the contribution of this research in the area. It is also believed that use of the I-E Scale will continue to present research problems. Therefore it is recommended that a psychometrically sound instrument be developed that assesses specific attribution for each problem. Regarding the socio-cultural domain, the concept of social support networks for understanding utilization is underdeveloped. Given the positive results of this study regarding the effects of social networks on EAP utilization, use of social support networks in the workplace appears promising. This area seems deserving of special research attention. Relative to the organizational domain, the high propensity found among employees to act upon supervisor referrals and the predictive importance of employees' perceptions of their supervisor's attitude toward the EAP, suggest that the role of the immediate supervisor in facilitating or impeding EAP utilization be appropriated detailed consideration. Lastly, with regard to the community domain, data from this study suggest that this domain contributed greatly to the over specification of the model. However, additional research in this area seems warranted before efforts to reduce or modify the model are justified.

More substantive recommendations are provided in the following paragraphs for EAP administrators and EAP counselors.

Recommendations for EAP Administrators

Due to the reported lack of key information concerning the EAP, it is recommended that EAP administrators provide materials to employees on a regular basis, in such forms as seminars, brochures, newsletters, and posters, that clearly outline the specifics of EAPs, particularly regarding EAP procedures, cost, and confidentiality. It is also recommended that employees' beliefs and attitudes regarding their EAP be assessed periodically. Once these beliefs and attitudes have been ascertained, it is further recommended that EAP promotional materials be disseminated, in which positive attitudes and beliefs are strengthened and negative ones are disputed. The development of special promotional materials that appeal to minority employees, especially blacks, seems warranted, since this group reported a high propensity to utilize EAP services but in fact underutilize the service.

Extensive efforts directed at promoting the EAP to supervisors and assisting them in carrying out their EAP role function is recommended due to the critical role the data suggests that supervisors play in EAP utilization.

Finally, it is recommended that EAP administrators explore ways that the "informal" organization can be used to increase EAP utilization. The development of formal employee support groups that consist of peer/co-workers is

suggested as a beginning, since acceptance to acting upon peer/co-worker referrals was indicated.

Recommendations for Counselors

The EAP field is a relatively new arena for professional counselor practice. As such, for those who are presently in this field and for those who are seeking entry, some important issues need to be addressed. First, regarding confidentiality and informed consent of the client, it is recommended that as a collective body, counselors develop policy statements and clear guidelines than will ensure ethical practice in EAP intervention. On an individual basis, it is recommended that counselors develop a professional framework for EAP intervention that conforms to established professional code of ethics for the counseling profession.

Second, although counselors have basic skills and competencies to provide a range of appropriate EAP interventions, it is recommended that they further develop these skills in the areas of alcohol and drug abuse.

Finally, because of the close connection of the EAP with the employee's work organization, acquiring knowledge of organization behavior and development is recommended.

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APPENDIX A

Survey Protocol

YOU
AND
YOUR EAP

THE UNIVERSITY OF NORTH CAROLINA
AT GREENSBORO

School of Education

Dear Survey Participant:

Thank you for your willingness to participate in this study. This study is being conducted in conjunction with the University of North Carolina at Greensboro as a part of my work there. I am conducting this study to evaluate your company's Employee Assistance Program(EAP). I am also interested in what your needs are for EAP services and your views toward using these services.

Your selection for this study was based on a random sample of employees which was conducted to ensure that we get information from representative people in your company. Participation such as yours will assure that all viewpoints are a part of the conclusions and recommendations resulting from the study.

If the study is to be a success I need frank and honest answers. All individual responses will be unsigned and held in complete confidence. Your answers will be combined with others so that no individual responses will be reported or made available to anyone.

The survey should take about one hour to complete. The overall findings of this study will be available this spring to all interested employees.

I appreciate your cooperation in this matter.

Sincerely yours,

LaCheata Hall
Doctoral Candidate

DIRECTIONS FOR COMPLETING THE SURVEY:

1. Included in this packet you will find a questionnaire and eight Response Forms. If you do not have all of these materials, please let the survey administrator know immediately.

2. The questionnaire is organized into five parts. Part 1 contains questions regarding your judgement of your company's EAP. Part 2 consists of questions pertaining to your feelings and experiences in relationships with friends and families. Part 3 contains questions regarding the way certain events in our society affect different people. Part 4 consists of a checklist of personal problems people often face. Part 5, the final section, contains demographic questions.

3. Please read each of the questions completely. Be sure that you provide an answer for every question.

4. All questions are to be answered by marking one of the eight Response Forms enclosed. You will notice that Response Form 1 is to be used when you answer questions in Part 1 (Questions 1 through 46); Response Form 2 is to be used when you answer questions in Part 2 (Questions 1-20, friends and Questions 21-40, families); Response Form 3 is to be used when you answer the questions in Part 3 (Questions 1 through 29); Response Forms 4, 5, 6, and 7 are to be used when you answer questions in Part 4 (Questions 1 through 184, personal problems); and Response form 8 is to be used when you answer questions in Part 5 (Questions 1 through 8, demographic). Please make sure that you answer each group of questions on the correct Response Form and that you answer each question.

5. Since the Resonse Forms will be read by an optical scanning machine, it is important that you do not fold, crease, or wrinkle the forms and that you do not make any stray marks on the forms. Use the #2 pencil provided for you to fill in the bubble on the Response Form that corresponds to your chosen response to each question. Be sure that you completely darken the bubble that corresponds to your response.

6. After you have completed the questionaire, please place the eight response forms in the envelope and put the envelope in the box labeled "COMPLETED QUESTIONAIRES" located by the exit door. PLEASE DO NOT FOLD OR CREASE THE RESPONSE FORMS.

THANK YOU

Part 1

Directions: Please respond to the following questions on Reponse Form 1 by darkening the bubble corrsponding to the response best for you.

1. Do you know what to do if you want to receive your company's EAP services?

    1 Yes
    2 I'm Not Sure
    3 No

2-9. Before you came to this meeting did you know that your company <u>provided</u> EAP services for the following types of problems?

a. Alcohol	1 Yes	2 No
b. Career	1 Yes	2 No
c. Drugs	1 Yes	2 No
d. Emotional/	1 Yes	2 No
Psychological	1 Yes	2 No
e. Family/Marital	1 Yes	2 No
f. Financial	1 Yes	2 No
g. Legal	1 Yes	2 No
h. Physical Health	1 Yes	2 No

10-12. Do you think your company began its EAP because it wanted to:

a. Help employees who have
   problems continue to
   work with the company?   1 No   2 Possibly   3 Probably   4 Definitely

b. Help management keep an
   eye on employees who have
   problems?   1 No   2 Possibly   3 Probably   4 Definitely

c. Help only a "select group"
   of employees who have
   problems continue to
   work with the company?   1 No   2 Possibly   3 Probably   4 Definitely

13. How <u>convenient</u> for you are the EAP services your company provides?

    1 Very Convenient
    2 Somewhat Convenient
    3 Somewhat Inconvenient
    4 Very Inconvenient

    Comments: _____
               _____
               _____

14. Overall I think my company's EAP is:

    1 Very Helpful
    2 Somewhat Helpful
    3 Neither Helpful Nor Harmful
    4 Somewhat Harmful
    5 Very Harmful

15. Rate the <u>helpfulness</u> of your company's EAP in assisting employees with personal problems:

    1 Very Helpful
    2 Somewhat Helpful
    3 Neither Helpful Nor Harmful
    4 Somewhat Harmful
    5 Very Harmful

16. Have you ever used your company's EAP?

    1 Yes
    2 No

17-24. How <u>likely</u> would you be to use your company's EAP <u>if you</u> believed you needed assistance with the following types of problems?

    a. Alcohol   1 Very Likely
    b. Career
    c. Drugs   2 Somewhat Likely
    d. Emotional/
       Psychological   3 Not Too Likely
    e. Family/Marital
    f. Financial   4 Not At All Likely
    g. Legal
    h. Physical Health

25. How <u>likely</u> would you be to use your company's EAP if your <u>immediate supervisor</u> referred you to it because of job performance problems?

    1 Very Likely
    2 Somewhat Likely
    3 Not Too Likely
    4 Not At All Likely

26. How <u>likely</u> would you be to use your company's EAP if a <u>peer/co-worker</u> referred you to it ?

    1 Very Likely
    2 Somewhat Likely
    3 Not Too Likely
    4 Not At All Likely

27. I think my <u>immediate supervisor</u> considers the company's EAP to be:

    1 Very Helpful
    2 Somewhat Helpful
    3 Neither Helpful Nor Harmful
    4 Somewhat Harmful
    5 Very Harmful

28. Rate how <u>helpful</u> you think <u>your immediate supervisor</u> considers the company's EAP in assisting employees with personal problems?

    1 Very Helpful
    2 Somewhat Helpful
    3 Neither Harmful Nor Helpful
    4 Somewhat Harmful
    5 Very Harmful

29. Rate how you think your <u>immediate supervisor</u> believes <u>referring</u> employees to the company's EAP <u>reflects on</u> him/her as a supervisor.

    1 Poorly
    2 Has No Effect
    3 Well

30. For employees needing help beyond the free EAP visits, rate the cost to employees for assisting employees with personal problems:

    1 Very Affordable
    2 Manageable But Costly
    3 Too Expensive To Use
    4 Don't Know

31. All other things considered, would the cost of the extended services keep you from using these services?

    1 Yes
    2 Not Sure
    3 No

32. Do you think employees' use of your company's EAP is kept confidential by the EAP staff?

    1 Yes
    2 Not Sure
    3 No

33. Do you think employees' use of your company's EAP is kept confidential by the referring supervisor?

    1 Yes
    2 Not Sure
    3 No

34. In general, do you think your company insures the privacy of employees who use its EAP?

    1 Yes
    2 Not Sure
    3 No

35-37. Do you think for employees who use it, the EAP:

a. negatively effect their careers in the company	1 No	2 Possibly	3 Probably	4 Definitely
b. causes them to lose respect among fellow employees	1 No	2 Possibly	3 Probably	4 Definitely
c. helps them to continue working with the company	1 No	2 Possibly	3 Probably	4 Definitely

38. Do you know of resources within your community (e.g., city, town, county) that assist persons with personal problems?

    1 Yes
    2 No

39. Do you already have a person identified in your community from whom you can receive help for personal problems?

    1 Yes
    2 No

40. How convenient for you are your community resources for assisting persons with personal problems?

    1 Very Convenient
    2 Somewhat Convenient
    3 Somewhat Inconvenient
    4 Very Inconvenient

41. Rate the helpfulness of your community resources in assisting persons with personal problems.

    1 Very Helpful
    2 Somewhat Helpful
    3 Neither Helpful Nor Harmful
    4 Somewhat Harmful
    5 Very Harmful

42. Rate the cost of services from your community resources for assisting persons with personal problems.

    1 Very Affordable
    2 Manageable But Costly
    3 Too Expensive To Use
    4 Don't Know

43. How many friends can you talk with about your problems?

    1 Many (6 or more)
    2 Several (3-5)
    3 Few (1-2)
    4 None (0)

44. Do the <u>majority</u> of the friends with whom you can talk to about your problems <u>know</u> each other?

    1 Yes
    2 No

45. How may <u>family members</u> can you talk with about your problems?

    1 Many (6 or more)
    2 Several (3-5)
    3 Few (1-2)
    4 None (0)

46. Do the <u>majority</u> of the family members with whom you can talk to about your problems <u>communicate with</u> each other?

    1 Yes
    2 No

Part 2

DIRECTIONS: The statements which follow refer to *feelings* and *experiences* which occur to most people at one time or another in their relationships with <u>friends</u> [1]. For each statement there are three possible answers: *Yes, No, Don't Know.* Please darken the bubble (1=YES, 2=NO, 3=DON'T KNOW) corresponding to the answer you choose for each item.

YES NO DON'T KNOW   1. My friends give me the moral support I need.

YES NO DON'T KNOW   2. Most other people are closer to their friends than I am.

YES NO DON'T KNOW   3. My friends enjoy hearing about what I think.

YES NO DON'T KNOW   4. Certain friends come to me when they have problems or need advice.

YES NO DON'T KNOW   5. I rely on my friends for emotional support.

YES NO DON'T KNOW   6. If I felt that one or more of my friends were upset with me, I'd just keep it to myself.

YES NO DON'T KNOW   7. I feel that I'm on the fringe in my circle of friends.

YES NO DON'T KNOW   8. There is a friend I could go to if I were just feeling down, without feeling funny about it later.

YES NO DON'T KNOW   9. My friends and I are very open about what we think about things.

YES NO DON'T KNOW   10. My friends are very sensitive to my personal needs.

YES NO DON'T KNOW   11. My friends come to me for emotional support.

YES NO DON'T KNOW   12. My friends are good at helping me solve problems.

YES NO DON'T KNOW   13. I have a deep sharing relationship with a number of friends.

YES NO DON'T KNOW   14. My friends get good ideas about how to do things or make things from me.

YES NO DON'T KNOW   15. When I confide in friends, it makes me feel uncomfortable.

YES NO DON'T KNOW   16. My friends seek me out for companionship.

YES NO DON'T KNOW   17. I think that my friends feel that I'm good at helping them solve problems.

YES NO DON'T KNOW   18. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.

YES NO DON'T KNOW   19. I've recently gotten a good idea about how to do something from a friend.

YES NO DON'T KNOW   20. I wish my friends were much different.

Part 2 Continued

DIRECTIONS: The statements which follow refer to *feelings* and *experiences* which occur to most people at one time or another in their relationships with <u>families</u>[2]. For each statement there are three possible answers: *Yes, No, Don't Know.* Please darken the bubble (1=YES, 2=NO, 3=DON'T KNOW) corresponding to the answer you choose for each item.

YES NO DON'T KNOW   21. My family gives me the moral support I need.

YES NO DON'T KNOW   22. I get good ideas about how to do things or make things from my family.

YES NO DON'T KNOW   23. Most other people are closer to their family than I am.

YES NO DON'T KNOW   24. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.

YES NO DON'T KNOW   25. My family enjoys hearing what I think.

YES NO DON'T KNOW   26. Members of my family share many of my interests.

YES NO DON'T KNOW   27. Certain members of my family come to me when they have problems or need advice.

YES NO DON'T KNOW   28. I rely on my family for emotional support.

YES NO DON'T KNOW   29. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.

YES NO DON'T KNOW   30. My family and I are very open about what we think about things.

YES NO DON'T KNOW   31. My family is sensitive to my personal needs.

YES NO DON'T KNOW   32. Members of my family come to me for emotional support.

YES NO DON'T KNOW   33. Members of my family are good at helping me solve problems.

YES NO DON'T KNOW   34. I have a deep sharing relationship with a number of members of my family.

YES NO DON'T KNOW   35. Members of my family get good ideas about how to do things or make things from me.

YES NO DON'T KNOW   36. When I confide in members of my family, it makes me uncomfortable.

YES NO DON'T KNOW   37. Members of my family seek me out for companionship.

YES NO DON'T KNOW   38. I think my family feels that I'm good at helping them solve problems.

YES NO DON'T KNOW   39. I don't have a relationship with a member of my family that is as close as other people's relationships with family members.

YES NO DON'T KNOW   40. I wish my family were much different.

Part 3

DIRECTIONS

The following questions are to find out the way in which certain important events in our society affect different people [3]. Each item consists of a pair of alternatives lettered *a* or *b*. Please select the <u>one statement of each pair</u> (and only one) by darkening the bubble (1=a, 2=b,) corresponding to the response which you more strongly believe to be the case as far as you're concerned. Be sure to select the one you actually believe to be more true rather than the one you think you should choose or the one you would like to be true. This is a measure of personal belief: obviously there are no right or wrong answers.

Please answer these items carefully but do not spend too much time on any one item. In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you're concerned. Also try to respond to each item independently when making your choice; do not be influenced by your previous choices.

1.　a. Children get into trouble because their parents punish them to much.
　　b. The trouble with most children nowadays is that their parents are too easy with them.

2.　a. Many of the unhappy things in people's lives are partly due to bad luck.
　　b. People's misfortunes result from the mistakes they make.

3.　a. One of the major reasons why we have wars is because people don't take enough interest in politics.
　　b. There will always be wars, no matter how hard people try to prevent them.

4.　a. In the long run people get the respect they deserve in this world.
　　b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

5.　a. The idea that teachers are unfair to students is nonsense.
　　b. Most students don't realize the extent to which their grades are influenced by accidential happenings.

6.　a. Without the right breaks one cannot be an effective leader.
　　b. Capable people who fail to become leaders have not taken advantage of their opportunities.

7.   a. No matter how hard you try some people just don't like you.
     b. People who can't get others to like them don't understand how to get along with others.

8.   a. Heredity plays the major role in determining one's personality.
     b. It is one's experiences in life which determine what they're like.

9.   a. I have often found that what is going to happen will happen.
     b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
     b. Many times exam questions tend to be so unrelated to course work that studying is really useless.

11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
     b. Getting a good job depends mainly on being in the right place at the right time.

12. a. The average citizen can have an influence in government decisions.
     b. This world is run by the few people in power, and there is not much the little guy can do about it.

13. a. When I make plans, I am almost certain that I can make them work.
     b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.

14. a. There are certain people who are just no good.
     b. There is some good in everybody.

15. a. In my case getting what I want has little or nothing to do with luck.
     b. Many times we might just as well decide what to do by flipping a coin.

16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
     b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.

17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.
     b. By taking an active part in political and social affairs the people can control world events.

18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
     b. There really is no such thing as "luck."

19. a. One should always be willing to admit mistakes.
    b. It is usually best to cover up one's mistakes.

20. a. It is hard to know whether or not a person really likes you.
    b. How many friends you have depends upon how nice a person you are.

21. a. In the long run, the bad things that happen to us are balanced by the good ones.
    b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

22. a. With enough effort we can wipe out political corruption.
    b. It is difficult for people to have much control over the things politicians do in office.

23. a. Sometimes I can't understand how teachers arrive at the grades they give.
    b. There is a direct connection between how hard I study and the grades I get.

24. a. A good leader expects people to decide for themselves what they should do.
    b. A good leader makes it clear to everybody what their jobs are.

25. a. Many times I feel that I have little influence over the things that happen to me.
    b. It is impossible for me to believe that chance or luck plays an important role in my life.

26. a. People are lonely because they don't try to be friendly.
    b. There's not much use in trying too hard to please people, if they like you, they like you.

27. a. There is too much emphasis on athletics in high school.
    b. Team sports are an excellent way to build character.

28. a. What happens to me is my own doing.
    b. Sometimes I feel that I don't have enough control over the direction my life is taking.

29. a. Most of the time I can't understand why politicians behave the way they do.
    b. In the long run, the people are responsible for bad government on a national as well as on a local level.

Part 4

Use Response Forms 4, 5, 6, and 7.

people are often faced — problems relating to family, career, health, and so on [4]. You are to <u>read</u> through the list and to <u>select</u> those statements that represent your problems. Remember, this is not a test. <u>There are no right or wrong answers</u>. The statements that you are to underline are those that refer to you. You are assured that what you mark in the inventory will be treated in the strictest of confidence. There are <u>three</u> steps for you to take.

FIRST STEP: Read <u>slowly</u> through the list and *underline* each problem that suggests something that is troubling you, thus
"<u>1. Feeling tired much of the time.</u>"

SECOND STEP: After you have gone through the entire list, look back over the problems that you have underlined and darken the FIRST BUBBLE if you feel the problem is not serious <u>or</u> the FIFTH BUBBLE if you feel the problem needs professional attention.

THIRD STEP: Reply to the statement on *additional problems* <u>numbered 184</u> on page 20.

1. Feeling tired much of the time
2. Sleeping poorly
3. Too much underweight or overweight
4. Gradually losing weight
5. Frequently bothered by a sore throat
6. Catching a good many colds

7. Poor appetite
8. Stomach trouble (indigestion, ulcers, etc.)
9 Intestinal trouble
10. Poor complexion or skin trouble
11. Poor posture
12. Feet hurt or tire easily

13. Having a permanent illness or disability
14. Frequent nose of sinus trouble
15. Having trouble with my ears or hearing
16. Allergies (asthma, hay fever, hives, etc.)

17. Having trouble with my eyes
18. Having a serious illness or disease

19. Troubled by headaches
20. Glandular disorders (thyroid, lymph, etc.)
21. Menstrual or female disorders
22. Kidney or bladder trouble
23. Muscular aches and pains
24. High blood pressure

25. Having considerable trouble with my teeth
26. Occasionally feeling faint or dizzy
27. Troubled by swelling of the ankles
28. Trouble with my scalp
29. Occasional pressure or pain in my head
30. Not getting enough rest or sleep

31. Bothered by shortness of breath
32. Having heart trouble
33. Having a persistent cough
34. Needing an operation or medical treatment
35. Needing another climate for my health
36. "Change of Life" (menopause)
37. Other health problems (please specify)

38. Budgeting money
39. Not making enough money
40. Not having steady income
41. Having to spend savings
42. Having unpaid bills
43. Wasting money

44. Depending on others for financial support
45. Lending money to friends or relatives
46. Not being able to pay medical bills
47. Spouse being careless with money
48. Not having enough money for education

49. Dealing with bill collectors
50. Other financial problems (please specify
51. Needing legal advice
52. Being sued
53. Not having retirement plans
54. Being someone's guardian
55. Being on parole
56. Being legally disowned by family
57. Not receiving child support

58. Not receiving alimony
59. Having legal problems with neighbors
60. Facing criminal charges
61. Other legal problems (please specify)

62. Being away from home too much
63. Member of my family in poor health
64. Death in my family
65. Member of my family working too hard
66. Worried about a member of my family
67. Drinking by a member of my family

68. Having to live with relatives
69. Irritated by habits of a member of my family
70. Home untidy and ill kept
71. Too much quarreling at home
72. Too much nagging and complaining at home
73. Not really having a home

74. Not being understood by my family
75. Not being trusted by my family
76. Feeling rejected by my family
77. Having an unhappy home life
78. Wanting love and affection
79. Being an only child

80. Too much interference by relative
81. Having too many decisions made for me
82. Unable to discuss certain problems at home
83. Not getting along with a member of my family
84. Educational level different from my family's
85. Wishing I had a different family background

86. Mother or father not living
87. Parents separated or divorced
88. Having clashes of opinion with my parents
89. Parents sacrificing too much for me
90. Parents having a hard time of it
91. Not seeing parents often enough

92. Worrying whether my marriage will succeed
93. Having different interests from husband or wife
94. Marriage breaking apart
95. Needing advice about a marriage problem
96. Needing advice about rearing children
97. Wanting to have a child
98. Other family/marital problems (please specify)

99. Feeling anxious or uptight
100. Being afraid of things
101. Having the same thought over and over again
102. Being tired and having no energy
103. Feeling depressed or sad
104. Having trouble concentrating

105. Not remembering things
106. Getting too emotional
107. Feeling guilty
108. Worrying about diseases or illness
109. Being afraid of hurting self
110. Feeling things are unreal

111. Crying without good reason
112. Worrying about having a nervous breakdown
113. Not being able to stop worrying
114. Not being able to relax
115. Being unhappy all the time
116. Not having any enjoyment in life

117. Being influenced by others
118. Behaving in strange ways
119. Other emotional problems (please specify)

120. Lacking necessary experience for a job
121. Not knowing how to look for a job
122. Needing to know my vocational abilities
123. Unable to enter my chosen vocation
124. Doubting the wisdom of my vocational choice
125. Combining marriage and a career

126. Working too hard
127. Getting no appreciation for the work I do
128. Finding my work too routine or monotonous
129. Wanting more freedom in my work
130. Would rather be doing other kind of work
131. Unsatisfactory working conditions

132. Being bothered or interrupted with in my work
133. Not liking some of the people I work with
134. Family disapproves of my present job
135. Dissatisfied with my present job
136. Poor prospects of advancement in my present job
137. Afraid of losing my job
138. Other career problems (please specify)
139. Drinking more than most people

140. Not being able to remember things after drinking
141. Family member worrying about my drinking
142. Having difficulty stopping drinking after one or two drinks
143. Feeling guilty about my drinking
144. Friends thinking I am not a normal drinker

145. Family members thinking I am not a normal drinker
146. Not able to stop drinking when I want to
147. Getting into physical fights after drinking
148. Drinking creating problem between my spouse and me
149. Drinking creating problem between my parents and me
150. Spouse going for help about my drinking

151. Parents going for help about my drinking
152. Trouble keeping friends because of my drinking
153. Getting into trouble at work because of my drinking
154. Worrying about losing my job because of my drinking
155. Having lost job(s) because of my drinking
156. Neglecting my obligations to my family because of my drinking

157. Neglecting my obligations to my work because of my drinking
158. Drinking before noon fairly often
159. Liver trouble or cirrhosis
160. Feeling "shaky" after heavy drinking
161. Wanting help from someone about my drinking
162. Experiencing emotional problems because of my drinking

163. Driving after drinking
164. Other alcohol problems (please specify)

165. Using tranquilizers (Thorazine, Stelazine, Compozine, Serentil, etc.)
166. Using sedatives (Placidyl, Valmid, Doriden, Quaalude, Dormison, Bromides, etc.)
167. Using cocaine
168. Using amphetamine (Benzedrine, Dexedrine, Methedrine, Ritalin, etc.)
169. Using relaxants (Librium, Valium, Equanil, Serax, Solacen, etc.)
170. Using over-the-counter drugs (Sominex, Nytol, No-Doz, Vivaran, Tedral, etc.)

171. Using anti-infection drugs (Antibiotics, Sulfa drugs, etc.)
172. Taking diet pills (Dexamyl, Preludin, etc.)
173. Using tobacco products (Cigarettes, Cigars, Pipe, Chewing Tobacco, Snuff, etc.)
174. Taking barbiturates (Amytal, Nembutal, Phenobarbital, Seconal, Tuinal, etc.)
175. Smoking marijuana (Grass, Pot, Reefers)
176. Using hashish

177. Taking L.S.D.
178. Taking other kinds of psychedelics (DET., DMT, Peyote, Mesaline, STP, Psilocybin, etc.)

179. Taking opiates (Herion, Morphine, Opium, etc.)
180. Taking methadone
181. Taking pain-killers (Codeine, Darvon, Demerol, Morphine, etc.)
182. Taking anti-depressants (Elavil, Toranil, Marplan, Surmontil, etc.)
183. Other drug problems (please specify)

184. Please list on the Response Form any additional problems that you may have. By each problem you have listed, darken the first bubble if you feel the problem is not serious or the fifth bubble if you feel the problem needs professional attention.

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[4] Note: Questions 1-36, 62-97, and 120-137 from "Mooney Problem Check List". Copyright 1950 by The Psychological Corporation. Reprinted by permission.

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Questions 165-184 adapted from "Wisconsin Substance Use Inventory" by K. Khavari.

Part 5

Finally we would like to ask some questions about you that are needed to help us with the statistical analyses of the data. All of your responses are strictly confidential.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS ON RESPONSE FORM 8 BY DARKENING THE BUBBLE CORRESPONDING TO THE RESPONSE THAT IS BEST FOR YOU.

1. Are you:

   1. Female
   2. Male

2. Are you:

   1. American Indian
   2. Black
   3. White
   4. Other (please specify)

3. What is your age range?

   1. Under 20
   2. 20 thru 29
   3. 30 thru 39
   4. 40 thru 49
   5. 50 thru 59
   6. 60 thru 69
   7. 70 and over

4. What is your job category?

   1. Professional, technical
   2. Managers, officials
   3. Sales
   4. Clerical, office
   5. Craft workers
   6. Operations
   7. Service

5. **What is your marital status?**

    1. Married
    2. Divorced
    3. Separated
    4. Widowed
    5. Never Married

6. **What is your educational level?**
    (indicate highest level completed)

    1. 8th grade or less
    2. Graduated from high school or GED (Graduate Equivalency Degree)
    3. Some college
    4. Graduated from college
    5. Some graduate school
    6. Graduate degree

7. **How many dependents do you have?**

    1. None
    2. One
    3. Two
    4. Three
    5. More than three

8. **Which category contains your gross household income from all sources during 1987?**

    1. Under 10,000
    2. 10,000 to 19,999
    3. 20,000 to 29,999
    4. 30,000 to 39,999
    5. 40,000 to 49,999
    6. 50,000 to 59,999
    7. 60,000 and over

APPENDIX B

Response Forms

RESPONSE FORM 1

Use for Questions in Part 1 (1 - 46)

	COURSE	DATE
INCORRECT MARKS	CORRECT MARKS	USE NO. 2 PENCIL
⊃⊙⊗∅	①②●④	

Directions: Please respond to the following questions by darkening the bubble corresponding to the response best for you.

1 ①②③④⑤⑥⑦⑧⑨⑩

a. Alcohol — 2 ①②③④⑤⑥⑦⑧⑨⑩

b. Career — 3 ①②③④⑤⑥⑦⑧⑨⑩

c. Drugs — 4 ①②③④⑤⑥⑦⑧⑨⑩

d. Emotional/Psychological — 5 ①②③④⑤⑥⑦⑧⑨⑩

e. Family/Marital — 6 ①②③④⑤⑥⑦⑧⑨⑩

f. Financial — 7 ①②③④⑤⑥⑦⑧⑨⑩

g. Legal — 8 ①②③④⑤⑥⑦⑧⑨⑩

h. Physical Health — 9 ①②③④⑤⑥⑦⑧⑨⑩

a. Help employees who have problems continue to work with the company? — 10 ①②③④⑤⑥⑦⑧⑨⑩

b. Help management keep an eye on employees who have problems? — 11 ①②③④⑤⑥⑦⑧⑨⑩

c. Help only a "select group" of employees who have problems continue to work with the company? — 12 ①②③④⑤⑥⑦⑧⑨⑩

13 ①②③④⑤⑥⑦⑧⑨⑩

14 ①②③④⑤⑥⑦⑧⑨⑩

15 ①②③④⑤⑥⑦⑧⑨⑩

16 ①②③④⑤⑥⑦⑧⑨⑩

a. Alcohol — 17 ①②③④⑤⑥⑦⑧⑨⑩

b. Career — 18 ①②③④⑤⑥⑦⑧⑨⑩

c. Drugs — 19 ①②③④⑤⑥⑦⑧⑨⑩

d. Emotional/Pyschological — 20 ①②③④⑤⑥⑦⑧⑨⑩

e. Family/Marital — 21 ①②③④⑤⑥⑦⑧⑨⑩

f. Financial — 22 ①②③④⑤⑥⑦⑧⑨⑩

g. Legal — 23 ①②③④⑤⑥⑦⑧⑨⑩

h. Physical Health — 24 ①②③④⑤⑥⑦⑧⑨⑩

25 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

26 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑩

27 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑩

28 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

29 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

30 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

31 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

32 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

33 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

34 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

a. negatively effect their careers in the company 35 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

b. causes them to lose respect among fellow employees 36 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

c. helps them to continue working with the company 37 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

38 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

39 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

40 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

41 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

42 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

43 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

44 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

45 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

46 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

47 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

48 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

RESPONSE FORM 2

Use for Questions in Part 2 (1 - 20 friends, 21 - 40 families)

	COURSE	DATE
INCORRECT MARKS	CORRECT MARKS	USE NO. 2 PENCIL

Directions: For each statement there are three possible answers: yes, no, don't know. Please darken the bubble (1=yes, 2=no, 3=don't know) corresponding to the answer you choose for each item.

1. My friends give me the moral support I need.

2. Most other people are closer to their friends than I am.

3. My friends enjoy hearing about what I think.

4. Certain friends come to me when they have problems or need advice.

5. I rely on my friends for emotional support.

6. If I felt that one or more of my friends were upset with me, I'd keep it to myself.

7. I feel that I'm on the fringe in my circle of friends.

8. There is a friend I could go to if I were just feeling down, without feeling funny about it later.

9. My friends and I are very open about what we think about things.

10. My friends are very sensitive to my personal needs.

11. My friends come to me for emotional support.

12. My friends are good at helping me solve problems.

13. I have deep sharing relationship with a number of friends.

14. My friends get good ideas about how to do things or make things from me.

15. When I confide in friends, it makes me feel uncomfortable.

16. My friends seek me out for companionship.

17. I think that my friends feel that I'm good at helping them solve problems.

18. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.

19. I've recently gotten a good idea about how to do something from a friend.

20. I wish my friends were much different.

21. My family gives me the moral support I need.

22. I get good ideas about how to do things or make things from my family.

23. Most other people are closer to their family than I am.

24. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.

25. My family enjoys hearing what I think.

26. Members of my family share many of my interests.

27. Certain members of my family come to me when they have problems or need advice.

28. I rely on my family for emotional support.

29. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.

30. My family and I are very open about what we think about things.

31. My family is sensitive to my personal needs.

32. Members of my family come to me for emotional support.

33. Members of my family are good at helping me solve problems.

34. I have a deep sharing relationship with a number of members of my family.

35. Members of my family get good ideas about how to do things or make things from me.

36. When I confide in members of my family, it makes me uncomfortable.

37. Members of my family seek me out for companionship.

38. I think my family feels that I'm good at helping them solve problems.

39. I don't have a relationship with a member of my family that is as close as other people's relationships with family members.

40. I wish my family were much different.

25 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
26 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
27 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
28 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
29 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
30 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
31 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
32 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
33 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
34 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
35 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
36 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
37 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
38 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
39 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
40 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
41 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
42 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
43 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
44 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
45 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
46 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
47 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
48 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

RESPONSE FORM 3

Use for Questions in Part 3 (1 - 29)

COURSE	DATE

INCORRECT MARKS	CORRECT MARKS	USE NO. 2
		PENCIL

Directions: Please select the one statement of each pair (and only one) by darkening the bubble (1=a, 2=b) corresponding to the response which you more strongly believe to be the case as far as you are concerned.

25 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
26 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
27 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
28 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
29 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
30 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
31 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
32 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
33 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
34 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
35 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
36 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
37 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
38 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
39 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
40 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
41 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
42 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
43 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
44 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
45 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
46 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
47 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
48 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

RESPONSE FORM 4

Use for Questions in Part 4 (1 -184, Personal Problems)

	COURSE	DATE
INCORRECT MARKS	CORRECT MARKS	USE NO. 2 PENCIL

Directions: Underline each problem that suggests something that is troubling you. Then, look back over the problems that you have underlined and darken the FIRST BUBBLE if you feel the problem is NOT SERIOUS or the FIFTH BUBBLE if you feel the problem needs PROFESSIONAL ATTENTION.

1. Feeling tired much of the time

2. Sleeping poorly

3. Too much underweight or overweight

4. Gradually losing weight

5. Frequently bothered by a sore throat

6. Catching a good many colds

7. Poor appetite

8. Stomach trouble (indigestion, ulcers, etc.)

9. Intestinal trouble

10. Poor complexion or skin trouble

11. Poor posture

12. Feet hurt or tire easily

13. Having a permanent illness or disablility

14. Frequent nose or sinus trouble

15. Having trouble with my ears or hearing

16. Allergies (asthma, hay fever, hives, etc.)

17. Having trouble with my eyes

18. Having a serious illness or disease

19. Troubled by headaches

20. Glandular disorder (thyroid, lymph, etc.)

21. Menstrual or female disorders

22. Kidney or bladder trouble

23. Muscular aches and pains

24. High blood pressure

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25. Having considerable trouble with my teeth 25 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

26. Occasionally feeling faint or dizzy 26 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

27. Troubled by swelling of the ankles 27 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

28. Trouble with my scalp 28 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

29. Occasional pressure or pain in my head 29 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

30. Not getting enough rest or sleep 30 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

31. Bothered by shortness of breath 31 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

32. Having heart trouble 32 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

33. Having a persistent cough 33 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

34. Needing an operation or medical treatment 34 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

35. Needing another climate for my health 35 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

36. "Change of Life" (menopause) 36 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

37. Other health problems (please specify) _____ 37 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

38. Budgeting money 38 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

39. Not making enough money 39 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

40. Not having steady income 40 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

41. Having to spend savings 41 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

42. Having unpaid bills 42 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

43. Wasting money 43 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

44. Depending on others for financial support 44 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

45. Lending money to friends or relatives 45 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

46. Not being able to pay medical bills 46 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

47. Spouse being careless with money 47 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

48. Not having enough money for education 48 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

RESPONSE FORM 5

Use for Questions in Part 4

	COURSE	DATE
INCORRECT MARKS	CORRECT MARKS	USE NO. 2 PENCIL

49. Dealing with bill collectors

50. Other financial problems (please specify) _____

51. Needing legal advice

52. Being sued

53. Not having retirement plans

54. Being someone's guardian

55. Being on parole

56. Being legally disowned by family

57. Not receiving child support

58. Not receiving alimony

59. Having legal problems with neighbors

60. Facing criminal charges

61. Other legal problems (please specify) _____

62. Being away from home too much

63. Member of my family in poor health

64. Death in my family

65. Member of my family working too hard

66. Worried about a member of my family

67. Drinking by a member of my family

68. Having to live with relatives

69. Irritated by habits of a member of my family

70. Home untidy and ill kept

71. Too much quarreling at home

72. Too much nagging and complaining at home

73. Not really having a home

74. Not being understood by my family

75. Not being trusted by my family

76. Feeling rejected by my family

77. Having an unhappy home life

78. Wanting love and affection

79. Being an only child

80. Too much interference by relative

81. Having too many decisions made for me

82. Unable to discuss certain problems at home

83. Not getting along with a member of my family

84. Educational level different from my family's

85. Wishing I had a different family background

86. Mother or father not living

87. Parents separated or divorced

88. Having clashes of opinion with my parents

89. Parents sacrificing too much for me

90. Parents having a hard time of it

91. Not seeing parents often enough

92. Worrying whether my marriage will succeed

93. Having different interests from husband or wife

94. Marriage breaking apart

95. Needing advice about a marriage problem

96. Needing advice about rearing children

RESPONSE FORM 6

Use for Questions in Part 4

	COURSE	DATE
INCORRECT MARKS	**CORRECT MARKS**	**USE NO. 2 PENCIL**
⊃⊙⊗✓	①②●④	

97. Wanting to have a child

98. Other family/marital problems (please specify) _____

99. Feeling anxious or uptight

100. Being afraid of things

101. Having the same thought over and over again

102. Being tired and having no energy

103. Feeling depressed or sad

104. Having trouble concentrating

105. Not remembering things

106. Getting too emotional

107. Feeling guilty

108. Worrying about diseases or illness

109. Being afraid of hurting self

110. Feeling things are unreal

111. Crying without good reason

112. Worrying about having a nervous breakdown

113. Not being able to stop worrying

114. Not being able to relax

115. Being unhappy all the time

116. Not having any enjoyment in life

117. Being influenced by others

118. Behaving in strange ways

119. Other emotional problems (please specify) _____

120. Lacking necessary experience for a job

1 ①②③④⑤⑥⑦⑧⑨⑩
2 ①②③④⑤⑥⑦⑧⑨⑩
3 ①②③④⑤⑥⑦⑧⑨⑩
4 ①②③④⑤⑥⑦⑧⑨⑩
5 ①②③④⑤⑥⑦⑧⑨⑩
6 ①②③④⑤⑥⑦⑧⑨⑩
7 ①②③④⑤⑥⑦⑧⑨⑩
8 ①②③④⑤⑥⑦⑧⑨⑩
9 ①②③④⑤⑥⑦⑧⑨⑩
10 ①②③④⑤⑥⑦⑧⑨⑩
11 ①②③④⑤⑥⑦⑧⑨⑩
12 ①②③④⑤⑥⑦⑧⑨⑩
13 ①②③④⑤⑥⑦⑧⑨⑩
14 ①②③④⑤⑥⑦⑧⑨⑩
15 ①②③④⑤⑥⑦⑧⑨⑩
16 ①②③④⑤⑥⑦⑧⑨⑩
17 ①②③④⑤⑥⑦⑧⑨⑩
18 ①②③④⑤⑥⑦⑧⑨⑩
19 ①②③④⑤⑥⑦⑧⑨⑩
20 ①②③④⑤⑥⑦⑧⑨⑩
21 ①②③④⑤⑥⑦⑧⑨⑩
22 ①②③④⑤⑥⑦⑧⑨⑩
23 ①②③④⑤⑥⑦⑧⑨⑩
24 ①②③④⑤⑥⑦⑧⑨⑩

121. Not knowing how to look for a job

122. Needing to know my vocational abilities

123. Unable to enter my chosen vocation

124. Doubting the wisdom of my vocational choice

125. Combining marriage and a career

126. Working too hard

127. Getting no appreciation for the work I do

128. Finding my work too routine or monotonous

129. Wanting more freedom in my work

130. Would rather be doing other kind of work

131. Unsatisfactory working conditions

132. Being bothered or interrupted with in my work

133. Not liking some of the people I work with

134. Family disapproves of my present job

135. Dissatisfied with my present job

136. Poor prospects of advancement in my present job

137. Afraid of losing my job

138. Other career problems (please specify) _____

139. Drinking more than most people

140. Not being able to remember things after drinking

141. Family member worrying about my drinking

142. Having difficulty stopping drinking after one or two drinks

143. Feeling guilty about my drinking

144. Friends thinking I am not a normal drinker

RESPONSE FORM 7

Use for Questions in Part 4

	COURSE	DATE

INCORRECT MARKS	CORRECT MARKS	USE NO. 2
⊋⊙⊗✓	①②●④	PENCIL

145. Family members thinking I am not a normal drinker

146. Not able to stop drinking when I want to

147. Getting into physical fights after drinking

148. Drinking creating problem between my spouse and me

149. Drinking creating problem between my parents and me

150. Spouse going for help about my drinking

151. Parents going for help about my drinking

152. Trouble keeping friends because of my drinking

153. Getting into trouble at work because of my drinking

154. Worrying about losing my job because of my drinking

155. Having lost job(s) because of my drinking

156. Neglecting my obligations to my family because of my drinking

157. Neglecting my obligations to my work because of my drinking

158. Drinking before noon fairly often

159. Liver trouble or cirrhosis

160. Feeling "shaky" after heavy drinking

161. Wanting help from someone about my drinking

162. Experiencing emotional problems because of my drinking

163. Driving after drinking

164. Other alcohol problems (please specify) _____

165. Using tranquilizers (Thorazine, Stelazine, Compozine, Serentil, etc.)

166. Using sedatives (Placidyl, Valmid, Doriden, Quaalude. Dorminson, Bromides, etc.)

167. Using cocaine

168. Using amphetamine (Benzedrine, Dexedrine, Methedrine, Ritalin, etc.)

169. Using relaxants (Librium, Valium, Equanil, Serax, Solacen, etc.)

170. Using over-the-counter drugs (Sominex, Nytol, No-Doz, Vivaran, Tedral, etc.)

171. Using anti-infection drugs (Antibiotics, Sulfa drugs, etc.)

172. Taking diet pills (Dexamyl, Preludin, etc.)

173. Using tobacco products (Cigarettes, Cigars, Pipe, Chewing Tobacco, Snuff, etc.)

174. Taking barbiturates (Amytal, Nembutal, Phenobarbital, Seconal, Tuinal, etc.)

175. Smoking marijuana (Grass, Pot, Reefers)

176. Using hashish

177. Taking L.S.D.

178. Taking other kinds of psychedelics (DET., DMT, Peyote, Mesaline, STP, Psilocybin, etc.)

179. Taking opiates (Herion, Morphine, Opium etc.)

180. Taking Methadone

181. Taking pain-killers (Codeine, Darvon, Demerol, Morphine, etc.)

182. Taking anti-depressants (Elavil, Toranil, Marplan, Surmontil, etc.)

183. Other drug problems (please specify) _____

184. Please list on the Response Form any additional problems that you may have. By each problem you have listed, darken the first bubble if you feel the problem is not serious or the fifth bubble if you feel the problem needs professional attention.

RESPONSE FORM 8

Use for Questions in Part 5 (1 - 8)

	COURSE	DATE

INCORRECT MARKS	CORRECT MARKS	USE NO. 2
⊃ ⊙ ⊗ ✓	① ② ● ④	PENCIL

Please respond to the following questions by darkening the bubble corresponding to the response that is best for you.

⓪①②③④⑤⑥⑦⑧⑨⑩

25 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
26 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
27 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
28 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
29 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
30 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
31 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
32 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
33 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
34 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
35 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
36 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
37 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
38 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
39 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
40 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
41 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
42 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
43 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
44 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
45 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
46 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
47 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
48 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

APPENDIX C

Documentation of Instrument

DOCUMENTATION OF INSTRUMENT

Socio-Demographic Questions

Age-   Berkanovic, Telesky & Reeder, 1981; Brown,
       1978; Dickman & Emener, 1982; Gam, Sauser,
       Evans & Lair, 1983; Gourash, 1978; LaRock,
       1984; Neighbors & Jackson, 1984;, Nelson &
       Barbaro, 1985; Shapiro, Skinner, Kessler,
       Vankorff, German, Tischler, Leaf, Benham,
       Cottler & Regier, 1984; Wan & Soifer, 1974.

Gender- Berkanovic, Telesky & Reeder, 1981; Butler,
       Giordano, & Neren, 1985; Dickman & Emener,
       1982; Featherston & Bednarek, 1981; Gam,
       Sauser, Evans & Lair, 1983; Gourash, 1978;
       Gove & Swafford, 1981; Greenley & Mechanic,
       1976, Johnson, 1985; Kessler, 1981; Kessler,
       Brown & Broman, 1981; Kirarly, Couton &
       Graham, 1982; LaRock, 1984; Muller, 1986;
       Russo & Sobel, 1981; Shapiro, et al., 1984;
       Sharp, Ross & Cockerham, 1983; Wan & Soifer,
       1974.

Race- Brown, 1978; Gam, Sauser, Evans & Lair, 1983;
       Gourash, 1978; Hulka, Kupper & Cassel, 1972;
       Johnson, 1985; Neighbors, 1985; Rosenblatt &
       Mayer, 1972;

Income and Education- Bice, Eickhorn & Fox, 1972;

    Dickman & Emener, 1982; Escovar & Kurtines,

    1983; Gortmaker, Eckenrode & Gore, 1982;

    Gourash, 1978; Greenley & Mechanic, 1976;

    Kulka, Veroff & Douvan, 1979; LaRock, 1984;

    Nelson & Barbaro, 1985; Rundall & Wheeler,

    1979; Rosenblatt & Mayer, 1972; Wan &

    Soifer, 1974.

Job Category- Berkanovic, Telesky & Reeder, 1981;

    Braun & Novak, 1986; Featherston & Bednarek,

    1981, Ford & McLaughlin, 1981; Johnson,

    1985; Roman, 1980.

Marital Status- Berkanovic, Telesky, & Reeder, 1981;

    Burke & Weir, 1975; Gove & Howell, 1974;

    Gove & Tudor, 1973; Horwitz, 1977; Ilfeld,

    1978.

Socio-Cultural Questions

Social Support Network- Ball, 1983; Burda, Vaux &

    Schill, 1984; Burke & Weir, 1975; Eaton,

    1978; Gourash, 1978; Horwitz, 1977, 1978;

    McKinlay, 1972, 1973; Neighbors & Jackson,

    1984; Salloway & Dillion, 1973; Tolsdorf,

    1976; Veroff, Kulka & Douvan, 1981.

Social-Psychological Questions

Perceived Need for Services (Problem Recognition)-

Andersen & Newman, 1973; Braun & Novak,
1986; Gortmaker, Eckenrode & Gore, 1982;
Greenley & Mechanic, 1976; Gross & McMullen,
1982; Gurin, Veroff & Feld, 1960; Horwitz,
1977; Mechanic, 1978; Sharp, Ross, &
Cockerham, 1983; Tanner, Cockerham, &
Spaeth, 1983; Tessler, Mechanic & Dimond,
1976; Veroff, 1981; Wan & Soifer, 1974;
Wolinsky, 1978.

Categories of EAP Services- Bailey, 1986; Dickman &
Emener, 1982; Edwards, 1984; Employee
Benefit Plan Review, 1985, 1986; Ford &
Mclaughlin, 1981; Gam, Sauser, Evans, &
Lair, 1983; Gomez-Mejia & Balkin, 1980;
Keifhaber & Goldbeck, 1980; Kelvins, 1983;
Klarveich, DiGiuseppe & DiMattia, 1987;
Reed, 1983; Skidmore, Balsam & Jones, 1974;
Textile Management, 1983; Weissman, 1975.

Severity of Need- Berkanovic, Telesky & Reeder, 1981;
Brown, 1978; Gross & McMullen, 1982; Hulka,
Kupper & Cassel, 1972; Jones, Wiese, Moore &
Haley, 1981; Neighbors, 1984; Safer, Tharps,
& Jackson, 1979; Tanner, Cockerham & Spaeth,
1983; Veroff, 1981.

<u>Problem Attribution</u>- Fisher, Nadler & Witchner-

   Alagna, 1982; Fischer & Turner, 1970; Gross,

   Wallston & Piliavin, 1979; Johnson &

   Sarasen, 1978; Jones, Wiese, Moore & Haley,

   1981; Nadler & Porat, 1978; Sandler &

   Lakely, 1982; Tessler & Schwartz, 1972;

   Veroff, 1981.

<u>Previous Use</u>- Braun & Novak, 1986; Greenley &

   Mechanic, 1976; Keesler, 1979; Fischer &

   Turner, 1970.

<u>Organizational Questions</u>

 <u>Employee Perception of Supervisor's Attitude Toward</u>

 <u>EAP</u>- Braun & Novak, 1986; Dickman & Emener, 1982;

   Gam, Sauser, Evans & Lair, 1983; Kelvins,

   1983; Kuzmits & Hammons, 1979; Wright, 1984.

 <u>Cost of EAP</u>- Berkanovic, Telesky & Reeder, 1981;

   Bice, Eickhorn & Fox, 1972; Bice, Rabin,

   Starfield & White, 1973; Busch, 1981;

   Dickman & Emener, 1982; Kelvins, 1983;

   Ludwig & Gibson, 1969; Monteiro, 1973;

   Nelson & Barbaro, 1985; Rundall & Wheeler,

   1979; Safer, Tharps & Jackson, 1979; Stefl &

   Posperi, 1985; Wan & Soifer, 1974.

 <u>Convenience of EAP</u>- Braun & Novak, 1986; Bloomquist,

   Gray & Smith, 1979; Levine, 1985; Dickman &

   Emener, 1982; Koehane & Newman, 1984;

Penchansky & Thomas, 1981; Stefl & Posperi,

1985; Weiss & Greenlick, 1979; White, 1986.

<u>Confidentiality of EAP-</u> Braun & Novak, 1986; Busch,

1981; DePaulo & Fisher, 1980; Dickman &

Emener, 1982; Gross, Wallston & Piliavin,

1979; Kelvins, 1983, Lee & Rosen, 1984;

Nadler & Porat, 1978; Perkins, 1978;

Shapiro, 1978; Wallston, 1976; Zola, 1964.

<u>Perceived Sanctions-</u> Braun & Novak, 1986; Busch,

1981; Ford & McLaughlin, 1981; Kelvins,

1983; Keohane, 1984; Perkins, 1978; Fischer

& Turner, 1970; Safer, Tharps, & Jackson,

1979.

<u>Perceived Efficacy of EAP-</u> Berkanovic, Telesky, &

Reeder, 1981; Braun & Novak, 1986; Brown,

1978; Eckenrode, 1983; Fischer & Turner,

1970; Ford & McLaughlin, 1981; Gergen, 1984;

Hulka, Kupper, Cassel, 1972; Kelvins, 1983;

Klarveich, DiGiuseppe, & DiMattia, 1987;

Ludwig & Gibson, 1969; Rundall & Wheeler,

1979; Safer, Tharps & Jackson, 1979; Vaux,

1985; Veroff, 1981.

APPENDIX D

Sample Letter to All Employees

(COMPANY LETTERHEAD)
SAMPLE NOTIFICATION LETTER FROM COMPANY TO EMPLOYEES

TO: All Employees of (Participating Company)

FROM: Personnel Vice President, Plant Manager
          Industrial Relations Manager, etc.

SUBJECT: Employee Survey

Ms. LaCheata Hall, a doctoral student at the University of
North Carolina at Greensboro, in cooperation with
Participating Company, is conducting a study to learn more
about how Employee Assistance Programs (EAPs) are used in
organizations and how to use what is learned for making EAP
services more accessible to employees.

Participating Company is working with Ms. Hall on this
survey to find out what your needs for EAP services are and
your feelings toward using the services. The questionnaire
provides you with an opportunity to make your feelings
known.

Not all employees will receive a questionnaire. Selection
for participation in this study is based on a procedure to
ensure that we get opinions from representative segments of
the total Participating Company employee community.

If you are selected to participate, we encourage your
cooperation. All individual responses will be unsigned and
completely confidential. You will be asked to give your
completed questionnaire directly to Ms. Hall. None of the
questionnaires, once they are filled out, will ever be seen
by anyone in the Participating Company.

A schedule of meetings for completion of the questionnaires
is now being prepared. If you are selected for
participation in this study, you will be notified by
_____(Date)_____ where and when your meeting will be held.

APPENDIX E

Pilot Study

APPENDIX E

PILOT STUDY

Based on a proposed EAP utilization model, the
relationships among socio-demographic, social-
psychological, socio-cultural, organizational, and
community domains, and employees' self-reported propensity
to utilize EAP services were examined in a pilot study
conducted in February, 1988. A report of this pilot study
is provided in the sections below.

Method

Subjects

Two hundred full-time employees from a large telephone
communications company were randomly selected, stratified
by race and gender, from a computer printout containing
names, race, and gender. Of the 200 employees selected, 61
participated in the study, representing a 31% response
rate. Of the respondents (see Table E-1), 37 (60.7%) were
females and 24 (39.3%) were males, 48 (78.7%) were white
and 13 (21.3%) were black. A majority of employees were
between 30 to 49 years of age (82%), were professionals and
managers (55.8%), were married (75.4%), and had received
some or had completed a college education (59.0%). The
respondents were evenly distributed among the number of
dependents categories (i.e., 0 to more than 3).

Table E-1

Frequency and Percentage of the Socio-Demographic Variables

Variables	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Gender				
Female	37	60.7	37	60.7
Male	24	39.3	61	100.0
Race				
Black	13	21.3	13	21.3
White	48	78.7	61	100.0
Age				
20-29	8	13.1	8	13.1
30-39	25	41.0	33	54.1
40-49	25	41.0	58	95.1
50-59	3	4.9	61	100.0
Job Category				
Professional, Technical	20	32.8	20	32.8
Managers, Official	14	23.0	34	55.7
Sales	1	1.6	35	57.4
Clerical Workers	9	14.8	44	72.1
Craft Workers	12	19.7	56	91.8
Operations	4	6.6	60	98.4
Service	1	1.6	61	100.0
Marital Status				
Married	46	75.4	46	75.4
Divorced	4	6.6	50	82.0
Separated	2	3.3	52	85.2
Widowed	2	3.3	54	88.5
Never Married	7	11.5	61	100.0

(table continues)

Variables	Frequency	Percent	Cumulative Frequency	Cumulative Percent
		Education		
High School or GED	15	24.6	15	24.6
Some College	21	34.4	36	59.0
Graduated College	15	24.6	51	83.6
Some Graduate School	2	3.3	53	86.9
Graduate Degree	8	13.1	61	100.0
		Number of Dependents		
	14	23.3	14	23.3
One	15	25.0	29	48.3
Two	13	21.7	42	70.0
Three	14	23.3	56	93.3
More Than Three	4	6.7	60	100.0
		Income		
	1	.	.	.
10,000-14,999	1	1.7	1	1.7
15,000-19,999	2	3.3	3	5.0
20,000-24,999	7	11.7	10	16.7
25,000-29,999	7	11.7	17	28.3
30,000-34,999	3	5.0	20	33.3
35,000-39,999	8	13.3	28	46.7
40,000-44,999	6	10.0	34	56.7
45,000-49,999	4	6.7	38	63.3
50,000-59,999	9	15.0	47	78.3
60,000-74,999	10	16.7	57	95.0
75,000 and Over	3	5.0	60	100.0

Respondent's income clustered around the 20,000 to 29,999,

35,000 to 44,999, and 50,000 to 74,999 income ranges.

Materials

A questionnaire was used to assess the relationships

among the five domains and employees' propensity to utilize

EAP services. The individual items used in the

questionnaire were derived from existing tests, surveys,

checklists, and utilization literature and were developed

around the five domains and the dependent variables. The

dependent variables consisted of four areas of employees'

propensity to utilize EAP services: (a) propensity to

self-refer for various types of problems, (b) propensity

to use EAP if referred by supervisor, (c) propensity to use

EAP if referred by a peer/co-worker, and (d) overall

propensity to use EAP services. The questionnaire

contained the following number of items: (a) dependent

measure (3 items), (b) organizational domain (26 items),

(c) community domain (5 items), (d) socio-cultural domain

(44 items), (e) social-psychological domain (213 items),

and (f) socio-demographic domain (8 items).

Design and Procedure

A letter on company letterhead was sent from the

Director of Human Resources announcing the upcoming survey.

The letter described the survey's purpose and the procedure

for selecting participants and encouraged employee

participation. After the sample was drawn, a letter of

notification was sent from the Human Resources Department to employees selected for participation in tne study. This letter also included how the subjects for the study were selected, the dates, times, and locations for the test sessions and expected completion time for the survey.

The questionnaire was administered in formal sessions to employees in groups of 50 on company premises during company time. All responses were recorded directly onto the questionnaire.

Data Analysis

Descriptive statistics including means, standard deviations, frequency distributions, and correlation coefficients were computed and inferential statistics including stepwise and hierarchical multiple regression analyses were conducted.

Results

Results from the pilot study will be reported first by the dependent variables in general, followed by the dependent variables relevant to the five domains.

Dependent variables

Results from the pilot study indicate that employees were "somewhat likely" to self-refer to the EAP for alcohol (M=2.37), career (M=2.36), drug (M=2.39), emotional/psychological (M=2.39), family/marital (M=2.52), financial (M=2.34), legal (M=2.31), and physical health (M=2.29) problems; "somewhat likely" to act upon peer/co-

worker referrals (M=2.13), and "very likely" to act upon supervisor referrals (M=1.39) (see Table E-2).

Examination of the dependent variables by the stratification variables, race and gender (see Table E-3) reveal that a larger percentage of blacks than whites indicated that they were "very likely" to self-refer for all categories of problems except for emotional/psychological. A larger percentage of blacks than whites also reported that they were "very likely" to act upon supervisor and peer/co-worker referrals. More females than males were "very likely" to self-refer for all categories of problems, except for alcohol and drugs; and to act upon supervisor and peer/co-worker referrals.

Pearson correlation coefficients among the dependent variables (see Table E-4) indicate modest to strong significant relationships ($r=.18$ to $r=.93$). Respondents who were likely to self-refer for one type of problem were likely to self-refer for all other types of problems. Particularly, respondents who were likely to self-refer for alcohol problems were highly likely to self-refer for drug ($r=.92$, $p<.01$) and emotional/psychological ($r=.88$, $p<.01$) problems. Likewise, respondents who were likely to self-refer for drug problems were likely to self-refer for emotional/psychological problems ($r=.91$, $p<.01$).

Table E-2

Mean and Standard Deviation Scores for the Dependent and

Independent Variables

Variable	N	Mean	Standard Deviation
Dependent Variables			
Propensity to self refer for:			
Alcohol problems	61	2.37	1.24
Career problems	61	2.36	1.16
Drug problems	61	2.39	1.17
Emotional/psychological problems	61	2.39	1.15
Family/marital problems	61	2.52	1.20
Financial problems	61	2.34	1.15
Legal problems	61	2.31	1.16
Physical health problems	61	2.29	1.17
Propensity to act upon:			
Supervisor referral	61	1.39	0.61
Peer/co-worker referral	61	2.13	0.93

Variable	N	Mean	Standard Deviation
Socio-demographic Variables			
Age	61	2.37	0.77
Race	61	2.78	0.41
Gender	61	1.39	0.49
Job category	61	2.91	1.83

(table continues)

Income	60	7.75	2.77
Education	61	3.45	1.27
No. of Dependents	60	2.81	1.48

Socio-cultural Variables

Friend network:

Size	61	2.60	0.66
Complexity	61	1.47	0.50

Family network:

Size	61	2.55	0.64
Complexity	61	1.18	0.38

Perceived social support from:

Friends	61	14.37	4.38
Family	61	14.90	4.89

Social-psychological Variables

Problem recognition:

Physical health problems	61	3.50	2.84
Financial problems	61	1.49	1.74
Legal problems	61	0.22	0.55
Family/marital problems	61	2.63	3.53
Emotional/psychological problems	61	1.60	2.23
Career problems	61	1.98	2.15
Alcohol problems	61	0.44	1.57
Drug problems	61	0.18	0.61

(table continues)

Variable	N	Mean	Standard Deviation
Problem Severity:			
Physical health problems	61	1.31	1.82
Financial problems	61	0.44	1.17
Legal problems	61	0.08	0.33
Family/marital problems	61	0.80	1.72
Emotional/psychological problems	61	0.31	0.82
Career problems	61	0.54	1.27
Alcohol problems	61	0.24	1.31
Drug problems	61	0.13	0.17
Other problems	61	0.09	0.43
Previous use of EAP	59	1.93	0.25
Problem attribution	61	9.52	4.27

Organizational Varaibles

Supervisor's attitude toward EAP:

	N	Mean	Standard Deviation
Overall helpfulness	61	3.14	1.71
Helpfulness for:			
Alcohol problems	61	3.19	1.72
Career problems	61	3.34	1.69
Drug problems	61	3.26	1.74
Emotional/psychological problems	61	3.18	1.73
Family/marital problems	61	3.24	1.68
Financial problems	61	3.39	1.65

(table continues)

Variable	N	Mean	Standard Deviation
Legal problems	61	3.27	1.66
Physical health problems	61	3.34	1.67
Supervisors attitude toward referring employees:	59	2.55	0.56
Cost of EAP services for:			
Alcohol problems	61	3.73	0.81
Career problems	61	3.70	0.84
Drug problems	61	3.73	0.81
Emotional/psychological problems	61	3.67	0.87
Family/marital problems	61	3.70	0.84
Financial problems	61	3.78	0.73
Legal problems	61	3.73	0.81
Physical health problems ·	61	3.73	0.81
Overall cost of EAP	61	2.59	0.55
Convenience of EAP services	61	3.36	1.64
Confidentiality of:			
EAP staff	61	1.83	0.96
Referring supervisor	61	2.26	0.91
Employee's company	61	2.01	0.97
Sanctions regarding use of EAP:			

(table continues)

Variable	N	Mean	Standard Deviation
Negatively affect career	61	1.86	0.76
Lose respect	61	1.54	0.59
Keep job	61	2.72	0.81
Knowledge of EAP procedures	61	1.62	0.71
Knowledge of EAP services:			
Alcohol	61	1.08	0.27
Career	61	1.08	0.27
Drug	61	·1.06	0.24
Emotional/ psychological	61	1.11	0.32
Family/marital	61	1.16	0.37
Financial	61	1.37	0.48
Legal	61	1.47	0.50
Physical health	61	1.37	0.48
Knowledge of why company began EAP:			
Keep job	60	3.06	0.79
Keep "eye on" employees	58	1.89	0.89
Help "select" employees	56	1.32	0.57
Overall helpfulness of EAP	61	2.67	1.64
Helpfulness of EAP for:			
Alcohol problems	60	3.15	1.83
Career problems	61	3.47	1.59
Durg problems	60	3.26	1.78

(table continues)

Variable	N	Mean	Standard Deviation
Emotional/psychological problems	61	3.18	1.79
Family/marital problems	60	3.18	1.81
Financial problems	60	3.65	1.70
Legal problems	60	3.61	1.69
Physical health problems	60	3.61	1.74

Community Variables

Knowledge of community resources for:

	N	Mean	SD
Alcohol problems	61	1.13	0.34
Career problems	61	1.55	0.50
Drug problems	61	1.13	0.34
Emotional/psychological problems	61	1.16	0.37
Family/marital problems	61	1.14	0.35
Financial problems	61	1.32	0.47
Legal problems	61	1.31	0.46
Physical health problems	61	1.16	0.37

Community resource person for:

	N	Mean	SD
Alcohol problems	61	1.77	0.42
Career problems	61	1.88	0.38
Drug problems	61	1.80	0.40
Emotional/psychological problems	61	1.68	0.46
Family/marital problems	61	1.65	0.47
Financial problems	61	1.75	0.43

Variable	N	Mean	Standard Deviation
Legal problems	61	1.62	0.48
Physical health problems	61	1.57	0.49
Convenience of community resources for:			
Alcohol problems	61	3.50	1.60
Career problems	61	3.65	1.60
Drug problems	61	3.57	1.60
Emotional/psychological problems	61	3.39	1.60
Family/marital problems	61	3.40	1.60
Financial problems	61	3.57	1.60
Legal problems	61	3.44	1.61
Physical health problems	61	3.26	1.63
Helpfulness of community resources for:			
Alcohol problems	61	3.42	1.64
Career problems	61	3.83	1.48
Drug problems	61	3.44	1.62
Emotional/psychological problems	61	3.50	1.58
Family/marital problems	61	3.52	1.59
Financial problems	61	3.65	1.61
Legal problems	61	3.67	1.58
Physical health problems	61	3.37	1.71
Cost of community resources for:			
Alcohol problems	61	3.60	0.91

Variable	N	Mean	Standard Deviation
Career problems	61	3.63	0.85
Drug problems	61	3.63	0.85
Emotional/psychological problems	61	3.57	0.80
Family/marital problems	61	3.54	0.88
Financial problems	61	3.55	0.84
Legal problems	61	3.49	0.90
Physical health problems	61	3.42	0.95

Table E-3

Frequency and Percentage of the Dependent Variables by

Gender and Race

		Propensity Rating Scale			
Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion

Propensity to self-refer for:

Alcohol problems

Female	*10	10	4	6	7
	**16.39	16.39	6.56	9.84	11.48
Male	6	14	1	2	1
	9.84	22.95	1.64	3.28	1.64

Career problems

Female	12	13	2	6	4
	19.67	21.31	3.28	9.84	6.56
Male	4	9	1	5	5
	6.56	14.75	1.64	8.20	8.20

Drug problems

Female	8	13	2	6	7
	13.11	21.31	4.92	9.84	11.48
Male	6	12	1	4	1
	9.84	19.67	1.64	6.56	1.64

(table continues)

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Emotional/psychological problems					
Female	10	12	3	78	7
	16.39	19.67	4.92	8.20	11.48
Male	4	12	1	7	0
	6.56	19.67	1.64	11.48	0.00
Family/marital problems					
Female	10	11	3	5	8
	16.39	18.03	4.92	8.20	13.11
Male	4	8	1	9	2
	6.56	13.11	1.64	14.75	3.28
Financial problems					
Female	12	14	3	5	3
	19.67	22.95	4.92	8.20	4.92
Male	4	7	1	10	2
	6.56	11.48	1.64	16.39	3.28
Legal problems					
Female	11	16	3	3	4
	18.03	26.23	4.92	4.92	6.56
Male	4	11	1	5	3
	6.56	18.03	1.64	8.20	4.92
Physical health problems					
Female	12	13	3	5	4
	19.67	21.31	4.92	8.20	6.56

(table continues)

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Male	5	10	1	6	2
	8.20	16.39	1.64	9.84	3.28

Propensity to act upon:

Supervisor referral

	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Female	13	18	1	5	0
	21.31	29.51	1.64	8.20	0.00
Male	2	11	1	8	2
	3.28	18.03	1.64	13.11	3.28

Peer/co-worker referral

	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Female	27	9	1	0	0
	44.26	14.75	1.64	0.00	0.00
Male	13	10	0	1	0
	21.31	16.39	0.00	1.64	0.00

Propensity to self-refer for:

Alcohol problems

	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Black	4	2	2	2	3
	6.56	3.28	3.28	3.28	4.92
White	12	22	3	6	5
	19.67	36.07	4.92	9.84	8.20

Career problems

	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Black	5	4	2	1	1
	8.20	6.56	3.28	1.64	1.64

(table continues)

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
White	11	18	1	10	8
	10.03	29.51	1.64	16.39	13.11

Drug problems

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Black	3	3	2	2	3
	4.92	4.92	3.28	3.28	4.92
White	11	22	2	8	5
	18.03	36.07	3.28	13.11	8.20

Emotional/psychological problems

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Black	2	3	2	3	3
	3.28	4.92	3.28	4.92	4.92
White	12	21	2	9	4
	19.67	34.43	3.28	14.75	6.56

Family/marital problems

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Black	3	1	2	3	4
	4.92	1.64	3.28	4.92	6.56
White	11	18	2	11	6
	18.03	29.51	3.28	18.03	9.84

Financial problems

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
Black	4	3	2	3	1
	6.56	4.92	3.28	4.92	1.64
White	12	18	2	12	4
	19.67	29.51	3.28	19.67	6.56

(table continues)

Variable	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
			Legal problems		
Black	4	2	2	3	2
	6.56	3.28	3.28	4.92	3.28
White	11	25	2	5	5
	18.03	40.98	3.28	8.20	8.20
			Physical health problems		
Black	7	1	2	1	2
	11.48	1.64	3.28	1.64	3.28
White	10	22	2	10	4
	16.39	36.07	3.28	16.39	6.56

Propensity to act upon:

	Very Likely	Somewhat Likely	Not Too Likely	Not At All Likely	No Opinion
			Supervisor referral		
Black	10	3	0	0	0
	16.39	4.92	00.0	00.0	00.0
White	30	16	1	1	0
	49.18	26.23	1.64	1.64	00.0
			Peer/co-worker referral		
Black	7	4	0	1	1
	11.48	6.56	0.00	1.64	1.64
White	8	25	2	12	1
	13.11	40.98	3.28	19.67	1.64

Note. *Frequency **Percent

Table E-4

Pearson Correlation Coefficient Among the Dependent Variables

Dependent Variables	Propensity to self-refer for:								Propensity to act upon:	
	Alcohol problems	Career problems	Drug problems	Emotional/psycho-logical problems	Family/marital problems	Financial problems	Legal problems	Physical health problems	Supervisor referral	Peer/co-worker referral
Propensity to self-refer for:										
Alcohol problems [a][b][c]	1.00000 0.0000 61	0.41019 0.0010 61	0.91575 0.0001 61	0.88067 0.0001 61	0.66791 0.0001 61	0.52531 0.0001 61	0.51820 0.0001 61	0.59757 0.0001 61	0.32761 0.0100 61	0.05697 0.6627 61
Career problems	0.41019 0.0010 61	1.00000 0.0000 61	0.38080 0.0025 61	0.43470 0.0005 61	0.38368 0.0023 61	0.61088 0.0001 61	0.54121 0.0001 61	0.58888 0.0001 61	0.44960 0.0003 61	0.21412 0.0975 61
Drug problems	0.91575 0.0001 61	0.38080 0.0025 61	1.00000 0.0000 61	0.91424 0.0001 61	0.66479 0.0001 61	0.51432 0.0001 61	0.50753 0.0001 61	0.54365 0.0001 61	0.26782 0.0369 61	0.04314 0.7413 61
Emotional/psycho-logical problems	0.88067 0.0001 61	0.43470 0.0005 61	0.91424 0.0001 61	1.00000 0.0000 61	0.78037 0.0001 61	0.57056 0.0001 61	0.60041 0.0001 61	0.55036 0.0001 61	0.29458 0.0212 61	0.18148 0.1616 61
Family/marital problems	0.66791 0.0001 61	0.38368 0.0023 61	0.44479 0.0001 61	0.78037 0.0001 61	1.00000 0.0000 61	0.68318 0.0001 61	0.69011 0.0001 61	0.63068 0.0001 61	0.30233 0.0179 61	0.23255 0.0713 61
Financial problems	0.52531 0.0001 61	0.61088 0.0001 61	0.51432 0.0001 61	0.57056 0.0001 61	0.68318 0.0001 61	1.00000 0.0000 61	0.92584 0.0001 61	0.87179 0.0001 61	0.41815 0.0008 61	0.26536 0.0388 61
Legal problems	0.51820 0.0001 61	0.54121 0.0001 61	0.50753 0.0001 61	0.60041 0.0001 61	0.69011 0.0001 61	0.92584 0.0001 61	1.00000 0.0000 61	0.85970 0.0001 61	0.36301 0.0040 61	0.35877 0.0045 61
Physical health problems	0.59757 0.0001 61	0.58886 0.0001 61	0.54365 0.0001 61	0.55036 0.0001 61	0.63068 0.0001 61	0.87179 0.0001 61	0.85970 0.0001 61	1.00000 0.0000 61	0.43804 0.0004 61	0.31192 0.0144 61
Propensity to act upon:										
Supervisor referral	0.32761 0.0100 61	0.44960 0.0003 61	0.26782 0.0369 61	0.29458 0.0212 61	0.30233 0.0179 61	0.41815 0.0008 61	0.36301 0.0040 61	0.43804 0.0004 61	1.00000 0.0000 61	0.28508 0.0260 61
Peer/co-worker referral	0.05697 0.6627 61	0.21412 0.0975 61	0.04314 0.7413 61	0.18148 0.1616 61	0.23255 0.0713 61	0.26536 0.0388 61	0.35877 0.0045 61	0.31192 0.0144 61	0.28508 0.0260 61	1.00000 0.0000 61

Note. a=Correlation Coefficient   b=P Value   c=Number of Respondents

Socio-demographic Domain

The frequency distribution of the socio-demographic variables were reported earlier (see Table E-1). Pearson correlation coefficients for the dependent and socio-demographic variables (see Table E-5) indicate few significant relationships. Specifically, gender was significantly correlated with propensity to self-refer for financial problems ($r=.25$, $p=<.05$), and to act upon peer/co-worker referrals ($r=.39$, $p<.01$), suggesting that females were more likely than males to utilize the EAP for these services. Number of dependents was significantly correlated with propensity to self-refer for legal problems ($r=.30$, $p=<.05$); employees with fewer number of dependents were likely to utilize the EAP for legal problems. Education ($r=.39$, $p<.01$) and income ($r=.29$, $p<.05$) were significantly related to propensity to act upon peer/co-worker referrals ($r=.39$, $p<.01$); employees in higher education and income levels, were less likely to utilize the EAP if referred by a peer/co-worker. Lastly, job category was related to propensity to self-refer for career problems ($r=.28$, $p=.03$); employees in higher level jobs were less likely to utilize the EAP for career problems. No other socio-demographic variables were significantly related to any of the dependent variables.

The stepwise regression procedure for the socio-demographic domain (see Table E-6) indicate that income

Table E-5

Pearson Correlation Coefficients for the Dependent and

Socio-Demographic Variables

Dependent Variable	Age	Gender	Race	Number of Dependents	Education	Income	Marital Status	Job Category
Propensity to self-refer for:								
Alcohol problems	-0.09336 [a]	-0.23386	-0.14289	0.11577	-0.10882	-0.12905	-0.09780	0.24235
	0.4742 [b]	0.0697	0.2719	0.3784	0.4038	0.3258	0.4534	0.0599
	61 [c]	61	61	60	61	60	61	61
Career problems	0.02136	0.18537	0.16007	0.08033	0.02267	0.32912	-0.13399	-0.27933
	0.8702	0.1526	0.2179	0.5418	0.8623	0.0102	0.3032	0.0293
	61	61	61	60	61	60	61	61
Drug problems	-0.10737	-0.18348	-0.14105	0.07410	-0.07323	-0.14579	-0.09289	0.22526
	0.4102	0.1569	0.2782	0.5736	0.5749	0.2664	0.4764	0.0809
	61	61	61	60	61	60	61	61
Emotional/ psychological problems	-0.03492	-0.06958	-0.22592	0.17739	-0.03952	-0.08765	-0.05495	0.21454
	0.7893	0.5942	0.0800	0.1751	0.7623	0.5055	0.6740	0.0968
	61	61	61	60	61	60	61	61
Family/ marital problems	-0.07529	0.04933	-0.18841	0.24332	0.05389	0.11995	-0.07574	0.09339
	0.5642	0.7058	0.1459	0.0610	0.6800	0.3613	0.5618	0.4741
	61	61	61	60	61	60	61	61
Financial problems	-0.02312	0.25362	0.00099	0.17188	0.08677	0.17223	-0.10648	-0.06988
	0.8596	0.0486	0.9940	0.1891	0.5061	0.1882	0.4140	0.5926
	61	61	61	60	61	60	61	61
Legal problems	0.06863	0.14908	-0.13743	0.30353	0.07066	0.17700	-0.15667	-0.00602
	0.5992	0.2515	0.2909	0.0184	0.5884	0.1761	0.2279	0.9633
	61	61	61	60	61	60	61	61
Physical health problems	-0.03496	0.08555	0.08323	0.16104	0.11381	0.21549	-0.09625	-0.16152
	0.7891	0.5121	0.5237	0.2190	0.3825	0.0982	0.4606	0.2136
	61	61	61	60	61	60	61	61
Propensity to act upon:								
Supervisor referral	-0.02323	0.17224	0.13847	0.20048	0.03653	0.24837	-0.12951	-0.13309
	0.8590	0.1844	0.2872	0.1246	0.7799	0.0557	0.3198	0.3065
	61	61	61	60	61	60	61	61
Peer/ co-worker referral	0.19966	0.39366	0.21004	0.08122	0.38623	0.28514	0.02003	-0.23753
	0.1229	0.0017	0.1042	0.5373	0.0021	0.0272	0.8782	0.0653
	61	61	61	60	61	60	61	61
Overall propensity to use EAP	-0.01825	0.09655	-0.04845	0.21778	0.06866	0.15068	-0.12580	-0.00322
	0.8890	0.4591	0.7108	0.0946	0.5990	0.2505	0.3340	0.9803
	61	61	61	60	61	60	61	61

Note. a=Correlation Coefficient b=P Value c=Number of Respondents

Table E-6

Results of Stepwise Regression Procedure Demographic Domain (Model 1) (Pilot Study)

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R^2
Propensity to self-refer for:						
Alcohol problems	—	—	—	—	—	—
Career problems	Income	1.27	0.17	6.75	0.01	0.11
Drug problems	—	—	—	—	—	—
Emotional/ psychological problems	—	—	—	—	—	—
Family/marital problems	—	—	—	—	—	—
Financial problems	Gender	1.50	0.73	4.36	0.04	0.07
Legal problems	No. of dependents	1.89	0.32	5.73	0.02	0.09
Physical health problems	—	—	—	—	—	—
Propensity to act upon:						
Supervisor referral	—	—	—	—	—	—
Peer/co-worker referral	Education	0.91	0.39	12.72	<.01	0.18
Overall propensity to use EAP services	—	—	—	—	—	—

p≤.05

was a significant predictor of propensity to self-refer

for career problems (R^2=.11); employees in lower income

levels were likely to utilize the EAP for career problems.

Gender was a significant predictor of propensity to self-

refer for financial problems (R^2=.07); females were more

likely than males to utilize the EAP for financial

problems. No socio-demographic variables were significant

predictors of propensity to self-refer for alcohol, drug,

emotional/psychological, family/marital, or physical

health problems; to act upon supervisor referrals; or

overall propensity to utilize EAP services. However,

education was a significant predictor of propensity to act

upon peer/co-worker referrals (R^2=.18); individuals in

higher education levels were likely to utilize EAP services

if referred by a peer/co-worker.

Social-psychological Domain

The mean and standard deviation scores for the social-

psychological domain (see Table E-2) indicate that

employees recognized more physical health problems

(M=3.50), followed by family/marital (M=2.64), career

(M=1.98), emotional/psychological (M=1.61), financial

(M=1.49), alcohol (M=0.44), legal (M-0.23), and drug

(M=0.18) problems. Employees rated the severity of their

problems in the same rank order as they recognized their

problems. Regarding previous use of EAP services, a larger

percentage of females and whites had utilized their EAP

than males and blacks. Overall, 6.8 percent of the respondents had previously used EAP services. Relevant to problem attribution, respondents scored toward the internal end of the locus of control scale (M=9.52), suggesting that they attribute their problems to internal factors. Using a t-test procedure, mean scores on the I-E scale for blacks (M=7.92) and for whites (M=9.96) were significantly different; blacks were more internal than whites. No significant differences were indicated in the way males and females attribute their problems.

Pearson correlation coefficients for the dependent and social-psychological domain (see Table E-7) reveal that no significant relationship was present for recognition of specific problems and propensity to self-refer for those problems. Also, problem recognition was not related to propensity to act upon supervisor or peer/co-worker referrals, except that recognition of financial (r=-.39, p<.01) and physical health (r=-.26, p<.05) problems were significantly related to propensity to act upon peer/co-worker referrals. Employees who recognized financial and physical health problems were not likely to utilize EAP services if referred by a peer/co-worker. No significant correlations were present for severity of specific problems and propensity to utilize the EAP for those problems. Previous use of EAP services

Table E-7

Pearson Correlation Coefficients for the Dependent and Social-Psychological Variables

Dependent Variable	Propensity to self-refer for:							Propensity to act upon:			
	Alcohol problems	Career problems	Drug problems	Emotional/ psychological problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems	Supervisor referral	Peer/ co-worker referral	Overall propensity to use EAP
Recognition of:											
Physical health problems	0.03126 ᵃ 0.8110 ᵇ 61 ᶜ	0.01518 0.9076 61	0.08496 0.5151 61	-0.00777 0.9526 61	-0.08240 0.5278 61	-0.16565 0.2020 61	-0.14415 0.2677 61	-0.12163 0.3504 61	-0.09663 0.4588 61	-0.25538 0.0470 61	-0.09471 0.4678 61
Financial problems	0.02618 0.8412 61	-0.01137 0.9307 61	0.08608 0.5095 61	-0.00859 0.9476 61	-0.05659 0.6649 61	-0.15864 0.2220 61	-0.09311 0.4754 61	-0.13765 0.2901 61	-0.16464 0.2048 61	-0.38841 0.0020 61	-0.11142 0.3926 61
Legal problems	-0.10186 0.4347 61	-0.10958 0.4005 61	-0.10516 0.4199 61	-0.22179 0.0858 61	-0.12355 0.3428 61	-0.25796 0.0447 61	-0.22667 0.0790 61	-0.13818 0.2882 61	-0.07911 0.5445 61	-0.08611 0.5094 61	-0.20206 0.1184 61
Family/marital problems	0.02236 0.8642 61	0.05268 0.6868 61	0.05288 0.6857 61	-0.00482 0.9706 61	-0.16473 0.2046 61	-0.08148 0.5325 61	-0.02024 0.8770 61	-0.05739 0.6604 61	-0.15670 0.2278 61	-0.16685 0.1987 61	-0.06267 0.6313 61
Emotional/ psychological problems	-0.03068 0.8144 61	0.05309 0.6845 61	0.04051 0.7566 61	-0.13991 0.2822 61	-0.17058 0.1887 61	-0.09514 0.4658 61	-0.03862 0.7676 61	-0.06923 0.5960 61	-0.16917 0.1925 61	-0.08050 0.5374 61	-0.08881 0.4961 61
Career problems	-0.08246 0.5275 61	0.12747 0.3276 61	-0.08205 0.5296 61	-0.05981 0.6470 61	-0.09705 0.4568 61	-0.06628 0.6118 61	-0.05650 0.6654 61	-0.11317 0.3852 61	0.00445 0.9729 61	-0.09101 0.4854 61	-0.07217 0.5804 61
Alcohol problems	-0.09193 0.4810 61	0.00048 0.9970 61	-0.00816 0.9503 61	-0.00386 0.9764 61	-0.06012 0.6454 61	-0.00480 0.9707 61	-0.07677 0.5565 61	-0.02336 0.8582 61	0.06413 0.6234 61	0.05995 0.6463 61	-0.02645 0.8396 61
Drug problems	0.17335 0.1815 61	0.10363 0.4268 61	0.17542 0.1763 61	0.09364 0.4729 61	-0.04927 0.7061 61	0.04126 0.7522 61	0.04749 0.7163 61	0.06308 0.6291 61	-0.02501 0.8482 61	0.15217 0.2417 61	0.11026 0.3976 61

Dependent Variable	Propensity to self-refer for:							Propensity to act upon:			
	Alcohol problems	Career problems	Drug problems	Emotional/ psychological problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems	Supervisor referral	Peer/ co-worker referral	Overall propensity to use EAP
Severity of:											
Physical health problems	-0.08759 0.5021 61	-0.18048 0.1640 61	-0.06450 0.6214 61	-0.14194 0.2752 61	-0.22678 0.0788 61	-0.25524 0.0471 61	-0.28013 0.0288 61	-0.29736 0.0199 61	-0.14945 0.2503 61	-0.36929 0.0034 61	-0.27954 0.0291 61
Financial problems	-0.11275 0.3869 61	-0.08849 0.4977 61	-0.11505 0.3773 61	-0.12083 0.3536 61	-0.23680 0.0661 61	-0.16544 0.2026 61	-0.20019 0.1219 61	-0.25402 0.0482 61	-0.04797 0.7135 61	-0.23653 0.0665 61	-0.22061 0.0875 61
Legal problems	-0.08780 0.5010 61	-0.06859 0.5994 61	-0.13998 0.2819 61	-0.18173 0.1610 61	0.00227 0.9861 61	-0.21469 0.0966 61	-0.19702 0.1280 61	-0.12097 0.3530 61	-0.07680 0.5563 61	-0.19715 0.1278 61	-0.17452 0.1786 61
Family/ marital problems	0.03347 0.7979 61	-0.11457 0.3793 61	0.07610 0.5599 61	-0.00082 0.9950 61	-0.25081 0.0512 61	-0.17040 0.1892 61	-0.16925 0.1922 61	-0.22980 0.0748 61	-0.15543 0.2317 61	-0.21049 0.1035 61	-0.15896 0.2211 61
Emotional/ psychological problems	-0.13363 0.3045 61	-0.10157 0.4360 61	-0.11237 0.3885 61	-0.16297 0.2095 61	-0.08264 0.5266 61	-0.12478 0.3380 61	-0.09379 0.4722 61	-0.17205 0.1849 61	-0.16583 0.2015 61	-0.13719 0.2917 61	-0.17229 0.1843 61
Career problems	-0.08359 0.5219 61	-0.15087 0.2458 61	-0.08081 0.5358 61	-0.05769 0.6588 61	-0.11710 0.3688 61	-0.17498 0.1774 61	-0.16067 0.2161 61	-0.28052 0.0285 61	-0.10726 0.4106 61	-0.29609 0.0205 61	-0.20507 0.1129 61
Alcohol problems	-0.01988 0.8791 61	-0.09637 0.4600 61	-0.02204 0.8661 61	-0.01515 0.9078 61	-0.08585 0.5107 61	-0.01060 0.9354 61	-0.03291 0.8012 61	-0.07264 0.5780 61	0.06184 0.6359 61	-0.06197 0.6352 61	-0.05530 0.6721 61
Drug problems	0.00335 0.9795 61	-0.01170 0.9287 61	0.06040 0.6438 61	-0.01016 0.9380 61	-0.10071 0.4399 61	-0.00569 0.9653 61	0.01046 0.9363 61	-0.06152 0.6377 61	-0.10683 0.4125 61	0.10995 0.3989 61	-0.01245 0.9241 61
Other problems	-0.16429 0.2058 61	-0.17478 0.1779 61	-0.03776 0.7726 61	-0.18276 0.1586 61	-0.25616 0.0463 61	-0.09283 0.4767 61	-0.07463 0.5676 61	-0.13322 0.3061 61	-0.13196 0.3107 61	-0.09432 0.4697 61	-0.18597 0.1513 61

Dependent Variable	Propensity to self-refer for:							Propensity to act upon:			Overall propensity to use EAP
	Alcohol problems	Career problems	Drug problems	Emotional/ psychological problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems	Supervisor referral	Peer/ co-worker referral	
Previous use of EAP services	0.04754	0.06159	0.06432	0.11225	0.14495	0.20758	0.14129	0.18726	0.06322	0.00894	0.14572
	0.7207	0.6431	0.6284	0.3973	0.2733	0.1147	0.2858	0.1555	0.6343	0.9464	0.2708
	59	59	59	59	59	59	59	59	59	59	59
Problem attribution	0.05664	0.10658	0.10074	0.04524	0.04251	-0.02424	0.04273	0.05788	0.02821	0.10069	0.07737
	0.6646	0.4136	0.4398	0.7292	0.7450	0.8529	0.7437	0.6577	0.8292	0.4400	0.5534
	61	61	61	61	61	61	61	61	61	61	61

Note. a=Correlation Coefficient b=P Value c=Number of Respondents

and problem attribution were not significantly related to any of the dependent variables.

Results from the stepwise regression procedure for the social-psychological domain (see Table E-8) indicate that employees who had problems other than the categories provided were not likely to self-refer to the EAP for family/marital problems ($R^2=.07$). Perceived severity of health problems was significant in predicting the propensity to self-refer for legal ($R^2=.08$) and physical health ($R^2=.09$) problems. Employees who perceived their health problems to be in need of professional attention were not likely to utilize the EAP for legal and physical health problems. No other social-psychological variables contributed significantly to the prediction of propensity to self-refer for problems. Likewise, none of these variables were significant in predicting the propensity to act upon supervisor referrals. However, recognition of financial problems was highly significant ($p<.01$) in predicting propensity to act upon peer/co-worker referrals ($R^2=.16$). Employees who believed they had financial problems were not likely to utilize the EAP if referred by a peer/co-worker. Regarding overall propensity, perceived severity of health problems was a significant predictor ($R^2=.08$). Employees with health problems that were perceived as serious were not likely to utilize the EAP.

Table E-8

Results of Stepwise Regression Procedure for Social-Psychological Domain (Model 2) (Pilot Study)

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R²
Propensity to self refer for:						
Alcohol problems	—	—	—	—	—	—
Career problems	—	—	—	—	—	—
Drug problems	—	—	—	—	—	—
Emotional/ psychological problems	—	—	—	—	—	—
Family/marital problems	Other problems	2.87	-0.85	4.04	0.05	0.07
Financial problems	—	—	—	—	—	—
Legal problems	Perceived severity of health problems	2.73	-0.21	5.29	0.03	0.08
Physical health problems	Perceived severity of health problems	2.71	-0.21	5.36	0.24	0.09
Propensity to act upon:						
Supervisor referral	—	—	—	—	—	—
Peer/co-worker referral	Recognition of career problems	2.68	-0.26	11.01	<.01	0.16
Overall propensity to use EAP services	Perceived severity of health problems	2.61	-0.15	4.88	0.03	0.08

p<.05

Socio-cultural Domain

The mean scores for the socio-cultural variables (see Table E-2) indicate that employees perceived their friend (M=14.37) and family (M=14.90) networks to be supportive. A t-test procedure revealed that there was no significant difference in the amount of perceived social support from family and from friend networks for females and males, blacks and whites. Regarding network size, employee's family (M=2.55) and friend (M=2.60) networks consisted of several members. The family networks were indicated as complex (i.e., members communicate with each other) by 82% of the respondents. However, only 52.5% of the respondents reported that their friend networks were complex (i.e., members knew each other).

Pearson correlation coefficients for the dependent and socio-cultural variables (see Table E-9) reveal that perceived social support from friends and from family were significantly correlated with propensity to act upon peer/co-worker referrals (r=-.42, r=-.28 respectively) and overall propensity to utilize EAP services (r=-.33, r=-.28 respectively). Employees who perceived their friend and family networks to be supportive, were not likely to utilize their EAP if referred by a peer/co-worker or to utilize the EAP in general. Size of friend network was significantly related to propensity to self-refer for legal problems (r=.25, p=.05). Individuals with small

Table E-9

Pearson Correlation Coefficients for the Dependent and Socio-Cultural Variables

Dependent Variables	Social Support: Friend	Social Support: Family	Friend Network: Size	Friend Network: Complexity	Family Network: Size	Family Network: Complexity
Propensity to self-refer for:						
Alcohol problems	a -0.09479 b 0.4674 c 61	-0.19295 0.1363 61	-0.02926 0.8229 61	0.10243 0.4322 61	0.16741 0.1972 61	0.08749 0.5026 61
Career problems	-0.37376 0.0030 61	-0.22725 0.0782 61	0.17801 0.1699 61	0.11305 0.3857 61	-0.01922 0.8831 61	0.04533 0.7286 61
Drug problems	-0.05820 0.6559 61	-0.21689 0.0932 61	-0.06671 0.6095 61	0.02034 0.8763 61	0.15261 0.2403 61	-0.00414 0.9747 61
Emotional/ psychological problems	-0.17838 0.1690 61	-0.24656 0.0554 61	-0.09723 0.4560 61	0.08256 0.5270 61	0.18172 0.1610 61	0.02197 0.8665 61
Family/ marital problems	-0.24935 0.0526 61	-0.16264 0.2104 61	0.04983 0.7029 61	0.09539 0.4646 61	0.12886 0.3223 61	0.06949 0.5946 61
Financial problems	-0.25170 0.0504 61	-0.13697 0.2925 61	0.18716 0.1487 61	0.23063 0.0737 61	0.06962 0.5940 61	-0.12711 0.3290 61
Legal problems	-0.39144 0.0018 61	-0.18835 0.1460 61	0.25305 0.0491 61	0.24361 0.0585 61	0.18726 0.1484 61	-0.05543 0.6714 61
Physical health problems	-0.21121 0.1023 61	-0.10795 0.4076 61	0.19923 0.1237 61	0.10318 0.4288 61	0.11492 0.3778 61	-0.09234 0.4791 61
Propensity to act upon:						
Supervisor referral	-0.23004 0.0745 61	-0.16294 0.2096 61	-0.05988 0.6467 61	-0.01612 0.0919 61	0.01770 0.8923 61	-0.21410 0.0975 61
Peer/ co-worker referral	-0.42256 0.0007 61	-0.38118 0.0024 61	0.13954 0.2835 61	-0.00093 0.9943 61	0.18661 0.1499 61	0.02122 0.8710 61
Overall propensity to use EAP	-0.33343 0.0086 61	-0.27509 0.0319 61	0.10954 0.4007 61	0.14139 0.2771 61	0.16595 0.2012 61	-0.02030 0.8766 61

Note. a=Correlation Coefficient   b=P Value   c=Number of Respondents

friend networks were less likely to utilize EAP services

for legal problems than individuals with large friend

networks. No significant correlations were present for

network complexity and any of the dependent variables.

The stepwise regression procedure for the socio-

cultural domain (see Table E-10) indicate that only

perceived social support from friends was significant in

predicting any of the dependent variables. Specifically,

individuals who perceived less social support from friends

were likely to self-refer for career ($R^2=.14$) and legal

($R^2=.15$) problems; to act upon peer/co-worker referral

($R^2=.18$): and overall to utilize EAP services ($R^2=.11$).

Organizational Domain

Frequency distributions (see Table E-11) and mean

scores (see Table E-2) of the organizational variables

indicated that employees believed their EAP was somewhat

helpful, yet somewhat inconvenient, did not know the cost

of EAP services, perceived no negative sanctions regarding

use of the EAP, and had knowledge of the types of EAP

services their company provided. Also, employees believed

the EAP was begun for positive reasons and perceived that

their supervisors believed the EAP to be somewhat helpful

for specific problems and somewhat helpful overall.

Regarding confidentiality, employees believed that use of

the EAP was kept confidential by the EAP staff, was not

kept confidential by the referring supervisor, and were

Table E-10

Results of Stepwise Regression Procedure for Model 5

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R^2
Propensity to self refer for:						
Alcohol problems	—	—	—	—	—	—
Career problems	Perceived social support of friends	4.34	-0.12	9.58	<.01	0.14
Drug problems	—	—	—	—	—	—
Emotional/psychological problems	—	—	—	—	—	—
Family/marital problems	—	—	—	—	—	—
Financial problems	—	—	—	—	—	—
Legal problems	Perceived social support of friends	4.12	-0.12	10.68	<.01	0.15
Physical health problems	—	—	—	—	—	—
Propensity to act upon:						
Supervisor referral	—	—	—	—	—	—
Peer/co-worker referral	Perceived social support of friends	3.92	-0.11	12.83	<.01	0.18
Overall propensity to use EAP services	Perceived support of friends	3.44	-0.07	7.38	0.01	0.11

p<.05

Table E-11

Frequency and Percentage of the Categorical Organizational

Variables

Variable	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Knowledge of EAP services for:				
Alcohol problems				
YES	56	91.8	56	91.8
NO	5	8.2	61	100.0
Career problems				
YES	56	91.8	56	91.8
NO	5	8.2	61	100.0
Drug problems				
YES	57	93.4	57	93.4
NO	4	6.6	61	100.0
Emotional/psychological problems				
YES	54	88.5	54	88.5
NO	7	11.5	61	100.0
Family/marital problems				
YES	51	83.6	51	83.6
NO	10	16.4	61	100.0
Financial problems				
YES	38	62.3	38	62.3
NO	23	37.7	61	100.0

(table continues)

Variable	Frequency	Percent	Cumulative Frequency	Cumulative Percent

Legal problems

YES	32	52.5	32	52.5
NO	29	47.5	61	100.0

Physical health problems

YES	38	62.3	38	62.3
NO	23	37.7	61	100.0

Overall cost of EAP services

YES	2	3.3	2	3.3
NO	38	62.3	40	65.6
NOT SURE	21	34.4	61	100.0

Confidentiality of EAP staff

YES	34	55.7	34	55.7
NO	24	39.3	58	95.1
NOT SURE	3	4.9	61	100.0

Confidentiality of referring supervisor

YES	19	31.1	19	31.1
NO	35	57.4	54	88.5
NOT SURE	7	11.5	61	100.0

Confidentiality of employee's company

YES	28	45.9	28	45.9
NO	29	47.5	57	93.4
NOT SURE	4	6.6	61	100.0

evenly split between their belief in the company's
assurance of privacy of EAP use.

Pearson correlation coefficients for the dependent
and organizational variables (see Table E-12) reveal
significant relationships across all variables.
Specifically, employees were likely to utilize EAP services
if they (a) believed that their supervisor endorsed the
EAP; (b) had knowledge of EAP procedures, services, and why
the EAP began; (c) believed the EAP was helpful and
convenient; (d) believed confidentiality was assured by the
EAP staff, referring supervisor, and employing company; and
(e) believed no negative sanctions would be imposed for
using EAP services. Overall the strongest relationships
were found between the dependent variables and helpfulness
of the EAP, employees perceptions regarding their
supervisor's attitude toward the EAP, and confidentiality
of the EAP.

Table E-13 presents the results of the stepwise
regression procedure for the organizational domain.
Confidentiality of use of EAP services, knowledge of
services provided by EAP, perception of supervisors'
attitude toward EAP, knowledge of why company began EAP,
and cost of EAP services were significant at the .05 level
in predicting propensity of employees to self-refer for
alcohol problems $(R^2=.64)$. Perception of supervisor's
attitude toward helpfulness of EAP and confidentiality of

Table E-12

Pearson Correlation Coefficients for Dependent and Organizational

Variables

		Supervisor's Attitude Toward:								
Dependent Variable	Helpfulness of EAP	Alcohol services	Career services	Drug services	Emotional/ psycho- logical services	Family/ marital services	Finan- cial services	Legal services	Physical health services	Referring employees
Propensity to self-refer for:										
Alcohol problems	[a] 0.16737 [b] 0.1973 [c] 61	0.14395 0.2684 61	-0.03680 0.7783 61	0.21974 0.0888 61	0.13327 0.3059 61	0.19043 0.1416 61	-0.05594 0.6685 61	-0.01269 0.9227 61	0.05094 0.6966 61	-0.02625 0.8435 59
Career problems	0.33512 0.0083 61	0.35373 0.0052 61	0.36100 0.0043 61	0.28215 0.0276 61	0.34092 0.0072 61	0.25563 0.0468 61	0.25145 0.0506 61	0.30426 0.0171 61	0.33487 0.0083 61	-0.01205 0.9278 59
Drug problems	0.14612 0.2612 61	0.10629 0.4149 61	-0.06689 0.6085 61	0.21000 0.1043 61	0.03776 0.7727 61	0.22142 0.0864 61	-0.06155 0.6375 61	-0.04630 0.7231 61	0.00544 0.9668 61	-0.06635 0.6176 59
Emotional/ psychological problems	0.22068 0.0874 61	0.17981 0.1656 61	-0.01189 0.9275 61	0.20727 0.1090 61	0.18492 0.1537 61	0.20329 0.1161 61	0.05016 0.7011 61	0.09979 0.4441 61	0.15259 0.2404 61	-0.17831 0.1766 59
Family/ marital problems	0.28236 0.0275 61	0.31247 0.0142 61	0.14498 0.2649 61	0.23792 0.0648 61	0.34539 0.0064 61	0.31331 0.0139 61	0.15501 0.2329 61	0.21015 0.1040 61	0.21994 0.0885 61	-0.07439 0.5755 59
Financial problems	0.34052 0.0072 61	0.26811 0.0367 61	0.29586 0.0206 61	0.20462 0.1137 61	0.28628 0.0253 61	0.21616 0.0943 61	0.29061 0.0231 61	0.31528 0.0133 61	0.30745 0.0159 61	-0.09075 0.4942 59
Legal problems	0.33073 0.0092 61	0.17952 0.1662 61	0.18685 0.1493 61	0.08627 0.5085 61	0.22920 0.0756 61	0.10904 0.4029 61	0.22478 0.0816 61	0.24437 0.0577 61	0.24499 0.0570 61	-0.12024 0.3644 59
Physical health problems	0.44493 0.0003 61	0.29575 0.0207 61	0.31717 0.0128 61	0.23360 0.0700 61	0.29665 0.0203 61	0.24987 0.0521 61	0.15302 0.2391 61	0.20183 0.1188 61	0.21968 0.0889 61	-0.28783 0.0271 59
Propensity to act upon:										
Supervisor referral	0.30302 0.0176 61	0.34545 0.0064 61	0.30232 0.0179 61	0.35429 0.0051 61	0.35034 0.0056 61	0.27317 0.0332 61	0.20741 0.1087 61	0.23685 0.0661 61	0.20473 0.1135 61	-0.19937 0.1301 59
Peer/ co-worker referral	0.28196 0.0277 61	0.14986 0.2490 61	0.11669 0.3705 61	0.08771 0.5015 61	0.20486 0.1132 61	0.16790 0.1959 61	0.03403 0.7946 61	0.04603 0.7246 61	0.10155 0.4361 61	-0.13326 0.3143 59
Overall propensity to use EAP	0.38763 0.0020 61	0.31462 0.0135 61	0.21178 0.1013 61	0.28434 0.0264 61	0.32382 0.0109 61	0.29940 0.0191 61	0.16711 0.1980 61	0.21616 0.0943 61	0.25241 0.0497 61	-0.01902 0.8863 59

(table continues)

Dependent Variable	Convenience of EAP	Confidentiality of: EAP staff	Confidentiality of: Referring supervisor	Confidentiality of: Employee's company	Perceived sanctions: Affect career	Perceived sanctions: Lose respect	Perceived sanctions: Help job	Why company began EAP: Help keep job	Why company began EAP: Eye on employees	Why company began EAP: Help select employees
Propensity to self-refer for:										
Alcohol problems	-0.08058 / 0.5370 / 61	0.38548 / 0.0022 / 61	0.28679 / 0.0250 / 61	0.44742 / 0.0003 / 61	0.38179 / 0.0024 / 61	0.13014 / 0.3175 / 61	-0.29766 / 0.0198 / 61	-0.25027 / 0.0538 / 60	0.25572 / 0.0527 / 58	0.25952 / 0.0534 / 56
Career problems	0.24103 / 0.0613 / 61	0.27992 / 0.0289 / 61	0.33567 / 0.0082 / 61	0.38319 / 0.0023 / 61	0.22475 / 0.0816 / 61	0.04955 / 0.7045 / 61	-0.22712 / 0.0784 / 61	-0.18373 / 0.1600 / 60	-0.02976 / 0.8245 / 58	-0.19825 / 0.1430 / 56
Drug problems	-0.14146 / 0.2768 / 61	0.37631 / 0.0028 / 61	0.28668 / 0.0251 / 61	0.38716 / 0.0021 / 61	0.39260 / 0.0018 / 61	0.15696 / 0.2270 / 61	-0.29199 / 0.0224 / 61	-0.23938 / 0.0655 / 60	0.24777 / 0.0608 / 58	0.26242 / 0.0507 / 56
Emotional/ psychological problems	-0.04589 / 0.7255 / 61	0.39054 / 0.0019 / 61	0.27364 / 0.0328 / 61	0.43921 / 0.0004 / 61	0.47959 / 0.0001 / 61	0.18889 / 0.1449 / 61	-0.32083 / 0.0117 / 61	-0.32305 / 0.0118 / 60	0.26705 / 0.0427 / 58	0.28697 / 0.0320 / 56
Family/marital problems	0.06589 / 0.6139 / 61	0.43242 / 0.0005 / 61	0.37423 / 0.0030 / 61	0.33517 / 0.0083 / 61	0.44105 / 0.0004 / 61	0.05870 / 0.6532 / 61	-0.42955 / 0.0006 / 61	-0.29568 / 0.0218 / 60	0.22949 / 0.0831 / 58	0.15895 / 0.2420 / 56
Financial problems	0.19705 / 0.1280 / 61	0.39341 / 0.0017 / 61	0.34756 / 0.0061 / 61	0.38614 / 0.0021 / 61	0.41388 / 0.0009 / 61	0.19217 / 0.1379 / 61	-0.37763 / 0.0027 / 61	-0.29157 / 0.0238 / 60	0.14149 / 0.2894 / 58	0.13064 / 0.3372 / 56
Legal problems	0.13500 / 0.2996 / 61	0.41088 / 0.0010 / 61	0.32671 / 0.0102 / 61	0.39910 / 0.0014 / 61	0.52371 / 0.0001 / 61	0.34156 / 0.0071 / 61	-0.33795 / 0.0077 / 61	-0.27444 / 0.0338 / 60	0.13308 / 0.3193 / 58	0.01588 / 0.9075 / 56
Physical health problems	0.26459 / 0.0393 / 61	0.35062 / 0.0056 / 61	0.30437 / 0.0171 / 61	0.35863 / 0.0045 / 61	0.31947 / 0.0121 / 61	0.21844 / 0.0908 / 61	-0.37281 / 0.0031 / 61	-0.18846 / 0.1493 / 60	0.01466 / 0.9130 / 58	0.08715 / 0.5230 / 56
Propensity to act upon:										
Supervisor referral	0.16109 / 0.2149 / 61	0.31057 / 0.0149 / 61	0.29090 / 0.0229 / 61	0.22861 / 0.0764 / 61	0.24794 / 0.0540 / 61	0.07332 / 0.5744 / 61	-0.26793 / 0.0368 / 61	-0.30330 / 0.0185 / 60	0.17461 / 0.1899 / 58	-0.00332 / 0.9806 / 56
Peer/co-worker referral	0.12712 / 0.3289 / 61	0.11217 / 0.3894 / 61	0.03969 / 0.7614 / 61	0.17479 / 0.1779 / 61	0.44129 / 0.0004 / 61	0.37966 / 0.0025 / 61	-0.23986 / 0.0626 / 61	-0.13133 / 0.3172 / 60	-0.03084 / 0.8182 / 58	0.04245 / 0.7560 / 56
Overall propensity to use EAP	0.12083 / 0.3536 / 61	0.47642 / 0.0001 / 61	0.39666 / 0.0016 / 61	0.49438 / 0.0001 / 61	0.53386 / 0.0001 / 61	0.24366 / 0.0585 / 61	-0.43626 / 0.0004 / 61	-0.34529 / 0.0069 / 60	0.18829 / 0.1569 / 58	0.14900 / 0.2731 / 56

Knowledge of EAP Services for:

Dependent Variable	Procedures	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems
Propensity to self-refer for:									
Alcohol problems	-0.01835 0.8884 61	0.33739 0.0078 61	0.02757 0.8329 61	0.05387 0.6801 61	0.02560 0.8447 61	-0.09032 0.4888 61	0.05175 0.6921 61	0.05380 0.6805 61	0.20205 0.1184 61
Career problems	0.17330 0.1817 61	-0.08218 0.5289 61	0.04420 0.7352 61	-0.25026 0.0517 61	0.03150 0.8095 61	0.15914 0.2205 61	0.12939 0.3203 61	0.15933 0.2200 61	0.17708 0.1722 61
Drug problems	0.01412 0.9140 61	0.40807 0.0011 61	0.09802 0.4523 61	0.13599 0.2960 61	0.04187 0.7487 61	-0.05165 0.6926 61	-0.02055 0.8751 61	-0.05265 0.6870 61	0.12987 0.3185 61
Emotional/ psychological problems	0.19481 0.1324 61	0.31893 0.0122 61	0.09531 0.4650 61	0.03494 0.7892 61	0.15334 0.2381 61	0.04183 0.7489 61	0.17222 0.1845 61	0.13169 0.3117 61	0.27347 0.0330 61
Family/marital problems	0.35716 0.0047 61	0.25199 0.0501 61	0.21044 0.1035 61	0.13132 0.3131 61	0.26787 0.0369 61	0.25029 0.0517 61	0.11526 0.3764 61	0.14103 0.2783 61	0.20931 0.1055 61
Financial problems	0.16565 0.2020 61	-0.03179 0.8079 61	0.10349 0.4274 61	-0.15810 0.2236 61	-0.03054 0.8153 61	0.15336 0.2380 61	0.09079 0.4865 61	0.00771 0.9529 61	0.09079 0.4865 61
Legal problems	0.05018 0.7010 61	0.03997 0.7597 61	0.13199 0.3106 61	-0.13791 0.2892 61	0.00065 0.9960 61	-0.04303 0.7419 61	-0.02092 0.8729 61	0.01616 0.9016 61	0.08325 0.5236 61
Physical health problems	0.02072 0.8741 61	0.08061 0.5369 61	0.12572 0.3343 61	-0.08851 0.4976 61	0.11266 0.3873 61	-0.01425 0.9132 61	-0.00460 0.9719 61	0.07840 0.5481 61	0.14860 0.2531 61
Propensity to act upon:									
Supervisor referral	0.21532 0.0956 61	0.15204 0.2421 61	0.15204 0.2421 61	-0.06355 0.6266 61	0.00115 0.9930 61	0.16502 0.2037 61	0.14720 0.2576 61	0.25200 0.0501 61	0.19324 0.1357 61
Peer/co-worker referral	-0.03703 0.7770 61	0.23028 0.0742 61	0.17845 0.1688 61	0.10076 0.4397 61	0.12579 0.3340 61	-0.04282 0.7432 61	0.08321 0.5238 61	0.22685 0.0787 61	0.14189 0.2754 61
Overall propensity to use EAP	0.15450 0.2345 61	0.23273 0.0711 61	0.15589 0.2303 61	-0.03211 0.8060 61	0.10517 0.4199 61	0.06969 0.5935 61	0.09780 0.4533 61	0.12732 0.3282 61	0.22466 0.0817 61

	Helpfulness of EAP for:								
Dependent Variable	Overall helpfulness	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Finan- cial problems	Legal problems	Physical health problems

Propensity to self-refer for:

Dependent Variable	Overall helpfulness	Alcohol problems	Career problems	Drug problems	Emotional/ psychological problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems
Alcohol problems	0.30978 0.0151 61	0.19320 0.1391 60	0.02462 0.8506 61	0.15379 0.2407 60	0.20319 0.1163 61	0.09946 0.4496 60	0.07676 0.5599 60	0.10646 0.4182 60	0.08206 0.5331 60
Career problems	0.28985 0.0235 61	0.17075 0.1921 60	0.32000 0.0119 61	0.14735 0.2612 60	0.25667 0.0459 61	0.21046 0.1065 60	0.31296 0.0149 60	0.34390 0.0071 60	0.38859 0.0022 60
Drug problems	0.24009 0.0624 61	0.22922 0.0781 60	0.02174 0.8679 61	0.19378 0.1379 60	0.21085 0.1029 61	0.10710 0.4154 60	0.01648 0.9005 60	0.04720 0.7202 60	0.00298 0.9820 60
Emotional/ psychological problems	0.40327 0.0013 61	0.34031 0.0078 60	0.15761 0.2251 61	0.30000 0.0199 60	0.35649 0.0048 61	0.25272 0.0514 60	0.16723 0.2016 60	0.19916 0.1271 60	0.15022 0.2519 60
Family/ marital problems	0.28537 0.0258 61	0.39982 0.0016 60	0.26735 0.0373 61	0.42734 0.0007 60	0.46348 0.0002 61	0.42632 0.0007 60	0.28322 0.0283 60	0.31647 0.0138 60	0.26725 0.0390 60
Financial problems	0.33317 0.0087 61	0.33125 0.0097 60	0.29121 0.0228 61	0.29192 0.0236 60	0.38975 0.0019 61	0.36225 0.0045 60	0.17825 0.1730 60	0.20998 0.1073 60	0.21135 0.1050 60
Legal problems	0.42300 0.0007 61	0.41544 0.0010 60	0.29178 0.0225 61	0.38373 0.0025 60	0.43501 0.0005 61	0.37831 0.0029 60	0.24664 0.0575 60	0.27746 0.0318 60	0.27707 0.0321 60
Physical health problems	0.41725 0.0008 61	0.41315 0.0010 60	0.25896 0.0439 61	0.37429 0.0032 60	0.41832 0.0008 61	0.39756 0.0017 60	0.27420 0.0340 60	0.30481 0.0179 60	0.31078 0.0157 60

Propensity to act upon:

Dependent Variable	Overall helpfulness	Alcohol problems	Career problems	Drug problems	Emotional/ psychological problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems
Supervisor referral	0.41872 0.0008 61	0.33523 0.0088 60	0.30470 0.0170 61	0.31976 0.0128 60	0.34263 0.0069 61	0.30333 0.0185 60	0.29483 0.0222 60	0.32111 0.0124 60	0.24697 0.0571 60
Peer/ co-worker referral	0.36910 0.0034 61	0.20733 0.1120 60	0.11634 0.3719 61	0.18047 0.1676 60	0.19643 0.1292 61	0.18108 0.1662 60	0.18959 0.1468 60	0.22114 0.0895 60	0.11534 0.3802 60
Overall propensity to use EAP	0.46928 0.0001 61	0.41465 0.0010 60	0.27620 0.0312 61	0.37852 0.0029 60	0.44789 0.0003 61	0.37208 0.0034 60	0.27511 0.0334 60	0.31755 0.0134 60	0.28165 0.0292 60

(table continues)

Dependent Variable	Cost of EAP services for:								
	Alcohol problems	Career problems	Drug problems	Emotional psycho-logical problems	Family/ marital problems	Finan-cial problems	Legal problems	Physical health problems	Overall cost
Propensity to self-refer for:									
Alcohol problems	0.24960 0.0524 61	0.28384 0.0266 61	0.24960 0.0524 61	0.28848 0.0242 61	0.25482 0.0475 61	0.20345 0.1158 61	0.24960 0.0524 61	0.24960 0.0524 61	-0.20724 0.1090 61
Career problems	0.24954 0.0524 61	0.28489 0.0261 61	0.24954 0.0524 61	0.23837 0.0643 61	0.20200 0.1185 61	0.20147 0.1195 61	0.24954 0.0524 61	0.24954 0.0524 61	-0.00465 0.9716 61
Drug problems	0.20934 0.1054 61	0.24738 0.0546 61	0.20934 0.1054 61	0.25546 0.0469 61	0.21834 0.0909 61	0.15455 0.2343 61	0.20934 0.1054 61	0.20934 0.1054 61	-0.10539 0.4189 61
Emotional/ psychological problems	0.27612 0.0312 61	0.31278 0.0141 61	0.27612 0.0312 61	0.34790 0.0060 61	0.31278 0.0141 61	0.22716 0.0783 61	0.27612 0.0312 61	0.27612 0.0312 61	-0.16000 0.2180 61
Family/ marital problems	0.30459 0.0170 61	0.34280 0.0068 61	0.30459 0.0170 61	0.37944 0.0026 61	0.34280 0.0068 61	0.25445 0.0478 61	0.30459 0.0170 61	0.30459 0.0170 61	-0.23583 0.0673 61
Financial problems	0.25504 0.0473 61	0.29184 0.0225 61	0.25504 0.0473 61	0.29837 0.0195 61	0.26227 0.0412 61	0.20476 0.1134 61	0.25504 0.0473 61	0.25504 0.0473 61	-0.12339 0.3435 61
Legal problems	0.23154 0.0726 61	0.26662 0.0378 61	0.23154 0.0726 61	0.27088 0.0347 61	0.23644 0.0666 61	0.18302 0.1580 61	0.23154 0.0726 61	0.23154 0.0726 61	-0.14544 0.2634 61
Physical health problems	0.24637 0.0556 61	0.28058 0.0285 61	0.24637 0.0556 61	0.28464 0.0262 61	0.25099 0.0510 61	0.20011 0.1220 61	0.24637 0.0556 61	0.24637 0.0556 61	-0.19666 0.1287 61
Propensity to act upon:									
Supervisor referral	0.02264 0.8625 61	0.04461 0.7328 61	0.02264 0.8625 61	0.06527 0.6172 61	0.04461 0.7328 61	-0.01409 0.9142 61	0.02264 0.8625 61	0.02264 0.8625 61	-0.00415 0.9747 61
Peer/co-worker referral	0.22855 0.0765 61	0.19728 0.1275 61	0.22855 0.0765 61	0.20147 0.1195 61	0.23128 0.0729 61	0.17702 0.1723 61	0.22855 0.0765 61	0.22855 0.0765 61	-0.07841 0.5481 61
Overall propensity to use EAP	0.32422 0.0108 61	0.36402 0.0039 61	0.32422 0.0108 61	0.37370 0.0030 61	0.33462 0.0084 61	0.25786 0.0448 61	0.32422 0.0108 61	0.32422 0.0108 61	-0.18088 0.1630 61

Note. a=Correlation Coefficient b=P Value c=Number of Respondents

Table E-13

Results of Stepwise Regression Procedure for Organizational Domain (Model 4) (Pilot Study)

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R^2
Propensity to self-refer for:						
Alcohol problems	Privacy of EAP use		1.10	13.81	<.01	
	Knowledge of services provided by EAP (alcohol)		2.16	8.15	0.01	
	Perception of supervisor's attitude toward helpfulness of EAP with drug problems		0.74	7.79	0.01	
	Perception of supervisor's helpfulness of EAP with financial problems	-2.49	-0.66	8.89	<.01	
	Cost of EAP services (emotional/ psychological)		0.40	4.74	0.03	
	Knowledge of why company began EAP		0.32	5.07	0.03	
	Knowledge of services provided by EAP (career)		-1.22	4.97	0.03	0.64
Career problems	Perception of supervisor's attitude toward helpfulness of EAP with career problems	0.02	0.68	11.42	<0.01	
	Privacy of EAP use		0.64	4.57	0.04	0.25

(table continues)

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R2
Drug problems	Perception of supervisor's attitude toward helpfulness of EAP with drug problems		1.28	5.46	0.02	
	Knowledge of services provided by EAP (alcohol)		2.34	7.92	0.01	
	Perception of supervisor's attitude toward helpfulness of EAP (emotional/ psychological)	-2.90	-1.03	6.40	0.01	
	Privacy of EAP use		1.09	9.73	<.01	
	Knowledge of why company began EAP		0.40	4.08	0.05	
	Cost of EAP services (emotional/ psychological)		0.38	4.93	0.03	
	Perception of supervisor's attitude toward helpfulness of EAP with financial problems		-0.52	4.91	0.32	
	Helpfulness of EAP services (alcohol)	-2.90	0.22	7.01	0.01	
	Knowledge of EAP services (emotional/ psychological)		-0.94	5.58	0.02	0.71

(table continues)

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R2
Emotional/ psychological problems	Use of EAP negatively affecting career		0.47	19.37	<.01	
	Helpfulness of EAP services (alcohol)		0.51	10.08	<.01	
	Privacy of EAP use	−2.09	0.73	6.64	0.01	
	Helpfulness of EAP career services		−0.37	7.61	0.01	
	Cost of emotional/ psychological services		0.42	5.36	0.03	
	Knowledge of why company began EAP		0.38	8.05	0.01	0.65
Family/marital problems	Helpfulness of EAP emotional/ psychological services		0.39	16.91	<.01	
	Use of EAP help employee continue to work with company		−0.65	14.79	<.01	
	Knowledge of services provided by EAP (career)	−1.46	1.09	5.83	0.02	
	Knowledge of why company began EAP		0.49	5.63	0.02	
	Cost of EAP alcohol services		0.46	7.21	0.01	
	Confidentiality of EAP staff		0.55	4.73	0.03	0.70

(table continues)

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R²
Financial problems	Perception of supervisor's attitude helpfulness of EAP Services (career)		0.47	4.16	0.47	
	Use of EAP helps employee continue to work with company	3.93	-0.66	4.26	0.04	
	Use of EAP negatively affects career		0.50	4.37	0.04	
	Knowledge of services provided by EAP (alcohol)	3.93	-1.49	4.08	0.05	0.36
Legal problems	Use of EAP negatively affect career		0.75	14.95	<.01	
	Helpfulness of EAP services (alcohol)	0.31	0.26	9.76	<.01	0.35
Physical health problems	Perception of supervisor's attitude toward overall helpfulness of EAP	0.49	0.61	15.74	<.01	0.24

Propensity to act upon:

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R²
Supervisor's referral	Attitude toward helpfulness of EAP services (emotional/psychological)		0.41	15.50	<.01	
	Knowledge of why company began EAP	1.15	-0.23	5.12	0.03	0.30

Propensity to act upon:

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R²
Peer/co-worker referral	Overall helpfulness of EAP		0.27	12.14	<.01	
	Use of EAP causes employee to lose respect among fellow co-workers	0.55	0.70	8.24	0.01	0.31

(table continues)

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R2
Overall propensity to utilize EAP services:						
	Use of EAP helps employee to continue to work with company		−0.38	11.52	<.01	
	Use of EAP negatively affects career		0.39	8.09	0.01	
	Perception of supervisor's attitude toward helpfulness of EAP services (alcohol)	0.75	0.36	7.26	0.01	
	Helpfulness of EAP services (alcohol)		0.11	4.36	0.04	
	Cost of EAP services (alcohol)		0.21	4.34	0.04	0.60

use of EAP services were significant in predicting propensity to self-refer for career problems ($R^2=.25$). Accounting for approximately 71 percent of the variance in predicting propensity to self-refer for drug problems, perception of supervisor's attitude toward helpfulness of EAP, knowledge of services provided by EAP, confidentiality of EAP use, knowledge of why company began EAP, cost of EAP services, and perceived helpfulness of EAP services were significant predictors. Perceived sanctions for using EAP services, confidentiality, helpfulness, cost, and knowledge of EAP services were significant in predicting employees' propensity to self-refer for emotional/psychological problems ($R^2=.65$) and family/marital problems ($R^2=.70$). For predicting the propensity to self-refer for financial problems, employees' perceptions of their supervisors' attitude toward the helpfulness of the EAP, perceived sanction, and knowledge of types of services provided by the EAP were significant factors ($R^2=.36$). Approximately 35 percent of the variance ($R^2=.35$) was accounted for in predicting employees' propensity to self-refer for legal help through knowledge of employees' perceived sanctions for using the EAP and perceived helpfulness of EAP. Propensity to utilize EAP for physical health problems were predicted by overall helpfulness of the EAP ($R^2=.24$).

Knowledge and helpfulness of EAP were significant in predicting employees propensity to utilize their EAP if referred by their supervisors (R^2=.30). Helpfulness of and perceived sanctions regarding use of their EAP were significant in predicting the propensity of employees to act upon peer/co-worker referral (R^2=.31). For predicting overall propensity to utilize EAP services, perceived sanctions, employees' perceptions of supervisors' attitude toward helpfulness of EAP, employees' perceptions of the helpfulness and cost of EAP services were significant predictors (R^2=.60).

Community Domain

Frequency distributions of the categorical community variables (see Table E-14) reveal that a majority of employees knew of community resources that assist individuals with personal problems, except for career problems. Yet only a small percentage of employees had already identified a person(s) in the community who could assist them with specific problems. Mean scores for the continuous community variables (see Table E-2) indicate that employees believe their community resources to be somewhat inconvenient and not helpful. Also, employees reported that they were not knowledgeable of the cost of community resources.

Pearson correlation coefficients for the dependent and community variables (see Table E-15) indicate that

Table E-14

Frequency and Percentage of the Categorical Community Variables

VARIABLE	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT

Knowledge of Community resources for:

Alcohol problems

YES	53	86.9	53	86.9
NO	8	13.1	61	100.0

Career problems

YES	27	44.3	27	44.3
NO	34	55.7	61	100.0

Drug problems

YES	53	86.9	53	86.9
NO	8	13.1	61	100.0

Emotional/psychological problems

YES	51	83.6	51	83.6
NO	10	16.4	61	100.0

Family/marital problems

YES	52	85.2	52	85.2
NO	9	14.8	61	100.0

(table continues)

Financial problems

YES	41	67.2	41	67.2
NO	20	32.8	61	100.0

Legal problems

YES	42	68.9	42	68.9
NO	19	31.1	61	100.0

Physical health problems

YES	51	83.6	51	83.6
NO	10	16.4	61	100.0

Community resource person to assist with:

Alcohol problems

YES	14	23.0	14	23.0
NO	47	77.0	61	100.0

Career problems

YES	11	18.0	11	18.0
NO	50	82.0	61	100.0

Drug problems

YES	12	19.7	12	19.7
NO	49	80.3	61	100.0

(table continues)

Emotional/psychological problems

YES	19	31.1	19	31.1
NO	42	68.9	61	100.0

Family/marital problems

YES	21	34.4	21	34.4
NO	40	65.6	61	100.0

Financial problems

YES	15	24.6	15	24.6
NO	46	75.4	61	100.0

Legal problems

YES	23	37.7	23	37.7
NO	38	62.3	61	100.0

Physical health problems

YES	26	42.6	26	42.6
NO	35	57.4	61	100.0

Table E-15

Pearson Correlation Coefficients for the Dependent and Community Variables

	Knowledge of Community Resources For:							
Dependent Variables	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems

Propensity to self-refer for:

Alcohol problems [a] [b] [c]	0.04304 0.7419 61	0.06932 0.5955 61	0.04304 0.7419 61	-0.05752 0.6597 61	-0.00954 0.9418 61	-0.01314 0.9199 61	-0.00086 0.9948 61	-0.02473 0.8499 61
Career problems	0.18071 0.1634 61	0.34747 0.0061 61	0.18071 0.1634 61	0.09671 0.4584 61	0.12019 0.3562 61	0.22640 0.0793 61	0.19432 0.1335 61	0.15914 0.2205 61
Drug problems	0.05547 0.6712 61	-0.04772 0.7150 61	0.05547 0.6712 61	-0.05165 0.6926 61	-0.00056 0.9966 61	-0.08147 0.5325 61	-0.06769 0.6028 61	-0.01883 0.8855 61
Emotional/ psycho- logical problems	0.08758 0.5021 61	0.03685 0.7780 61	0.08758 0.5021 61	0.07497 0.5658 61	0.02892 0.8249 61	-0.03856 0.7680 61	0.00261 0.9841 61	-0.02445 0.8517 61
Family/ marital problems	0.05756 0.6595 61	0.07447 0.5684 61	0.05756 0.6595 61	0.03482 0.7899 61	-0.00263 0.9839 61	0.00637 0.9612 61	0.05043 0.6995 61	0.03482 0.7899 61
Financial problems	0.17120 0.1871 61	0.13962 0.2832 61	0.17120 0.1871 61	0.05313 0.6843 61	0.10921 0.4021 61	0.13650 0.2942 61	-0.00744 0.9546 61	0.08654 0.5072 61
Legal problems	0.20901 0.1060 61	0.03832 0.7693 61	0.20901 0.1060 61	0.12742 0.3278 61	0.14818 0.2544 61	0.14721 0.2576 61	0.02457 0.8509 61	0.12742 0.3278 61
Physical health problems	0.12681 0.3301 61	0.19809 0.1259 61	0.12681 0.3301 61	0.01918 0.8834 61	0.07036 0.5900 61	0.10933 0.4016 61	0.04249 0.7451 61	0.05261 0.6872 61

Propensity to act upon:

Supervisor referral	0.17123 0.1870 61	0.11269 0.3872 61	0.17123 0.1870 61	0.10475 0.4218 61	0.13617 0.2954 61	0.16521 0.2032 61	0.13983 0.2825 61	0.10475 0.4218 61
Peer/ co-worker referral	0.10565 0.4177 61	0.21212 0.1008 61	0.10565 0.4177 61	0.07241 0.5792 61	0.04798 0.7135 61	0.08392 0.5202 61	0.09463 0.4682 61	0.03400 0.7948 61
Overall propensity to use EAP	0.16106 0.2150 61	0.16106 0.2150 61	0.16106 0.2150 61	0.06020 0.6449 61	0.08331 0.5233 61	0.09496 0.4666 61	0.05882 0.6525 61	0.06969 0.5935 61

(table continues)

				Person Identified in Community to Assist With:				
Dependent Variables	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems

Propensity to self-refer for:

Dependent Variables	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems
Alcohol problems a b c	0.01893 0.8849 61	0.10199 0.4342 61	0.05207 0.6902 61	0.07951 0.5424 61	0.10179 0.4350 61	-0.05269 0.6867 61	0.14867 0.2528 61	0.08251 0.5273 61
Career problems	0.03469 0.7907 61	0.25525 0.0471 61	-0.02669 0.8382 61	0.25486 0.0475 61	0.27712 0.0306 61	0.29124 0.0228 61	0.20444 0.1140 61	0.07815 0.5494 61
Drug problems	0.05210 0.6901 61	0.09895 0.4480 61	0.08217 0.5290 61	0.12043 0.3552 61	0.12031 0.3557 61	-0.13090 0.3146 61	0.14590 0.2619 61	0.08579 0.5109 61
Emotional/ psycho- logical problems	0.03013 0.8177 61	0.07376 0.5721 61	0.05818 0.6560 61	0.05038 0.6998 61	0.07873 0.5464 61	-0.09668 0.4586 61	0.00498 0.9696 61	-0.00203 0.9876 61
Family/ marital problems	-0.10796 0.4076 61	-0.03985 0.7604 61	-0.15932 0.2200 61	-0.05043 0.6995 61	-0.01140 0.9305 61	-0.11106 0.3941 61	-0.02120 0.8712 61	-0.12769 0.3268 61
Financial problems	-0.15961 0.2192 61	0.03059 0.8150 61	-0.14028 0.2809 61	0.08757 0.5021 61	0.08749 0.5026 61	0.08947 0.4929 61	-0.06527 0.6172 61	-0.07340 0.5740 61
Legal problems	-0.03100 0.8125 61	0.05543 0.6714 61	-0.05985 0.6468 61	0.08444 0.5176 61	0.05182 0.6916 61	0.07015 0.5911 61	-0.05721 0.6616 61	-0.02343 0.8578 61
Physical health problems	0.06465 0.6206 61	0.15672 0.2278 61	0.04083 0.7547 61	0.17128 0.1869 61	0.11187 0.3907 61	0.21954 0.0891 61	0.05567 0.6700 61	-0.01231 0.9250 61

Propensity to act upon:

Dependent Variables	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems
Supervisor referral	0.15746 0.2255 61	0.15606 0.2298 61	0.11872 0.3622 61	0.19750 0.1271 61	0.13860 0.2868 61	0.17586 0.1752 61	0.17513 0.1770 61	0.13908 0.2851 61
Peer/ co-worker referral	0.14745 0.2568 61	0.08973 0.4916 61	0.06216 0.6342 61	0.12030 0.3557 61	0.07604 0.5602 61	0.12125 0.3519 61	0.03415 0.7939 61	-0.08343 0.5227 61
Overall propensity to use EAP	0.01601 0.9024 61	0.12995 0.3182 61	-0.00630 0.9616 61	0.14600 0.2615 61	0.13958 0.2833 61	0.06921 0.5961 61	0.07980 0.5410 61	0.00146 0.9911 61

(table continues)

	Convenience of Community Resources For:							
Dependent Variables	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems

Propensity to self-refer for:

Alcohol problems	a 0.10654 b 0.4138 c 61	0.18852 0.1457 61	0.16983 0.1907 61	0.25420 0.0481 61	0.20660 0.1102 61	0.11687 0.3697 61	0.21841 0.0908 61	0.19761 0.1269 61
Career problems	0.34917 0.0058 61	0.42415 0.0007 61	0.46285 0.0002 61	0.47730 0.0001 61	0.44691 0.0003 61	0.39900 0.0014 61	0.46557 0.0002 61	0.51493 0.0001 61
Drug problems	0.13749 0.2907 61	0.17240 0.1840 61	0.14186 0.2755 61	0.26010 0.0429 61	0.23991 0.0626 61	0.06087 0.6412 61	0.19459 0.1329 61	0.13570 0.2971 61
Emotional/ psycho- logical problems	0.08656 0.5071 61	0.20909 0.1058 61	0.18416 0.1554 61	0.23931 0.0632 61	0.21976 0.0888 61	0.09508 0.4661 61	0.23343 0.0702 61	0.15950 0.2195 61
Family/ marital problems	0.21003 0.1042 61	0.23392 0.0696 61	0.23240 0.0715 61	0.29592 0.0206 61	0.06819 0.6015 61	0.12895 0.3220 61	0.16387 0.2070 61	0.05376 0.6807 61
Financial problems	0.13369 0.3044 61	0.18476 0.1540 61	0.25417 0.0481 61	0.28832 0.0242 61	0.11983 0.3577 61	0.11304 0.3957 61	0.20599 0.1112 61	0.29197 0.0224 61
Legal problems	0.07647 0.5581 61	0.13338 0.3055 61	0.18721 0.1485 61	0.22605 0.0798 61	0.04404 0.7361 61	0.01776 0.8919 61	0.12837 0.3241 61	0.19607 0.1299 61
Physical health problems	0.15503 0.2329 61	0.25523 0.0471 61	0.24163 0.0607 61	0.36790 0.0035 61	0.09407 0.4708 61	0.09381 0.4721 61	0.16314 0.2090 61	0.21492 0.0962 61

Propensity to act upon:

Supervisor referral	0.21502 0.0961 61	0.23584 0.0673 61	0.30075 0.0185 61	0.31621 0.0130 61	0.18400 0.1558 61	0.18467 0.1542 61	0.25414 0.0481 61	0.26708 0.0375 61
Peer/ co-worker referral	0.25595 0.0465 61	0.29298 0.0219 61	0.36112 0.0042 61	0.26660 0.0378 61	0.19817 0.1258 61	0.15422 0.2353 61	0.24275 0.0594 61	0.30903 0.0154 61
Overall propensity to use EAP	0.23331 0.0704 61	0.31845 0.0124 61	0.34236 0.0069 61	0.40926 0.0011 61	0.24995 0.0521 61	0.18528 0.1529 61	0.30945 0.0152 61	0.31606 0.0131 61

(table continues)

	Helpfulness of Community Resources For:							
Dependent Variables	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems

Propensity to self-refer for:

Alcohol problems [a] [b] [c]	0.02796 0.8306 61	-0.04880 0.7088 61	-0.01471 0.9104 61	-0.02701 0.8363 61	0.05720 0.6615 61	-0.04568 0.7267 61	-0.05567 0.6700 61	0.00879 0.9464 61
Career problems	0.36775 0.0035 61	0.18275 0.1586 61	0.33602 0.0081 61	0.35814 0.0046 61	0.32887 0.0097 61	0.42896 0.0006 61	0.36732 0.0036 61	0.36616 0.0037 61
Drug problems	-0.00839 0.9488 61	-0.01671 0.8983 61	-0.05369 0.6811 61	-0.03831 0.7694 61	0.03020 0.8173 61	-0.12571 0.3344 61	-0.06956 0.5942 61	-0.03542 0.7864 61
Emotional/ psycho- logical problems	0.00141 0.9914 61	-0.04996 0.7022 61	-0.00874 0.9467 61	-0.03126 0.8110 61	0.07465 0.5675 61	-0.05038 0.6998 61	-0.02681 0.8375 61	0.00345 0.9789 61
Family/ marital problems	0.05668 0.6644 61	0.14224 0.2742 61	0.07851 0.5476 61	0.12060 0.3546 61	0.07582 0.5614 61	-0.01543 0.9061 61	0.13617 0.2954 61	-0.01237 0.9246 61
Financial problems	0.20735 0.1088 61	0.13607 0.2957 61	0.24007 0.0624 61	0.21424 0.0973 61	0.12915 0.3212 61	0.22758 0.0777 61	0.20804 0.1076 61	0.10644 0.4143 61
Legal problems	0.17582 0.1751 61	0.03104 0.8123 61	0.21017 0.1040 61	0.11530 0.3763 61	0.12371 0.3422 61	0.14014 0.2814 61	0.13732 0.2913 61	0.07384 0.5717 61
Physical health problems	0.30404 0.0172 61	0.21664 0.0935 61	0.30573 0.0166 61	0.29986 0.0189 61	0.16583 0.2015 61	0.21463 0.0967 61	0.21431 0.0972 61	0.15749 0.2255 61

Propensity to act upon:

Supervisor referral	0.21685 0.0932 61	0.09088 0.4861 61	0.20993 0.1044 61	0.17447 0.1787 61	0.12205 0.3487 61	0.12287 0.3455 61	0.11345 0.3840 61	0.15793 0.2241 61
Peer/ co-worker referral	0.17779 0.1704 61	0.02820 0.8292 61	0.15639 0.2287 61	0.10717 0.4110 61	0.06868 0.5990 61	0.07405 0.5706 61	0.07026 0.5905 61	0.04402 0.7362 61
Overall propensity to use EAP	0.20378 0.1152 61	0.09811 0.4519 61	0.19462 0.1328 61	0.17511 0.1771 61	0.16219 0.2117 61	0.13194 0.3108 61	0.15156 0.2436 61	0.11601 0.3733 61

	Cost of Community Resources For:							
Dependent Variables	Alcohol problems	Career problems	Drug problems	Emotional/ psycho- logical problems	Family/ marital problems	Financial problems	Legal problems	Physical health problems
Propensity to self-refer for:								
Alcohol problems	0.03214 [a] 0.8058 [b] 61 [c]	0.02084 0.8733 61	0.03513 0.7881 61	-0.08572 0.5113 61	-0.09237 0.4789 61	-0.13244 0.3089 61	-0.09813 0.4518 61	0.04657 0.7216 61
Career problems	0.21787 0.0916 61	0.23092 0.0734 61	0.23092 0.0734 61	0.12072 0.3540 61	0.07262 0.5781 61	0.20544 0.1122 61	0.15814 0.2235 61	0.33683 0.0079 61
Drug problems	-0.04835 0.7114 61	-0.08202 0.5297 61	-0.05343 0.6826 61	-0.14463 0.2661 61	-0.14364 0.2694 61	-0.24516 0.0569 61	-0.17202 0.1850 61	-0.04471 0.7322 61
Emotional/ psycho- logical problems	0.02386 0.8552 61	-0.00544 0.9668 61	0.02343 0.8578 61	-0.01662 0.8988 61	-0.05490 0.6743 61	-0.10965 0.4002 61	-0.04387 0.7371 61	0.06571 0.6149 61
Family/ marital problems	0.09871 0.4492 61	0.07122 0.5855 61	0.07122 0.5855 61	0.02082 0.8735 61	-0.06439 0.6220 61	0.01690 0.8971 61	0.08109 0.5344 61	0.06655 0.6103 61
Financial problems	0.10847 0.4053 61	0.14410 0.2679 61	0.08589 0.5104 61	0.00102 0.9938 61	-0.05420 0.6782 61	0.02365 0.8564 61	0.01061 0.9353 61	0.10343 0.4276 61
Legal problems	0.04477 0.7319 61	0.13924 0.2845 61	0.02045 0.8757 61	0.01710 0.8960 61	-0.04401 0.7363 61	-0.05246 0.6880 61	-0.08129 0.5334 61	-0.01439 0.9123 61
Physical health problems	0.15799 0.2240 61	0.17090 0.1879 61	0.14178 0.2757 61	-0.06959 0.5941 61	-0.10707 0.4115 61	-0.04492 0.7311 61	-0.07270 0.5777 61	-0.01967 0.8804 61
Propensity to act upon:								
Supervisor referral	0.25075 0.0513 61	0.24621 0.0558 61	0.24621 0.0558 61	0.16992 0.1905 61	0.12525 0.3361 61	0.19945 0.1233 61	0.20399 0.1148 61	0.23327 0.0704 61
Peer/ co-worker referral	-0.05505 0.6735 61	0.09791 0.4528 61	-0.08612 0.5093 61	0.03735 0.7750 61	-0.00451 0.9725 61	-0.02692 0.8369 61	-0.00545 0.9668 61	-0.00147 0.9910 61
Overall propensity to use EAP	0.10641 0.4144 61	0.13203 0.3104 61	0.09070 0.4870<61	-0.00350 0.9787 61	-0.06060 0.6427 61	-0.03442 0.7923 61	-0.01356 0.9174 61	0.09921 0.4468 61

Note. a=Correlation Coefficient   b=P Value   c=Number of Respondents

only knowledge of community resources for career problems was significantly related to propensity to self-refer for that type of problem (r=.31, p<.05). Knowledge of community resources was not significantly related to propensity to self refer for any other problems; to act upon supervisor or peer/co-worker referrals. Likewise, convenience, helpfulness, and cost of specific community resources were not significantly related to propensity to utilize the EAP for those services.

The stepwise regression procedure for the community domain (see Table E-16) indicate that all four variables were significant in predicting propensity of employees to self-refer for EAP services, except for emotional/psychological and legal. Specifically, convenience of community resources significantly predicted propensity to self-refer for alcohol (R^2=.17), family/marital (R^2=.09), and physical health (R^2=.14) problems; to act upon supervisor referrals (R^2=.10), peer/co-worker referrals (R^2=.13) and overall propensity to utilize EAP services (R^2=.17). Employees who believed their community resources were convenient, were likely to utilize EAP services.

Convenience and helpfulness of community resources were significant in predicting the propensity to self-refer for career problems (R^2=.40). Approximately 15

Table E-16

Results of Stepwise Regression Procedure for Community Domain (Model 5) (Pilot Study)

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R^2
Propensity to self-refer for:						
Alcohol problems	Convenience of community resources (emotional/ psychological)	1.21	0.48	11.87	<.01	0.17
Career problems	Convenience of community resources (emotional/ psychological)		0.89	4.74	0.03	
	Helpfulness of community resources (financial)	-0.46	1.00	4.64	0.04	
	Helpfulness of community resources (career)		-0.65	4.71	0.03	0.40
Drug problems	Convenience of community resources (emotional/ psychological)	2.94	0.53	4.28	0.04	
	Cost of community resources (financial)		-0.48	5.97	0.02	0.09
Emotional/psycho- logical problems	—	—	—	—	—	—
Family/marital problems	Convenience of community resources (Emotional/ psychological)	1.45	0.53	5.66	0.02	0.09

(table continues)

Dependent Variables	Significant predictors	Intercept	Coefficient	Partial F	p-value	Model R2
Financial problems	Convenience of community resources (physical health)		0.47	5.50	0.02	
	Person identified in community for alcohol services	2.09	-1.15	4.56	0.04	
	Helpfulness of community resources (drug)		0.54	4.42	0.04	0.21
Legal problems	—	—	—	—	—	—
Physical health problems	Convenience of community resources (emotional/ psychological)	0.91	0.61	9.24	<.01	0.14
Propensity to act upon:						
Supervisor referral	Convenience of community resources (emotional/ psychological)	0.69	0.30	6.55	0.01	0.10
Peer/co-worker referral	Convenience of community resources (career)	0.88	0.56	8.85	<.01	0.13
Overall propensity to use EAP services	Convenience of community resources (emotional/ psychological)	1.21	0.48	11.87	<.01	0.17

percent of the variance (R^2=.09) was accounted for in employees' propensity to self-refer for drug problems when convenience and cost of community resources were considered. Employees who believed their community resources were convenient, not helpful, and expensive were likely to utilize EAP services for career and drug services. Finally, knowledge, convenience, and helpfulness of community resources significantly predicted propensity to self-refer for financial services (R^2=.21).

Hierarchical Multiple Regression

After the statistically significant variables from each domain were determined, these variables were entered by domain for each dependent variable into a hierarchical regression analyses as indicated by the EAP utilization model. Thus the significant variables from the socio-demographic domain were entered first, followed by the socio-cultural, social-psychological, organizational, and community domains. Results of the hierarchical analyses are presented in Table E-17.

For propensity to self-refer for alcohol problems, confidentiality of the employing company, knowledge of the types of services provided by the EAP, knowledge of why the company began the EAP, employees perceptions of their supervisor's attitude regarding the EAP and cost of the EAP, were significant predictors (R^2=.65). Knowledge of EAP services for career problems and convenience of

Table E-17

Results of Hierarchical Regression Procedure (Pilot Study)

· Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Propensity to self-refer for:						
Alcohol problems						
Intercept	-3.676	1.20	<.01			
Confidentiality of employee's company	1.071	0.22	<.01			
Knowledge of alcohol services	2.706	0.63	<.01			
Supervisor's attitude toward drug services	0.600	0.16	<.01			
Supervisor's attitude toward financial services	-0.652	0.19	<.01	10.34	.01	.65
Cost of emotional/ psychological services	0.338	0.14	0.02			
EAP was begun to help "select" employees	0.313	0.14	0.03			
Knowledge of career services	-0.752	0.63	0.24			
Convenience of community emotional/psychological services	0.280	0.17	0.10			
Career problems						
Intercept	-1.580	1.13	0.17			
Income	0.100	0.06	0.09			
Perceived social support-friend	-0.022	0.03	0.53			
Supervisor's attitude toward career services	0.430	0.25	0.09			
Confidentiality of employee's company	0.352	0.25	0.17	8.00	.01	.55
Convenience of community emotional/psychological services	0.886	0.21	<.01			
Helpfulness of community financial services	0.606	0.34	0.09			
Helpfulness of community career services	-0.623	0.43	0.15			

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R²
Drug problems						
Intercept	-2.322	1.09	0.04			
Supervisor's attitude toward drug services	1.165	0.21	<.01			
Knowledge of alcohol services	2.764	0.60	<.01			
Supervisor's attitude toward emotional/psychological services	-0.982	0.25	<.01			
Confidentiality of employee's company	0.897	0.21	<.01			
EAP was begun to "keep eye" on employees	0.278	0.13	0.05			
Cost of emotional/psychological services	0.299	0.13	0.03	10.48	.01	.73
Supervisor's attitude toward financial services	-0.411	0.18	0.02			
Helpfulness of EAP for alcohol problems	0.180	0.07	0.01			
Knowledge of emotional/psychological services	-0.980	0.41	0.02			
Convenience of community emotional/psychological services	0.372	0.16	0.02			
Cost of community financial services	-0.301	0.14	0.04			
Emotional/psychological problems						
Intercept	-1.765	0.75	0.02			
Use of EAP affects career	0.451	0.20	0.03			
Helpfulness of alcohol services	0.411	0.10	<.01			
Confidentiality of employee's company	0.632	0.23	0.01	10.44	.01	.57
Helpfulness of career services	-0.292	0.12	0.02			
Cost of emotional/psychological services	0.413	0.16	0.01			
EAP was begun to help "select" employees	0.339	0.15	0.03			
Family/marital problems						
Intercept	-2.119	1.08	0.06			
Other problems	-0.515	0.29	0.09			
Helpfulness of emotional/psychological services	0.291	0.07	<.01			
Use of EAP helps keep job	-0.771	0.16	<.01			
Knowledge of career services	2.157	0.65	<.01			
EAP was begun to keep "eye on" employees	0.520	0.14	<.01	13.32	.01	.70
Cost of alcohol services	0.435	0.15	0.01			
Confidentiality of the referring supervisor	0.348	0.20	0.09			
Convenience of community emotional/psychological services	0.240	0.16	0.14			

(table continues)

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Financial problems						
Intercept	2.976	1.59	0.07			
Gender	0.393	0.30	0.20			
Supervisor's attitude toward career services	0.319	0.21	0.13			
Use of EAP helps keep job	-0.586	0.21	0.01			
Use of EAP affects career	0.490	0.20	0.02	5.37	.01	.48
Knowledge of alcohol services	-1.593	0.91	0.09			
Convenience of community physical health services	0.298	0.20	0.14			
Community alcohol resources person	-0.485	0.40	0.23			
Helpfulness of community drug services	0.282	0.30	0.35			
Legal problems						
Intercept	1.620	0.79	0.04			
Number of dependents	0.109	0.11	0.35			
Perceived social support-family	-0.072	0.04	0.05	7.45	.01	.44
Severity of physical health problems	-0.042	0.08	0.60			
Use of EAP affects career	0.588	0.20	0.01			
Helpfulness of alcohol services	0.205	0.08	0.02			
Physical health problems						
Intercept	0.066	0.69	0.92			
Severity of physical health problems	-0.082	0.09	0.37			
Supervisor's attitude toward helpfulness of EAP	0.525	0.23	0.03	5.56	.01	.31
Helpfulness of EAP	0.141	0.12	0.24			
Convenience of community emotional/psychological services	0.365	0.21	0.09			

Variables	Coefficient	Standard Error	Prob>[T]	F-Value	P-Value	R^2
Propensity to act upon:						
Supervisor referral						
Intercept	0.784	0.49	0.11			
Supervisor's attitude toward emotional/psychological services	0.303	0.10	<.01	6.66	.01	.29
EAP was begun to help employees keep job	-0.192	0.10	0.07			
Convenience of community emotional/psychological services	0.197	0.11	0.08			
Peer/co-worker referral						
Intercept	0.698	0.97	0.48			
Education	0.316	0.10	<.01			
Perceived social support-friend	-0.071	0.03	0.02			
Recognition of financial problems	-0.085	0.07	0.25	8.81	.01	.53
Overall helpfulness of EAP	0.161	0.08	0.05			
Use of EAP causes loss of respect	0.365	0.24	0.13			
Convenience of community drug resources	0.256	0.18	0.16			
Overall propensity to use EAP						
Intercept	0.965	0.77	0.21			
Perceived social support-friend	-0.023	0.02	0.28			
Severity of physical health problems	-0.014	0.05	0.80			
Use of EAP helps keep job	-0.347	0.11	<.01			
Use of EAP affects career	0.307	0.13	0.02	8.86	.01	.61
Supervisor's attitude toward alcohol services	0.252	0.13	0.05			
Helpfulness of alcohol services	0.088	0.06	0.12			
Cost of emotional/ psychological services	0.162	0.11	0.16			
Convenience of community emotional/psychological services	0.265	0.12	0.03			

community resources, when considered with other variables, did not remain as significant predictors of propensity to self-refer for alcohol problems.

Only convenience of community resources for emotional/psychological problems was a significant predictor of propensity to self-refer for career problems ($R^2=.55$). Income, perceived social support from friends, supervisor's attitude toward the EAP, confidentiality of the EAP, and helpfulness of the EAP dropped out of the equation as significant predictors of propensity to self-refer for career problems.

Accounting for approximately 73 percent of the variance in propensity to self-refer for drug problems, supervisor's attitude toward the EAP, knowledge of the type of services provided by the EAP, helpfulness, cost and confidentiality of the EAP were significant predictors.

Propensity to self-refer for emotional/psychological problems were predicted by helpfulness, cost, confidentiality, and knowledge of EAP services, and sanctions regarding use of the EAP ($R^2=.57$).

Cost, helpfulness, knowledge of, and sanctions regarding use of EAP services were significant predictors of propensity to self-refer for family/marital problems ($R^2=.70$). Confidentiality of EAP services and convenience of community resources were not significant predictors of propensity to self-refer for family/marital problems.

Accounting for approximately 48 percent of the variance in propensity to self-refer for financial problems, sanctions regarding use of the EAP was a significant predictor. Gender, supervisor's attitude toward the EAP, knowledge of the types of services provided by the EAP, and knowledge, convenience, and helpfulness of community resources were no longer significant predictors of propensity to self-refer for financial problems.

Perceived social support from friends, sanctions regarding use of the EAP, and helpfulness of the EAP were significant predictors of propensity to self-refer for legal problems (R^2=.44). Number of dependents and severity of legal problems were not significant predictors of propensity to self-refer for legal problems when considered with other variables.

Regarding propensity to self-refer for physical health problems, 31 percent of the variance was accounted for by supervisor's attitude toward the EAP. Severity of career problems, helpfulness of the EAP, and convenience of community resources for emotional/psychological problems were not significant predictors of propensity to self-refer for health problems.

Education and perceived social support from friends were significant predictors of propensity to act upon peer/co-worker referrals (R^2=.53). Recognition of career problems, helpfulness of the EAP, sanctions regarding use

of the EAP, and convenience of community resources were not significant predictors of propensity to act upon peer/co-worker referral.

Supervisor's attitude toward the EAP was a significant predictor of propensity to act upon supervisor referrals ($R^2=.29$). Knowledge of EAP services and convenience of community resources were not as significant predictors of propensity to act upon supervisor referrals.

Relevant to overall propensity to utilize EAP services, sanctions regarding use of EAP services, employees' perception regarding supervisor's attitude toward EAP services, and convenience of community resources for emotional/psychological problems were significant predictors ($R^2=.61$). Perceived social support from friends, severity of career problems, helpfulness of EAP services, and cost of EAP services when considered with other variables, did not contribute significantly to the prediction of overall propensity to utilize EAP services.

Discussion

Findings from this study indicate some support for the relationships of factors found in the literature regarding utilization. EAP utilization rate of 7% that was indicated in this study is consistent with other research. Data from the stepwise regression procedures also suggested some findings consistent in the literature on utilization regarding gender, income, and education. Females,

individuals in higher income and educational levels were more likely to utilize EAP services than were males and individuals in lower income and educational levels.

The R^2 values derived from the hierarchical regression analyses indicated that the proposed model was powerful in predicting employees' propensity to utilize EAP services, particularly through self-referrals. The model was least powerful in predicting EAP utilization if referred by supervisors, since little variability was found among employees (i.e., 97% were likely to act upon supervisor referral). The R^2 values from the hierarchical regression procedure were generally high. These high values may have been caused by the large number of variables in the model, compared to the amount of variability in the dependent variables and the sample size, resulting in model overfitting.

Regarding the hypothesized relationships among the domains and propensity to utilize EAP services, the following was indicated by this study:

Hypothesis One to Three: The hypothesized relationships between race, age, and gender were not supported. There were significant positive correlations between race, gender, and age and employees' propensity to utilize EAP services. However, when considered together with other variables, these variables did not contribute significantly to predicting propensity.

Hypothesis Four: Support was not given for the social-psychological domain as the best predictor of propensity to utilize EAP services. The organizational domain was the best predictor of propensity, where all of the factors within this domain were found statistically significant and contributed to the largest proportion of variance accounted for in the dependent variables.

Hypothesis Five: Interaction between problem severity and problem attribution was not present; problem attribution was not found to be significant in predicting propensity to utilize EAP services.

Hypothesis Six: Support was not present for greater propensity to utilize EAP services based on perceived social support from friend network. The opposite relationship was indicated; individuals who perceived support from their friend networks were not likely to utilize EAP services.

Hypothesis Seven: Interaction between social support network and perceived social support was not present.

Hypothesis Eight: Support was indicated for the relationship between positive views regarding organizational factors and greater propensity to utilize EAP services; employees who believed that their employers and the EAP staff assured confidentiality, who perceive the EAP to be helpful, affordable, convenient, and help employees keep their jobs, and that their supervisors

believe the EAP to be helpful, were likely to utilize EAP services.

Hypothesis Nine: Interaction between problem severity and organizational factors was not present.

Hypothesis Ten: Interaction between organizational factors and community factors was not present.

Recommendations for the Main Study

Based on the results of the pilot study, some recommendations in the methodology for conducting the main study are made.

The sampling procedure was effective in generating an initial representative sample frame. However, because of the low response rate, it is recommended that at least one follow-up survey administration session be approved and scheduled in advance with the companies participating in the main study. Such measures would increase the response rate and minimize delays in data collection due to scheduling conflicts.

Respondents completed the questionnaire in the amount of time (i.e., approximately 45 minutes) indicated by the pre-pilot study. Also respondents answered the questionnaires completely and accurately. Only one document was rendered unusable. These findings suggest that the survey protocol was developed at an appropriate reading and comprehension level for the target population. Therefore, the basic format of the questionnaire is

recommended to remain unaltered. However, results from analysis of the pilot study suggest some modifications in the content of the questionnaire.

First, it is believed that more accurate and usable data could be gathered if the No Opinion option on the response scale was deleted, forcing respondents to offer opinions. Second, respondents were assessed their perceptions regarding the cost, convenience, and helpfulness of EAP and community services for the eight categories of problems. Little variability was found in respondents' views regarding the categories of problems. Employees who believed the EAP and community services for one type of problem were affordable, convenient, and helpful, also held similar beliefs for the other categories of problems. Therefore, it is recommended that the subcategories of problems be deleted from the questions. This would result in the questions assessing respondents' overall perceptions regarding the cost, convenience, and helpfulness of EAP and community services. Third, the Income variable is recommended to be changed from twelve categories of 5,000 dollar intervals to seven categories of 10,000 dollar intervals in an effort to more accurately reflect the variability in the target population.

The procedure used for collecting the data was effective and time efficient. However, since a larger sample will be used for the main study than was used for

the pilot study, the use of optical-scannable answer
documents is recommended to minimize coding errors,
increase data analysis efficiency, and to reinforce the
assurance of confidentiality and anonymity.