

Workplace Outcome Suite[®]

Annual Report 2021

EAP counseling use and outcomes, COVID-19 pandemic impact, and best practices in outcome data collection.



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Available at: <https://wellbeing.lifeworks.com/resources/wos/>

Available at: <https://www.eapassn.org/WOS>

EAPs that contributed data to the Workplace Outcome Suite (WOS) benchmarking project

The leadership team at LifeWorks and the Employee Assistance Professionals Association extend our thanks to the Employee Assistance Program (EAP) external vendors and employers with internal or hybrid employee assistance programs who collected WOS data at pre and post use of their counseling services and submitted the de-identified raw data to the WOS archive over the years since 2010.

Vendors of EAP:

United States of America

Best Care (Nebraska)*

Cascade Centers (Oregon)*

Child & Family Services (New York)*

Concern (California)*

Continuum (Nebraska)

E4 Health (Texas)

Empathia (Wisconsin)*

Employee Resources System (Illinois)

HelpNet (Michigan)

KGA (Massachusetts)

McLaughlin Young Group (North Carolina)*

New Avenues (Indiana)*

Southwest EAP (Arkansas)*

Work Life (Hawaii)*

Workplace Collaborative (industry group)

International

Benestar (New Zealand)*

LifeWorks Brazil*

LifeWorks China*

Four Dimensions EAP (Hong Kong)*

Grupo Latina Wellness (Argentina)*

Hellas EAP (Greece)

Homewood Health (Canada) – special project

LifeWorks

Resilie Laboratory (Japan)*

Village FSC (Brazil)

WorkWay EAP (Japan)

Employers with EAP:

United States of America

Archer Daniels Midland Company (Illinois)

BayCare Health (Florida)

Carolinas Health Care (North Carolina)

Caterpillar Company (multi-national; Illinois)

Chestnut Global Partners (Michigan)

City of Baltimore (Maryland)

Dupont Company (multi-national; Delaware)

Federal Occupational Health (Maryland)*

Indiana University of Health (Indiana)

LifeSolutions – University of Pittsburgh Medical Center (Pennsylvania)*

Mass General Brigham EAP (Massachusetts)*

Mayo Clinic (Minnesota)

National Institutes of Health (NIH; Maryland)

Ohio State University (Ohio)*

Order of St. Francis HealthCare (Illinois)

Parkview Health (Indiana)*

Sharp Electronics Company (New Jersey)*

Texas Children's Hospital (Texas)

University of Rochester (New York)

Wake Forest Baptist Health (North Carolina)

Emirates Group (Dubai) - employer

* Provided new data for this report.

Summary of key findings

EAPs serve organizations and their employees in multiple ways, ranging from consultation at the strategic level about issues with organization-wide implications to individual assistance to employees and family members experiencing personal difficulties. As workplace programs, the structure and operation of each EAP varies with the functioning and needs of the organization(s) it serves. The counseling services from an EAP typically are available 24/7, as needed, to provide assessment and brief counseling from licensed clinicians for employees (or their immediate family members) to support emotional/mental health, personal life, marital/family relationships, or work-related issues. This counseling is provided at no cost to the user.

While growing globally, EAPs continue to be very popular in the United States. A recent national survey by the Bureau of Labor Statistics found that 84% of large employers in the private sector had an EAP and 90% of large public sector employers had an EAP. When combined across employers of all sizes and markets, about 74 million workers were estimated to have access to an EAP benefit in year 2021. Assuming standard pricing, EAPs are estimated to be a \$1.63 billion dollar industry in United States alone. Considering the scale of investment made in EAP by the over 3.2 million specific companies and over 182,000 public sector organizations, it is important to provide evidence-based industry-wide benchmarks on the effectiveness of EAP counseling for improving work outcomes.

This report is the fifth in an annual series on the Workplace Outcome Suite. It features data collected between 2010 and early 2021 from 47 different sources that provide employee assistance program (EAP) counseling services. This year's report also features results from several survey studies as well. It has three main sections.



Summary of SECTION I. Profile of Study Sample, WOS Measures, and Longitudinal Results

Profile of study sample and use of EAP

This report presents a profile of EAP use based on over 45,726 users of counseling and other individual EAP services across a wide range of contexts. Use of counseling from the EAP accounted for the vast majority of all users with WOS data (97% of the sample; with 3% using other kinds of support specialists). Most of the cases were living in the United States (77%), 12% were from China, 6% from New Zealand, and 5% from 37 other countries. Two-thirds of cases in the study sample (67%) were sourced from external vendors of EAP (n = 25 vendors). About 1 in 5 cases (21%) had used a hybrid model that combined full-time EAP staff at a specific large employer and ancillary services from specialists or EAP vendors (n = 11 programs). Another 12% of cases were from an internal staff model EAP program at a specific large employer (n = 11 programs). A range of industries is represented, with 28% of case working in government, 18% in manufacturing, 16% in health care, 14% in technology, 11% in education, and 13% in many other industries.

Most cases were self-referrals into the EAP (84%), with another 10% referred by a supervisor at work or 6% referred by a spouse or family member. The gender mix of cases was 67% women and 33% men. Cases ranged widely in age, with an average of 38 years. Other demographic factors were not available.

The top reason for seeking counseling from the EAP was for a mental health issue (30% of all cases). A close second was for personal life and general stress issues (29%). Marital or family relationship issues accounted for 19% of cases. Another 19% used the EAP for help with a work problem or work-related stress. Getting support for alcohol and substance abuse issues accounted for only 3% of cases using the EAP. The number of counseling sessions averaged 3.3 sessions per case. The duration of active EAP treatment period averaged about 7 weeks from the date of the first to the date of last session.

Workplace Outcomes Suite

The Workplace Outcome Suite (WOS) was developed for use by employee assistance programs (EAP) to assess the impact of counseling services. It is a measure of change that requires collecting self-report data before and after the use of counseling services. The WOS examines four key aspects of workplace functioning and overall life satisfaction. The popular brief 5-item version has one question per outcome area, whereas the original scale had five items for each outcome (25 total items). The WOS is the only publicly available, free instrument that has been psychometrically validated and tested for use in EAPs. It has been extensively studied in over 50 peer-review and applied research reports.



This study looks at the five outcomes from the WOS: (1) Work Presenteeism, (2) Work Absenteeism, (3) Workplace Distress, (4) Work Engagement, (5) Life Satisfaction. We also report on a sixth measure that combines the results of the absenteeism and presenteeism data that is converted into hours of Lost Productive Time (LPT) at work.

Work outcomes improve after EAP counseling

The WOS scores were collected longitudinally at the first session and again at a post-use follow-up about 90 days after the last session of counseling. The sample sizes for paired WOS data at both before and after EAP use ranged from 38,302 to 39,135, depending on the WOS measure.

- **Work Presenteeism** (not being able to concentrate on work because of personal problems) was reduced from 56% of cases at before use to 30% of cases at follow-up. Tests of mean scores on the 1-5 rating of work presenteeism indicated significant change with a large size statistical effect. The estimated hours of lost productive time associated with presenteeism per month was reduced from 57.2 hours missed per employee before counseling to 35.7 hours at follow-up. By comparison, other research shows the typical burden of presenteeism is 23.5 hours per employee per month.
- **Work Absenteeism** (hours missed from work during the past month due to a personal concern) was reduced from 6.8 hours missed per employee before counseling to 2.9 hours missed at follow-up. Tests of indicated a significant change with a medium size statistical effect. By comparison, other research shows the typical employee misses only 3 hours of work a month. When defined as missing 4 or more hours of work as a “problem level” of this outcome, the percentage of EAP cases with an absenteeism problem was reduced from 43% at before to 15% after counseling.
- **Work Engagement** (being eager to get to work the start the day). Not being engaged in work was reduced from 31% of cases at before use to 23% of cases at follow-up. Tests of mean scores on the 1-5 rating of work engagement indicated significant change with a small size statistical effect.
- **Workplace Distress** (dreading going into work) was reduced from 23% of cases at problem level before use to 15% of cases at follow-up. Tests of mean scores on the 1-5 rating of workplace distress indicated significant change with a small size statistical effect.

- **Life Satisfaction** (feeling that life overall was going very well). Not being satisfied with life overall was reduced from 37% of cases at before use to 16% of cases at follow-up. Tests of mean scores on the 1-5 rating of life satisfaction indicated significant change with a large size statistical effect.
- **Lost Productive Time** (hours of work absenteeism combined with estimated hours of lost productivity associated with level of work presenteeism). The hours of lost productive work time per month was reduced from 64 hours at the start of EAP use to 39 hours at the follow-up. Tests of mean scores on the hours of LPT indicated significant change with a large size statistical effect. When starting counseling, the typical employee user had more than twice the amount of productivity loss than the average full-time worker who has 27 hours of LPT per month. This productivity-related burden reflects the acute level of personal distress often experienced by users of the EAP and underscores why brief counseling is needed.

The conclusion is that brief counseling from EAPs improves multiple aspects of work functioning for many users of the service. All WOS outcomes showed statistically significant results, although there were different degrees of impact and improvement. Work presenteeism and life satisfaction outcomes improved the most. Other tests found that the extent of improvement on the summary measure of all five WOS measures was generally consistent across a dozen context factors of different countries, EAP delivery models, client demographics, and other clinical factors. Some differences were found between the 45 different EAPs that provided WOS data, although this was a small size statistical effect.

Summary of SECTION II. COVID-19 Pandemic Impact on EAP Use, WOS Outcomes, and ROI

Impact on EAP use rates. First, major surveys of many employers and EAP providers indicated that the pandemic had greater overall use rates for counseling from EAPs (7.5% in 2019 vs 9.5% in US; 10.3% vs. 11.3% in Canada) and that the number of counseling sessions used per case was also greater (4.0 vs. 5.5). These results are consistent with other research finding substantial increases in the prevalence of mental health and social risk factors in the general population since the pandemic started. Second, a survey of 17 EAPs, representing over 4.4 million covered employees, found a mix of in-person (about 3 in every 4 EAPs) and remote technology-based modalities (about 9 in 10 EAPs) were used during the pandemic to provide access to the counselors. For these EAPs during the pandemic, the clinical treatment averaged around 4 sessions of counseling per case over a 10-week period.

Impact on EAP user profiles. The third set of findings with WOS data found that, overall, the pandemic appeared to have little impact on how the EAP counseling was used at the case level. These findings suggest that once an employee got into an EAP as a user of counseling, those who sought out counseling and the nature of the service experience was similar to that experienced before the pandemic.

Impact on outcome data collection. The pandemic year had a mixed impact on the volume of surveys collected by 17 EAPs for WOS outcomes. The anticipated impact of the pandemic on the effectiveness of counseling for users of EAPs also had mixed results across the different EAPs that were surveyed, with most EAP expecting to find similar effectiveness or not knowing what to expect.

Impact on outcomes. A series of tests looking at the effectiveness of counseling found that the COVID-19 pandemic had little impact on the profile of WOS outcomes after EAP counseling. Thus, the level of work function problems and the extent of improvements in work-related outcomes was about the same for: 1) employees with pandemic-specific issues compared to non-pandemic issues; 2) the pre-pandemic and pandemic periods of time; and 3) the in-person modality of service delivery compared to the remote technology-based contact options.

Impact on ROI.

The return on investment (ROI) for EAP services was estimated using WOS outcomes for a typical employer in the United States in year 2019 and in year 2020. Most of the financial return was came from changes in the work presenteeism outcome (lost hours of work productivity) rather than reductions in the work absenteeism outcome (about 85% vs. 15%, respectively). Results for year 2019 had an ROI of \$4.29:1. For the COVID-19 pandemic year 2020, the ROI was \$5.04:1. This means there was a positive ROI for both years, but it was slightly higher for the pandemic year, largely because of greater use rates of the EAP. The business case is especially strong when considering the cost of the EAP benefit is about one percent of total benefit budget. Depsite concerns about the utiliation rate for EAPs, the results also show that only about 1 or 2 percent of employees need to use the EAP for counseling per year to yield enough savings in work productivity outcomes to break even on the cost of entire EAP budget.





Summary of SECTION III. Current and Best Practices in Measuring Outcomes of EAP Counseling

A national survey of over 100 EAPs found that although 9 out of every 10 EAPs in year 2021 engages in some kind of measurement of outcomes from their users, it more often about user satisfaction and quality of service than it is to assess clinical or work-related outcomes. More troubling is how only a minority of EAPs (about 1 in every 3) are using research-validated measures to collect data on clinical outcomes (i.e., anxiety/depression or substance use). Of the 1 in 4 EAPs that use valid measure to collect data on work outcomes, almost all of them are using the WOS measures. Also, only about half of those who do collect data use a longitudinal approach, which is needed to properly test for change over time in outcomes from before to after the use of counseling. Overall, most of the external vendors and programs in the EAP industry are not using best practices for outcome data collection.

A survey of 17 EAPs that collected WOS data was conducted to better understand the methods and reporting of the results. A wide range of different delivery types and size of EAPs completed the survey. Most EAPs used electronic methods (emails and online survey tools) to contact cases and to collect outcome data. A key finding was that about 1 in every 6 counseling cases was getting outcome data collected at both the start of treatment and at a follow-up. However, this success rate for getting longitudinal data varied greatly between different EAPs, ranging from 0% of cases at baseline (due to COVID-19 pandemic disruption) to 83% of all cases. The follow-up tended to occur most often at about 90 days after the final counseling session (although this period ranged from 30 to 120 days). These EAPs communicated their WOS results to customers and the public in multiple ways. Using the findings for ROI and making the business case was a popular reason for collecting WOS data.

