

RESEARCH

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**Abstract**

**Background** The average person spends  $\frac{1}{3}$  of their lives working. However, approximately 15% of working adults worldwide are struggling with a mental disorder at any given time. The COVID-19 pandemic has spearheaded the importance of employee mental health, highlighting the role that employers can play in preserving employee wellbeing. Although Employee Assistance Programs (EAPs) are slowly becoming an established practice, it is still a relatively new phenomenon in most of Asia. This study therefore aims to investigate the prevalence of employees in the Southeast Asian region who have access to EAPs and understand the relationship between EAP access and employee wellbeing.

**Methods** This cross-sectional, online survey-based study involved 15,302 employees from Malaysia, Singapore, Philip

estimated 15% of working-age adults worldwide are living with a mental disorder [2], though this figure is likely an underestimation given that large-scale studies have shown that approximately half the world's population would develop a mental disorder at any point throughout their lifetime [3]. Given that employees spend roughly  $\frac{1}{3}$  of their lifetime working [4], the rising mental health concerns affecting the adult working population have highlighted the role employers and organisations play in preserving employee well-being.

The primary method of action in managing employee well-being is through employee assistance programs (EAPs), which often exist as a system of resources and services that attempt to address aspects of employee work, life, and health, all with the dual aim of alleviating existing difficulties and relieving future adversities affecting employees [5]. EAPs are employer-sponsored programs often designed to help employees resolve acute but modifiable behavioural health issues, usually with the ultimate goal of restoring employee effectiveness on the job [6]. While EAPs were initially introduced into the workplace primarily to manage cases of alcohol and substance abuse [7], modern full-service EAPs have evolved to provide a myriad of services that can include physical wellness programs, mental health programs, substance abuse interventions, work-life programs that address work-life balance and family support, group-specific assistance programs targeted to specific employee groups such as those with chronic diseases, financial wellbeing programs, and more [5].

In the past decade, organisations have widely adopted EAPs in a bid to prioritise employee wellness and well-being, with approximately 95% of large organisations in America having adopted EAPs in 2016 [5]. This number will likely have increased in the past few years, as organisations worldwide continue to grapple with the mental health impact of the pandemic [8], and how the pandemic has changed traditional ways of working and challenged traditional employee-employer relationships [9]. Indeed, despite traditionally low EAP utilisation rates, national survey data indicated that EAP utilisation in America was higher in June 2020 compared to the same period in 2019, an increase directly attributable to the mental health impact of the COVID-19 pandemic at the time [10]. Despite the pandemic's end, the demand for EAPs has not diminished, as employees continue to seek out and prefer employment at organisations that provide support for employee mental health and well-being [11].

As global industry demands rose for EAP services, so has the body of research evaluating the effectiveness of EAPs and demonstrating the benefits of its implementation. In a systematic review of 17 studies evaluating the effectiveness of EAPs, Joseph et al. found that utilising

EAPs lead to enhanced employee outcomes, specifically improving levels of employee presenteeism, productivity and psychosocial functioning [12]. The use of EAPs have also been shown to improve employee mental health, with a number of studies worldwide reporting reduced levels of employee depression, anxiety, and stress following EAP service utilisation by employees [13–20]. Additionally, several studies have further demonstrated that merely providing employees access to an effective EAP can significantly reduce turnover intention, whilst promoting employee retention and organisational commitment [21, 22]. Specifically, EAPs are thought to provide these benefits by way of helping employees develop help-seeking behaviours and skills, improving workplace mental health literacy, and reducing stigmatising and negative attitudes towards mental health in the workplace [23].

Despite the well-documented benefits of EAPs, employer-sponsored mental well-being initiatives are a relatively nascent phenomenon in Southeast Asia. Nonetheless, turning a blind eye to employee mental health can negatively affect employers in the region. A nationwide study of adults in Singapore estimated that employees with untreated symptoms of depression and anxiety contribute to SGD \$15.7 billion in increased annual costs for employers due to absenteeism, presenteeism, and

their work, home, and community [32]. Albeit it being a new construct, employee thriving and wellbeing are con-



(36.73%), Indonesia (25.00%), and finallyailand (17.96%).

#### Access to EAP and employee wellbeing

Exploratory Pearson correlation analyses revealed that all outcome variables were significantly associated with having access to EAP (Supplementary Table 1).

The first step of the hierarchical regression model revealed that all sociodemographic variables significantly accounted for the variance in thriving from work ( $r^2=0.056$ ,  $F(12, 15,289)=75.22$ ), depression ( $r^2=0.152$ ,  $F(12, 15,289)=229.00$ ), anxiety ( $r^2=0.132$ ,  $F(12, 15,289)=193.1$ ), stress ( $r^2=0.105$ ,  $F(12, 15,289)=148.8$ ), productivity ( $r^2=0.046$ ,  $F(12, 15,289)=61.89$ ) and turnover intention ( $r^2=0.052$ ,  $F(12, 15,289)=69.20$ ).

The second step of the hierarchical regression models revealed that having access to EAPs significantly predicted employee wellbeing. Having access to an EAP significantly explained an additional 3.0% of the variance for thriving from work ( $F=501.78$ ,  $p<0.001$ ), an additional 2.6% of the variance for depression ( $F=484.26$ ,  $p<0.001$ ), an additional 1.4% of variance for anxiety ( $F=244.6$ ,  $p<0.001$ ), and an additional 2.0% of the variance for stress ( $F=355.35$ ,  $p<0.001$ ). Access to

EAP also significantly explained an additional 0.056% of variance for productivity ( $F=9.058$ ,  $p=0.003$ ), and an additional 2.40% of variance for turnover intention ( $F=404.72$ ,  $p<0.001$ ).

#### Table 3



**Table 3** (continued)

Singapore	0.79	0.55	-0.28 - 1.86	0.69	0.54	-0.37 - 1.75	1.82**	0.58	0.68 - 2.96	1.69**	0.57	0.56 - 2.81
Thailand	-1.06***	0.20	-1.46 - -0.66	-1.91***	0.21	-2.32 - -1.50	1.20***	0.22	0.78 - 1.62	0.11	0.22	-0.32 - 0.54
Philippines	3.95***	0.32	3.32 - 4.58	3.88***	0.32	3.26 - 4.51	3.54***	0.34	2.87 - 4.22	3.45***	0.34	2.79 - 4.12
Vietnam	0.27	0.75	-1.20 - 1.75	-0.13	0.75	-1.59 - 1.34	0.72	0.8	-0.85 - 2.29	0.21	0.79	-1.34 - 1.76
<b>Gender</b>												
Male	Reference						Reference					
Female	1.98***	1.98	1.59 - 2.37	1.98***	0.2	1.45 - 2.22	2.87***	0.21	2.46 - 3.29	2.69***	0.21	2.27 - 3.10
Other	2.74*	2.74	0.44 - 5.05	2.74*	1.17	0.55 - 5.12	3.08*	1.25	0.62 - 5.53	3.20*	1.24	0.77 - 5.62
<b>Age</b>												
18-29	Reference						Reference					
30-39	-3.11***	0.19	-3.49 - -2.74	-2.95***	0.19	-3.33 - -2.58	-3.12***	0.21	-3.52 - -2.71	-2.91***	0.20	-3.31 - -2.51
40-49	-5.74***	0.24	-6.21 - -5.27	-5.45***	0.24	-5.92 - -4.99	-6.24***	0.25	-6.73 - -5.74	-5.86***	0.25	-6.36 - -5.37
50-65	-7.85***	0.35	-8.55 - -7.15	-7.45***	0.35	-8.14 - -6.76	-9.41***	0.38	-10.15 - -8.67	-8.89***	0.37	-9.63 - -8.16
<b>Income level</b>												
Low	Reference						Reference					
Middle	-1.86***	0.19	-2.23 - -1.49	-1.40***	0.19	-1.77 - -1.02	-1.23***	0.20	-1.63 - -0.84	-0.63**	0.20	-1.03 - -0.24
High	0.95***	0.19	0.48 - 1.42	0.95***	0.19	0.01 - 1.01	0.95***	0.20	0.31 - 1.31	0.95***	0.20	0.31 - 1.31
95%MI	0.95***	0.19	0.48 - 1.42	0.95***	0.19	0.01 - 1.01	0.95***	0.20	0.31 - 1.31	0.95***	0.20	0.31 - 1.31
95%MI-1	-5.2798748	0	Td [(R)-5(eM512 odel 1T1_3 179797w /Span*)TJ (eM512 odel 2T1_3 1791238*)TJ (eM512 odel 1T1_3 1.79118*)TJ (eM512 odel 2T1_3 5)0.22e 1809-	-5.2798748	0	Td [(R)-5(eM512 odel 1T1_3 179797w /Span*)TJ (eM512 odel 2T1_3 1791238*)TJ (eM512 odel 1T1_3 1.79118*)TJ (eM512 odel 2T1_3 5)0.22e 1809-	-5.2798748	0	Td [(R)-5(eM512 odel 1T1_3 179797w /Span*)TJ (eM512 odel 2T1_3 1791238*)TJ (eM512 odel 1T1_3 1.79118*)TJ (eM512 odel 2T1_3 5)0.22e 1809-	-5.2798748	0	Td [(R)-5(eM512 odel 1T1_3 179797w /Span*)TJ (eM512 odel 2T1_3 1791238*)TJ (eM512 odel 1T1_3 1.79118*)TJ (eM512 odel 2T1_3 5)0.22e 1809-

**Table 3** (continued)

<b>Gender</b>										
Male					Reference					
Female	-0.15***	0.03	-0.21 - -0.08	-0.15***	0.03	-0.21 - -0.09	0.25***	0.22***	0.027	0.17 - 0.27
Other	0.27	0.19	-0.11 - 0.64	0.27	0.19	-0.11 - 0.65	0.27	0.29	0.16	-0.02 - 0.60
<b>Age</b>										
18-29					Reference					
30-39	-0.15***	0.03	-0.21 - -0.08	-0.14***	0.03	-0.20 - -0.08	-0.31***	-0.28***	0.026	-0.34 - -0.23
40-49	-0.50***	0.04	-0.58 - -0.43	-0.81***	0.04	-0.57 - -0.42	-0.64***	-0.59***	0.032	-0.66 - -0.53
50-65	-0.83***	0.06	-0.94 - -0.71	0.31***	0.06	-0.93 - -0.70	-0.86***	-0.79***	0.047	-0.88 - -0.70
<b>Income level</b>										
Low					Reference					
Middle	0.29***	0.03	0.23 - 0.35	0.31***	0.03	0.24 - 0.37	-0.05	0.03	0.025	-0.02 - 0.08
High	0.44***	0.05	0.35 - 0.53	0.47***	0.05	0.38 - 0.56	0.05	0.20***	0.038	0.12 - 0.27
<b>Access to EAP</b>										
No					Reference					
Yes				-0.09**	0.03	-0.15 - -0.03		-0.49***	0.024	-0.54 - -0.44
<b>Model Summary</b>										
R2	0.046			0.047			0.052	0.076		
R2				0.00056				0.024		
F	(12,15289) 61.89			(13,15288) 57.86			(12,15289) 69.2	(13,15288) 96.69		
F				(1,15288) 9.058**				(1,15288) 404.72***		

\* p<.05, \*\* p<.01, \*\*\* p<.001



Well-being and mental health webinars, talks, or workshops were significantly associated with higher thriving from work (B

**Table 5** Results of subgroup analysis investigating the relationship between type of EAP service and employee wellbeing (n = 4444)

Predictors <sup>a</sup>	Thriving from Work		Depression		Anxiety		Stress		Productivity		Turnover Intention	
	B	95% CI	B	95% CI	B	95% CI	B	95% CI	B	95% CI	B	95% CI
Mental health coaching												
Yes	-0.26	-0.82 – -0.31	ns		ns		ns		ns		-0.06	-0.14 – -0.03
Well-being and mental health webinars, talks, or workshops												
Yes	0.72**	0.24 – 1.19	ns		-0.58	-1.18 – -0.01	-0.90**	-1.54 – -0.25	0.13**	0.03 – 0.22	ns	
Self-guided tools, such as self-care activities, lessons, and modules												
Yes	0.52	-0.05 – 1.09	-0.98*	-1.86 – -0.10	-0.87*	-1.59 – -0.16	-0.63	-1.40 – -0.14	0.11*	0.00 – 0.22	-0.10*	-0.19 – -0.01
Holistic wellness programs (e.g. mental, physical, financial well-being)												
Yes	1.40***	0.78 – 2.01	-0.78	-1.71 – -0.15	-0.32	-1.06 – -0.43	-0.42	-1.23 – -0.39	ns		-0.14**	-0.23 – -0.04
Mental health training for managers												
Yes	0.73	-0.22 – 1.68	-0.59	-2.04 – -0.85	ns		-0.29	-1.54 – -0.97	ns		-0.03	-0.19 – -0.12
Workplace wellbeing policies (e.g. mental health days, dedicated wellbeing champions, flexible wellbeing budget)												
Yes	1.54***	0.92 – 2.16	-0.14	-1.10 – -0.81	ns		ns		ns		-0.04	-0.14 – -0.06
Regular mental health risk screening or assessment												
Yes	0.29	-0.36 – 0.93	-2.40***	-3.39 – -1.41	-1.53***	-2.32 – -0.74	-1.51**	-2.37 – -0.64	-0.23***	-0.35 – -0.10	-0.11*	-0.21 – -0.01
R <sup>2</sup>	0.024		0.010		0.007		0.007		0.006		0.008	

\* p < .05, \*\* p < .01, \*\*\* p < .001, ns not significant at univariate level

<sup>a</sup> Predictors are categorical variables (0 = No, 1 = Yes) with 'No' set as the reference level for each predictor

used to be considered effective, and employees' perceived availability of and accessibility to EAPs can be sufficient to promote employee mental health and wellbeing [62].

Previous studies have shown that providing employees access to an effective EAP can translate to reduced turnover intention and increased organisational commitment [21, 22]. Furthermore, a study of employees in

the initial internal barrier towards mental health help seeking as employees would not feel obligated towards any specific form of mental health care afterwards. It is may be particularly important to cater to employees with differing levels of mental health needs or who may prefer alternative approaches to address their current issues [72, 73]. Regardless if employees accept or refuse recommendations for further care or treatment, under-

and their right to withdraw their participation at any time throughout the survey with no consequences. All participants provided digital implied con-

38. Department of Statistics Malaysia. 2022 Household Income Survey Report. Malaysia. 2023. [https://www.dosm.gov.my/uploads/release-content/file\\_20230806204605.pdf](https://www.dosm.gov.my/uploads/release-content/file_20230806204605.pdf). Accessed 24 Mar 2024.
39. Department of Statistics Singapore. Key Household Income Trends 2022.