



**Effectiveness of Psychological Support Interventions (EAPs, Counselling)
on Reducing Change-Related Stress and Improving Organisational
Commitment among Healthcare Workers in Delhi NCR**

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ABSTRACT

Technological advancements, process reengineering, and policy-driven reforms are among the numerous organizational changes that healthcare organizations in Delhi NCR are going through. These changes frequently cause stress and weaken employee loyalty. Although there is little empirical data from Indian healthcare settings, psychological support treatments like Employee Assistance Programs (EAPs) and counseling services are thought to reduce stress associated with change and increase organizational commitment. The impact of psychological support treatments in lowering change-related stress and enhancing organizational commitment among healthcare professionals in Delhi NCR is investigated in this mixed-methods study.

28 semi-structured interviews with HR managers and counseling providers added qualitative depth to the survey, which was completed by a stratified sample of 420 healthcare workers from six institutions. Employees who used EAPs or counseling reported significantly lower change-related stress (Cohen's $d = 0.72$) and higher organizational commitment ($d = 0.45$), according to quantitative analyses (t-tests, hierarchical regression, and mediation analysis using PROCESS) based on illustrative data. The association between EAP usage and organizational commitment was partially mediated by stress reduction, according to mediation experiments. Accessibility, confidentiality, managerial support, and integration with change communication were identified as key facilitators by thematic analysis of the interviews.

Keywords: Employee Assistance Program (EAP), counselling, change-related stress, organisational commitment, healthcare workforce, Delhi NCR, psychological support, change management.

1. INTRODUCTION

1.1 Background

Organizational change in healthcare organizations is often influenced by changing patient demographics, legislative changes, accreditation requirements, and technology adoption (such as EMR/EHR systems). Such adjustments can increase productivity and quality, but they can cause stress and uncertainty for employees (Weiner, 2009). According to Holt et al.



(2007), stress during change can lower work satisfaction and erode organizational commitment by combining cognitive overload, emotional ambiguity, and worries about competence or job security. This can eventually make implementation less successful.

Psychological support interventions, such as Employee Assistance Programs (EAPs), counselling, and work-based mental health services, have been used in many sectors to support employees through change, mitigate stress, and maintain organisational functioning (Attridge, 2019). EAPs typically provide short-term counselling, crisis intervention, referral services, and sometimes manager training to handle distressed staff. In healthcare settings, where employees already face high baseline stress, the importance of accessible psychological support during organisational change is arguably higher.

1.2 Rationale and Context: Delhi NCR

The Delhi National Capital Region (NCR) comprises a dense network of public, private, and charitable health facilities serving a large and diverse population. Many hospitals in the region have been implementing digital health initiatives, accreditation standards (e.g., NABH), and structural reforms — often rapidly and concurrently. While administrators emphasise technical and process dimensions of change, the human side receives comparatively less systematic attention. There is a pressing need to evaluate whether psychological support interventions can reduce change-related stress and preserve or enhance organisational commitment among healthcare workers in Delhi NCR.

2. AIMS AND OBJECTIVES

2.1 Aim

To evaluate the effectiveness of psychological support interventions (EAPs and counselling) in reducing change-related stress and improving organisational commitment among healthcare workers in Delhi NCR.

2.2 Objectives

1. To measure levels of change-related stress and organisational commitment among healthcare workers exposed to organisational change.
2. To compare change-related stress and organisational commitment between employees who used EAP/counselling services and those who did not.
3. To examine whether reduction in change-related stress mediates the relationship between EAP/counselling use and organisational commitment.
4. To explore organisational enablers and barriers to effective psychological support implementation through qualitative interviews with HR managers and counsellors.
5. To propose a practical framework for integrating psychological support into change management processes in hospitals.

3. REVIEW OF LITERATURE

3.1 Conceptualising Change-Related Stress

Change-related stress refers to the psychological strain arising specifically from the process of organisational change. It includes anxiety about competence, fear of job loss, ambiguity about roles, and perceived threat to professional identity (Vakola & Nikolaou, 2005). In



healthcare, stress during change is compounded by high workload, shift work, and patient safety concerns (Cunningham et al., 2002).

3.2 Psychological Support Interventions: EAPs and Counselling

EAPs were originally developed to address substance abuse but have evolved into broader employee support programs offering counselling, crisis intervention, and referrals (Attridge, 2019). EAP effectiveness research in general occupational settings shows reductions in absenteeism and improvements in mental health symptoms (Csiernik & Heinemann, 2004), though evidence quality varies. Counselling in workplace settings may be delivered onsite, offsite, or via telehealth; confidentiality and managerial endorsement are critical for utilisation (Cooper & Cartwright, 1994).

3.3 Organisational Commitment and its Determinants

Organisational commitment is a psychological state characterising the relationship between employees and their organisation — often conceptualised in three components: affective, continuance, and normative commitment (Meyer & Allen, 1991). Stressors, perceived organisational support, leadership behaviour, and HR practices influence commitment. Reduced stress and perceived support typically bolster affective commitment (Meyer et al., 2007).

3.4 EAPs, Stress Reduction, and Commitment: Theory and Evidence

Theoretically, psychological support can reduce change-related stress (direct effect) and increase perceptions of organisational support (indirect effect), which in turn enhances organisational commitment (Eisenberger et al., 1986). Empirical studies outside healthcare have found links between EAP use and improved job attitudes; however, causal attribution is complicated by self-selection — employees who use EAPs may differ systematically (e.g., more proactive) from non-users. In healthcare, limited evidence indicates that counselling reduces burnout and supports retention (Shanafelt et al., 2017), but targeted studies linking EAP use during change to commitment are uncommon, especially in India.

3.5 Implementation Factors

Critical factors for EAP effectiveness include accessibility, confidentiality, clear communication, managerial training, integration with HR processes, and data-driven evaluation (Attridge, 2019; Daniels & de Jonge, 2012). In hierarchical healthcare settings, trust and stigma around mental health services can reduce uptake unless leadership visibly supports interventions.

4. RESEARCH METHODOLOGY

4.1 Research Design

A convergent mixed-methods design was chosen cross-sectional quantitative survey to test relationships and mediation, and qualitative interviews to explore processes and implementation barriers/enablers.

4.2 Study Setting and Population

Six hospitals in Delhi NCR (three private tertiary hospitals and three large public hospitals) were purposively selected based on their recent involvement in major organisational change (e.g., EMR rollout, NABH accreditation, or departmental restructuring). The target



population included clinical staff (doctors, nurses, allied health) and non-clinical staff (administrators, technicians) employed for at least one year.

4.3 Sampling and Sample Size

For the quantitative survey, a stratified random sample was targeted: 420 respondents (70 per hospital), stratified by job category (clinical vs. non-clinical). For qualitative interviews, 28 purposive interviews were conducted with HR managers (n=12), counselling providers/EAP vendors (n=8), and frontline staff champions (n=8).

4.4 Instruments

4.4.1 Quantitative Measures

- **Change-Related Stress (CRS) Scale (10 items)** — adapted from Vakola (2014) and Holt et al. (2007). Sample item: “I feel anxious about how recent organisational changes will affect my work.” Responses on 1–5 Likert (1 = Strongly Disagree; 5 = Strongly Agree). Higher scores indicate greater stress.
- **Organisational Commitment (OC) Scale** — the Affective Commitment subscale of Meyer & Allen (1991) (6 items). Sample item: “I feel a strong sense of belonging to my organisation.” 1–5 Likert; higher scores indicate stronger affective commitment.
- **EAP/Counselling Utilisation Indicator** — binary (1 = used EAP/counselling in relation to recent change; 0 = did not use). Additional items captured frequency, mode (onsite/offsite/telephone), perceived confidentiality, and managerial encouragement.
- **Control variables** — age, gender, tenure, job category, hospital type, prior exposure to change.

4.5 Data Collection Procedure

Surveys were administered in person and electronically over two months. Interviews were recorded with consent and transcribed verbatim.

4.6 Ethical Considerations

Ethical approval was obtained from an institutional review board. Participation was voluntary; informed consent was obtained; confidentiality was assured; and anonymised identifiers were used.

4.7 Data Analysis

Quantitative data were analysed using SPSS and PROCESS macro for mediation (Model 4). Analyses included descriptive statistics, independent samples t-tests (EAP users vs non-users), hierarchical regression controlling for demographics, and mediation testing of CRS (mediator) between EAP use (predictor) and OC (outcome). Qualitative data were analysed thematically using NVivo; codes were grouped into themes reflecting enablers, barriers, and perceived impacts.

5. RESULTS AND INTERPRETATION (ILLUSTRATIVE / SIMULATED DATA)

Important: The numerical results and tables below are based on simulated data created for illustrative purposes. Replace these with your empirical data before submitting the manuscript.

5.1 Sample Characteristics (n = 420)

Variable	Category/Value	%	n	SD
Gender	Female	58%	244	–
	Male	42%	176	–
Job Category	Clinical	65%	273	–
	Non-clinical	35%	147	–
Hospital Type	Private	52%	218	–
	Public	48%	202	–
Mean Age	34.6 years	–	–	8.9
Mean Tenure	6.2 years	–	–	4.4

5.2 EAP/Counselling Utilisation

- 164 respondents (39.0%) reported using EAP/counselling services specifically during or after the recent organisational change.
- Mode of counselling: Onsite (28%), Offsite/telephonic vendor (48%), Tele counselling/telemedicine (24%).
- Perceived confidentiality (1–5): Mean = 3.9 (SD = 0.8) among users.

5.3 Descriptive Statistics: CRS and OC

Scale	Range	Mean (Users)	SD (Users)	Mean (Non-users)	SD (Non-users)
CRS	1–5	2.41	0.78	3.12	0.85
OC	1–5	3.86	0.61	3.57	0.69

Interpretation: EAP users show lower mean change-related stress and higher organisational commitment compared with non-users.

5.4 Group Differences: t-tests

Independent samples t-tests were conducted to compare CRS and OC between EAP users and non-users.

- **Change-Related Stress (CRS):** $t(418) = 9.12, p < 0.001$; Cohen’s $d = 0.72$ (medium-large effect).
- **Organisational Commitment (OC):** $t(418) = 4.61, p < 0.001$; Cohen’s $d = 0.45$ (medium effect).

Interpretation: Differences are statistically significant; EAP use is associated with meaningful reductions in stress and increases in commitment.

5.5 Hierarchical Regression: Predicting Organisational Commitment

A hierarchical regression tested whether EAP use predicted OC after controlling for demographics and work variables, and whether CRS accounted for part of the effect.

Model 1 (Controls only): Age, gender, tenure, job category, hospital type — $R^2 = 0.06$, $F(5,414) = 5.38, p < 0.001$.

Model 2 (+EAP use): EAP use entered — $\Delta R^2 = 0.04, \beta(\text{EAP}) = .22, p < 0.001$; total $R^2 = 0.10$.



Model 3 (+CRS): CRS entered — $\Delta R^2 = 0.19$, $\beta(\text{CRS}) = -.45$, $p < 0.001$; EAP coefficient reduced but remained significant ($\beta = .10$, $p < 0.05$); total $R^2 = 0.29$.

Interpretation: EAP use predicts organisational commitment, but much of its effect operates through reduction in change-related stress (CRS).

5.6 Mediation Analysis (PROCESS Model 4)

Mediation analysis tested whether CRS mediates the relationship between EAP use (X; binary) and OC (Y). Bootstrapping with 5,000 samples used.

- Total effect (c): $B = 0.29$, $SE = 0.06$, $p < 0.001$.
- Direct effect (c') controlling for CRS: $B = 0.10$, $SE = 0.05$, $p = 0.04$.
- Indirect effect (a*b): $B = 0.19$, 95% CI [0.12, 0.27] — significant.

Interpretation: CRS partially mediates the relationship between EAP use and organisational commitment: EAP use reduces stress, which in turn contributes to higher commitment; EAP use also has a small direct effect on commitment beyond stress reduction (e.g., via perceived organisational support).

5.7 Subgroup Analyses

- **Clinical vs Non-clinical:** Effect sizes for CRS reduction due to EAP use were larger among clinical staff ($d = 0.80$) than non-clinical staff ($d = 0.45$). Clinical staff reported greater benefit, possibly due to higher baseline stress.
- **Private vs Public:** EAP uptake was higher in private hospitals (45%) than public (32%). However, when used, EAP effectiveness (CRS reduction) was similar across sectors.

5.8 Qualitative Findings

From 28 interviews, thematic analysis produced four main themes:

1. **Accessibility and Modality Matter:** Staff preferred hybrid models (telephone + in-person) for flexibility. Tele counselling increased utilisation among shift workers.
2. **Confidentiality & Trust Are Critical:** Concerns about privacy and career repercussions deterred some employees. Clear confidentiality protocols and third-party vendors increased uptake.
3. **Managerial Endorsement and Communication:** When leaders openly endorsed EAPs and signposted services during change communications, utilisation and perceived legitimacy rose.
4. **Integration with Change Processes:** Hospitals that embedded counselling within change-rollout plans (pre-change briefings, stress checkpoints during implementation, and post-change follow-ups) reported better outcomes.

5.9 Synthesis of Quantitative and Qualitative Results

Quantitative results show statistically significant associations and mediation consistent with theory; qualitative evidence provides mechanisms and practical insights (e.g., modes of delivery, confidentiality) explaining how EAPs reduce stress and reinforce commitment.

6. DISCUSSION

6.1 Summary of Key Findings



- EAP/counselling utilisation is associated with significantly lower change-related stress and higher organisational commitment among healthcare workers in Delhi NCR (illustrative data).
- Stress reduction partially mediates the relationship between EAP use and organisational commitment.
- Implementation-level factors — accessibility, confidentiality, managerial endorsement, and integration with change processes — determine uptake and effectiveness.

6.2 Theoretical Integration

Findings align with **Perceived Organisational Support (POS)** theory (Eisenberger et al., 1986): EAP provision signals care, increasing affective commitment. Reduction in stress maps onto **stress-strain** frameworks (Cooper & Cartwright, 1994), and the mediation is consistent with expectation that support reduces strain, which then positively affects attitudes toward the employer.

6.3 Practical Implications

1. **EAPs as Strategic Change Instruments:** Hospitals should view EAPs not just as welfare benefits but as strategic instruments to facilitate organisational change. Budget allocation for EAPs should be part of change rollout planning.
2. **Hybrid Delivery Models:** Tele counselling and flexible modes increase access for shift workers — a critical feature in hospitals.
3. **Manager Training:** Managers should be trained to recognise distress, refer staff sensitively, and endorse services to reduce stigma.
4. **Confidentiality Protocols:** Outsourced vendors and clear data-handling policies increase perceived confidentiality and utilisation.
5. **Monitoring & Evaluation:** Track utilisation rates, pre/post stress indices, and turnover/intention metrics to evaluate ROI.

6.4 Comparison with Prior Research

Consistent with international evidence (Attridge, 2019; Shanafelt et al., 2017), EAPs can reduce workplace distress. This study extends prior work by explicitly linking EAP use during organisational change to commitment and clarifying mediation through stress reduction.

6.5 Contextual Nuances for Delhi NCR

High baseline workload and frequent concurrent changes increase the need for accessible, confidential psychological services. Private hospitals may have more resources to offer comprehensive EAPs, but public hospitals can implement cost-effective tele counselling and peer-support models.

7. CONCLUSION

The reduction in stress explains a large portion of the positive impact on commitment, and implementation details (accessibility, confidentiality, managerial support, and integration) determine actual effectiveness.



For hospital administrators and policymakers, the message is clear: integrate psychological support into change management strategy, allocate resources for accessible and confidential counselling, involve managers in promoting services, and evaluate outcomes systematically.

8. RECOMMENDATIONS

1. **Assess Need:** Pre-change baseline measurement of stress and attitudes.
2. **Design Services:** Hybrid EAP model (onsite + tele counselling + referral network).
3. **Confidentiality Protocols:** Third-party vendors or strict internal confidentiality policies, clear communication to staff.
4. **Managerial Involvement:** Train managers to recognise distress, reduce stigma, and refer.
5. **Embed in Change Plan:** Offer pre-change briefings, scheduled counselling slots during rollout, and follow-up sessions.
6. **Measure & Iterate:** Monitor utilisation, CRS, OC, absenteeism, and turnover; refine services.

9. LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

1. **Simulated Data:** The quantitative results presented are illustrative. Empirical validation using primary longitudinal data is essential before publication.
2. **Causality:** Cross-sectional design limits causal inference; longitudinal or experimental designs (e.g., stepped-wedge trials) would strengthen causal claims.
3. **Self-Selection & Unobserved Confounds:** EAP users may differ from non-users; propensity score matching or instrumental variable approaches could address selection bias.
4. **Broader Outcomes:** Future studies should include patient-safety outcomes and objective organisational metrics (error rates, productivity).
5. **Cultural Stigma:** More research on stigma reduction strategies tailored to Indian healthcare cultural contexts is needed.

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