

https://dspace.org/

Challenges of social workers who work in employee assistance programme call centres

Kgoroba, Kagiso

2021
https://hdl.handle.net/10539/33761

Downloaded from a DSpace repository. https://dspace.org/



TITLE:

Challenges of social workers who work in Employee Assistance Programme call centres.

A research report on a study project presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand

In partial fulfilment of the requirements for the degree MA in the field of Occupational Social Work

By:

Miss Kagiso Kgoroba

Supervisor: Ms Laetitia Petersen

DECLARATION

I Kagiso Kgoroba, student number: 0713313D, I am a student registered for MA in Occupational Social Work in the year 2021. I hereby declare the following:

- I am aware that plagiarism (the use of someone elses work without their permission and/or without acknowledging the original source) is wrong
- I confirm that ALL the work submitted is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing



Kagiso Kgoroba **30 April 2021**

…Signature…… **…….Date……**

ACKNOWLEDGEMENTS

I would like to extend my heartfelt and sincere gratitude to the following people who have been with me throughout the research process till the end:

I would like to express my utmost gratitude to my supervisor, Ms Laetitia Petersen. Your constructive feedback and patient guidance throughout the research process are really appreciated. Thank you for mentorship and support and for not giving me up on me, after all these years. I could not have imagined having a better supervisor for my master's programme. You give supervision such a good reputation.

My sincere thanks also go to the research participants. This research project would not have been possible without their contribution. Thank you for allowing me into your worlds by sharing your narratives with me.

I would like to thank my previous manager Ms Celeste Olivier, thank you for motivating me to pursue this degree and constantly encouraging me to finish, even when I felt like giving up. I appreciate it C.

I would like to thank my mother Ms Mahlatse Kgoroba, your support has been amazing, you were my strength when I wanted to break down. Without you I would have given up. Thank you, mom. I would like to thank my brother Mr Thabo Kgoroba for the constant laughter, it helped me through this process.

I would like to thank my husband Mr Tumelo Maseko for hanging in there when I could not spend time with you and for supporting and cheering me up. I appreciate you.

And to my friends Gugu Duba, Rebotile Matoane and Mthobisi Sithole, your constant support and debriefing sessions are appreciated.

ABSTRACT

The increasing demand for client- centred services and employee wellness programmes has led to an increase in the number of call centres which employs about 200 000 people across all departments. Professional counsellors entering the profession today have the option to communicate with clients through the telephone or social networking sites. There is an argument that call centre work is not classified as knowledge work, that professions such as social work cannot be employed in call centres, this study identifies that social workers do work in call centres and they have various challenges that they go through based on their profession. Social workers working in call centres experience several challenges, such as stress, monitoring and repetitiveness of job content, lack of opportunities, shift work. The aim of this study was to explore the challenges of social workers who work in an Employee Assistance Programme Call centre. To achieve this, a qualitative approach was used for this exploratory study. This study made use of an exploratory research and participants were drawn from an employee wellness company already offering online counselling through a call service centre environment. The research used non-probability purposive sampling. Data was obtained through conducting face-to-face semi-structured interviews and using an interview schedule with ten social workers employed at the call centre. There was also pretesting done with one participant before having the interviews with participants. Data was analysed according to thematic analysis. The main conclusion of the study found that there are various challenges that participants go through, the most prevalent is that of feeling micromanaged by the system, which they compared to being in prison. Participants also highlighted the physical challenges such as not having comfortable chairs to sit on, with the environment that they work in, this was an interesting finding, because their environment is mainly an employee wellness department, yet internal wellness seems to be affected. Other challenges such as lack of training, compassion fatigue and burnout have been identified. With all the challenges identified there has been some positive data that the participants have shared. Some participants reported prospects of growth in the EAP call centre space, which links to the advantages of working in a call centre and is evident that even though the environment might have challenges, one can grow if they put in the hard work.

Keywords: Call Centres, call centre operators, challenges, social workers, Employee Assistance programme, Employee Wellness, Online counselling

TABLE OF CONTENTS

Acknowledgement	i
Abstract	ii
Table of contents	iii
List of Tables and list of abbreviations	vi
Chapter One: Introduction	**1**
1.1.Introduction	1
1.2.Statement of the problem	1-2
1.3.Rationale of the study	2-3
1.4.Research Questions	3
1.5.Aim of the study	3
1.6.Objectives of the study	3
1.7.Brief description of the research design and methodology	4-5
1.8.Limitations and delimitations of the study	5-6
1.9.Overview of the chapters	6-7
1.10. Definition of terms	7
1.11. Summary	7
Chapter Two: Literature review and theoretical framework	**8**
2.1. Introduction	8
2.2. Theoretical Framework	8-10
2.3. What is online counselling?	10
2.4. History of online counselling in call centres	11-12
2.5. History of call centres	12-13
2.6. Advantages of online counselling in EAP call centres	13-14
2.7. Disadvantages of using online counselling in EAP call centres	14-16
2.8. Perceptions of social workers regarding online counselling in EAP call centres	16-17
2.9. Challenges of working in a call centre	18
2.9.1. Monitoring and measuring of worker activity	17-18
2.9.2. Stressors in a call centre	18-19
2.9.3. Job Dissatisfaction	19-20

2.9.4. Physical health challenges 20
2.9.5. Emotional Labour 20
2.9.6. Burnout and compassion fatigue 21
2.10. Summary 21

Chapter Three: Research design and methodology 22
3.1. Introduction 22
3.2. Primary aim of the study 22
3.3. Secondary objectives 22
3.4. Research Approach 22-24
3.5. Research design 24-25
3.6. Population and sampling procedure 25-26
3.7. Research Instrumentation 26-27
3.8. Pre-testing of research instrument 27-28
3.9. Methods of data collection 28
3.10. Methods of data analysis 29-30
3.11. Trustworthiness 30-32
3.12. Ethical Considerations 32-35
3.13. Summary 35

Chapter Four: Presentation of findings 36
4.1. Introduction 36
4.2. Demographic Information 36-37
4.3. Themes 37-38
4.3.1. The perceptions of social workers regarding working in a call centre 39-41
4.3.2. Challenges associated with working in an EAP call centre 42-49
4.3.3. Coping strategies for dealing with challenges 49-53
4.3.4. Recommendations 53-55
4.4. Summary 56

Chapter Five: Main findings, conclusion, and recommendations 57
5.1. Introduction 57
5.2. Research question 57
5.3. Aim of the study 57

5.4. Research objectives 56-58
5.5. Main findings 58
5.5.1. The perceptions of social workers regarding working in a call centre 58-59
5.5.2. Challenges associated with working in an EAP call centre 59-63
5.5.3. Recommendations to improve challenges 63-64
5.6. Recommendations 64
5.6.1. Recommendations to social workers 64
5.6.2. Recommendations to prospective researchers 64
5.6.3. Recommendations to the EAP company 65
5.7. Conclusion 65-66

Reference list 67-71

Appendix A: Participant information sheet 72-73
Appendix B: Consent form for participation in the study 74
Appendix C: Semi structured interview schedule 75
Appendix D: Permission letter to conduct a study at the EAP company 76
Appendix E: Research clearance certificate from Wits University 77

LIST OF TABLES

Table 1: Profile of Social Workers who participated in the research 36

Table 2: Themes 37

LIST OF ABBREVIATIONS

EAP- Employee Assistance Programme

EAPASA- Employee Assistance Professionals Association of South Africa

EWP- Employee Wellness Programme

ISMHO-International Society for Mental Health Online

PEW-Pink Eyed White

BACP-British Association for Counselling and Psychotherapy

EAPA- Employee Assistance Professionals Association

PABX-Private Automated Branch Exchange

ACD- Automated Call Distributor

WHO- World Health Organization

KPI-Key Performance Indicator

CHAPTER ONE
INTRODUCTION

1.1.Introduction

Social workers working in call centres experience several challenges, such as stress, monitoring and repetitiveness of job content, lack of opportunities, shift work, high call volumes and health challenges (Hanna, 2008). These challenges create a difficult environment for social workers to work in which leads to job dissatisfaction and a high staff turnover. This study explored the challenges that social workers experience in detail. This research report is structured to explain different themes of the research title.

1.2.Statement of problem

To provide online counselling, various call centres exist, especially in the employee assistance programmes. The Employee Assistance Programme employs staff members who are clinically trained to handle psychosocial problems. Social workers are among the people employed by Employee Assistance Programmes to work in call centres to provide online counselling. Social workers are mainly trained in University for face-to-face engagements with clients (Russell, 2008). After completing their education, social workers are employed by various institutions and some of them will work for Employee Assistance Programmes as telephone counsellors in a call centre, where they experience several challenges such as stress, work pressure, high call volumes, feeling under equipped clinically for the job, physical health challenges, working environment setup and customer attitudes (Russell, 2008).

"The practice of social work is traditionally undertaken in face-to-face settings and the ability to observe body language as a source of social cues has been highly valued and emphasised as a normal part of the assessment process a reliance precluded, by the remote interactivity of a call centre" (Madoc-Jones, Warren, Ashdown-Lambert, Williams, & Parry, 2007, p.35). Madoc-Jones et al (2007) suggest the use of communications technology to mediate professional practice will transform social work from a professional activity to one

defined by technical and administrative functions. This study aimed to challenge the argument with regards to the professional activity of social workers in call centres by creating an awareness that social work challenges are not only in a face-to-face office-based environment, but also in the digital working environments that they find themselves working in.

Call centre operators or online counsellors spend most of their time transacting business through phones fitted with an earpiece, supported by computers. The environment is usually open plan with several call centre agents on the floor (Lin, Chen, & Lu, 2010). These challenges create a difficult working environment for social workers which lead to job dissatisfaction and a high staff turnover. This also leads to more social workers losing motivation in continuing to work in the social work profession (Hanna, 2008). According to Hannah (2008) due to the work dissatisfaction social workers face, they feel like low skilled workers due to the working environment they are in, some end up leaving the profession completely or exploring new ventures. This study explored the challenges that social workers face to better understand their working environment and how this impacts on their profession as social workers. This study contributed to the literature and knowledge of social workers in a call centre and how their work environments can affect their mental health and physical health. This research also highlighted the gaps that are present in research with regards to social workers who work in call centres. The focus has been on face-to-face clinical work, instead of the digital working environment. This study will create awareness that social work challenges are not only in a face-to-face office-based environment but also in a digital environment.

1.3.Rationale of the study

This research aimed to challenge the argument with regards to the professional activity of social workers in call centres by creating an awareness that social work challenges are not only in a face-to-face office-based environment, but also in the digital working environments that they find themselves working in. This research explored the challenges social workers face to better understand their working environment and how this impact on their profession as social workers. This research contributed to the literature and knowledge of social workers in a call centre and how their work environments can affect their mental health and physical health. This research also highlighted the gaps that are present in research with

regards to social workers who work in call centres. This research highlighted that participants feel imprisoned in their work environment because they are constantly micromanaged by using a system which logs their tea. Lunch and toilet break. This is a broad statement which shows that the social work profession is still taken for granted even in a corporate setting, and the aim of the study was to create awareness on how the social work profession faces challenges, be it in the face-to-face engagement with clients or virtual engagement with clients. The profession still has a long way to be adequately recognised in the working environment. Even though there are challenges there are also prospects for growth in the EAP call centre field, but one must have high tolerance and work hard in order to grow professionally.

1.4.Research Questions

The research study attempted to answer the following questions:

1.4.1. What are the perceptions of social workers who work in an EAP call centre?
1.4.2. What are the challenges associated with working in an EAP call centre?
1.4.3. What recommendations can be made to improve the challenges?

1.5.Aim of the Study

To explore the challenges experienced by social workers who are employed in an employee assistance programme call centre.

1.6.Objectives of the Study

The objectives of the study were:

- To explore social workers experience in terms of working in a call centre setting.
- To describe the challenges, that social workers experience in working in a call centre setting.
- To elicit from the social workers strategies to deal with or resolve challenges.
- To seek recommendations from the social workers to address possible challenges.

1.7.Brief description of research design and methodology

The study took the form of an exploratory research design. "Exploratory research is conducted to gain insight into an unexplored situation, individual or phenomenon so as to develop a hypothesis or to formulate a problem" (Ritchie & Lewis, 2003, p.56). The researcher wished to gain insight as to which factors cause the challenges in working in a call centre for social workers and what they suggest can be done to eliminate these challenges. The research was be conducted at a Wellness agency which has an Employee assistance division that employs 50 staff members in the call centre, and 40 of those staff members are social workers. The sampling method that was used in the research is non-probability sampling. The required sample for the research was 10 social workers working in the EAP call centre at the company. The study was conducted with participants from different genders and who have different years of experience in the EAP Call centre field. Participants were recruited by sending them emails and allowing them to voluntary participate in the study and the Wellness manager also made recommendations as to which participants should be part of the study. According to De Vos, Strydom, Fouche, & Delport, (2011, p.560) "in non-probability sampling the odds of selecting a particular individual are not known because the researcher does not know the population size of the members of the population and each unit in a sampling frame does not have an equal chance of being selected for a particular study".

The research instrumentation which was used was the in-depth semi-structured interviews. This method boasts the advantage of gathering in-depth information and enables the researcher to gain a deeper understanding of the area of research. Furthermore, informal interviews allow flexibility in the manner in which data is gathered. It offers room for opportunistic questions that may have not been necessarily drafted beforehand in which both the interviewer and respondent can clarify immediately any ambiguities in questions and responses (De Vos et al, 2011). Greenstein (2010, p.56) argued that "in-depth semi structured interviews involve a clear list of issues that need to be addressed and a set of questions to be answered but there is greater flexibility around the sequence in which they may be asked and how the respondent chooses to respond to the question asked or topic at hand" Thematical analysis, as according to King & Horrocks, 2010 was used to analyse the data and several themes like: micro-management, compassion fatigue and burnout, lack of

training, working hours and shifts, physical health challenges, substance abuse as a coping mechanism, subgroups and family support were identified.

1.8.Limitations and delimitations of the study

The limitations below are highlighted because they caused delays or challenges in the study:

- Setting up appropriate face to face time with the participants to have the interviews, because they work from home due to COVID 19 regulations and some of them did not agree to drive to the office. The participants who were able to drive to the office are the ones who formed part of the study. This limitation was addressed by getting the participants availability by checking their diaries at work and that was emailed to the researcher and interviews were scheduled based on that availability.
- Socially desirable answers were also another limitation, where participants told the researcher information that they think the researcher wanted to hear. This was evident in their non-verbal communication with the researcher and having long pauses when it came to answering questions about their employment. Some participants withheld information due to fear of their employer, even though assurance of confidentiality was discussed with them. This was addressed by assuring them of their confidentiality and showing them on the researchers note pad that names are not being used.
- Another limitation is that the qualitative approach fails to provide generalizable results due to the small sample sizes that are used; however, every effort was made to ensure that the criteria of trustworthiness is met to encourage the transferability of the research findings.
- The Wellness company allowed 30 minutes to conduct interviews, which was minimal time to get in depth information. This was addressed by working with the allocated time provided by not going in depth with the probing of certain questions.

The delimitations of the study are:

- Only 10 participants were selected to be in the study, due to the number of staff members that are employed at the wellness company. There were a lot of employees and all of them could not be interviewed and due to the nature of their work they could not allow a large number of participants to be off the telephone lines, the employer only allowed for 10 employees to form part of the study.
- The interview was done in a wellness company in centurion because it was the only company that granted permission for the study to be conducted.
- The study was conducted with social workers instead of registered counsellors and psychologist, to better explore the profession in a different work setting which is more digital.

The data was collected over two months due to COVID 19 regulations that were put in place by the company. Only selected people were allowed on the premises.

1.9.Overview of the chapters

Chapter 1: Introduction

This chapter contains the introduction to the research paper. It highlighted the research methods and brief overview of what the research contains.

Chapter 2: Literature Review

This chapter contains the relevant literature found with regards to the research question. It also contains the theoretical framework that guided the research.

Chapter 3: Methodology

This chapter explains in detail the type of research design and approach used. And explains the sampling technique and data collecting method that has been used.

Chapter 4: Results of the data

This chapter explains in detail the results that have been found while conducting interviews for the research. They were separated into themes.

Chapter 5: Discussion of findings

This chapter discusses the findings in detail while linking them to theory that has already been identified. This chapter explains the recommendations made and concluded the research.

1.10. Definition of Terms

EAP- Employee Assistance programme (EAPASA, 2017).

Online Counselling: online counselling is an internet-based modality in delivering psychological support (Pandy & Rogerson, 2014).

Call Centre: An environment where a service is provided by the use of telephone for client services. All agents are placed in one open space separated by desk cubicles. (Carrim, 2006).

Social Worker: Trained professional who aim to enhance the overall well-being of communities and individuals (Sheafor & Horesji, 2010)

Challenges: Something that needs great mental or physical effort in order to be done successfully and tests a person's ability (Carrim, 2006

1.11. Summary

This chapter has provided an introduction and orientation to the study. The chapters to follow will look at theories and literature in relation to challenges faced by social workers who work in EAP call centres and the methodology employed in the study. Finally, an analysis of the data will be presented along with recommendations and the conclusion of the study.

CHAPTER TWO
LITERATURE REVIEW AND THEORETICAL FRAMEWORKS

2.1. Introduction

The increasing demand for client- centred services and employee wellness programmes has resulted in an increase in the number of call centres which employs about 200 000 people across all departments (Hannah, 2008). "The practice of social work is traditionally undertaken in face-to-face settings and the ability to observe body language as a source of social cues has been highly valued and emphasised as a normal part of the assessment process a reliance precluded, by the remote interactivity of a call centre" (Madoc-Jones et al. 2007, p.35). The EAP industry has increased from 100 seats to over 10 000 seats. The first EAP company in South Africa is called ICAS, and according to the Employee Assistance Programme Association of South Africa, they started with 100 staff members, but now they employ over 10 000 people due to the growth of the industry. Professional counsellors entering the profession today have the option to communicate with clients through the telephone or social networking sites. There is an argument that call centre work is not classified as knowledge work, that professions such as social work cannot be employed in call centres, this study identifies that social workers do work in call centres and they have various challenges that they go through based on their profession (Manhal-Baugus, 2001). The theory also highlights the advantages and disadvantages of online counselling in call centres that is provided by social workers, which leads to their perceptions and their challenges.

2.2. Theoretical Framework

This research was guided by the ecosystem's perspective. The history of this perspective stems taking concepts and terminology from the science of ecology, a branch of biology and using them as metaphors for describing social processes. "social workers have been drawn to these concepts in a search for better ways of describing the interdependencies and exchanges among and between people and social systems" (Sheafor & Horejsi, 2010, p.90). The ecological approach that has emerged from the early works of Germain (1973) and others. (Barker, Grinnell; Hartman, 1976) offers a rich theoretical base which practitioners

can translate into effective social work practice. Presently, the ecological approach provides strategies that allow the social worker to move from a micro level of intervention to a macro level of social treatment. The ecological perspective not only helps the social worker impact a client system through policy and planning activities but also through psychotherapy and other micro level approaches. Thus, direct, and indirect practice strategies for intervention can be combined into a congruent practice orientation when working with a client system through the ecological approach (Pardeck, 2000). The strengths of this perspective are that it is a framework for understanding the range of factors that influence the health and wellbeing of people. It can assist in providing a complete perspective of the factors that affect behaviours. Ecosystem is the interrelationships and conglomeration of these ecologies. For example, a client's ecosystem consists of the self, family, the neighbourhood, and the entire community. Obviously, as stressed earlier, conceptualizing the client's relationship to the environment is not a new idea in the profession of social work. What is powerful, however, about the concept of Ecological Approach ecosystem is that the client's social functioning is clearly interrelated with the environment, and the client is an inextricable part of the ecological system (Pardeck, 2000). Consequently, the client's ecosystem is composed of numerous overlapping systems including the family, the workplace, and the community, as well as other critical subsystems unique to each client. The weakness of this perspective is that an exclusion in any one of the components creates an imbalance in the ecosystem (Ungar, 2012). The strengths are applicable to the study because they look at the work environment in a holistic manner, and how it affects the health and wellbeing of the social workers. It also touched on the weakness in the theory because it proves that exclusion in the system leads to an imbalance. In the study it showed that challenges faced by social workers do lead to an imbalance in their lives.

The main postulation of this perspective is that the behaviour of an individual always occurs within a particular environment and the actions of every individual and every group affect every other person and group in society (Sheafor & Horejsi, 2010). This perspective was applicable to the study because it indicated how individuals can adapt to and will function better in some environments than in others. This framework explored how people coped and adapted to changes in themselves, in other people and in their environment, when people cannot make effective adaptations or experience challenges, they experience distress and are disadvantaged in their ability to compete (Ungar, 2012). Exploring the challenges that social workers face in call centres gives a clear picture as to how the social workers are

experiencing distress in their work environment and how they struggle to compete or grow in their careers. Thus far there have not been any studies similar to this research found that have used the same framework. There are other research papers present that look at employee wellness from different views such as the importance of EAP in companies, and the importance of EAP practitioners in public sectors, but the studies do not adopt this theoretical framework of being able to look at how a person's environment affects their functioning be it at work or at home. And the data collected indicated that work challenges have also led to participants being affected in their personal lives, which supports the theoretical framework and how system are connected.

2.3. What is online counselling?

The popularity of online counselling consumption is supported by the recent advancements in technology. Current internet devices have eroded barriers that once stood in the way for consumers and professionals to access information or counselling services. The explosion in technological advances and cultural shifts towards internet-based communication has also supported the acceptance of e-therapy (Lee, 2010). "E-therapy or online counselling is an internet-based modality in delivering psychological support that can be synchronous or asynchronous communication" (Lee, 2010, p.1).

According to Manhal-Baugus (2001) online counselling which is termed E-therapy is a process of interacting with a therapist online in on-going conversations over time, when the client and counsellor are in separate or remote locations and utilize electronic means to communicate with each other. "E-therapy utilizes the power and convenience of the internet to allow simultaneous and time delayed communication between an individual and a professional" (Manhal-Baugus, 2001, p.551). In the area of psychology, online psychotherapy is a concept that emerged from the term behavioural telehealth, which implies the application of telecommunications and technological information to provide behavioural health services (Cardenas & De La Rosa, 2015).

2.4. History of online counselling in call centres

The potential impact on technology upon delivery of health care has been a topic of discussion among many health care policy experts for a significant period. In 2010 the PEW health foundation suggested that: "the successful practitioner of the next century will need to master information technologies to effectively manage the care of their patients. As the microscope allowed practitioners in an earlier era to see the microbial agents of infection, the computer allows today's generation to aggregate data about populations and understand broader patterns of health. There was a reliance of face-to-face counselling with a professional to counselling without meeting physically" (Klaus, Sticker & Speyer, 2010, p.3).

The internet became available to the public in 1979, and the first self-help groups started appearing on the internet and started becoming popular (Reamer, 2013). In following years, the groups affirmed themselves so much that psychologists and psychotherapists had begun to take participation as guests (Reamer, 2013). In 1995 the first personal websites opened by the psychotherapist began emerging on the internet. Through these sites' psychotherapists started to offer their services by email. At the beginning their services were in the form of an advice or information in the field of psychology and mental health (Tracy, 2013). Over the years the number of therapists on the internet have continued to grow, where it was found that in 1995 there were only 12 personal websites and today there are more than a 1000 personal websites and numerous online clinics where more than 500 counsellors take collaboration (Klaus et al., 2010)

According to Klaus et al. (2010) mental health services emerged on the internet as early as 1982 in the form of online self-help support groups. The first known fee-based internet mental health service was established by Sommers in 1995, by the late 1990's groups of clinicians were forming companies and e-clinics that offered online counselling (Klaus et al., 2010). In social work, the earliest discussions of electronic tools focused on practitioner's use of information technology and the ways social workers could use the internet resources, such as online chat rooms and emails (Reamer, 2013). The growth of online counselling has led to the foundation of the International Society for Mental Health Online (ISMHO) in 1997. Its purpose is to promote the understanding, use and development

of online communication, information and technology for the international therapists providing peer support (Klaus et al., 2010).

The British Association for Counselling and Psychotherapy (BACP) recognises the importance of online counselling and its significant benefits to clients, especially those who have difficulty in accessing traditional face to face counselling or who find that they would prefer not to use it. In 2001 BACP published guidelines for the online counsellors, which have been recently extended to indulge guidance for providing online supervision (Klaus et al., 2010). In South Africa, the Employee Assistance Professionals Association (EAPA) is the largest, oldest professional association for persons in the Employee Assistance field of work. EAPSA represents more than 7 000 individuals and Organisations involved in Employee Assistance programmes which provide online counselling (Employee Assistance Professionals Association of South Africa, 2017). EAPASA affiliated as a branch of EAPA International in 1997 to provide leadership, strategic direction, professional development, and oversight of Employee Assistance practice in South Africa through administration of standards and ethics for practice. EAPASA, currently in its 19th year, is the only officially recognised voice for the EAP profession. It is continually growing and expanding in terms of its scope and influence both in the public and private sector. In recent years EAPASA's presence has expanded into other parts of Africa to support the establishment of like structures. There are currently eight active Chapters across the various provinces of South Africa (EAPASA, 2017)

2.5. History of call centres

"The history of call centres starts with the invention of the telephone in 1876. The next component to a call centre was the ability to handle or direct multiple calls, a problem solved by the private automated branch exchange (PABX). This made for the beginnings of a switchboard, which followed shortly after the telephone in 1882" (Jackson, 2010, p.10). In the 1970 and 1980, new technology meant that call centres could be adopted into the mainstream by large businesses. Their purpose was to be used as a sales tool, the main role of call centre agents was calling consumers to sell a product or service. "The creation of a toll-free '800' number for customers to use would change that. Call centres would now be taking and managing more inbound calls from customers responding to adverts and other marketing efforts" (Jackson, 2010, p.12).

"The early 21st century has seen a remarkable breadth and depth of technological infusion—particularly telecommunication and computer technologies into most forms of work, from the top to the bottom of workplace hierarchies and across primary, secondary and tertiary labour" (Winiecki, 2019, p.50). This has been perhaps most apparent in call centres a workplace that simply did not exist prior to this infusion where everything from the scheduling of workers into shifts, to the distribution of calls to agents, to pacing, sequencing and evaluation of work is affected by the mediating capacities of centralized telecommunication and computer systems and the rules incorporated into them (Winiecki, 2019). In the past call centre agents only used a telephone, catalogues, and a manual to answer questions or queries that client might have (Rasooli, 2015)

2.6. Advantages of online counselling in EAP call centres

Online counselling helps many who do not have access to services, especially those in remote areas, those travelling and relocating to foreign countries, the physically disabled or housebound and those who are too busy (Cook & Doyle, 2002). According to Speyer and Zack (2015) privacy is another factor that encourages the use of online counselling. People still stigmatise seeing a counsellor. Others may have a phobia, be trapped in toxic relationships or are shy to face someone. Absence of a counsellor physically eliminates the client's initial shame while presenting the problem. The use of online domain also creates an environment where colleagues or family members cannot be able to eavesdrop on conversation (Mitchell & Murphy, 2010).

"Anonymity or perceived anonymity may foster intimacy by increasing the amount of personal, self-disclosure on the internet, where the fear of rejection that may prevent disclosure in face-to-face counselling does not exist" (Cook & Doyle, 2002, p.30). Rather than causing loneliness and isolation, online counselling seems to provide an outlet that allows those who are lonely and socially anxious to connect with others in a safe environment (Cook & Doyle, 2002). The advantage to online counselling is that no appointments are needed; clients can contact their therapists whenever they have access to a computer and can do so from the comfort of their own home (Mitchell & Murphy, 2010). Hence social workers in EAP call centres have a high volume of calls, because no

appointments are required, clients can call at any time. “When online counselling is conducted via email, it allows both the client and the counsellor the time to fully reflect on issues discussed in a previous correspondence and also allows time for the client and therapist to conduct research into their difficulties” (Manhal-Baugus, 2001, p.557). Unlike traditional counselling methods, email counselling strength is in the ability to explore and reflect about a person’s concerns without the pressure to think quickly (Beattie, et al., 2006). In face-to-face counselling, therapists encounter clients who sit in silence for an hour, and not get to the heart of the matters, whereas in online counselling a client can say more in one typed line than he/she has ever revealed (Mitchell & Doyle, 2010).

Online counselling methods are affordable as compared to face-to-face counselling sessions. To access telephonic counselling, one can simply dial the toll-free number to speak to a counsellor, instead of clients having to exhaust their medical aids or health insurance (Beattie et al., 2006). During online counselling, both the client and therapist enjoy a certain degree of ownership in the process. They can set the pace, tone, and volume of the session (Beattie et al.2006). There are present benefits to using online counselling, but it also coupled by some challenges. The advantages are relevant because some participants have had good working experience in working in EAP call centres, which aligns to the advantages of online counselling, which is a new field they are entering and were able to grow their skills from the advantages.

2.7. Disadvantages of using online counselling in EAP call centres

Naturally, online counselling comes with many challenges, because it is a method that is not understood by many, and most are sceptical to use it. “Increased accessibility is no panacea; such easy access involves some risk. The expanded base of potential clients made possible through online counselling raises the question of its clinical limitations” (Rasooli, 2015, p.20). New technology does not justify the eradication of necessary boundaries inherent in cultures and social systems. Ease of access may be secondary if a client’s needs are compromised by conflicts of interest or misunderstandings (Speyer & Zack, 2015). Another challenge perceived is when both the client and therapist do not have trust and confidence

in the medium of work. Lack of trust in the medium begins with technical threats to security and confidentiality and extends to the risk of a client taking the counsellor at his word and running quite far with it, in the wrong direction (Speyer & Zack, 2015).

According to Speyer & Zack (2015, p.4) "A synchronicity allows reflection, but can also breed misunderstanding. One drawback of online counselling is the absence of spontaneous clarification". Clients may not be self-validating enough to compensate for the loss of visual and auditory cues which would reassure them. The absence of appropriate training in text-based communication may affect the clinical competence of therapists attempting to deliver text-based interventions (Manhal-Baugus, 2001). Related to the experimental nature of online counselling is that the theories of therapeutic change derived from face-to-face therapeutic relationships may not be applicable to text-based communications (Beattie et al. 2006).

In online counselling therapists do not have visual cues such as voice tone, facial cues and body language, the client and therapist have some misunderstandings about written or verbal information and more clarification steps are needed (Manhal-Baugus, 2001). It is imperative for the therapist to make sure that they understand what the client means in the call. According to Manhal-Baugus (2001) without the benefits of non-verbal communications, counsellors may miss critical clues about their clients, and may make incorrect assumptions about their cultural or racial identity. "Online counselling is quasi-synchronous in that while messages appear synchronously and in real time, the process of producing the message is available only to the person writing it" (Danby et al., 2009, p.16). There are time lapses between the online messages sent by one party and received by another. When there is a lack of response by the other party, there is an interactional problem in terms of continuity (Danby et al., 2009). This has been identified in the challenges social workers face working in EAP call centres, they feel they are not able to create a relationship with the client due to not seeing the client. This also eliminates their ability to identify non-verbal cues.

In terms of telephone counselling the biggest challenge is being on the phone with a client for 50 minutes or more per session and holding a handset for this amount of time can pose various challenges for both parties, it can be uncomfortable and physically tiring, and holding a handset to the ear impedes movement, which can have an impact on expression and feeling (Wright, 2002). The biggest challenge with online counselling is the lack of security for confidential material, including the difficulty of verifying the identity of the client and counsellor. Client and counsellors must manage their own privacy on their computers and their immediate surrounding (Quackenbush & Krasner, 2012). Connectivity is another challenge experienced in online counselling, bad connections can disrupt counselling sessions or delay response between client and counsellor. Some participants highlighted this as a challenge, they had to deal with connectivity issues which impacted the counselling process.

2.8. Perceptions of social workers regarding online counselling in EAP call centres

Recent studies found that while both telephone and online counselling had positive effects, telephone counselling was more effective than online counselling in reducing the distressed state of the caller (Danby et al., 2009). When counsellors were asked to compare their experience of online and telephonic counselling, they reported more concerns in displaying responsivity to clients and they felt a greater emotional distancing with client (Danby et al., 2009). They were concerned that the online chat environment lowered the emotional intensity of the interactions, possibly leading to an underestimation of the severity of client's problems (Danby et al., 2009). Counsellors suggested that the sense of reduced emotional connection was due to the absence of non-verbal cues and the time it took for clients and counsellors to type their response (Danby et al., 2009). Their concern also was that there was a greater risk of misunderstanding between clients and counsellors because the counsellors active listening or empathetic statements might be more easily misunderstood (Danby et al., 2009).

Online counselling takes a variety of forms, with the term used to describe anything from online support groups and bulletin board, to counselling via email, video conferencing, and web (Danby et al., 2009). Key concerns primarily have been the effectiveness of counselling

across these modalities compared to face to face or telephonic counselling, and for various types of clients and the ethical and legal issues arising in relation to online counselling (Danby et al., 2009). In telephone counselling counsellors use response tokens during the clients talk to acknowledge, affirm, or invite the client to continue talking (Danby et al., 2009). The use of minimal response tokens displays of active listening are not possible in online counselling, and their absence in online counselling means that the counsellor must manage the extended time lapsed while the client is typing (Danby et al., 2009). The challenge is how one demonstrates the counselling skill of active listening in online counselling (Danby et al., 2009).

"Related to this experimental nature of online counselling is that the theories of therapeutic change derived from face-to-face therapeutic relationships may not be applicable to online counselling" (Manhal-Baugus, 2001, p.557). According to Cardenas & De la rosa (2008) most counsellors are not trained to provide online counselling services at their undergraduate level, much emphasis is placed on face-to-face counselling and community interaction. Counsellors not trained in online counselling find it difficult to adapt from theories of face-to-face counselling to online counselling. Providing ethical services for clients is a difficult challenge for therapists. Despite the overlapping ethical considerations between e-therapy and face to face modality, there are additional challenges that are unique to online counselling (Lee, 2010). Counsellors suggested that Ethics in terms of counselling need to be revised to accommodate online counselling services, so that no harm is caused to the client and counsellors can protect themselves (Lee, 2010).

2.9. Challenges of working in a call centre

2.9.1. Monitoring and measuring of worker activity

Consistent with early literature, call centres are saturated with disciplinary power. Workers are assigned to work in cubicles, each equipped with a computer terminal, telephone and headset with which agents must conduct specific tasks. Workers' computers and headsets are linked to a combined computer and telecommunication system through an 'automated call distributor' (ACD). The ACD 'watches' and continuously inscribes facets of each agent's activity if the agent is logged in to his or her computer to show the number of calls

attended to for the day and the number of declined calls and how long they have been on the call with a client, this data is posted on a spreadsheet for the call centre to see (Winiecki & Wigman, 2007). These spreadsheets are regularly posted for agents to see so they know: (1) how they are being evaluated; (2) how their statistics compare with company expectations; and (3) how their statistics compare with those of other agents. The explicit purpose of this is for workers to use this information to adjust their actions so they meet or exceed company expectations (Winiecki, 2019).

While they are considered objective, these data are made possible by the way workers are disciplined through enclosure in cubicles during prescribed work hours, scripting that regulates their conduct during customer interactions, computer software that requires them to perform tasks in a particular order and continuous surveillance by the ACD. Failing to comply with discipline imposed by the clock, architecture and software will result in statistical representations of the worker that do not meet expectations (Winiecki, 2019). Workers end up feeling demotivated and sometimes feeling embarrassed as their statistics are placed in front of their colleagues. This also leads to conflict as some workers feel they are working more than others. "These practices instantiate tactics by which each agent is made responsible for reviewing his or her own and others' productivity, thus coming face to face with the organisation's image of oneself and one's own work. There are other governmental tactics aimed at convincing workers that their worth as an employee is the same as their statistical productivity and quality ratings" (Winiecki & Wigman, 2007, p.123).

It is apparent that call centres have created disciplinary technologies, rules, and tactics through which they claim authority over the relation between knowledge, the work, and the worker. Additionally, they create apparatuses through which workers are involved in their own subjectification. By accepting the organisation's claim of authority, knowledge and power, workers become governable (Winiecki & Wigman, 2007).

2.9.2. Stressors in a call centre

According to Suri and Rizvi (2008, p.110) "the basic reasons by which workers get stress in their routine non-stop calling, duty to make interaction with the customer and complete the target within the time, threat of intensity makes the employees stressed and feeling

demotivated". There are two unique stressors associate with the human service work, i.e., emotional dissonance, the need to hide negative emotions and client related social stressors (Suri & Rivzi, 2008). The primary source of stress reported is inherent to the nature of the job spending all day on the phone dealing with different clients, day after day is difficult. Many studies report agents as wanting to just get off the phones (Suri & Rivzi, 2008). "Call centres are rooted in contradictory tensions. structural paradoxes and confront several trade-offs on that basis. There is a set context for attitudes towards the organisation and can impose conflicting role requirements on agents, for example the pressure of quantity versus quality" (Suri & Rivzi, 2008, p.112). Workers feel that companies are more interested in the number of calls attended to as compared to the quality of the call. Performance targets have been found to inflict stress in workers. There are various targets for inbound and outbound agents, the staff constantly feel pressure to meet the target, which leads to fatigue and burnout (Carrim, 2006).

2.9.3. Job dissatisfaction

According to Carrim (2006, p.67) "Job satisfaction is defined as an effective response to work that is produced by an employee's comparison of the real results that are achieved to the result he or she expects from the working environment". Job dissatisfaction is related to patterns of behaviour such as tardiness, absenteeism, and high labour turnover. Although works in call centres tend to be focused on their jobs, they do not experience much satisfaction. "Call centre tasks performed by social workers generally have low complexity because of the way in which the call centre agent delivers the service is constrained by detailed procedures and a lot if monitoring" (Hernandez et al, 201, p.89). Call centre agents usually leave their workstations only on allocated breaks, which leads to job dissatisfaction because they do not have the flexibility to engage with other colleagues when needed and those who have health challenges that require taking medication or having lunch at a particular time must wait for their allocated time to leave the desk.

Sometimes call centre agents must deal with customers who react in a highly emotional manner, after the call agents need some time to recover. Agents are often not given time to recover from these emotionally charged calls (Carrim, 2006). Call centre agents are not given challenging tasks or allowed to set their own goals; this is a source of dissatisfaction for many call centre agents. As a result, agents do not gain any insight into the working of

the organisation nor do they understand how their function fits into the rest of the organisation. According to Latha & Panchanatham (2010) call centre agents reported a strong desire to stop working on the phones, due to lack of variety in the work and the stressful nature of the telephone-based work.

2.9.4. Physical health challenges

Call centre agents have also been found to struggle from back pain, swollen legs, and stiff necks due to constantly being seated with limited movement (Lin, Chen & Lu, 2008). "The most common occupational health problems in this professional group are visual problems due to working with computer screens, voice disorders due to continuous talking and auditory problems due to communication through the headset and acoustic shocks" (Pawlaczyk-Luszczynska et al, 2018). Ill-health has led to absenteeism, high turnover, and lower productivity (Harry & Coetzee, 2011). Burnout and mental distance are often associated with the high-risk profiles of call centre representatives, often leading to the manifestation of serious physical and psychological ill-health (Janse Van Rensburg et al., 2013). Musculoskeletal discomfort, eye strain and hoarse or sore throat were the most prevalent complaints among call centre workers (Felipe & Reynoso, 2016).

2.9.5. Emotional Labour

According to Isik & Hamacuru (2017, p.653) "emotional labour is defined as an exercise that the worker does to either act or suppress their feelings to maintain a pleasing outward appearance towards a customer. Emotional labour is a face and bodily image creation management that can be observed by all. Employees must manage their emotions and emotional expressions in response to the rules of emotion for payments (Isik & Hamacuru, 2017). Service staff such as clinicians and consultants often face emotional labour as demand, this labour requires employees' emotions to be organised in the workplace. Employees may experience emotional dissonance and distress if they have difficulties in fulfilling and modulating their emotions in the direction of organizational demands (Turker & Demiriz, 2018). Agents have found their work in the call centre to be emotionally exhausting, and it takes a toll on their psychological health and physical health.

2.9.6. Burnout and Compassion Fatigue

"Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy" (World Health Organization, 2021, p.1). Burnout is another challenge that call centre agents go through. The long hours that they work and the amount of work they have leads to burnout. They find that their energy depletes during the day or sometime do not have energy to go to work. This leads to absenteeism among the employees. Compassion fatigue has been defined as the emotional burden that healthcare providers experience because of repeated exposure to the trauma of our patients. It is suggested that over-exposure to stressful events leads to a reduced capacity for empathy toward suffering in the future. In some cases, compassion fatigue may contribute to burnout, depression, and even suicide (WHO, 2021). Agents have also been presenting with compassion fatigue, especially agents that are exposed to traumatic cases daily.

2.10. Summary

Social workers experience several challenges, and the theory has gone in depth to elaborate the challenges that they experience and how it leads to job dissatisfaction and under performing at work. The theory supports the statements that the researcher is seeking to understand. It also shows that the social work profession has a diversity with regards to the workplace, social workers are no longer confined to face-to-face engagements but can also work digitally, and this shows that with every workplace, there will be challenges that one goes through. Theory also highlighted how the challenges also affect the mental health of social workers. The theory also highlighted the vastness of social work skills because they are not only limited to face-to-face office interactions but can be done virtually which aligns well to the new way of doing things. This chapter has comprehensively reviewed relevant literature to the topic of this study. The theoretical framework of the study has been described and provides a backdrop for the research methodology that will be illustrated in the following chapter.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

The research design of a study forms its foundation, and it is therefore vital that it be planned carefully. Precision is necessary to ensure that the manner in which data is collected and analysed in the final report corresponds with the research questions, aims and objectives as well as the topic of inquiry (Babbie et al., 2005). The methodology of a study consists of the research process, tools and procedures that are applied which logically flow from the research questions and conceptual framework (Terreblanche et al., 2006). This chapter will look at the research design, methodology, sampling procedure, research instrumentation employed, and paying attention to the pre-testing, data collection and finally data analysis. In conclusion the ethical considerations will be discussed looking at how they were managed.

3.2. Primary aim of the study

To explore the challenges experienced by social workers who are employed in an employee assistance programme call centre.

3.3. Secondary objectives

The objectives of the study were:

3.3.1. To explore social workers experience regarding working in an EAP call centre setting.

3.3.2. To describe the challenges, that social workers experience in working in a call centre setting.

3.3.3. To elicit from the social workers strategies to deal with or resolve challenges.

3.3.4. To seek recommendations from the social workers to address possible challenges.

3.4. Research Approach

The research approach that was used was the Qualitative research approach. "Qualitative research is the collection, analysis and interpretation of data by observing what people do

and say" (Tracy, 2013, p.380). "It refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things" (Tracy, 2013, p.380). In this research by studying the challenges of social workers who work in EAP call centres, the researcher was able to observe data by what the participants had to say and getting a better understanding of their characteristics that they displayed due to the challenges that they faced. Lapan et al., (2012) further state that qualitative research places more emphasis on the study of phenomena from the perspective of insiders. "Unlike quantitative research whereby researchers remain independent of the phenomena, they study with the aim of generalizing findings whereas qualitative researchers immerse themselves, viewing meaning a more context- and time specific and often not generalizable" (Lapan et al., 2012, p.560). Qualitative methods have the ability to look at change process over time, to understand meanings of people, to adjust to new issues and ideas as they surface (McLaughlin, 2007). And they contribute to the evolution of new theories (McLaughlin, 2007). Advantages of the qualitative research method are that the qualitative research approach produces a detailed description of how participants feel, their opinions that they have and their experiences and interprets the meaning behind their actions. Secondly, there is an argument that qualitative research approach looks to broadly understand the human experience in a certain setting (Mclaughlin, 2007).

Thirdly qualitative research approach has a flexible structure as the design can be constructed and reconstructed to a greater extent (Rahman, 2017). Beyond the above advantages, some limitations are obvious. First, Silverman (2010) argues that qualitative research approaches sometimes leaves out contextual sensitivities and focus more on meanings and experiences. This was evident in the study because the research focused only on the challenges of social workers, which left out some contextual sensitivities which were present. The contextual sensitivities were evident in the collection of data, as several challenges were raised, but those sensitivities identified must be referred to their internal wellness provider for support. The research findings of the study can only be understood within the context of a group of social workers employed by a specific wellness company that have challenges in working in an EAP call centre. In other words, the findings may not be generalized to all circular social workers employed in non EAP call centres. Babbie and Rubin (2013) confirm that qualitative research results may not be generalized to other populations. Despite this, they may yield a thorough understanding into the matter being

explored (Babbie & Rubin, 2013). Therefore, qualitative research design allowed the researcher to probe even further.

3.5. Research Design

The study took the form of an exploratory research design. Exploratory research is conducted to gain insight into an unexplored situation, individual or phenomenon to develop a hypothesis or to formulate a problem (Ritchie & Lewis, 2003). This research design is often conducted to develop understanding of a situation, individual or phenomenon that has not been clearly defined (Neuman, 2014). More information is needed about the experiences of social workers who work in EAP call centres within the South African workplace context. For that reason, the exploratory research design was useful since it assisted the researcher to capture the subjective experiences of social workers in EAP call centres in the South African workplace context. The utilization of this research design encouraged participants to open up and reveal issues related to the subject matter. Researchers who conduct exploratory research must be creative, open minded, and flexible; adopt an investigative stance; and explore all sources of information. They ask creative questions and take advantage of serendipity (Neuman, 2014). The advantages of exploratory research are: The researcher has a lot of flexibility and can adapt to changes as the research progresses, it is usually low cost, it helps lay the foundation of a research, which can lead to further research, it enables the researcher to understand at an early stage, if the topic is worth investing the time and resources and if it is worth pursuing. It can assist other researchers to find out possible causes for the problem, which can be further studied in detail to find out, which of them is the most likely cause for the problem (Mcnabb, 2010). In this research this was evident because research had to be conducted during COVID 19 regulations, it was easy to adapt to the regulations that the wellness company had, in which they only allowed two participants to be at the office at a time, and all of them work from home, so they had to travel to their workplace to be participants in the research. The regulations set meant that a foundation had to be laid throughout the collection of data, which is the foundation of working with two participants a week.

The disadvantages of exploratory research are: Even though it can point you in the right direction towards what the answer is, it is usually inconclusive. The limitation of the study

which links to this disadvantage is that 30 minutes was the allocated time for the interviews as the employer set out, this led to less probing and information not being gathered adequately, which created challenges of the data collection method being inconclusive because the researcher could not explore fully due to time constraints (Rahman, 2017). The main disadvantage of exploratory research is that they provide qualitative data. Interpretation of such information can be judgmental and biased. Most of the times, exploratory research involves a smaller sample, hence the results cannot be accurately interpreted for a generalized population. This is applicable in the study because only 10 participants formed part of the study, hence the study cannot be interpreted for a generalized population. Many a times, if the data is being collected through secondary research, then there is a chance of that data being old and is not updated (Mcnabb, 2010). This study aimed to challenge the argument with regards to the professional activity of social workers in call centres by creating an awareness that social work challenges are not only in a face-to-face office-based environment, but also in the digital working environments that they find themselves working in.

3.6. Population and Sampling procedure

The sampling method used in the research is non-probability sampling. The required sample for the research was 10 social workers working in the EAP call centre at the wellness company. The sample size was suggested by the EAP company because due to the nature of their work, they could only allow 10 social workers to participate in the study. This sampling procedure entails selecting individuals that are relevant for the research study (Neuman, 2014). Sampling in a qualitative research is less structured and less strictly applied and revolves around what the researcher is trying to study and the measure of credibility and saturation (De Vos et al., 2011). In non-probability sampling the odds of selecting a particular individual are not known because the researcher does not know the population size of the members and each unit in a sampling frame does not have an equal chance of being selected for a particular study (De Vos et al., 2011). The researcher disagrees with the statement of not knowing the population size, the researcher had the information with regards to the number of people employed at the company and the population size with regards to the participants was determined by the researcher. The researcher is also in agreement that the odd of selecting a particular individual are not known because the participants who agreed to form part of the study were only identified by their names and

surnames prior to the interviews. In the research there was data saturation due to most participants having similar challenges and experiences to share and due to time constraints, there was not an opportunity to probe in detail.

The research was conducted at a wellness agency in Pretoria which has an Employee assistance division that employs 50 staff members in the call centre, and 40 of those staff members are social workers. The participants provide psycho-social services which is mainly counselling and managerial support to various companies. Participants were recruited by sending them emails and allowing them to voluntary participate in the study and the wellness manager also made recommendations as to which participants should be part of the study. Purposive sampling has various sampling techniques to be used by the researcher to achieve creativity and open mindedness of the research (Neuman, 2014). The main disadvantage of purposive sampling is the high probability of researcher bias, as each sample is based entirely on the judgment of the researcher (Teddie & Tashakkani, 2009). Inclusion criteria was also a disadvantage as the research focused on a certain criterion of participants which were social workers who work in an EAP call centre, aged between 25-40 years of age, the age was not selected by the researcher, the participants who volunteered to be part of the study were between the ages of 25-40 years and they have an employment tenure of 1 to 10 years. Which means the study already excluded people who were not of this age group and other professionals working in a call centre and anyone who wanted to do this study was limited to the identified age group, tenure, and professionals.

3.7. Research Instrument

The research instrumentation used was the interview schedule. According to De Vos et al. (2011, p.530) "an interview schedule is basically a list containing a set of structured questions that have been prepared, to serve as a guide for interviewers, researchers, and investigators in collecting information or data about a specific topic or issue". Interviews range from the highly structured style whereby questions are determined before the interview, to the open-ended, conversational format (Opdenakker, 2006). The interviewer obtained information through direct interaction with an individual who has the knowledge needed (De Vos, et al, 2011). This was done through having face to face interviews with the participants at their workplace. Therefore, an interview was the best for this study in exploring the challenges social workers face working in an EAP call centre. This study

interviewed 10 social workers. Interviews allow for detail on the challenges, desires, and motives of social workers in their specific context. They also allow for concrete suggestions from those participants on how to improve the challenges in their working environment. However, interviews are time consuming, and they are not always appropriate when confidential information is required (Patton, 2015). To deal with the limitations of the semi structured interviews, the researcher had to have a daily planner to allow adequate time for the interviews to occur, and to ensure that the daily planner is aligned to the company schedule. In getting participants to share confidential information a participant information sheet was signed to ensure that their confidentiality is guaranteed. As mentioned previously interviews had to be conducted based on COVID 19 regulations, we had to sit according to regulations set and masks had to be on all the time which led to the interview being inaudible at times.

3.8. Pre-testing of research instruments

A brief preliminary study was carried out to test the research tool to be used for data collection. A pilot study is defined by Leedy and Ormrod (2010) as a brief exploratory investigation used to determine the feasibility of the research study. The pretesting of the research tool is useful in that it helps the researcher revise some features of the study based on the feedback (Yin, 2015). These include the; research design, data collection methods, research instrument etcetera (Yin, 2015). Pre-testing allows the researcher to see if the wording and questions are appropriate to the study and if they are feasible to be utilised. Pre-testing assists the researcher to identify any errors that may have been made in the creation of the instruments (Babbie & Mouton, 2001). The semi structured interview was pre-tested with one female social worker and one male social worker. These interviews of the female and male participant were not included in the sample and the pre-testing has provided the researcher with an understanding of which questions provide the best information on what participants think with regards to the challenges of social workers working in a EAP call centre and also showed which questions participants found difficult to answer. The researcher found that the question of opportunities for social worker was difficult for some participants, and some struggled to answer the question of recommendations to be made to the company.

The researcher explained to the participants that the purpose of the interview was to improve the study and as a result the results would not be included in the main study. Individuals participating in a pilot study must be informed about this and results inferred from a pilot study may not be included in the research findings (Yin, 2015). In pre-testing the research tool, open-ended questions were asked. That way, the participant could give the researcher feedback on the changes that had to be made. The pretesting of the research tool helped the researcher see that the research questions were investigating what the researcher was trying to explore.

3.9. Methods of Data Collection

Data was collected through face-to-face interviews with the participants which were 30 minutes long. This method boasts the advantage of gathering in-depth information and enables the researcher to gain a deeper understanding of the area of research (Greenstein, 2003). interviews are characterised by synchronous communication in time and place. Due to this synchronous communication, as no other interview method interviews can take its advantage of social cues. Social cues, such as voice, intonation, body language etc. of the interviewee can give the interviewer a lot of extra information that can be added to the verbal answer of the interviewee on a question. Of course, the value of social cues also depends on what the interviewer wants to know from the interviewee. If the interviewer is seen as a subject, and as an irreplaceable person, from whom the interviewer wants to know the attitude towards for example the labour union, then social cues are important (Mcnabb, 2010). "An advantage of this synchronous communication is that the answer of the interviewee is more spontaneous, without an extended reflection. But due to this synchronous character of the medium, the interviewer must concentrate much more on the questions to be asked and the answers given (Mcnabb, 2010). Especially when an unstructured or semi structured interview list is used, and the interviewer must formulate questions because of the interactive nature of communication" (Greenstein, 2003, p.56). Appointments were made with the participants during a time that was suitable to them to conduct the interviews at their workplace. The interviews were recorded with the consent of the participant, which was later transcribed by the researcher.

3.10. Methods of Data analysis

The data was analysed by using the thematic analysis which reviewed the data from the interviews to identify common ideas that occur and identify themes that summarize collected information from participants (King & Horrocks, 2010). According to Rogers, (2011) six main stages of thematic analysis are identified:

Stage one: familiarizing yourself with your data

At this stage, the researcher reads and re-reads data (Rogers, 2011). The researcher familiarised themselves with the data by going through the material transcribed and listening to the interview recordings to familiarise themselves with the data and identify themes. The researcher was able to identify herself with the data by being able to go back and quote references of participants to support a particular theme. The researcher reads to identify data that are useful in addressing the research question (King & Horrocks, 2010).

Stage two: generating initial codes

At this stage, the researcher coded interesting features of the data in a systematic way and then collated the relevant data for each theme (Rogers, 2011). After the interview, the researcher went through the transcripts to identify themes and then arranged the themes and added the data to relevant themes. The interviewer listened to all interviews and journaled all the codes identified in order to place them into themes.

Stage three: searching for themes

At this stage, the researcher listened to the interview recordings and then transcribed them and through that themes were identified and arranged to meet the research goal. The data received was put into themes and verbatim from participants was included in the themes to support the themes. Relevant data was placed under each theme, based on what was discovered during the interview. Essentially, the researcher is starting to analyse the codes, and considers how different codes may combine to form an overarching theme (Braun & Clarke, 2006). Themes such and burnout and compassion fatigue were grouped together because they speak of mental wellness.

Stage four: reviewing themes

At this stage, the researcher checked if the themes worked in relation to the coded extracts, they checked against the entire data set (Rogers, 2011). The researcher looked at the themes and whether they are responding to the research question and research aims. After this has been done, gradually distil and display a thematic map of the analysis (Rogers, 2011). The researcher reviewed themes such as micromanagement and lack of training and how they responded to the research question of challenges identified.

Stage five: Defining and naming themes

This stage begins when the researcher has a satisfactory thematic map of data analysis (Braun & Clarke, 2006). At this point, the researcher defined and refined the themes until each one was clear, coherent, and responded to the research question and aims of the research. This enabled the researcher to generate an overall story that the analysis tells (Rogers, 2011). The researcher must identify, describe, and name themes (Rogers, 2011). The researcher placed the themes and defined the themes based on theory. Each theme has a description under it of what the theme means and how it was identified and further elaborated by the verbatim statements.

Stage six: producing the report

The last stage the researcher compiled the report based on the findings from the interviews and themes identified. The data compiled was presented in a report format. It is essential that the analysis provides a concise, coherent, logical, no repetitive, and interesting account of the story the data tell within and across themes (Braun & Clarke, 2006).

3.11. Trustworthiness

Credibility – it is stated that "credibility aims to demonstrate that the inquiry was conducted in such a manner to ensure that the subject was accurately identified and described" (De Vos et al, 2005, p.346). The subject was identified to the best of the researcher's ability however credibility relied solely on the participant's information and one could foresee or determine whether their responses would be influenced by other factors. Credibility was ensured by recording interviews as well as transcribing word by word what was said in the interviews which was typed and can be revisited and reviewed at any time. In doing this the researcher ensured that there is a paper trail regarding the findings and a source of reference. Credibility

ensures that there is accuracy in research findings (Lincoln & Guba, 2013). Triangulation of sources can be used to ensure credibility of findings (Rubin & Babbie, 2010). Triangulation involves the use of multiple sources to determine if different sources provide different information (Lincoln & Guba, 2013). Receiving supervisor feedback was the mechanism used to ensure that there was an accurate interpretation of findings made by the researcher. Thus, credibility was ensured.

Dependability – credibility and dependability go hand in hand and the one cannot exist without the other. Dependability provides the audience with evidence that if the research were to be repeated with the same or similar respondents, in the same or similar context, its findings would be similar (Babbie & Mouton, 2001). This study used an exploratory research design. Exploratory studies assist researchers' gain greater understanding of the problem (McNabb, 2008). By gaining greater understanding of the study this allowed for dependability to occur and it was easier to repeat the study in any EAP call centre that employs social workers. This was implemented by having face to face interviews with participants working in an EAP call centre and asking them questions in the Interview Schedule in Appendix D. The responses from participants, was transcribed and coded according to themes. The dependability of a study entails the idea that there would be a consistency in findings if the study were to be repeated by other researchers (Ruby & Babbie, 2010). To ensure this, the same research instrumentation was used in interviews with all the participants and the responses were recorded since the participants permitted the researcher to. Audio recordings were also used when analysing data which ultimately improved the quality of data collected. In other words, access to audio recordings helped the researcher to accurately capture participants' responses and the supervisor was to confirm the research findings.

Transferability – this refers to the "burden of demonstrating the applicability of one set of findings to another context" (De Vos et al., 2005, p.346). In this study transferability was not applicable as the study was designed for a particular environment which is the EAP call centre environment, and the context of EAP call centre environment might differ slightly from other locations. Appropriate information regarding the research was given to the participants and to the reader in order for them to be subjective and be able to decide on the issue of transferability within the study and allowed them to make a comparison between

this study and studies that they might come across in their environments. Transferability ensures that the findings would be applicable in similar contexts. The aim is not to generalize the research findings, but it is to ensure that the findings apply to the population of concern (Rubin & Babbie, 2010). The researcher adhered to this ethical principle by providing a thick description capturing a detailed narrative of the participants' responses.

Confirmability – this speaks to the degree to which the findings of the research are a product of the focus of the inquiry and not of the biases of the researcher (Babbie & Mouton, 2001). Confirmability can be viewed in keeping a paper trail and audit trail of data gathered during the research process. Confirmability involves presenting research findings that reflect the participants' responses and whilst minimizing researcher bias (Lincoln & Guba, 2013). The researcher safeguarded confirmability of the research findings by letting her supervisor assume the role of an auditor to determine if the themes discovered during data analysis and the findings were an accurate reflection of the participants' responses. In addition, a self-reflexive journal was also be kept by the researcher and she used it to record her thoughts and feelings during data collection which helped create an awareness of her biases. The instruments used in the study were pre-tested before data collection took place. In keeping tape records and the transcripts this was used to construct themes and provided the researcher with findings and conclusions that were presented in the final report.

3.12. Ethical Considerations

Ethical considerations are there to ensure that no harm is done to the participants during the duration of the study, it ensures that participants are protected in the study. Qualitative research inquiry raises distinctive ethical issues because it involves emergent and flexible research designs that usually entail collecting unstructured data in naturalistic settings (Hammersley & Traianou, 2012). The following are ethical considerations adopted for this study:

Informed Consent

According to Wiles (2013) informed consent is a central concept in ethical research practice and is one of the key principles underpinning professional guidelines for social scientists.

Informed consent is when the researcher provides participants with clear information about what participating in the research study will involve and giving them a chance to decide whether to participate or not (Wiles, 2013). Participants must be informed of what the study is about, why it is being conducted, what will happen to the results, what their participation involve and what the potential risks and benefits of their involvement might be (Wiles, 2013). This study ensured that participants were fully informed by reading and signing the participant information sheet in Appendix A, this participant information sheet highlighted to the participants that they can withdraw at any time during the interview. Obtaining informed consent entails educating the research participants about the overall aim of the study, the research design procedures, the risks, and benefits involved in the participation of the study (Brinkmann & Kvale, 2017).

Confidentiality and Anonymity

Confidentiality was ensured among participants and the researcher. Confidentiality was explained to the participant to elaborate to them that information gathered will not be shared with their workplace or anybody else. "Confidentiality means that information is restricted to those authorised to have access to it" (Fossheim, 2015, p.2). Participants were identified according to numbers e.g., Participant 1 in order to ensure their confidentiality; those codes are known by the researcher and supervisor only. Anonymity refers to collecting data without obtaining any personal or identifying information (Fossheim, 2015). Researchers should respect participants by removing identifying information that may make it possible for the participants to be traceable (Kreps, 2018).

Voluntary participation and the right to withdraw from the study

Voluntary participation has two aspects which are informing the participants about their right to withdraw from the study without suffering any consequences (Ahrama, 2017). The other aspect is informing the participants that they have the freedom to decide on whether to take part in the study or not (Kite & Whitley, 2018). Participants were free to withdraw from the study at any time should they not felt comfortable. If there were any questions during the interview that they were not comfortable with, then they could refuse to answer them and withdraw from the study without any fear or negative consequences. Terre

Blanche (2006) argues that the researcher has a duty to inform participants of any possible risks or costs of participating in the research.

Non-Discrimination

Researchers must avoid discrimination against participants on the basis of sex, race, ethnicity, culture, language, or any other factors that are not related to their scientific competence and integrity (Resink, 2011). This study ensured that participants were not discriminated against based on their ethnicity, sex, culture, or language. The research question was not non-discriminative in nature and all participants were treated fairly. Non-discrimination in research allows for the participants to feels safe during data collection without doing any harm (Kreps, 2018).

Do no harm to participants

Researchers are responsible to make sure that participants are not harmed as a result of participating in the research study (Wagner, Kawulich & Garner, 2012). Researchers must avoid physical, psychological, and emotional harm or damage participant's reputations (Wagner, Kawulich & Garner, 2012). Harm may manifest through inconvenience due to time commitments. And through apprehension whereby participants worry about what they have shared and what the research may disclose (Wagner, Kawulich & Garner, 2012). Participants were not harmed in the study and were protected all the time. The study was not traumatic in nature, but should participants feel the need to go for counselling then necessary arrangements were made for them by making arrangements with their internal debriefing counsellor Mr William Schuman who saw them at the wellness centre in Centurion. The principle of non-maleficence requires that the researcher protect the research participants from indirect or direct harm due to their participation in the research study (Terre Blanche, 2006)

Coercion and perverse incentives

It was explained from the first day to the participants that there were no financial benefits in this study or any other incentives. According to Terre Blanche (2006) coercion and perverse incentives would negate the voluntary participation of individuals in the research project.

Explaining to participants that there will be no incentives eliminates any expectations that they might have and are able to make an informed decision whether to be part of the study (Ruby & Babbie, 2010).

3.13. Summary

The researcher chose to conduct the study by utilising interviews to elicit in depth information from the participants. The researcher allowed the participants to speak freely while conducting the interview. The researcher was aware of ethical considerations and applied them while the participants were interviewed. This chapter offered a comprehensive account of the research design and methodology that was utilised to collect and analyse the data for this study. The chapter which follows will present and discuss the findings of the study.

CHAPTER FOUR
PRESENTATION OF FINDINGS

4.1 Introduction

The aim of the study was to find out the challenges of social workers who work in EAP call centres. This study was conducted with social workers employed at an Employee Assistance Programme company. The method of data collection used was one on one semi structured interviews with the social workers, and 10 social workers were interviewed in the study. The research instrumentation used was interview schedule which consisted of 12 questions divided into 4 sections. The method that was used to analyse the data and to identify the themes that emerged during the study is the thematic content analysis. The themes were addressed in relation to the objectives of the study. The sections addressed the identifying details of the participants, the perceptions of social workers regarding working in a call centre, challenges associated with working in a call centre and the recommendation as to what can be done. The findings will be presented according to these sections.

4.2 Demographic Information

Table 1 Profile of Social Workers who participated in the research (N=10)

Demographic factor	Sub-category	Number
Gender	Females	9
	Male	1
Race	African	8
	Coloured	1
	Indian	1
Age	24-30 years	5
	31-40 years	5
Qualification or training	BA Social Work	8
		2

	MA Occupational Social work	
Experience working in a EAP call centre	First time experience Have worked in an EAP call centre before	8 2

Table one provides a brief overview of the population interviewed. The participants for this study comprised of nine female and one male staff member. When looking at race there were more African participants, one Indian and one Coloured. Both the gender and race distribution for this study seems to mimic the profile of the EAP company who employ more female and African staff. The white staff are registered counsellors and psychologist and could not form part of the study. The participants aged between 24 - 30 years have been found to be new in the EAP call centre environment and developing their skills, whereas the social workers aged 31 - 40 years had more experience working in EAP call centres and have vast experience and knowledge in the EAP call centre environment. The information also varied from participants based on their level of studies. Most participants had the basic social work degree qualification, were still new to the EAP environment and the participants with a master's degree in occupational social work had some background knowledge regarding EAP before they started working in the call centre. The data collected indicated that 8 participants were new in the EAP call centre environment. They previously came from government departments. The more experienced participants worked respectively for two and three EAP call centres previously and had vast knowledge regarding the environment and were able to compare how different call centres operate.

4.3 Themes

From the data analysis several themes emerged. In discussing these themes, the presentation will occur according to four main categories that link with the study objectives namely perceptions of social workers regarding working in a call centre, challenges associated with working in an EAP call centre, coping strategies for dealing with challenges and recommendations. Each theme associated with a particular category will be identified, discussed, and linked with theory.

Table 2 Themes

Objective	Theme
The perceptions of social workers regarding working in a call centre	Good and bad working experiences
	Reasons that led to social workers joining EAP
Challenges associated with working in an EAP call centre	Lack of support from management
	Lack of training
	Subgroup formation and lack of cohesion
	Compassion fatigue, and burnout
	Lack of rewards
	Working hours and being understaffed
	Challenges with online counselling and non-verbal behaviour
	Micromanagement
	Physical health challenges
Coping strategies for dealing with challenges	Silence and consulting with the manager
	Alcohol use as a coping mechanism
	Family support, Debriefing and mental wellness
	Opportunities for social workers employed in the EAP call centre
Recommendations	Recommendations for training
	Recommendations for staffing and working conditions
	Recommendation for video calls
	Recommendations to the company

4.3.1. The perceptions of social workers regarding working in a call centre

Theme: Good and bad working experiences.

Participants described different perceptions of working in an EAP call centre. When looking at their experience of working in an EAP call centre, the data found that they had both and good experiences. When looking at their experience social workers mentioned that the environment was challenging and exhausting. They mentioned that the environment was more clinical than the face-to-face engagements that they were used to, and some clinical protocols were lacking while working with clients virtually. They also mentioned that they enjoy the virtual counselling because there is no judgement when it comes to appearances. Social workers also reported how strenuous the environment is. They felt that there is no growth in the environment and did not enjoy the fact that they are confined to one space. They also complained about the amount of work, they felt overworked and some of them reported burnout. They also felt demotivated about doing the same thing every day, their productivity declined every hour. "The primary source of stress reported is inherent to the nature of the job spending all day on the phone dealing with different clients, day after day is difficult. Many studies report agents as wanting to just get off the phones" (Suri & Rivzi, 2008, p.110). It was also reported that they did not enjoy the micromanagement, they had to log when they were going to a bathroom or lunch, and that is continuously monitored. And the system displayed how many calls they took and how many were declined. The EAP industry thrive on the number of calls taken, which made social workers to not enjoy their experience. They felt like they were prisoners and not valued by the company. The ACD 'watches' and continuously inscribes facets of each agent's activity if the agent is logged in to his or her computer to show the number of calls attended to for the day and the number of declined calls and how long they have been on the call with a client, this data is posted on a spreadsheet for the call centre to see (Winiecki & Wigman, 2007).

"The workload is too much to handle, they don't value staff members, to them you are just another number. The lack of freedom and micromanagement is exhausting" (Participant 8)

"I know I am very good therapist, but my counselling quality has declined, because I can't keep up with the amount of work" (Participant 9).

It's been a tough journey really. I am just working in EAP because so far it pays well (Participant 7)

As participant 7 reported, she finds herself existing in the EAP space because of the bad experiences that she experienced. She finds herself demotivated to work, and not performing even though she is skilled. This finding shows that depending on the work experience one has it can lead to demotivation which in turn affects productivity. This finding also shows that without proper support in the company social workers end up not performing effectively. Egan (2012) mentions that there have been some critics over the years regarding the about the legitimacy of the helping profession. Legitimacy of the helping profession gets affected when they are having challenges at work. According to Hepworth et al. (2010, p.44) "Achieving rapport enables clients to gain trust in the helpful intent and goodwill of the social worker, such that they will be willing to risk revealing personal and sometimes painful feelings". Despite the bad experience, there are social workers who enjoy the experience of working in an EAP call centre, they mentioned that they enjoy thinking on their feet and that they have learned to establish rapport without face-to-face engagement and have learned to learn new ways of identifying non-verbal communication, through sounds made by the client. Some social workers reported that the environment has led to them growing their clinical and counselling skills, by learning to use the short-term solution focused model in a fast-paced environment. "The solution focused model believes that people were constrained by the social construction of their problems. A basic assumption is that people have untapped unconscious resources which can be released by shifting their perspectives" (Hepworth et al, 2010, p.367).

"You learn to be very attentive, you also learn call centre skills, which is multitasking. You learn to establish rapport without seeing the person" (Participant 5)

"The good side is that you think on your feet, you become a critical thinker" (Participant 6)

Theme: Reasons that led to social workers joining EAP

When it came to the participants describing the reasons that led them to working in EAP call centres, five participants reported that it was to move from contract work to a more permanent role, and a fear of unemployment. Two participants did not feel challenged in their previous employment and wanted a new challenge by joining EAP. Three participants had background information on EAP and that sparked up their interest and decided to join the environment. Three participants also reported working in EAP for career growth and a better salary. One participant reported wanting to leave the social work profession completely in pursuit of a psychology degree, she decided to work in the EAP industry to gain skills and experience to be able to make that change in careers. Employees have various reasons as to why they join working environments, which range from personal decisions or career growth decisions (Amo, 2019). This is indicated in the data received from the participants, because some of them had personal reasons to move because of being on contract and wating for a permanent post, whereas some preferred a career growth to learn and grow their skills in EAP and some participants wanting to change professions completely.

"Fear of unemployment, wanting stability. I was on a contract at Transnet and it was coming to an end, and I had to get something to create stability in my life. Hence, I decided to join the EAP call centre, that's the job that was available when I needed a job" (Participant 1).

"For me personally I was fascinated by the EAP industry as a whole, I only knew about it from books. So, when I had a chance to join the industry I jumped at the chance" (Participant 2).

4.3.2. Challenges associated with working in an EAP call centre

Theme: Lack of support from management

When looking at the challenges eight of the participants indicated that management is not supportive and not able to supervise them appropriately when it comes to clinical work. This has led to a decline in their work performance because they feel they are not supported, and their problems are not addressed. They felt the manager was not clinically trained; hence they could not provide adequate guidance when it came to their work. According to Lavoie (2016) poor management skills carry a long-lasting effect and may infect the entire organization. They can affect employee retention and employee productivity. This is evident in the challenges identified where participants felt that management support was not adequate and has also led to their performance being affected. According to Lavoie (2016) mentioned that people do not leave companies but leave poor managers, this leads to employees leaving the job due to bad management.

Another thing is not having management that listens to concerns, they don't listen to understand, they listen to respond. Which affects performance. And the management is not supportive (Participant 1).

The Operations manager has no idea what social work is, she has no clinical background, which leads to her having no idea how to manage us (Participant 2).

Another challenge is how management speaks to us, they speak as if we are kids, I don't appreciate that, then I don't learn from my mistakes (Participant 9)

Theme: Lack of Training

Another challenge identified is that of lack of training. Ten participants mentioned that they feel they need more training with regards to clinical protocols and to also be on par with the EAP standards. This has been found to decrease their aspirations for growth in the

workplace because they see none. They feel they are doing the same job repeatedly and sometimes do not provide appropriate services to their clients, especially when they come across a case that they do not have much knowledge on, they end up having to rely on google for assistance. According to Lavoie (2016) employees cannot contribute to the success of the company when they are trained to perform their jobs according to industry standards. In this case employees felt that there was no training provided to perform their jobs effectively and has led to the rate of production being low because employees do not know enough to perform their jobs confidently. Unskilled employees could spend considerable time seeking help to perform their jobs, this could lead to errors and work needing to be repeated or corrected (Lavoie, 2016). One participant mentioned that she had to rely on google to do her work, due to lack of training, which supports the theory that considerable time is taken seeking help to perform their jobs.

"There is also no training provided, and no room for growth" (Participant 1)

Growth is limited, EAP is about the experience and the money, and not about the position you are in (Participant 6)

I haven't received training since I got here, I was just thrown in the deep end, I would love training (Participant 10)

Theme: Subgroup formation and lack of cohesion

Another challenge identified by ten participants was that of subgroups and lack of cohesion in the workplace. Subgroups are a subordinate group whose members usually share some common quality (Corey, 2014). The old staff members were closer and, in a subgroup, together, leaving the new employees to feel left out. This also led to the colleagues not having cohesion amongst themselves, the lack of cohesion has created a negative staff morale and a division amongst the staff members, the staff members don't trust each other, hence they struggle to support each other when it comes to work related matters. According to Corey (2014) group cohesion is the strength and extent of interpersonal connection

existing among the members of a group. It allows group members to accomplish set goals and remain motivated. This goes back to the lack of motivation that has been identified as a challenge, each employee feels like they are on their own. Without support from fellow colleagues, the environment tends to feel cold and negative, and it is easy for conflicts to arise among colleagues. Conflict in subgroups also leads to further challenges of lack of productivity and sometimes bullying in the workplace if one does not belong to the majority or popular group (Lavoie, 2016).

"There Is no cohesion among colleagues and always guarded. There are subgroups in the workplace, and there is no respect among colleagues" (Participant 1)

I also noticed subgroups, the older colleagues are closer and tend to side line new employees, I end up feeling like an outsider (Participant 10)

And the subgroups in the office are so dangerous. There is always office gossip, which creates a division amongst colleagues and management can't do anything about it (Participant 3)

Theme: Compassion Fatigue and Burnout

According to Webster (2019) compassion fatigue is the physical and mental exhaustion and emotional withdrawal experienced by those that care for sick or traumatised people over an extended period. Five participants identified compassion fatigue as another challenge, the nature of their work requires them to provide counselling to more than 20 clients each a day. This has led to them experiencing symptoms of mental and physical exhaustion, which causes a decline in work performance and services not adequately provided to clients. Compassion fatigue links to the challenge of participants feeling overworked and understaffed. Participants identified that they do not have enough hours in a day to get through the amount of work that they have, they end up not attending to come clients. According to Webster (2019), burnout is a state of emotional, physical, and mental Exhaustion caused by excessive and prolonged stress. Four participants reported going

through a mental breakdown due to the burnout and feeling overwhelmed. They find themselves mentally exhausted which also affects their personal lives, because they are not actively present at home, due to being exhausted.

"*Compassion fatigue, which leads to not performing work effectively and not providing effective counselling" (Participant 1).*

"I have suffered burnout because of the work and shifts to a point where I had a nervous breakdown and was admitted into a depression clinic for a month" (Participant 9).

We are very much understaffed and over worked, they are not doing anything to hire new people (Participant 2).

Theme: Lack of rewards

Lack of reward and incentives has been identified as another challenge, three participants felt that they should be rewarded for work done and for the company to show that they value them as employees. This has led to participants feeling demotivated in the workplace. Employees are interested in performing their jobs well to advance the company, feel a sense of pride for a job well-done, when there is no incentives or rewards this leads to low morale and a high staff turnover (Amo, 2019).

We work so hard but are not rewarded for the hard work, not even to get a simple cupcake to say thank you (Participant 10).

I would like a raise now and then to show that they appreciate the amount of work that I put in (Participant 6).

Theme: Working hours and being understaffed

Ten participants reported that workload and being understaffed is a major challenge that they are going through. The workload is due to being understaffed, hence they all sit with several cases per agent. The working hours has also been found to be a challenge, participants struggle with working shifts, this has been found to cause an impact in their personal lives, especially for participants with children. They mentioned that they struggle to balance both work and personal life due to the shift work. The modern assault on this sleep-wake cycle may have dire health consequences and research suggests that shift work has been associated with increased risk of cancer, depression, and substance abuse (Webster, 2019). One of the participants mentioned that due to the shift work and work overload she has been diagnosed with depression.

"For me it is the working hours, we do shift work and that's a challenge, especially because I have a young child at home. Sometimes I leave while he is sleeping and come back home to him sleeping" (Participant 4)

"The hours are crazy, you can't juggle personal life and work life. I am constantly at work" (Participant 6)

Another thing is the shifts. I would love to work 8 to 4 pm everyday (Participant 7)

Theme: Challenges with online counselling and non-verbal behaviour

Even though the participants work in a call centre and they knew that their work would require them doing counselling virtually, three participants identified the telephone counselling as a challenge to them. They feel they are not able to connect with the client and the inability to observe nonverbal communication has been hard on some participants. This stems from their background of working with clients face to face and adjusting to the new way of fast paced counselling has been a challenge to them. The social workers also identified that clients tend to disregard their profession, just because they are on the line, clients assume that they are just call centre agents and always request to see a psychologist,

which makes them feel like the social work profession is not valued. Though online counselling offers voice over chats, they lack intimacy and complexity that the real-world interactions possess (Madanikia, 2019). Theory argues that counsellor rely on physical cues like facial expressions, vocal signs, or body language in order to get a clearer picture of the client's feelings, thoughts, and behaviours (Madanikia, 2019). Helping and other deep interpersonal transactions demand a certain robustness or intensity of presence, visibly tuning into others contributes to the presence (Egan, 2012). The participants are not able to tune in adequately due to the telephone barrier, which affects some of their counselling skills. This links to the challenge that the participant identified that they cannot observe non-verbal behaviour and feels impersonal.

"Another challenge I have found is that it is not easy to observe nonverbal behaviour, but have to listen to them, so it makes counselling hard" (Participant 5).

The challenge I found is the telephone consultations. I find that there is no connection to the client, I prefer face to face interactions (Participant 3).

This telephone sessions were impersonal, so I never got the satisfaction. I felt like I was performing half a job (Participant 4).

Theme: Micromanagement

Being micromanaged has been a challenge that nine participants identified. They must log when going to the bathroom, lunch or doing administration. The system is used to monitor their movements, and that has made how many participants to feel like they are prisoners in the call centre. As Wienecke (2014) reported that workers are disciplined through enclosure in cubicles during prescribed work hours, scripting that regulates their conduct during customer interactions, computer software that requires them to perform tasks in a particular order and continuous surveillance by the ACD. This method of micromanagement has led to participants feeling embarrassed especially when statistics are compared to other team members. They also mentioned that too much emphasis is placed on the number of calls taken as compared to the quality of calls. This causes conflict and tension amongst team members. They have set a context for attitudes towards the organisation and can impose conflicting role requirements on agents, for example the pressure of quantity versus quality (Suri & Rivzi, 2008). According to Anwar (2019) mentioned that call centre spaces are

overcrowded, and some people end up feeling like packed sardines because they are confined to a tiny cubicle. This supports the statement of participants feeling like they are in prison because they are confined to a small cubicle and then constantly monitored using a system. Wellness companies are known to provide the best working conditions for their employees but when it comes to the call centre it is an environment that is being neglected.

"The focus is on number of calls someone takes, not quantity of the calls. which leads to us not giving clients adequate services because we want to get our numbers up" (Participant 8).

There is also an element of being micromanaged due to the system that we use, we must log everything (Participant 5).

The micromanaging through the system, when you go to the bathroom you must log it on the system. Sometimes you forget to log back on, then it's a warning given (Participant 8)

Theme: Physical health challenges

Physical challenges have also been identified. One participant mentioned that she started having eye problems, back problems, and constant stiffness. This is caused by sitting in front of a computer screen for nine hours and taking minimal stretch breaks. The chairs they sit on have been found to be uncomfortable, hence the physical challenges have been present. Studies have found that call centre agents have also been found to struggle from back pain, swollen legs, and stiff necks due to constantly being seated with limited movement (Lin et al, 2008). "The most common occupational health problems in this professional group are visual problems due to working with computer screens, voice disorders due to continuous talking and auditory problems due to communication through the headset and acoustic shocks" (Pawlaczyk-Luszczynska et al, 2018, p10). One of the participants was older and these physical challenges affected her productivity and led to her going to several doctor's visits.

"I have developed all the challenges in the world. Firstly my eyesight deteriorated because of looking at a screen for 9 hours. it has led to me wearing glasses (Participant 8)

Another challenge is the constant sitting, I find that I have constant back pain" (Participant 9).

4.3.3. Coping strategies for dealing with challenges

A coping mechanism is something that helps a person deal with something that is difficult for them (Sandstone care, 2021). The participants have identified the challenges that they have faced working in the call centre, and this study also wanted to explore how they coped with the challenges that they have identified. And the participants mentioned several coping mechanisms which worked for them and allowed them to function in the workplace and at home.

Theme: Silence and consulting with the manager

One participant mentioned that she copes by remaining silent in the workplace, because she does not feel she gets adequate support from their managers. Keeping to themselves and focusing on their work has brought peace to their lives. According to Webster (2019) when problems become silent organizations end up solving the wrong ones, it is a form of getting rid of the problem instead of solving and people learn this skill over time and due to several incidents, that have occurred. Participant one mentioned that she consults with the manager at times should she have challenges, this helps them to cope, by getting some guidance. Silence can also lead to isolation, by being silent this participant isolates herself from the other colleagues and takes away the opportunity of growth by learning from other people that she works with.

I have mastered the art of being silent, because even if you talk nothing will be addressed. So, I keep quiet and focus on my work. I also try to consult with the manager when I have challenges (Participant 1).

Theme: Alcohol use as a coping mechanism

Another coping mechanism used is the use of alcohol, the study has found that two participants prefer to have alcohol when they leave work to destress. The study found that they have started consuming alcohol almost daily and this coping mechanism started when they started working in the EAP call centre. Studies show that alcohol functions to slow down the central nervous system, creating feelings of relaxation, it also reduces inhibition, judgement, and memory. Alcohol becomes a way to distance from stressors or challenges an individual may be facing (Sandstone care, 2021). Alcohol can have both good and negative outcomes, if the participants continue to use alcohol every day to unwind it will end up becoming an addiction and is seen as an unhealthy stress coping mechanism. If the alcohol consumption is done in moderation along with other healthy stress coping mechanisms, then it is allowed.

"I have been drinking alcohol to help me cope. I find myself having a glass of wine after work every day just to unwind" (Participant 1).

For me personally, drinking is how I cope. I don't think I drank this much since I started working this job (Participant 5).

Theme: Family support and Debriefing

Another coping mechanism identified was the presence of family support in the participants lives. This was reported by two participants. Family has been able to support them during the working hours to make their personal life more manageable. According to Webster (2019) family support increases the strength and resilience and reduces a sense of isolation. Having supporting spouses and family members has helped the participants to cope with the challenges that they face at work. Four participants found that the monthly debriefing sessions that employees get has been beneficial to them, they use that time to talk about difficult cases and they also get counselling to help them cope with the work. Debriefing provides a healthy and safe forum for people to discuss and process any experiences that they are going through (Sandstone care, 2021).

Having family support has also been very helpful to me (Participant 9).

Having my aunt to assist me with caring for my child while I am at work was extremely helpful, she came early and left very late because of my shifts (Participant 3).

Theme: Mental and physical wellness

Another coping mechanism identified by three participants is choosing to exercise, read motivational books, and meditate daily to be able to cope with the environment. Research has found that physical activity can help lower overall stress and has a positive effect on the mood, by reliving tension, anxiety, and mild depression (Sandstone Care, 2021). The study also found that one participant is on anti-depressants to help her cope with the challenges that have been identified. She has tried various coping mechanisms previously, but they were not beneficial to her, hence she ended up being on medication to cope with work and the personal life. One participant chose to resign to cope with the challenges identified. The participant felt leaving the environment will be best for her mental health.

"I try to read motivational books. I go for a massage now and then; I try to work out and go for debriefing sessions" (Participant 8).

"I have actually resigned; I am currently serving my notice. That's a coping mechanism for me. I choose my sanity and mental health than to be overworked and suffer from burnout" (Participant 3).

I am currently on anti-depressants, that is what helps me cope (Participant 9).

Theme: Opportunities for social workers employed in the EAP call centre

According to Klongerbo (2019) the human desire for growth is manifested in the realm of career, considering that people spend about a third of their adult lives at work, opportunities or growth leads to happiness. After exploring the challenges and coping mechanism that social worked faced, the research also looked at whether there are opportunities for social workers in the EAP call centre industry. The research found that opportunities for social workers are there but are also limited as reported by five participants. The study found that participants can grow in terms of their counselling skills and clinical work in the call centre, and they can move from one position to the other in the EAP environment as reported by five participants. Three participants also reported that some opportunities will have to be created by the social worker, they mentioned branching into private practise and work independently. There has been positive feedback with regards to opportunities for some participants. Two participants felt that there are no opportunities for social workers in the EAP call centre space, they felt that the social work profession is not valued, hence there is no growth and there is a frustration with moving from one job role to the other yet still performing the same duties. The study also found that one participant is working towards a change in the profession completely to create opportunities for themselves, that participant wants to become a psychologist. Overall, it seems opportunities are only present as a new social worker looking to gain experience and from there one can decide which career path, they are willing to take. Even though the participants do face challenges in the workplace the EAP environment has given them the opportunity to broaden their skills and also introspect on which career paths they are willing to take.

"Opportunities are there if you create them for yourself. End of the day you move from one EAP to the other to do the same job. One has to look at going into private practise, which is scary on its own" (Participant 8)

"there are some opportunities, one can move from being a telephone clinician to being a case manager or managerial consultant. There are also internships for newly qualified social workers to get some work experience" (Participant 1).

"To be honest I don't see any opportunities for social workers, because social workers are exploited in every industry. It's like we got our degree's from a grocery shop. So, one has to work hard and leave social work completely" (Participant 2).

4.3.4. Recommendations

Recommendations help in order to improve a certain situation or product that currently exists, it is important to take recommendations into account when creating products or focusing on improving a certain situation (Naiduu, 2013). To improve some of the challenges and experiences identified. The study looked at exploring recommendations that participants had. The first part explored recommendations that participants can make to improve the challenges identified and to also make recommendations to the company on providing support and supervision to social workers.

Theme: Recommendations for training

Ten participants recommended that companies must provide training to employees to align with the mental health calendar and for social workers to know more about other theories that are being developed. And that managers need to go for training too on how to supervise clinical social workers and for them to learn management skills especially when it comes to empathy and being transparent with employees. According to Amo (2019) to increase productivity and quality of services provided, internal staff must constantly be trained to ensure that they perform their jobs effectively. As a recommendation is has been found that participants are encouraging training amongst themselves and managers to ensure that they work well together and mostly be able to perform their work effectively without spending too much time on the internet or consulting other employees.

To have training, so that we are on par with new emerging issues (Participant 9).

I would suggest that they provide training to new employees, especially those straight from university, we need more knowledge on EAP (Participant 10)

Theme: Recommendations for staffing and working conditions

The study also found that eight participants recommend that more staff members must be hired to deal with the overload with regards to work. And to look at the shift work schedule and they should try and accommodate employees so that they are able to balance their work and personal life. It has been found that when companies hire adequate staff members to balance the workload, employees functioned better in the workplace, with the decrease of stress and feeling overwhelmed (Amo, 2019). The participants felt that their workload will be better should more staff members be employed, and their stress will decrease. Another recommendation is to offer incentives to employees for their hard work and to increase their salary to create motivation to work. Participants also recommended stopping with the micromanagement, but to trust employees that they can perform their job without being monitored constantly.

I recommend that they hire more staff, to ease the workload (Participant 9).

"I would also recommend better salaries and salary increase in order to motivate employees and somehow thank them for their hard work and the biggest recommendation is to stop with the micromanagement" (Participant 1).

I would recommend hiring more staff in order to balance the ratio of clients received with people on the desk (Participant 2).

Recommendation for video calls

Another recommendation is to have video call sessions that will allow for participants to see clients they are engaging with and be able to see nonverbal communication. Online counselling provides help to many who would not otherwise receive it, especially those in remote areas, those travelling and relocating to foreign countries, the physically disabled or housebound and those who are too busy (Cook & Doyle, 2002), this links to the advantages of online counselling, having video sessions will also assist the participants to tune in better with clients. Three participants felt it is important for companies to put their staff members first and ensure that they have wellness, instead of putting clients first. They must also focus on the quality of the call instead of the quantity of calls taken, they must bear in mind that therapist work differently and that must be taken into consideration. They must use a rating system that is specific to that individual.

"I also recommend that they need to do more virtual sessions, at least we will have some sort of face-to-face interactions with clients" (Participant 2)

Theme: Recommendations to the company

Seven participants strongly recommended that the company should provide incentives and have the debriefing sessions monthly instead of weekly. Participants felt that once a month debriefing sessions were not adequate because they go through various challenges a day, and they need weekly support. They also want incentives to see that the company values their hard work and notices their efforts. Four participants requested comfortable chairs and computer screens to limit the physical health challenges that they are experiencing. Further, the company should explore the creation of a platform for employees and managers to have conversations about improving the working environment. It was also mentioned that company needs to look at the entire wellness centre structure ensure that adequately experienced people are placed in the right roles, they have found that new staff members who have no EAP working experience are placed in case management, instead of a telephone clinician role. Strong pleas were made by two participants that the company needs to value the social work profession as much as they value other professions. When they looked at salary scales amongst themselves, they found that registered counsellors, psychologists, and social workers are not paid the same, even though they perform the same role. Another recommendation is for the company to make the wellness space accessible and warm, by changing the layout. With the recommendations made the participants hope that the working environment will have limited challenges and they can be reasonably accommodated in doing their job.

"They need to place qualified people in the right positions. And they need to provide training" (Participant 1).

"They need to see social workers as equally capable to do the work as psychologists" (Participant 3).

"And to make the space inviting, paint it bright, put flowers, to show that it's a wellness centre" (Participant 4).

4.4. Summary

The theoretical framework highlighted that the behaviour of an individual always occurs within a particular environment and the actions of every individual, and every group affect every other person and group in society (Sheafor & Horejsi, 2010). The data found indicated how the challenges that social workers faced had an effect not only on their work life but also their personal lives. Which links to the ecosystem theory which states that when people cannot make effective adaptations or experience challenges, they experience distress and are disadvantaged in their ability to compete. This chapter outlined the challenges social workers face while working in the EAP call centre, it also showed the experiences and opportunities that are in an EAP call centre, recommendations were made on how to improve the challenges identified. This chapter reported on the main themes that were identified during the interviews. The next chapter to follow will discuss the main findings.

CHAPTER FIVE
MAIN FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the main findings, recommendations, and conclusions around the challenges that social workers in EAP call centres face in relation to the objectives identified. The main aim of the chapter is that it demonstrates that the research question and objectives of the study were answered.

5.2. Research Question

The data reported below answers the research questions that have been identified. The research study attempted to answer the following questions:

- What are the perceptions of social workers who work in an EAP call centre?
- What are the challenges associated with working in an EAP call centre?
- What recommendations can be made to improve the challenges?

5.3 Aim of the study

The aim of the study is: To explore the challenges experienced by social workers who are employed in an employee assistance programme call centre. Data reported below displays that the aim of the study was met successfully. Challenges experienced by social workers employed in employee call centres were explored successfully and data is reported below.

5.4.Research objectives

The objectives of the study were:

- To explore social workers experience in terms of working in a call centre setting
- To describe the challenges, that social workers experience in working in a call centre setting
- To elicit from the social workers strategies to deal with or resolve challenges

- To seek recommendations from the social workers to address possible challenges

5.5 Main Findings

5.5.1 The perceptions of social workers regarding working in a call centre

The participants had a lot of knowledge to share regarding their experiences of working in a call centre. The results were both negative and positive. The study found that the positive perceptions come from participants who have been working for a call centre for the first time. The participants reported that they have found the experience of working in a call centre to be positive in that their clinical or counselling skills evolved. This experience has also taught them to adjust well in a fact paced environment and be able to think on their feet. They have also learned that theory taught in university sometimes does not apply in the call centre due to its fast-paced nature. Participants found that they had to learn how to observe nonverbal behaviour without engaging with a client face to face. They also had to be very skilled in using the solution focused model which is primarily used in all EAP call centres. According to Hepworth et al (2010) the solution focused model believes that change occurs in a brief time period, especially when clients are empowered and motivated to use their expertise to construct solutions. With the high call volumes that the participants get, it becomes impossible for them to engage with clients on a long-term basis, they must use the short-term solution focused model to assist clients. Some participants have evaluated their strengths and found that their strengths lie in the EAP call centre due to not being able to see clients face to face, where there is no judgement with regards to appearances.

Negative perceptions have also been reported by the participants, they have found the environment to be less conducive and having lack of growth. Most of the participants complained about the social work role not being taken seriously, clients would regard them as basic call centre agents and not as professionals. This has also been identified in how management supervises them and when it came to salary. The participants also reported being overworked and understaffed which led to their perceptions of being in a call centre to be negative. They are struggling to cope with the amount of work and end up feeling demotivated and suffering from compassion fatigue and burnout. The issue of micromanagement was a prevalent challenge to them because they come from environments that were flexible and moved to an environment that monitors everything by using a system.

This led to them struggling to adjust and using the words like prison to define what they felt working in a call centre. Most participants reported to have joined the call centre because of looking for stability and a permanent role, most were on contract work which was about to end, and the EAP call centre offered stability. Some participants joined the call centre to get experience which will allow them to change their careers. Some participants joined the industry because of background knowledge they had from University and they are the ones who are having a more positive experience.

Each participant had a reason why they joined the industry, and from that reason there came positive perceptions or negative perceptions of the EAP call centre. The study found that feedback was more negative than positive, with most participants looking to leave the call centre and look for other jobs. The environment was found to be very cold by the interior design of it and by the way colleagues and managers engaged with one another. The EAP call centre has affected participants mentally and physically, which has led to several challenges.

5.5.2. Challenges associated with working in an EAP call centre

Even though there were positive and negative perceptions of working in a call centre, all the participants reported to having challenges in working in the call centre. The most prevalent challenge which was mentioned by all participants was the challenge of micromanagement in the call centre. There was no flexibility to move around, they were monitored through a system to determine how many calls they have taken and how many they have missed. How long they take their bathroom, tea, or lunch breaks. These statistics are posted on a big screen for everyone to see, which led to conflict amongst colleagues, because some felt they were taking more calls than others. The emphasis was on the quantity of calls taken versus the quality of calls. This micromanagement has led to job dissatisfaction amongst social workers. Call centre tasks performed by social workers generally have low complexity because of the way in which the call centre agent delivers the service is constrained by detailed procedures and a lot of monitoring (Hernandez, Morris & Picard, 2011). The feeling of being micromanaged and confined to a cubicle has led to participants feeling like they are in prison. This finding is major because they feel like they do not have flexibility

to perform their jobs effectively and mostly be trusted to perform their job based on their professions. Anwar (2019) mentioned that a call centre environment is where youth go to die with regards to their career prospects. This is evident in the feeling participants have of being prisoners, their career prospects are confined. Participants also mentioned that supervision from management is not adequate, as they felt the manager lacked clinical skills to better support them in the workplace. They end up having to rely on google to solve most of their challenges. Participants do not have the platform to set their own developmental goals because they must work within clinical protocols and procedures which have been set already. The challenge is that those clinical protocols and procedures are not up to date or on par with the mental health calendar, hence they struggle to service clients adequately sometimes. According to Carrim (2006) call centre agents are not given challenging tasks or allowed to set their own goals; this is a source of dissatisfaction for many call centre agents.

Another challenge which was identified was that of feeling overworked, overwhelmed, and understaffed. Each participant finds themselves doing 15 to 20 counselling calls a day, with no space to debrief and prepare for the next call. This has led to them suffering from burnout and compassion fatigue. The quality of their work declines every hour. Sometimes call centre agents must deal with customers who react in a highly emotional manner, after the call agents need some time to recover. Agents are often not given time to recover from these emotionally charged calls (Carrim, 2006). The participants were struggling to keep up with the fast-paced environment that they had to work in, especially when work continuously piled up. They found themselves not taking lunch sometimes to keep up with work. They found the environment to be exhausting and mentally challenging. Some participants have experienced mental breakdowns, and some are on medication to help them cope with the work and the environment. But they still find the environment to not be conducive in the long term, they still felt like they were in prison. According to Latha & Panchanatham (2010) call centre agents reported a strong desire to stop working on the phones, due to lack of variety in the work and the stressful nature of the telephone-based work. The participants also identified lack of training as a challenge, since beginning their roles they have not been taken for training to equip them with further skills that they need. They feel that they are not on par with the EAP practises and new theories that are introduced, which leads to clients

not being serviced adequately and for the participants feeling stagnant because there is no growth in their careers.

Participants also identified lack of cohesion and subgroups in the workplace as a challenge. People spend 8 hours a day in the workplace for 5 days a week, if their work environments are not conducive to them, this leads to an imbalance in work and personal life. The study found that colleagues that have been at the company longer, formed a subgroup and the new colleagues are excluded. This has led to conflict and isolation because there is no understanding amongst team members, there is no cohesion present. Being placed in cubicles with headsets, also limits any cohesion with the person sitting next to them. Hence the environment was described as cold by the participants. Physical health challenges were also identified, the participants started to struggle with eye problems and back pains due to being seated and looking at a computer screen for more than 8 hours. Their hearing has also been affected because of wearing headsets constantly. Musculoskeletal discomfort, eye strain and hoarse or sore throat were the most prevalent complaints among call centre workers (Felipe & Reynoso, 2016). Due to health challenges, there has been some absenteeism in the workplace, which leads to present staff members being more overwhelmed with the amount of work. This was an interesting finding because the participants work for an employee wellness industry which promotes holistic wellness, but their employees are complaining about not having the holistic wellness in house. The challenges end up becoming a cycle, one factor ends up affecting the other factor, which is already a challenge, hence participants are feeling burnt-out and experiencing compassion fatigue.

Another challenge identified was that of doing strict telephone counselling. Some participants come from doing face to face engagements with clients and had to join the EAP call centre which is strictly telephonic. Participants did not find pleasure in conducting telephone sessions only, they felt that they were not able to establish rapport properly and the telephone served as a barrier to them, they felt it was impersonal and they were not able to apply all their skills. Working hours were also found to be another challenge, the participants must do shift work, which caused an imbalance in their personal lives. They left their houses while their children were sleeping and sometimes come back to children sleeping. They felt they spent more time at work than at home, which affected personal

relationships. The participants also felt that the company cared more about their clientele instead of the workers themselves. They reported that their wellbeing was not considered, because they were not rewarded for work that they do or motivated in the workplace. Mostly they felt the social work profession was not taken seriously when it came to the salary and when it comes to clinical expertise. The clients treated them as basic call centre agents instead of professionals.

Coping mechanisms

With all the challenges that participants faced the study explored more about their coping mechanisms. The study found that participants coped by drinking alcohol. They have found pleasure in getting home and having a glass of wine to destress after a long day. Alcohol becomes a way to distance from stressors or challenges an individual may be facing (Sandstone care, 2021). Family support has been beneficial to most participants to cope with challenges, their families have assisted them when they had to knock off late or leave early for work by keeping their households running. Some participants coped by exercising and meditating. Some participants appreciated the monthly debriefing sessions that they got from their workplace, they were able to use that platform to vent about challenges that they were facing. Other participants chose to resign to cope with the challenges, they felt they needed a new beginning. Some participants have been found to be on medication as a coping mechanism. Each participant had a coping mechanism that helped them through the challenges that they were facing, sometimes the coping mechanisms were not effective and have reported to struggle from a breakdown.

Opportunities for social workers in EAP

The study also looked at whether there are opportunities for social workers in the EAP industry and the study found both negative and positive responses. Participants felt that there were opportunities, mentioning that they could move from a telephone clinician to a managerial consultant. But with that said, it is like doing the same job in different ways, because there is a lot of work pressure in any position they moved to. Some participants mentioned that there are no opportunities because of moving from telephone clinician to case manager, case management was found to be repetitive and less challenging. Hence, they mentioned that opportunities should be created by the social worker by moving into private practise and being their own employer. Newly graduated social workers have been

found to have opportunities as this is a way for them to get work experience. The social work profession has a long way to go, and many stereotypes must be broken in order for social workers to grow professionally. Joining EAP is the first step of breaking the stereotype that social workers only place children in homes. Despite the challenges that they go through in the workplace, there are some opportunities for the participants, which indicates that there are advantages to working in EAP.

5.5.3. Recommendations to improve challenges

Recommendations on what can be done

Participants have made some recommendations as to how the challenges identified can be rectified or made better. Participants suggested that they should be provided with training to always be on par with the protocols and new theories in EAP. They also recommended that managers need to be trained on how to supervise clinical social workers, and how to have empathy and an open-door policy with their staff members. They also recommended a team building exercise for staff members to build on the non-existent cohesion and get to know each other better. This team building will also break the boundaries between management and staff. The participants also recommended that the monthly debriefing sessions must be made weekly, it becomes difficult for them to wait for a particular date a month, when they are facing challenges daily. They also recommended for the micromanagement through the system to be stopped, they want to be trusted as professionals and to be given flexibility in the workplace. A recommendation was made to investigate video counselling, instead of telephone counselling only, that will allow for participants and clients to see each other, creating that face-to-face environment. They also suggested that the wellness bar be brought back so that they can engage with other colleagues outside of the call centre environment.

Recommendations to the company

Recommendations were also made to the company, and the recommendations are: (1) that the company looks at the entire wellness structure and place qualified people in appropriate roles. (2) To also update their clinical protocols and processes so that they are on par with the mental health calendar and new theories that emerge. (3) For participants to work effectively they recommended that the interior design of the workplace should be changed,

and to be made to feel warm and welcoming, and (4) to change the uncomfortable chairs used and have screen protectors on their computers, to eliminate the health challenges. (5) Another recommendation was made to focus on quality of call instead of quantity of calls, for everyone to be rated based on quality of work during their 6 months Key Performance Indicator. (7) Lastly for the company to value their employee's wellness, instead of their clientele. To reward employees for performing well and to keep them motivated in the workplace.

5.6 RECOMMENDATIONS

5.6.1 Recommendations to Social Workers

- For theories on EAP to be increased in universities, so that social workers have adequate background knowledge from undergraduate level. To also train social workers in telephone counselling, as much as they are trained in face-to-face engagements.
- For social workers to advocate for the profession to be recognised in call centres, to educate clients on the work that they can do as counsellors. And educate their managers on how to supervise them when it comes to clinical work.
- For social workers to receive training while employed to broaden their skills constantly and be up to date with new emerging theories.

5.6.2. Recommendations to prospective researchers

- It is recommended that the study be replicated and various groups like psychologists and registered counsellors should be included to have more representative findings
- It is also recommended that the study be replicated with larger samples outside the wellness call centre department
- It is also recommended that the study be replicated to other EAP companies that and not focus on one company

5.6.3. Recommendation to the EAP company

- It is recommended that the EAP company holds a diagnostic session to identify the challenges the staff members have and find a solution to accommodate its employees
- It is recommended that the company engages in open door policies, where employees can be able to vent and complain without fear of judgement.
- It is recommended that the company should start increasing the team building exercises and social events to break the subgroups and create cohesion amongst staff members and their managers.
- It is recommended that the company invest in taking their staff members for training on various EAP related topics

5.7 Conclusion

The study managed to be able to explain and describe the challenges social workers who work in the EAP call centre. The secondary aims and objectives were also answered. The research also tried to establish theory based on the evidence from the respondents which was also included and shown throughout the research. The study aimed at exploring challenges of social workers who work in EAP call centres, and the research found that social workers have both good and bad working experiences in a call centre, their experiences ranged from career growth with regards to their clinical skills being heightened and to being able to use the solution focused model by being able to think on their feet. The bad experiences range from the work pressures and being overwhelmed. With regards to the challenges identified it was found that micromanagement was the biggest challenge, they compared it to being in prison because they are confined to a small cubicle and constantly monitored through the system. This eliminates any creativity that they have and doesn't allow them to perform duties based on their training. Seems the call centre environment is a dead-end job for some participants. Other challenges included physical health challenges due to not having comfortable chairs or screen protectors for their eyes. With the industry mainly being wellness, it was alarming to see that internal staff wellness is not being adhered to. Compassion fatigue and burnout were also identified challenges, this tallies again with the fact that internal wellness is not being adhered to, with the scope of work that they do, they

need constant support from the company. Subgroups was another challenge identified, this had a negative impact in that it created exclusion of some colleagues and conflict. Lack of training was also identified as a challenge; the participants did not get training when starting their roles and still do not get training on the recent counselling models that are available and that makes them feel inadequate in performing their roles. With all the challenges identified it was interesting to find that some participants resorted to drink alcohol as a way of coping after a long day, whereas they advise their clients to find healthy coping mechanisms, the participants do not follow their own advice. Some found that family support and debriefing sessions helped them cope through the challenges. The interesting contrast was that even though there are challenges there is opportunity for growth for the participants, depending on which direction they would like to take with regards to their careers. Various recommendations have been made on what can be done and the participants suggested getting training, decreasing on the micromanagement, having team buildings to eliminate subgroups and exclusion caused by them. Getting incentives and rewards and having monthly debriefing sessions. Conducting this study was an eye opener for the researcher, a lot of interesting themes emerged. But this has also opened the researcher's eyes to see that social work is a broad profession and can be found in various environments performing various roles. Despite the challenges there are various growth prospects one can explore.

Reference List

Anwar, A.M. (2019). Most call centre jobs are a dead end for south African youth. *University of Oxford*; 1. 1-3.

Amo, T. (2019). The negative effects of a lack of training in the workplace. *Managing employees*, 25(1), 200-210.

Babbie, E., & Mouton, J. (2001). *The practise of social research.* Cape Town: South Africa Oxford university press.

Beattie, D., Cunningham, S., Jones, R & Zelenko, O. (2006). "I use online so the counsellors can't hear me crying": Creating design solutions for online counselling. *Media International Australia Incorporating culture and policy*. 118: 43-52

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology: *Qualitative research in psychology*. Routledge, 3(2), 77-101.

Cardenas, G., & De La Rosa, A. (2015). E-therapy: A training program for development of clinical skills in distance psychotherapy. *Journal of technology in human* services, 26(2), 470-483.

Carrim, N. (2006). The relationship between job satisfaction and locus of control in a South African call centre environment. *South African journal of labour relations*, 30 (2), 66-80.

Cook, J. & Doyle, C. (2002). Working alliance in online therapy as compared to face-to-face therapy. *Cyber psychology and behaviour*: 5(2), 95-105.

Corey, G. (2014). *Theory and practise of group counselling (9th ed*). USA: Cengage learning custom publishing.

Danby, S.J., Butler, C. & Emmison, M. (2009). *When listeners can't talk Comparing active listening in opening sequences of telephone and online counselling.* 36(2), 1-22

De Vos, A, S., Strydom, H., Fouche, C., & Delport, C.S. (2015). *Research at grass roots*. Pretoria: Van Schaik Publishers.

EAPASA, (2017). *History of EAPASA*. Retrieved from: www.eapsa.org

Egan, G. (2012). *The skilled helper.* USA: Brooks/Cole

Felipe, L., & Reynoso, L. (2016). A study on call centres inbound and outbound management process. *South Asian journal of management sciences*, 10, 1-10.

Fossheim, H. (2015). *Internet research ethics*. London: Sage publication.

Hammersley, M., & Traianou, A. (2012). *Qualitative Research*. London: Sage publications.

Hanna, S. (2008). Child protection practise in a call centre: An emerging area of social work. *Aotearoa New Zealand Social Wor*k, 3, p34-43.

Harry, N., & Coetzee, M. (2011). Sense of coherence, affective wellbeing and burnout in a South African higher education institution call centre. *South African Journal of Labour Relations*, 35(2), p26-40.

Hepworth, D., Rooney, H., Rooney, G, W., Strom-Gottfried, K., & Larsen, J. (2010). *Direct Social Work Practise: Theory and Skills*. Canada: Brooks/Cole.

Hernandez, J., Morris., R, R & Picard, R. W. (2011). Call centre stress recognition with person specific models. *Springer Berlin*, 69, 125-134.

Isik M., & Hamacuru, A. (2017). The role of job stress at emotional labour's effect on intention to leave: Evidence call centre employees. *Peer reviewed and Open access journal*, 13, p652-665.

Janse Van Rensburg, Y., Boonzaier, B., & Boonzaier, M. (2013). The job demands-resources model of work engagement in South African call centres. *SA Journal of Human Resource Management*, 11, p1-13.

Jackon, P. (2010). Exploring dynamics of telephone counselling. *Journal of Ethics in Mental Health*, 3, 235-266.

King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. London: Sage.

Klaus, R., Sticker, G., & Speyer, C. (2010). *Communicating effectively*. London: Academic press.

Lapan, S.D., Quartaroli, M.T., & Riemer, F.J. (2012). *Qualitative research: An introduction to methods and designs*. Washington DC. American Psychological Association.

Latha, G., & Panchanatham, N. (2010). Call centre employees: Is work life stress a challenge. *University Journal*, 9 (1), 1-9.

Lee, S. (2010). Contemporary issues of ethical E-therapy. *Journal of Ethics in Mental Health,* 5(1), 1-10.

Leedy, D., & Ormrod, J, E. (2010). *Practical Research: Planning and design*. New York: Pearson Inc.

Lin, Y.H., Chen, C.Y., & Lu, S.Y. (2008). Physical discomfort and psychosocial job stress among male and female operators at telecommunication call centres in Taiwan. *Industrial Health Journal,* 40, 561-568.

Lin,Y.H., Chen, C.Y., Hong, W., & Lin, Y.C. (2010). Perceived job stress and health complaints at a bank call centre: Comparison between inbound and outbound services. *Industrial Health Journal*, 48, p349-356.

Lavoie, A. (2016). Poor management skills: problems that occur. *Entrepreneur journal*, 1, 1-10.

Manhal-Baugus, M. (2001). E-therapy: practical, ethical and legal issues. *Cyber Psychology and behaviour,* 4(5), 551-563.

Madoc-Jones, I., Warren, E., Ashdown-Lambert, J., Williams, W., & Parry, O. (2007). Planned telephone support for disadvantaged parents in North Wales: Perceptions of service users. *Child and Family Social Work,* 12, 316-325.

Mclaughlin, H. (2008). *Understanding social work research*. London: Sage publishers.

Mcnabb, D.E. (2010). *Research methods in public administration and non profit management: quantitative and qualitative approaches*. New York: M. E Sharpe Inc.

Naiduu, M. (2013). *Perceptions Around Second Generation Female Condoms: Reporting on Women's Experience.* Anthropological Notebook 19(1): 25-34

Neuman, L. (2014). *Social research methods: Qualitative and Quantitative Approaches.* England. Pearson Education Inc.

Pandy, W., & Rogerson, C. (2014). South Africa's call centre industry: The emerging challenges of a growing destination in the global South. *Mediterranean Journal of Social Science*, 5(8), 208-217.

Pardeck, J.T. (2000). An ecological approach for social work practise. *The journal of sociology and welfare, 15*(11), 133-142.

Pawlaczyk-Luszczynska, M., Dudarewics, A., Zamojska-Daniszewska, M., Zaborowski, K., & Rutkoska-Kaczmarek, P. (2018). Noise exposure and hearing status among call centre operators. *Noise and health Journal*, 20, 1-10.

Rahman, S. (2017). The Advantages and Disadvantages of Using Qualitative and Quantitative Approaches and Methods in Language "Testing and Assessment" Research. *Journal of education and learning*, 6(1), 102-130.

Rasooli, P. (2015). Knowledge management in call centres. Business Administration and social science. 1, 1-80.

Ritchie, J., & Lewis, J. (2003). Qualitative research practise: A guide for social science students and researchers. London: Sage Publication.

Reamer, F.G. (2013). Social work in a digital age: Ethical and risk management challenges. *Social work in a digital age*, 58(2), 163-165.

Resink, T.J. (2011). *Translational research methods*. London: Sage publication

Rogers, B. (2011). *Qualitative Research*. London: Sage.

Russell, B. (2008). Call Centre: A decade of research. *International Journal of Management Reviews*, 10, 195-210.

Sandstone Care. (2021). *Alcohol use as a coping mechanism*. Retrieved from: www.sandstonecare.com.

Sheafor, B., & Horejsi, C, R. (2010). *Techniques and guidelines for social work practise*. USA: Pearson Education Inc.

Silverman, D. (2010). *Qualitative research*. London: Sage

Speyer, C & Zack, J. (2015). *Online counselling: Beyond the pros & cons*. 4(1), 1-5

Suri, S., & Rivzi, S. (2008). Mental health and stress among call centre employees. *Journal of the Indian Academy of Applied Psychology*, 34 (2), 215-220.

Tracy, S.J. (2013). *Qualitative research methods*. USA: Blackwell Publishing.

Terreblanche, M. (2006). *Research in practise: Applied methods for the social sciences*. Cape Town: University of Cape Town Press.

Teddie, C., & Tashakkori, A. (2009). *Foundation of mixed methods research*. London: Sage publishers.

Turker, T., & Demiriz, A. (2018). An integrated approach for shift scheduling and rostering problems with break times for inbound call centres. *Creative commons Attribution*, 1, 1-27.

Ungar, M. (2012). Researching and theorising resilience across cultures and contexts. *Preventative Medicine*, 55(5), 170-200.

Wagner, C., Kawulich, B., & Garner, M. (2012). *Doing social research: a global context*. USA: Mcgraw-Hill Higher education.

Webster, M. (2019). Compassion Fatigue. *American Medical association journal*, 10(1), 1-10.

Wiles, R. (2013). *What are qualitative research ethics?* London: Sage publication.

Winiecki, D., & Wigman, B. (2007). Making and maintaining the subject in call centre work. *New technology and employment*, 22(2), 118-131.

Winiecki, D. (2019). The call centre and its key players. *Organization Journal*, 16(5), 705-731.

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG



Appendix A

Title of study: Challenges of Social Workers who work in Employee Assistance Programme call centres

Participant Information Sheet

Good day

My name is Kagiso Kgoroba and I am a post graduate student registered for the degree MA in Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research into the challenges of social workers who work in EAP call centres face. It is hoped that this information may create awareness with regards to the challenges social workers face in a digital working environment.

I therefore wish to invite you to participate in my study, your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I shall arrange to interview you at a time and place that is suitable for you. The interview will last approximately one hour. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering. Due to COVID 19 regulations the interviewer and participants will have to wear masks and sanitise their hands. The interview will be held in an area that has been sanitised and seating arrangement will ensure social distancing of 1,5 meters.

With your permission, the interview will be audio-recorded. No one other than my supervisor will have access to the tapes. The audio recording and interview schedule will be kept in a locked cabinet for two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

As the interview will include sensitive issues, there is the possibility that you may experience some feelings of emotional distress. Should you therefore feel the need for supportive counselling following the interview, I have arranged for this service to be provided free of charge by your employee wellness provider Phela wellness. You can contact them on 0800 229 355 and provide your employee number to get assistance.

Please contact me on 072 227 9946 or my supervisor Ms Laetitia Petersen on 011 717 4472 or laetitia.petersen@wits.ac.za, if you have any questions regarding the study. We shall answer them to the best of our ability.
Please contact Shaun Schoeman, **Shaun.Schoeman@wits.ac.za - 011717 1408** or **Charmaine.khumalo@wits.ac.za - 011 717 1788** for Ethics queries

Thank you for taking the time to consider participating in the study.

Yours sincerely
Mrs Kagiso Kgoroba



Appendix B

Title: Challenges of Social Workers who work in Employee Assistance Programme call centres.

Consent form for participation in the study (please circle your answer)

I agree that my participation will remain anonymous in any reported material and publications YES NO

I agree that the researcher may use anonymous quotes in their research report YES NO

I agree that the interview may be audio recorded YES NO

I agree that the information I provide may be used anonymously after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained YES NO

I agree to keep the comments made by other group members confidential unless required to disclose by law YES NO

I promise to notify the research team in the event that I intend to disclose information shared by other group members. YES NO

I understand that, while members of your group will have also promised to keep your comments confidential, the research team cannot guarantee that other participants will preserve the confidentiality of your comments YES NO

Name of participant _____

Date _____

Signature _____

Appendix C

Semi-structured interview schedule

SECTION A: IDENTIFYING DETAILS

1. Age
2. Race
3. Gender
4. Qualification or Training?
5. Have you worked in an EAP call centre previously or is this the first time being in this setting?

SECTION B: THE PERCEPTIONS OF SOCIAL WORKERS REGARDING WORKING IN A CALL CENTRE

1. Describe your experiences of working in a call centre?
2. What do you think are the decisions that lead social workers to work in EAP call centres?

SECTION C: CHALLENGES ASSOCIATED WITH WORKING IN AN EAP CALL CENTRE

1. What are the challenges that you have encountered while working in an EAP call centre?
2. What methods have you used to help you deal or cope with the challenges you have identified in the 1st question?
3. What are the opportunities for a social worker employed at a call centre?

SECTION D: RECOMMENDATIONS AS TO WHAT CAN BE DONE

1. What recommendations can you make on improving challenges identified?
2. What recommendations can you make to the company on providing support and supervision to call centre social workers?

APPENDIX D: PERMISSION LETTER TO CONDUCT A STUDY AT THE EAP COMPANY

momentum METROPOLITAN

24 June 2020

Department Name: Wellness
Office Location: 269 West Avenue, Meersig Building Centurion
Business Unit: Metropolitan Health
Division: Momentum Health Solutions, a division of Momentum Metropolitan Holdings

CONFIRMATION TO CONDUCT RESEARCH AT METROPOLITAN

To: Ms Kagiso Kgoroba

We have received your letter requesting to conduct research for your Masters in Occupational Social work. Your letter requested to conduct research in our employee wellness department.

MHS has never had requests to conduct research and after careful consideration we have decided to grant you access to conduct research with our wellness department. Provided that you provide us with a letter from your Ethics department permitting you to conduct research, and that you don't interfere with the work schedule of our employees and will make appointments with them during their lunch time or after hours. You also need to ensure that confidentiality and anonymity are guaranteed with the employees, and that this research will not harm any of our employees.

MHS has made extensive provision for employees to work from home and be functional, but a limited number of employees will need to be in office. The research will have to be conducted in our Centurion offices and you will have to make arrangements to meet with the staff members working from home in Centurion.

We are looking forward to having you on our premises to conduct the research, once we have received the Ethics letter, we will grant access to you.

Should you have any questions, please do not hesitate to contact our Switchboard operators on (Centurion 012 671 8911, Parc du Cap 021 940 5911, Durban 031 573 4000).

Regards

Mr Kelly Manzini
Employee Wellness Program Executive

Signature: ..... **Date:** 24 June 2020
Kelly Phumzile Manzini

momentum METROPOLITAN GUARDRISK multiply

APPENDIX E: RESEARCH CLEARANCE CERTIFICATE FROM WITS UNIVERSITY

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK) CLEARANCE CERTIFICATE

Protocol number: SW20/08/02

Project title: Challenges of social workers who work in Employee Assistance Programme Call Centres.

Researcher/s: K Kgoroba, student number: 0713313D

School/department: SHCD Social Work

Date considered: 28 August 2020

Decision of the committee: Approved (Low risk)

Date ratified: 16 October 2020

Expiry date: 31 July 2023

Date: 3 November 2020 **Chairperson:** Prof E. Pretorius

Cc: Supervisor: Ms L Petersen

Declaration of researcher(s)

To be completed in **DUPLICATE** and **ONE COPY** returned to the Administrative Assistant, Room 8, Department of Social Work, Umthombo Building Basement or e-mailed to Fezile.Ndebele@wits.ac.za

I/We fully understand the conditions under which I am/we are authorised to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the committee. **For Masters and PhD an annual progress report is required.**

---------- --------/--------/----

SIGNATURE DATE

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

School of Human and Community Development: Social Work
Private Bag 3, WITS, 2050, South Africa
T +27 11 717 4472 | E socialwork.SHCD@wits.a.c.za | www.wits.ac.za/shcd/social-work/social-work-as-a-profession/