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RESEARCH REPORT:

Experiences of loveLife Trust telephone counsellors about the EWP employed within Gauteng

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DECLARATION

I acknowledge is my own unaided work, and that I have given full acknowledgement to the sources utilised.

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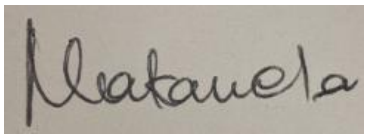
Signature: 

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DEDICATION

I dedicate this research report to all the working mothers that achieve their goals irrespective of different roles to fulfil.

"It is indeed doable"

ABSTRACT

Globally, most Non-Profit Organisations (NPOs) do not prioritise employee wellness programmes (EWPs). NPOs' funding is often allocated for rendering their primary programmes rather than improving their employees' wellness. Employees in NPOs are left to devise their own means to best cope with work-related stress and challenges. Some employees rely on support from community-based organisations or their colleagues. loveLife Trust is a South African NPO that operates nation-wide. loveLife Trust recently introduced EWP to be utilised by its employees who are telephone counsellors. As of year 2022, loveLife Trust employs about 12 telephone counsellors. The loveLife Trust counsellors render psychological support to youth country-wide. Dealing with the youth's presenting problems exposes the telephone counsellors to burnout and anxiety. This study aimed to explore how telephone counsellors experience the loveLife Trust EWP service. This was a qualitative study that allowed the participants to openly share their views. The total participants for this study were 12 telephone counsellors who were working on the toll-free line which is based in Gauteng. In addition, two key informants; the team supervisor and an EWP account manager, were interviewed. All participants were interviewed through ZOOM Cloud Meetings. A qualitative interview schedule that was guided by open-ended one-on-one interview questions was used for data collection. Thematic data analysis was used to derive different themes for the study. The aim of the study was to explore the experiences of telephone counsellors on EWP at loveLife Trust. The telephone counsellors are based in the call centre in Gauteng. The study revealed that telephone counsellors have not utilised the EWP as a way of support. The telephone counsellors prefer collegial support for taking care of their wellness. To spark interest amongst telephone counsellors to utilise the service, loveLife management should prioritise EWP awareness.

Key words: Employee assistance programme, Employee wellness programme, telephone counsellors, occupational social work, loveLife Trust.

LIST OF ACRONYMS

CWP: Corporate Wellness Programme

EAP: Employee Assistance Programme

EAPA-SA: Employee Assistance Professional Association

EWP: Employee Wellness Programme

NPO: Non-Profit Organisation

OAP: Occupational Alcoholism Programme

OSW: Occupational Social Work

OSWPM: Occupational Social Work Practice Model

ROI: Return on Investment

RSA: Republic of South Africa

SANDF: South African National Defence Force

SFBT : Solution Focused Brief Therapy

UK: United Kingdom

USA: United States of America

USSD: Unstructured Supplementary Service Data

WHO: World Health Organisation

WHP: Workplace Health Promotion

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CHAPTER 1

1.1. Introduction and background to the research study.

This study examined the experiences of loveLife Trust telephone counsellors regarding EWP. It was important for the researcher to gather information from the telephone counsellors on EWP, given the nature of their work which exerts high pressure and stress on them. This allowed access to rich insights that were crucial in understanding the ways that loveLife Trust telephone counsellors experienced the EWP.

According to Hooper (2004), businesses are more aware of challenges related to the wellness of employees and as a results, there is an increase in employers taking up their employees' wellness activities as their responsibility. This encourages healthy organisations and improves emotional well-being of the employees. EWP is one of the mechanisms that are used by the employers to offer their employees psychosocial support. This is expected to encourage employees to maintain good work-life balance, and most importantly, to increase organisations' productivity.

Naidoo and Jano (2003) suggest that in South Africa, fewer than half of the top 100 organisations, including NPOs and corperate organisations, had EWP, despite its importance. There are different factors that might lead to an organisation not having EWP. The factors include a lack of funding and the EWP being viewed as less relevant in the workplaces.

EWP serves as a support structure to both the employer and employees, to increase productivity in the workplace and enhance employee well-being. The "new normal" in the era of the COVID-19 pandemic came with a hybrid model of working from home on certain days and the office on others. However, in other organisations, employees have been working from home for the past two years.Akbar et. al. (2020), working from home might have its disadvantage of leading to the employees working longer hours as there is no time in between to commute to and from work. This is more evident for the social services workforce that provides psychosocial support remotely during the pandemic. Most of the workforce stressors in this field are related to work stressors such as an influx of calls during the COVID-19 pandemic as people were anxious and experiencing trauma. The World Health Organization (WHO) (2021) states that living during the pandemic is stressful and triggers anxiety and traumatic symptoms for some people who do not have coping mechanisms and are not able to adjust to the "new

normal". This can be in the form of different factors, such as workload, and changing processes, such as internal protocols or general organisational change. The employees tend to resort to other coping mechanisms; some of the mechanisms are healthy, yet others are unhealthy. An example of a common unhealthy coping mechanism adopted by employees in most organisations is the abuse of substances, unhealthy eating and changes in sleeping patterns. Healthy coping strategies adopted by employees include support groups, debriefing and individual consultations, supervision with programme leaders, networking with other organisations and the use of churches (Hughes, 2010; Skhosana et al., 2014). Therefore, the availability of EWP would support the existing coping mechanisms and address risky behaviours that employees adopt in the organisations.

The support provided by EWPs includes providing psycho-social, financial, and legal support. According to Leiter and Wahlen (1996), EWPs include services that focus on alleviating stress of employees. The stress of employees may be caused by personal or work related issues such as finances, substance abuse, health problems, career crises and job demands. EWP services can be provided by internal or external service providers. Lesch (2005) argues that internal services can be bespoke for organisations and EWP teams can work closely with stakeholders, such as team managers, supervisors or human resources, to ensure that the programme aligns with business strategies and issues around employees.

However, the disadvantage of internal service includes employees possibly lacking trust and confidentiality for employees. As a result, other organisations chose an option of outsourcing the EWP services. From 2019 to date, loveLife Trust sourced EWP services from an external service provider. The EWP seeks to serve all the employees in the organisation by encouraging and supporting them to take responsibility for their well-being, reducing problems at home and at work, such as interpersonal relationship challenges and high workload stress levels, and facilitating higher levels of productivity (loveLife, 2021).

According to Byars and Rue (2004), there are different components that have an impact on job satisfaction or productivity such as comfortable office, rewards, internal work processes and organisational changes. According to Sieberhagen et al. (2011), in an event that the organisational processes or changes become strenuous on employees, such as restructuring, the employee's morale is reduced, resulting in a negative impact on work performance. This is due to anxiety of one losing their job or being demoted to a position that they would not be satisfied by. The employee's work stress has a significant impact on their dependents and might change

the family lifestyle in an event that the reward is lower. Therefore, changes at work lead to changes in the household. This study aimed to explore how telephone counsellors experience the loveLife Trust EWP service.

1.2. The problem and rationale for the study

Globally, counsellors in general experience stress and burnout due to the clients' presenting problems (Arulmani, 2007). In most cases, the supervision of counsellors is not available to provide needed intervention or emotional support. There has been a significant shortage of counsellors in NPOs that are not receiving the necessary support while practising.

Literature has shown that counsellors dealing with stress and trauma experience secondary trauma (Baird & Kracen, 2006). For example, the youth utilise the service for different presenting problems including rape, the impact of HIV/Aids, teenage pregnancy, violence, trauma, grief, and substance abuse, while they will not be having psychosocial support or resources in their communities. In addition, the impact of the COVID-19 pandemic on the youth and society at large has been severe. For instance, being socially isolated triggered mental health challenges such as anxiety and depression. According to Mbeve et al. (2020), the COVID-19 lockdown induced by the South African government led to economic instability and adjustments of the people's needs. In addition, most of the people also lost their jobs and experienced grief due to the loss of loved ones. The COVID-19 pandemic led to unusual job losses that led to impaired mental well-being (Posel.et.al 2021). The WHO reported that as of March 2022, COVID-19 deaths have increased to 99,458. COVID-19 death has been traumatising as people were not able to observe their rituals and were not able to attend the funerals due to restrictions put in place by the government to curb the infection. Telephone counselling is convenient, provides immediate support and provides comfort (Kang et al., 2021). The utilisation of telephone counselling increased significantly during the pandemic, which means the telephone counsellors were taking more calls in a day and this was strenuous. The telephone counsellors at loveLife Trust experienced what is also referred to as vicarious trauma. Vicarious trauma is triggered by helping professionals being exposed to and empathically listening to stories of trauma, suffering and violence, caused by humans to other humans (Morrison & Boyd, 2007).

A call centre environment, especially for the youth, is a quiet stressful environment due to an influx of calls, the type of the presenting problems being dealt with and shift work. The loveLife

Trust clients use call centre services because they are easily accessible and carry no cost. According to Holman (2003), call centres render services that are cost-effective in providing information and psychological support. The rotating shifts at loveLife Trust range from 09:00 to 17: and 13: to 21:00. The service is easily accessible to the youth by using a toll-free number, a "please call me option", an e-mail or through an application ("app") to access telephone, legal, and financial counselling, and family care.

The EWP service is one of the support structures that loveLife Trust is utilising to ensure that counsellors are fully capacitated and supported to deal with work stress, especially now during the pandemic. loveLife Trust's EWP is aimed at assisting the employees, telephone counsellors included to be resilient, proactive and function at their optimal ability. This study aimed to explore how telephone counsellors experience loveLife Trust EWP services. Currently there is no monitoring and evaluation of EWP services taking place at loveLife Trust. This study will assess whether there is a return on investment (ROI) of EWP at loveLife Trust. The EWP service provider furnishes the loveLife Trust with a service users' utilisation report that highlights the type of problems employees have challenges with and the recommendations thereof.

1.3. Research question

Holloway and Wheeler (as cited in Alpaslan, 2012, p. 8) defined the main research question as a "statement about what the researcher wants to find out and stem directly from the problem perceived or experienced". The research question for this study is, what are the experiences of loveLife Trust telephone counsellors concerning the organisation's implemented EWP?

1.4. Aim of the study

This study aimed to explore how telephone counsellors experience the loveLife Trust EWP service

1.5. Objectives of the study

Objectives focus on the process that the research took to achieve the aim as indicated above. Below are the secondary objectives of the current study:

- To explore the challenges, loveLife Trust's telephone counsellors are experiencing with the EWP.
- To examine the strengths of the EWP experienced by the telephone counsellors at loveLife Trust.
- To elicit suggestions and recommendations on the EWB from the telephone counsellors to share with loveLife Trust

1.5. Definition of concepts

Employee assistance programme: "Employee Assistance Programmes are work-based programmes and services that are offered by the employer to employees as a workplace resource, based on specific core functions and technologies to address the organisational business needs and enhance workplace and employee success through the anticipation, identification and resolution of private and productivity issues" (EAPA-SA, 2010, p. 2).

Employee wellness programme: EWPs are intervention plan of actions intended to advance the well-being of employees, contribute to a healthy work environment, enrich the organisational value, and enhance overall mental health of the employees (Harrison, 2009).

loveLife Trust: lovelified Trust is a non-profit organisation that aims to make the lives of young people better, through the prevention of HIV infection and a holistic youth development (loveLife, 2021).

Occupational social work: Occupational social work "is a specialised field of social work practice that addresses the human and social needs of the work community through a variety of interventions which aim to foster optimal adaptation between individuals and the environment" (Straussner, 1989).

Telephone counsellors: Telephone counsellors are the counsellors who render counselling service through telephone calls and not face-to-face (Robinson,2014).

1.6. Summary of the chapter.

Telephone counsellors are faced with a difficult and challenging work in rendering telephone counselling to the youth at loveLife. The telephone counsellors use EWP service as a support system and to take care of their emotional wellbeing. The report will explore challenges and strength that the telephone counsellors at loveLife experienced about EWP services.

CHAPTER 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1. Introduction

This chapter discusses Occupational Social Work (OSW) as a profession that the study borrowed from at its micro level in relation to employee wellness, and Occupational Social Work Practice Model (OSWPM) as the theoretical framework that underpins this study. The chapter further provides an overview of loveLife Trust as an organisation and telephone counselling as a method of intervention rendered by the counsellors. In addition, the chapter focuses on EWP history, the South African context of EWP and EWP law. This literature review engages with literature at a wide variety across the world, such as the United States of America (USA), and African countries including South Africa. The different EWP models are indicated in relation to the EWP services at loveLife Trust. The section concludes the EWP in loveLife Trust as a NPO and its relevance.

2.2. Theoretical framework underpinning the study

2.2.1. The Occupational Social Work Practice Model

OSW's focus is on employees' functioning in a workplace. The researcher used this theoretical framework to get a clearer understanding of experiences of EWP of telephone counsellors at loveLife. The main reason behind the EWP implementation was to create an enabling healthy environment for the employees. The traditional EWP focuses on psychosocial wellness, whereas the intervention focuses preventative measures and addressing challenges for both the employee and the organisation itself (Steinmann, 2008). The (OSWPM) developed in the South African National Defence Force (SANDF) by Kruger and Van Breda (2001) was used as a theoretical framework for this study. The OSWPM encourages occupational social workers to practice on four positions, namely restorative, work-person, promotive and workplace interventions (Kruger & Van Breda, 2001). This model is relevant to this study as it focuses on four interventions that the EWP service is based on in terms of the service rendered to the telephone counsellors. The four interventions discussed below enable the OSW to view both the employee and organisation as clients, which is the mandate for an EWP service provider.

2.2.1.1. Restorative intervention

Restorative intervention mostly concerns enhancing the client's coping mechanisms to resolve their presenting problem (Kruger & Van Breda, 2001). In restorative intervention, OSWs focus on mobilising the employee's strength and abilities to address the personal or work stressors. According to Kruger and Van Breda (2001), restorative intervention incorporates the employee's support system, such as family members and resources available in the community. The intervention views the employee as a "person," not an "employee". For this study, the EWP resource service rendered to the telephone counsellors is primarily family care. The services link employees to resources such as support groups in their communities. Those resources fall outside of the scope of the EWP and require long-term intervention.

EWP is a short-term intervention and uses Solution Focused Brief Therapy (SFBT) to ensure that the intervention is based on resolving the problem rather than focusing on the problem itself. By utilising the SFBT, both the social worker and the client become partners during the intervention and agree on goals to reach the outcome. The social worker is the facilitator during the helping process to assist the client throughout the change process. SFBT is a positive problem-solving model that encourages social workers to develop effective approaches to behaviours by focusing on the client's strength and ability towards satisfactory outcomes rather than focusing on what is wrong (Ajmal & Rees, 2001).

2.2.1.2. Promotive intervention

Promotive intervention promotes the social functioning and well-being of employees by focusing on prevention, education, and development (Kruger & Van Breda, 2001). The OSW using promotive intervention focuses on the client's growth rather than the presenting problem. The intervention is best suited for coaching of employees in a workplace. The EWP service rendered at loveLife Trust can be used to assist the telephone counsellors with coaching and following their passion outside of the demarcated work roles.

2.2.1.3. Work-person intervention

Work-person intervention focuses on the "person as an employee," and an OSW is mostly interested on the work role of the employee and not the workplace (Kruger & Van Breda, 2001). The EWP at loveLife Trust is designed to support the telephone counsellors with negative work impact to cope better. According to Kruger and Van Breda (2001), work-person

intervention is more effective in an event that the OSW is based in the organisation as they will have a better understanding of the organisational dynamics. The EWP services at loveLife Trust is outsourced, which might be less beneficial for the telephone counsellors.

2.2.1.4. Workplace intervention

The focus of the workplace intervention is the organisation. The OSW focuses on the impersonal structure of the organisation such as organisational culture, policies, protocols, standard operation procedures and management style (Kruger & Van Breda, 2001). The EWP service provider renders services such as managerial consultations. In addition, the EWP service provider can render training on different topics. However, in the service level agreement between loveLife Trust and the EWP service provider, training is provided on a fee for service.

2.3. The history of EAP and EWP

Employment Assistance Programmes (EAP) were established in the USA as an Occupational Alcoholism Programme (OAP) for employees who were experiencing alcohol-related problems (Daniels, et al., 2005). The problems included non-attendance of work, deteriorating performance and related impairments to the labour force. Daniels et al. (2005) stated that EAPs were primarily influenced by the growth of Alcoholics Anonymous. Alcoholics Anonymous is a worldwide informal society of people who are recovering from alcohol abuse. Alcoholics Anonymous conducts regular meetings for members to support each other (Alcoholics Anonymous South Africa, 2004). However, the focus of EAPs broadened as they shifted away from OAP. The service providers moved towards extending their services from customary counselling and drug-free workplace awareness or training to wellness services and the management of behavioural health benefits.

EAPs have flourished in USA business; however, it is yet to be clearly defined in most African countries. Mercer (2008) reports that the majority of large USA employers provides EAP benefits to employees and their dependents. Furthermore, the USA Bureau of Labour Statistics (2008) found that more than 75% of employees in state and local government had access to EAP services and 4% of employees working in the private sector had access to an EAP. According to the WHO (2001), the psychological support is equally important as the physical wellbeing support for employees. In support of WHO, OSW emphasises that an individual is

highly impacted by both personal and work-related issues (South African Council for Social Services Profession [SACSSP], 2008).

In Europe there has been a significant increase in EAP services that are offered by OSWs (Hopkins, 2003. However, it should be noted that many countries in Europe lack fundamental requirement for workplace counselling. According to Pillay and Terblanche (2012), there has also been a significant shift from EAP to EWP in South Africa. Pillay and Terblanche (2012) indicate that initially EAP incorporated services that take care of the human welfare, employees, and management in the workplace, while EWP includes more than human welfare; it incorporates the health and wellness of employees, management, and the organisation.

Historically, EWP focused predominantly on occupational functioning in the different workplaces across the world. Different names were used to refer to employee wellness. For example, according to in the USA, the EWP was referred to as a worksite wellness programme that focused on the physical aspect of the employees. The focus on occupational functioning has since shifted to psychosocial support and other holistic services being rendered as part of EWP. The EWP no longer focused only on workplace-related illness or injury on duty only but became a holistic approach.

Oke and Asamu (2013) show that EWP in other African countries, such as Nigeria, emerged in the 1970s in different institutions. The programme was referred to as workplace health promotion (WHP). The main areas of focus were training in workplace prevention injuries, stress management, counselling services and health guidance intranet access. In Asia, Martínez-Lemos (2015) indicates that the EWP, also known as corporate wellness programmes (CWP) was established centuries ago in 1879 as a combination of educational, organisational, and environmental activities designed to motivate and promote healthy lifestyles for employees and their dependents.

2.3. 1. EWP in South Africa

EWP in South Africa started to emerge in the 1980s. According to Terblanche (1992), the Chamber of Mines of South Africa initiated EWP in South Africa after it carried out a suitability study in the mining industry in 1983. This was a trend that was later followed by other different organisations. Leiter and Wahlen (1996) emphasise that in South Africa, EWP typically includes activities that focus on easing employees' stress caused by personal finances,

mental health challenges, health problems, career distress and job demands. The activities are rendered by the multidisciplinary teams such as occupational social workers, clinical psychologists, nurses, legal advisors, industrial psychologists, and financial advisors.

The organisations in South Africa introduced EWP for different reasons. The reasons include high absenteeism and lower productivity. loveLife Trust as an organisation required EWP due to a highly stressful work environment for telephone counsellors as they assist the youth with various challenging presenting problems. Additionally, social responsibility contributed to the reason for establishing EWP in other organisations. EWP includes more than human welfare; it incorporates the health and wellness of employees, management, and the organisation.

Du Plessis (1994) indicates that work plays a role in validation for individuals. Therefore, it is important for organisations to provide employees with the necessary support such as the EWP. According to Renaud et al. (2008), employees who utilise the EWP show a significant improvement in mental wellness, resilience, job satisfaction, reduced personal and work stress. EWP serves as part of the benefits that employees are entitled to. It is also a benefit for the organisations because highly motivated employees have higher levels of productivity and work attendance. Terblanche (1992) carried out a survey to ascertain the conceptual refinement of EWPs in the South African business community. According to the survey, only 69% of employer respondents offered direct assistance to their employees. Of this percentage, only 58% offered it in structured programmes such as counselling, legal, and financial advice services. This is a type of EWP service available for the telephone counsellors at loveLife Trust.

2.4 loveLife Trust organisation

loveLife was established in 1999 to ensure that South Africa's youth is provided with safety, good health, and opportunities using the organisation's peer-led education model. The model also addresses challenges that the youth faces (loveLife, 2021). loveLife services are offered for free and are easily accessible to young people through telephone counselling and text-based online platforms (loveLife, 2021). loveLife Trust youth helpline was initially focusing on HIV/AIDS prevention among the youth. It has since moved to assisting the youth with development, career counselling and any other challenges that they encounter. The move was motivated by change in South Africa when HIV/AIDS became manageable amongst the youth and loveLife wanted to support the youth development such as career.

2.5 Telephone counselling

Technology plays an integral part in today's way of life. It is used by people to do work and to engage with each other on a personal level. According to On Device Research (2014), cell phone usage in South Africa is high. Additionally, in South Africa, Social Media Landscape (2014) conducted a study that established that internet and mobile technology is growing very quickly, people are connected to information and services more than before. In 2007, National Statistics in the United Kingdom (UK) noted a compelling increase of 61% of households with access to the internet (Hanley & Reynolds, 2009). The majority of people use cell phones as part of their lifestyle (Schlosser, 2002).

Other studies indicated that 60% of the internet users preferred to seek help for mental health problems online (Mori Poll, as cited in Hanley & Reynolds, 2009), thus, demonstrating the demand for psychosocial support through online mediums by employees, such as telephones. Mallen et al. (2005) define online counselling as a process of rendering mental health services by a qualified professional to a client in a non-face-to-face setting through distance communication technologies such as the telephone, e-mail, chat, and video conferencing.

Telephone counselling plays an integral part in the mental health context; a study conducted on UK helpline organisations established that a call was made to the helpline every seven seconds (Rosenfield, 1997). According to Rosenfield (1997), technological improvements have led to the use of telephone counselling as one of the preferred and easily accessible method to access counselling and support for the employees or people in general. Telephone counselling has been given due consideration in the helping professions as an alternative for traditional face-to-face counselling.

The COVID-19 pandemic led to an increased negative impact on healthcare workers globally. The healthcare workers experienced depression, anxiety, post-traumatic stress, and suicidal ideation in China (Semo & Frissa, 2020). The use of technology to access psychosocial support by clients meant increased call volumes and complex issues to be addressed by the telephone counsellors.

Telephone counselling serves as a crisis intervention, and it is short term. Rosenfield (1997) define crisis as a temporary state brought on by the inability to cope with a particular situation by utilising customary methods of coping. The loveLife Trust youth line is a toll-free line,

which makes it easier for the youth to access the service, therefore the lines are often busy. The telephone counsellors suffer burn-out due to the high call volumes and require the necessary professional support. Rosenfield (1997) indicates that telephone counselling is draining, tiring and it is unsustainable for one counsellor to conduct more than four telephone counselling sessions in one day. Working at this pace for more than three days a week can be unhealthy in the long term.

Telephone counselling requires the telephone counsellor to be skilled in different forms, including administration tasks such as completing clinical notes during the intervention. Rosenfield (1997) mentions that telephone counsellors should have skills such as assessment and listening, and should possess confidentiality as one of the helping professional ethics. However, the training curriculum at the tertiary level of social workers, psychologist and registered counsellors does not cover telephone counselling. The curriculum focuses on face-to-face counselling, therefore it sometimes becomes a challenge for the telephone counsellors to engage with clients. The problem with many different types of online counselling is linked to their quality and the fact that most of these counselling platforms operate within self-regulated settings (Rosenfield,1997).

2.6 Advantages and disadvantages of telephone counselling

Young (2009) states that most of the telephone counselling helplines was established to cater for a specific need such as suicide prevention. In South Africa, telephone counselling was introduced by Lifeline during the 1980s in response to the then high suicide prevalence in the country. However, the focus of the helpline has been shifting to become more comprehensive, that is to address various presenting problems such as the loveLife Trust helpline for the youth. According to Jacobs and Roodt (2011), and Holman (2003), call centres are in place because of an advantage that they offer to workplace environments. These benefits include the value proposition on existing functions, improved customer service and new streams of generating revenue. As such, call centres are seen as a cost-effective way of offering information and psychosocial support (Holman, 2003).

The loveLife Trust telephone counsellors operate in a call centre setting, which has both advantages and disadvantages. One of the main disadvantages of working in a call centre is shifts. Shift work has a negative impact on employees' mental health. Franzen and Buysse (2008) argue that shift work has a negative impact on employees' mental health, disrupts the

body's circadian rhythm, and disturbs the employees' sleep. In addition, shift work contributes to ill health and high absenteeism rates in the workplace. loveLife Trust telephone counsellors work different shifts on different days, ranging from 09:00 to 17:00 and 13:00 to 21:00. for which they are scheduled by the call centre supervisor on rotational basis.

According to Holman (2003), four main advantages of telephone counselling are that it is affordable compared to face-to-face counselling, allows anonymity, and it gives a sense of control and is a suitable option for clients.

2.7. EWP Models

2 .7.1. External EWP Model

There are different EWP models. The internal and external models will be discussed. EWP services are often outsourced to ensure that they are not biased. Lesch (2005) indicates that this is the most preferred model of EWP. The employees view the external EWP model as giving them an opportunity for privacy. Employees and dependents are afforded an opportunity to use the services without managers or any other person in organisation being aware of it. At loveLife Trust, the employees and their dependents benefit from the EWP. Dependents are the employee's children, spouse, someone who depends on the employee financially or living under the same roof. The service is available for 24 hours daily, including public holidays, through the dedicated toll-free line. The service is provided in all 11 official South African languages. The EWP service is rendered by social workers, registered counsellors and clinical psychologists through telephone counselling. Within the same team, there are Life management and Family care consultants who provide employees with legal, financial, medical and family care. Family care provides resources outside the scope of the EWP practice and information over the phone. The life management team consists of nurses, financial advisors, lawyers and one social worker for family care.

2.7.2. Internal EWP model

There are other organisations that run employee wellness internally – these are predominantly small businesses (Lesch, 2005). This can be due to affordability issues or the model they saw fit as an organisation depending on the type of their workforce. Internal programmes can be tailor-made for organisations and EWP teams can work closely with managers to ensure that the programmes align with business goals and issues needed by the employees. According to

Bruce (1990), confidentiality and anonymity are the primary disadvantages of the in-house EWP. This might also have a negative impact on the utilisation of the service by the employees.

2.8. EWP and the Law

The Constitution of the Republic of South Africa (1996) and the Labour Relations Act No. 66 of 1995 (RSA,1995) champion the implementation of workplace wellness by providing the necessary guidelines and obligations. There have been a few Acts implemented to ensure that there is equity, fairness, transformation and health and safety in workplaces. One of the Acts that is related to employee wellness (health and safety) is the Occupational Health and Safety Act No. 85 of 1993. According to Sieberhagen et al. (2009), the Occupational Health and Safety Act No. 85 of 1993 (RSA, 1993) determines that an employer must establish and maintain a work environment that is safe and without risk to the health of employees. For example, the employer has obligations regarding COVID-19 and vaccination as per the strengthened direction on Occupational Health and Safety measure in certain workplaces that was gazetted on 11 June 2021.At the loveLife Trust, COVID-19 vaccination is not compulsory.

Organisations have different role players that ensure that EWP is implemented, monitored, and measured. The different role players are labour representatives such as trade unions, management, and the employees. The Labour Relations Act No.. 66 of 1995 (RSA 1995) dictates that the trade unions play a role in industrial policy formulation and provides employees with an opportunity to make decisions in the organisation. The Employment Equity Act No. 55 of 1998 (RSA, 1998) seeks to achieve equity in the workplace by promoting equal opportunity and fair treatment in employment through the elimination of unfair discrimination. It mandates that the said committees meet, and unions must be represented. The importance of union representation is that it promotes the voice of the employees. According to Derr and Lindsay (1999), when an organisation introduces EWP, it provides employees with an opportunity to take charge of, and responsibility for, their own well-being. Every employee seeks an enabling environment for maximum job satisfaction.

The EWP service providers are governed by the Protection of Personal Information Act No. 4 of 2013 (RSA, 2013). The social workers, registered counsellors and psychologists under EWP work with personal health information of the service users and the POPIA Act (RSA, 2013) requires them to protect the information by password-protecting it or using a filing system that is safe and only accessible to them. The retention and disposal of the client's health information

is very important. The system used at the EWP service provider is electronic and stores the information indefinitely. The counsellors assess the system by using passwords that are confidential. All the records and information must be retained in conformity with the local regulations, considering the National Archives and Records Services of South Africa Act No. 43 of 1996 (RSA, 1996) and its regulations. This is important, specifically for the employees who might be concerned about confidentiality when using the service. It would therefore be the responsibility of the EWP service provider to ensure that the employees give consent for their personal information to be processed for the service rendered.

2.9. EWP services in the NPO sector

The NPOs have not taken up EWP frequently. This is due to different reasons such as the cost of not seeing the need for it in NPOs. Sieberhagen et al. (2011) indicate that most organisations have a budget for a year or more allocated for EWP. The non-profit employees are predominantly volunteering and do not qualify for the same benefits as permanent employees. The volunteers make use of the community resources (churches and public services such as clinics) as support systems rather than relying on the organisation for their well-being.

According to Sieberhagen et al. (2011), there is no evidence of the standardised or structured way of measuring the effectiveness of EWPs in organisations. As a result, there has been no evidence that the programme is indeed effective or not. Different organisations use different measures, for example improved productivity and a lack of high absenteeism. A type of referral to EWP can also be used as a measuring tool. Therefore, the measurements are unique for each organisation. The lack of evidence on the EWP's effectiveness in organisations has become a hindering factor in most organisations, including the NPOs that need to introduce the programme in the organisations. At loveLife Trust, the type of referral, such as managerial formal or managerial informal referral, is part of EWP evaluation. The EWP service provider compiles a report by the end of the intervention with workplace recommendations.

Terblanche (1992) indicates that the EWPs are implemented in organisations without a thorough employee needs assessment. The needs assessment would assist in establishing the type of interventions that are needed. Therefore, this would determine the level of employees' participation in the programme. According to Sieberhagen et al. (2011), not more than 50% of the employees participated in EWPs in eight organisations. The lower participation could be attributed to different factors, such as employees not seeing the need for the programme. There

was no needs assessment done with the employees prior to sourcing the EWP provider at loveLife Trust. The EWP service at loveLife Trust offers unlimited telephone counselling, fee-for-service face-to-face sessions, legal, financial, and telephonic family care service.

Harrison (2009) emphasises that a thorough EWP is highly attractive for client organisations. This type of EWP needs to include support for employees, contribute to developing and maintaining a healthy work environment, reinforce the business' value and enhance overall mental health.

2.9.1. EWP services at loveLife Trust.

The EWP of loveLife Trust is rendered by an external service provider that consists of social workers, psychologists, and legal advisers. The service is accessible through a toll-free line that operates for 24 hours. In an event that the employee prefers face-to-face counselling sessions, they are referred to a counsellor closer to home or work or to the social worker or psychologist affiliated to the external service provider. The service is confidential, including the report to loveLife Trust as a client company. The report is in the form of statistics that highlight the presenting problems that employees are faced with and identifies the risks for an organisation or any internal programmes that can be implemented for the employee's benefit.

2.10. Conclusion

EWP is embedded in Occupational Social Work (OSW). Different organisations choose different EWP models depending on the need of the organisation and cost to be incurred. The majority of the organisations choose external EWP models as they provide assurance to the employees and managers that the service is neutral and not part of the organisation structure. The theoretical background and literature review was important for the study to serve as a basis for the study. The literature review explored EWP in detail, its origin, globally and South Africa, including the relevant legislation in place. The researcher used the opportunity to review critically what research has been done on the same topic in order not to duplicate the existing literature and it helped to identify some gaps in the study. Research on the EWP focused less on the telephone counsellors' experiences or utilisation of the EWP, specifically in the NPO environment.

CHAPTER 3

This section will address the research methodology, methods of data collection, analysis, ethical considerations, limitations, and delimitation.

RESEARCH METHODOLOGY

According to Ritchie et al. (1994 p. 87), "qualitative methodology yields rich, in-depth, and complete data because of the close involvement of the researcher in the process". Biography research design was utilised for this study as it is used to report on and document an individual's life and their experiences as told to the researcher or found in documents and recorded material. The method of collecting data was through interviews and documents that would provide a broader picture of the subjects' lives that are being studied by the researcher (Creswell, 1998). The researcher used this strategy through ZOOM interviews and by using information on the counselling utilisation reports. There were no face-to-face interviews. The telephone counsellors are working from home due to the COVID-19 pandemic.

3.1. Methods of data collection

3.1.1. Methods of data analysis

Patton (2002 p. 432) states that "qualitative analysis transforms data into findings", thus reducing the volume of raw data, sifting significance from different separated data, identifying significant patterns, and constructing a foundation for communicating the outcome of the analysed data. For this study, thematic data analysis was used to have different themes to organise the information and the findings of the research. Neuman (2000) defines thematic analysis as a method for identifying and organising main themes across a dataset.

Neuman(2000) mention a six-phase approach to thematic data analysis as (1) familiarising yourself with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing potential themes, (5) defining and naming themes, and (6) producing the report. For this study, all the steps were followed. Some of the approach phases, such as generating initial code and searching for themes, overlapped and are discussed below.

3.1.1.1. Familiarising yourself with data

According to Cooper et al. (2012), the researcher should be aware of the data collected from the participants before doing a write-up. For the current study, the researcher went through the interview responses that were provided by the telephone counsellors and key informants and made some important notes. The researcher started by listening to the recording and checking the transcribed responses to check whether they corresponded. In addition, the researcher, compared the notes responses completed for each respondent during the interview to familiarise herself with the information.

3.1.1.2. Generating initial codes

Data collected need to be organised in a meaningful and systematic way (Neuman, 2000). From the notes derived from the telephone counsellors and key informants, the researcher put together data collected in a systematic way relating to the research question, that is, what are the experiences of loveLife Trust telephone counsellors about the EWP employed within Gauteng. The researcher printed out the responses by the participants and highlighted the common words, compared them, and derived some codes to make it easier for the analysis and write-up. This has made it easier for the researcher to decide on the themes to be used in the study.

3.1.1.3. Searching for themes

Braun and Clarke (2006) explain that there are no precise rules about what makes a theme. There might be an overlap between this theme phase and generating codes. During the theme phase, the researcher named the themes for the research report to flow.

3.1.1.4. Reviewing potential themes

The researcher reviewed the identified themes to ensure that they answer the research question**.** According to Braun and Clarke (2006), the researcher should review whether there are no sub-themes emerging from the theme. The researcher wrote down the themes that emerged and selected the ones to be used for the study.

3.1.1.5. Defining and naming themes

Braun and Clarke (2006) state that this is the final filtering of the themes, and the aim is to identify the "ethos" of what each theme is about. After reviewing the themes, the researcher selected the themes that indicated the interrelatedness.

3.1.1.6. Producing the report

According to Braun and Clarke (2006), the final part of research is the report, often a journal article or dissertation. This is the end of the research and requires the final report write-up. The researcher familiarised herself with the data collected to ensure that she understands the responses and its meaning. To understand the information, the researcher brought about key identifying information to structure the final report.

3.2. Trustworthiness of the study

There are four components of trustworthiness that were applied in this study. The four components are dependability, credibility, transferability, and conformability (Shenton, 2004). Trustworthiness is an important feature of qualitative research (Nguyen et al., 2021). Reporting on trustworthiness of research gives the reader assurance that the research can be used as a scientific contribution to literature.

3.2.1. Dependability

Dependability is the quality of a study to produce similar results when the same study is repeated (Shenton, 2004). It contains evidence that proper research processes of collecting, and processing data were followed. The record of data analysed has been kept by the researcher. The researcher obtained permission from the loveLife organisation and the university. The researcher had a meeting with the telephone counselling supervisor to discuss the process of conducting the research and conducted the pre-test interviews with the participants who agreed to do so. Due to the COVID-19 pandemic, it was agreed with the participants that the interviews would be conducted on ZOOM cloud. The researcher ensured that during the interviews, she sought clarity where needed and informed the participants that there was counselling available if the need arose. The participants opted to make use of English as the language of communicating and it was not something that was agreed upon or discussed before the

interviews. The questions were in English, and as a result, the participants responded in English.

At the beginning of each interview with the participants, the researcher clarified any concerns about the study being conducted, and specifically so if there were any risks and whether confidentiality was guaranteed. The researcher assured the participants of confidentiality and issued consent forms through e-mail for them to go through the ethical points and sign their consent. The signed consent forms were sent back to the researcher through an e-mail. Before each interview could be conducted, the researcher ensured that the consent form for the participant being interviewed was signed and any issues addressed to ensure that the participant was free to engage in the interview.

During the interviews, some of the participants expressed themselves more than others and found that the time allocated on ZOOM was exceeded, therefore the participant would send another meeting interview link once the first one has ended. Some of the participants would state issues outside of what they were being interviewed on and the researcher ensured that they kept to what they were being asked to derive the much-needed information for the research.

3.2.2. Credibility

Credibility is when readers can find reasonable interpretation that emerges from the data (Nguyen et al., 2021). The researcher conducted virtual interviews to gain information on the experiences of EWP from the telephone counsellors and key informants. It is important for the researcher to engage with different sources, such as previous studies or research, to enhance credibility of the study. In addition, the researcher used the EWP service user's utilisation reports in comparison to the information gathered from interviews.

The challenge that the researcher experienced was that there was limited previous research that focused on experiences of telephone counsellors about EWP. The research explored the experiences of telephone counsellors on EWP at loveLife. It was therefore important for the interview questions to cover these experiences. The research questions were compiled to cover their experiences on EWP. The researcher is a qualified social worker and has been in the EWP field for more than 10 years. The researcher has also worked as a telephone counsellor in the loveLife NPO and in the EWP field. The work experience provided the researcher with some

extensive insight on telephone counsellors' experiences of EWP. The participants were not limited by the researcher in their responses and were not guided.

3.2.3. Transferability

Transferability focuses on the extent to which the findings of the study can be applied to other contexts with similar respondents (Babbie & Mouton, 2009). Data for this study was obtained from the telephone counsellors. The total population of the participants, that is telephone counsellors, was used to gather information for the research. The sample of this study consisted of 12 participants who are employed as telephone counsellors at loveLife. There were no selection criteria followed as the 12 participants were the total population. The participants were all African with ages that ranged from 31 to 40 years and 41 to50 years. The telephone counsellors varied when it comes to work experience, with 1 year to 4 years of eight participants and 4 and more years of three participants. All the participants were supposed to be working as telephone counsellors at loveLife. Data collection of the study took place during the COVID-19 pandemic and the COVID-19 protocol was observed by conducting interviews on ZOOM cloud rather than face to face. The researcher was the only person who conducted the interviews, analysed data, and compiled the final report. Some of the interviews took place after hours as the participants and researcher were at work during the day. The team supervisor provided the schedules for the telephone counsellors who were available to do the interviews during the day. This was the time that, according to the previous analysed call centre statistics, telephone counsellors were not receiving a lot of calls and as a result, could afford to be off the lines to be interviewed. The schedule was shared with the said participants in an e-mail to ensure that they were aware of the schedule, and the researcher sent the ZOOM meeting invitations for that time. The researcher had an agreed-upon interview schedule following the consultation with the participants. The researcher took notes during the interviews while recording the participants. One of the participants was not comfortable with the recording and it was agreed that they would not be recorded. The interview with the said participant required more time compared to the recorded interviews, as the researcher had to take more notes to ensure that each response was noted. Data collection commenced after the university issued the ethics clearance certificate to conduct the study.

3.2.4. Confirmability

The researcher used recorded audio during the ZOOM interviews and saved the notes. The research outcome should be traceable to raw data (Nguyen et al., 2021). The interview questions were structured in a process that they covered the generic information first and went into the type of the presenting problems with which they assist the youth. Lastly the questions focused on the telephone counsellors' experiences of EWP. It was important for the researcher to ensure that the questions addressed the research objectives.

3.3. Ethical considerations

Prior to conducting the interviews, the researcher liaised with the team supervisor of the telephone counsellors to confirm the interview schedules. The interviews took place during office hours. Before the start of each interview with participants, the researcher read out the information sheet to allow them space for clarity, where needed. Consent forms were signed by each participant and e-mailed back to the researcher before the date of each interview. Each of the 12 telephone counsellors and two key informants were interviewed virtually in private, using ZOOM Cloud Meetings, given the current COVID-19 context. The interviews were audio recorded after the participants' consent. The researcher explained confidentiality and the fact that participation was voluntary. Interviews were transcribed and analysed for the final write-up of the study. However, there was one telephone counsellor who did not give consent for the interview to be recorded.

De Vos et al. (2005) define ethics as a set of moral principles which are suggested by an individual or group. Babbie (2009, as cited in De Vos et al., 2011, p. 114) explains that "ethics implies preferences that influence behaviour in human relations conforming to a code of principle, the rules of conduct, the responsibility of the researcher and the standards of conduct of a given profession". The researcher has considered the following ethics. Ethics are accepted rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, assistants, and researchers. It is an ethical requirement that the study is cleared by an ethics review board, hence it was important for the purpose of this study for the researcher to be issued a clearance certificate before conducting the study. The current study was ethically cleared by the University of the Witwatersrand's Social Work Departmental Human Research Ethics Committee (Protocol number: SW21/02/01).

3.3.1. Informed consent (see Appendix A)

According to Grinnel and Unrau (2008, p. 37), "respect for persons requires that subjects (considered mainly as participants in study, thus, to respect them as most valuable and respected active contributors of this study) be given the opportunity to choose what shall or shall not happen to them". The researcher provided the telephone counsellors with a formal consent letter which outlined their rights as participants and the objective aim of the study. The letter included points such as that participation is anonymous, the interview will be recorded, no compensation for participation and that the information collected will be used for academic purposes. The telephone counsellor participants and key informants were asked to sign the letter to endorse their participation and e-mail it back to the researcher.

3.3.2. Avoidance of harm

Babbie (2009, p. 27) explained that the "fundamental ethical rule for social research is that it must bring no harm to the participants". Before the process of data collection, the researcher anticipated that the participants could experience secondary trauma during the interviews for data collection. However, this was not the case. In an event that the telephone counsellors would have experienced trauma, they were going to be referred to an EWP toll free line number 0800 214 773 or sent an Unstructured Supplementary Service Data (USSD) request to *135*905# to be assisted with counselling. The researcher made participants aware of EWP services that they could utilise in an event that the telephone counsellors experienced secondary or vicarious trauma resulting from participating in this study.

During the engagement with the telephone counsellors doing interviews, there was no telephone counsellor who indicated that they had experienced secondary trauma. As a result, there was no telephone counsellor who was referred by the researcher to the EWP for emotional support. There were some of the participants who indicated that they would try to use the EWP service next time they were experiencing personal or work stressors since they were aware of what the service entails. In addition, the researcher saw the need to ensure that the study does not harm the participants by carefully selecting the questions to be used during the interview (Appendix C). The participant information sheet (Appendix A) provided with the EWP the toll-free line for psychosocial support that might be needed by the telephone counsellors.

3.3.3. Compensation

The researcher did not offer the telephone counsellor participants any form of compensation in the form of finance or any remuneration to participate in the study. The participants used the organisation's data bundles for the virtual interviews as authorised by the team supervisor. The decision to participate in the research was not influenced by the researcher or the team supervisor. It was voluntary participation. The participants were comfortable to participate as they were satisfied with the information received about the study. Arifin (2018) indicates that voluntary participation acknowledges the willingness to participate after having full information concerning the study. The telephone counsellors signed consent forms that covered this. The researcher made the participants aware that the study might assist to shape the EWP in loveLife and other NPOs, hence they felt the need to participate in the research.

3.3.4. Confidentiality

Morse and Coulehan (2015) describe confidentiality as a process of protecting the identity of the research participants. During the interviews, participants were informed about adherence to confidentiality and that the contents of discussions would only be used in the study and not discussed with anyone. The researcher did not use the telephone counsellors' identifying details in data collection and in the research findings. Ethically, social workers should consider the emotional, intellectual ability of clients to use technology and if clients do not wish to use the technology, social workers should take it upon themselves to provide an alternative method (National Association of Social Workers (NASW), (2019). The researcher asked for permission from the participants and key informants to audio record the interviews. One participant declined that their interview be audio recorded. The researcher completed detailed notes including verbatim records when conducting the interview with this participant. As a result, the interview took longer compared to others as the researcher had to ask the participant to repeat some of the responses to ensure that they were captured on the notes as there would be no record to go back to when analysing data. For the interviews that were audio recorded, the recordings will be deleted after the final research report is completed.

3.4. Limitations and delimitations

The researcher experienced some limitations during data collection as the organisational contact person was not always cooperative. This was resolved by starting with data collection

and conducting constant follow-up with the contact person as soon as the ethics committee had approved the topic. The researcher was dependent on the contact person to assist in identifying the telephone counsellors as study participants.

3.4.1. Lack of EWP service utilisation by telephone counsellors

The participants reported that they have not utilised the EWP to experience first-hand what it can offer. The experiences shared during the data collection were based more on their perceptions about the EWP.

3.4.2. Participants declined to be recorded

Another limitation was of the participant who did not consent to audio recording. The challenge for the researcher was to collect data by way of writing including noting direct quotes. The advantage for the researcher was that the participant was willing to extend the time of the interview and was willing to repeat some of the responses to be captured by the researcher.

CHAPTER 4

DATA PRESENTATION AND DISCUSSION OF FINDINGS

4.1. Introduction

The study revealed findings that demonstrated both personal and professional experiences of the participants relative to the EWP offered by loveLife Trust. The topic led to participants sharing their challenges on the type of job they do and exposed a lack of support from the EWP to address these challenges. There was the participant who did not give consent for the interview with them to be audio recorded. This is because they were worried that the information that they were sharing in the interview may reflect negatively on loveLife Trust. Additionally, all the participants seemed to be frustrated by the day-to-day challenges of their jobs as telephone counsellors. They mentioned that they depend on each other to cope by discussing their challenges between themselves, other than the organisation's EWP.

Findings in connection with the aim and objectives of this study are first summarised before exploring the themes identified during the research. The themes discussed are based on the study's objectives. The aim was to explore the experiences of loveLife Trust counsellors based

in Gauteng, concerning EWP offered by the NPO. The objectives of the study were to understand the challenges, opportunities and to recommend improvements and implementations of loveLife's EWP as offered by loveLife Trust. The recommendations from this study are also useful in improving the EWP offered by other organisations generally.

4.2. Participants' profile

The profile of the participants is presented in two different tables. Table 1 profiles the telephone counsellors and Table 2 shows the key informants profiles.

Table 4.2.1: Telephone counsellors

Participant	*Gender*	*Age*	*No. of years of experience as a telephone counsellor*
Participant 1	Female	-	8 years
Participant 2	Female	36 years old	8 years
Participant 3	Female	33 years old	3 years
Participant 4	Female	41 years old	8 years
Participant 5	Female	32 years old	2 years
Participant 6	Female	31 years old	2 years
Participant 7	Female	50 years old	8 years
Participant 8	Female	35 years old	8 years
Participant 9	Female	39 years old	8 years
Participant 10	Female	36 years old	8 years
Participant 11	Female	40 years old	8 years
Participant 12	Male	31 years old	1 year

Table 4.2.2: Key informants

Participant	*Gender*	*Age*	*No. of years of experience in current position*
Client Relationship Manager	Female	32	3 years
Team Supervisor	Male	46	8 years

All 12 telephone counsellors and two key informants were interviewed. The participants shared their experiences of EWP. Some of the experiences were similar and some varied. All the

participants were based in the call centre in Gauteng. All the participants were African, and there was no other race available for the study. All the telephone counsellors at loveLife are African. As a result, the study included African people with the majority in the age group of 31 to 40 years, and two aged 41 to 50 years. These were the only age groups available for the total number of participants. The study of social workers demography conducted in 2005 indicated that 50.2% Africans are social workers and 89.3% are females. The participants comprised predominantly females, with one male participant. Eight of the telephone counsellors have 8 years of experience in the field and started their counselling career at loveLife after qualifying as social workers. Tables 1 and 2 indicate the demographics of the participants for the study.

One of the telephone counsellors did not want to disclose their age and declined to be recorded during the interview.

4.3. Themes derived from the study

The main themes of this study were day-to-day experiences and the types of presenting problems addressed by the telephone counsellors, EWP services used as a support system to address the day-to-day experiences, accessibility and awareness of the EWP service, and EWP value at loveLife Trust. The themes emerged based on the participants' personal experiences concerning the EWP services that have been offered by loveLife Trust for telephone counsellors. Participants indicated their experiences with different emotions. During the interviews, it seemed as though the participants had not had an opportunity to assess or talk about the EWP services in place. They were open to share and made valuable contributions to the study. The following are the themes that were identified.

4.3.1. Day-to-day experience and type of presenting problems addressed by the telephone counsellors

The daily experiences of the participants differed. The experiences depended on the type of presenting problems that each telephone counsellor had to deal with. For example, it would be a very busy day with back-to-back calls from the youth that address trauma, relationship problems, infidelity, communication, financial issues, bereavement, the impact of COVID-19, depression and anxiety, personal stressors, and substance abuse, mostly alcohol. The telephone counsellors indicated that when the COVID-19 infection rate started to rise and many youths

lost their family members, the phone lines were busy, and they had to render extensive bereavement counselling. The WHO (2021) emphasises that COVID-19-related deaths led to an increased rate of orphans. Telephone counselling is easily accessible and affordable, specifically at loveLife Trust, and the youth make use of the toll-free line as a support to address personal stressors related to the COVID-19 pandemic, hence an increased number of calls.

Participant 1 mentioned that, *We deal with demanding issues, sometimes I feel my help is limited as you can't see them physically*. Participant 3 also indicated that … *presenting problems such as suicide, drain you and make you feel like you are not doing your job*. It was evident during the interviews that the telephone counsellors dealt with challenging issues, and as it was by telephone, it was not the same as face-to-face, where a counsellor could have an opportunity to prepare for the session.

Mostly, telephone counselling is a crisis intervention and requires a counsellor to always be prepared to address any other presenting problem. Crisis intervention is short term that focuses on resolving the problem (Roberts, 2002). The counsellors are supposed to use the session they have with the client at that moment to a maximum and ensure that the client receives supportive counselling and is equipped with the coping mechanisms. This can be very demanding as the counsellors work in shifts and are supposed to take breaks as per the call centre rules. In other words, a telephone counsellor can be on a call for each hour, for the entire scheduled shift. In addition to the genuine counselling calls, telephone counsellors get to deal with prank calls on a regular basis.

Participant 4 indicated that

… prank calls are also exhausting as sometimes you might start with counselling the client and realise after a while that it is a prank after you have put so much effort to assist the client.

Emmison and Danby (2007) indicate that prank callers to help lines are a regular occurrence and have a negative impact of a high case load on the telephone counsellors. However, the counsellors indicated that some days are quiet, where they receive fewer calls. Participant 8 mentioned that.

> *During the quiet days, one gets to do more of research on different presenting problems that she found difficult or challenging to address with the client. It also provides opportunity us to approach the team supervisor for supervision*

The purpose of supervision in social work is for the supervisor to provide the social worker with a guideline on applying social work skills and ethical considerations in the field NASW, (2019). There are scheduled supervision slots by the team supervisor; however, when there is a lower call volume, telephone counsellors use the opportunity to consult with the team supervisor specifically on cases that they are dealing with or dealt with. This is to ensure that clients receive good quality of service and professional ethics are considered.

4.3.2. EWP services used as a support to address the day-to-day experiences

Most of the participants indicated that they had never used EWP as part of the support available to cope with their work day-to-day experiences. Participant 1 mentioned.

> *Not at all. Never, normally coping mechanisms that I debrief with my colleagues. I mostly depend on them as a support structure. Never used it because maybe more of not being comfortable even though not sure who is going to provide the sessions. Prefers to debrief with the colleagues. Mostly prefers with the colleague merely because I don't know who is providing with the service.*

It seems that the telephone counsellors were aware of the EWP but did not have sufficient information in terms of how it works and were concerned about confidentiality, as it was a service that was outsourced by the employer.

In addition to the above, Participant 8 mentioned that;

> *Working in a call centre requires you to work well with other people. The ones that you are close to you can always seek support from them, because you are not based in your own office, it is an open plan. Most of the time we talk and discuss the challenging cases telephonically especially now as we are working from home due to the pandemic. There is supervision as well. There are also daily meetings. You can share different cases whether it was a success or challenges during meetings. We give each other feedback on WhatsApp, via e-mails, etc. and affirm each other on the job we do. At the end of the day, you get affirmation that what you do is good. After work you switch off from work and use social media as a distraction.*

Paulet (2004) mentions that call centre employees who, for the purpose of this study would be the telephone counsellors, use communication and humour to support each other during the

frustrations felt during their shift. The study showed that on the other hand, it could be argued that due to the fast-paced environment that the call centre is most of the time, there is no time in between to interact with fellow colleagues for the necessary support.

Participant 10 stated that;

> *... eish sometimes the call centre can be a very lonely environment as on busy days I receive back to back calls and have no chance in between to share my difficulties or successes with the team*

Participant 12 said;

> *I remember this time when I received a call from a client and he was suicidal, Yoh it was so difficult as I was working from home. You know, on that call I had to mobile resources like ambulance and link the client to the necessary support, so if I was in the office, I would just write a note to a colleague to assist me with some of the things as I ensure I keep the client on the phone before help arrive.*

4.3.3. Accessibility and awareness of the EWP service

The telephone counsellors indicated that they did not have the courage to use EWP as a support system. Fensholt (2022) mentions that communicating an EWP effectively takes time, planning, effort, and the organisation's commitment in the long run. Effective promotion of the EWP encourages utilisation of the service which impacts positively on the functioning of the organisation. This seems not to be the case at loveLife Trust. Participant 2 indicated that:

> *Platforms are not as being encouraged to use them like clients in other corporate environments I know of. Clients will most of the time be linked by managers. We don't get the opportunity from the manager arranging it for us. Yes, we shouldn't rely on the managers. I also think time, like for instance weekend if maybe they say its available you also have certain things you would like to do as well.*

The researcher was able to establish that loveLife Trust outsourced EWP. However, the employer was not marketing the service enough so that all employees could be aware of the service and what it entails. For example, where a face-to-face session is preferred, an employee could attend the sessions after hours or during working hours. For loveLife Trust, the referral for face-to-face intervention under the EWP was based on a geographical area that is closer to

the employee's work or home. This was to ensure that the employee's work was not negatively affected due to session attendance. Given the knowledge and opportunity, the telephone counsellors would attend the sessions after the shift as the EWP service providers do work after hours due to rendering the service to the workforce.

For Participant 2 to have such concerns, it was an indication that the telephone counsellors did not have enough information on how the service is accessed. The key informant, client relationship manager, confirmed that there had never been any EWP awareness days that took place at loveLife Trust. The client relationship manager mentioned that

> In most cases, the organisation should be the one requesting EWP awareness days themselves to make employees of the EWP, more specially so in an event that the service utilisation is very low. The organisation does have to pay for this in their service. Sometimes it is included in their service level agreement or must be paid for separately. At loveLife the wellness days would be paid on ad hoc if it is needed.

Participant 6 mentioned that

> *We once had a debriefer. That was a platform to talk about challenges being faced. Now that she is not there, we debrief amongst each other. Sometimes you find your own way to deal with challenges, I don't prefer to call the EWP toll-free line, in fact I never used it before… we were used to this debriefer and felt like she was getting our issues, I have never used EWP to deal with my personal or work issues.*

Most of the telephone counsellors did not consider the EWP as easily accessible, even though there was a toll-free line to call or send an USSD to be called back. The participants preferred using the service of a debriefer that was once available before the implementation of EWP in the organisation. Participant 5 mentioned that.

> *I would need to debrief at the end of the call. We come across different callers. Sometimes it is traumatising. Some can even affect you. Some of the things might be what you relate to as colleagues and need someone to speak to.*

Participant 7 stated that "when the debriefer was still available, for the past 8 years I was here, it was easy to know that she will come in like on a Wednesday and as a team we will talk about difficult cases and personal problems".

Participant 9 indicated that;

> *With EWP I would be talking to the person I don't see and know. The debriefer knew the organisations challenges we are faced with and makes it to adress them. Since I joined the organisation, she was the debriefer*

4.4.4. EWP value at loveLife Trust and other ways than EWP of coping

Professional self-care is important and is seen as the basic element of the health of the individual. It focuses not only on self-help, but on working together with other professionals to develop and strengthen coping mechanisms and gain control over personal life. Dattillio (2015) recommend that social work education should include self-care training to ensure that the helping professionals are able to cope with the work and personal challenges during practice.

It is important for the helping professionals to prioritise their emotional well-being. Dattillio (2015) indicates that the helping professionals find themselves at a greater risk of stress, burn-out and compassion fatigue compared to other professionals. The study indicated that the telephone counsellors do not invest in self-care, such as attending counselling, in order for them to function optimally in a workplace and in life in general. Not seeking psychosocial support might have a negative impact on the telephone counsellor's well-being and impact on the service rendered to the clients. This is more so when one works within a call centre with a higher demanding job and possibilities of secondary trauma.

Silberman (2007) indicates that for a workplace wellness programme to add value, should be designed comprehensively, be long term and encourage preventative health promotion activities. The telephone counsellors agreed that the EWP service at loveLife Trust would be more beneficial if it was well-marketed and telephone counsellors were more aware of it. Participant 5 mentioned that *"… it would assist to have someone to share what one is not happy with in the workplace and know that it would remain confidential".* Participant 6 mentioned that:

> *… even though I haven't used it, telephone counsellors go through a lot. You can't pour from an empty cup. If maybe one can use the same services would assist us how to*

> *address or deal with different issues. You would get assistance to deal with work related issues.*

The researcher was able to establish that the telephone counsellors shared similar sentiments that collegial support was what they preferred and used currently. However, they saw the EWP as one of the tools that could be used to address work-related stressors. Participant 3 mentioned that, *I see value due to the importance of well-being. Such programmes provide with valued support when other people are going through a challenge.* However, there was Participant 2 who indicated that the debriefing sessions were more effective, rather than the EWP, *I think I would prefer if there were debriefings, not EWP.* Participant 4 added by saying;

> *From my side I am not comfortable to use the service because I know a lot of professionals in the field. Colleagues can benefit from being referred. I would recommend companies to have this type of service.*

The client relationship manager mentioned that one of the methods to test the EWP is by compiling a utilisation report of the service by the employees. She mentioned that besides the utilisation being low, the presenting problems for which the employees sought assistance were not predominantly related to work. The highest presenting problem that appeared consistently on the reports was relationship difficulties and this included personal interaction difficulties in a personal space, such as couple challenges and parental issues. The report should be used by the organisation to identify the training needs of the employees. This should be a proactive step to be taken by the organisation's management to ensure that employees receive the needed support. The client relationship manager indicated that the report is confidential, contains only statistics with no personal information of the employees and their dependants.

The client relationship manager mentioned that, in an event that the EWP is properly implemented by the employer and utilised by the employees, there are various benefits to employees, and these include improved mental health wellness, self-care, life style, job satisfaction, and resilience. The employer also benefits by experiencing a decreasing number of employee problems and improved work performance. Additional benefits for the employer are that there are decreased numbers of disciplinary cases, absenteeism, and sick leave (Makgatho, 2016).

The team supervisor mentioned that he was not able to confirm whether there had been any difference in productivity of the telephone counsellors since the introduction of the loveLife

Trust EWP. He mentioned that it was difficult to draw such a conclusion because he was not sure who in the team was utilising the EWP because this was a confidential service. However, he mentioned that he had regularly encouraged the telephone counsellors who were struggling emotionally to use the EWP service. The referrals were informal and did not receive feedback from the EWP. It is therefore equally important for the team supervisor to initiate formal referrals, specifically where work is affected. In an event that a telephone counsellor is referred formally, the team supervisor would receive a formal referral feedback process report with recommendations on how to support the employee. Makgato (2016) mentions that referrals to EAP are one of the steps that is important to support the employees with challenges. The team supervisor believed that the EWP service was important in an organisation and should not be seen as a management service, but as a resource that could be used to address personal and work-related issues and aid the telephone counsellors to reach adequate work performance. The findings by the Center for Advanced Human Resources Studies (2010) indicate that to change the culture of support for health and wellness is to hold managers accountable for improving participation and effectiveness. Although support for the EWP from managers and human resource is in place at loveLife Trust, there is a need to demonstrate the Return on Investment (ROI).

4.5. Conclusion

The chapter presented and discussed the findings in relation to this study's aim and objectives. The experiences of telephone counsellors relative to the loveLife Trust EWP were detailed. The data derived from the study enabled the researcher to identify themes to provide a clear picture of the telephone counsellors' experiences of the EWP. The themes were the daily experiences and types of presenting problems addressed by the telephone counsellors, accessibility and awareness of the EWP service, EWP value at loveLife Trust, and other ways than the EWP of coping. The interview questions covered the theoretical framework of the study, hence the themes were identified and addressed the topic of the study.

CHAPTER 5

SUMMARY OF KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

This chapter provides a summary of answers to the research question. It proceeds to highlight the recommendations. The chapter will end by providing a concluding summary.

5.1. FINDINGS ALIGNED WITH OBJECTIVES

5.1.1. Primary objective

5.1.1.1 To explore the experiences of loveLife Trust counsellors based in Gauteng concerning EWP offered by the NPO

Findings

Various experiences of EWP were explored with each participant. Based on this study's findings, the experiences were almost the same. However, each participant had a more subjective experience based on their personality.

5.1.2. Secondary objectives

5.1.2.1 The challenges or weaknesses of EWP at loveLife Trust for telephone counsellors

Findings

The participants were concerned about the confidentiality of the EWP services provided by loveLife Trust. The challenge was that since the EWP has been made available by the organisation, how confidential the service would be. The participants expressed that they could be using the service for personal and work-related issues. Sieberhagen et al. (2011) emphasise that organisations' main problems with EWP implementation are a lack of trust and confidentiality. Similar to the participants in the current study, Sieberhagen et al. (2011) argue that the benefiting employees might perceive both confidentiality and trust as non-existent. However, loveLife Trust is using an employee wellness service provider to address the trust and confidentiality issues. Nonetheless, it seems that this method of using an external service

provider does not currently lead to the desired outcomes, because the participants stated confidentiality concerns as one of the factors that led to them not utilising the service.

Another challenge identified was accessibility of the service. Most of the participants wanted a support service that they would use immediately when having a challenge about a case they were dealing with, rather than contacting the EWP toll-free line. Team members in a call centre viewed each other as a support system (Uys, 2006). It can be argued that the telephone counsellors were not prioritised on the EWP service offered by loveLife Trust, and as a result were not aware of what it could offer.

5.1.2.2 The opportunities or strengths of EWP at loveLife Trust

Findings

The participants agreed that given a different perspective, the EWP offered by loveLife Trust would be beneficial for them in an event that the organisation and management were encouraging them to use the service. In addition, if there were constant reminders of the service in the form of posters or e-mail messages from the human resource department, frequently reminding them of the service and how it worked, they would be encouraged to use the service more often.

During the interviews, some participants had to be reminded of what the EWP is and that there is one available at loveLife Trust, their employer. Participants viewed the EWP as a support system that could be used to address work-related stressors. This is because the participants mentioned that sometimes sharing work-related stressors with their colleagues would not yield positive results, such as increased productivity and concentration. The client relationship manager (key informant) mentioned that, in organisations where the EWP is prioritised, there is evidence of return on investment such as decreased absenteeism, because employees can cope with life challenges while attending to work. Makgato (2016) indicates that the employees who made use of the EWP improved on work attendance, partly because the EWP encouraged them to adopt healthy lifestyles such as exercising. According to Du Preez (2010), workplaces are trying their best to focus on improving health and managing absenteeism through policies and procedures. As such, the EWP may be used as a tool to develop and retain employees while reducing absenteeism and increasing productivity in the workplace (Yende, 2005).

However, the client relationship manager mentioned that at loveLife Trust, the utilisation of the EWP service was low, compared to other organisations that she was managing. The client relationship manager indicated that in corporate organisations, they invest in marketing the EWP services and management prioritises linking the employees to the service compared to NPOs. Chenoweth (2013) indicates that the success of the overall organisation's wellness depends on the leadership such as human resource, management and other stakeholders working collectively to ensure that the employees are aware and linked to the service. The participants indicated that management at loveLife Trust is not championing the EWP service.

5.1.2.3 To make recommendations on improvement and implementation to loveLife Trust and NPOs in general on EWP

Findings

Human resources and management should use EWP services as a tool to enable the employees to cope with the work balance. This can be done by managers referring the employees to the EWP in a formal or informal way. Formal referral is required for when the employees' challenges are impacting on work such as presenteeism, challenges with interpersonal relationships or performance challenges. For the formal referral process, management would receive a report with recommendations on how to best support the employees. In addition, management could use the EWP services for the purpose of consultation on different issues as presented by different employees, not only for referral purposes, but also for the service to be marketed using different platforms, such as posters, e-mails, and EWP awareness days throughout the year. This is important for creating awareness of the EWP and increase utilisation of the service.

5.2. Key findings

This chapter summarises the findings of this study. The chapter gives answers to the study questions. Through analysing of the data, the researcher identified the themes as daily experiences and types of presenting problems addressed by the telephone counsellors, accessibility and awareness of the EWP service, EWP value at loveLife Trust, and other ways than the EWP of coping . The main finding of the study is that telephone counsellors at loveLife Trust are not utilising the EWP service as they should, as a means for psychosocial support to achieve a work-life balance. The telephone counsellors acknowledged that the call centre

environment is not predictable, and one is not able to prepare for the day. This comes with challenges, such as an influx of calls and different presenting problems that require the telephone counsellors to have some sort of psychosocial support to address these challenges and opportunities to vent.

Another finding is that telephone counsellors seem to prefer the previous way of support they received before the EWP was introduced into the organisation. Previously they used to have a debriefer who came in once a week to have group discussions pertaining to work and personal challenges. In addition, participants are depending on each other for support, arguing that they are experiencing the same challenges, therefore it is easier to relate and provide the necessary support. It is important to highlight that irrespective of the telephone counsellors' preference, they view the EWP as an important resource that could be utilised as a support and a good thing to have in an organisation.

The study's findings are aligned with the other research conducted based on other contexts. There are some similarities that were observed in comparison to the other studies. The study findings by Malange (2019) illustrate that employees have knowledge and are aware of the EWP;; however, the utilisation rate is low due to confidentiality and professional concerns of the service. It was evident during this study that there is a need for emotional self-care in the helping profession; however, EWP is not regarded as a tool for telephone counsellors in loveLife Trust to use as a coping mechanism. The challenge that was highlighted by the telephone counsellors on the EWP is its access and confidentiality. This led to the issue of awareness. Awareness of EWP services is a possible solution to increased utilisation. The participants heard about the EWP in the organisation but most of them were not aware of what it entails. According to Lawrence et al. (2002), there is a link between employees' familiarity with workplace wellness programmes and the utilisation rate of the programme's services. Another essential factor that promotes participants to have confidence in the programme is the trust they have that those issues discussed in the EWP will be kept confidential. Lawrence et al. (2002) state that employees' trust in the confidentiality of the service provided is directly related to high programme utilisation.

5.3. Recommendations

The recommendations derived from the study are presented with the focus on three different directions, which are (1) recommendations on professional self-care of telephone counsellors,

(2) recommendations for future research, and (3) recommendations to loveLife Trust management.

5.3.1. Recommendation for professional (telephone counsellors) self-care

Telephone counsellors should invest in their own psychosocial well-being. In addition, the telephone counsellors should normalise seeking support by accessing services such as therapy. Programmes such as the EWP aim to assist in looking after their mental health and to ensure that they can function at a required level.

5.3.2. Recommendations for future research

In conclusion, future research could further explore preferred methods utilised for the telephone counsellors' emotional support and compare the outcomes of their emotional well-being to when the EWP is in place in an organisation. Currently, for this study, there was no information on whether the other preferred method of emotional support yielded positive results, such as an increase in productivity, compared to a telephone counsellor who utilised the EWP.

5.3.3. Recommendations to the loveLife Trust management

The recommendation to the loveLife Trust management is that they should focus on issues such as marketing of the EWP strategy. Management at loveLife Trust should work towards having a broad marketing strategy that has to be developed and implemented. For example, marketing sessions should be conducted: posters, flyers and e-mails reminding the telephone counsellors of the EWP contact details, operating hours and the EWP services outlined. To improve employees' level of confidence in the programme, employees must be made aware on how to access the programme, the EWP duties and functions, staff work experience as well as their qualifications. During the research interview the account manager indicated that in organisations where this type of marketing strategy is in place, there is a significant high utilisation rate of the EWP.

The telephone counsellors should be assured of the confidentiality of the EWP service. This is more so because it is offered by an external service provider. The telephone counsellors need to be made aware that the utilisation of the service by the EWP service provider is based on statistics and no identifying information is in the report. This has been the practice of the EWP service providers even before the POPIA (RSA, 2013) was promulgated.

5. 4. Concluding summary

The study aimed to indicate experiences of telephone counsellors on the EWP service. The findings of the study established that the telephone counsellors have not utilised the EWP service for psychosocial, legal, or financial support. It is important to highlight that at the same time they are considering the EWP service to be very important in the organisation if used effectively by the employees. For the employees to use the EWP service in an organisation, they need to be well informed about the service such as access, confidentiality and what it entails in general. In conclusion, this study will contribute to the body of knowledge for organisations implementing the EWP and for future research studies on the concept of an EWP in South African NPOs.

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APPENDIX A: PARTICIPANT INFORMATION SHEET

Experiences of loveLife telephone counsellors about the EWP employed within Gauteng.

Good day,

My name is Rebecca Makamela, and I am a post-graduate the researcher 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 to establish what are the perceptions of telephone counsellors on EWP at the loveLife. In addition, the study will establish whether there is a return on investment on the organisation by having an EWP service. Lastly, the study will make suggestions and recommendations to the loveLife and Non-profit organisation in general on the EWP service.

As a telephone counsellor based in the NPO, you are ideally positioned to contribute to my research. I therefore wish to invite you to participate in my study. If you accept my invitation, your participation would be entirely voluntary, and you are free to withdraw at any time without penalty. There are no consequences or personal benefits of participating in this study.

If you agree to take part, I would like arrange interviews with you at your working environment at your convenient time. All the COVID 19 protocols will be observed. In an event that the COVID 19 pandemic infections are still on a rise, the interview will take place virtually through zoom. If you choose to participate, you may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering. If you decide to participate, I will ask you to tape record the interview. The tapes will be kept in a locked cabinet for two years following any publications or for six years if no publication emanate from the study. A copy of your interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research. In an event that you experience secondary trauma during the interviews, you will be referred to the EWP to be

assisted with counselling. The counselling service will be free of charge. The toll-free line for the employee wellness programme is 0800 000 592.

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. The results of the research may also be used for academic purposes (including books, journals, and conference proceedings) and a summary of findings will be made available to participants on request.

Please contact me on 0729803064, or my supervisor, on Thobeka.Nkomo@wits.ac.za / 011 7174481, if you have any questions regarding my study. We shall answer them to the best of our ability. If you have any concerns and complaints about the study, please contact Human Research Ethics Committee (Non-Medical) Contact details: Chairperson: jasper.Kningts@wits.ac.za or the administrator: Ms Shaun Schoeman Tel 011 717 1408.

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

Researcher: Mpekana Rebecca Makamela

2286487@researchers.wits.ac.za

Supervisor: Dr Thobeka S Nkomo

Thobeka.Nkomo@wits.ac.za /011 717 74583

APPENDIX B: CONSENT FORM FOR PARTICIPATION

Experiences of loveLife telephone counselors about EWP employed within Gauteng. I, …….. agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following: (Please circle the relevant options below)

I agree that my participation will remain anonymous	YES	NO
I agree that the research may use anonymous quotes in his / her research report	YES	NO
I agree that the interview may be audio recorded	YES	NO
I agree that I will not be compensated for my participation	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

Signature ……..

Name of participant ……

Date ……..

Signature ……

Name of person seeking consent ……..

Date …….

APPENDIX C: INTERVIEW SCHEDULE FOR TELEPHONE COUNSELORS

Pseudonym

Age

Interview date

For how long have you worked for the loveLife as a telephone counsellor?

1. To explore whether there is a use of EWP as a support for the telephone counsellors

    a. What are the presenting problems that you assist the youth with when rendering telephone counselling?

    b. Tell me about your daily experiences as a telephone counsellor.

    c. What do you do to address the different experiences you come across with?

    d. Have you ever used EWP as a support to address your work experiences?

    e. If yes, how did it benefit you? If no, why?

    f. What are the challenges or weakness of EWP at loveLife.

- 2. Establish whether there is a return on investment on the organisation

    a. Do you see any value in having EWP at the LoveLife for telephone counsellors?

    b. If yes, in what way? If no, why?

    c. What would you prefer as a support system from the loveLife as an organization

    d. If any, how would it benefit you?

    e. Do you Know what programmes are rendered by the EWP service provider?

    f. What are the challenges of a call centre environment?

APPENDIX D: INTERVIEW SCHEDULE FOR THE KEY INFORMANTS

Pseudonym

Age

Interview date

1. To establish whether there is a ROI by having EWP in loveLife for the telephone counselors
    a. Please explain your role in loveLife or as an EWP provider
    b. What are the challenges of a call centre environment?
    c. What were the reasons that led to sourcing EWP service provider in 2019?
    d. Do you notice any difference in productivity from previous forms of support compared to EWP?
    e. What are the measurements in place to evaluate the EWP programme?

APPENDIX E: PERMISSION LETTER

loveLife

New loveLife Trust
tel +27 (0)11 523 1080
fax +27 (0)11 523 1081
48 wierda rd west,
wierda valley, sandton, 2196
po box 45, parklands, 2121,
south africa
www.lovelife.org.za

28 September 2020

To Mpekana Rebecca Makamela

Research Proposal: Experiences of New loveLife Trust telephone counsellors about the employee wellness programme employed within Gauteng.

Surname: Makamela
First Name/s: Mpekana Rebecca
Student Number: 2286487
Name of Supervisor Dr. Thobeka Nkomo

I am pleased to inform that I give you permission in respect of your research request of studying the Counsellors responses to their experience of the EAP program offered. Your initiative is appreciable and I am ready to support this research at my best.

Please visit website www.lovelife.org.za, which gives you some important information that may help in your study.

We wish you all the best in your research.

Thanking you,

David Doolabh

APPENDIX F: ETHICS CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK)
CLEARANCE CERTIFICATE

Protocol number: SW21/02/01

Project title: Experiences of New LoveLife Trust telephone counsellors about the employee wellness programme employed within Gauteng.

Researcher/s: M R Makamela, student number: 2286487

School/department: SHCD Social Work

Date considered: 12 March 2021

Decision of the committee: Approved (Minimal risk)

Date ratified: 23 July 2021

Expiry date: 31 July 2024

Date: 28 July 2021 **Chairperson:** Prof E. Pretorius

Cc: Supervisor: Prof T S Nkomo

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.**

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SIGNATURE DATE

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

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IYUNIVESITHI YASEWITWATERSRAND | YUNIVESITHI YA WITWATERSRAND