

# EMOTIONAL WELL-BEING, HEALTH AND LIFE SATISFACTION IN CALL CENTRE EMPLOYEES AND SOFTWARE PROFESSIONALS

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**Abstract** *Emotional well-being, health and life satisfaction are constantly linked to sustainable conditions which allow people to thrive and flourish. While research inquiries have explored several correlates of emotional well-being, health and life satisfaction, it is only in recent years that the impact of occupation on these factors has come under scientific investigation. There is a growing conscience about the reciprocal relationship between well-being at work, well-being in life, overall health and life satisfaction. India has witnessed exponential growth in the IT sector during the past few years, providing employment opportunities to a majority of its population. Although software professionals have come to symbolise the IT industry, call centres have concurrently evolved as a visible and tangible embodiment of the IT revolution. The present study was conducted to examine and compare the levels of emotional well-being, general health and life satisfaction among employees of the call centres and software industry. A total of 300 individuals, with a mean age of 26.24 years, from call centres (n=150) and software firms (n=150) participated in the study. The Affectometer, General Health Questionnaire and Satisfaction with Life Scale were used to measure the variables. Results from independent sample t-test clearly indicated that call centre employees experienced significantly lower levels of emotional well-being, health and life satisfaction when compared to the software professionals.*

**Keywords:** *Emotional Well-Being, Health, Life Satisfaction, Call Centre Employees, Software Professionals*

## INTRODUCTION

The past few decades have witnessed tremendous advancement in Information Technology (IT), redefining the personal and professional lives of people across the world. A surge in the use of technology in all professional fields has created the demand for a workforce that irrespective of its qualification, has had the chance to become a part of this technological boom. The employees of software industry dominated the IT revolution for a considerable period of time. But with the diversification of job needs and exceeding demands, call centres were created to provide backend support to companies, much beyond what software employees could do. While software professionals were involved in creating content for the company, call centres came up as a major means of delivering services, as a medium between the company and its customers. The need for service providers at the global level soon led to the outsourcing of jobs to developing countries, primarily because of the cheap cost of labor and vast availability of resources. In India, call centres emerged as a key

component in the creation and delivery of information services to the general public during the end of the 20<sup>th</sup> century (Russel, 2008). And from then on, a majority of employability prospects for its young population are being provided by these call centres.

Call Centres are defined as “a physical or virtual operation within an organisation in which a managed group of people spend most of their time doing business by telephone, usually working in a computer-automated environment” (Gorde, 2018). The growth in Information and Communication Technology (ICT) has made it possible for call centres to operate in the background, and provide customer service by employing scripts that separate services from procedures (Dzuba, 2015). A fast-paced flood of incoming and outgoing calls is made possible by computer and telephone tools used in call centres. They enable staff members who are available round the clock to welcome and help clients, as well as input and manage data irrespective of their geographical location. However, the complexity of the task at hand and the skill requisite vary based on the service provided by

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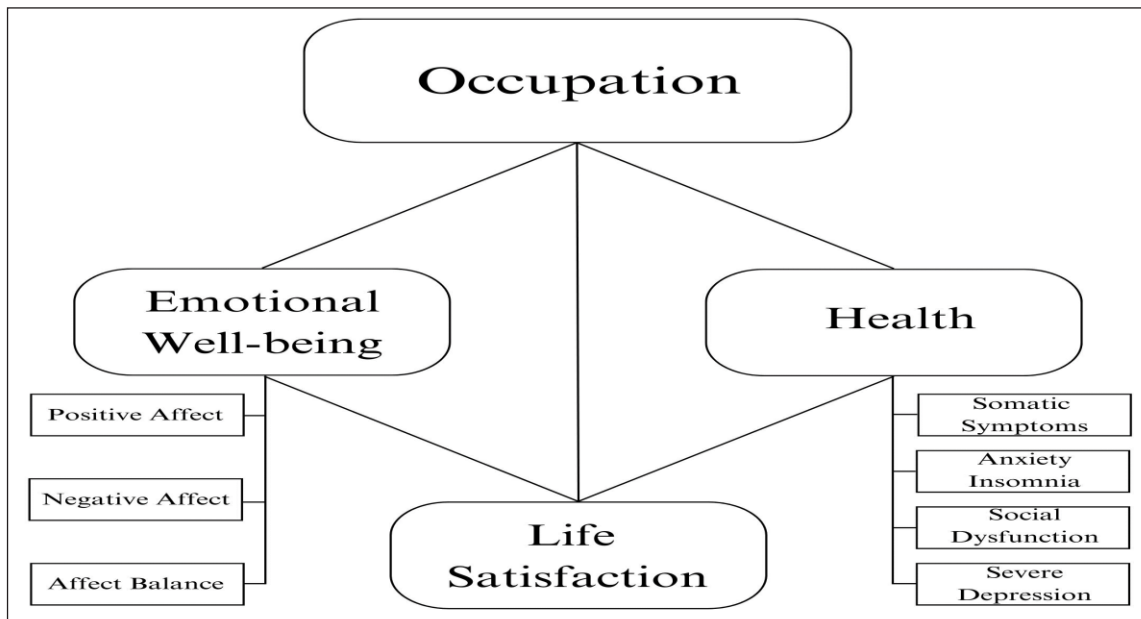
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these professionals. But the nature of work and working conditions almost remain the same across all call centres (Boston, 2021).

Call centres is known for technological pressure and work overload that is instigated by their demanding turnover. The bright prospect of working in a call centre is constantly threatened by the gloom of long hours of labor, constant night shifts, extreme work objectives and eventual loss of identity. Apart from the job being monotonous, repetitive and heavily target oriented, the need to deal with abusive and indifferent customers in the most courteous manner adds to the misery of these employees. In order to influence the clients' emotions in ways that result in the desired outcome, call centre personnel are expected to exhibit positive emotions and restrain negative ones (like anger, frustration and resentment) at all times. They are forced to be polite and patient while interacting with their customers, irrespective of their client's behaviors. And since supervised work and mandatory feedbacks from the customers have a huge role to play in the professional progress of these employees, they are pressurised to be their best throughout the day (Latha & Panchanatham, 2010). The emotional suppression that comes as a part of the job requirement can have a significant psychological impact on these employees, lowering their health and well-being to a greater extent (Raja & Bhasin, 2014). And regardless of all this, the employee is expected to maintain a calm consistency in their work output, as is the policy of every organisation. Thus, the volley of problems that call centre employees encounter, adversely affects their health viz. physical, mental, emotional and social, owing to their unique job profile (Raja & Bhasin, 2014). Difficulties

in maintaining the professional status quo, biological rhythm disruptions resulting from work overload, constant surveillance on performance and erratic work schedules consequently lead to poor personal habits, lowered sense of well-being and poorer satisfaction about life (Bhuyar et al., 2008). These factors eventually contribute to burnout, low levels of attendance and reduced job performance among employees (Boston, 2021). The toll of all this can extend beyond the employee, to the organisation and to society in general.

There are several studies that have explored the ill effects of professional pressure on employee health and life satisfaction (Adams, 2019). And health and well-being among software professionals have been the subject of several empirical inquiries (Godliauskas, 2021). Although scientific literature has probed into the effects of working in high-stress jobs like those in call centres, very few studies have sought to understand how well-being, health and life satisfaction of call centre employees are affected due to the demanding nature of their work. The goal of the current research is to understand the challenges that call centre employees face and how it affects their emotional well-being, overall health and life satisfaction. The study intends to highlight the need for developing workable solutions to improve the conditions of these workers as health and well-being are closely related to productivity. And it is well acknowledged that healthy individuals are bound to perform well in their jobs, much more than those who are not. The present study takes on a holistic perspective on factors that are not addressed hitherto in call centre research data.



**Fig. 1: Showing the Conceptual Model of the Variables in the Study i.e., Emotional Well-Being, Health and Life Satisfaction**

## METHODOLOGY

### Participants and Procedure

300 employees who were willing to participate in the study were randomly selected from various firms located in Bengaluru city for the present research. Out of these, 150 participants belonged to call centres and 150 were from software companies. The mean age of the study sample was 26.24 years. The study sample included both male and female participants holding degrees in engineering and technology.

Data was collected from the sample by administering the Affectometer, General Health Questionnaire (GHQ-28) and Satisfaction with Life Scale. The researchers introduced themselves to the participants, explained the need for the study and gave the necessary instructions for the tests to be administered. Confidentiality was assured and it was explicitly stated that participation in the study was entirely voluntary and honesty while answering the questions was vital. Participants with impaired abilities, physical/mental health issues and those already exposed to such studies were excluded from the research.

The study hypothesised that there is no significant difference between the call centre employees and software professionals in their levels of emotional well-being, health and life satisfaction.

### Tools Used

#### Affectometer

The Affectometer, developed by Kammann and Flett (1983) was used to measure emotional wellbeing in this study. This test validates emotional well-being as a function of the levels of positive and negative affect and the balance between them. The more the positive affect predominates over the negative affect, the higher is the overall level of emotional well-being.

The test consists of 40 items that are arranged alternately so that all the odd items measure the Positive Affect and all the even items measure Negative Affect. The individual has to indicate his/her choice on a 5-point rating scale ranging from 1 (not at all) to 5 (all the time). The rating given by

the individual for an item is the score for that item. All the responses for the affect area are counted and noted under the positive/negative affect score respectively. By deducting the negative scores from the positive item scores, the Affect Balance score is obtained.

The authors report good validity and reliability for the test, with a Cronbach index of 0.88 and 0.93.

#### General Health Questionnaire (GHQ-28)

The GHQ-28 developed by Goldberg and Hillier (1979) was used as a measure of general health in the study. The test has been extensively used for screening mental symptoms and assessing psychosocial well-being. The 28-items on the questionnaire cover four main areas of functioning namely, Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction and Severe Depression. They measure breaks in normal functions leading to inability in carrying out one's normal healthy activities and also concern with the manifestation of new phenomena of a distressing nature within the past few weeks. The items are rated on a 4-point scale ranging from *less than usual* to *much more than usual*. The responses are scored as 0-0-1-1 for each of the alternatives respectively thus making it an area of assessment for the four sub-scales.

The questionnaire has good reliability and validity as reported by the author and established by several other researchers across various cultures.

#### Satisfaction with Life Scale

The study used Satisfaction with Life Scale by Diener, Emmons, Larsen and Griffen (1985) as a measure of life satisfaction. It has 5-item, answered on a 7-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree). The scores on the test can range from 5 to 35, showing extreme dissatisfaction with life to extreme satisfaction with life. The scale gives an indication of a person's general satisfaction with life by evaluating his/her quality of life according to his/her own criteria on a Cognitive-Judgmental level.

Diener et al. (1985) have reported a two-month test-retest reliability index of 0.82, and a Cronbach alpha reliability index of 0.87 for the scale. The scale is also has reported good validity.

## RESULTS

**Table 1: Showing the Mean Scores on Various Subscales of Affectometer for Call Centre and Software Employees and Results of Independent Sample 'T' Test**

Area	Organization	N	Mean	SD	't' Value	Sig (P)
Positive Affect	Call Center	150	33.06	6.54	3.484	.001
	Software	150	37.82	7.11		

Area	Organization	N	Mean	SD	't' Value	Sig (P)
Negative Affect	Call Center	150	24.34	5.62	5.567	.001
	Software	150	18.52	4.80		
Affect Balance	Call Center	150	8.70	10.78	5.065	.001
	Software	150	19.08	9.68		

A glance at the above table makes it evident that call centre employees experienced significantly lower positive affect (mean 33.06, SD 6.54), higher negative affect (mean 24.34, SD 5.62) and lower affect balance (mean 8.70, SD 10.78) compared to software professionals, who have shown higher positive affect (mean 37.82, SD 7.11), lower negative effect

(mean 18.52, SD 4.80) and higher affect balance (mean 19.08, SD 9.68). The difference in the mean scores of the sample group is highly significant as evidenced by 't' value and 'p' value for each of the areas measured ( $t=3.484, 5.567, 5.065; p>.001$ ).

**Table 2: Showing the Mean Scores on Various Subscales of General Health Questionnaire (GHQ-28) for Call Centre and Software Employees and Results of Independent Sample 'T' Test**

Areas	Organization	N	Mean	SD	't' Value	Sig (P)
Somatic Symptoms	Call Center	150	2.96	2.23	5.711	.001
	Software	150	0.84	1.13		
Anxiety-Insomnia	Call Center	150	2.68	2.18	4.128	.001
	Software	150	1.14	1.48		
Social Dysfunction	Call Center	150	2.64	2.19	4.063	.001
	Software	150	1.08	1.60		
Severe Depression	Call Center	150	2.06	2.18	5.055	.001
	Software	150	0.38	0.88		
Total GHQ Scores	Call Center	150	10.34	7.46	5.644	.001
	Software	150	3.44	4.37		

The above table gives clear evidence of the fact that in all the major areas of general health, call centre employees experienced significantly higher somatic symptoms, anxiety and insomnia social dysfunction and depression compared to

software professionals ( $t=5.711, 4.128, 4.063, 5.055, 5.644; p>.001$  respectively). The mean difference in scores between the participant groups is highly significant at .001 level.

**Table 3: Showing the Mean Score on Satisfaction with Life Scale (SWLS) for Call Centre and Software Employees and Results of Independent Sample 'T' Test**

Area	Organization	N	Mean	SD	't' Value	Sig (P)
Life Satisfaction	Call Center	150	18.20	6.32	5.109	.001
	Software	150	24.40	5.80		

Again, the above table shows that the call centre employees experienced significantly lower levels of life satisfaction than software employees did. The difference in the mean values of the group is statistically significant ( $t=5.109; p>.001$ ).

## DISCUSSION

The goal of the current study was to assess the emotional well-being, health and life satisfaction of employees working in call centres. Since these employees work in a demanding environment, it is obvious that they are vulnerable to mental, physical and emotional risks that attenuate their sense of well-being, health, and life satisfaction. The study considered software sector personnel as a comparative sample since

both these professionals represent the IT industry and work in similar job conditions that affect their quality of life. It was hypothesised that there is no significant difference in the levels of emotional well-being, health and life satisfaction of call centre employees and software professionals. But the results of the study indicated a significant difference in the emotional well-being, health and life satisfaction of call centre employees and software professionals, and hence the hypothesis stands rejected.

The data collected and analysed regarding emotional well-being showed that call centre employees experienced significantly lower levels of emotional well-being as evidenced by lower positive affect, higher negative affect and lower affect balance in them. The findings of the present study are concurrent with previous empirical findings that

profess the negative impact of working in call centres on the well-being of these employees (Holman, 2022; Jeyapal et al., 2015; Kumar, 2019; Molino et al., 2016; Zito et al., 2018). Apart from the nature of the job that affects emotional health, the constant verbal aggression from customers and strenuous emotional labour are seen to be the leading cause of emotional distress among call centre employees (Jeyapal et al., 2015; Manohar et al., 2020). The pressure of having to maintain a facade of calmness even when abused by dissatisfied customers can cause emotional dissonance, aggravating negative emotional states, making them liable to lower sense of emotional well-being.

The findings of the study also revealed that call centre employees experienced significantly lower health status as indicated by their higher somatic disturbances, anxiety, insomnia, depression and social dysfunction scores on GHQ-28. Scientific literature asserts a very high correlation between somatic symptoms, anxiety, sleep disturbances, depression and social dysfunction (Huang et al., 2020; Ramsawh et al., 2009). There is no doubt that call centres have emerged as an occupational group in themselves, helping young adults attain their career goals and financial aspirations much earlier than before. Yet reports show that the workers in call centres suffer from stress and its related disorders, mainly because of the existing work conditions (Khalid et al., 2013; Latha & Panchanatham, 2010; Manohar et al., 2020; Raja & Bhasin, 2014; Sudhashree et al., 2005). The work design, relentless supervision and stringent company policies in call centres provide minimal support structures that have a disastrous effect on the employees' health (Bhuyar et al., 2008; Jeyapal et al., 2015). When people face continual stress, they retort to maladaptive coping behaviors ranging from disturbed daily habits to addiction to other risk behaviors that further deteriorate their health. Hence, formulating effective means to resolve stress and conflicts in order to protect the health of young employees associated with this new, growing economy is necessary. This can in turn avoid the burden of occupational hazards on the larger society.

With lowered emotional well-being and lowered health, it is predictable that call centre employees also reported lower levels of life satisfaction. Numerous studies have explored job satisfaction in call centre workers and revealed the repercussions of working in a strenuous atmosphere (Gorde, 2018; Rao & Yadav, 2019). Dissatisfaction with professional life can affect overall life satisfaction since occupation is a major predictor of how one assesses the quality of their life (Unanue et al., 2017). Poor quality of life makes living miserable, sapping one's desire to survive and advance. And research in the past has linked lower levels of life satisfaction with mental disorders, work disability and mortality (Gigantesco et al., 2019). Although call centres as a workforce have evolved over time, the pathos of their

employees has remained the same. These sectors seem to struggle with the same problems despite the passing of time.

Thus, the present study affirms the need to improve human resource practices in call centres and develop programs that enhance employees' emotional management and regulation skills. It is important that companies provide opportunities for their employees within the work context to deal with negative emotions, cope with emotional exhaustion and handle conflicting emotions. It is also mandatory that organisations practice ways of enhancing positive emotional experiences in their employees so as to breed a sense of accomplishment and satisfaction in them. The study hopes to draw the attention of public health specialists and policymakers to come up with feasible strategies that not only recognise and deal with the occupational perils in call centres but also safeguard the employees against its impact. It is advantageous that employers invest in the welfare of their employees, creating an engaging psychosocial environment in the workplace such that it acts as a buffer against the existing adversities in it. Investing in the health and well-being of the employees may cause inconveniences to the rigorous policies of the company, but the benefits of it definitely outweigh the cost.

## CONCLUSION

Although every job has its own downside that affects the health, well-being and life satisfaction of workers, it is improper to conclude that all employees who are exposed to stressful working conditions will inevitably develop mental and physical deviations. However, the susceptibility to stress-related issues remains and cannot be simply overlooked. For that reason, adequate measures should be taken by both individual workers and the organisation to maintain conditions that ensure employees' optimal health and well-being, lowering their chances of developing stress-related disorders. If not, a majority of the workforce risks suffering significant mental and physical injuries with time.

The findings in the present study have just explored the tip of the iceberg and there remains much that needs to be meticulously investigated and exposed about the impact of working in a high-stress job. The call centre employees, especially the youth, with all their talents and potentials need to be assisted from time to time to develop inner strengths to deal with job stressors, look at life in a new dimension and use their abilities in a positive and meaningful way.

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