

## *Who's on the Line?*

*Women in Call Centres Talk about  
Their Work and Its Impact on their  
Health and Well-Being*

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## Table of Contents

<i>Acknowledgments</i> .....	iii
<i>Executive Summary</i> .....	iv
<b>1.0 Summary of the Research Project</b> .....	1
1.1 Rationale, Goal and Objective .....	1
1.2 State of Current Knowledge .....	1
1.3 Partnerships .....	4
1.4 Methods .....	5
1.5 Human Subjects and Ethical Issues .....	5
1.6 Project Evaluation .....	5
<b>2.0 Summary of Research Findings</b> .....	6
2.1 Demographic Information .....	6
2.2 Summary of Findings .....	6
2.2.1 Positive Aspects of the Job .....	6
2.2.2 Job Stressors .....	7
2.2.3 Negative Impact on Health and Well-Being .....	9
2.2.4 Coping Strategies and Supports .....	9
<b>3.0 Dissemination Plan and Knowledge Sharing</b> .....	10
<b>4.0 Implications for Maritime Centre of Excellence for Women’s Health Mandates and Research Programs</b> .....	11
4.1 Generate Knowledge .....	11
4.2 Information .....	12
4.3 Policy Advice .....	12
4.4 Communication .....	12
4.5 Networking .....	12
<b>5.0 Impact on Policy Making</b> .....	13
5.1 Part-Time vs. Full-Time Status; Job Security and Longevity .....	13
5.2 Lack of Public Awareness of the Abuse of Call Centre Workers .....	14
5.3 Lack of Unions and Other Support Structures .....	14
5.4 Difficulty Managing Family Responsibilities .....	15
5.5 Health Incentives at the Workplace .....	15
5.6 Transportation .....	16
5.7 Workers’ Compensation and Other Work-Related Health Issues .....	16
5.8 Limited Demographic Data for Call Centre Workers .....	17
<b>References</b> .....	18

## Appendices

**Appendix A** Interview Guide\*\*

**Appendix B** Information Sheet\*\*

Consent Form\*\*

Background Survey\*\*

Honoraria Receipt\*\*

**Appendix C** Self-reported health determinants in female call centre tele-operators:

A qualitative analysis\*\*

*\*\*These appendices are not attached but may be obtained by request from the Maritime Centre of Excellence for Women's Health.*

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## Executive Summary

Call centres represent a rapidly expanding yet poorly understood sector of the business world. Call centre workers use telephones and video display terminals to conduct business in one of five sectors: customer sales and service, telemarketing and fundraising, market research and survey, financial services and medical services. Unfortunately, the rapid growth of the industry has led to potential problems. First, the industry has no production standards and very few unions. Second, there is a lack of clarity of the role of public policy with respect to call centres, in that the industry has apparently grown with no public policies in place to foster the interests of the largely female workforce. Finally, employees run a significant risk of health problems due to psychosocial and work organization stressors that are relatively unique to call centres.

The purpose of this project was to give female call centre workers an opportunity to share their perceptions and experiences about the ways in which this type of work might influence their physical, psychological, emotional and social well-being. The objective of the project was to explore job stressors, coping strategies and buffers experienced by female call centre workers. This qualitative inquiry used face-to-face interviews with 25 women who worked in a variety of call centres (sales and service, telemarketing and fundraising, market research and survey, as well as medical services) in the Halifax Regional Municipality. Interviews were conducted between September and November 1998.

## Findings

Participants identified a number of positive aspects of their work. However, they also reported several features of call centre work that negatively impact, or had the potential to negatively impact, their well-being. A major theme underlying the findings related to job stressors was the issue of control. Indeed, a lack of control over the structure and processes of their work permeated much of women's discussions.

### Positive Aspects of the Job

Participants revealed that, in addition to economic security, factors that positively impacted their well-being include opportunities for social interaction with co-workers as well as a sense of personal fulfilment that comes from having the opportunity to serve and help people. Some women felt that their work gave them greater self-confidence and that they were valued, trusted and listened to by their employer and respected by friends and family. Some women were attracted to this work because it allowed them the flexibility to accommodate other aspects of their lives such as another job or attending university.

### Job Stressors

The major job stressors identified by participants include:

**Pay Levels** – often inadequate and many part-time positions. Several workers had sporadic work hours and were not guaranteed a minimum number of hours per week.

**Job Security** – very little job security. Many women feared that their call centre might close suddenly or that they would be let go for not performing at expected levels.

**Job Tasks** – dealing with irate or rude people as well as multiple rejections; being forced to follow scripted dialogues; sitting for long hours performing tedious, repetitive tasks; heavy, fast paced workloads.

**Monitoring and Assessment** – unrealistic performance quotas (i.e. call rates, call times, sales quotas); constant electronic performance monitoring; random taping of phone conversations.

**Work Schedules** – rotating schedules that interfere with family and social life. Most women had no control over the days or hours they were required to work, including statutory holidays, and some experienced difficulty switching shifts or taking time off when someone in their care became sick. Very early or late shifts created transportation problems and concerns for safety.

**Worker/Management Relations** – strained due to unclear policies and the use of fear, punishment, verbal abuse and unnecessary restrictions to control workers. Supervisors and management were perceived as lacking in human resource and communication skills. Many women felt they had little opportunity to voice their opinions, or their opinions were not taken seriously.

**Physical Environment** – poor air circulation, poor temperature regulation, and high noise levels. Some reported unclean work environments, uncomfortable chairs, using hand-held telephones rather than headsets, and restrictions related to food, drinks and personal items and movements within the workstations.

## **Negative Impact on Health and Well-Being**

Participants reported various strain-injuries, headaches and infections as well as varying degrees of low energy, depression, irritability, disrupted eating and sleep patterns and poor overall mood. Women also report conflicts in family relationships, lack of time to meet personal needs or for leisure activities as well as conflicts with care giving responsibilities.

## **Coping Strategies and Supports**

While some call centres have employee assistance programs, workers are often reluctant to access these supports due to a perceived lack of confidentiality. Similarly, while some supervisors are open and supportive, women must often rely on informal supports and personal coping strategies (e.g. talking with co-workers, various strategies to vary the work place) in order to deal with the stress of call centre work. Very few call centres are unionized.

## **Policy Implications**

**Job Security** – Government economic development strategies need to include efforts to: increase the ratio of full-time to part-time jobs, increase the length of time that companies stay in the region, and increase the time a worker stays on the job. As well, there is a need for legislation aimed at protecting the rights of part-time workers.

Management policy must take a “human-centred perspective” which values the worker, provides more opportunity for the voice of the worker to be heard and respected and gives the worker more control over the way the job is done. Performance standards should be realistic and electronic performance monitoring should be used with discretion. There needs to be less variability in the working hours of an individual, and greater flexibility in work shifts and time off. Finally, there needs to be an opportunity for workers to rotate tasks to reduce the tediousness of the work and minimize the chances of repetitive strain injury.

**Public Abuse of Call Centre Workers** – Increase public awareness of the negative effects the public has on call centre workers, through media coverage and public awareness campaigns. Industry regulations and/or legislation are needed to establish guidelines around ways and times in which the public is approached by call centres.

**Lack of Unions and Other Support Structures** – Inform union representatives and organizers of the concerns of call centre workers including the overuse of the electronic performance monitoring, unfair or equal treatment of workers, the lack of job security and the lack of flexibility in work scheduling.

**Difficulty Managing Family Responsibilities** – Government economic development strategies need to take into consideration the special needs of working mothers and care givers, and provide incentives for companies to employ women from this sector of the population including the provision of on-site day care facilities.

**Health Incentives at the Workplace** – Government health initiatives and company policies should include health promotion (or at least injury and disease prevention) strategies as a priority. Such strategies should be designed to encourage companies to provide on-site exercise facilities and healthy food dispensers, regular stretch breaks during long periods of sitting, lunch breaks of at least one hour and that coincide with regular eating times, and general health and wellness programs.

**Transportation** – Management policy concerning work shifts should take into consideration transportation issues of workers, especially in areas with infrequent bus service. This may affect the way shifts are scheduled, and/or include such policies as providing taxi chits when workers must travel to and from work during times that busses do not run. Company security personnel should be aware of the safety concerns of workers travelling to and from work late at night.

**Workers’ Compensation** – Workers’ compensation boards must deal more specifically with call centre work environments. Problems specific to these environments, such as those associated with air quality, ambient noise, and interacting with video display units and other stress related health problems must be recognized.

# **Who's on the Line? Women in Call Centres Talk About Their Work and its Impacts on Their Health and Well-being**

## **1.0 Summary of the Research Project**

### **1.1 Rationale, Goal and Objective**

#### ***Rationale***

Call centres represent a rapidly expanding yet poorly understood sector of the business world. Call centre workers use telephones and video display terminals to conduct business in one of five sectors: customer sales and service, telemarketing and fundraising, market research and survey, financial services and medical services. Unfortunately, the rapid growth of the industry has led to potential problems. First, the industry has no production standards and very few unions. Second, there is a lack of clarity of the role of public policy with respect to call centres, in that the industry has apparently grown with no public policies in place to foster the interests of the largely female workforce. Finally, employees are at risk for health problems due to psychosocial and work organization stressors that are relatively unique to call centres.

The focus and approach of this research project is unique. To date, neither the health nor the working conditions of call centre workers have been explored. In particular, there is a lack of qualitative research regarding the ways in which call centre work influences the physical, psychological, emotional, and social well-being of women employed in this industry.

#### ***Goal***

The primary goal of this project was to facilitate collaboration and expand partnerships between representatives from the call centre industry, government and arms-length government organizations for the purpose of developing evaluation tools and disseminating research information about the experiences of call centre workers.

#### ***Objective***

The objective of this project was to conduct face-to-face, in-depth, semi-structured interviews with female call centre workers in the Halifax Regional Municipality and to identify job stressors, coping strategies and buffers (social and supervisory support).

### **1.2 State of Current Knowledge**

Over the past several decades we have witnessed a tremendous increase in women's labour market participation. Seventy-six percent of Canadian women between the ages of 25 to 45 participated in the paid labour force in 1994 compared to 51% in 1975 (Krahn and Lowe, 1998). Much of this expansion is accounted for by the increased labour participation of married women with children (Doyal, 1995). Women's increased participation in paid employment has far reaching implications for their well-being (Armstrong and Armstrong 1990; Doyal, 1995). Although findings vary, it has been shown that women's mental and physical health is generally enhanced through waged work. These benefits are attributed to increases in income and

autonomy as well as to the development of social support networks that decrease feelings of isolation and worthlessness (Doyal, 1995; Collins et al., 1997).

Paid work also impacts negatively on women's well-being depending on the type of work, marital status, number and age of dependents, domestic division of labour in the household, age, skill level and attitude toward employment (Doyal, 1995). Workplace factors that have negative impacts on well-being include high psychological demands of the job coupled with low control or decision latitude, lack of social support, poor supervisory relations and lack of supervisory support, difficulties managing family responsibilities, sexual harassment, lack of control over hours and conditions of employment, computer-paced work, monotony, little opportunity for creativity, high levels of supervision, shift work, low status jobs, low pay, job dissatisfaction, fear for job security, toxic exposures and trauma (Bourbonnais et al., 1999; Collins et al., 1997; Doyal, 1995; Headapohl, 1993; Loeweson, 1999; Messing, 1997; Smith, 1997; Willms and Pfeiffer, 1993; Wollersheim, 1993). As well, workers in service jobs have the added pressure of having to be nice to people. Forcing women to have positive feelings they may not be experiencing may contribute to feelings of detachment and loss of self (Doyal, 1995).

The negative impacts of paid work cover a broad range of physical, mental and social health issues. These impacts have gender implications. For example, women are twice as likely as men to report depressive symptoms (Headapohl, 1993), possibly due to gender related issues, such as reproduction, poverty, low self esteem, harassment, and having less power or control (Headapohl, 1993, Wollersheim, 1993).

Call centres are a relatively recent phenomenon in the work environment. Workers in these centres use telephones and computers and either make calls (e.g. telemarketing, fundraising, conducting surveys) or receive calls (e.g. providing service via 1-800 numbers). The latter serve the needs of courier companies, banks, airlines, insurance companies, hotel chains, and consumer products. Call centres are a rapidly expanding industry in the Atlantic region, as well as many other regions around the world, and employ primarily a female workforce (Buchanan and McFarland, 1997; Menzies, 1996).

Call centres reflect the impacts of technology in the workplace that have been observed well before call centres came into existence. General trends of technology in the workplace include tasks becoming fragmented and standardized, human relationships taking second place to "efficiency", focus on high output, decreased autonomy, increased supervision, and specific procedures and time frames specified for job task, all of which impact negatively on workers' well-being (Haddad, 1987). Work in call centres is highly controlled in that operators give rote responses taken from pre-written scripts and manuals and much of the work is controlled by computers (Buchanan and McFarland, 1997; Menzies, 1996).

A major impact of technology in the workplace that is particularly evident in call centres is that of electronic performance monitoring of work volume, error rates, voice quality and content of telephone conversations (Smith et al., 1992). Electronic performance monitoring is done remotely by computers that cannot be seen or talked to, bringing further challenges of diminished control (Menzies, 1996). This type of monitoring creates a situation in which productivity is evaluated in terms of the number of calls or services rather than in customer satisfaction (Buchanan and McFarland, 1997). This results in arbitrary production standards which can be used to discipline or even terminate employees (Haddad, 1987). Consequently,

workers who have their work monitored in this manner perceive their working conditions as more stressful, and report higher levels of job boredom, anxiety, depression, anger, health complaints and fatigue (Smith et al., 1992). Electronic performance monitoring also contributes to a loss of job latitude (i.e. decision making control) in video display terminal based workers, due to loss of control over work (pace, quality and quantity) and the absence of participatory decision making (Pheasant, 1991). This particular work-related problem has become a gender issue because women are typically monitored more than men are (Menzies, 1996).

There is little information of how call centre work affects the worker's health. Similar to other job environments in which workers interact with computers during most of their work day, call centre workers are susceptible to repetitive strain injury of the upper extremities. In addition to being attributed to ergonomic factors such as poor chair and/or work space design, these injuries are associated with work organization and psychosocial factors such as work/rest schedules, fear of job loss, low control over the work, as well as a lack of co-worker and/or supervisor support (Doyal, 1995; Hales, et al., 1994; Moon and Sauter, 1996; Most, 1999).

Important evidence is emerging in the literature concerning the relationship between psychosocial factors in the workplace and cardiovascular health. Most of the research has been done on men. However, studies including women have shown higher incidence of coronary heart disease among workers with low job control [self-reported and as rated by personnel managers] (Bosma et al., 1998), shift workers, women in clerical or sales jobs, and women reporting that their work is both hectic and monotonous (Messing, 1997). All of these are issues for call centre workers.

Part of the impact of technology on the work place, is a trend toward greater flexibility in the labour market. There is a movement away from full-time employment, toward a variety of temporary and casual employment contracts (Menzies, 1997; Webster, 1996). For example, since the 1950s Canada has experienced a dramatic increase in part-time work. In the early 1990s women made up almost three quarters of the part-time work force, and one in four women in the paid work force worked part-time. On the one hand, part-time work offers employment to a larger number of workers, and offers workers more time for leisure, education and family responsibilities. On the other hand, it results in insecure, irregular, dead-end and low paying jobs (Duffy and Pupo, 1993).

The trend toward greater flexibility in the work force is in response to uneven demands for goods and services and a need to reduce labour costs while enhancing productivity. This trend is evident in call centre work (Menzies, 1996), and is accelerated because of the lack of unions in call centres (Buchanan and McFarland, 1997).

Call centre work often involves both fixed and rotating shift work, the latter consequent to the unpredictability of call loads. Understanding the effects of shift work on the worker is difficult because of the multiplicity of intervening factors (e.g. job type, job demands, social support) (Parkes, 1999). In general, the effects of shift work range from impairments in mental health (e.g. depression), impairments in physical health (e.g. gastrointestinal problems, headaches, chronic fatigue, and possibly cardiovascular problems), disruptions in quality and quantity of sleep, and disturbances of social and family life (Colligan and Rosa, 1990; Nicholson and D'Auria, 1999; Parkes, 1999, Smith et al., 1999). As well, shift work for women may be a potential hazard to reproduction (Nurminen, 1998). Rotating shifts are more problematic than

fixed shifts. Compared with fixed shift workers, workers on rotating shifts get less sleep, experience higher incidents of depression, tension and fatigue and spend less time with family and friends (Colligan and Rosa, 1990).

For women in the paid work force, family issues are significant. However, contrary to common sense, the attempt to combine different life roles does not augment women's stress. In fact, juggling roles may alleviate stress, particularly stress that comes from poverty and social isolation (Ayers, et al., 1993). A direction for future research is to identify the difficulties women face at work (e.g. lack of flexibility) and outside work (e.g. child care arrangements and home life) (Ayers et al., 1993).

### **1.3 Partnerships**

During the course of developing and conducting this research, we established partnerships with union representatives, government officials, female call centre workers, an arms length government employment agency and an occupational health nurse in the call centre industry. During the initial phase of the project, we contacted representatives from the provincial governments of New Brunswick and Nova Scotia in an effort to obtain a list of call centres in the two provinces (names, managers, and addresses). We intended to use this list to recruit call centre workers indirectly through management contacts. However, the list was not made available to us and union organizations have since confirmed that this information is typically not accessible.

Following other leads, a number of call centres were contacted and an invitation was made to partner with us in pursuing this research. Our initial intent was to conduct focus group discussions with women recruited from a variety of call centres. Although representatives of middle management at two call centres expressed an interest in the project, when our proposal was presented to upper management, they declined to participate. We were able to tour two local call centres and we met anonymously with a few individuals from personnel and occupational health departments who provided us with details that informed the research process as well as the development of our interview guide.

Given the lack of interest and apparent resistance expressed by the call centre industry, we anticipated that participation in focus groups might jeopardize call centre workers' employment. Consequently, we abandoned the idea of using focus groups as the primary method of data collection and opted to use individual interviews. The task of recruiting study participants on an individual basis was more complex, time consuming and expensive than industry-based recruitment. Consequently, this precluded the inclusion of participants from New Brunswick. However, although recruitment was restricted to Nova Scotia workers, the sample was stratified to ensure inclusion of a broad range of call centres.

Representatives from *Women's Employment Outreach Program* (WEO) in Halifax as well as the *Atlantic Communications and Technical Worker's Union* (AC&TWU) provided assistance in recruiting study participants. WEO also provided feedback on the initial interview guide and has agreed to assist in disseminating a brochure outlining our results to potential call centre employees.

## 1.4 Methods

This study design was informed by qualitative methodologies and methods that facilitate emergence of diverse lived experiences and emphasize the determinants of health and well-being. In an effort to identify women from diverse call centres in the Halifax Regional Municipality, we employed a maximum variation, purposive sampling strategy during recruitment of study participants. The selection criteria included a) call centre type (financial, sale/service, telemarketing, market research), b) full-time/part-time hours, c) work schedules (regular, variable or fixed shifts) and d) call centre size. Participants were recruited through advertisements in local newspapers and through an inter-campus electronic notice board.

A total of twenty-five women participated in face-to-face, audio taped interviews lasting between one and two hours. The interviews were conducted between September and November of 1998. In an effort to facilitate participation and rapport, each woman was given the option of choosing a time and location for her interview. Consequently, interviews were conducted at various times of the day and at various locations around Halifax.

A semi-structured interview guide was developed to facilitate discussion of women's experiences as call centre workers (Appendix A). The purpose of the guide was to provide a flexible framework within which women could express their insights and perceptions about how issues related to call centre work, as well as the physical and social environment influenced their overall well-being. The interview guide, which consisted of a series of open-ended questions and corresponding probes, was pilot tested and subsequently modified to reflect the reality of women's experiences. Each taped interview was transcribed verbatim and coded by members of the research team. Initial coding was based on the framework provided by the interview guide. However, several themes emerged as a result of the women's discourse.

## 1.5 Human Subjects and Ethical Issues

During the initial phase of project development, ethical consent was obtained from the Faculty of Health Professions' Ethics Committee at Dalhousie University. Prior to participation, each woman received a letter of introduction that fully informed her of the purpose and nature of the study, her rights as a participant as well as measures taken to protect her confidentiality. Participants signed a letter of consent and completed a demographic survey questionnaire before each interview. An honorarium of \$25.00 was provided to each participant. (Appendix B – information sheet, consent form, demographic survey, honoraria receipt).

## 1.6 Project Evaluation

This research project will be evaluated as follows:

- i) An overview of our results and a published paper (*Self-reported health determinants in female call centre tele-operators: A qualitative analysis* – Appendix C) will be sent to our project partners representing unions and Women's Employment Outreach, and to our research participants.
- ii) We will conduct a focus group comprising the same partners to evaluate:

- if the findings reflect the range of worker experiences, union organizers and employment intermediaries, and
- if our interpretation of the results is credible.

## **2.0 Summary of Research Findings**

### **2.1 Demographic Information**

A total of 25 women, ranging in age from 20 to 58, participated in this study. Participants included 22 women of European ancestry and three women of African or Caribbean ancestry. Participants' education ranged from high school to university. A wide variety of call centre types were represented, including: Customer Sales/Service (8), Telemarketing (2), Fund Raising (2), Market Research (5), Financial Services (6), and Medical Services (2). Seven participants worked in small centres (less than 50 people), five worked in mid-size centres (50-100) and 13 worked in larger centres (over 100). A slight majority of participants (56%) worked part-time hours, while the remainder (44%) worked full-time. As well, 65% of the women worked variable shifts; the rest had fixed work schedules. The duration of employment in call centres ranged from two months to eight years (mean=2.5 years).

### **2.2 Summary of Findings**

The findings of this research provide new information related to the determinants of health and well-being for women. Among these determinants are employment/working conditions, the impact of employment on women's social responsibilities of caring for others, support systems within and outside the workplace and personal coping skills. The findings suggest a number of general themes and reflect a broad range of experiences. While some study participants found their work fulfilling, others found it quite stressful. The findings identify several features of call centre work that impacted negatively, or had the potential to impact negatively, on the well-being of the worker, such as having to follow scripted dialogues, heavy workloads, excessive supervision and monitoring, job insecurity, interference with family responsibilities and unpredictable work schedules. A perceived lack of control on the job permeated all of these issues. We have included direct quotes from the research participants to provide context to the summary of findings.

Some workers perceived certain aspects of the job as quite positive, while others viewed them as very stressful. This range of experience appears to be a result of different management styles and different types of call centres, both of which contributed to varying levels of perceived control on the job.

#### **2.2.1 Positive Aspects of the Job**

According to some participants, employment itself may contribute to a sense of well-being. In addition to the relative ease with which they could obtain work in a call centre and the increased economic security, other factors that impacted positively on well-being include: opportunities for social interaction with co-workers, a sense of personal fulfilment which came from having the opportunity to talk with people on the phone, as well as the knowledge that they were serving

and helping people. Some women felt that their work gave them greater self-confidence and that they were valued, trusted and listened to by their employer and respected by friends and family.

I know the people, there's that personal touch...it's like family, it's like a team...

The people I work with, the managers, supervisors, just all ... it is very good ... if you need a little extra morale, they're there for you. ... and I mean one-on-ones where you sit and talk.

Finally, some workers found this work attractive because it allowed them the flexibility to accommodate other aspects of their lives such as another job or going to university.

## **2.2.2 Job Stressors**

### ***Pay Levels***

One half of the participants in this study did not feel that they were adequately paid for their work. In addition to a wide range of hourly wages/salaries, many of these women worked part-time, despite their preference for full-time hours. Often, their work hours were sporadic and they were not guaranteed a minimum number of hours per week.

### ***Job Security***

Although employment has positive impacts on women's health, such impacts are diminished if employment is not secure. Most participants in our study did not feel secure in their jobs. Many women feared that their call centre might close suddenly or that they would be let go for not performing at expected levels. For these reasons, they did not expect their current employment to last more than a few years. Given the nature of the work, some even suspected that management expected workers to burn out within two years.

### ***Job Tasks***

Study participants who found their work stressful often had little control over the way the work was done. Many reported feeling "like a robot" or as if they were unable to "be themselves" on the job. They resented having to follow scripted dialogues. A common stressor among most study participants included having to deal with difficult customers on the phones. Difficult customers were described as hateful, rude, demanding, yelling/screaming, and irate. Workers often felt discouraged by multiple rejections and hang ups, and felt awkward having to call people at times that it was clear these people did not want to be bothered. As well, the work was often described as repetitive and tedious. Workloads were often heavy and fast paced.

### ***Monitoring and Assessment***

Most participants revealed the considerable pressure they were under to meet performance quotas and of their fears of being sent home, denied promotion or losing their job if these standards were not met. Performance quotas were often seen as unrealistic. In many centres, calls are timed, tallied and randomly monitored, thus putting workers constantly on edge.

## **Work Schedules**

The majority of women participating in our study worked rotating shifts that changed every week, and in most cases these workers were dissatisfied with this work schedule. Those who commented negatively about their work schedule had little control over their shifts.

Always different every week ... each day is different. I can work anywhere from 7am until 11pm.

In fact, some women had to work statutory holidays against their wishes and many had difficulty switching shifts or taking sick leave or time off when someone in their care became sick. Some encountered restrictions on, or monitoring of, bathroom breaks.

## **Worker/Management Relations**

Poor worker/management relations represented a significant job stressor for many participants. There appeared to be a consensus among participants that call centre management and supervisors lacked adequate training in human resource and communication skills. The treatment received by workers was often inconsistent and at times manipulative and controlling. Company policies were often unclear and workers perceived that these policies were directed toward meeting the needs of the company at the expense of the worker's needs; this was perceived as a major source of stress. With regard to changes in company policies, many women reported that they did not have the opportunity to voice their opinions and that their suggestions were typically not taken seriously. Finally, performance feedback from supervisors was, for some, presented in a very degrading manner. These factors lead to a sense of isolation that further contributed to their perceived lack of control on the job.

It's sort of like a closed door policy, you need to have an open door policy ... so that [workers] can come in and talk to [supervisors] about issues ...

In the beginning, they were very pro-people ... it was really upbeat. They appeared to really care for personnel ... but then it changed, it became strictly business ... sweatshop type business.

In order to get people to perform at their best, you don't use fear ... you don't use punishment ...

## **Physical Environment**

Frequently reported job stressors related to the physical environment of call centres included climate issues such as poor air circulation, poor temperature regulation and high noise levels. A few workers were also concerned with dust, mould and rodents and the use of fluorescent lighting. Not every worker was provided with an adjustable chair and in some cases, women might spend eight hours in a straight-backed, wooden seat. Some workers were required to use hand-held telephones rather than headsets, contributing to neck and shoulder strain. For those who used headsets, some workers had to share with others and some were required to purchase their own. Many workers were not able to choose their workstations and there were a number of restrictions related to food, drinks and personal items and movement within the workstations.

I'm not allowed to get up. I can't move around. I can't voice my opinion, why am I asking this question when this should be asked first?

Large centres are typically designed around open spaces with cubicles that afford workers very little privacy. Finally, night shifts and weekend shifts coupled with limited parking means that many women have to use public transportation late at night, with obvious safety concerns, or they have to arrange alternative travel to and from work.

### **2.2.3 Negative Impact on Health and Well-Being**

Participants commented that unpredictable work schedules did not allow them to “have a life” outside of work and that they interfered with family responsibilities and quality time with family and friends. Irregular hours, combined with lunch breaks that were too short and/or poorly timed, also lead to unhealthy eating habits.

I don't have much of a social life anymore ... we can't really plan a social life ... It's really weird hours too that they're scheduling ... Everything was easier to juggle [when I didn't work shifts] ... I slept better, I ate better, I felt better ... and I had a better social life because most of my friends don't do shift work.

Workers also reported some health problems associated with the physical environment such as: having to use regular phones as opposed to headsets which caused neck strain; unhygienic practices of sharing headsets and work stations; poor air quality which led to frequent colds and flu; lighting conditions that were less than ideal, resulting in eye strain and headaches; high levels of noise resulting in increased levels of stress; and having to sit all day and feeling “tied to the phones”.

The collective effect of various job stressors negatively impacted the well-being of our study participants through varying degrees of low energy, depression, irritability, disrupted sleeping and eating patterns as well as poor overall mood. The long-term impacts of these stressors are not well understood.

### **2.2.4 Coping Strategies and Supports**

While some degree of job stress is inevitable, its impact on well-being can be moderated by support services designed to help workers deal with stress. Some, but not all, of our study participants had access to on-site support (human resource personnel, sympathetic and understanding supervisors, and occupational health personnel) and/or anonymous 1-800 help lines. However, in many cases, workers were reluctant to use these services due to a perceived lack of confidentiality.

Very few call centres are unionized. Study participants reported that they found it difficult to get accurate information about efforts to organize, and/or they were aware of their company's efforts to discourage organizing. An intended impact of this research will be to inform union organizers of the unique issues faced by call centre workers thereby assisting them in their efforts to organize workers.

These call centre workers attempted to cope with job stress through a number of personal strategies. Some participants reported such strategies as talking over problems with supervisors or other support staff, taking short breaks after difficult calls, moving to a quieter work station, keeping a positive attitude, varying their work pace, talking in confidence with other call centre workers or with friends and family and engaging in personal health and wellness activities such as physical exercise or relaxation techniques.

### **3.0 Dissemination Plan and Knowledge Sharing**

In addition to a number of academic and community publications, the results of this project will be disseminated to government, non-government and community based constituents as well as those participants who expressed an interest in receiving the research findings. Specifically, the findings have been or will be disseminated to the following groups:

**Academic Community** – Fenety, A., Putnam, C. and Loppie, C. *Self-reported health determinants in female call centre tele-operators: A qualitative Analysis*. Advances in Occupational Ergonomics and Safety. (Appendix C). A presentation at the International Society for Occupational Ergonomics and Safety (held in June 1999 in Orlando, Florida) was supposed to accompany this publication. Unfortunately, illness prevented our attendance at the conference. We plan to write a second paper that will incorporate other aspects of the data not covered in the first paper. A least one other conference presentation is planned.

**Health Professionals and Students Specializing in Ergonomics** – C. Putnam, C. Loppie and A. Fenety, *Self-reported health determinants among female call centre tele-operators: A qualitative analysis*. Presented at a conference entitled: Ergonomics in Motion, at Dalhousie University, March 27, 1999. This was a conference largely organized by undergraduate and graduate students and the audience consisted primarily of students and young professionals in the area of ergonomics. The paper was well received and generated several interesting questions from the audience, the latter indicating that call centre work is a poorly understood sector of the working world.

**Study Participants, Women’s Employment Outreach, the Advisory Council on the Status of Women, etc.** – A synthesis of the results will be submitted to these groups.

**Call Centre Workers and Women Considering Working in a Call Centre** – We are currently preparing a brochure, called Thinking of Working in a Call Centre? This brochure will be distributed to labour organizations, Women’s Employment Outreach, the Advisory Council on the Status of Women, and other outlets identified by our partners. It will summarize the main findings of the study that are most relevant to people considering work in this area. We feel that this brochure will serve as an important function on several accounts.

1. Our discussions with our research partner at Women’s Employment Outreach suggested that women considering working in call centres have little idea about what the work entails. Our brochure will provide some insights in this regard, as well as give some indication of the variety of opportunities that may be available to workers.

2. Our data suggested that women, in general, do not expect to work at one call centre for long periods of time, and that the experiences they gain at one call centre often provide them with enough qualifications to obtain work at other centres, even those serving different functions. Therefore, our brochure is likely to be useful for workers who are looking for a change in their work.
3. Our data suggested that there is a variety of call centre work experience, in terms of tasks and responsibilities involved, work schedules, work environments, etc. Our brochure reflects this variety, and is therefore expected to help women find work that is most suited to their individual preferences and lifestyles.
4. Our data indicated a wide variety of working conditions, even within call centres that serve similar functions. As well, a recurring theme was that workers were well aware of what would make their work better for their health and well being, but felt that their ideas were rarely listened to or acted upon. Our brochure reflects the different qualities of work experience and different levels of perceived control that the worker has on the job. Knowledge of these differences and of the potential for improved working conditions should help to empower women to voice their opinions and work to improve the work environment.
5. In the absence of professional organizations or other company-independent support systems to provide a venue for workers to share these ideas, it is expected that our brochure will serve an important function of sharing the coping strategies of our participants to a wider population.

**Union Organizers** – Besides the partners mentioned above, the results of this study were shared with two union representatives who are currently encouraging organization among call centre workers. The results have also been circulated nationally through union PSAC officials. They were excited to receive our results as there is a dearth of information on call centre work, and they see call centres as a prime area of focus in their efforts to organize workers.

**Government Offices** – The results of this study were sent to the constituency offices of local MLA Maureen MacDonald (former co-investigator in this study) and Alexa McDonough. They have been well received by those concerned about the political implications of current economic strategies to increase call centres in Nova Scotia.

## **4.0 Implications for MCEWH's Mandates and Research Programs**

### **4.1 Generate Knowledge**

Call centres represent a rapidly expanding, yet relatively under-researched industry that employs thousands of Maritime women. Through direct interaction with women employed in call centres, we have uncovered new and critical information about aspects of call centre work that influences the health and well-being of women. The findings of this research also indicate the need for future exploration of the psychosocial factors of impacting on the health of call centre workers.

## **4.2 Information**

The information generated from this study contributes to knowledge about the social determinants of Canadian women's health. Furthermore, the findings of this qualitative inquiry will inform the development of a questionnaire that may be used to collect data from large samples of call centre workers.

## **4.3 Policy Advice**

The findings of this study, when combined with the results of a large-scale survey, will make a valuable contribution to government and health constituencies in the development of policies and programs related to the call centre industry in general and female call centre workers in particular.

## **4.4 Communication**

The findings of this research are suitable for presentation in academic journals, government publications, community newsletters, and educational materials. Future conferences and paper publications will ensure that these findings are incorporated into a diverse body of literature related to the social determinants of health, occupational health, women's health, women's work and the women working in call centres.

## **4.5 Networking**

Through sharing their insights, perceptions and experiences, study participants had an opportunity to explore some of the work-related determinants of their overall health. In doing so, they have further developed their awareness of work-related issues, their knowledge of the determinants of health and their capacities for affecting change. By including women of diverse experiences and through partnership with government organizations and community organizations, this project ensures that the voices of female call centre workers will inform other women who may be considering employment in the call centre industry.

This project contributed to the MCEWH *Research Program 1 – Women's perceptions of their health and health determinants*, through its exploration of the perceptions of female call centre workers regarding the work related determinants of their health and well-being. The findings of face-to-face interviews provide in-depth information concerning the influences of call centre work on women's health.

The project contributed to the MCEWH *Research Program 2 – Determinants of health of marginalized women living in disadvantaged circumstances*, by including women who are employed in what have been referred to as "sweat shop" type call centres. Many of these women work long hours, under deplorable working conditions, for minimal wages that maintain their poor socio-economic circumstances and their relative social disadvantage.

## **5.0 Impact on Policy Making**

Several issues were identified that impacted negatively, to varying degrees, on the well-being of the worker. These findings have implications for policy and programs in such areas as labour standards legislation, child care provision, workers' compensation, and unionization.

### **5.1 Part-Time vs. Full-Time Status; Job Security and Longevity**

Attracting call centres to the region is an important economic development strategy for the government of Nova Scotia. Given this, we were surprised at the number of workers participating in our study who worked part-time, some of whom could not count on a minimum number of weekly hours on a regular basis. While it is impossible to tell from our study the degree to which employment opportunities being created for Nova Scotians are part-time, our data suggests that the ratio of part-time to full-time jobs may be quite high. There was some indication that the employer was dictating the high percentage of part-time work. We surmised that this was the case because employers wanted to maximize flexibility in their work force and/or take advantage of the limited rights of part-time workers. While the predominance of part-time work is not desirable in an employment creation plan designed to deal with high unemployment, it is important to note that some workers prefer part-time work as it allows time for them to accommodate family responsibilities or pursue other interests (e.g., go to school).

A second major factor in the viability of a job creation scheme is the security of the jobs being created. Our data suggested that by and large, workers do not feel secure in their jobs. This is due, in part, to the fear of not meeting high performance standards, and the fear that the company will downsize or close on short notice (often moving to another region). Besides this, many study participants did not see themselves lasting in their current job for more than a few years because of dehumanizing management policies that gave the worker little sense of control over the way the job was done, needing work that paid more, not feeling committed to the company, wanting better hours, and anticipating that they would burn out from the high stress and/or mental fatigue and frustration of the job. Further, it was reported that in some cases, management expects a fairly rapid turnover of workers. This suggests that companies believe that there is a large supply of people looking for work, taking the pressure off the company to ensure a stable workforce.

#### ***Policy/Program Implications for Government***

Government economic development strategies need to include efforts to: increase the ratio of full-time to part-time jobs, increase the length of time that companies stay in the region, and increase the time a worker stays on the job.

Given that a fairly high percentage of part-time jobs will likely persist in this line of work, there is a need for federal and provincial legislation aimed at protecting the rights of part-time workers and ensuring that part-time workers have access, on a prorated basis, to all benefits enjoyed by full-time workers.

#### ***Policy/Program Implications for Management***

Management policy (including education opportunities for management) must take a "human-centred perspective" which values the worker, provides more opportunity for the voice of the

worker to be heard and respected and gives the worker more control over the way the job is done. Managers need to have better communication skills, use positive performance incentives, and adopt a “people driven” attitude as opposed to a “technology driven” attitude with regard to the way the job is performed and evaluated. With regard to the latter, performance standards should be realistic and electronic monitoring should be used with discretion. There needs to be less variability in the working hours of an individual, and greater flexibility in work shifts and time off. Finally, there needs to be an opportunity for workers to rotate tasks to reduce the tediousness of the work and minimize the chances of repetitive strain injury.

## **5.2 Lack of Public Awareness of the Abuse of Call Centre Workers**

Most study participants referred to unacceptable and, at times, abusive treatment by the public. While some were aware of legislation designed to minimize negative interactions, e.g., restrictions on the time of day customers could be called, such legislation was applicable only to calls made to the United States.

### ***Policy/Program Implications for Government***

Increase public awareness of the negative effects the public has on call centre workers, through media coverage and public awareness campaigns. Industry regulations and/or legislation are needed to establish guidelines around ways and times in which the public is approached by call centres.

## **5.3 Lack of Unions and Other Support Structures**

Very few call centres are unionized. Although our data did not allow us to determine the percentage of centres that were unionized, nor compare unionized and non-unionized centres, both types of centres were represented in our study and there was some indication that working conditions were better and workers’ perceptions of control in their jobs were greater in unionized centres.

While not all workers viewed moves toward unionization positively (some felt that this might lead to large layoffs, and/or greater defensiveness and rigidity on the part of management) others felt unionizing would improve working conditions and benefits, eliminate the stressful practice of having calls monitored, and help resolve issues such as unfair or unequal treatment of workers, the lack of job security and the lack of flexibility in work scheduling.

While some call centres represented in our study provided some formal support services, workers were generally reluctant to use them for fear of lack of confidentiality. None of the study participants were aware of a professional association centred around the concerns of call centre workers, although many workers recognized how such an organization could provide important services and opportunities such as: support service to help workers deal with stress; support networks for discussing common problems associated with the work, for sharing coping strategies and for venting frustrations; raising the professional status and public profile of call centre workers; and raising the awareness of workers’ rights among employees.

### ***Policy/Program Implications for Union Organizations and Workers***

Inform union representatives and organizers of the concerns of call centre workers, some of which may be quite unique to their line of work.

### ***Policy/Program Implications for Management***

Identify individuals who have the interest, experience and expertise to organize support networks or support organizations that are not connected to a company. Steps need to be taken to ensure that “anonymous” support services (e.g. 1-800 help lines) designed to serve workers are indeed anonymous.

## **5.4 Difficulty Managing Family Responsibilities**

Surprisingly few women participating in our study (6 of 25) had young children. While we cannot assume that the demographics of our group of participants are reflective of the general population of call centre workers, nonetheless, we did wonder if the nature of call centre work, especially the predominance of rotating work shifts, and/or work shifts that included evening, night time and weekend hours, excluded most women with young families from this work. Those participants, who did have family responsibilities, especially those with young children, reported that unpredictable; inflexible, lengthy or late shifts interfered with their family responsibilities. As well, the lack of day care facilities in any of the centres represented by our participants was an issue raised by several participants, regardless of their family status.

### ***Policy/Program Implications for Government***

Government economic development strategies need to take into consideration the special needs of working mothers and care givers, and provide incentives for companies to employ women from this sector of the population. These should have implications for company policies concerning work shifts, and the provision of adequate, on-site day care facilities.

### ***Policy/Program Implications for Management***

Opportunities for selecting shifts that accommodate the special needs of working mothers should be provided.

## **5.5 Health Incentives at the Workplace**

A small minority of centres represented in our study had facilities to enhance the physical well-being of workers such as exercise rooms and ready access to healthy food.

### ***Policy/Program Implications for Government and Management***

Government health initiatives and company policies should include health promotion (or at least injury and disease prevention) strategies as a priority. The workplace should be viewed as a major target for these strategies. Such strategies should be designed to encourage companies to provide on-site exercise facilities and healthy food dispensers, regular stretch breaks during long

periods of sitting, lunch breaks of at least one hour and that coincide with regular eating times, and general health and wellness programs.

## **5.6 Transportation**

Many call centres have been located either in downtown areas or in somewhat remote, industrial park settings. Our participants encountered several transportation problems such as limited and expensive downtown parking and infrequent bus service or no bus service for late or weekend shifts. As well, many study participants had safety concerns around walking alone when going to or leaving work late at night.

### ***Policy/Program Implications for Management***

Management policy concerning work shifts should take into consideration transportation issues for workers, especially in areas with infrequent bus service. This may affect the way shifts are scheduled, and/or include such policies as providing taxi chits when workers must travel to and from work during times that busses do not run. Company security personnel should be aware of the safety concerns of workers travelling to and from work late at night.

## **5.7 Workers' Compensation, Injury Sustained in the Job and Other Work-Related Health Issues**

None of the workers participating in the study had filed a workers' compensation claim. Some reported having work-related health issues and/or injuries (e.g., chronic sore throats, headaches, eye strain, acquired speech problems, neck strains) and some had taken time off for these problems. Poor air quality and sharing equipment were attributed to frequent colds and flu. Further, some participants reported that there were strong disincentives to taking days off while sick. Workers in these centres tended to come to work sick, further exacerbating the problems of colds and flu spreading among the staff.

Workers' compensation boards have been set up to deal primarily with industrial work injuries, and are not adequately prepared to deal with injuries or other medical issues that are related to non-industrial work such as call centre work. As well, call centres have a relatively short history in this region, so workers have not been on the job long enough to develop problems typically associated with the stressors they face. Therefore the demand for workers' compensation is only beginning to be realized, and little is known of the frequency with which call centre workers get injured or experience health problems. Furthermore, health problems encountered by call centre workers are likely to be chronic and stress-related in nature, rather than acute injuries. Chronic stress-related problems are typically not handled well by workers' compensation system.

### ***Policy/Program Implications for Government***

Workers' compensation boards must deal more specifically with call centre work environments. Problems specific to these environments, such as those associated with air quality, ambient noise, and interacting with video display units, to name a few, must be recognized.

Labour legislation is required to give clear guidelines around the rights of full-time and part-time workers' rights to both paid and unpaid sick days.

### ***Policy/Program Implications for Researchers***

Research must be done concerning the frequency of work related health issues and/or injuries encountered in call centre work. This research must also recognize the complex, multifaceted nature of health, and specifically the interaction of physical and psychosocial factors related to injury and other health issues in the workplace.

### **5.8 Limited Demographic Data for Call Centre Workers**

The results of this study were based on the experiences of 25 workers. It is not known how representative they are of all call centre workers.

### ***Policy/Program Implications for Researchers***

The results of this and other qualitative analyses should be used to inform large-scale, quantitative survey research.

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