Unhealthy Work? The policy-practice divide in Australian Call Centres

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Abstract

Call centres have attracted the attention of researchers globally due to their implementation of new forms of work organisation and the implications these represent for the workforce. While there has been a great deal written on the poor working conditions within the call centre industry, and some discussion on the impact of these conditions on the health and safety of workers, there is still little known about the occupation health and well being policies and practices used in these workplaces. There has also been scant research on the health and safety experiences of call centre workers. This paper aims to address these gaps by examining whether the tasks performed and the occupational health and well being policies and practices in call centres lead to unhealthy outcomes for workers. A case study methodology is applied to explore these questions in two Australian call centres which highlight the diversity that exists in the industry. Key findings based on interviews with case study participants and key stakeholders indicate a misalignment between policy and practice, which represent various immediate and ongoing risks for employees. A number of policy concerns are raised through the data, particularly where negative occupational health outcomes can be associated with the lack of organisational compliance with employment legislation.

Introduction

While call centres offer various economic opportunities in the form of increased efficiency through business process re-organization, and regional and urban development, poor job quality is increasingly becoming recognized as a norm across these workplaces. The call centre industry is frequently described in the literature as engaging in low-profit value-added activities, characterised by poor wages and conditions, a disposable workforce, and the implementation of Taylorist principles, all of which have real implications for occupational health and well being and well being (Wallace et al., 2000 Paul and Huws, 2002).

The growth of the call centre market has been paralleled with the emergence of an extensive literature on call centre workplaces, yet there has been muted discussion on the occupational health and well being of call centre workers. Where occupational health and well being is discussed, much of the existing research merely draws attention to the risks prevalent in these workplaces. There is little in the way of research that specifically evaluates the occupational health and well being policies, practices and outcomes in these contexts. This paper aims to address these gaps in literature by determining whether the

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tasks performed and the occupational health and well being policies and practices in call centre workplaces are conducive to ill health. In setting the context for this paper, literature pertaining to the health of call centre workers will be reviewed. The case study research design will subsequently be outlined, followed by an overview of the key findings, and a discussion on the potential implications these represent.

Call Centres and occupational health and well being: the literature

Call centres exemplify the shift towards technology based work, and the new forms of work organisation that are emerging in the services economy. Over the past decade, call centres have represented one of the most important sources of job growth in a number of countries including Australia (Batt and Moynihan, 2002 Russell, 2004). Since call centres started proliferating in the market two decades ago, they have surpassed their traditional role as efficient and effective marketing and response mediums, and are increasingly being realised as profit-centres, representing the first line of consumer contact for a multitude of business types, across all industries and sectors (Burgess and Connell, 2004). The tendency for organizations in the new economy to focus on 'core competencies' has also led to greater outsourcing and offshoring of call centre functions, and the growth of specialist call centre service providers (Australian Communications Association (ACA), 2004).

Although these organizations have grown in prominence, the job quality issues that have emerged in the broader Australian socio-economic context, particularly with the transition to the new economy, are also highly relevant to these workplaces (Green, 2005). Firstly, call centres are characterised by relatively low levels of union representation. The URCOT (2000) report suggests that although call centres are a growing centre for employment growth in Australia, union representation and coverage of these organisations remains scarce. The increase in outsourcing arrangements across call centres also represents obvious implications for job quality, given that outsourced activities still tend to be under-regulated, and under-represented where unions are concerned (Australian Council of Trade Unions, 2002).

Technology has played a strong and distinctive role in the labour process of call centres providing organizations with structure, surveillance and control – essentially the antecedents of this new form of work organization. This raises important implications for occupational health and well being and job quality, given that these technologies allow work to be controlled and monitored in a way that was previously not possible, largely removing control from employees, and placing these in the sphere of consumers and managers (Crome, 1998 Callaghan and Thompson, 2001). Further, occupational health and well being issues are raised due to technology from the 'information era' being combined with the principles of work organization derived from the 'industrial era'. Work organization in call centres is often highly reminiscent of the Taylorist and Fordist production line system, particularly with the focus on 'mass production', 'mass consumption' and the standardisation of processes, organised in an assembly line method of production (Taylor and Bain, 1999). These processes are familiar, in terms of the repetitiveness of tasks, the scripting of work, and the intense pressure to process as many potential customers as possible using telephone and computer technology (Holman, 2002 Hutchinson et al., 2000a). The customer becomes the subject and object of the call centre.

These centres promise lower cost and high returns for the purchaser of service but the delivery of these services is dependent on an ”automated employee”.

These organizations are also characteristic of the formulation of new and diverse management ideologies, all of which have the same goal of increasing worker productivity in the new economy (Green, 2005). On one end of the scale are managerial principles that endorse high commitment philosophies and team based structures as a means of attaining normative control (Thompson, Callaghan and van den Broek, 2004), and at the other end of the spectrum are more ‘sacrificial human resources strategies’ which rely on employee replacement as opposed to employee development as a means of maintaining consistently high levels of productivity and quality (Wallace et al., 2000).

As started earlier, there is scant research on the occupational health and well being experiences and outcomes in the call centre literature. Nevertheless, the issue of stress and burnout is the most widely reported occupational health and well being issue in the call centre literature (Holman, 2002 Healy and Bramble, 2003). The 2009 *Its your call* survey of 1,549 Australian call centre employees found stress to be a more prevalent issue in 2009 than what it was 10 years ago. Higher levels of stress could be attributed to increasing job insecurity concerns with call centre work going overseas, greater phone call monitoring, fewer opportunities for breaks, fewer opportunities to take annual leave, poor ergonomics and lack of training and support. Over one-third of participants also highlighted their dissatisfaction with KPI’s and targets, suggesting these are additional workplace stressors.

Call centre work is often target-focused, where non-fulfilment often leads to disciplinary action (Bain and Taylor, 2002 Shire et al., 2002). In order to avoid being isolated, workers have to be highly performance driven, and constantly work towards meeting statistical goals (Australian Communications Association Research [ACA], 1998 Richardson and Marshall, 1999 Union Research Centre for Organisation and Technology [URCOT], 2000 Paul and Huws, 2002). According to URCOT (2000) these demands can create a great deal of stress for employees, particularly when statistical targets are unrealistic or unreasonable. The unpredictable nature of call traffic with job cycle peaks and fluctuations, also contributes to stress by creating uncertainty for workers (Australian Communications Association Research [ACA], 1998 Batt and Moynihan, 2002).

Extensive systems of monitoring can also be associated with stress and burnout in call centres (Richardson and Marshall, 1999 Union Research Centre for Organisation and Technology [URCOT], 2000 Bagnara and Marti, 2001 Paul and Huws, 2002 Healy and Bramble, 2003). Employees are aware that they are under constant management surveillance and performance monitoring, and this creates greater pressure for workers to perform. There is also evidence of monitoring being used as a tool to intimidate and demean staff; the monitoring of toilet breaks, and private calls are two prime examples (see URCOT, 2000). Systematic and often rigorous monitoring mechanisms have been strongly associated with turnover in this industry.

Work in the call centre environment can also be very emotionally demanding, particularly given that employees are often expected to deal with abuse and harassment from customers (Crome, 1998 Richardson and Marshall, 1999 Wallace et al., 2000 Bagnara and Marti, 2001; Deery and Kinnie, 2002 Paul and Huws, 2002). Crome (1998) suggests customer frustration is becoming a more common phenomenon in the industry, and is often associated with organisations’ promises of fast and efficient services, which are not

always possible to deliver. Being on the frontline, call centre workers are required to deal with emotionally demanding scenarios on their own, often with little or no time to recuperate because of the constant pressure to continue taking and/or making calls. The URCOT (2000) study indicates that uneducated callers can have similar effects, creating a significant amount of anger and frustration for employees trying to maintain their performance targets. This issue is also relevant for offshore call centres where CSR's often experience language problems (Taylor and Bain, 2004).

Employees working in the call centre environment are largely isolated from their co-workers during shifts, given that the primary interaction is between employees and the organisations customers. Thus, another cause of call centre workplace stress can be associated with what ACA (Australian Communications Association Research [ACA], 1998) describes as the "inconvenience of being literally wired to the desk". The stress of having minimal social interaction is exacerbated by further expectations on employees to remain seated and attached to telephony and computer equipment for what can sometimes be, extended periods of time (Australian Communications Association Research [ACA], 1998 Union Research Centre for Organisation and Technology [URCOT], 2000 Paul and Huws, 2002). This aspect of employment can cause significant emotional and physical strain.

The issue of 'emotional labour' also represents major implications for health and safety in call centre environments, and represents an area that has been examined by a number of researchers (Frenkel et al., 1998 Houlihan, 2002 Callaghan and Thompson, 2001 Mulholland, 2002). Hochschild (1983) first coined the term "emotional labour" to describe occupational emotional demands experienced by flight attendants. Emotional labour is defined by Hochschild (1983) as "the management of feeling to create a publicly observable facial and bodily display". Emotional labour is represented by the effort expended to manage or regulate ones emotional reactions at work in order to exhibit those performance behaviours valued by the organization, and to suppress the expression of less acceptable behaviours (Hochschild, 1983; Taylor, 1998). This is particularly the case in interactive service occupations, which require one-on-one contact with customers (Taylor, 1998). Call centre employees are particularly vulnerable to a demand for emotional labour, as their jobs generally require maintaining a friendly and positive demeanour despite job characteristics that may engender negative emotional reactions (e.g., irate customers, complex problem solving, or hectic work pace). As Taylor (1998: 98) noted in his study of the telephone sales department of a British airline "service sector employers are increasingly demanding that employees deep act actively work on and change their feeling to match the display required by the labour process ". These "displayed" emotions have an economic value, with employees being judged on the basis of customer satisfaction (Houlihan, 2002 Callaghan and Thompson, 2001). According to Frenkel et al (1999) some of the 'emotional labour' capabilities required of call centre workers include the ability to remain calm despite the pressures associated with responding to a continuous flow of customer calls; and the ability to maintain a friendly, positive and tactful, attitude whilst simultaneously remaining disengaged psychologically as a means of defence against rude and abusive customers.

Physical strain is another key issue, and is associated with the multiple demands placed on workers at any given time. Not only are employees required to stay seated during shifts, they are also expected to make and/or receive calls while simultaneously reading scripts and/or entering data into manual or computerised systems. This is all done under strict

surveillance as they work to maintain their performance statistics. The restrictive and repetitive nature of these tasks and the simultaneous use of multiple call centre technologies, represent a number of hazards for employees'. These include eye sight problems/computer vision, occupation overuse syndrome/repetitive strain, acoustic shock/hearing problems, occupational voice loss, sleeplessness, back/postural problems and headaches (Union Research Centre for Organisation and Technology [URCOT], 2000 Paul and Huws, 2002). In their research, Taylor et al (2003) found that the two most commonly reported health and safety complaints were tiredness and mental fatigue. A quarter of respondents also experienced stiff shoulders and necks, backaches and pains/numbness in hands, wrists or arms. Headaches were also common place – reported by half of all respondents as a regular occurrence.

The URCOT (2000) report suggests that physical discomfort, including neck and back stiffness persist despite the use of ergonomically designed equipment in the workplace. Taylor et al's (2003) research however suggests that ergonomic issues are a concern only for a minority. Rather, "it is the way in which call handlers' tasks (are) structured, organized and performed" that is the biggest cause for concern (Taylor et al, 2003: 446). In other words, there is significant evidence to suggest that the very nature of call centre work is strongly predisposed to physical stress. Whilst employees surveyed in the URCOT (2000) study drew attention to the value of regular breaks in minimising the effects, Taylor et al (2003: 435) suggest "radical job re-design" as the only effective remedy.

Methodology

It is clear from the international literature that there are occupational health problems associated with call centre work, particularly stress, fatigue and musculoskeletal disorders. However, what has generally been overlooked in the literature is an examination of the occupational health and well being policies, practices and outcomes of call centre work in the one study. The aim of the research was to close this gap by identifying the extent to which the policies and practices used in call centres made the work unhealthy for workers.

Two call centres were studied to examine the relationship between these three facets: one located in the public sector (referred to as "Govtcall") and the other located in the private sector (referred to as "Salesplus"). A qualitative case study methodology was adopted to cater for the multiplicity of 'reality' captured through subjective experiences, and to allow for an examination of the experiences of customer service operators (CSOs) in the context in which they occurred (Marshall and Rossman, 1995). To examine the occupational health and well being policies utilised in both workplaces policy documents, union documents (where relevant) and employment agreements were reviewed and analysed. Data on the occupational health and well being practices and outcomes experienced in the two call centres was derived through in-depth face to face interviews with Managers, Team Leaders and CSOs. A comparative element was also adopted into the research design to facilitate comparisons between the case study sites.

The profiles of the two call centres are presented in Table 1. Salesplus is located in Melbourne, and operates as part of a network of outsourced call centres (CCs). This CC has been in operation for 14 years, and with 1400 CC seats is a very large CC by industry standards. Salesplus has managed to maintain economies of scale whilst operating wholly

as an outsourcer, providing a variety of fixed term and ongoing services to the 50 plus clients they service at any given time. This CC involves a balance of inbound and outbound calls. There is no union presence on site, which is typical of the majority of CCs in the Australian market. Turnover in Salesplus is recorded at less than 10 per cent, and is mostly associated with students pursuing overseas travel. Exit interviews indicate that CSOs rarely turnover to join other CCs.

Table 1: Call Centre Type and Location

	GOVTCALL	**SALESPLUS**
Location	Newcastle	Melbourne
Sector/ industry	Public/ Government Services	Private/ Outsourcer
Type	In-house/capacity as outsourcer	Outsourcer
Size	226 seats	1400 seats
Age	13 years	14 years
Types of calls	Inbound & Outbound	Inbound & Outbound
Union presence	CPSU – 49 per cent unionised	No presence on site
Turnover	Under 10 per cent	Under 10 per cent

With 226 seats, Govtcall is the largest CC in a network of customer service CCs. Based in Newcastle, this particular CC has been operating for 13 years. In terms of CC type, Govtcall largely operates as an in-house CC dedicated to the servicing of 3 specific Government funded programs which operate as separate business lines. Some 98 per cent of the work is inbound – customer service being the primary function. Around 49 per cent of the CSOs in Govtcall are members of the Community and Public Sector Union. In Govtcall, turnover relating to those employees leaving the organization altogether is only 5 per cent. This figure rises to 10 per cent when considering the number that move out of the CC and into other areas of the organization's network.

As Table 2 indicates, semi-structured interviews were conducted on site or over the phone with CSOs, Supervisors/ Team leaders, and Managers. The length of each interview varied depending on the amount of detail given by interviewees, but generally ranged from 30 to 80 minutes in length. These interviews were supplemented with workplace observations, archival analyses, and document reviews. The number of interviews undertaken represents around 10 per cent of staff and Govtcall and 3 per cent of staff at Salesplus. The issue of sample accuracy is always present, especially for Salesplus. The triangulation of interviews across CSO and managers and the use of documentary information assisted in improving the validity of the interviews undertaken.

Table 2: Sample Interviewed Within the Two Call Centres

	Govtcall	**Salesplus**
Call Centre operators	18	26
Supervisory staff	6	8
Managers	3	4
Total	27	38

Findings

This section outlines the key findings relating to occupational health and well being policies, practices and outcomes in these two call centres. The occupational health and well being policies from each call centre are outlined in the following table. Key weaknesses in the policies are also listed as identified by CSOs and TLs during interviews.

Table 3: Occupational health and well being Policies in Govtcall and Salesplus and Identified Weaknesses

Govtcall	Problems in the policy	Salesplus	Problems in the policy
Services & Facilities: - Ergonomically designed height adjustable work stations - Work stations assessed by accredited OHS reps and local area occupational therapists - On-site gym - Referrals to EAP or Call Centre Social Worker	- Hot desking - occupational health and well being reps not always available and occ therapist on site only once a year	**Services & Facilities:** • Ergonomically designed height adjustable work stations • Work stations assessed by team leaders • Masseuse makes regular site visits • Referrals to Counselling/ EAP • Stress management courses and workshops available • Relaxation/Time out areas	- stress management course not mandatory
OHS Training & Information: - OHS induction training - Staff kept aware of OHS policies and procedures & updates – available on intranet and hardcopy - Annual evacuation training and all staff site evacuation - Fire wardens – bi-annual training for different scenarios - Training and accreditation for OHS reps/first aid officers - OHS & wellbeing discussed during team meetings	- team meetings not long enough and focus more on 'targets'.	**OHS Training & Information:** • OHS induction training • Staff kept aware of OHS policies and procedures & updates – available on intranet and hardcopy • Regular updates from OHS reps • OHS discussed during 1 on 1's with team leaders	- lack of team leader training in dealing with occupational health and well being. conflicting demands (with organisations objectives)
OHS Reporting: - Can report to team leaders - available to provide assistance - Can call on OHS reps/ OHS committee members - Union reps available - Local area occupational therapists - All hazards recorded on hazard register - All OHS incidences recorded using online accident reporting system	- lack of team leader training in dealing with occupational health and well being. conflicting demands (with organisations objectives) - low levels of reporting due to negative 'stigma' - lack of action taken in response to reports	**OHS Reporting:** • Report OHS issues to team leaders/managers • Report OHS issues to OHS reps	- lack of team leader training in dealing with occupational health and well being. - Infrequency of OHS rep meetings
Monitoring of OHS: - At least 1 OHS rep on site at all times - Workplace assessments undertaken by accredited OHS reps - Workplace hazard register (maintained by all staff)	- evidence of inadequately trained reps conducting assessments - leave has negative stigma	**Monitoring of OHS:** • OHS reps ever floor • Fire wardens on every floor • Team Leaders consult with CSOs about OHS issues	- large call centre – not all CSOs aware of who occupational health and well being reps are

Govtcall	Problems in the policy	Salesplus	Problems in the policy
- Staff stress/fatigue monitored via leave and statistical data	attached to it in this call centre.		
Consultation/CSO involvement: - Active OHS committee comprising elected staff reps – hold quarterly meetings - CSOs can influence additional OHS checks - First aid officer/fire warden/OHS rep roles all staffed by CSOs	- existence of committee but to what extent are concerns being communicated to committee due to infrequence of meetings? - general management team have very different views about occupational health and well being to that experienced on the shop –floor – is information being adequately communicated upwards?	**Consultation/CSO involvement:** • First aid officer/fire warden/OHS rep roles all staffed by CSOs	
Other: • Compulsory 5 min OHS breaks every hour • Utilise national OHS policy	- Breaks tightly policed - Inadequate recognition of 'local' issues	**Other:** • De-briefing with Team Leaders after stressful calls	- reactive rather than proactive approach to stress-management

The following section summarises findings relating to the occupational health and well being practices and outcomes in the two call centres. CSOs were firstly asked to reflect on the adequacy of the occupational health and well being policies and practices in the workplace, and to discuss any occupational health and well being issues they had experienced as a direct consequence of the work in the call centre (e.g. stress, fatigue, back ache etc). The findings are as follows.

Govtcall

In-depth interviews with CSOs from Govtcall suggested employees either had or were still experiencing occupational health and well being problems due to their work in the call centre.

Just over a fifth (22 per cent) of Govtcall CSOs interviewees complained that being seated for extended periods of time caused them discomfort, although ergonomically designed workstations had assisted in minimising the severity of outcomes. A number of interviewees (22 per cent) had also experienced some form of musculoskeletal disorders – including neck pain, back pain, and repetitive strain injury in their fingers, hands and arms. Two CSOs stated they had seen other CSOs in the workplace experience similar discomfort.

> *"I've seen other people go through neck injuries and RSI and it seems to me that they are placed under a bit of stress. Some don't ever report it because of the hassle and they don't think anything will be done about it anyway" (Govtcall, CSO 12)*

CSOs interviewed argued that one of the main reasons why there was an increase in rate of musculoskeletal disorders amongst the staff was that they were now regularly required to rotate to different workstations, and readjusting the new workstation each time they moved. The CSOs interviewed also point out that most employees had no or little experience of correctly adjusting the workstation to suit the individual and their team leaders also lacked training in this area. As one CSOs interviewee stated:

> *"It's just at the moment I constantly have to adjust my desk every week because my back will hurt or my shoulders will hurt or I get headaches or something. It's also just the frustration that I can't just have the person who's trained, and qualified to do it set me up - and the fact that it's ongoing is frustrating at the moment. I've changed chairs trying to get it to fit in properly. And you can really say too much about it, it doesn't go down nicely, and won't change anything much". (Govtcall, CSO 5).*

Although the team leaders were aware of the musculoskeletal disorders associated with the nature of the work, with repetitive strain injury (RSI) being the most common problem, they believed that the musculoskeletal disorders had increased as a result of the introduction of the self-paced learning tools.

> *"The number of people complaining of physical pain is extremely high. Not many report it though. I think the increased use of the mouse and the computer, and the self paced learning things – so now they are not even getting away from the computer – it's all PC based". (Govtcall, Team Leader 2)*

Team leaders stated any cases of musculoskeletal disorders were dealt with promptly and those experiencing the discomfort were given some flexibility with regard to their targets.

> *"Straight away – we do something – as soon as they tell us we act on it. The occupational health and well being rep checks on the desk set up for them, and we start swapping arms. If it slows them down we don't care". (Govtcall, Team Leader 4)*

Stress and fatigue were other prominent occupational health and well being issues. All the employees interviewed at Govtcall had experienced stress at some time during their work. The probationary period of their employment was particularly stressful in which they were continually monitored and were required to achieve 95 per cent accuracy rate in order to be offered continued employment. In addition, many of the interviewees (44 per cent) stated that the stress they had experienced was as a direct result of the inflexible managerial practices in the organisation, particularly in relation to work-life balance issues.

> *"I know I won't get time off for when my children start school. There is lack of support here – and no one really to ask for help". (Govtcall, CSO 1*)

Other management practices that created stress among employees were: excessive monitoring; the lack of team leader support; greater focus on negative rather than positive reinforcement in relation to performance; and intimidating behaviour towards the employees, as the following comments indicate:

> *"They'll pick up on things like your call handle time which is supposed to be 5 mins, 20secs. Mine might be 5.22 and they'll pick up on that for two seconds. I just think that's so ridiculous and I do get upset about it. If it was 2 seconds in the 'real' world or another workforce – they'd just let it go". (Govtcall, CSO 17).*

> *"They won't notice you when you do something right or well, but they are all over you if you make one mistake. Like you'll get an email, and then the team leader will come talk to you about it, and then another team leader will come talk to you too a few minutes later. You're always worried about stuffing up because there's no chance of getting away with it". (Govtcall, CSO 12)*

> *"There's been times when I've wanted to put forward ideas and things and they'll all squash them because they think they're stupid. That's hard to deal with because it might be stupid to them, but it definitely isn't to me or the people around me". (Govtcall, CSO 2)*

Negative managerial practices were not the only sources of stress; dealing with rude and aggressive callers also caused a great deal of anxiety. Over a third of the CSOs interviewees stated that they were required to deal with highly agitated and abusive customers and yet were expected to suppress their own hurt feelings in order to do their job in a professional manner. They also found it upsetting dealing with customers who had suffered a tragedy or when they were unable to help a distressed customer, as depicted by the interviewee quotes:

> *"You tend to get some really fiery customers yelling and swearing and sometimes they can just hit all the buttons to get you going. No matter how pissed off or upset you get – you have to suck it in and get on with it" (Govtcall, CSO 9)*

> *"I had a mother whose 10 year old child died. It wasn't the greatest call, it was bad. You have to be able to sympathize with them. Once you're off the phone you just start to think about it for a while and put down your head. Take a break, depending on how bad the call is. I generally take a break". (Govtcall, CSO 12).*

> *"You can really have the stress of the call where you know you want to help someone but you really don't know if you can or you don't feel you can". (Govtcall, CSO 3)*

Team leaders also acknowledged that their employees were experiencing work-related stress and attributed the fact that CSOs had to meet high performance demands, whilst simultaneously dealing with distraught or difficult customers:

> *"About 2 per cent of customers are quite aggressive and it depends on how staff handle that – some take it to heart and others think 'whatever'. It can get quite stressful. It can also get quite stressful because it's measured. Some people might*

> *try their hardest and hardest and still not meet what they are required to meet". (Govtcall, Team Leader 2)*
>
> *"Our CSOs have to deal with some of the tragedies our customers have been through. There are two sides to the stress mainly, and that's sort of the people side of it. And then there's the performance side to it – if they are not performing we need to take formal action – I guess that could cause them some distress". (Govtcall, Team Leader 6)*

When questioned about the support provided by Govtcall in assisting employees experiencing stress due to dealing with agitated or distressed callers, the general response was that support was inadequate. CSOs felt they had little option than to take a break, but even these were monitored. CSOs were left to deal with such issues on their own as communication between CSOs was also largely restricted during shifts. Team work, particularly on an informal level was not actively encouraged. CSOs largely worked independently, and were discouraged from speaking to or seeking assistance and advice from their co-workers as it may reflect negatively on their statistics. Special systems were set up that dictated that all questions and queries were directed to technical support officers within the call centre. Over half of the CSOs interviewed however indicated they often disabled calls in order to have a much needed chat with other CSOs between calls. This was done cautiously given the high levels of monitoring in the workplace.

> *"Sometimes you just need to take a breather, and let it all out, especially if you have a bad call - you can just turn around. Like today I did a death notice. It's nice to have someone you can just say 'that lady was so upset' – it's nice to have that communication. I sometimes just put a hold on my calls and have a quick chat with the person next to me. They don't like you doing that here – but it's unhealthy to keep it in. You'd go crazy if you didn't". (Govtcall, CSO 8).*

Interestingly, managers had very different perceptions about the level of stress in the organisation and how stress was managed. They argued that while stress did occur, it was not a significant problem, and was always closely monitored and dealt with quickly. For example, if a CSO experienced a bad call, they were required to record the details of the call online, and complaint was then followed up by the HR staff who would then implement remedies.

> *"It's something we're always looking for. We don't have huge compo claims so we seem to manage it well and team leaders are really trained in identifying stress. It's not a huge issue here." (Govtcall, Manager 1)*

These claims were not supported by CSOs, who stated that reports were rarely followed up, and when they were, little was done about them. CSOs felt that whilst some team leaders were supportive, others had little idea about how to deal with stress issues.

Another significant occupational health and well being issue (identified by 90 per cent the employees interviewed) was the poor scheduling and short length of the breaks and the strict or arbitrary way the breaks were monitored, as the quotes below illustrate:

> *"Schedules can be very difficult to work in sometimes. One day I had training and morning tea was at 11:00am and my lunch wasn't scheduled till 3.00pm. That can be a bit of a stretch and you don't have much choice in changing it". (Govtcall, CSO 16)*

> *"Timing is a bit of an issue. Sometimes you're scheduled for lunch at like 20 past 11 in the morning. They don't even make kindergarteners go to lunch at that time so I guess that's where the control aspect comes in. No one can really argue with the breaks because they are in our agreement". (Govtcall, CSO 18)*

> *"Sometimes you only need three minutes and then sometimes you need longer. In the first couple of months when I had morning sickness, I was in the toilet once for 10 minutes and I had a team leader come in and ask me why I was taking so long – I had just come out of the toilet and my face was all pale and I was so angry that I had to explain I had morning sickness and I wasn't feeling well. It was just ridiculous that she waited for me outside the toilet after trying to track me down". (Govtcall, CSO 10)*

> *"I don't like the fact that if you get up even to go to the fax machine or the photocopier or whatever, then technically you don't get a break anymore. I disagree with that. If I go to the fax machine - I do it because I have to. I'm not thinking about rolling my head or stretching my wrists and arms and stuff. I'm not thinking about those things when I'm still in work mode". (Govtcall, CSO 9)*

> *"They call them occupational health and well being breaks and too right – you're stressed the whole time you're on it because you know you have to be back within four minutes or face their wrath". (Govtcall, CSO 4)*

> *"It's really prison like in that once you reach the end of your tea time you have to get straight back. And there are instances where people around me have gotten a call at the time they should have gone on a tea break and they've had someone come up and tell them they should have gone then". (Govtcall, CSO 1)*

Some 28 per cent of the CSOs interviewed stated they often came into work sick because their employer took a heavy-handed approach to sick leave. Most CSOs complained that there were frequent outbreaks of viral and bacterial diseases spread through the air-conditioning system and that the root cause was the pressure put upon them by the employer not to take sick leave, as highlighted by the following statement:

> *"There's a bit of a stigma about taking personal so more often than not people come to work sick then pass on their germs; and with the type of air conditioning system that we have - it's not a bad system and it is environmentally friendly, but because there's the stigmas that you shouldn't take personal leave people come to work sick so it passes it on to the next person and because there's so many of us it just goes round and round the office. That's frustrating". (Govtcall, CSO 5)*

Finally, there was a general lack of autonomy and the micro-management style illustrated by the managers' inflexible approach to break times and personal and sick leave at Govtcall was a perennial complaint. There appeared to be a great deal of rhetoric around occupational health and well being, but in reality there were significant pressure on

employees to keep working in order to make their quota of telephone calls. This lack of autonomy interviewees argued had a direct impact on their health and wellbeing.

Salesplus

Unlike Govtcall, three-quarters of Salesplus CSO interviewees stated their working environment was satisfactory. The interviewees also indicated they were aware of the company's health and safety policies, the regular occupational health and well being meetings and the company's occupational health and well being officers. They recalled occupational health and well being training being included in the induction process, and stated there were regular refresher courses held throughout the year. CSOs suggested team leaders paid good attention to occupational health and well being and regularly questioned them about their occupational health and well being needs during one-to-one sessions. Full-time CSOs also stated that because the organisation did not employ "hot-desking" or move them around, their workstations can be set up to meet their unique ergonomic needs. Workstations were specifically set up for each of the employee's requirements, and checked on a regular basis by qualified occupational health and well being officers. Moreover, CSOs also indicated they were kept up to date with all developments, including occupational health and well being. Other measures identified to aid employee well-being included an onsite masseuse, 'get fit' competitions, aerobics training programs conducted in the organisation, boot camps, and lunch-time 'fun in the park' activities, all the things that Govtcall did not provide.

Nevertheless, 50 per cent of CSOs identified ill-health and injury associated with the job as negative consequences of the job. Although it was noted that team leaders encouraged staff to take regular breaks, 19 per cent of the CSOs interviewed stated being seated for long periods of time caused them moderate to significant muscular discomfort. All the CSOs interviewed stated Salesplus was highly supportive providing necessary equipment (e.g. glare screens); carrying out necessary assessments and djustments to workstations, and referring staff to the on-site masseuse.

Some 25 per cent of Salesplus interviewees stated they regularly experienced negative stress. These were most likely those employees who had their performance- based pay calculated around key performance indicators (KPIs) calculated at the end of each month.

The increasing pace of work, the lack of control over rosters and the number and length of breaks were also identified as causes of stress, although there were conflicting views. Overall, CSOs stated that that their breaks were generally adequate and if requested, the time allocated and length of the breaks could be altered.

> *"Our project manager is quite lenient and has given us the option of taking breaks at the times that we actually want to take them because we don't have the influx of calls coming through. So if you want to have lunch at 12:00pm instead of 2:00pm and have someone else rostered in for you, it makes it a lot easier. It makes it a lot easier especially if you're not hungry, or you're not ready to go out again and you're in the middle of something then there is flexibility to change". (Salesplus, CSO 11)*

> *"If you go for your 30 minute lunch break for 40 to 50 minutes they'll obviously pull you up on it. But otherwise – no not at all. They don't make a fuss if you're a couple of minutes late, but we all know how far we can push it". (Salesplus, CSO 12)*

In addition to three breaks throughout the day, Salesplus CSOs stated they were allocated an additional ten minutes a day of personal time, which could be used for whatever purpose, including going to the toilet, recuperating after a difficult call, getting a drink, etc. Several CSOs expressed a need for more personal time during the shift, particularly when they were feeling unwell. These same CSO interviewees did, however, suggest that team leaders currently allowed them to go over the ten minutes allocated if there was a need for it. In addition, a small number of CSOs stated that breaks were sometimes not distributed evenly enough, and could be scheduled either too close together or too far apart.

> *"It's not spread out very well sometimes. Sometimes you may have just come in and have to go again just when you're getting back into it. Other times it's too long sitting on the phone in front of a computer, especially when it's not busy." (Salesplus, CSO 27)*

For many CSOs, particularly those on performance-based pay, intermittent outbound calls was another source of stress. CSOs stated they often had days where every second or third call that was dropped through went through to an answering machine or a disconnected number, which diminished their ability to meet their sales targets which in turn meant a reduction in their pay. However, dealing with disgruntled and abusive customers was the primary cause of stress among all the CSO interviewees, as the quotes illustrate.

> [Have you experienced any negative stress as a result of the work itself?] *"YES – and you can put that in capital letters. But that's from the customers though – it's not from the people here. Particularly with our project you get a lot of complaints, it can be really frustrating". (Salesplus, CSO 22)*

One team leader commented that stress was most often experienced by those team members who were of Indian origin, who became the target of abuse by customers who assumed they were dealing with a call centre in India.

> *"Ultimately the public is cruel. We have a lot of Asian, East Asian workers, so customers do have the misapprehension that we are in India from time to time. Also Australians are a bigoted bunch of people and a lot of them tend to take it out on our staff". (Salesplus, Team Leader 4).*

The call centre was seen to provide staff with a number of avenues to reduce the level of workplace stress:

> *"There is a lot of support – they have offered counselling. Also we have team development meetings, and they come up to us all the time and see how we are going. And we also have one-on-ones with our team leaders, and we can request a one-on-one with the project manager if something is really bugging us". (Salesplus, CSO 18)*

Team leaders also stated that they endeavoured minimise the level of stress and outlined the various measures in place, as indicated below:

> *"One of my jobs is to ensure that my staff are in a mindset that they are (A) willing and able to make sure that persons call is terminated – I will not have my staff deal with people like that, and (B) that they are assuring that they are not taking that baggage home with them. I make sure they are ok by having a chat with them every so often to see that they are doing ok. I have referred CSOs to counselling in the past, and many have taken the stress management course we offer". (Salesplus, Team Leader 3)*

Both the managers and team leaders interviewed maintained that in general, the work itself was not inherently unsafe or unhealthy, and that the organisation had sufficient occupational health and well being measures in place to deal with any health or safety issues or incidents.

> *"I don't think there's much in terms of physical injuries or things like that, at least not in my area. But if something comes up we deal with it straight away and as best we can". (Salesplus, Team Leader 5)*

> *"Being a call centre, the work itself is not intrinsically unsafe. The office type environment in fact suits most of our employees. If there is a chance of anything occurring, our call centre has all the procedures and policies in place to deal with these things if they do arise". (Salesplus, Manager 4)*

Discussion and Conclusions

A number of parallels can be drawn between the health issues raised in the two call centres. Around 20 per cent of CSOs drew attention to the negative physical outcomes they had experienced as a direct consequence of the work, and a further 50 per cent from Salesplus and 89 per cent from Govtcall drew attention to negative stress outcomes. Across both case studies, the causes of the negative physical outcomes were largely attributed to, as described in ACA (1998: 6) the "inconvenience of being literally wired to the desk", which refers to the extended periods that CSOs have to remain seated and 'attached' to technology in order to do their jobs. The job-related stressors and stress outcomes reported by CSOs in the two call centres (emotional labour, monitoring of calls, KPI's, lack of variety of job tasks, lack of control) were also reminiscent of much of the call centre literature (e.g. ACA 1998; Richardson & Marshall, 1999; URCOT, 2000; Paul & Huws, 2002).

While some of the elements of call centre work that lead to negative occupational health outcomes can be described as inherent to the job (e.g. the repetitive handling of telephone calls; being restricted to a particular workspace – remaining seated for extended periods of time, and being "literally tied to the phones"; the lack of control over work timing – calls automatically 'dropped-in'; the lack of control over work flows – unpredictable, fluctuating work flows; & dealing with distraught or disgruntled customers) the mere presence of these conditions cannot determine whether or not the work will necessarily lead to negative health consequences. This is because in any call centre context, those factors that are inherent to the nature of the work itself operate

simultaneously alongside factors that can be controlled. This was demonstrated through the Salesplus example where despite the presence of the aforementioned conditions, the CSOs reported more positive occupational health outcomes than those in Govtcall. This could largely be attributed to perceptions of there being a supportive culture where health and well being issues are concerned.

Conversely, in Govtcall the range of musculoskeletal issues and stress generating factors was more comprehensive, a fact largely attributed to the hard outcome orientated human resources management approach used in the call centre which focussed on performance and the achievement of KPIs. The issue of emotional labour for instance, was identified as a strong workplace stressor, however the negative outcomes associated with this process were heavily exacerbated by the lack of either a supportive or systematic approach in managing these issues in practice. These findings confirm earlier studies that occupational health outcomes and experiences are significantly influenced by the attitudes held by senior management and the broader philosophies of the company (Lloyd and James, 2008). They also add weight to Noblet's (2003) assertion that 'social support' is an important avenue for creating work settings that protect and enhance employee health and wellbeing.

The findings of this study also highlight some of the more systemic issues in the management of occupational health and well being in call centres. Whilst policies give an impression of compliance, various working practices may in fact negate their application in practice. In this study, working practices including hot-desking, the insufficient number of health and safety representatives, insufficient team meetings and the lack of team leader training, particularly in Govtcall, represented an explicit departure from policy documents. For instance, as far as reporting of occupational health and well being was concerned, while policies state that CSOs are able to raise occupational health and well being concerns during team meetings, these were considered too short and more focussed on 'targets' and 'KPI's' to represent a good outlet for employees to discuss occupational health and well being concerns. While systems for reporting on occupational health and safety issues were available, in Govtcall the negative stigma attached to reporting could be attributed to the under reporting of occupational health and well being issues; the lack of communication about occupational health and well being issues to the occupational health and safety committee, and the lack of recognition by the general management team about the severity of occupational health and well being concerns. Furthermore, although policies place emphasis on team leaders as playing an important role in managing occupational health and well being on a day-to-day basis, their lack of training in occupational health and well being matters and the conflicting demands placed on them within the call centre environment often saw occupational health and well being under prioritised.

These issues also tie in to the broader concept of *perception* – something that also arose as a contributing factor to negative health outcomes. Findings from this study provide strong evidence of negative health outcomes becoming an acceptable aspect of call centre work. This is further augmented by the lack of recognition on the part of employee, TLs and managers of the health risks present within the work environment. Indeed, most significantly, the perceptual divide between management's views of the extent and significance of negative health outcomes and the experiences reported by CSOs raises important questions surrounding the level of consultation, involvement

and engagement with CSOs in the area of occupational health issues. This again is more so a concern in Govtcall, the unionised call centre where greater levels of engagement and better occupational health outcomes would generally be expected (Bohle and Quinlan, 2000).

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