Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA)		Local Au	thority Circular
		LAC Number: 94/2	
Review date	October 2008	Open Government Status	Fully Open
Version No & Date	V1 October 2006	Author Unit/Section	****

Advice regarding call centre working practices

To: Health and Safety Enforcing Authorities

Executive summary

This Local Authority Circular (LAC) replaces LAC94/1 (rev) 'Advice regarding call centre working practices'. This is a major revision of the earlier document adding more comprehensive information than in LAC94/1(rev). The revisions are:

- Updating of legal requirements and HSE policy relating to a number of issues.
- Modification of the key sections relating to health and safety issues for call centre workers, to include findings from relevant new literature after the date of 2001.
- A reformat of good practice recommendations to ensure the information is easy to access for the reader.
- The introduction of more comprehensive information on the topics of: training, musculoskeletal disorders, violence and alternative ways of working (home-working and agency/temporary workers).
- The document has been redesigned to allow each section to be used as a stand-alone document for specific topics as well as a comprehensive guide to working practices in call centres.

The aim of this document is to help all call centre industry stakeholders interpret the relevant regulations and guidance within the context of call centre working practices in order to protect the health and safety of those employed in the industry. Stakeholders include local authority enforcement officers, call centre managers, call centre health and safety officers, union and health and safety representatives, occupational health and human resources personnel and call centre employees. Examples of good practice examples have also been included, as they potentially offer further enhancement of health and well-being.

CONTENTS

1	Introduction	. 5
1.1	Background	. 5
1.2	Definitions	
1.3	Format	. 6
1.4	Risk Assessments	. 6
1.5	References	. 7
2	'Acoustic shock'	. 8
2.1	Overview	. 8
2.2	Good Practice	. 8
2.3	References	. 8
3	Consultation with employees	9
3.1	Consulting Employees on Health And Safety Issues	
3.2	Overview	
3.3	Legal Requirements	
3.4	Good Practice	
3.5	Information And Consultation Of Employees	
3.6	Overview	
3.7	Legal Requirements	
3.8	Good Practice	
3.9	References	
4	Display screen equipment (DSE) working practices	
4.1	Overview	14
4.1 4.2	Overview Legal Requirements	14 14
4.1 4.2 4.3	Overview Legal Requirements Good Practice	14 14 15
4.1 4.2	Overview Legal Requirements	14 14 15
4.1 4.2 4.3	Overview Legal Requirements Good Practice References	14 14 15 15
4.1 4.2 4.3 4.4	Overview Legal Requirements Good Practice	14 14 15 15 17
4.1 4.2 4.3 4.4 5	Overview Legal Requirements Good Practice References	14 14 15 15 17 17
4.1 4.2 4.3 4.4 5 5.1	Overview. Legal Requirements. Good Practice. References. Eyes and eyesight Overview. LEGAL REQUIREMENTS.	14 15 15 17 17
4.1 4.2 4.3 4.4 5 5.1 5.2	OverviewLegal RequirementsGood PracticeReferences	14 15 15 17 17 17
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4	Overview. Legal Requirements. Good Practice. References. Eyes and eyesight	14 14 15 15 17 17 17 18 18
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4 6	Overview. Legal Requirements. Good Practice. References. Eyes and eyesight	14 14 15 15 17 17 17 18 18 18
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4 6.1	OverviewLegal RequirementsGood PracticeReferences	14 14 15 15 17 17 17 18 18 18 19
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4 6.1 6.2	Overview. Legal Requirements. Good Practice . References . Eyes and eyesight	14 14 15 15 17 17 17 18 18 19 19
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4 6 6.1 6.2 6.3	Overview. Legal Requirements. Good Practice References Eyes and eyesight Overview. LEGAL REQUIREMENTS Good Practice References Hearing Overview. Headset Type Volume Control	14 14 15 15 17 17 17 17 18 18 19 19 19
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4 6 6.1 6.2 6.3 6.4	Overview. Legal Requirements. Good Practice. References. Eyes and eyesight	14 14 15 15 17 17 17 18 18 19 19 19 19
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4 6 6.1 6.2 6.3 6.4 6.5	Overview Legal Requirements Good Practice References	14 14 15 15 17 17 17 17 17 18 18 19 19 19 19 20
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4 6 6.1 6.2 6.3 6.4 6.5 6.6	Overview	14 14 15 15 17 17 17 18 18 19 19 19 19 20 20
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4 6 6.1 6.2 6.3 6.4 6.5 6.6 6.7	Overview	14 14 15 15 17 17 17 18 18 19 19 19 19 20 20 20
4.1 4.2 4.3 4.4 5 5.1 5.2 5.3 5.4 6 6.1 6.2 6.3 6.4 6.5 6.6	Overview	14 14 15 15 17 17 17 18 18 19 19 19 19 20 20 21

6.10	Good Practice	. 21
6.11	References	. 21
7 F	lomeworking	23
7.1	Overview	
7.2	Legal Requirements	
7.3	Good Practice	
7.4	References	
8 F	lot-desking	27
8.1	Overview	
8.2	Legal Requirements	
8.3	Good Practice	
8.4	References	
0.4		. 21
	/lusculoskeletal disorders	
9.1	Overview	
9.2	Legal Requirements	
9.3	Good Practice	
9.4	References	. 29
10	Performance monitoring	. 31
10.1	Overview	
10.2	Quantitative Monitoring	
10.3	Qualitative Monitoring	
10.4	Scripts	. 32
10.5	Targets	. 32
10.6	Feedback	. 33
10.7	Legal Requirements	. 33
10.8	Good Practice	. 34
10.9	References	. 34
11	Shifts	36
11.1	Overview	
11.2	Legal Requirements	
11.3	Good Practice	
11.4	References	
12	Tomporary workers	10
12.1	Temporary workers	
12.1	Overview Good Practice	
12.2		
12.3	References	. 40
13	Training	41
13.1	Overview	
13.2	Training – Career Progression	
13.3	Training For MSDs	
13.4	Training On Verbal Abuse	. 44

13.5 13.6	Training on Work-Related Stress
14 14.1 14.2 14.3	Verbal abuse48Overview48GOOD PRACTICE48References49
15 15.1 15.2 15.3 15.4	Voice health50Overview50Legal Requirements50Good Practice50References51
16.11 16.12 16.13 16.14	Working environment.52Overview.52Thermal Comfort.52Legal Requirements.53Sick Building Syndrome.54Good Practice For SBS55General Ventilation55Legal Requirements.55Legal Requirements.55Legal Requirements.55Legal Requirements.56Occupancy.56Layout.56Space56Legal Requirements.56Space56Legal Requirements.56Space56Legal Requirements.56Space56Legal Requirements.56Space56Legal Requirements.56Space56Legal Requirements.56Space56Space56Space56Space57References57
	Work-related stress59Overview59Legal Requirements63Good Practice64References65
18	References

1 Introduction

The Workplace (Health, Safety and Welfare) Regulations 1992, the Management of Health and Safety at Work Regulations 1999, the Provision and Use of Work Equipment Regulations 1998, the Health and Safety (Display Screen Equipment) Regulations 1992, The Safety Representatives and Safety Committees Regulations 1977 and The Health and Safety (Consultation with Employees) Regulations 1996 are all relevant to the management and inspection of health and safety in call centres. Although the fundamental elements of a call handler's job are the same as a typical computer-based office job, the close combination of these elements results in a unique job often of an intensive nature. The main text of this circular provides advice on interpreting the most relevant regulations and the associated guidance within the context of call centres. The focus is on call handlers, but the advice is also pertinent to employees with other roles in call centres. The information in this document is relevant to local authority health and safety enforcement officers, FOD inspectors, call centre managers, health and safety and union representatives, and call centre employees.

This document alone cannot form the basis of enforcement action. Enforcement action can only be taken on the basis of direct reference to the relevant regulations, and regulations other than those listed above may, at times, be applicable to call centres. Items listed under 'Good Practice' are not enforceable, but they have been included as they may contribute to minimising risks to employee physical health or psychological well-being.

1.1 Background

There are currently 581,800 employees working in call centres and 5,700 call centres in the UK (DTI, 2004). It is estimated to rise to 647,600 employees and 5,980 call centres in 2007 (DTI, 2004). The industry has grown by almost 250% since 1995.

The largest numbers of call centres are situated in the South East (1,516), West Midlands (605) and the North West (599).

The largest call centre sector is finance (125,983 agents and 818 centres). Finance centres include banks, credit card companies, insurance companies, building societies, collection agencies and credit reference agencies. The second largest is retail and distribution (64,816 agents and 821 centres). These include catalogue/direct mail retailers and high street retail support.

The value of the UK call centre industry is £13.3 billion.

Inbound calling accounts for two-thirds of agent positions, including sales, service and technical helpdesk calls. Outbound activity has grown strongly; however, the increase in legislation and negative customer views could mean this form is under pressure.

Non-telephone interactions (e-mail, web, letter, and fax) account for less than 9% of a typical call centre's activities; the main skills required are still focused on listening and communicating through the telephone.

According to a new study by Datamonitor (2005) 36% of agent positions in India were offshore outsourced at the end of 2004. They predict that by 2007, third party service providers will dominate. They also estimate that by 2009 around 100,000 agents will be outsourced to offshore call centres.

1.2 Definitions

As there is no universally accepted definition of either 'call centre' or 'call handler', the definitions used throughout the document are:

- Call centre a work environment in which the main business is conducted via the telephone whilst simultaneously using display screen equipment (DSE). This includes parts of companies dedicated to this activity such as internal help lines as well as whole companies.
- Call handler (also known as customer service advisor/agent/associate) an individual whose job requires them to spend a significant proportion of their working time responding to calls on the telephone whilst simultaneously using DSE.

1.3 Format

This document has been formatted by placing topics in alphabetical order for ease of reference. The document has been redesigned to allow each section to be used as a stand-alone document for specific topics as well as a comprehensive guide to working practices in call centres. Each section comprises of an overview of the topic, legal requirements/regulations, and guidelines for best practice and references for further information. Each section is also cross-referenced with other related topics.

1.4 Risk Assessments

A risk assessment is a careful examination of what, in the workplace could cause harm to people so that the organisation can weigh up whether they have taken enough precautions or should do more to prevent harm. The aim is to make sure that no one gets hurt or becomes ill. All employers have a legal obligation to protect their health and safety and that of their workforce. Regulation 3, of the Management of Health and Safety at Work Regulations 1999, requires, among other things, that all employers assess the risks to the health and safety of their employees while they are at work.

The important things to decide are whether a hazard is significant and whether it has been covered by satisfactory precautions so that the risk is small.

Following five steps can assess the risks:

- Step 1: Look for the hazards Look only for hazards, which you could reasonably expect to result in significant harm.
- Step 2: Decide who might be harmed and how Think about groups of people doing similar work or who may be affected.
- Step 3: Evaluate the risks and decide whether the existing precautions are adequate or whether more should be done If risks are adequately controlled,

need to indicate the precautions in place. Where the risk is not adequately controlled, indicate what more needs to be done (the action list).

- Step 4: Record your findings
- Step 5: Review your assessment and revise it if necessary.

1.5 References

- 1. CCA Research Institute: Industry Facts and Figures 2005 www.cca.org.uk
- Display screen equipment work Guidance on Regulations L26 (ISBN 0-11-886331-2) incorporates the text of the Health and Safety (Display Screen Equipment) Regulations 1992 and discusses the associated issues
- 3. DTI Report, "The UK Contact Centre Industry: A Study" <u>http://www.dti.gov.uk/ewt/contactind.pdf</u>
- Management of health and safety at work Approved Code of Practice (ISBN 0-7176-2488-9) incorporates the text of the Management of Health and Safety at Work Regulations 1999 and discusses the associated issues
- 5. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- Safe use of work equipment Approved Code of Practice and Guidance L22 (ISBN 0-7176-1626-6) incorporates the text of the Provision and Use of Work Equipment Regulations 1998 and discusses the associated issues
- 7. The Health and Safety (Consultation with Employees) Regulations 1996
- Workplace health, safety and welfare Approved Code of Practice L24 (ISBN 0-11-886333-9) incorporates the text of the Workplace (Health, Safety and Welfare) Regulations 1992 and discusses the associated issues
- 9. <u>www.contactbabel.com</u>
- 10. <u>www.datamonitor.com</u>

2 'Acoustic shock'

See Also: Hearing

2.1 Overview

'Acoustic shock' is a term used in connection with incidents involving exposure to short duration, high frequency, high intensity sounds through a telephone headset. Some sources suggest that these incidents are associated with a range of physiological and psychological symptoms that have been reported amongst headset wearers. It has not been established whether the reported symptoms are caused directly by exposure to these unexpected sounds. There is no clear single cause of these incidents, but one cause may be interference on the telephone line. Although call handlers may be shocked or startled by the sounds, exposure to them should not cause hearing damage as assessed by conventional methods.

2.2 Good Practice

- Keep up to date with developments in this field through professional associations and other representative bodies, as well as through the enforcing authority (usually the local authority) and via the HSE website.
- Train call handlers to recognise incidents that result in any adverse reactions and how to report them.
- Implement a traceable reporting system for headset users who may have been exposed to incidents. The following information should be reported:
 - o Date and time of incident
 - o Details of the source of the exposure
 - Description of the sounds
 - Duration of the exposure
 - o Details of the headset and telephone equipment used
 - Whether the incident was electronically recorded (a copy should be kept for future reference)
 - o Symptoms experienced by the operator directly related to the incident
- Report under RIDDOR as appropriate (work-related injuries which result in a person being unable to carry out their normal work for more than three consecutive days, and those which result in admittance to hospital for more than 24 hours)

2.3 References

1. <u>http://www.hse.gov.uk/noise/acoustic.htm</u>

3 Consultation with employees

See Also: Stress, Training

3.1 Consulting Employees on Health And Safety Issues

3.2 Overview

Consulting employees on health and safety matters can be very important in creating and maintaining a safe and healthy working environment. Effective communication helps to ensure that employees are made aware of the hazards that exist in the workplace and how to avoid them. Furthermore, by providing employees with the correct information to do their jobs safely, employers can take significant steps towards reducing injury and ill health at work. By law, employers must consult all of their employees on health and safety matters.

Employers should be aware that consultation does not just mean employers giving out information to workers but also listening to and taking account of what employees have to say before making decisions. Employers should specifically consult their employees on:

- Any changes that may substantially affect their health and safety
- The employer's arrangements for getting competent persons to help implement health and safety laws
- The information that employees must be given on the likely risks and dangers arising from their work, the measures to reduce or eliminate these risks and what they should do if there is a risk or danger
- The planning and organisation of health and safety training
- The health and safety consequences of introducing new technologies

The effectiveness of health and safety committee and health and safety representatives' depends on a number of factors: Management commitment, communication, information and training, involvement of Unions, health and safety management systems, committee processes and health and safety professionals.

The role of management is fundamental to the effective operation of a health and safety committee and representative in the workplace. The commitment from management must be considered credible and therefore should be visible and demonstrated through action such as attending committee meetings, following through on recommended actions in a timely manner and providing access to necessary information.

Effective communication between all key stakeholders, by way of information sharing and consultation, is critical to the success of employee participation in the workplace. Consultation involves employers not only giving information to employees but also listening to and taking account of what employees say before they make any health and safety decisions. The employers must allow time to give the employees or their representatives information about what is proposed. Employees or their representatives must be given enough information to allow them to take a full and effective part in the consultation.

To function effectively in the role of a health and safety representative or as a member of a health and safety committee, an employee needs knowledge of the legislative duties, requires skills in negotiating with management, and a competency in dealing with complex health and safety issues pertinent to the workplace. Training is a necessary prerequisite to the effective operation. The employer must make sure that elected representatives receive the training they need to carry out their roles, give them the necessary time off with pay and pay any reasonable costs to do with the training.

An industrial union can operate as an external or internal force advocating for workers' rights in matters related to health and safety. Unions are identified as playing a significant part in providing necessary resources and support to committee members and representatives to enable them to perform an active and effective role in workplace health and safety.

3.3 Legal Requirements

Depending on whether or not there are recognised trade unions in the workplace, consultation can be through union safety representatives, through elected 'representatives of employee safety', or with the employee directly.

The Safety Representatives and Safety Committees Regulations 1977 allow recognised trade unions to appoint employee safety representatives, who then have rights to:

- Be consulted about health and safety issues;
- Inspect the premises;
- Investigate reportable accidents, occupational diseases and dangerous occurrences;
- Attend safety committee meetings;
- Request a safety committee be formed;
- Contact enforcing authority inspectors.

Where employees are not represented by safety representatives under the 1977 Regulations, the Health and Safety (Consultation with Employees) Regulations 1996 apply. Under these Regulations, employers have a duty to consult employees in good time on a range of matters affecting their health and safety at work, including in particular:

- The introduction of any measure at the workplace which may substantially affect the health and safety of those employees;
- Any health and safety information the employer is required to provide to the employees;
- The planning and organisation of any health and safety training the employer is required to provide;

• The health and safety consequences for those employees of the introduction (including planning thereof) of new technologies into the workplace.

3.4 Good Practice

- Ensure workers as well as management are involved in determining the company safety policy
- Ensure safety representatives, supervisors and other staff have been trained to enable them to play an equal role in the health and safety committee
- Have a system for staff to make a positive input to improve health and safety performance
- Provide cover for workers to enable attendance at safety meetings and training courses
- Involve workers fully when changes are planned
- Ensure good communication
- Ensure management commitment

3.5 Information And Consultation Of Employees

3.6 Overview

Employee communications and consultation are about involving and developing people in an organisation. Employees will perform to their best if they know their duties, obligations and rights and have an opportunity of making their views known to management on issues that affect them. Good employee communications can:

- Improve organisational performance
- Improve management performance and decision making
- Help develop greater trust
- Increase job satisfaction

Managers need to communicate information to employees about:

- Contractual terms and conditions of employment
- The job and its performance
- The organisation's performance, progress and prospects
- Any changes to the above

To be effective employee communications must be:

- Clear, easily understood and concise
- Presented objectively
- In a manageable form

- Open to questions being asked and answered
- A variety of methods to communicate business matters to staff can be used.

Typical methods include:

- Face-to face methods
- Group meetings
- Notice boards
- Company Intranet and emails
- Team Briefing
- A company journal or newspaper
- Attitude surveys
- Employee reports
- Video presentation

Communications that can be covered include organisation structure, organisation performance, training and development, equal opportunities, working practices, pay/terms and conditions and environmental concerns. It should be a two way system whereby employees have the opportunity to ask questions about issues that concern them. Team briefings are seen as an ideal way to communicate information to groups of staff across a company.

A good source of information is available from HSE worker involvement pages which can be found at <u>www.hse.gov.uk/involvement</u>

3.7 Legal Requirements

The Information and Consultation of Employees Regulations 2004 give employees in larger organisations the right to be informed and consulted about certain employment issues in their workplace. Employees in larger organisations have the right to be informed and consulted about certain issues in their workplace, if at least 10% of employees formally request an Information and Consultation (I&C) agreement, or if the employers choose to start the process.

The Regulations apply to undertakings with over 150 employees from 6 April 2005: over 100 employees from 6 April 2007: and over 50 employees from 6 April 2008. The regulations do not apply to undertakings with fewer than 50 employees.

The Directive states the minimum obligation on employers is to inform and consult their employees. There is an obligation to inform and consult on the general business situation of the enterprise, on likely developments affecting employment, and on decisions likely to lead to substantial changes in work organisation or contractual relations.

There are also consultation requirements. Consultation must take place at an 'appropriate' time, after employee representatives have had adequate information sufficiently far in advance. Consultation must also be at the relevant level of management and representation depending on the subject under discussion – this implies there should be different levels of representation and consultation within an enterprise.

The communication and consultation process as well as covering general areas can also include health and safety. If arrangements under the Information and Consultation of Employees also cover the requirements of the Safety Representatives and Safety Committees Regulations 1977 or Health and Safety (Consultation with Employees) Regulations 1996 there is no need for a separate consultation process.

3.8 Good Practice

- Ensure communications are clear and concise
- Ensure a two way communication process
- Ensure managers and employees are trained in the skills required for communication and consultation
- Ensure those participating in consultation committees know their role
- Employees are regularly consulted on matters of interest
- Appropriate information is made available and reaches everybody

3.9 References

- 1. Consulting employees on health and safety: A guide to the law INDG232
- 2. Employee Communications and Consultation at <u>www.acas.org.uk</u>
- 3. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 4. The Health and Safety (Consultation with Employees) Regulations 1996
- 5. The Information and Consultation of Employees Regulations 2004 SI 2004 No 3426
- 6. www.hse.gov.uk/involvement

4 Display screen equipment (DSE) working practices

See Also: MSDs, Workplace Design, Training

4.1 Overview

Call handlers are display screen equipment (DSE) users, as they use DSE habitually for most of their working day. In comparison to typical office workers, call handlers may be at a higher risk from DSE-related hazards, as they do not usually have the same opportunities as typical office workers to take breaks from display screen activities. Call handlers should have their break allocation clearly explained to them and understand why it is important to take their breaks. Call handlers should also have the benefits of leaving their workstation at break times explained to them, and they should also appreciate why spending their breaks surfing the Internet or e-mailing friends means they are not taking the proper break from a computer that they need.

The main work activities required of call handlers are to respond to telephone calls and simultaneously use a computer to provide information and enter data. The job of a typical office worker, however, usually also includes tasks such as photocopying and filing. Changes in task such as these provide typical office workers with opportunities to take breaks from display screen activities that call handlers do not have. Call centre workers should be given the opportunity to have varied tasks away from their desk.

The technology and software used by the call centre industry is fast developing, and call handlers or their representatives should be consulted on the health and safety consequences of the introduction of new technology. Call handlers should also be trained how to use new furniture, particularly chairs. It should not be assumed that the adjustments are obvious, and the introduction of new furniture is a good juncture to refresh call handlers' training on equipment set up in general.

A DSE assessment must be conducted with each individual call handler at a workstation to identify any personal requirements such as their need for a footrest or a specialist chair.

4.2 Legal Requirements

The Health and Safety (Display Screen Equipment) Regulations 1992 do not specify the duration or frequency of breaks or changes of activity, as they apply to a wide variety of jobs, which use display screen equipment. However, they do state that breaks should be taken before the onset of fatigue rather than to recuperate and short, frequent breaks are more satisfactory than occasional, longer breaks. DSER also places a duty on employers to plan the work routine of users so that these regular rest breaks or changes in activity occur such as filing, stuffing envelopes with information. Exact times do not necessarily have to be specified. It is acceptable to schedule a period within which call handlers are free to choose when to take their break when it is convenient to them. Lunch breaks are in addition to these recommendations, and call handlers must also be allowed to go to the toilet and fetch water/drinks when they need to. Call handlers should also be allowed to take a rest break after handling a stressful call. The introduction of any change to daily work routine, which may substantially affect call handlers' health and safety, should be made in consultation with call handlers or their representatives in good time.

The risk assessments of call centres should, therefore, make detailed reference to the Health and Safety (Display Screen Equipment) Regulations 1992 (DSER) and should be done in consultation with employees. 'VDUs An easy guide to the regulations', 'Successful health and safety management' and 'Managing health and safety: Five steps to success' may also help you with the risk assessment process. Local Authority Circular 16/1 gives advice to local authority enforcement officers on the DSER.

Employers have a duty to provide call handlers with information on the various risks of using display screen equipment and how their employer is controlling those risks (Regulation 7 DSER).

4.3 Good Practice

- Each time a user logs on, display a short checklist on screen to prompt them to make appropriate adjustments to any of their workstation equipment as required. Allow them sufficient time to make these adjustments before they start work.
- Train employees on working with DSE and equipment
- Clearly explain break allocation and the need to have a break away from the DSE environment
- Plan changes of activity or breaks for users
- Consult call handlers about when they would like to take their breaks
- Consult call handlers on any new techniques and software

4.4 References

- 1. An easy guide: Making sure your office complies with the Health and Safety (display Screen Equipment) Regulations 1992 (as amended in 2002). HSG90 ISBN 0-7176-2602-4
- Display screen equipment work Guidance on Regulations L26 (ISBN 0-11-886331-2) incorporates the text of the Health and Safety (Display Screen Equipment) Regulations 1992 and discusses the associated issues
- 3. Health and Safety Training What you need to know
- Local Authority Circular 16/1 The Health and Safety (Display Screen Equipment) Regulations 1992 (available on line at <u>www.hse.gov.uk/lau/lacs/16-1.htm</u>)
- 5. Managing health and safety: Five steps to success INDG275
- 6. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 7. Sprigg, C.A and Smith, P.R (2002) Call centre employees using display screen equipment (DSE): What do we know about what they know about it? in Mccabe, Paul (ed.) (2002) Contemporary Ergonomics, Taylor and Francis, London

- 8. Successful health and safety management HSG65 ISBN 0-7176-1276-7
- 9. The Health and Safety (Consultation with Employees) Regulations 1996
- 10. Working with VDUs INDG36

5 Eyes and eyesight

See Also: Workplace Design, DSE

5.1 Overview

Although intensive use of visual display units (VDU) can cause temporary effects on vision, there is no convincing scientific evidence to support the widely held belief that using VDUs causes long-term eyesight damage. Normal ageing effects can usually explain permanent eyesight deterioration. Because of the intensive use of VDUs, any existing but previously undetected and, therefore, uncorrected eyesight deficiencies are more likely to become apparent, often in the form of headaches etc. Offering eyesight tests at induction and at regular intervals thereafter and providing spectacles if they are necessary for working with a VDU can reduce this risk.

Visual fatigue is highlighted as a principal risk associated with display screen equipment work and, as call handlers use VDUs so intensively, they are at high risk. Symptoms include sore eyes, blurred vision, tired eyes and headaches. In addition to offering eye tests, there are a number of measures that can reduce the risk of this condition. These include ensuring the monitor is positioned at the correct distance, adjusting the VDU brightness and contrast settings, keeping the VDU clean, particularly from smears, ensuring the VDU is free from glare and reflections by controlling the ambient lighting conditions, and suitable positioning of any reference material. Software fonts should not be smaller than size 12. Exercising and stretching the eye-movement muscles from time to time whilst at the workstation can also help reduce the risk as does looking away from the VDU and focusing on something as far away as possible, as this relaxes the eye muscles. Rest breaks or changes in activity are particularly important to avoid visual fatigue and should be taken away from the computer in order for call handlers' eyes to recover.

Blink rates have been shown to drop when using a VDU. Consequently, the eyes are less well lubricated, and this can lead to tired and sore eyes. The risk will be heightened if there is low relative humidity. Contact lens wearers are also at greater risk, as contact lenses prevent blinks from lubricating the eye properly. The risks due to low blink rates can be reduced by breaks or changes of activity.

5.2 LEGAL REQUIREMENTS

Employers must provide eyesight tests if an employee defined as a DSE user requests one (refer to DSER Reg 5 and the guidance on this in L26). This right and the procedure for requesting a test should be clearly explained to call handlers at induction training. New recruits should also be made aware that they can request an eye test before they start work. Induction and refresher training on DSE should also cover the risks from low blink rates and techniques for maintaining normal rates as well as information on the risk of visual fatigue and how call handlers can avoid it. All employees should be made aware that their employer is obliged to pay for 'special corrective appliances' (these are usually spectacles) if an eyesight test indicates these are required for VDU work only. If an employee already wears corrective appliances, but an eyesight test shows that these are unsuitable specifically for the distances involved in VDU work, the individual's employer is also obliged to pay for appropriate corrective appliances for this activity only. If individuals choose frames that are more expensive than basic frames, employers are only obliged to contribute the cost of the basic frames. The introduction of any working practice which may substantially affect call handlers' eyes or eyesight should be done in consultation with call handlers or their representatives.

5.3 Good Practice

- Display reminders on-screen from time to time to prompt call handlers to look away and focus on a distant object. Also prompt them to exercise their eye movement muscles and blink.
- Prompt call handlers to request regular eye tests and remind them that the company will pay for basic corrective appliances if they are required for VDU work.
- Consider temperature and humidity to ensure the environment does not contribute to visual fatigue. Changes should be based on meeting legislative requirements as well as employee opinion.
- Take short breaks away from the computer as frequently as possible.
- Ensure the monitor is correctly positioned, consistent with other guidance.
- Ensure through training that staff are aware of how to operate monitor controls to adjust screen contrast and brightness.

5.4 References

- 1. Display screen equipment work Guidance on Regulations L26 (ISBN 0-11-886331-2) incorporates the text of the Health and Safety (Display Screen Equipment) Regulations 1992 and discusses the associated issues
- Management of health and safety at work Approved Code of Practice (ISBN 0-7176-2488-9) incorporates the text of the Management of Health and Safety at Work Regulations 1999 and discusses the associated issues
- 3. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 4. The Health and Safety (Consultation with Employees) Regulations 1996

6 Hearing

See Also: Acoustic Shock

6.1 Overview

There has been a rapid expansion in the number of individuals working in call centres who use headsets throughout the working day. However local authority enforcement officers, unions, voluntary organisations, employers and employees have all expressed concern that prolonged use of headsets may damage hearing. The Royal National Institute for Deaf People (RNID) and the TUC (reference Indecent Exposure) carried out a questionnaire based project on noise induced hearing loss in the workplace. including call centres. Call handlers reported exposure to acute intense noises and to prolonged high noise levels through their headsets, which they felt caused symptoms such as dulled hearing and tinnitus. Some experienced these symptoms for short periods after work, while others reported permanent discomfort or impairment. However a survey of the noise exposure of headset users working in a range of different call centres carried out by HSE/HSL indicated that the risk of hearing damage from using a headset is extremely low. Although call handlers may occasionally be exposed to high noise levels, they are usually for relatively short periods. Consequently, even taking these events into consideration, call handlers' daily personal noise exposure is unlikely to exceed the 80 dB(A) lower exposure action value defined in the Control of Noise at Work Regulations 2005.

6.2 Headset Type

There is no difference in the impact on hearing between headsets with two earpieces (binaural) and those with one earpiece (monaural). Some people feel it is easier to concentrate wearing binaural headsets, but others feel isolated and prefer monaural models. It is good practice to give call handlers the choice of either.

6.3 Volume Control

To limit call handlers' daily personal noise exposure, headsets, amplifiers and/or turrets should be fitted with volume control, and call handlers should be trained how to use the volume controls. There is a risk that call handlers will turn the volume up in order to hear a quiet caller but forget to turn it down for the next caller even if that caller speaks at a higher level. Call handlers may then get used to listening to callers at higher levels than is really necessary. Some systems return the call handler's listening level to a default setting after each call, generally set at the mid position. An on-screen reminder at the start of a new call could also prompt call handlers to assess their current listening level and adjust the volume if necessary.

6.4 Headset Limiters

Since 1991, major manufacturers have incorporated an acoustic limiter in the electronics of their headsets to meet the requirements of the Department of Trade and Industry (DTI) specification 85/013. In the UK, this limiter ensures that any type of

noise (eg conversation, short duration impulses) above 118 dB is not transmitted through the headset.

6.5 Microphone Positioning

The headset microphone should be positioned in front of a call handler's mouth to avoid excessive vocal feedback for both the caller and the call handler. It is, therefore, essential for call handlers to be trained to position microphones correctly to avoid compromising the microphone's effectiveness. Callers may become frustrated if they cannot hear call handlers clearly, and there is a risk that call handlers may start to strain their voices in order to be heard.

6.6 Headset Hygiene

Call handlers wear headsets for long periods during their working day. It is therefore important that the headsets are fully adjustable to ensure a comfortable fit. This is particularly important if the ear pieces sit at the entrance to the ear canal rather than resting on the outside. Prompts about adjusting display screen equipment when call handlers log on at the start of their shift should include a reminder to adjust headsets to make them comfortable.

Headsets should be checked regularly and repaired or replaced immediately if necessary. There may be an increased risk of ear irritation and infection because headsets are worn so intensively. To reduce this risk, staff should be trained in headset hygiene and given the time and the materials to complete a hygiene programme. The issue of headsets to individuals is strongly recommended. If the sharing from a pool of headsets is unavoidable, then each call handler should be issued with their own personal ear pads and voice tubes. These should always be available so call handlers who have forgotten or lost theirs, or worn them out, do not endure a shift with hard ear pieces and an incomplete headset.

Voice tubes can become blocked with food, make-up and dust. This can compromise the effectiveness of microphones by reducing the level of transmitted signals. This may result in callers not being able to hear the call handlers clearly, causing all handlers to raise their voices. Call handlers should be trained how to clean the voice tubes so that the microphones remain effective.

6.7 Background Noise

Average background noise levels in call centres are typically around 62 dB(A). Therefore the use of headsets with conventional voice tubes or boom microphones is adequate in the majority of call centres. Where background noise levels are high, noise-cancelling microphones and other devices for use with voice tube headsets are available. These can reduce background noise and therefore improve communication between the call handlers and the callers. Headsets must have the facility to adjust the volume

6.8 Noise Absorbers

Special material, often in ceilings, can help to reduce reverberation in the call centre. Carpet, chairs with soft seats and padded screens between call handlers can also be effective noise absorbers if designed and fitted appropriately.

6.9 Legal Requirements

It is important that call handlers whose daily personal noise exposure is at or above the 80 dB(A) lower exposure action value understand the level of risk associated with this noise exposure, how it is caused and the possible effects and consequences. Call handlers should also be told what is being done to control the risks and exposures. Information, instruction and training can be provided in different ways eg verbal explanations, computer-based training, videos, leaflets, etc.

The Control of Noise at Work Regulations 2005 requires employers to place their employees under suitable health surveillance (which shall include hearing tests ie audiometry) when the risk assessment indicates that there is a risk from exposure to noise. There is strong evidence to show that regular exposure above the 85 dB(A) upper exposure action value can pose a risk to health. Health surveillance should therefore be provided to call handlers whose daily personal noise exposures are regularly at or above 85 dB(A). Additional information is contained in HSE guidance on the Control of Noise at Work Regulations 2005 (L108). It is important to acknowledge that hearing damage can be affected by factors outside the workplace and managers should be aware of this.

6.10 Good Practice

- The telephone system or associated equipment should incorporate an adjustable volume control. Prompt call handlers to adjust their listening level (both up and down) at the beginning of each call
- Headsets should not be shared
- Headsets should be fully adjustable and well maintained; ensure a sufficient stock of new ear pads and voice tubes
- Strict maintenance requirements for electronic equipment
- A documented noise policy
- Give call centre workers a choice of headsets
- Call handlers should receive regular training that includes the use of the headset and associated telephone equipment

6.11 References

- 1. Indecent Exposure. A Joint report on noise at work by the RNID and TUC. March 1999
- Management of health and safety at work Approved Code of Practice (ISBN 0-7176-2488-9) incorporates the text of the Management of Health and Safety at Work Regulations 1999 and discusses the associated issues

- 3. Patel J A and Broughton K, "Assessment of the noise exposure of call centre operators", Ann Occup Hyg, 46(8), 653-661, 2002
- 4. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 5. The Health and Safety (Consultation with Employees) Regulations 1996
- 6. Controlling noise at work. The Control of Noise at Work Regulations 2005, L108
- Department of Trade and Industry 85/013 January 1989 "Interim requirements for headsets to be used in association with approved telephones and PBX operators' consoles"

7 Homeworking

See Also: Training, DSE, MSDs, Consultation with Employees

7.1 Overview

Home working, or 'tele-working' is where individuals work solely from home and communicate with their organisation and complete their tasks via communication through telephone and/or computers. There are multiple definitions, but most focus around the concept that tele-working, also known as telecommuting is: "using information technology and telecommunications to replace work-related travel". Other terminologies include remote working or mobile working. Home working can be useful for employees with family commitments such as childcare responsibilities and can have many social benefits such as reducing work-related traffic and pollution and aiding work-life balance. Home working is shown to be related to disadvantages for the individual such as increased stress from feelings of isolation, reduced organisational support, and problems with effective management supervision/control. These in turn are shown to impact upon organisational performance. The benefits from home working could be greatly improved if call centres designed their homeworking roles better and have a better understanding of how to maximise the advantages and minimise the disadvantages. Research has suggested that if homeworking strategies were better designed then the advantages would far outweigh the disadvantages of this kind of working.

Home workers should have their work environment assessed for health and safety considerations such as musculoskeletal disorders (working with VDUs), using electrical equipment at home, and using substances and materials for working at home. Harrington and Walker (2004) raise some important legal and practical health and safety risks concerning working from home. They specify that some of the risk factors that increase the likelihood of MSDs are more likely to be properly controlled in an office/ corporate workplace than in the home. The HSE publish important guidelines for employers to follow when setting up a situation where an employee works from home. This includes a formal risk assessment to identify any possible hazards and to decide upon whether enough steps are taken to prevent exposure to them. The HSE leaflet explains that employers should follow the following steps:

- Identify any hazards
- Decide who might be harmed and how
- Assess the risks and take the appropriate action to remove them or reduce them as far as is possible
- Record the findings
- Check the risks from time to time and take further steps if needed.

Employers of homeworkers should consider the following:

Using Work Equipment at Home

Employers have a duty to ensure that the equipment being used is correct for the job being done, proper information and training is given on how to use the equipment so that the job can be done properly and safely, the equipment being used is checked regularly and kept in a condition that does not cause harm to the home worker, the trainers are properly trained, the machine being used has protective equipment (e.g. a machine guard), the necessary PPE is used, equipment has the right controls, checks on equipment are carried out regularly and safely.

Using Electrical Equipment for Working at Home

Employers are responsible for any electrical equipment an employee uses whilst working from home, only if the employer provides it. Electrical sockets etc within the employees' homes are their own responsibility. There are a number of advice points given including ensuring electrical equipment is switched off before it is checked, checking that plugs are not damaged, checking plugs are correctly wired etc. This is covered by the Electricity at Work regulations (1989).

Using Substances and Materials for Work at Home

This covers the same type of risks as would be present in the workplace, including do any chemicals/substances give off any fumes, are toxic, stored safely, cause any symptoms such as headaches, cause skin irritations, induce asthma etc? Once more, employers are only responsible for any substances and materials that they provide to the employee. Under COSHH (Control of Substances Hazardous to Health Regulations, 2002) the employer is responsible for the following: ensuring the home-worker's exposure to the substances is controlled or prevented adequately, supplying the home worker with PPE, taking reasonable steps to ensure the home-worker uses control measures, carrying out exposure monitoring, informing and instructing and training homeworkers about the nature of the substances and materials they work with and the nature of the precautions they should take.

Working with VDUs at home

Working with VDUs is covered by the DSE assessment regulations. An employer has a duty to ensure that the display screen equipment used by homeworking is safe and does not affect the user's health. See DSE section for more detailed info regarding DSE Assessment Procedures.

7.2 Legal Requirements

The Health and Safety at Work Act (1974) specifies that employers have a duty to protect the health, safety and welfare of employees, including home workers. Most of the regulations under the Health and Safety at Work Act apply to home workers as well as to employees working at an employer's workplace. These include: The Management of Health and Safety at Work Regulations (1999), the Display Screen Equipment Regulations (1992), the Provision and Use of Work Equipment Regulations (1998) and the Control of Substances Hazardous to Health Regulations (2002). Under the Management of Health and Safety at Work Regulations (1999) employers are required to do a risk assessment of the work activities carried out by home workers.

7.3 Good Practice

• Management should be aware of the issues surrounding home working, in terms of both advantages and disadvantages, and legal responsibility for health and safety issues.

- Individuals should be given the choice of home working, if appropriate. Individuals should never be made to work at home if they feel unable to cope with lone working.
- All individuals should be given a six-month trial of homeworking.
- Home workers should keep in touch with one another via an electronic network to appease feelings of isolation and social exclusion.
- Managers should keep in contact with home workers, preferably by face-toface visits from time to time to show organisational support.
- Home workers should visit the call centre on a regular basis to undergo training, attend meetings and have contact with other employees in similar roles. This aids communication and home workers' involvement in organisational culture and politics, which is shown to be related to feelings of inclusion within an organisation, and is therefore likely to reduce feelings of isolation.
- A support network of home workers should be formulated and meetings outside of work time should be encouraged to aid social interaction and support.
- Managers should be trained in the issues facing home workers so that they can appropriately challenge the negative aspects and increase the advantages associated with appropriately managed home workers.
- Home workers should be entitled to the same training provisions as nonhome workers. Actions should be taken to ensure that home workers could become involved in all training opportunities offered to non-home workers.
- Risk assessments should be made by management as to the suitability of an individual's home for homeworking purposes in relation to health and safety considerations advised by the HSE document on homeworking, as discussed above.

7.4 References

- 1. Ammons, S.K. and Markham, W.T. (2004). Working at home: experiences of white collar workers. Sociological Spectrum, 24, 191-228
- Display screen equipment work Guidance on Regulations L26 (ISBN 0-11-886331-2) incorporates the text of the Health and Safety (Display Screen Equipment) Regulations 1992 and discusses the associated issues
- 3. Felstead, A., Jewson, N. and Walters, S. (2003). Managerial control of employees working at home. British Journal of Industrial Relations, 41 (2), 241-264.
- 4. Harrington, S.S. and Walker, B.L. (2004). The effects of ergonomics training on the knowledge, attitudes and practices of teleworkers. Journal of Safety Research, 35, 13-22.
- 5. Harris, L. (2003). Home based tele-working and the employment relationship: managerial challenges and dilemmas. Personnel Review, 34 (4), 422-437.
- 6. HSE. Home working: Guidance for employers and employees in health and safety

- 7. Masden, S.R. (2003). The effects of home-based teleworking on work-family conflict. Human Resource Development Quarterly, 14 (1), 35-45.
- Management of health and safety at work Approved Code of Practice (ISBN 0-7176-2488-9) incorporates the text of the Management of Health and Safety at Work Regulations 1999 and discusses the associated issues
- Safe use of work equipment Approved Code of Practice and Guidance L22 (ISBN 0-7176-1626-6) incorporates the text of the Provision and Use of Work Equipment Regulations 1998 and discusses the associated issues
- 10. Display screen equipment work Guidance on Regulations L26 (ISBN 0-11-886331-2) incorporates the text of the Health and Safety (Display Screen Equipment) Regulations 1992 and discusses the associated issues

8 Hot-desking

See Also: DSE, MSDs, Training, Stress

8.1 Overview

Hot-desking (i.e. workstations are not assigned, so individuals sit at whichever desk is vacant) is becoming more common in typical offices, but it is standard practice in many call centres. Some call handlers may sit at any workstation within their team area, and different shifts may also use the same team area. Sometimes, whole teams move to another area in a call centre. Other call handlers sit anywhere in a call centre, not necessarily with their team. Some even hot-desk within a shift, sitting at a different workstation after a break.

8.2 Legal Requirements

Hot-desking may affect the health and safety of call handlers so should not be introduced without consultation with call handlers or their representatives in good time.

8.3 Good Practice

- Always consult staff when implementing the system, inform them what the system hopes to achieve.
- Design the system with input from the users.
- Each time a user logs on, display a short checklist on screen to prompt them to make appropriate adjustments to any of their workstation equipment as required. Allow them sufficient time to make these adjustments before they start work.
- Comprehensive staff training is essential if the arrangement is to work smoothly: rules will need to be adhered to concerning office housekeeping, including telephone and message handling.
- Allow staff to have lockers/carts to personalise their desk.

8.4 References

- Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 2. The Health and Safety (Consultation with Employees) Regulations 1996

9 Musculoskeletal disorders

See Also: Training, Hot-desking, DSE

9.1 Overview

Musculoskeletal disorders (MSDs) are identified as a principal risk associated with display screen equipment work. Compared to many typical office workers, call handlers may be at a higher risk of experiencing MSDs, because they use display screen equipment so intensively and have less opportunity to take breaks from using the computer either through a change of activity or a rest. Consequently, risk assessments should give careful consideration to MSDs and measures which reduce the chances of them occurring.

The link between hot-desking and musculoskeletal disorders has implications for best practice (TUC, 2001). This is important as many call centres 'hotdesk', where employees don't have an individual desk but instead sit wherever is available during their shift. This increases the likelihood of musculoskeletal problems because the workstation is not adjusted for their individual specifications.

If the risk of MSDs is to be reduced long term, training call handlers how to use workstation equipment properly and how to adjust it to meet their needs is vital. Call handlers should receive training on all aspects of display screen equipment at induction, not just how to adjust the chair and screen height, and their knowledge should be refreshed from time to time to prevent bad habits developing. They should also be trained how to use any new or unfamiliar equipment particularly any specialist equipment such as chairs and keyboards that have been identified as necessary in their DSE assessment. Call handlers could also be made aware of the advantages of regularly changing posture and stretching whilst at the workstation rather than sitting for long periods in one position. BackCare The National Organisation for Healthy Backs describes some exercises in their leaflet entitled 'Back in the office'. Training should make the link clear between the risk of MSDs and not setting up a workstation to an individual's requirements, not taking breaks away from the workstation, and poor environmental conditions such as being too cold or sitting in a draught. Call handlers should also be provided with information on the factors associated with MSDs and the preventative measures. Training and information on MSDs should be provided after consultation with employees or their representatives.

9.2 Legal Requirements

The requirements in DSER for risk assessments workstation minimum requirements, breaks, information and training are all relevant to prevention of MSDs in call handlers. Working practices that may substantially increase or decrease the risk of call handlers experiencing MSDs should only be introduced after consultation with call handlers or their representatives. Although there is, currently, no duty to provide health surveillance for MSDs, procedures such as self-reporting of symptoms by employees and checking sickness absence records should be used to ensure MSDs are identified and dealt with promptly. The procedure for self-reporting of symptoms should be clear and easy. The reports should be taken seriously and the

complainants should be kept informed of any actions or decisions. Any medical assessments should be treated in confidence.

Manual handling injuries can occur wherever people are at work. Awkward postures, manual materials handling and previous or existing injury are all risk factors implicated in the development of MSDs. The manual handling operations regulations 1992, as amended in 2002 apply to a wide range of manual handling activities, including lifting, lowering, pushing, pulling or carrying.

9.3 Good Practice

- If hotdesking individuals should complete a DSE checklist before they log on to the computer and begin their work.
- All workstations being adjustable so that individuals can easily adjust equipment to meet their requirements. Time should be given at the start of each shift to make these adjustments.
- Walking around and stretching during breaks exercises muscles and increases blood circulation which relieves tension and reduces the risk of visual fatigue and MSDs.
- Secondly, rest breaks for call centre workers need to be adequate in order to reduce the possibility of MSDs occurring. Call centre managers need training on the importance of rest breaks as a facility for reducing occurrences of MSDs as well as prevention of stressors, for voice health etc. (see training section).
- All workers, supervisors and management should receive education on MSDs to enable them to identify the early warning signs of potential MSDs risk factors. Education should always extend to all staff (i.e. in this case not just call handlers). The training should specifically be given to those responsible for the design of call centre workstations in order to increase their understanding of ergonomic principles and their relation to the development of MSDS.

9.4 References

- An easy guide: Making sure your office complies with the Health and Safety (display Screen Equipment) Regulations 1992 (as amended in 2002). HSG90 ISBN 0-7176-2602-4
- 2. 'Back in the office' BackCare The National Organisation for Healthy Backs (<u>www.backpain.org</u>)
- Display screen equipment work Guidance on Regulations L26 (ISBN 0-11-886331-2) incorporates the text of the Health and Safety (Display Screen Equipment) Regulations 1992 and discusses the associated issues
- 4. Getting to grips with manual handling: A short guide. ING143 (rev2)
- 5. Local Authority Circular 16/1 The Health and Safety (Display Screen Equipment) Regulations 1992 (available on line at <u>www.hse.gov.uk/lau/lacs/16-1.htm</u>)

- 6. Seating at work HSG57 ISBN 0-7176-1231-7
- 7. The Law on VDUs: An Easy Guide (2003) HSE Books.
- 8. Upper Limb Disorders in the WorkplaceHSG60 (rev) (2002) HSE Books.

10 Performance monitoring

See Also: Consultation with Employees, Stress

10.1 Overview

Performance monitoring can be defined as those practices that involve 'the observation, examination or recording of employee work related behaviours (or all of these) with and without technological assistance'

To its advocates, performance monitoring enables the organisation to monitor and improve employee performance, to reduce costs and to ensure customer satisfaction. Employees are thought to benefit because they can receive accurate and timely feedback, have their performance recognised and assessed fairly, improve their performance and develop new skills.

To its critics performance monitoring is intrinsically threatening to employees because the '*information gained may adversely affect employees' remuneration or their relationship with co-workers*'. Monitoring is also considered to intensify employees' workload and to increase the level of work demands

Performance monitoring is a highly prominent and pervasive feature of everyday life in call centres.

Many call centres use various forms of performance monitoring; these include both qualitative and quantitative methods.

10.2 Quantitative Monitoring

Often referred to as 'stats' by those in the industry, quantitative monitoring is the minute-by-minute collection of quantitative data automatically by computer. This includes: the percentage of a specified period that a call handler is on the telephone; the average duration of a call handler's calls; and the average time spent in 'wrap up' after a call. The length of time call handlers are logged off on breaks is also recorded. The data yielded are analysed to provide statistical information for individual call handlers, for teams and also for the call centre as a whole. Additional information monitored for the call centre as a whole includes the average length of time a caller has to wait before he or she is put through to a call handler; and the abandonment rate, i.e. the number of callers who ring off before they are put through to a call handler.

10.3 Qualitative Monitoring

There is also qualitative monitoring. Team leaders listen to call handlers on the telephone both in real time and also from recordings. This type of monitoring is done to check that call handlers are giving customers correct information, as there are legal implications if information is incorrect. Team leaders also assess whether call handlers have achieved a variety of criteria including whether the call handler follows the script closely, listens to the caller, speaks appropriately, uses their knowledge of the products effectively, and exploits sales opportunities.

10.4 Scripts

Tightly controlled scripts are used to increase productivity, project company image and eliminate room for human error. But scripting is often seen as excessive and unnecessary. A simple alternative allows for flexibility around the core scripts that call handlers are required to use.

Automated systems that drive employees' workload cause pressure by disempowering people. For example when an operator may realise a script is confusing customers but the system does not allow the scripts to be changed to meet the needs of the customer. Computer systems can be programmed to empower people, allowing a degree of choice and control to operators that capitalise on their skills and knowledge.

10.5 Targets

Targets are set for each statistic that call handlers are required to achieve. For example, some companies aim for their call handlers to be on the telephone for as much as 80% of their shift (despite some industry specialists arguing that 60-70% utilisation is optimal); call duration in some call centres should be no longer than 2 minutes 15 seconds but others are shorter than this; and 'wrap up' (the time after a call to complete the business in connection with that call) should be as fast as possible. The longer callers have to wait before speaking to a call handler, the higher the probability that they abandon the call before doing so and not give their custom to the company. Companies, therefore, aim for as short a wait as possible and to answer as many calls as possible to keep their abandonment rate low. Many call centres have an overhead LED display showing the number of calls waiting and the longest time waited. Performance monitoring in pursuit of targets, simply collecting data on things like lengths of telephone calls is unlikely to help organisations achieve their real goals. Attempts at such monitoring puts pressure on employees and causes stress without delivering statistics that are of any real use. Care is needed in setting targets, they need to be achievable and any obstacles recognised and allowed for.

Disadvantages

Performance monitoring has serious drawbacks. The problems are a perceived lack of privacy and the perception that the monitoring is intense. The perception of intensity is linked to the number and type of performance measures used. Lowering the number and changing the type of performance measures may reduce the perception that every aspect of behaviour is monitored. Every effort should be made to reduce the perception that monitoring is intense. Unrealistic, inappropriate or inflexible performance targets that conflict with improving service delivery or customer satisfaction (e.g. arbitrary time limits on calls, rigid adherence to pre-set scripts etc).

Although relatively few workplace studies have examined the effects of long-term EPM (electronic performance monitoring) on employee physical or mental health, monitored employees have reported higher levels of stress than unmonitored employees. However, the relationship between EPM and stress is not straightforward. Some argue that being monitored threatens privacy, increases the pressure on productivity and is an inherently negative and, therefore, stressful experience. Others argue that the stress does not arise from monitoring per se but from poor job design, which is commonly associated with electronically monitored

tasks. Call handlers may also be under additional stress, as, invariably, EPM assesses whether predetermined targets have been reached. If targets are consistently too high, call handlers will consistently receive negative feedback about not achieving productivity demands, and this may become stressful.

Advantages

EPM does, however, have potential benefits. Studies have shown that performance monitoring in call centres is an important antecedent of well-being. The performance related content of monitoring is associated with low depression and high job satisfaction. This indicates that when clear performance criteria are developed and when positive feedback is given regularly the monitoring system will be associated with greater well-being. Monitoring can play a role in improving well being when it is seen to be part of a broader system aimed at improving employees' skills and abilities.

10.6 Feedback

Feedback is an important part of any monitoring system, whether qualitative or quantitative.

Feedback is acknowledged as a positive element of job design, and EPM is a means of collecting more objective information about a call handler's productivity on which to base feedback. EPM enables call handlers to improve their performance as poor performance is identified, and it also highlights good performance.

For these benefits to be reaped though, it is essential for team leaders to be trained how to give feedback in a constructive rather than punitive manner, particularly if targets have not been achieved. A supportive line manager has been shown to be associated with lower levels of stress in a monitored workplace. The relationship between call handlers and team leaders will obviously influence how feedback is both given and received, but training should enable team leaders to be more objective in their assessments and the style of their feedback. Performance monitoring should be recognized as being part of a system that aims to develop employees' skills and performance.

Practical arrangements are also important: Feedback should be given one-to-one in private, the monitoring system should involve frequent and positive feedback and be based on clear performance criteria. Feedback should be solution oriented – focus on problem solving rather than on what cannot be done. It should aim to improve. Everyone should see feedback as positive and an essential part of maintaining good working relationships and high levels of performance.

10.7 Legal Requirements

DSER states that workers should be kept informed about the introduction and operation of performance monitoring facilities, including any proposed changes in the monitoring system or targets. Call handlers or their representatives should also be consulted about EPM, as it may affect call handlers' health and safety. The setting of targets should be included in this consultation process, and call handlers should clearly understand that targets take into account time for breaks.

10.8 Good Practice

- Reduce perception that monitoring is intense; lowering the number and changing the type of performance measures used may reduce that perception that every aspect of behaviour is monitored.
- Joint agreement on performance monitoring and assessment criteria, ensuring that criteria are relevant, clearly set out and as objective as possible.
- Are procedures in place to deal with performance problems or grievances that may arise as a result of monitoring?
- Ensure that performance monitoring is not used to the detriment of individuals' health.
- Performance monitoring should be recognised as being part of a system that aims to develop employees' skills and performance.
- Give call handlers a mechanism for commenting on EPM and respond to those comments.
- Allow flexibility in how the job is done, and how long it takes.
- Consult call handlers about how often they would like feedback.
- Train team leaders on conducting performance appraisal so they are consistent.
- Give team leaders adequate time to give feedback.
- When giving feedback:
 - Give frequent and positive feedback
 - Focus on the problem solving rather than on what cannot be done
 - o Be open and honest
- The inevitability of error is recognised and action taken to learn from the experience rather than repeat it.
- Ensure that targets are realistic, measurable and achievable.
- New call handlers should start with lower targets than experienced call handlers and the number of calls should be increased over a period of time. This system may also be appropriate for those returning from sick leave.
- Quiet periods and equipment failures should be taken into consideration when setting and assessing targets.

10.9 References

- 1. Alder, G.S (1998) Ethical issues in electronic performance monitoring. A consideration of deontological and teleological perspectives. Journal of Business ethics, 17 729-743.
- Display screen equipment work Guidance on Regulations L26 (ISBN 0-11-886331-2) incorporates the text of the Health and Safety (Display Screen Equipment) Regulations 1992 and discusses the associated issues

- 3. Grant, R.A and Higgins, C.A (1989) Computerised performance monitors: Factors affecting acceptance. IEEE Transactions on Engineering Management, 38, 306-314.
- 4. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 5. Smith, M. J, Carayon, P, Sanders, K, Lim, S Y and LeGrande, D (1992) Employee stress and health complaints in jobs with and without monitoring. Applied Ergonomics, 23 17-27
- 6. Stanton, J.M (2000) Reactions to employee performance monitoring: Framework, review and research directions. Human Performance, 13, 85-113.
- 7. The Health and Safety (Consultation with Employees) Regulations 1996

11 Shifts

See Also: Workplace Environment, Consultation with Employees

11.1 Overview

Although some employees in typical offices work shifts, this is a common practice in many call centres. Consideration should be given to the risks that shift working incurs, these include:

Physical attack: The risk of violence must be assessed under the Management of Health and Safety at Work Regulations 1999. Call handlers working shifts in '24/7' call centres i.e. call centres operating 24 hours a day 7 days a week are particularly vulnerable from physical attack when leaving or arriving very late at night or very early in the morning. Public transport may not be available at these times, and call handlers may have to walk instead which may expose them to greater risk.

Refreshments: Canteens and local shops are usually closed at night, and it may be too dangerous to go out for something to eat. Careful consideration must, therefore, be given to providing adequate refreshments for nightshift call handlers. These workers are more likely to be suffering from dietary problems as working irregular and unsocial hours means they are more likely to have irregular meal times and snack. They could suffer acute ill-health effects such as headaches, migraines, and gastro-intestinal (stomach) problems as a result. Research has shown that these health effects, including fatigue, could be reduced if a healthy diet is maintained. Providing education on maintaining a healthy diet can assist employees to eat better between shifts and will emphasise the importance of doing so.

First aid: Most occupational health departments and health and safety representatives work regular hours. As it is a legal requirement to have first aid cover at all times whilst work is in progress, special provision may be needed to ensure first aid cover is adequate for nightshifts.

Although a large percentage of call handlers are female, the safety of male staff should also be protected. Call handlers of both sexes should understand the risks associated with working nights and the procedures they should follow to reduce these risks. These points should be summarised in written information for future reference. Call handlers should also be aware that they are entitled to a medical assessment to ensure they are fit to undertake night work. The introduction of any changes to shifts which may substantially affect call handlers' health and safety should be done in consultation with call handlers or their representatives in good time.

Reduced staffing: It is common practice to reduce the number of staff on the premises overnight. In order to prevent the need to use faulty equipment and to reduce stress levels it should be ensured that services such as Information Technology are available out of hours.

Supervision should also be maintained out of hours and a clear chain of command identified, should a decision need to be made regarding health and safety.

Fatigue: Fatigue is a common problem amongst people who work irregular hours. Encouraging good sleep habits outside of work hours and eating a healthy diet can

help to reduce fatigue. During the shift prevention of boredom by changes in task can help to maintain alertness. Warm environments are considered a contributory factor to fatigue. Temperature should therefore be regulated to ensure it is not to hot. Workload should also be managed to prevent overload.

The shift pattern needs to be carefully considered in consultation with employees. Forward rotating systems are easier for shift workers to cope with than backwards rotating ones and may be preferred by staff.

Communication: Communicating across shifts in 24/7 call centres can be a problem. There is a need to ensure effective communication to maintain both safety and efficiency.

11.2 Legal Requirements

The Working Time Directive (WTD) specifies that the following should be adhered to for shift workers:

Employees should work a:

- Maximum of 6 hours work before a break
- Maximum of 48 hours work per week

And have a:

- Minimum of 11 hours off between duties
- Minimum of 2 x 24 hours off per 2 weeks
- Minimum entitlement of 4 weeks paid leave per year

And have a :

• Maximum <u>average</u> of 8 hour night shift (This would allow 6 @ 8-hours or 4 @ 12-hours per week)

Or:

 <u>Maximum</u> of 8-hour night shift if work involves "special hazards or heavy physical or mental strain"

11.3 Good Practice

- Provide advice on how to integrate working shifts with home life, which covers, in particular, eating properly and how to promote good sleep during the day.
- Ensure car parks are well lit and consider employing a security person to patrol car parks or installing closed circuit television to increase security.

- Telephone for taxis to collect at the call centre rather than staff catching them on the street.
- Make bus timetables available so employees can wait in the call centre rather than on the street if they miss the bus they had intended to catch.
- Encourage car sharing so public transport does not need to be used late at night.
- Ensure a clear chain of command is identified out of hours.
- Ensure adequate maintenance and technical services are available overnight.
- Ensure that working hours are not too long.
- Ensure employees get enough rest between shifts.
- Ensure employees do not work too many night shifts in a row.
- Managers need to negotiate with staff about overtime (including a reference to double shifts appears to condone it – double shifts should be avoided where ever possible).
- Managers fit in with individuals' preferences some people prefer and are better suited to working nights.
- Avoid planning critical jobs for the ends of night shifts or at times of the day and night when staff are naturally less alert, e.g.2-4am.
- Shifts rotate 'forwards' that is, mornings, then afternoons, then nights.
- Employees take quality rest breaks from their work and have adequate opportunity to eat properly.
- Anyone can report fatigue problems to management and the company will make improvements.
- The environment does not cause drowsiness (it is light with visual interest, not too hot and there is variation in the level of sound).
- There are contingency plans to avoid overloading one person with overtime (see above).
- Incidents or accidents where fatigue may be responsible are thoroughly investigated.
- Ensure communication between shifts, for example by a 'buzz session' at the start of a shift; communication whiteboards, the Intranet, Email and newsletters can also be used.

11.4 References

- 1. Costa, G. (2003) Shift Work and Occupational medicine: an overview. Occupational Medicine, Volume 53 No 2.
- Harma, M., Tarja, H., Irja, K., Mikael, S., Jussi, V., Anne, B., and Pertti, M. (2006). A controlled intervention study on the effects of a very rapidly forward rotating shift system on sleep-wakefulness and well being among young and elderly shift workers *Journal of Psychophysiology 2006. Volume 59 pages 70-*79.
- 3. Johnson, M. and Sharit, J. (2001). Impact of a change from an 8 hour to a 12 hour shift schedule on workers occupational injury rates.. International Journal of Industrial Ergonomics. Volume 27 Pages 303-319
- 4. 'Managing Shift Work: Health and Safety Guidance' HSG25
- 5. Newey, C. and Hood, B. (2004) Determinants of shift-work adjustment for Nursing staff: The critical experience of partners. *Journal of Professional nursing, Volume 20 No 3. Pages 187-195.*
- 6. Ohayon, M., Lemonie, P., Arnaud-Briant, V., and Dreyfus, M (2003). Prevelance and consequences of sleep disorders in a shift worker population. Journal of Psychometric research 2003, Volume 53 Pages 577-583.
- Overtime and Extended work shifts. Recent findings on illnesses, injuries and health behaviours. NIOSH April 2004. US Department of Health and Human Services
- 8. Rouch, I., Wild, P., Ansiau, D. and Marquie, J. (2005).Shiftwork experience, age and cognitive performance. *Ergonomics, Volume 48, No 10. Pages 1282-1293*
- 9. Walker, B., Smith, K., Kekich, M. (2003). Limiting Shift Work fatigue in process control. *Chemical engineering Process. April 2003*

12 Temporary workers

See Also: Training

12.1 Overview

Call centres rely on agency workers as a large proportion of their workforce in order to account for fluctuations in demand. There are often problematic outcomes, specifically with regards to work place conditions, treatment from management and permanent staff, and training outcomes. Temporary workers are thought to receive less training of a lower quality than permanent workers, as organisations are less likely to invest in individuals who will not be with them for long periods of time.

12.2 Good Practice

- Temporary workers to be given the same treatment as permanent workers in terms of workplace characteristics, demands, expectations etc.
- Management to invest in temporary workers to the same extent as permanent workers, particularly with regards to training outcomes.
- Temporary agency workers to be selected to work in a call centre based upon their personal preferences, previous experiences and skills.

12.3 References

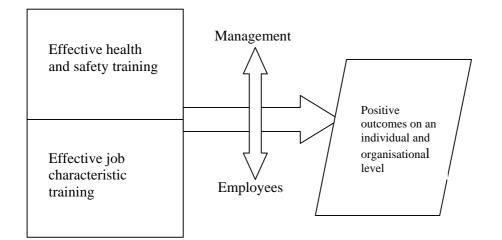
- 1. Druker, J. and Stanworth, C. (2004). Mutual expectations: a study of the three way relationship between employment agencies, their client organisations and white collar 'temp' agencies. Industrial Relations Journal, 35 (1), 58-75.
- 2. Ellingson, J.E. (1998). Factors relating to the satisfaction and performance of temporary workers. Journal of Applied Psychology, 83, 913-921.
- 3. Garsten, C. (1999). Betwixt and between: temporary employees as liminal subjects in flexible organisations. Organisation Studies, 20 (4), 601-617.
- 4. Rogers, J.K. (1995). Just a temp experience and structure of alienation in temporary clerical employment. Work and Occupations, 22 (2), 137-166.

13 Training

See Also: MSDs, Verbal Abuse, Consultation with Employees, Stress

13.1 Overview

With regards to call centre work, training can be split two-fold. Firstly, it is well documented that call centre workers receive 'induction' training in order to combat the fact that call centre work is; "intensive and requires a good knowledge of a company and its call procedures, how computer systems work and how to deal with customers" (Unison, 2002). The primary aim of this type of training is for employees to master the procedures and learn how their task should be performed. Secondly, and perhaps of more direct relevance to this report is the issue of health and safety training on a number of important issues (voice health, DSE assessment, etc). In order to provide call centre employees with the opportunities to work safely and healthily, both of the specified training options above need to be implemented effectively. Furthermore, it is central that managers responsible for call centre employees receive specific training on the relevant health and safety issues, in order for them to be aware of their prevalence and cascade this awareness to their staff. This is demonstrated in the model below:



This demonstrates that there is more than one dimension to training call centre workers in order to determine best working practices. What follows is an overview of existent research on the importance of these two types of training for call centre workers.

Central to any health and safety issues is the topic of training. Training is important for education of employees and managers about important health and safety considerations, raising awareness of such considerations and helping to reduce any adverse health and safety consequences.

Before training needs on specific topics within the report are addressed, a brief overview of some important issues within the training literature are discussed:

Training Should Be Regularly Administered

Training needs to be on a regular basis so as to act as a refresher. In order to maximise the transfer of learning, informal tests should take place. Competencies on certain areas of training should not be 'signed off' on a single occasion. It is important that such training is revisited at regular intervals.

Training Should Be Updated

Training should be updated regularly – this should be the responsibility of management and senior management. These two parties should liaise together to ensure that gaps in training are identified and remedied.

All Employess Should Receive The Same Training

All staff should receive the same training as each other. Many individuals 'slip through the net', for reasons such as sickness or working on a part time basis. Staff shortages have also shown to impact upon the provision of training where if a trainer has been unavailable or on sick leave, some individuals claim to have had no training whatsoever during the course of their appointment. Strict logs should be kept and arrangements should be made immediately if there is a risk of an individual missing training. Management should endeavour to take full responsibility for this issue.

Effective Training Methods Should Be Used

Training methods should be as effective as possible. Some companies use videos to train their staff. Information is often not retained from such forms of training. Training should be made to be more interactive; for example, a video accompanied by a question and answer session (where all trainees must participate) or role play exercises. Further, research suggests that training is most effective when it is relevant and applicable to the situation in hand. For example, in training on appropriate DSE assessment, staff should actually carry out a DSE assessment at their own workstation, be supervised by a trainer and coached as the process takes place. By actively involving trainees in the training sessions and physically carrying out the tasks as opposed to reading about it or watching a video, staff are more likely to retain what they have learned and be able to put it into practice.

Training Should Be Evaluated

All training should be evaluated to assess its usability and effectiveness. This can be undertaken in many ways (for example, by staff questionnaire, by assessing statistics relating to health and safety and its relation to the type of training given), and acts as an important tool for management to ensure that training provisions are constantly improving and are up to date. Trainers and management should be given appropriate training to ensure that they are thoroughly equipped to evaluate and re-design their training schemes.

13.2 Training – Career Progression

Call centre employees should be given the option of training to enable them to progress in their career, should they wish to do so. Research has shown that call centres often do not maximise their training resources due to lack of time, resulting in fewer employees been given the opportunity to progress. Effective training in career

progression opportunities is shown to reduce absenteeism and increase staff retention, as well as increasing individuals' well-being and sense of worth.

Training for career progression in call centres is usually defined as some sort of professional qualification, for example National Vocational Qualifications in Customer Service or Telesales, and Management Development Training are just some of the options available. There are many external training providers that can supply such training, and some courses can be taught by in house training personnel.

Call centre employers should consider the following recommendations:

- Call centres should have a formal, defined and documented career development plan in place for all staff.
- Career development plans should be regularly discussed for each individual employer, where goals and sub-goals are altered in line with recent achievements.
- Call centres should allow staff a certain amount of time for career progression training.
- Call centres should actively encourage their staff to progress in their careers, and provide funding and/or specified training allowance for each employee.
- Call centres should use external training providers where necessary, and to relieve demand of time pressures on management staff.

13.3 Training For MSDs

Training provisions are critical in the successful reduction of MSDs in the workplace.

Informing staff about signs and symptoms of MSDs, risk factors, control measures and the need for early reporting and action will improve the overall effectiveness of a training programme and will encourage employees to become actively involved in identifying and controlling MSD risks.

Training should not be relied upon as the primary means of controlling the risk of MSDs. Influencing the way workers perform tasks through training is an essential part of risk control but relying on this alone has been shown to have limited success in prevention. Training should ideally complement other higher order controls that have already been implemented (i.e. redesign of the work task, substitution or replacement of tools or components, isolating the risk at the source etc). It can be beneficial to involve employees in the development and presentation of training.

Training on MSDs should both raise general awareness of MSD issues and also address the specific needs of a particular job or task.

General training should aim to:

- increase awareness and knowledge of MSD issues
- reduce the likelihood of MSD problems occurring by providing adequate information on the following: recognition of MSD symptoms, risk factors present in the workplace, safe working methods, correct operation of control measures, the importance of procedures for the early reporting of ULD symptoms.

Task specific training should consider:

- MSD factors associated with the job in greater detail
- Should include a review of risk factors related to tasks and safe working methods for that particular task
- Any particular control measures associated with the job, including personal protective equipment.

In order to make MSD training as effective as possible, organisations need to avoid bad habits being passed on from trainer to trainee. Trainers should be retrained regularly to stop bad habits developing.

If trying to alter worker behaviour via training, training provisions will need to cover the following:

- Adverse traditional training methods and ingrained habits.
- Production pressures.
- Any perception that new methods are difficult or time consuming.
- Any lack of understanding of risk factors for MSDs.
- Situations where improvements in job methods may be constrained by poor workforce layout, materials, equipment and/or job design.
- Employee involvement this is fundamental to the success of any training. Employers should encourage participation by encouraging discussion, asking employees for suggestions and comments on training issues and, where appropriate involving employees in the presentation of training material.
- The role of safety representatives in promoting safe working practices and reinforcing training messages.
- The need to provide opportunities for immediate practice and feedback so as to correct performance and to ensure that skill levels can be maintained following training. Principles covered in training sessions should be reinforced by supervisors, safety reps and peers on a regular basis.
- The need for periodic refresher training for all employees.

13.4 Training On Verbal Abuse

Training call handlers so they are fully competent to take calls from the public is the first step in avoiding abusive calls. This includes training existing staff in any new products, offers or campaigns. Customers are less likely to become frustrated if their calls are taken efficiently and all their questions answered satisfactorily. At induction, newly recruited call handlers should be made aware of some of the common reasons for verbal abuse, and they should be trained how to handle abusive callers. This should include the procedures for passing those calls to more experienced colleagues or supervisors or for terminating the call. The planning and organisation of training should be done in consultation with employees. Call handlers should also be consulted about the information on the risk of verbal abuse and the procedure for dealing with it. In addition, call centre managers should train their staff in a set procedure to follow in the incidence of verbal abuse. This may include the following:

- Try not to panic or put the receiver down immediately.
- Try not to lose your temper or be tempted to react with a similar response.

- Try not to take the remarks personally and become upset.
- Be patient as the abuse may stop shortly.
- If the caller does not calm down, clearly advise them that unless they are able to continue the discussion in a civil manner, the call will be terminated.
- If the caller is not satisfied with the answers to their questions, offer to pass them to a colleague or a supervisor, or to take their number and return the call when further investigations have been made.
- If, despite a warning, behaviour does not improve, then you may terminate the call.
- Take a short break or speak to a colleague or supervisor about the call if this would help you to recover.
- All calls of this nature should be logged with your supervisor.

Listening to the recording of the abusive call with a more experienced colleague or supervisor may help employees identify alternative ways of dealing with similar calls in the future and de-sensitise employees to the impact of abusive callers.

Assertiveness training sessions for call handlers is shown to be effective in minimising the negative impact of verbal abuse from customers.

Training courses should expose employees to verbal abuse in a '*safe and controlled way*'. Also stress, anger and anxiety management techniques need to be taught to call handlers. All these training courses will help to improve call handlers' self esteem – high self esteem is related to a better ability to cope with verbal abuse, therefore will minimise negative effects.

Training on how to cope with abusive calls, and education about positive and negative coping strategies should be given.

13.5 Training on Work-Related Stress.

Call centre workers and management should be given awareness training about work-related stress; its causes, its prevalence, its symptoms and consequences. (For more information see page 68). Most importantly, management should be aware of Stress Management Techniques and should be trained on the legalities associated with work-related stress as specified by the Management of Health and Safety at Work Regulations (1999).

Stress management and awareness training should be given to call centre employees in order to act as a preventative measure. Management should be aware of the primary, secondary and tertiary interventions available to tackle work related stress and should receive detailed training about the nature of the different types of interventions and when best to use them. In training management/employees about the different types of stress management, the following table acts as an illustration of some different primary, secondary and tertiary techniques. All training should focus on equipping both individuals and employers with awareness and information about how to prevent stress, so that the incidents of work-related stress can become reduced. It is vital that other strategies are included (secondary and tertiary) to account for the individuals who may already be suffering from work-related stress.

Primary	Secondary	Tertiary
Aimed at eliminating or	Focus on raising	Are concerned with
modifying 'stressors' to	awareness and 'arming'	treating an individual
reduce their negative	employees to cope with	who is suffering from
impact on individuals.	sources of	the effects of stress.
Examples include:	stress/pressure.	Examples include:
_	Examples include:	_
Introducing flexible working arrangements	Coping with stress/pressure training courses. Awareness of what stress is, what can cause it and how to reduce it.	Counselling and therapy services
Public commitment from top management	Promoting healthy lifestyles (cutting down on drinking/smoking, etc.)	Employee assistance programmes (EAPs)
Open and honest	Increasing support from	Rehabilitation on returning
discussion of issues	managers and co-workers	to work
Positive personnel policies	Helping develop other skills to deal with stress e.g. assertiveness, problem-solving skills	Flexible working to encourage return to work.
Redistributing workloads during peak times	Training managers how to manage including: Helping managers to recognise the impact of managerial styles on staff. Training managers to deal with unacceptable behaviour. Training managers on how to give feedback.	
Examining and improving communications		
Job rotation		
Increasing participation in		
decision-making of all		
levels of staff		
Increasing individuals' control over their work and work environment		
Setting clear organisational and linked individual objectives in performance agreements.		

Achievable objectives	
Avoiding excessive workloads	
Working arrangements which are compatible with responsibilities outside work	
Negotiated and appropriate shift-work patterns	
Plenty of variety of work tasks	
Allowing the effective use of skills	

13.6 References

- 1. Brennan, W. (2001) Having Words. Safety and Health practitioner, 19 (10), 36-38.
- 2. Brennan, W. (2003). Continuing Professional Development: Sounding off about verbal abuse. *Occupational Health, 11, 22-26.*
- 3. Career Development Resource Training for call centres. <u>www.cca.org.uk/careerdev.asp</u>
- 4. Goldstein, I.L. and Ford, K. (2001). *Training in organisations*. London: Wadsworth.
- 5. Holding the Line(2002).Unison's guide to making call centres a better place to work.
- 6. McClelland, G. and Gibson, H. Call North West. Good Practice Network. Training and people developing. White Paper 1. Accessed at: <u>http://www.callnorthwest.org.uk/training-and-development/research-and-documents.php</u>
- Management of health and safety at work Approved Code of Practice (ISBN 0-7176-2488-9) incorporates the text of the Management of Health and Safety at Work Regulations 1999 and discusses the associated issues

14 Verbal abuse

See Also: Training

14.1 Overview

Call handlers may experience more verbal abuse than the typical office worker, because they spend more time on the telephone. The Health and Safety Executive's definition of work-related violence as 'any incident in which a person is abused. threatened or assaulted in circumstances relating to their work', explicitly states it includes verbal abuse. There are no clear criteria as to what constitutes an abusive call, as some call handlers may feel less threatened than others by callers shouting, swearing and making insulting and aggressive comments. A definition put forward in the literature is: 'language intended to cause distress to the target'. Generally speaking, factors such as customers being frustrated or dissatisfied with a service or impatient at the amount of time they have to wait in order to speak to a call handler are shown to be related to increased incidences of verbal abuse. Furthermore, an imbalance of power between the call handler and the customer is shown to be of relevance, where the call handler is expected to be courteous at all times and not retaliate often means that the situation is more stressful for the call handler. Individual employees differ in their response to coping with these kinds of calls and how long it takes them to recover. Some factors shown to impact on the way in which an individual copes with exposure to verbal abuse include: the extent to which one perceives the abusive person as threatening, the nature of the abuse, whether one perceives the abuse to be personal or directed at the organisation as a whole, the self esteem of the target, and the perceived level of support the target receives from the organisation. The negative consequences of verbal abuse include burnout, anxiety, depression, psychosomatic disorders, avoidance behaviours, acute embarrassment, crying spells, feelings of unworthiness, lack of motivation, fatigue, irritability and sleeping and eating disturbances.

14.2 GOOD PRACTICE

- Allow call handlers who have just taken an abusive call time to recover and discuss it with a colleague or their supervisor if they so choose.
- Customers who have been abusive could have this noted on their files by a warning flashing on screen when a call handler accesses their details. However, all personal information in customers' files is covered by the Data Protection Act 1998 and arrangements for using warning markers will need to be carefully defined in company policy.
- Staff must be provided with training to develop the skills needed to cope with verbal abuse (see training, p 53).
- Management must foster an organisational culture which accepts verbal abuse as a component of violence in the workplace and an issue to be taken seriously.
- Audits for verbal abuse could be carried out by asking staff to fill in a questionnaire every 3-6 months in order to record the prevalence and severity of verbal abuse and review strategies used to combat it.

• Organisational support given to targets of verbal abuse to reduce negative impacts of verbal abuse.

14.3 References

- 1. Ben-Zur, H. and Yagil, D. (2005). The relationship between empowerment, aggressive behaviour of customers, coping and burnout. European Journal of Work and Organisational Psychology, 14 (1), 81-99.
- 2. Brennan, W. (2001) Having Words. Safety and Health practitioner, 19 (10), 36-38.
- 3. Brennan, W. (2003). Continuing Professional Development: Sounding off about verbal abuse. Occupational Health, 11, 22-26.

15 Voice health

See Also: DSE, Consultation with Employees, working environment

15.1 Overview

Call handlers spend a larger proportion of their working day speaking on the telephone than many employees in typical office jobs. The medical term for voice problems is dysphonia. The condition is not just an inability to speak but also includes pain, tension, croakiness, irritating cough and poor or no vocal power.

Recent research identified call centre workers as a potential high-risk category in relation to occupational voice loss reference. In the UK the HSE has no figures on the extent of occupational voice loss and there is a lack of relevant epidemiological data both nationally and internationally on voice injuries at work and the Industrial Injuries Advisory Committee in March 2006 found on that basis that this prevented dysphonia from qualifying as an as an industrial injury under the industrial injuries disablement benefit scheme.

Call centre employees should be made aware of the risk of dysphonia, be able to recognise the symptoms and be trained to take preventive action such as drinking water rather than tea or coffee and stretching the neck and shoulders to relieve tension. The idea of employers offering voice training - how to use the voice effectively, to avoid strain and possible damage - for call centre workers is worth exploring. Anyone who uses their voice continuously and as an integral part of the job should have training.

However, the risk of them experiencing problems with their voices can be reduced if good practices are followed.

15.2 Legal Requirements

The introduction of any good practice for voice health, which may substantially affect the health, and safety of call handlers should be done in consultation with call handlers or their representatives.

Management should investigate to find out if there is a problem in the workplace, through a risk assessment.

15.3 Good Practice

- All cases of voice loss should be logged in the accident book to spot any trends.
- Management should negotiate an agreement for the set maximum hours of voice-based work per day.
- Background noise should be reduced to minimise the risk of over exertion of the voice.
- Provide a smoke/dust free work environment by managing your office environment i.e. ensuring that there is good air circulation, relative humidity does not drop below 40% and that you maintain a reasonable air

temperature. The reason for this is that low humidity environments and dusty offices with poor air movement can cause voice problems.

- Have voice coaches on staff induction courses to give advice and guidance to new staff on how to protect their voices from long-term medial damage.
- Provide regular voice breaks (on average 5 minutes of non-vocal time per hour).
- Provide ability to pre-record introductions.
- Ensure that callers are rotated to prevent calls being received at a single station.
- Have a vocal warm up. A Voice Care Guide for Call Centre Managers is a good reference.
- To reduce the risk of straining the throat, opening-greeting scripts should be broken into shorter segments, giving call handlers' frequent micro-breaks while callers respond to their questions.
- Allow call handlers to drink at their workstations to ensure throats are adequately lubricated.
- Call handlers should be encouraged to drink water or caffeine-free soft drinks to maintain hydration rather than tea or coffee or soft drinks containing caffeine that are diuretics.
- Stretching the neck and shoulders relieved tension. These exercises can be done at the workstation as well as during breaks. A prompt, which appears on the screen from time to time, may be a helpful reminder for call handlers to do these stretches.
- The risk of voice problems is greater when suffering from a cold. Assigning staff in these circumstances to tasks that do not involve speaking on the telephone reduces the risk.

15.4 References

- 1. A Voice Care Guide for Call Centre Managers, Voice Care Network
- 2. More care for your voice, Voice Care Network
- 3. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 4. The Health and Safety (Consultation with Employees) Regulations 1996

16 Working environment

16.1 Overview

Proper control of the environment in call centres is very important and should be assessed. Changes in working practices, occupancy and layout are much more common in call centres than in typical offices and the effect of any changes on the environment should be covered in a risk assessment.

16.2 Thermal Comfort

Thermal comfort describes a person's state of mind in terms of whether they feel too hot or tool cold. It is defined as *'that condition of mind which expresses satisfaction with the thermal environment.'* Environmental factors (such as humidity and sources of heat in the workplace) combine with personal factors (such as clothing and how physically demanding the work is) to influence what is called 'thermal comfort'.

Thermal environment may contribute to the overall health and well-being of the employee and the well-being of the organisation. Poorly managed thermal environment may cause absenteeism, turnover of staff and complaints. If a persons thermally comfortable this can increase employee motivation, productivity and quality of output.

The best that can realistically be hoped to be achieved is a thermal environment that satisfies the majority of people in the workplace or put more simply 'reasonable comfort' should be achieved. HSE consider that 80% of occupants could reasonably be expected to be thermally comfortable in a given environment.

There are six factors that affect thermal comfort;

- Environmental Factors
 - Air temperature
 - o Radiant heat
 - Air velocity
 - Relative Humidity
- Personal Factor
 - Clothing insulation
 - Activity level

Air temperature and radiant heat both have significant influences on thermal comfort. Air temperature is the temperature used to describe the air that surrounds the body. Radiant heat is the heat that radiates from a warm object e.g. heat from windows, computers and other office machinery. Radiant temperature can have a greater influence on thermal comfort than air temperature. Relative humidity is the ratio between the amount of water vapour in the air and the maximum amount of water vapour that the air can hold at that air temperature. Relative humidity should be between 40-70%. In workplaces with no effective air conditioning relative humidity may exceed these limits. Air velocity describes the speed of air moving (across the

worker) so draughts can be a cause of discomfort. Evaporation cools the body down so the presence of draughts speeds the process up. Clothing insulates the wearer from the thermal environment and has a significant impact on thermal comfort. Changes to the weather (seasonal variations) are important determinants in helping people decide what clothing they may wear to work. In some instances, however, company policy may dictate clothing worn. Therefore any thermal comfort investigation should also consider the prevailing outdoor environments. Activity level has obvious effects on body temperature and therefore thermal comfort e.g sat down at a computer compared to carrying boxes.

A simple way of estimating the level of thermal comfort in the workplace is to ask the workers or their workplace representatives. If the percentage of workers dissatisfied with the thermal environment is above a certain level action will need to be taken.

There are a number of ways to manage thermal comfort in the workplace:

- Engineering controls
 - These should be first choice to reduce or eliminate the hazard. The implementation cost is often offset by the resulting improvements to production and decrease in downtime, with reduced absenteeism and improved motivation.
 - o Heating.
 - Air movement There are many methods for increasing air movement. Small personal fans can provide a refreshing movement of air.
 - Air conditioning When air conditioning is used care should be taken to ensure uniform air distribution throughout the workplace.
- Administrative controls
 - Planning and rescheduling work times.
- Individual Controls
 - Wearing the correct clothes for the environment

16.3 Legal Requirements

The Workplace (Health, Safety and Welfare) Regulations 1992 lay down particular requirements for most aspects of the working environment. The associated approved code of practice (ACOP) recommend *'minimum temperatures for workrooms of at least 16C (62F)*. There is no maximum temperature stated. Regulation 7 of these regulations deals specifically with the temperature in indoor workplaces and states that '*during working hours, the temperature in all workplaces inside buildings should be reasonable.*'

The Health and Safety (Display Screen Equipment) Regulations 1992 requires that equipment belonging to any workstation should not produce excessive heat which could cause discomfort to operators or users.

Relative humidity for an office should be between 40% and 70%. Employees should be provided with information on the risks of low relative humidity and their potential effects on physical and mental well-being and how to reduce these risks. The risk of low relative humidity is high in call centres. The greatest risk is from the large number of computers, which, as already stated, can be generating heat 24 hours a day, seven days a week, and this can dry the air to unacceptable levels. Low relative humidity can lead to dehydration that, in turn, can contribute to sore eyes, voice loss and headaches. Skin rashes may also appear.

16.4 Sick Building Syndrome

Sick building syndrome (SBS) is a term used to describe a building in which the occupants experience a range of symptoms causing discomfort and a sense of being unwell, rather than specific illnesses. These buildings are typically modern offices, which have mechanical ventilation or air conditioning. It is a complex problem and much of the evidence for it is inconclusive and circumstantial. Both physical and psychological causes have been suggested. A building is considered to be a 'problem building' if more than 20% of the occupants report health related complaints at any one time.

The range of symptoms may occur at a measurably higher incidence rate than expected amongst occupants of particular buildings for no readily identifiable reason. Some symptoms are:

- Eye, nose and throat irritation
- Sensitisation of mucus membranes and skin
- Skin rash
- Headaches
- High frequency of airway infection and cough
- Hoarseness, wheezing
- Itching
- Nausea and dizziness

Symptoms are generally mild although they may affect personal performance and motivation, sometimes significantly. Almost any worker can be affected by SBS. However, not everyone is equally at risk. Workers most commonly reporting the symptoms tend to be those who have little control over their working environment and are employed in routine jobs such as general clerical work and work using display screen equipment.

They are no specific causes of SBS but some contributory factors can be identified which include:

- Inadequate ventilation rates
- High uniform temperature and lack of air movement
- Low relative humidity
- Poor lighting
- Airborne chemical pollution
- Airborne organic matter from air conditioning system
- Low morale and general dissatisfaction with work and/or the environment

By virtue of the causes of SBS being complex and largely unknown it is not possible to identify generally applicable measures.

16.5 Good Practice For SBS

- Employers should determine whether symptoms are local to a part of a building or widespread, and if the former, they may be able to identify a particular cause
- The general operation of the heating, ventilation and air conditioning systems and their maintenance should be checked and any identified deficiencies dealt with
- The general cleanliness of the interior of the building and furnishings should be assessed
- Employers should seek the view of staff and their complaints should be investigated.

16.6 General Ventilation

General ventilation or 'dilution' ventilation is a term used to define the flow of air into and out of a working area. This can be provided by:

- Natural ventilation
- Forced or mechanical ventilation

Fresh air is required to provide oxygen, remove or provide heat, dilute and remove body and other types of odours and dilute any contaminants caused by workplace activities.

Insufficient fresh air may lead to tiredness, lethargy, headaches, dry or itchy skin and eye irritation in employees.

16.7 Legal Requirements

The workplace (Health, Safety and Welfare) Regulations 1992 requires that the employer does what is needed to make sure that every enclosed workplace is ventilated by a sufficient quantity of fresh or purified air. The guidance states that the fresh air supply rate to the workplace should not normally fall below 5-8 litres per second, per occupant. Air movement caused by general ventilation can affect comfortable working conditions. Workers will be happier if they can alter their environment, for example by opening or shutting a window when required. At normal temperatures an airflow velocity of between 0.1 to 0.15 metres per second and up to 0.25 metres per second during the summer is recommended.

16.8 Lighting

Lighting at work is very important to the health and safety of everyone using the workplace. Poor lighting cannot only affect the health of people at work causing symptoms like eyestrain, migraine and headaches but is also linked to sick building syndrome. Symptoms of this include headache, lethargy, irritability and poor concentration. Poor lighting can lead to increased absenteeism, reduced staff efficiency and productivity.

16.9 Legal Requirements

Lighting requirements may differ depending on whether call handlers are only operating DSE or whether they have to consult and complete paperwork too, but under Regulation 8 of WPR, *'Every workplace shall have suitable and sufficient lighting.'* Most people prefer to be in an environment with some natural light, and Regulation 8 of WPR demands that *'lighting ... shall, so far as is reasonably practicable, be by natural light.'* Often, though, windows in call centres are covered by blinds to reduce glare. The frequency spectrum of the light source should also be considered, as some are easier on the eyes than others. Lighting requirements for night shifts may also differ from those for the day shifts, and the contrast between the screen and the background office lighting levels must also be considered.

16.10 Occupancy

'Twenty-four/seven' occupation is common practice for call centres, and the environmental conditions control system should be designed to cope with the demands engendered by this level of occupancy. The distribution of the occupancy within the building can change dramatically depending on the shift, and the environmental conditions control system should be designed to make the appropriate adjustments or allow the occupants to make adjustments.

Problems with environmental conditions may arise if a building is only designed for a specific number of occupants and amount of equipment. If no allowances are made for expansions in the workforce, the environmental conditions control system may not be able to compensate for the additional occupants and equipment and the air quality, temperature and relative humidity may become unacceptable.

16.11 Layout

Open-plan offices are a common feature of offices and are popular with companies operating call centres, as the layout is flexible. For example, re-organising the layout of the workstations can easily reflect re-organisations of teams. If this has not been anticipated in the design of the environmental conditions control system, problems may arise such as new privacy screens interrupting airflow and leading to pockets of stagnant air.

16.12 Space

As with a typical office, it is common practice to accommodate additional new staff by re-arranging the office. However, many call centres have rapidly expanding workforces, and managers should regularly review whether they are meeting regulations by accommodating new staff in this way or whether additional space is required.

16.13 Legal Requirements

To comply with the regulations (Regulation 10 Workplace (Health, Safety and Welfare) Regulations), call centres should have enough free space to allow people to get to and from workstations and to move within the call centre with ease. The total volume of an empty area divided by the number of people normally working in it should be at least 11 cubic metres (ceilings higher than 3m should be entered into calculations as 3m). The workstation and basic storage facilities are included in this

volume so, depending on the style and size of the workstation and storage facilities, additional space may be required to ensure there is sufficient space for the work activity to be undertaken without risking safety or health. It is unlikely that additional space will be required for the majority of call centre workstations.

16.14 Good Practice

- Have a clear and easy procedure for reporting unacceptable environmental conditions.
- Respond to complaints promptly and take them seriously.
- Give the complainant feedback on the results of the investigations and the reason behind any subsequent actions or decisions.
- When providing fresh air make sure there are no uncomfortable draughts from the movement of air.
- Provide fans, e.g. desk, pedestal or ceiling mounted fans.
- Ensure windows can be opened.
- Shade employees from direct sunlight.
- Provide additional facilities e.g. cold water dispensers.
- Allow sufficient breaks to enable employees to get cold drinks or cool down.
- Provide adequate workplace heating e.g. portable heaters.
- Allow sufficient breaks to enable employees to get hot drinks or to warm up.
- Tea and coffee are diuretics so can exacerbate dehydration. Encourage call handlers to drink plenty of water or caffeine-free soft drinks instead.
- Position a sufficient number of cold water fountains throughout the call centre so water is available near workstations.
- Consult call handlers about the type of lighting and the level of lighting they would prefer (obviously, the final choice has to meet legal requirements).
- Provide a rest room with adjustable lighting so call handlers can dim the lights if they so wish.

16.15 References

- Display screen equipment work Guidance on Regulations L26 (ISBN 0-11-886331-2) incorporates the text of the Health and Safety (Display Screen Equipment) Regulations 1992 and discusses the associated issues
- 2. General ventilation in the workplace. Guidance for employers HSG202 ISBN 0-7176-1793-9
- 3. How to deal with SBS Guidance for employers, building owners and building managers. HG132 ISBN 0-7176-0861-1
- 4. Lighting at Work HSG38 ISBN 0-7176-1232-5
- 5. Local Authority Circular 75/1 'Sick Building Syndrome')available on line at www.hse.gov.uk/lau/75-1.htm)

- 6. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 7. The Health and Safety (Consultation with Employees) Regulations 1996
- 8. Thermal comfort in the workplace. Guidance for employers HSG194 ISBN 0-7176-2468-4
- Workplace health, safety and welfare Approved Code of Practice L24 (ISBN 0-11-886333-9) incorporates the text of the Workplace (Health, Safety and Welfare) Regulations 1992 and discusses the associated issues

17 Work-related stress

See Also: ALL SECTIONS and TRAINING

17.1 Overview

Call centres have been shown in recent research to have worse than average scores on factors relating to work-related stress. Work related stress is often linked to a number of health and safety issues in the workplace.

HSE's definition of work-related stress is 'the adverse reaction people have to excessive pressures or other types of demand placed on them'. Like any other employees call centre employees will differ in their vulnerability to work-related stress and which factors affect them, and individuals will also vary over time. Prolonged or particularly intense stress can lead to physical and psychological ill health including heart disease, back pain, gastrointestinal disturbances, anxiety and depression. Work-related stress can have consequences for organisations including increased sickness absence, reduced staff morale and performance, and increased turnover. The table below shows some psychological and physical manifestations of work-related stress:

Psychological Symptoms	Physical Symptoms
Anxiety	Heart disease
Depression	Back pain
Poor Concentration	Gastrointestinal disturbances

HSE identifies six risk factors which if not properly managed can lead to work-related stress. For each factor a standard of good practice has been developed. These are described below.

Factor 1: Demands

This includes issues like workload, work patterns and the work environment.

The standard is that:

- Employees indicate that they are able to cope with the demands of their jobs; and
- Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- The organisation provides employees with adequate and achievable demands in relation to the agreed hours of work;
- People's skills and abilities are matched to the job demands;
- Jobs are designed to be within the capabilities of employees; and
- Employees' concerns about their work environment are addressed.

Please refer to each individual section for good practice guidelines that could help reduce any stress. Demands in call centres could include the following issues:

Торіс	Relevant Section for Reference
Psychosocial environment	See Shifts and Verbal Abuse
Poor workplace design	See DSE, Working Environment, MSD, Hotdesking
Work overload	See Performance Monitoring
Inadequate training	See Training, Verbal Abuse
Communication	See consultation with employees
Work environment	See Eyes and eyesight, Hearing, Voice Health and Working Environment.

Factor 2: Control

This comprises of how much say the person has in the way they do their work.

The standard is that:

- Employees indicate that they are able to have a say about the way they do their work; and
- Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- Where possible, employees have control over their pace of work;
- Employees are encouraged to use their skills and initiative to do their work;
- Where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work;
- The organisation encourages employees to develop their skills;
- Employees have a say over when breaks can be taken; and
- Employees are consulted over their work patterns

Please refer to each individual section for good practice guidelines that could help reduce any stress. Control in call centres could consist of the following topics:

Торіс	Relevant Section for Reference
Lack of autonomy	See Performance Monitoring, home working, Shifts, DSE and MSD and consultation with employees
Lack of skills utilisation	See Training

Factor 3: Support

This includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.

The standard is that:

- Employees indicate that they receive adequate information and support from their colleagues and superiors; and
- Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- The organisation has policies and procedures to adequately support employees;
- Systems are in place to enable and encourage managers to support their staff
- Systems are in place to enable and encourage employees to support their colleagues;
- Employees know what support is available and how and when to access it;
- Employees know how to access the required resources to do their job; and
- Employees receive regular and constructive feedback.

Please refer to each individual section for good practice guidelines that could help reduce any stress. Support in call centres could consist of the following topics:

Торіс	Relevant Section for Reference
Targets and Feedback	See Performance Monitoring
Organisational Support	See consultation with employees and training.
Social Support	See home working
Management competence	See Performance Monitoring

Factor 4: Relationships

This includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.

The standard is that:

- Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work; and
- Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- The organisation promotes positive behaviours at work to avoid conflict and ensure fairness;
- Employees share information relevant to their work;
- The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour;
- Systems are in place to enable and encourage managers to deal with unacceptable behaviour; and
- Systems are in place to enable and encourage employees to report unacceptable behaviour.

Please refer to each individual section for good practice guidelines that could help reduce any stress. Relationships in call centres could consist of the following topics:

Торіс	Relevant Section for Reference
Bullying and Harassment	See Verbal abuse
Communication	See Consultation with Employees
Dealing with abusive callers	See Verbal abuse and Training

Factor 5: Role

This is whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles

The standard is that:

- Employees indicate that they understand their role and responsibilities; and
- Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;
- The organisation provides information to enable employees to understand their role and responsibilities;
- The organisation ensures that, as far as possible, the requirements it places upon employees are clear; and
- Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.

Please refer to each individual section for good practice guidelines that could help reduce any stress. Role in call centres could consist of the following topics:

Торіс	Relevant Section for Reference
Role ambiguity	See Performance Monitoring and
	training
Role conflict	See Performance monitoring

Factor 6: Change

How organisational change (large or small) is managed and communicated in the organisation.

The standard is that:

- Employees indicate that the organisation engages them frequently when undergoing an organisational change; and
- Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- The organisation provides employees with timely information to enable them to understand the reasons for proposed changes;
- The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;
- Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs;
- Employees are aware of timetables for changes;
- Employees have access to relevant support during changes.

Please refer to each individual section for good practice guidelines that could help reduce any stress. Change in call centres could consist of the following topics:

Торіс	Relevant Section for Reference
Management Change	See Consultation with employees
Changes to working hours	See Shifts
Changes to work environment	See Working Environment and Hot
	desking

17.2 Legal Requirements

Work-related stress can cause ill health. Therefore, action to prevent or reduce it is included in the duty of employers under the Health and Safety at Work etc Act 1974 to ensure, so far as is reasonably practicable, the health of their employees at work. The risk of ill health from work-related stress must also be assessed and regularly reviewed by employers under The Management of Health and Safety at Work Regulations 1999 in consultation with staff or their representatives. 'Real Solutions, Real People: A manager's guide to improving and maintaining employee health and well being' provides advice about assessing and preventing work-related stress and lists other sources of advice. This is complimented by 'Tackling work-related stress:

A guide for employees'. Local Authority Circular 81/4 'Work-related Stress' provides advice to local authority enforcement officers and is available to the public. Measures introduced to tackle work-related stress should be done in consultation with call handlers or their representatives. To reduce or eliminate harassment and bullying so reduce the risk of these two forms of behaviour generating stress and leading to stress-related illnesses, effective policies on bullying and harassment should be drawn up. This should also be done in consultation with staff or their representatives.

17.3 Good Practice

- Stress risk assessments should be carried out in order to comply with The Management of Health and Safety at Work Regulations (1999)
- Education and awareness about stress as an important workplace issue should be encouraged, and the option of stress management training should be highlighted.
- Managers should be trained on the importance of stress in the workplace.
- Stress Audits/ Surveys should be conducted to assess to what extent stress may be present in the workforce and to address any possible problems and formulate strategies to reduce them.
- Employee Assistance Programmes (EAPs) should be in operation to give staff the option of talking through any stressful situations/problems in a confidential and supportive environment.
- Call centres should share data from stress audits with other call centres in order to benchmark indicators of stress in this particular industry.
- Call centres should be aware of work-life balance issues and their relationship to stress, and therefore should encourage flexible working hours.
- Ensure the correct people are recruited to become call handlers and managers.
- Call centres should aim to implement primary stress management techniques, and be aware of the usefulness of secondary and tertiary techniques. Organisations should aim to implement primary (preventative) strategies in order to reduce the likelihood of work related stress occuring. Secondary and tertiary measures can be used if stress is already present as a way of reducing it (see training section)
- In order to prevent and manage work-related stress, call centres should refer to all other sections of this document, in particular adhering to the good practice guidelines for every section. Stress is related to many of these issues and dealing with such work place characteristics in an appropriate manner can help to prevent stress from occuring.

17.4 References

- 1. Health and Safety at Work etc Act 1974 ISBN 0 543774 3
- 2. Local Authority Circular 81/4 'Work-related Stress' (available on line at <u>www.hse.gov.uk/lau/lacs/81-4.htm</u>)
- 3. Real Solutions, Real People: A manager's guide to tackling work-related stress. A manager's guide to improving and maintaining employee health and well being.
- 4. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 5. The Health and Safety (Consultation with Employees) Regulations 1996
- 6. Tackling work-related stress. A guide for employees INDG341
- 7. http://www.hse.gov.uk/stress/

18 References

- 1. Alder, G.S (1998) Ethical issues in electronic performance monitoring. A consideration of deontological and teleological perspectives. Journal of Business ethics, 17 729-743.
- 2. Ammons, S.K. and Markham, W.T. (2004). Working at home: experiences of white collar workers. Sociological Spectrum, 24, 191-228
- An easy guide: Making sure your office complies with the Health and Safety (display Screen Equipment) Regulations 1992 (as amended in 2002). HSG90 ISBN 0-7176-2602-4
- 4. Back in the office' BackCare The National Organisation for Healthy Backs (<u>www.backpain.org</u>)
- 5. Ben-Zur, H. and Yagil, D. (2005). The relationship between empowerment, aggressive behaviour of customers, coping and burnout. European Journal of Work and Organisational Psychology, 14 (1), 81-99.
- 6. Brennan, W. (2001) Having Words. Safety and Health practitioner, 19 (10), 36-38.
- 7. Brennan, W. (2003). Continuing Professional Development: Sounding off about verbal abuse. Occupational Health, 11, 22-26.
- 8. Career Development Resource Training for call centres. <u>www.cca.org.uk/careerdev.asp</u>
- 9. CCA Research Institute: Industry Facts and Figures 2005
- 10. Consulting employees on health and safety: A guide to the law INDG232
- 11. Controlling noise at work. The Control of Noise at Work Regulations 2005, L108
- 12. Costa, G. (2003) Shift Work and Occupational medicine: an overview. Occupational Medicine, Volume 53 No 2.
- 13. Department of Trade and Industry 85/013 January 1989 "Interim requirements for headsets to be used in association with approved telephones and PBX operators' consoles"
- 14. Display screen equipment work Guidance on Regulations L26 (ISBN 0-11-886331-2) incorporates the text of the Health and Safety (Display Screen Equipment) Regulations 1992 and discusses the associated issues
- 15. Druker, J. and Stanworth, C. (2004). Mutual expectations: a study of the three way relationship between employment agencies, their client organisations and white collar 'temp' agencies. Industrial Relations Journal, 35 (1), 58-75.
- 16. DTI Report, "The UK Contact Centre Industry: A Study" http://www.dti.gov.uk/ewt/contactind.pdf

- 17. Ellingson, J.E. (1998). Factors relating to the satisfaction and performance of temporary workers. Journal of Applied Psychology, 83, 913-921.
- Felstead, A., Jewson, N. and Walters, S. (2003). Managerial control of employees working at home. British Journal of Industrial Relations, 41 (2), 241-264.
- 19. Garsten, C. (1999). Betwixt and between: temporary employees as liminal subjects in flexible organisations. Organisation Studies, 20 (4), 601-617.
- 20. General ventilation in the workplace. Guidance for employers HSG202 ISBN 0-7176-1793-9
- 21. Getting to grips with manual handling: A short guide. ING143 (rev2)
- 22. Goldstein, I.L. and Ford, K. (2001). *Training in organisations*. London: Wadsworth.
- 23. Grant, R.A and Higgins, C.A (1989) Computerised performance monitors: Factors affecting acceptance. IEEE Transactions on Engineering Management, 38, 306-314.
- 24. Harma, M., Tarja, H., Irja, K., Mikael, S., Jussi, V., Anne, B., and Pertti, M. (2006). A controlled intervention study on the effects of a very rapidly forward rotating shift system on sleep-wakefulness and well being among young and elderly shift workers Journal of Psychophysiology 2006. Volume 59 pages 70-79.
- 25. Harrington, S.S. and Walker, B.L. (2004). The effects of ergonomics training on the knowledge, attitudes and practices of teleworkers. Journal of Safety Research, 35, 13-22.
- 26. Harris, L. (2003). Home based tele-working and the employment relationship: managerial challenges and dilemmas. *Personnel Review, 34 (4), 422-437.*
- 27. Health and Safety at Work etc Act 1974 ISBN 0543774 3
- 28. Health and Safety Training What you need to know
- 29. Health Surveillance in Noisy Industries Advice for employers. IND(G)193L
- 30. Holding the Line...Unison's guide to making call centres a better place to work.
- 31. How to deal with SBS Guidance for employers, building owners and building managers. HG132 ISBN 0-7176-0861-1
- 32. HSE. Home working: Guidance for employers and employees in health and safety
- 33. http://www.hse.gov.uk/noise/acoustic.htm
- 34. Indecent Exposure. A Joint report on noise at work by the RNID and TUC. March 1999

- 35. Johnson, M. and Sharit, J. (2001). Impact of a change from an 8 hour to a 12 hour shift schedule on workers occupational injury rates.. International Journal of Industrial Ergonomics. Volume 27 Pages 303-319
- 36. Lighting at Work HSG38 ISBN 0-7176-1232-5
- 37. Local Authority Circular 16/1 The Health and Safety (Display Screen Equipment) Regulations 1992 (available on line at <u>www.hse.gov.uk/lau/lacs/16-1.htm</u>)
- 38. Local Authority Circular 75/1 'Sick Building Syndrome' (available on line at <u>www.hse.gov.uk/lau/75-1.htm</u>)
- 39. Local Authority Circular 81/4 'Work-related Stress' (available on line at <u>www.hse.gov.uk/lau/lacs/81-4.htm</u>)
- 40. Management of health and safety at work Approved Code of Practice (ISBN 0-7176-2488-9) incorporates the text of the Management of Health and Safety at Work Regulations 1999 and discusses the associated issues
- 41. Managing health and safety: Five steps to success INDG275
- 42. 'Managing Shift Work: Health and Safety Guidance' HSG25
- 43. Masden, S.R. (2003). The effects of home-based teleworking on work-family conflict. Human Resource Development Quarterly, 14 (1), 35-45.
- 44. McClelland, G. and Gibson, H. Call North West. Good Practice Network. Training and people developing. White Paper 1. Accessed at: <u>http://www.callnorthwest.org.uk/training-and-development/research-and-documents.php</u>
- 45. More care for your voice' The Voice Care Network (<u>www.voicecare.org.uk</u>)
- 46. Newey, C. and Hood, B. (2004) Determinants of shift-work adjustment for Nursing staff: The critical experience of partners. Journal of Professional nursing, Volume 20 No 3. Pages 187-195.
- 47. Ohayon, M., Lemonie, P., Arnaud-Briant, V., and Dreyfus, M (2003). Prevelance and consequences of sleep disorders in a shift worker population. Journal of Psychometric research 2003, Volume 53 Pages 577-583.
- 48. Overtime and Extended work shifts. Recent findings on illnesses, injuries and health behaviours. NIOSH April 2004. US Department of Health and Human Services
- 49. Patel J A and Broughton K, "Assessment of the noise exposure of call centre operators", Ann Occup Hyg, 46(8), 653-661, 2002
- 50. Real Solutions, Real People: A manager's guide to tackling work-related stress. A manager's guide to improving and maintaining employee health and well being.

- 51. Rogers, J.K. (1995). Just a temp experience and structure of alienation in temporary clerical employment. Work and Occupations, 22 (2), 137-166.
- 52. Rouch, I., Wild, P., Ansiau, D. and Marquie, J. (2005).Shiftwork experience, age and cognitive performance. Ergonomics, Volume 48, No 10. Pages 1282-1293
- 53. Safe use of work equipment Approved Code of Practice and Guidance L22 (ISBN 0-7176-1626-6) incorporates the text of the Provision and Use of Work Equipment Regulations 1998 and discusses the associated issues
- 54. Safety representatives and safety committees (Third edition 1996 L87) incorporates the text of the Safety Representatives and Safety Committees Regulations 1977 and discusses the associated issues
- 55. Seating at work HSG57 ISBN 0-7176-1231-7
- 56. Smith, M. J, Carayon, P, Sanders, K, Lim, S Y and LeGrande, D (1992) Employee stress and health complaints in jobs with and without monitoring. Applied Ergonomics, 23 17-27
- 57. Sprigg, C.A and Smith, P.R (2002) Call centre employees using display screen equipment (DSE): What do we know about what they know about it? in Mccabe, Paul (ed.) (2002) Contemporary Ergonomics, Taylor and Francis, London
- 58. Stanton, J.M (2000) Reactions to employee performance monitoring: Framework, review and research directions. Human Performance, 13, 85-113.
- 59. Successful health and safety management HSG65 ISBN 0-7176-1276-7
- 60. Tackling work related stress. A guide for employees. ISBN 0-7176-2767-5
- 61. The Health and Safety (Consultation with Employees) Regulations 1996
- 62. The Information and Consultation of Employees Regulations 2004 SI 2004 No 3426
- 63. The Law on VDUs: An Easy Guide (2003) HSE Books
- 64. The Noise at Work Regulations 2005 ISBN 0-11-097790-4
- 65. Thermal comfort in the workplace. Guidance for employers HSG194 ISBN 0-7176-2468-4
- 66. Upper arms (or RSI) in small businesses ISBN 0-7176-2600-8
- 67. Upper limb disorders in the workplace ISBN 0-7176-2600-8
- 68. Violence at work Policy, New Possibilities. Reproduced in 'Health Service Report' The Quarterly Journal of Health Service Pay and Employment Practice Issue 29 Winter 2000/01
- 69. Violence at work. A guide for employers INDG69L (rev)

- 70. Walker, B., Smith, K., Kekich, M. (2003). Limiting Shift Work fatigue in process control. Chemical engineering Process. April 2003
- 71. Working with VDUs INDG36
- 72. Workplace health, safety and welfare Approved Code of Practice L24 (ISBN 0-11-886333-9) incorporates the text of the Workplace (Health, Safety and Welfare) Regulations 1992 and discusses the associated issues
- 73. www.acas.org.uk
- 74. www.cca.org.uk
- 75. www.contactbabel.com
- 76. www.datamonitor.com
- 77. www.hse.gov.uk/involvement
- 78. http://www.hse.gov.uk/stress/