

## Call centres

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### Advice regarding call centre working practices

70 pages.

This is a revised and updated version of the 2001 circular to Local Authority health and safety Inspectors and is due for further review in 2008.

Inspectors will expect duty holders to interpret their statutory obligations to protect the health and safety of call centre (or similar) employees, in the manner described in this guidance. Issues such as acoustic shock, verbal abuse, voice strain and work pace monitoring are more specific to call centre work; the rest of the guidance reflects general guidance on office work. Rest breaks and consultation are strongly emphasised. Call centre work employs around 3% of the UK workforce.

The true scale of risks to health and safety and the accuracy and effectiveness of the proposed control measures remain highly uncertain.

The call centre specific guidance and contextual information is summarised below, with comment.

#### Acoustic shock

The term applies to incidents where short, high frequency bursts of sound are transmitted [usually] via the headset. Sources could include defective headsets, defective line equipment and actions taken by the person at the other end of the line [e.g. blowing a whistle or shouting into the handset]. The effect is probably surprise and distress, and very unlikely to be damage to hearing.

The advice is to log all such incidents and attributed outcomes, reporting as RIDDOR incidents if they result in a '3-day' injury or hospital visit. Operators should be trained to recognise incidents and to record related objective information e.g. date, time, line number, work station...

The HSE view is that as yet there is no clear evidence of symptoms or injuries being causally linked to such exposure.

#### Comment

Most headsets have sound level limiters that should prevent exposure to damaging levels of noise. Pulses of noise greater than 118 dB are attenuated according to DTI specification 85/013. In practice, average background noise levels are typically around 62 dB(A). Sound levels higher than this by 20 dB(A) would be clearly audible to all except those with a hearing impairment. Daily exposures are on average very unlikely to exceed 80 dB(A) during a working day; 80 dB(A) presents less than a 1% chance of noise induced hearing loss over a working lifetime (45 years exposure).

Health surveillance should be provided to call handlers whose daily personal noise exposures are regularly at or above 85 dB(A). Such high exposures should be easy to reduce using sound absorption materials and filtering.

Surprise and distress can trigger many kinds of non-specific reactions. In the general medical literature surprise and distress are associated with onset of muscle spasm and hyper-vigilance for example.

#### Speculation:

- Since there are muscles in the ear it would not be surprising if it was claimed that a shock had led to painful spasms and distorted hearing.
- A person in shock might also experience pain where they would otherwise not notice it and may be aware of sounds where normally attention to sound would drift.
- Therapy for tinnitus also mimics therapy for shock, it would not be surprising if tinnitus was proposed as an effect of acoustic shock.
- An overreaction to a report of acoustic shock could itself be a cause of chronic problems; gentle empathetic responses could diffuse potentially difficult situations. Vulnerability to an overreaction to distress is not generally predictable but can be suggested by history.
- A loud noise can cause temporary threshold shift. This should not be a cause for concern.

Causation, breach of duty and foreseeability would be difficult to establish in most cases.

#### Performance Monitoring

This aspect of call centre work evokes strong feelings in employees and in those who seek to define healthy work regimes. The guidance uses words like “threatening” “increased demands” “intensified workload” “invasive” to describe how employees might perceive such monitoring. That monitoring could lead to mutual benefits such as accurate feedback and improved performance is also mentioned, but not emphasised.

The guidance asks whether the conveniently accessible statistics, such as length of wait, duration of call, % call work etc. really assist with sales/service objectives or instead become distracting aims in themselves. The intention of the text is to suggest that performance monitoring is a cause of employee stress and may be of little value in any case.

Links between monitoring and stress have not been well researched and remain uncertain. Those who complain do cite monitoring as a cause of distress. On the other hand:

*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.*

The guidance advises that targets should be clear, [and preferably jointly agreed,] before monitoring begins, feedback should be given privately and focus on solutions when problems are detected. Targets should allow for rest breaks.

#### Comment

The guidance is based on perception rather than objective research evidence.

The significance of any deviation from the stated ideals is not quantified. There are no measurements that can be used to quantify risk.

Given a lack of objective risk information, it is not clear what a proportionate response to these concerns should involve.

In our view, beliefs about performance monitoring mean it is likely to be central to some grievances, discipline disputes and stress claims; it may therefore be reasonable have paperwork in place to demonstrate good practice, even if that practice cannot be shown to have health protection benefits. The call centre manager will need to be able to demonstrate even-handed and reasonable target setting and handling of issues arising there from. People should be treated as individuals, their concerns should be acknowledged and addressed.

It would be wrong to identify potential ills with monitoring and feedback per se. Computer games provide an example of intensive monitoring and feedback associated with use of DSE. They remain popular. It may be that the lack of freedom to influence the timing and form of monitoring and feedback are factors of potential concern.

In our view the risk is in the perception, not the fact. A clear history of specific distress associated with the use of and implementation of performance monitoring would assist [with respect to causation] with a claim but as there are no defined safe thresholds or methods of implementation it would be difficult to establish a breach of duty. An employer has right to apply reasonable pressure to obtain a reasonable performance from employees.

#### Verbal Abuse

A fully competent call handler should be able to deal with the information content of the call efficiently and clearly. This is likely to reduce the risk of verbal abuse. If abuse is anticipated, training should be provided.

Verbal abuse cannot be defined; it is a subjective phenomenon. However, it would be included in the definition of work-related violence and could be reported under RIDDOR if it lead to hospitalisation or a ‘3-day’ injury.

It is regarded as reasonable to allow some time for recovery after receiving an abusive call.

The guidance cites burnout, anxiety, depression, psychosomatic disorders, avoidance behaviours, acute embarrassment, crying spells, feelings of unworthiness, lack of motivation, fatigue, irritability and sleeping and eating disturbances as consequences of verbal abuse.

#### Comment

Appropriate responses to reports of verbal abuse would seem to be quite straightforward.

The guidance may have overstated the likely consequences of verbal abuse at work. Relationships between these consequences and objective causation remain unclear.

#### Voice strain

Voice strain is sometimes known as dysphonia. It covers a broad spectrum of symptoms from croakiness to voice loss so has no reliable meaning when used as a diagnostic term. Lack of specificity of diagnosis ensures that research efforts are heterogeneous and therefore difficult to interpret.

The guidance states that risks can be reduced if reports of problems are dealt with promptly, background noise is such that the voice need not be over exerted, the air is dust-free, relative humidity greater than 40%, people are trained to identify emerging problems, rest breaks do not require talking, frequent drinking of water is practicable and medical contraindications are acted on (e.g. a sore throat).

#### Comment

The Industrial Injuries Advisory Council recently concluded that voice loss was not sufficiently specific to or frequent enough in call centre workers to merit prescription as an industrial injury. There are circumstances where voice impairment can be permanent and the loss quite significant. Attribution to call centre working, foreseeability and breach of duty should prove very difficult to establish.

#### Eyes and Eyesight

Employers must provide eyesight tests if an employee, who is a DSE user, requests one.

But:

*There is good evidence that work with DSE does not cause any permanent damage to eyes or eye sight, although complaints of temporary discomfort, eye strain and headaches are common. As with any work that is visually demanding, users with existing uncorrected vision defects are more likely to suffer fatigue and stress in DSE work. The eye tests and corrective appliances provided under reg. 5 are intended to be a means of alleviating such problems.*

If special corrective appliances are indicated by the test then the employer must pay for them; they remain the property of the employer.

#### Comment

Eye discomfort and related fatigue is relatively easy to avoid but discomfort does not cause injury to eyesight. The statutory duty is not related to the protection of eye health, breach should not be cited as evidence of risk to eye health.

#### Musculoskeletal disorders (MSDs)

Musculoskeletal disorders are described as a 'principle risk associated with DSE work'. The guidance proposes that call centre users are less likely to take adequate rest breaks and may use DSE type equipment more intensively than is typical of non-manual labour. Training in the proper adjustment of office furniture and equipment is emphasised, especially for employees who "hot desk".

There is no duty to provide health surveillance for MSDs but a reasonable call centre management would probably encourage the reporting of MSD symptoms and attributed sickness absence.

#### Comment

Non-specific pain problems would rarely be regarded as injuries unless they prevented work or reduced performance to an unacceptable level. They are common; surveys suggest rates can be as high as 20% in the working age population per annum. There is no consistent evidence that interventions of the type depicted in the DSE regulations prevent these events turning into significant problems or reduce incidence. Causation should be difficult to establish; breach of DSE regulation guidance would be commonplace.

#### Stress

The guidance makes reference to stress and its consequences. It goes further than is generally the case for HSE publications:

*Prolonged or particularly intense stress can lead to physical and psychological ill health including heart disease, back pain, gastrointestinal disturbances, anxiety and depression.*

It is unusual to assert that intense stress on its own can cause heart disease or back pain or gastrointestinal disturbances.

The guidance cites shift work, verbal abuse, performance monitoring, lack of autonomy, home working, lack of training, lack of consultation, lack of support and hot desking as being sources of demands related to stress. It uses the stress management standards as a framework for a lengthy discussion of sources of stress and how to control it. The stress management standards have not yet been shown to reduce stress risks.

#### Overall Comment

Readers of this guidance may perceive that Call Centre work is highly dangerous. On careful reading it is very difficult to assess the true scale of risks to health and safety and, the accuracy and effectiveness of the proposed control measures remain highly uncertain.

There are a number of credible potential sources of physical and emotional discomfort described in the guidance. While it would be wrong to dismiss these in considering all possible liability exposures, the general conclusion is that causation, foreseeability and relevant breach of duty should usually be very difficult to establish.

In a regime where discomfort was accepted as a material contribution to or aggravation of a specific injury then prevention of discomfort would be a reasonable duty for an employer. Even so, specific causation and foreseeability should prove to be significant obstacles to a successful claim.

Given that most of the risks are risks of perception rather than objective hazards and outcomes, cultural and commercial pressures would be more predictive of claims activity than would objective workplace risk assessments.

