

# CALL CENTRES

A guide to safe work



Australian Government

Comcare

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## **Disclaimer**

This guide provides a basic and general overview of its subject matter only. It is not a substitute for independent legal or other professional advice and cannot be relied on as a comprehensive statement of the law relating to the *Work Health and Safety Act 2011* (Cth). Comcare recommends duty holders obtain appropriate independent legal and/or other professional advice relevant to their particular needs and circumstances.

This guide should be read in conjunction with the relevant legislation as it is not a substitute for such legislation.

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## INTRODUCTION

### PURPOSE

This guide provides advice to persons conducting a business or undertaking (PCBU) on the potential hazards associated with work in call centres—including, so far as relevant, contact centres, help desks, etc—and advice on how to manage those hazards through the application of risk management principles.

The intent of this guide is not to cover all hazards and risks or to describe all possible control measures surrounding call centre safety. This guide provides basic information that will help PCBUs and workers address safety issues specific to their workplace. PCBUs should read this guide in conjunction with the *Work Health and Safety Act 2011* (Cth) (WHS Act) and supporting regulations, approved codes of practice and other relevant guidance material.

### SCOPE AND APPLICATION

This guide applies to PCBUs, workers and other persons covered by the WHS Act. The WHS Act imposes duties on PCBUs and workers with respect to ensuring the health and safety of people at work.

## WHERE TO FIND KEY CONCEPTS IN THE LEGISLATION

Key concepts	WHS Act	WHS Regulations
General duty of care for PCBUs	Section 19	
Further general duties of care for PCBUs	Sections 20-26	
General duty of care for Officers, Workers, and Other persons at the workplace	Sections 27, 28, and 29 respectively	
General workplace management		Chapter 3—Part 3.2 Division 2
Hazardous manual tasks		Chapter 4—Part 4.2
Musculoskeletal disorders		Chapter 4—Part 4.2
Noise		Chapter 4—Part 4.1
Person Conducting a Business or Undertaking (PCBU)	Section 5	
Reasonably practicable	Section 18	
Risk management	Section 17	Chapter 3—Part 3.1
Worker	Section 7	
Workplace	Section 8	
Non-transferability of duties; more than one duty can apply to a single duty holder; and more than one person can have the same duty at the same time	Sections 14, 15, and 16 respectively	

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## RISK MANAGEMENT

This guide is not a substitute for undertaking risk management within an organisation. Risk management is the primary means for controlling risks in Commonwealth workplaces. Risk management is a four step process that includes the following:

1. Identify the hazard(s).
2. Assess the risk(s) associated with the hazard(s).
3. Control the risk(s)
4. Monitor and review the process.

To be effective, risk management requires the commitment and cooperation of all parties at a workplace and should be an integral part of an organisation's culture, business practices and processes.

## HAZARDS AND CALL CENTRES

There are many safety hazards that exist in call centres that are also common to other work environments. These include things such as office and workstation design, air temperature and quality, lighting and noise. The Work Health and Safety Regulations 2011 (WHS Regulations) and associated approved codes of practice and guidance material found through the Comcare website [www.comcare.gov.au](http://www.comcare.gov.au) will address these issues.

Due to the diversity of work methods and activities in the call centre industry (inbound and outbound calls, fax, voice recognition and email etc.) not every call centre will experience every hazard in this guide, nor does the guide necessarily deal with every possible risk. Ultimately, PCBUs need to identify hazards through a systematic process of risk management at each workplace operating as a call centre to determine the level of risk and most adequate controls for that particular workplace operating as call centre.

## IMPLEMENTATION

PCBUs and workers (and/or their representatives) are encouraged to develop and disseminate a health and safety policy—including associated procedures—based on this guide for all managers, supervisors and workers to access and reference.



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## CALL CENTRES

### WHAT IS A CALL CENTRE?

A call centre is a workplace that receives and transmits a large volume of customer requests by telephone. The main focus of call centres is generally to provide product support and information to customers by telephone and occasionally by mail, fax or email.

Generally, workers in a call centre:

- > handle significant volumes of inbound and outbound phone traffic and/or electronic requests
- > are trained and skilled in customer service
- > use workstations with single or multiple computer screens
- > are equipped with a computer, telephone (usually with headset) and supplementary task-related documentation.

A call centre relevant to this guide may encompass:

- > telemarketing centres
- > help desks
- > hotlines
- > service desks
- > contact centres
- > workers engaged to perform call centre work from home
- > workplaces that are part of a collective call centre service where the call centre characteristics exist
- > workplaces where the primary role of workers is to respond to telephone and other electronic requests from customers and where some or all of the call centre characteristics exist.



## CHARACTERISTICS OF CALL CENTRE WORK ORGANISATION

Common call centre industry organisational characteristics include:

- > **performance targets**—workers are often required to achieve set targets based on key performance indicators such as abandoned call rates and the average speed of answer
- > **performance monitoring**—worker performance is monitored. Monitoring can be on an individual, team or entire call centre basis, using two main techniques. Electronic performance monitoring records and monitors details of work (including times), and/or audible monitoring involves supervisors listening to the workers' conversations with clients
- > **performance appraisal systems**—workers receive frequent feedback on performance monitoring usually by grading or scoring on a number of work-related categories
- > **limited task variation**—workers have limited opportunities to undertake different tasks as call centre work usually requires the worker to use their workstation and telephone for most job functions
- > **limited autonomy**—workers have little or no control over work tasks and environment
- > **worker forecasting**—worker numbers are adapted to peaks and troughs in customer demands. This demand is often based on performance monitoring statistics such as average length of calls or number of calls received per day
- > **hot-desking**—workers may not be allocated a specific workstation, but use whichever workstation is available or allocated during the shift.

## GOOD HEALTH AND SAFETY PRACTICES IN CALL CENTRES

PCBUs need to consider the health and safety when looking at all the aspects of working in a call centres—each component of working in a call centre is closely linked with the next. For example, unrealistic targets may increase the likelihood of a worker suffering a workplace musculoskeletal disorder (MSD) due to sustained awkward postures and/or anxiety about reaching performance targets.

Health and safety hazards and risks in call centres can be categorised as follows:

- > nature of the work—e.g. computer based work, working postures, customer relations
- > work organisation—e.g. work management, people management
- > work environment—e.g. rest areas.

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## NATURE OF THE WORK

This section discusses hazards and risks that can occur as a result of working in a call centres. There are multi-factorial risks associated with working in a call centre including computer based work, working with headsets, vocal comfort, visual comfort, customer relations and abusive or aggressive calls.

### COMPUTER BASED WORK

Call centre workers may be at a higher risk of experiencing a workplace MSD because they often:

- > use computer screens intensively
- > have less opportunity to take breaks from using the computer through change in work activity.

MSDs affect the bones and soft tissue structures (other than organs) of the body and occur as a result of repetitive movement or hazardous manual tasks. These injuries most often affect the neck, upper limbs (shoulder, wrists and hands) and back and account for nearly half of all compensable workplace injuries in the Comcare scheme.

Risk factors in call centres that may cause or aggravate MSDs include:

- > repetitive or sustained awkward and/or static postures
- > repetitive or sustained movements using the same muscle groups
- > physical work environment such as temperature (hot/cold) and lighting
- > duration of work
- > hot-desking.

The Work Health and Safety Code of Practice *Hazardous Manual Tasks* provides further information on MSDs and may be a useful resource when undertaking risk management.



## Working postures

Awkward, repetitive and/or sustained working postures combined with long periods of limited movement (i.e. static postures) can lead to discomfort due to reduced blood flow through the muscles. In the case of computer based work the ideal working posture has the following elements:

- > forward facing—no prolonged twisting or bending of the neck or trunk
- > well supported—particularly the back, seat, feet
- > arms relaxed—by side while working
- > frequently used equipment within easy reach without twisting
- > ability to change position easily—by adjusting chair/desk height or standing up.

Problems caused by prolonged sitting are increased by twisting or bending the back while sitting, or using a chair that does not fully support the body. Even with good workstation design, prolonged sitting can lead to back pain.

Neck and shoulder disorders may be caused or aggravated by workstations not adjusted for the individual body size of the worker or for the length of time they are required to stay at their workstations. Problems include, for example, a keyboard, mouse or monitor at an incorrect height and/or distance from the body, resulting in awkward postures of the worker's neck and shoulders.

Sit/stand workstations are now available which enable workers to alternate their posture. If using sit/stand workstations consideration should be given to mitigating any increased noise when people talk whilst standing. Traditional partitions/desk dividers used in many workplaces do not extend high enough to absorb the sound, so additional sound absorption may be required.

## Repetition

Repetitive work refers to the repeated performance of similar tasks (or work cycles) involving the same body actions and the same muscles being used continuously.

Repetitive movement reduces rest and recovery time and may result in increased 'wear and tear' of body tissues and greater potential for muscle fatigue. Hand and wrist injuries including tendon and nerve disorders can be caused by repetitive keyboard and mouse use over long periods.

A work cycle will vary between call centres. A call centre may define a work cycle as the length of time between answering and completing a phone call, any post-call administrative duties and waiting time for the next call. A work cycle can be considered repetitive when the duration of the work cycle is less than 30 seconds and the work is performed continuously for a minimum of 60 minutes and/or a fundamental activity is repeated for more than 50 per cent of the work cycle time (e.g. if data entry is part of the work cycle and that data entry occurs for more than 50 per cent of the work cycle)

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## Duration

Duration of work refers to the length of time a worker is exposed to a risk factor such as repetitive movement or awkward posture. The duration of the task can have a substantial effect on the likelihood of both general and muscle fatigue. Where repetitive work is performed for a total of four hours during an eight hour shift, it is considered to be of high duration and PCBUs should implement appropriate risk control measures.

## Hot-desking

Hot-desking involves workers regularly changing workstations, sometimes on a shift-to-shift basis. Hot-desking may cause problems if the workstation:

- > does not suit the worker's dimensions
- > is not adjusted correctly at the start of every shift
- > is not adjustable.

Each time a worker starts work at a new workstation, the components of the workstation—chair, desk, computer screen, document holder, footrest etc.—need to be adjustable to suit that worker.

Another factor to be considered in hot-desking is the allocation of headsets. This is discussed in the section on headset work.

Good practice for computer based work includes:

- > using adjustable furniture and equipment
- > providing training and regular updates on how to correctly adjust furniture and equipment to suit a worker's needs
- > allowing time at the start of each shift for each worker to adjust their workstation
- > consulting with workers on the selection and design of workstations
- > scheduling regular breaks and encouraging short breaks away from the workstation to get water, toilet breaks, stretching etc.
- > educating workers on the benefits and use of micro pauses
- > where possible providing workers with some variation in duties—such as administrative duties
- > using workstations that allow workers to alternate between standing and sitting (sit/stand workstations) while they are talking—PCBUs should assess the increase in background noise and disruption to other workers
- > using headsets to prevent cradling phone handpieces between head and shoulder
- > consulting workers before developing software, or changes to software, to minimise keyboard and mouse use
- > introducing the use of 'hotkeys' and keyboard shortcuts if alterations to software are not possible.

Refer to Comcare's *Virtual Office* tool available through the Comcare website [www.comcare.gov.au](http://www.comcare.gov.au) for more information on MSDs and ways to improve physical job design in office environments.

### HEADSET WORK

Due to the large number of calls and the need to work on the computer when talking to customers, a primary requirement of call centre work is using a headset. The hazards associated with working with headsets are loud unpleasant noises (referred to as acoustic incidents), illnesses associated with poor headset hygiene, and vocal fatigue (see the section on vocal comfort).

#### Acoustic incidents

Occasionally, some headset users may experience an unexpected or loud noise near the ear, known as an acoustic noise. Acoustic noises may be crackles, hisses, whistles or high-pitched sounds transmitted through telephone equipment. The noises can come from a wide variety of sources, either within the transmission system or from the customer end.

These occurrences are classified as acoustic incidents. Although many acoustic incidents occur in call centres, only a very small proportion of headset users who have experienced acoustic incidents develop symptoms of 'acoustic shock'.

SOURCES OF ACOUSTIC INCIDENTS	
Within the transmission system	From the customer end
<ul style="list-style-type: none"> <li>&gt; faulty or damaged networks, telephones and headset equipment</li> <li>&gt; broadband and narrowband interference</li> <li>&gt; mobile phones or fax machines used in call centres</li> </ul>	<ul style="list-style-type: none"> <li>&gt; feedback oscillation from some cordless phones</li> <li>&gt; alarm signals</li> <li>&gt; signalling tones</li> <li>&gt; phone receivers slammed down or dropped</li> <li>&gt; tones from misdirected facsimiles and modems</li> <li>&gt; noises made close to the receiver such as people whistling and babies screaming</li> </ul>

## Acoustic shock

'Acoustic shock' is a term that describes the temporary or permanent neurophysiological and psychological symptoms a person may experience following an acoustic incident. Symptoms can include pain, tinnitus (ringing in the ears), vertigo, numbness, tingling and nausea. These symptoms may be influenced by other factors such as middle ear inflammation and feelings of stress, tension and anxiety.

Research suggests that acoustic shock incidents (ASI) can be caused by a hypersensitive neurological reflex—the startle reflex—that when activated can take time to return to normal. When a person is 'sensitised' they become more aware of an incident reoccurring. This fear of acoustic shock may lead to further noise hypersensitivity at noise levels sometimes well below standards for typical noise injuries. According to this explanation, it is likely that ASIs are not due to one single factor, such as the level of sound experienced, but to a combination of physical and psychological factors.

### Acoustic shock symptoms

The same acoustic incident can affect individuals differently. Only a small minority of people develop symptoms from an acoustic incident, but it is not known with certainty why a person experiences symptoms after an acoustic incident.

While there is no confirmed evidence of tissue damage or long term hearing loss resulting from an acoustic incident alone, some people who experience an acoustic incident have one or more of the symptoms listed below.

ACOUSTIC SHOCK SYMPTOMS	
Audiologists have grouped symptoms into three categories	
Symptoms	Include but are not limited to:
<b>1. Primary (immediate)</b>	<ul style="list-style-type: none"> <li>&gt; a feeling of fullness in the ear</li> <li>&gt; burning sensations or sharp pain around or in the ear</li> <li>&gt; numbness, tingling or soreness down the side of face, neck or shoulder</li> <li>&gt; nausea or vomiting</li> <li>&gt; dizziness</li> <li>&gt; tinnitus and other head noises such as eardrum fluttering, and</li> <li>&gt; hearing loss (in very few cases)</li> </ul>
<b>2. Secondary (later)</b>	<ul style="list-style-type: none"> <li>&gt; headaches</li> <li>&gt; fatigue</li> <li>&gt; a feeling of being off-balance, and</li> <li>&gt; anxiety</li> </ul>
<b>3. Tertiary</b>	<ul style="list-style-type: none"> <li>&gt; hypersensitivity—a sensitivity to previously tolerated sounds such as loud voices, television and radio, and</li> <li>&gt; hyper vigilance—being overly alert</li> </ul>

People experiencing these symptoms will respond in different ways. As with other workplace injuries and illnesses, some workers may experience further effects including anger, anxiety, social isolation and other interrelated psychological problems.

Very few people suffer hearing loss from acoustic incidents. To assist diagnosis in the few cases where hearing loss occurs, consideration could be given to baseline testing of a workers' hearing by an audiometrist when they commence work, to establish their baseline hearing ability.

### **Management of acoustic incidents**

Reducing the risk of ASI requires a holistic assessment of the workplace environment and the implementation of a range of controls. These may include minimisation, engineering and administrative controls.

Factors influencing the likelihood of a person receiving an acoustic shock include:

- > number of calls a person receives or makes in a working day
- > use of a handset or headset
- > background noise levels
- > volume of incoming sound levels
- > unexpected increases in sound volume
- > duration of calls
- > frequency or sounds
- > types of sounds
- > individual characteristics such as health and wellbeing
- > history of acoustic incidents including severity, number and recency

### **VOCAL COMFORT**

While most call centres have integrated a variety of communication tools (e.g. internet, fax and voice recognition technology) the predominant activity of call centre work involves talking and listening. Excessive talking has the ability to affect both the voice and throat—workers using their voice at work require a higher level of vocal competency compared to everyday speaking. This may result in voice overuse and strain.

Symptoms of vocal strain include:

- > total or intermittent loss of voice
- > rough or hoarse quality of voice
- > change in pitch and restricted pitch range
- > decrease in volume
- > pitch breaks on words and phrases
- > vocal fatigue at the end of a day or after a prolonged conversation
- > loss of pitch or expression
- > constant throat clearing
- > voice fades out at the end of a sentence
- > dryness in the throat and excessive mucous
- > increased effort to talk
- > difficulty swallowing
- > shortness of breath.

Due to the diversity of call centres and the people working within them, it is difficult to prescribe how much talking is likely to cause injury or illness. Call centres where calls (inbound or outbound) are constant are likely to cause more vocal strain than a call centre where calls are less frequent or involve other administrative duties. Long scripts without pauses are more likely to be a hazard than short scripts with pauses.

Vocal strain and injury can often result in physical changes to a worker's vocal mechanism which may cause changes to their quality of voice. Vocal strain and injury is caused by a variety of factors including muscle tension, poor posture, misuse of the larynx (e.g. excessive use of extreme ranges of pitch/tone/etc.), general health and lifestyle, and work environmental factors such as background noise,

Other factors that may influence vocal strain include:

- > repetitive talking
- > caffeinated drinks—coffee, tea, and soft drinks will dehydrate the body and voice
- > positioning of the worker's microphone—if incorrect may cause excessive vocal feedback, or cause the worker to raise their voice to be heard.

Good practice for maintaining vocal comfort includes:

- > providing regular voice breaks—on average, at least five minutes of non-vocal time per hour
- > arranging more non-vocal time, where the volume of calls is high or the work is very repetitive
- > providing training on headset use—positioning of microphone, volume controls, as well as voice care training and awareness
- > providing easy access to clean drinking water
- > providing pre-record introduction information—for example, the 'welcome to the call centre, my name is...' and other frequently requested information such as opening hours, website address, fax number
- > writing scripts that include pauses
- > minimising background noise levels
- > providing volume controls on the headset so that the voice does not need to be raised
- > developing reasonable call targets discourage voice overuse—for example, targets should not require skipping pauses between calls
- > ensuring that calls are rotated—to prevent calls being received at a single station.





## VISUAL COMFORT

Reduced visual comfort can be associated with computer screen work. Symptoms include sore eyes, blurred vision, tired eyes and headaches.

Although intensive use of computer screens (also known as visual display units or VDUs) can cause temporary effects on vision, there is little scientific evidence that using computer screens causes long-term eyesight damage. Permanent eyesight deterioration is usually caused by normal ageing.

Because of the intensive use of computer screens, any existing but previously undetected (and therefore uncorrected) eyesight deficiencies may become apparent, for example in the form of headaches. The Comcare website [www.comcare.gov.au](http://www.comcare.gov.au) has additional advice on the management of eye health in the workplace:

- > *Eye health in the workplace—A guide for PCBUs and workers—publication*
- > *Eye health in the workplace—fact sheet*

Good practice for maintaining visual comfort includes:

- > ensuring that computer screen settings are appropriate—brightness, colour, contrast settings and refresh rates
- > keeping the computer screen clean—particularly from smears
- > ensuring the computer screen is free from glare and reflections by controlling the ambient lighting conditions
- > providing anti-glare screens—this should be a last option

- > ensuring font size is adequate through consultation with staff—the size of a character viewed on screen is a combination of font size, font type, screen resolution and screen size
- > positioning of reference material in a suitable place—for example, document holder is next to or below the computer screen
- > ensuring the worker is set up to view the computer screen appropriately
- > displaying screen reminders that prompt workers to look away from the computer screen, to focus on a distant object, and to exercise and stretch the eye-movement muscles from time-to-time
- > providing visual breaks or changes in activity to help avoid visual fatigue
- > encouraging the management of eye health.

## CUSTOMER RELATIONS AND ABUSIVE/AGGRESSIVE CALLS

Abusive and/or aggressive calls are likely to cause some level of distress. The impact will depend on:

- > severity of the abuse
- > frequency of abusive calls
- > availability of support during and following an abusive call.

Frequent abusive calls involve a risk of psychological harm to the worker receiving the calls. If workers feel unsupported, this may lead to low morale—resulting in a higher rate of work absence and/or increased turnover in staff.

Inappropriate behaviour by workers using internal call centres can also be an issue. Supervisors need to be aware of how to deal with such behaviour.

Good practice for preventing and responding to customer aggression includes:

- > addressing the reason for the abusive call—for example, long wait times, inaccurate or misleading information, lack of worker training or support
- > developing clear procedures and guidelines for dealing with abusive/aggressive calls including reporting the call and the right to terminate the call
- > providing support during and following abuse—for example, supervisor support during the call and/or ability to escalate

the call to a supervisor, time to debrief and recover away from the general work area if required

- > providing access to assistance programs and confidential counselling services
- > ensuring users of internal call centres are aware of their responsibilities—for instance under the APS Values and Code of Conduct—and that inappropriate behaviour is reported and the worker counselled.

Note: Procedures should be in place and workers trained in responding to specific incidents such as bomb threats, suicide and violence threats.

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## WORK ORGANISATION

This section discusses hazards associated with the way work is often organised in call centres—particularly the way work is allocated, managed and monitored. This section covers stress associated with call centre work, work management issues and staff management issues.

### STRESS AND CALL CENTRE WORK

Stress is a broad term describing the feeling that people may have in response to pressures they face in their lives including work. Some level of stress is to be expected and can be managed and/or tolerated. Stress in itself is not an illness or injury but exposure to prolonged stress over time is of concern as it can be associated with a decline in physical and mental health and may lead to injury and illness. Scientific studies have also linked an increase in stress to an increase in workplace incident and injury rates.

The conditions generally associated with prolonged work-related stress, may be referred to as psychological injury and include depression, anxiety, adjustment disorder and post-traumatic stress disorder.

#### Risk factors for work-related stress and psychological injury

Elements of work and the work environment can cause work-related stress. Possible hazards and risk factors for stress and psychological injury can arise from either work content (what the job involves) or work context (the psychosocial work environment).

Work content covers factors such as:

- > work environment and equipment
- > task design
- > workload and work pace
- > work schedule.

Work context refers to potential risk factors that may arise from:

- > work culture
- > role clarity
- > career development
- > participation in decision-making
- > interpersonal relationships at work.

Workers in call centres—as in other service environments—may have to deal with customers or clients who are angry, distressed, or in need of support. Workers may also need to express views or give advice that is contrary to their own personal opinions or feelings. This aspect of their work is referred to as 'emotional work' and is a significant risk factor.

Experience shows that the most significant causes of work-related stress in call centre environments relate to:

- > the way work is organised—provides little task variation and autonomy (i.e. the worker has little control over how the work is organised)
- > the level of emotional work that is required to provide consistent customer service levels
- > excessive work demands

Other organisational risk factors include:

- > lack of supportive leadership
- > poor communication and conflict
- > poor understanding of work role, responsibilities and expectations
- > inflexible work schedules
- > lack of development opportunities
- > no opportunities for appropriate levels of socialisation at work
- > a lack of participation in decision making regarding how work is organised
- > a culture where bullying and harassment is accepted or goes undetected
- > poor recruitment policies
- > on-going responsibility to train new staff.

### **Prevention of work-related stress and psychological injury**

Current evidence indicates that an organisational approach is the most effective way to prevent stress and psychological injury in the workplace. PCBUs need to apply a systematic risk management framework where potential sources of harm can be identified, assessed and controlled. Examples of likely hazards and risk factors within the call centre workplace are mentioned above.

Following a systematic risk assessment, PCBU's should develop specific strategies to eliminate or minimise the risk of working in a call centre. A detailed approach on how to assess the risks and for links to practical solutions visit the Comcare website at [www.comcare.gov.au](http://www.comcare.gov.au).

### Early intervention

In addition to prevention strategies, PCBU's need to have a policy of early intervention to act as a safety net for the people who are not coping at work, before they develop a psychological injury.

Early intervention is the key to minimising the impact of stress on workers. It means identifying and responding to early warning signs and providing assistance to workers at the earliest possible stage.

Early warning signs of worker distress may include:

- > psychological effects—burn out, poor concentration, emotional responses, apathy
- > behavioural effects—increase in substance use (drug and/or alcohol), irritability, withdrawal, frequent errors
- > physical symptoms—such as fatigue, reports of pain, MSD's, headaches, nausea
- > absenteeism
- > decline in work performance
- > increased conflict with team members/supervisor/manager

Comcare's *Working Well: An organisational approach to preventing psychological injury* provides information about the causes of psychological injury and a detailed step-by-step guide to preventing and managing psychological injury in the workplace.

### Health and wellbeing strategy

A PCBU's work health and safety policy should seek to assist workers to deal with or avoid stress. One approach toward the management of workplace health issues may be for PCBU's to develop a strategy encouraging and supporting worker participation in fitness and health program activities, with the aim of promoting health and wellbeing and work-life balance. Another is to ensure that workers have access to counselling through an assistance program or confidential counselling service

Good practice to minimise stress in call centres includes:

- > providing effective and supportive leadership
- > ensuring workers receive adequate training in all aspects of their work including dealing with difficult people and managing complaints
- > implementing effective performance management systems with clear expectations and procedures that are understood by managers and workers
- > ensuring roles, responsibilities and expectations are clearly specified and clarified when needed
- > regularly reviewing workloads and targets in consultation with workers

- > ensuring workers take adequate work breaks, preferably away from their workstation
- > ensuring that managers are able to recognise and respond to early warning signs of distress
- > providing support to workers by way of activities, programs and initiatives concerned with promoting staff health and wellbeing and work-life balance
- > providing access to assistance programs and confidential counselling services.

## WORK AND STAFF MANAGEMENT

### Organisational demands

The way in which work is organised in call centres can intensify the demands placed upon workers in the performance of their everyday tasks. Unrealistic demands on call centre management are also likely to lead to unrealistic demands on call centre workers.

### Targets

Workers in call centres are often required to achieve set targets based on key performance indicators such as abandoned call rates and the average speed of answer. These targets may be accompanied by incentive or reward systems. If targets are perceived as unreasonable this is likely to cause tension and anxiety.

### Performance appraisals

A common feature of the call centre industry is the use of performance appraisal processes. Performance appraisals involve providing feedback to the worker. They are generally conducted at regular intervals and may involve grading or scoring workers on a number of work-related categories. Objective, consistent and well conducted performance appraisals are more likely to be effective and accepted by workers.

### Accurate information

The provision of accurate information to callers in as short a time as possible is a key objective of most call centres. Operators may only have 30 seconds to find answers to questions, and delays in accessing information, either in a hard copy format or online databases, may frustrate the worker and/or the customer and cause targets not to be met.

### Call monitoring

Call monitoring is common in the call centre industry. There are two main types of monitoring. The first is quantitative monitoring, which measures statistics such as how many calls are taken, the length of calls and how long the worker is 'available' to take or make calls. The second type is qualitative monitoring, which assesses the quality of calls usually by listening in to a call (qualitative assessing is also often done through customer satisfaction surveys).

Some workers may resent or feel anxious about the use of call monitoring. PCBU's should ensure that their call monitoring practices are appropriate and focus on developing and supporting workers to improve service delivery. Monitoring should not inappropriately single out a particular person.

### Work breaks

Call centres often require extended periods in similar postures. Insufficient change in posture and muscle work may contribute to fatigue or overexertion, or can contribute to other harmful physical outcomes such as musculoskeletal disorders (see 3.1 Computer based work) and vocal fatigue (see 3.3 Vocal comfort).

Regular changes in posture or stretching assist greatly in minimising the risks of musculoskeletal fatigue. These are achieved through a combination of micro pauses (for example self-regulated stretches, looking away from the screen, relaxing the arms), changing working postures or tasks (for example standing to talk, walking to water fountain) and scheduled breaks where workers move away from the workstation.

### Rostering

Rostering systems in call centres are usually staggered. They are structured to optimise worker numbers and to accommodate peaks and troughs in customer demand. Rostering is often based on performance monitoring statistics, i.e. average length of calls and number of calls received per day. However, in some circumstances, this does not allow for potential and unforeseen fluctuations and variations in call lengths and frequencies.

Lack of flexibility in regard to hours, leave or other personal requirements may increase worker perceptions that the working environment is rigid. Lack of flexibility in start and finish times and leave arrangements can be a consequence of the way rosters are set up.

Good practice in work and staff management includes:

- > making all parts of the organisation aware of the capabilities and limitations of the call centre
- > adjusting requirements and resources where a request is beyond the current capabilities of the call centre
- > consulting with, and engaging, workers in setting targets and developing policies
- > communicating effectively about targets
- > setting targets which are realistic
- > allowing for system errors and delays
- > providing appropriate training to enable workers to complete each call in a competent manner before setting productivity targets
- > developing a range of monitoring mechanisms to monitor quality as well as quantity
- > ensuring call monitoring is conducted with the knowledge of the worker
- > giving workers a choice on how and when call monitoring occurs—the choice of remote or in person monitoring
- > ensuring feedback is constructive and timely



- > ensuring workers have access to accurate, up to date and easy to use information on the subjects they are answering calls about
- > ensuring consultative processes between team leaders and workers are in place and are effective (for changes to work, establishing, changing and swapping rosters, etc)
- > enabling workers to log out of the phone system when it is appropriate—such as after a lengthy or abusive call
- > allowing workers sufficient time to attend to personal needs such as fetching water and toilet breaks
- > basing performance appraisals on measures that have been developed and agreed to with workers
- > ensuring there are sufficient call centre workers to match the number and type of calls and allow for adequate breaks, training, meetings, etc
- > ensuring workers have the ability to access leave entitlements when required
- > ensuring workers have the ability to change hours in an emergency and swap shifts when necessary
- > providing some flexibility for those with carer responsibilities.

## PEOPLE MANAGEMENT

### Role of team leaders/supervisors

Team leaders and supervisors play a key role in implementing the PCBU's business activities and worker management policies and practices. Effective team leaders and supervisors foster and maintain a positive work climate and an appropriate workplace culture, and provide supportive leadership. This in turn influences the wellbeing of workers and reduces the risk of psychological injuries.

#### Supportive leaders:

- > are approachable and responsive when dealing with worker concerns
- > clarify work expectations, objectives and priorities
- > demonstrate an understanding of the issues faced by their workers
- > support workers when things go wrong
- > actively seek worker involvement in decisions
- > are fair and equitable in their dealings with workers
- > provide frequent informal development-oriented feedback
- > treat people with consideration and respect and encourage team members to do the same.

### Shifts

Working in a call centre may require doing shift work. Working in shifts may contribute to domestic and social difficulties and fatigue as it affects sleeping time and quality. In addition, personal safety may be at risk for shifts at night and on weekends, particularly if workers need to use remote car parks or public transport at night.

### Worker turnover

Worker turnover refers to the number of workers that leave the organisation in a given period of time. Whether turnover is planned or unplanned, there will still be a requirement to select, train and equip new workers to do the task. Other experienced workers may be expected to cover the workload whilst the new workers 'come up to speed', which can place undue stress and pressure on them.

### Temporary workers

Call centres may include temporary workers —either engaged externally or transferred from other parts of an organisation. They may be relatively untrained novices. They may have specific needs for training and supervision, particularly if they will be placed in a situation where there is a high volume of calls, many of which could involve distressed or even abusive callers.

For example, hotlines are a particular risk. They are set up, often at short notice, in response to a particular crisis or as part of a one-off campaign. They may pull in staff from areas unfamiliar with working in a call centre. They may lack the variety of calls received compared with regular call centres. Depending on the reason for their establishment, hotline workers may have to deal with distressed or even abusive callers.

Good practice in people management includes:

- > ensuring team leaders are given training in managing a team and have appropriate capabilities
- > applying effective communication strategies, and feedback mechanisms, between the PCBU and workers
- > ensuring systems are in place to ensure all members of the team are treated fairly and in a consistent manner
- > ensuring team leaders are accountable
- > ensuring workers have adequate training
- > providing call centre workers with control over their workload wherever possible within the overall requirements of the business
- > organising work so that call centre workers have a number of alternative activities
- > educating call centre workers in micro pauses and allowing work breaks at least every 2 hours for the opportunity to change posture and change the visual demands
- > allowing adequate time in between shifts (at least 12 hours between shifts and two days off in a row in any particular week is regarded as good practice)
- > ensuring effective security arrangements are in place for night and weekend shifts
- > providing information on the health effects of shift work and how to effectively manage them
- > ensuring hotline workers are appropriately trained and managed.



## **WORK ENVIRONMENT**

General work environment issues associated with office work (such as workstation design, air temperature and quality, lighting and noise) are applicable to call centres. Hygiene and the provision of an adequate rest area are of particular concern in a call centre environment.

PCBUs have a duty of care to provide and maintain a physical work environment that is without risk to the health and safety of workers. This duty is outlined in section 19 of the WHS Act and in Chapter 3 of the WHS Regulations, and is supported by the approved Code of Practice Managing the Work Environment and Facilities.

## HYGIENE

Call centres often employ large numbers of workers and/or have multiple shifts where furniture and equipment is shared. Furniture and equipment can harbour germs and bacteria.

Good practice in hygiene includes:

- > maintaining a high standard of cleanliness to prevent the spreading of germs and bacteria—this includes
  - workstations—keyboard, telephone, desk and chair
  - individual headsets—with instruction and items provided for cleaning on a regular basis (see the section on Headset Work)
  - carpets
  - rest areas
  - kitchen and amenities room
  - toilets
  - photocopier and facsimile equipment
- > encouraging workers to eat away from their workstations, in amenities room/rest areas and providing appropriate waste bins.

## REST AREA

Call centres can be noisy and demanding workplaces and may include equipment that increases perceptions of tension such as flashing call queue signs. Workers should have access to rest areas to relieve symptoms such as headaches or short-term visual and vocal fatigue, or where they can debrief after an abusive call. Workers may also need access to a rest area following exposure to sudden high pitched noises on the phone line. The rest area should be separated from the call centre environment to ensure a complete break can be had from the working environment.

Good practice includes providing a rest area that:

- > is easily accessible for workers
- > is large enough to accommodate the number of workers on breaks at any one time
- > is conducive to relaxation (comfortable furniture)
- > includes access to clean drinking water
- > is free from excessive noise
- > has a clean toilet facility within close proximity

## APPENDIX 1—FURTHER GUIDANCE AND REFERENCES

### WORK HEALTH AND SAFETY LEGISLATION

- > *Work Health and Safety Act 2011* (Cth) (WHS Act)
- > Work Health and Safety Regulations 2011 (Cth) (WHS Regulations)
- > Work Health and Safety Approved Codes of Practice
  - How to manage WHS Risks
  - Managing the work environment and facilities
  - Managing noise and preventing hearing loss at work
  - Preventing and managing fatigue in the workplace

### PRACTICAL WORK HEALTH AND SAFETY INFORMATION

Publications and guidance on a variety of health and safety topics are available from Comcare's website [www.comcare.gov.au](http://www.comcare.gov.au) via the Safety & Prevention tab.

Relevant titles in regards to call centre work are listed below:

- > *Eye health in the workplace—fact sheet*
- > *Eye health in the workplace—a guide for PCBUs and workers*
- > *Guide to work health and safety incident notifications*
- > *Officewise: A guide to health and safety in the office*
- > *Virtual Office—a risk management tool*

## **ADDITIONAL DOCUMENTS—NOT AVAILABLE ON COMCARE WEBSITE**

### **Australian Public Service Commission:**

- > *APS Values and Code of Conduct in practice*

Available at [www.apsc.gov.au](http://www.apsc.gov.au)

### **Australian Services Union, Victorian Private Sector Branch:**

- > *Good Practice Guide for Occupational Health and Safety in Call Centres*

Available at [www.asu.asn.au](http://www.asu.asn.au)

### **Queensland Government Department of Justice and Attorney-General**

- > Manual tasks advisory standard
- > A Guide to Health and Safety in the Call Centre Industry
- > Queensland Government Code of Practice for Contact Centres

Available at [www.justice.qld.gov.au](http://www.justice.qld.gov.au)

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