Issues and concerns of health among call center employees

Sir,
The telephone call center industry in India has been established only over the last 10 years. The industry is touted as a magic wand that will ward off unemployment for thousands of young graduates. There is a concern regarding issues of health and safety that are unique to this new and developing industry. The lack of reliable and relevant information on which to base the response to this concern poses a challenge for safeguarding the health of call center employees. There is a need to discuss the issues and concerns regarding the health of the call center employees, to develop recommendations to this new industry. The background for the study was a data quest survey whose results were disturbing. The call center ranked high for attrition due to health reasons, for sleeping disorders-83% compared to industry average of 39.5%, Voice loss-8.5% as against 3.9%, Other problems were ear problems (8.5%), digestive disorders (14.9%) and eye sight problems (10.6%). [1]

This study was undertaken to
• Identify the health problems of the employees.
• Assessement of the risks perceived.
• Suggest measures to reduce the risks identified.
• Review the health status of the employees.

Findings from the discussion with HR managers:
Only are discussed in this paper. The major outcome of the meeting was a perceived need for medical assistance to identify their problems and suggest measures to reduce them and also recommend to the management the importance of pre-employment and periodic medical examination and the need for counseling sessions to tackle the stress at job. Other issues were related to loss of identity, isolation, drug abuse and work pressure due to long hours of work, permanent night shifts, high work targets. 30–40% of the employees working in the call center had complained of eye problems. Digestive disorders was also common among employees in the call center. Thirty-four percent of employees had complaints on this count as revealed by the HR managers.

India is all set to register the highest growth rate in call center services industry in Asia Pacific Region. A recent survey on Information technology enabled services has revealed that currently more than 150 call centers are operating in the country, inclusive international and domestic. It is widely believed that this industry is expected to compensate for the loss of revenue for the software industry. India’s call center industry accounts for a quarter of the software and service exports from the country, according to the National Association of Software and Service Companies.

Presently more than 10,000 seats in the country handle an average of 45–80 calls per seat per day. The cost of investment per seat varies from Rs. 5 to Rs. 8 lakhs to set up a state of the art call center with 100–300 seats. Revenues from each seat ranges from Rs. 8 lakh to Rs. 10 lakh per month. The NASSCOM-Mckinsey report predicted that IT enabled services would account for a mammoth $17 billion business per year. The report also predicts that in India it might generate 1.1 million jobs and Rs. 810 billion in revenues by the year 2008.[2]

And despite rumblings by unhappy US workers who have lost their jobs to foreign firms, India’s Business process outsourcing (BPO) sector is projected to grow as much as 30% in the next few years. Already, 160,000 Indians are employed in call center operations. In Bangalore more than 45 large BPO units have sprung up in the last couple of years. In the past 8 months more than 35,000 people have been recruited in Bangalore and according to industry experts, there is a shortage of over 8000 operators in the city based call center alone.[3]

This is a sort of level two economic shift, the first was when low cost manufacturing shifted from the west to China, Malaysia and so on and now it is the second wave, because of IT services, good telecommunications...
links, it is possible to outsource a lot of the basic service and call center jobs out of one country to other countries.

But what makes call centers in India such an attractive option?
The country has intrinsic strengths which make it a major success as an outsource destination for call center work:

- A booming IT and ITES industries, with IT strengths recognized all over the world.
- The largest English-speaking population after the USA.
- Western culture, freedom of expression, similar age group employees, same education background and they will have good team spirit because most of their colleagues are their classmates. Here this is an only industry where they can join in groups with same level or grade with same salary.
- Nature of job is easily understandable, they can learn easily and also they can perform easily with minimum effort. Basic facilities like transportation, food, safety, and security measures have been assured especially for those who work in night shifts.
- A vast workforce of educated, English-speaking, tech-savvy personnel.
- Cost-effective manpower: In a call center operation, manpower typically accounts for 55–60% of the total cost. In India, manpower is available at a fraction of the cost overseas up to 40% less. However, some people get deterred by the fact that cost savings are not seen immediately. Initial investment in infrastructure and training can be expensive and make one believe that the promise of cost reduction is false. However, there will be savings and the fact that several global giants continue to set up call centers in India is proof of this.
- The Government of India has recognized the potential of IT-enabled services and has taken positive steps by providing numerous incentives.
- The presence of most international technology vendors and solutions would enable creation of most advanced set-ups in this technology-intensive segment.

Given these advantages, India could build a $21–24 billion industry by 2008 according to the NASSCOM McKinsey Report.[4]

Health concerns
Long hours of work, permanent night shifts, incredibly high work targets, loss of identity are these the dark clouds that threaten to mar the ‘sunshine’ call center industry in India? The odd timings and nature of work roots people to a chair 9 h a day, reading pre-scripted conversations on the phone endlessly — often to irate customers from across the globe. Where every single second of an employee’s time is recorded, measured and automatically logged onto a computer for praise or censure on a weekly basis. Where walking down to the water cooler for a drink and a chat with a friend messes up performance metrics, salaries, and hikes. Where the three acts of listening, watching and talking — all at the same time — never get a break. This performance monitoring also puts enormous stress on the employees.

India is situated 5 h ahead of UK, 10 h ahead of New York and 13 h ahead of Los Angeles. US and UK companies can claim overnight response capability because during their night time, it is day time in India and agents in India can respond to emails during Indian business hours. This is known as follow the sun model. It is this working at nights that requires adjusting the biological clock and social practices to a different time, which is turning out to be a major cause for health-related and social problems.

About 30–40% of the employees working in the call center had complained of eye problems. Soreness, dryness, blurred vision, light sensitivity, headache, all these put together is labeled as the Computer vision syndrome. This problem is more acute with the team leaders who need to come in early and go back late. Digestive disorders are common among employees in the call center. Thirty-four percent of employees had complaints on this count as revealed by the HR managers. It was also pointed out that the employees are facing the possibility of losing their voice. The problem known earlier as ‘the teacher syndrome’ is now being found in the young workers of call centers. Some of them may face the acute manifestation of this in the form of permanent loss of voice. In the chronic form it is characterized by inability to speak (Dysphonia), pain, croakiness of voice, irritating cough, poor vocal power, inability to modulate and breathing difficulties.

BOSS stands for burnout stress syndrome
The BOSS syndrome is seen very commonly among young people working in call centers. The symptoms of this syndrome include chronic fatigue, insomnia and complete alteration of 24-hour biological rhythm of the body are routine cause for sickness absenteeism. Chronic levels of stress affect the heart, endocrine system and also lead to sleep disorders.[6]

Although most such cases do not require treatment or medication, they need guidance on physical and mental coordination to cope with a job that requires hyper-alert efficiency. There is a concern regarding the noise hazard especially of the Acoustic shock, which is due to sudden high frequency noise, which is very damaging to the ear and can also cause permanent deafness. There are also complaints regarding musculoskeletal disorders, we need to wonder whether they outsource body pain along with work. The call center processes are designed to fit the technology and not the workers.

Little documentation is available as yet on these health problems but there are three clear issues emerging from the
nature of call center work, the first is on the issue of identity, and the second issue is the isolation faced by call center employees. Given the intense contact between team members on a shift, there is bound to be some development of interpersonal relationships. When the shift changes, there is a sudden break-up of relations. There is a period of total isolation both within the work environment and without – since family lives get disrupted and contacts between family members break-up. The third issue is related to the stress levels of employees put to work on night shifts and given high targets – this may force some towards drug abuse of some sort like pep-up pills and other drugs to keep them going – especially when youngsters have money to indulge – this is a very genuine apprehension.

**Staffing troubles**

One prediction is that by 2008, India will employ two million people as call center operators. The only obstacle to runaway growth may be finding enough high-standard recruits with good enough English to meet demand. Today, most top executives acknowledge that a steady turnover of staff is an inevitable aspect of the industry. The reasons for this could be boredom with the job, seeking better prospects or a change, better monetary benefits lack of career opportunities especially when it comes to vertical growth which is very minimum, or even the failure of the call center to effectively train employees to stay at the job. Because the work is so repetitive, most employees leave within 2 years. Ambitious youngsters, out to make a fast buck, hop skip and jump across BPO companies, making staff turnover the single largest issue for business leaders and boardrooms.\(^6\)\(^7\)

Turnover rates as high as 30% have created a major problem for the call center as they have to compete with each other for a slice of the business cake. And some have found a unique way to meet their growth numbers by turning to the “been-there-done-that 40 plus” generation. The greying of the BPO sector began a few months ago and is a newly emerging trend in India.\(^6\)

There are fears about the social impact when within a couple of years the first crop of young 19–20-year-old employees slugs it out and inevitably suffers burnout. They are less responsible people, their maturity level is low, and thinking power towards planning their career is also low. Recognition is not so high for those who work for call center in our society for various reasons. Some time they themselves hinder to introduce to the society that they are employed in a call center. As a result of work pressure to meet the target day and day out and competition among the group they get frustrated and quit these jobs. Because of minimum qualification, they cannot compete with out side world and they are blank when are out of this job. They have given up on higher studies for the seemingly lucrative call center job. Where do they go from here?

**Legal support**

The picture that emerges is the absence of any notion of work protections and guidelines. In an industry being touted as the magic wand that will ward off unemployment, no one wants to discuss establishing an equitable and gender-safe work culture.

In countries like the UK and Australia, where the call center industry is a lot older, there is a great deal of understanding on what this unique workplace entails and what needs to be done about it. In the UK, the government intervened a while ago with a local authority circular called “Advice Regarding Call Center Working Practices.” The circular not only list in detail the stress factors and ailments peculiar to this industry, but also has various benchmarks and measures on how to deal with them. In Australia, some call center companies have signed onto a call center charter that includes, among other things, a minimum standards code of the workplace.

As of now, no understanding of the problem exists in India, leave alone a minimum standards code. Some call center and BPO companies in the country have got together under the aegis of Nasscom to address common areas of concern – but so far these have largely centered on deciding how not to poach on each other’s employees and what to do with the Shops and Establishments Act. Employee stress – and its impact on the bottomline through high attrition rates – is not even on the horizon of concerns. 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, hence the need for appraisal of dangers that are lurking in the corners of well furnished BPO offices.

**Recommendations**

- There is a need for more explicit, detailed and relevant regulations, guidance specific to this industry.
- Health risk assessments both pre-employment and periodic for employees should be conducted especially eye and audiometry tests.
- Call handlers should be provided with information on the risks identified in the risk assessment and how these risks can be controlled.
- Length and frequency of breaks should be adequate.
- Need for full time counsellors to strike a balance between physical and mental rhythm to synchronise body clock.
- Establishment of welfare committee where in employees are an important part where they can voice their concerns.
- Ergonomic assessments of work station for 24 hours occupancy should be done.
- Need for more detailed study to collect data from larger number of employees working in a broader range of sectors.

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Distance learning courses in occupational medicine –
Method and good practice

Sir,
I read the article on ‘Distance learning courses in occupational medicine – Methods and good practice’.[1] The subject raised by authors is interesting and there is need for review of the Occupational Medicine (OM) training in India. Authors have written, ‘Almost 100% of all postgraduate teaching in OM is done by distance education in the UK’.

The aim of this letter is to enlighten readers more about the OM training in UK. Some of the content articulated here are personal opinions and experience. The Faculty of Occupational Medicine (FOM), UK offers generalist qualifications aimed at part-time practitioners, and a specialist training for those wishing to work in the field full-time. The details can be found on the faculty’s website: http://www.facoccmed.ac.uk and following is a brief description of it.

A Diploma in OM is a basic level qualification aimed at General Practitioners working part time in the OM. It is not a part of the formal training route (Specialist Registrar Training) to a membership or entry onto the specialist register of the General Medical Council of the UK. Entry to the diploma examination depends on further defined experience or training and 6 months of distance-learning course from University of Manchester is approved toward this. In my experience, the diploma examination of the faculty may be equivalent to the AFIH examination of the central labour institute.

Entry into the specialist registrar (SpR) training is lot more competitive. Two years of post registration experience in mandatory before embarking on this route. Candidates appear before a Regional PostGraduate Dean’s Appointment Advisory Committee for a selection process. Higher Specialist Training (HST) is conducted in the faculty approved training posts supervised by consultant Occupational Physicians. Posts are available in the National Health Service (NHS), in a wide variety of industries and within the Defence Medical Services. It follows an agreed training programme and takes a minimum of 4 years. SpRs are subject to annual assessments by the regional postgraduate dean and they have to pass Associateship of the Faculty of Occupational Medicine (AFOM) Exam. An additional mandatory requirement for SpRs is the submission of a dissertation. Membership of the Faculty of Occupational Medicine (MFOM) can only be awarded once HST is complete.

In addition to 6 months course, University of Manchester runs a 3-year distance learning MSc course. Those courses are open to overseas candidates. The MSc course is useful in preparing for the AFOM examination but it is not an alternative to the 4 years of full-time SpR training. Overall, the OM training in the UK is a stringent and structured process.

A PG Certificate course conducted at Chennai appears to be a good step forward. I agree that majority of company doctors in India cannot leave their workplace for a full-time training but not all company doctors aim to become a consultant in the OM. Only attending a distance learning course may not suffice and a formal structured training is required for acquiring a specialist grade. There is a formal residency program in Surgery and Medicine in India then why the OM is considered as a subject that can be mastered with less