

# Factors Impacting Workplace Health Initiatives in UK Contact Centres

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## Report Overview

### Introduction

Health promotion programmes often have mixed success, particularly in workplace settings. Many workplace health programmes overlook cultural and contextual considerations (e.g. understanding organisational needs, priorities and cultural norms, having support from management), which impact effectiveness and long-term sustainability. COVID-19 posed further challenges to workplace health programmes and initiatives. This study aimed to explore the impact of new and existing organisational and cultural factors on workplace health initiatives within UK contact centres during this time of transition. The aim of this report is to investigate and summarise these factors.

### Methods used

15 interviews were conducted with stakeholders from various UK contact centres: private (financial services customer service, appliances customer service, market research, software) and public (housing association, NHS). Individuals who work alongside contact centres (trade unions, Workplace Health Specialists) were also interviewed. Interviews took place from February 2021 to June 2021.

### Findings

Overall, stakeholders felt organisations were prioritising employee wellbeing through implementation of various workplace health initiatives. However, challenges exist in how best to implement initiatives for hybrid working, whilst considering organisational and cultural factors within the individual organisation.

## Background

In 2021, people in full time employment in the UK worked an average of 36 hours per week (averaging 7.2 hours per day). As working accounts for such a large portion of waking hours, this time forms crucial periods of the day which can positively or negatively impact on one's health and wellbeing. We know that challenges exist in implementing and sustaining workplace health initiatives, and these are often attributed to several organisational and cultural factors.

As with many office-based organisations, the COVID-19 pandemic has shifted business operations and organisational priorities in contact centres. The most obvious adaptations were the shift to hybrid working, the implementation of new health and safety policies and procedures for in-office work, lay-offs, furlough, and the impact of having individuals (staff and their contacts) contracting COVID-19 (ex. self-isolating, caring responsibilities). These shifts impacted on pre-existing organisational and cultural barriers to wellbeing programmes and initiatives and the development of new ones.



As the place of work (including travel to and from) has such a significant influence on day-to-day life and health, these shifts in working practices played a crucial role on people's perceptions of the impact of the pandemic on their lives. It also shaped how their sense of wellbeing shifted during this time.

This report summarises interviews with stakeholders from various UK contact centres and individuals who work alongside contact centres.

## Theme 1: Impact of COVID-19

Hybrid working was perceived to support work-life balance, productivity and an increased level of service provided by employees. Platforms such as WhatsApp and MS Teams chat were used to support employee wellbeing through informal check-ins and socialising. Centres ran virtual health challenges, provided health applications (such as *Headspace*), and sent newsletters which facilitated health behaviours and social interaction.



*'I think communication is one of the biggest factors to be honest. Everyone's open and honest. Everyone's taken feedback. We've got different methods of communication...And we're here for our staff even when they're not on shift. So, if they are struggling or want to talk about anything, we encourage them to message us and whoever is on shift will pick that up in our group chat. So, we're essentially an immediate resource for the team to be able to openly and freely talk to us with what they are struggling with.'* (Participant 4)

Although corresponding online offered flexibility, the inability to read body language and tone presented challenges to effective communication and engagement. Mental exhaustion and 'Zoom fatigue' from excessive use of virtual platforms was frequently mentioned. Furthermore, the reduction of in-person

contact among colleagues eliminated opportunities to engage in activities that support wellbeing, such as the ability to go for a social walk or prompt a screen break. Homeworking sometimes led to longer working hours and a difficulty disconnecting from work. For some centres, technology prevented home working, although it is expected that adaptations will be made so they can do so in future.

*'And definitely an intense day of [MS] team meeting after [MS] team meeting...an [MS] team meeting is really tiring in a way that going to meetings isn't. So, I think there's kind of...people have got to work through some of that still.'* (Participant 12)

## Theme 2: Supporting Staff Wellbeing

There was an overwhelming recognition of the importance of supporting employee wellbeing to improve the quality of life of employees and to facilitate productivity and reduce staff turnover. A few stakeholders mentioned that some contact centres now look to attract and retain talent (staff) through wellbeing support, positioning themselves as socially responsible and offering training to enable growth. In some centres, these changes were beginning to occur pre-COVID-19, while others considered COVID-19 as a catalyst for such changes.

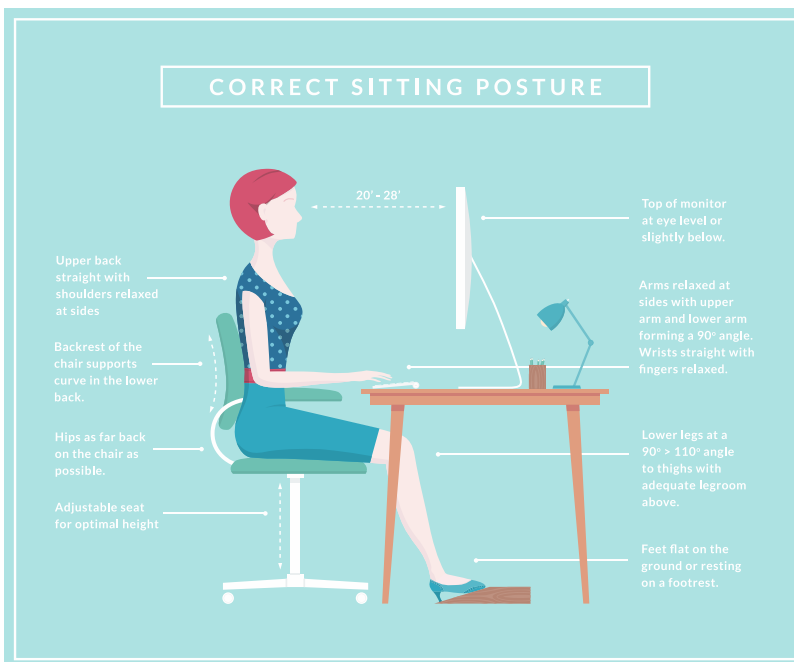
*'I think there's a far better understanding now that we need to look after people, I say we, the industry, then we ever have done in the past. Certainly, for pre, maybe five years ago, things started to change for the better.'* (Participant 8)

Post-COVID-19, centres took note of individual needs, which varied greatly among employees depending on their personal circumstances. Many centres now explicitly ask employees what they want and need to support their wellbeing and their work. Centres were generally more open to flexible working requests to support work-life balance. Some employees also felt an increased sense of autonomy, which empowered them to work from home.



Rates of burn-out were exacerbated by the pandemic, and some felt there was a lack of appreciation of front-line staff, many of whom carried out essential work during this period. A few stakeholders mentioned an absence of support and training for middle management in helping employees who were struggling with their mental health, and a lack of acknowledgement of the pressure felt by managers to do so.

*'I think the mental wellbeing is great, but there's a ticking time bomb in the industry of the pressure it's placing on leaders. And a lot of the time, I think there's a lot of blame placed on bad leadership for people's mental health issues. And it's like these guys aren't set up for this. Aren't setup to manage this stuff. So, no wonder they are getting it wrong, or they don't know what to do... for those first level leaders, it's difficult because we expect them from a mental health perspective to be counsellors.'* (Participant 10)



Home working environments varied between staff members, and stakeholders suggested that this be considered more closely to decrease their risk of developing musculoskeletal issues due to poor setup and lack of movement during the workday.

*'Not only is there potentially a tsunami of mental health concern out there. I also think there is a tsunami of MSK issues out there as well'* (Participant 6)

Overall, most centres were quick to develop helpful initiatives to support employee wellbeing, however as noted there were barriers to engagement and little or no internal evaluation which limited knowledge of their effectiveness.

### Theme 3: Contact Centre Culture and Leadership

*'Culture isn't a pool table and a football table and flashy offices and all the rest of it. Culture is how you talk to people, interact with people, what you ask them to do on a day-by-day basis. That's what needs to change. Everything else is just superficial.'* (Participant 10)

Some respondents felt that the sometimes rigid and stressful contact centre culture increased the need for wellbeing support, while simultaneously presenting barriers to engagement in such support. It was felt that cultural factors such as limited or short break times and pressure to hit numbers were not always considered when developing and implementing wellbeing initiatives. This resulted in initiatives that, although beneficial, emphasised individual responsibility and were seen as more 'superficial'. Most of the identified organisational and cultural barriers preceded the pandemic.

One of the major challenges identified by stakeholders was contact centre leaders' reliance on numbers to determine business success, and that there was sometimes a lack of interpretation and questioning of such numbers, which filtered down to middle management and front-line staff. It was felt that some leaders were too fixed on numbers to consider investment in wellbeing initiatives and assumed that such initiatives might have a negative impact on business, when, they may have had the potential to decrease absence and staff turnover and increase productivity. Stakeholders felt that some centre leaders would benefit from education around the wider (organisational and cultural) determinants of wellbeing within their organisations. However, they expressed difficulties in capturing the attention of senior leaders and in providing evidence which creates a business case for wellbeing investment. It was suggested that stakeholders and researchers should make clear connections to potential business benefits, particularly around productivity. One stakeholder did feel that this was changing in some businesses, where there has been more progressive thinking over 'what good looks like'.



Engagement of middle management was seen as key to the success or failure of wellbeing initiatives. Middle management were often tasked with implementation, however they were not always provided with the support to do so. They may be required to spend additional time on initiatives yet are still expected to juggle their regular workload and ensure targets are met.

*'I think that's where the change needs to happen, between the middle management and the senior management, for senior management to demonstrate, yes, we will support you to do this. And then the middle management to be able to confidently say, yeah, we realise these are the sort of impacts it could have on, I don't know, short term productivity, or releasing staff to attend different things.'* (Participant 11)

Contact centres were described as 'command and control' environments, however, some stakeholders felt that this was changing in some businesses, where staff were managed as peers rather than subordinates. Stakeholders acknowledged the efforts contact centres were making to improve the type and frequency of

communication with staff, through engaging in two-way communication, listening to individual needs, and encouraging staff to prioritise their wellbeing. However, there was a need for some centres to explicitly give staff permission to make choices in line with this, such as taking breaks when needed.

Difficulties in engaging home workers post-COVID-19 in such messaging was noted as a barrier, and stakeholders felt it was more difficult to cascade communication around wellbeing policies, procedures, and education down the business, especially if there were bottlenecks at the middle management level. In addition to having senior leaders on board with wellbeing initiatives, it was felt that senior leaders should lead by example and having buy-in and wellbeing champions at every level of the organisation was key.

*'If you've got a chief executive or a senior manager who is, let's just say, old-fashioned. And you will do my way and you'll be at your desk, I think staff respond accordingly. If you've got a manager or a chief executive who leads by example, I think that helps. And if that example is one which is widely publicised to all employees that 'look the chief executive is doing what he's asking us to do' I think that gradually filters down.'* (Participant 1)

### Key Take-home Messages

#### Workplace health initiatives: what worked well in contact centres

- Hybrid working can support work-life balance
- There was an overwhelming recognition of the importance of staff wellbeing, and enormous efforts were made, including initiatives to promote and support social activities and physical and mental health
- Individual needs were considered during the development of wellbeing support
- Making the contact centre a better place to work: retaining talent through CSR, wellbeing support and training one the rise
- Senior leaders leading by example by promoting and participating in wellbeing initiatives
- Engaging in two-way communication with staff around wellbeing needs

#### Suggestions for improving wellbeing initiative implementation, participation, and sustainability

- Support and training for middle management on supporting employee wellbeing
- Consideration of individual employee home working environments
- Internal evaluation of wellbeing initiatives to ensure effectiveness
- Overall: consideration of the impact of organisational and cultural factors on wellbeing initiatives
- Researchers and organisations need to work together to make a case for wellbeing investment



This is the first of a three-part PhD project, which aims to understand how organisational and cultural factors impact on the long-term implementation and sustainability of workplace wellbeing programmes.

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