Exploring the impact of organisational and cultural changes in contact centres on workplace health: a qualitative study of stakeholder perceptions

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Background

Contact centre employees tend to sit more, move less, and have poorer mental health compared to other desk-based workers. Contact centres provide a unique and complex context for which to implement health-promoting programmes. As a result of the pandemic, contact centres have been forced to adapt significantly to support the health of their employees.

Aim

To explore and understand organisational and cultural changes that are taking place in contact centres and their impact on workplace health programmes and initiatives.

Methods

15 semi-structured interviews were conducted with staff from private (e.g. banking) and public (e.g. government) contact centres, individuals who work alongside contact centres (e.g. trade unions), and individuals who work in the area of workplace health (e.g. Workplace Health Specialists). Interviews were analysed using a codebook thematic analysis approach, and relevant themes will be further analysed in the context of Dauber et. al.'s configuration model of organisational culture.

Results

Overall, participants felt that, both pre and (more so) post-pandemic, organisations were taking more responsibility for employee wellbeing (particularly mental health) than ever before. This included facilitating work-life balance and considering the individual circumstances and needs of employees.

However, these efforts varied by organisation and there was a lack of knowledge on best practice for supporting wellbeing and engagement in the context of hybrid working, and of effective evaluation of wellbeing programmes.

Barriers to programmes included difficulty in persuading numbers-driven senior leadership to invest in sustainable initiatives, and lack of programme buy-in across all organisational levels. Many 'superficial' initiatives (such as educational emails) were on offer, but long-standing organisational factors (such as break times and productivity monitoring) presented significant barriers to participating in certain health behaviours.

Discussion

There is a need for organisations to gain an increased understanding of cultural and organisational factors prior to and during wellbeing programme implementation, and programme evaluation, to increase effectiveness and sustainability and support positive organisational change.

Conclusion

Although efforts vary, employee wellbeing is increasingly being prioritised in contact centres. Subsequent studies should address the identified organisational barriers to health behaviours in the context of hybrid working.

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