Mental Health and Stress among Call Center Employees

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The present study aimed to find out the stress and mental health among call center employees. For this purpose a total of 100 employees were selected from two different call centers i.e. Domestic (N=50) and International (N=50). The sample included both male and female employees in equal number. Two scales namely Life Stress Scale and Mental Health Inventory were administered to all the subjects. Obtained scores were analyzed with help ANOVA and t-test. Results revealed that significant difference in stress and mental health observed with respect to both genders from domestic call center. Male employees from both the call centers differed significantly on stress scores.

Keywords: Call Center, Stress, Mental Health

The Call Center community often defines itself as an industry, with numerous national and international call centers. But there has some dispute amongst researchers as to whether it is appropriate to refer such thing as the "call center industry". Bain and Taylor (1999) argue that it is more appropriate to use the term "sector" as call centers are found across a wide range of industries and may be similar primarily in terms of their core technologies. Belt, Richardson and Webster (2000) agreed that call centers are not an "industry" as the term generally defined, but rather represent certain ways of delivering various services using the telephone and computer technologies across traditional industry boundaries.

National call center represents a unique management challenge. Forecasting calls, calculating staffing requirements, organizing sensible schedule, managing the environment in real-time, and, in general, getting the right people in the right places at the right times. The international researchers have found between technologies used, work

practices and key issues including monitoring, control, training and labor demographics for workers in countries as diverse as Germany, Japan, Australia, Greece, US, UK and the Netherlands.

The basic reasons by which employees getting stress in their routine life is non-stop mobile calling, duty to make interaction with customer and complete the target within the time, threat of intensity; make the employees stressful and depressed. Dollard, Dormann, Boyd, and Wine field (2003) assessed two unique stressors associated with the human service work i.e. emotional dissonance, the need to hide negative emotions and client related social stressors. The latter may involved disproportionate customer expectations and verbally aggressive customers. These stressors affect all human service workers, even though they may vary in the extent to which their work involves lasting relationships with customers. They argued that social support and training designed to develop "role separation" are crucial resources needed to help human 216 Mental Health and Stress

service workers cope with the unique stressors of their jobs. Following are the key stressors in call centers:

Nature of job: The primary source of stress reported is inherent to the nature of the job spending all day on the phone dealing with people one another, day after day, is difficult. Many studies report agents as wanting to 'just get off the phones' .Belt and colleagues (2000) note "agents in all three sectors financial services, IT and third-party services spoke of the phenomenon of "burnout", caused by the pressure of working exclusively 'on the phones'. In the same study, the author's mention that the issue of 'burnout' was also recognized by some managers. Knights and McCabe (2003) take a different approach to stress in the workplace. They note that although much organizational analysis and most of the call center literature tends to conceptualize stress as an individual problem, it is actually located within "a framework that emphasizes the interrelationships between structural relations of power and the subjective interpretations and actions of employees".

Quality/quantity conflict: Call centers are rooted in contradictory tensions and structural paradoxes, and confront a number of trades-offs on that basis. There set a context for attitudes towards the organization and can impose conflicting role requirements on agents. A core example is that of the pressure for quantity versus the aspiration for quality, the guiding logic of which is the conundrum of trying to get closer to the customer while routinising, centralizing, reducing costs and prescribing standards. Kaczynski and colleagues (2000) suggest that this dilemma is particularly difficult for front-line workers because they may be likely "to identify with embodied individual customers, for interactions with specific customers may be an important arena for meaning and satisfaction within work". They suggested that goal of balancing customer

orientation with efficiency; it leads to prefer workers to identify with a generic category.

Intensity: The third central stressor in call center work is its intensity. As Bain (2001) argues "far from being either in terminal decline or on the wane, Taylorism-in conjunction with a range of either control mechanisms is not only alive, well and deeply embedded in the call center labor process, but its malevolent influence appears to be spreading to previously uncharted territory".

Targets: There is a fourth feature of some call center work that may engender stress: performance targets. There are various types of targets, which may vary between inbound and outbound centers. Inbound centers typically have targets for call duration, 'wrap time', and daily call volume. Outbound centers often have 'completion; targets, which are closely monitor and upon which pay may be partially based. Taylor and Bain (1999) argued that particularly in the financial services industry in the UK, targets are a significant source of stress for workers as more and more is placed upon meeting them in an increasingly competitive business environment. In centers that claim not to prioritize targets, researches have found that staff often feels significant pressure. Targets simply intensify the stress produced by the quantity/qualify debate, or, as one agent is quoted as saying, "They're usually more into numbers than anything". Lankshear ei.al. (2001) describe a series of conversations with managers in their call center site here management consistently conceptualized their performance reports (for example, one commented that it's 'human nature' for productivity to drop before and after a holiday), and used their stats as an excuse to praise good performance and coach those who consistently had difficulty meeting targets.

Mental Health: There has been many attempts to describe mental health in ideal terms which have generally led to list of qualities which characterize the mature, healthy, fully functioning, self actualization. The study of the characteristics that make up mental health has been called positive psychology. This is evident that positive thinking is important in promoting health. Older men and women who expressed a positive outlook towards life were less likely to suffer heart attacks than those who expressed a negative Ostir et. al; (2001). The effects of positive thinking can even extent life. Analysis of brief autobiographies written more than 60 years ago by Catholic nuns when they were in the 20s suggests that those with a positive outlook live longer than nuns who wrote about their lives in more neutral terms (Danner, Snowdon & Frieson, 2001). However it is concluded that positive attitude may be merely a result of good health. For a number of years, mental health professionals believed that seeking reality as accurately possible was the best path to health. Researches found that happy people often have falsely high opinion of themselves, given self service explanation for events and have exaggerated beliefs about their ability to control the world around them (Taylor, 1998; Taylor & Brown, 1994). Developing positive self illusion has also been shown to have dramatic effects on performance. Sports Psychologist Loher (1989) pieced together videotaped segment of 17yrs old Michael Chang's most outstanding tennis points in the past year. Chang periodically watched the videotape and always saw himself winning, never saw himself make mistakes, and always saw himself in a positive mood. Several months later, Change became the youngest male to win the French Open Tennis Championship. Study on placebo effects depicted that it's a powerful part of healing and should be used more Brown (1998). Placebo effects are not just inactive 'sugar pills' but affect patients attitudes towards their own health outcomes. Seeking help, getting a diagnosis, beginning treatment and looking forward to resuming towards a healthful life

are all part of a positive attitude towards one's own health. Although the placebo itself may be inactive, the positive attitude triggered by the placebo and other interventions may be life saving. On the basis of the interview conducted on call center employees it was observed that the culture of the centers are totally westernized having good social network of well behaved people, employees are highly payable. Indian youths chooses call center just to get good money. But for many employed in the call center sector, "the daily experience is of retentive, intensive and stressful work, based upon Taylorist principles, which frequently results in employee "burnout". Brown ((1999) more vividly, characterizes the work as "repetitive brain strain". Call centers are established by organizations to "create an environment in which work can be standardized to create relatively uniform and repetitious activities so as to achieve economics of scale and consistent quality of customer service".

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Method

Sample:

The sample of the present study consists of 100 employees working in two different call centers i.e. domestic (N=50) and International (N= 50). The sample included both male and female employees in equal number.

Tools:

Mental health inventory: It was developed by Jadish and Shrivastava (1983) consists 55 items having six dimensions: positive self-evaluation, realistic perception, and integration of personality, autonomy, group-oriented attitudes, and environmental mastery. Reliability of the test is found at 0.75 level

Life stress scale: It was developed by Aggarwal and Naidu(1986) and consists of 30 items describing undesirable experiences and events likely to occur in the lives of people. The reliability of the scale was 0.88.

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Procedure

In the present study equal numbers of call center employees were selected from domestic call center (Airtel Bharti) and international call centers (IBM) situated in New Delhi and NCR. These employees were contacted and proper rapport was established. Appropriate instructions were given to facilitate the completion of the questionnaires.

Results and Interpretation

Table 1: Mean, SD and t-ratio of employees from Domestic and International on stress and mental health scores (male=50 and female =50)

Call Cente	r Str	SD	t-value			
Male	1	137.4	14.4			
	2	118.2	12.2	5.33**		
Female	1	136.3	21.2			
	2	137.1	13.2	0.16		
Male	1	137.4	14.4			
Female	1	136.3	21.2	1.34		
Male	2	137.1	13.3			
Female	2	118.2	12.1	5.26**		
Mental Health						
Male	1	147.3	6.91			
	2	118.2	6.89	1.7		
Female	1	143.3	11.6			
	2	142.1	13.9	0.69		
Male	1	143.3	13.09			
Female	1	142.1	13.9	0.69		
Male	2	150.6	6.39			
Female	2	142.1	13.9	2.81*		

The Obtained scores of this 2x2 factorial study were analyzed with the help of ANOVA and t-test to see the significance of difference among various groups. ANOVA revealed the main effect of call center employees on stress scores was significant, F(1)=8.55; p<.004. the main effect of gender was highly significant F(1)=8.01; p<.005. The interaction of call center and gender also showed high significant values as F(2)=10.1; p=<.002. However, the results indicated that employees working in two different call centers differed significantly . As regards to gender male and female differed with each other on stress scores.

ANOVA showing the main effect of call center employees on mental health scores was NS, F(1)=.263. The main effect of gender indicated significant difference F(1)= 9.06; p<.003. the interaction of call center and gender was non significant F(1)=1.15. On the basis of above results it was found that employees from two different call centers namely domestic and international did not differ significantly on mental health scores.

Results obtained by t-test, showed that male employees from domestic and international call center differed significantly with one another on stress scores as the (t=5.33, p=<.01). Interview conducted personally on employees revealed that international call center employees have more work stress as compare to domestic one. This is due to heavy work load, no limited time for social interaction and completion of work

Table 2: Mean, SD and t-ratio of employees from Domestic and International on different dimensions of mental health scores (male=50 and female =50).

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Call Center Mental Health	Mean	SD	t-value
1 Positive self evaluation	27.6	4.14	1.01
2	28.5	3.81	.86
1 Realistic perception	19.7	2.43	1.12
2	20.1	2.22	1.97
1 Integration of Personality	16.5	1.71	3.04
2	16	2	.76

within a given period of time. The work culture is more strict and systematic as compared to domestic one. Our study is in accordance with the previous study by Norman et al. (2004) who conducted a cross-sectional baseline survey, which was part of a prospective cohort study. Fifty-seven call center workers were compared with a reference group of 1,459 professional computer users from other occupations. A questionnaire covered physical and psychosocial working conditions and symptoms during the last month. Structured observations in accordance with an ergonomic checklist were used to assess workstation design during the subject's ordinary work. The call center group had worked for a shorter time in their present tasks and spent longer continuous time in front of the computer than the reference group. There were deficiencies in workspace, keyboard- and input device placement. The subjects reported poor support from their immediate supervisor, low control and limited opportunities to influence their work. A higher proportion of the call center group reported musculo skeletal symptoms.

Results revealed that male and female from international call center didn't show any significant difference, this is due to the fact that the nature of work is similar for both male and female employees in international call centers. As regards to stress scores of women employees from two call centers didn't show any significant difference as their mean scores are 136.3 and 137.7 respectively whereas male and female from domestic call center differed significantly (t= 5.26, p=<0.01). Responses collected on the basis of interview indicated that in domestic call centers field work is mostly done by the male employees which indicate less anxiety and stress among female employees hence a significant difference observed. Regarding mental health employees from domestic call center didn't show any significant difference with their international counterparts

irrespective of their sex. Male and female subjects from domestic call center differed significantly with each other. Responses collected on the basis of interview indicated that working condition and deadline is same for both male and female employees in international call center. On different dimensions of mental health like positive self evaluation, realistic perception, integration of personality, measures of autonomy, environmental mastery employees from international call centers didn't differ significantly with their domestic counterparts. They differed significantly on group oriented attitude. Obtained data revealed that employees from different call centers have the same criteria to measure the self. They are aware towards themselves and real world and conscious about their autonomy. Regarding group oriented attitude international employees are having individualistic approach as compared to domestic one who believed in teamwork and have positive towards group oriented attitude. The overall results of the present study suggest the need for stress management programs for reducing the stress and developing positive thinking among young employees working in call centers.

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