Covid-19 and Call/Contact Centre Workers: Intermediate Report

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Introduction

NHS workers, care home workers, shopworkers, pharmacists, delivery drivers, transport workers and many others we know are on the very front line of saving lives, keeping people safe, ensuring we are fed and supplied. Our debt to them is incalculable. Yet, another layer of workers are important for ensuring that life can go on. **Call or Contact Centre workers** even contribute directly to saving lives through operating 111 lines. When retail outlets are closed and face-to-face service is impossible telephone, email, internet based, mobile and other forms of contact become key means of communication. While, admittedly, as the report suggests below, some contact centre services in today's crisis are non-essential, other activities are vital for people at this time.

Just like other frontlines the one on which contact centre workers are located is dangerous. This report is based on the results of a self-completed survey of 2,745 call-handlers from diverse sectors. The statistical findings are combined in this short report with direct quotes. Without exaggeration, the severity of the hazards from Covid-19 and the effects on these workers make for shocking reading.

As an example of how seriously contact centre workers see their situation, they have written almost 200,000 words in total testifying to their experiences and to the devastating impact that Covid-19 has had and is having on them, their colleagues and families. One commented: *'Call centres are like petri dishes and it is very easy for something to be passed around, especially during a pandemic'.* This insight illuminates the perilous conditions many contact centre workers are facing.

https://phil.onlinesurveys.ac.uk/covid19-call-centre-back-office-workers_savelives

This is the link to a survey opened on 8 April aimed at gathering data on the realities of contact centre working that could take us beyond the stories that Dave Moxham (Deputy General Secretary, STUC) and the author were hearing from workers themselves, managers and health and safety experts. The aims of the survey were threefold:

1) To expose bad employment practices hazardous to call-handlers and, through intervention by trade unions. health and safety and regulatory bodies, to stop them;
2) To identify good practice, increasingly perceived as homeworking, and highlight these examples to raise the bar of health and safety for all;
3) To create public awareness of the serious hazards facing workers, many of whom are playing vital roles for a society confronting Covid-19's unprecedented challenges.

The survey began in Scotland but rapidly became UK-wide in scope. It is supported by trade unions, including the CWU, Unite the Union, Accord and TSSA, the STUC and by unions with significant issues with particular workplaces, including USDAW, and by health and safety campaigning bodies, notably Hazards.

Illness, Death and Fears

It is difficult to understate the extent and depth of anxiety that working in the contact centre is creating for its workers. From 2,092 respondents, 47.2% 'strongly agreed' and 30.7 'agreed' with the statement, '*I think it is likely that I will catch Covid-19*'. At the same time, over 90% either 'strongly agreed' (68.6%) or 'agreed' (22.0%) with the statement, '*I am worried I will give Covid-19 to family or friends*'.

Workers were asked about the extent to which they had been 'scared' or 'not scared' at having to attend their workplace 7 days previously, what their feelings were currently and how they might be feeling in 7 and 14 days' time, if they still had to attend their workplace. Seven in ten (69.7%) said they were currently 'very scared' an increase from 58% seven days previously. Workers were looking forward with dread. For seven days hence, 59% reported that they were either 'much more worried' or even 'terrified' at the prospect of having to attend their workplace, compared to 68.1% for the same criteria if faced with having to continue working in the call centre in 14 day's time.

It is not merely that the increasing toll of mortality and serious illness in society generally has intensified worries, there are specific workplace experiences that are exacerbating fears. The survey asked respondents whether they knew of colleagues in their contact centre or back office who have developed Covid-19 symptoms and had to leave work and self-isolate. The statistical results are stark; of 2,087 respondents, 75.2% said they did, 9.2% said they did not and 15.6% admitted that they did not know.

Such findings are grounded in the grim realities revealed in the comments given to an open question asking how many colleagues had, to the best of their knowledge, been affected and what was known about their conditions, No fewer than 1,493 of the 1,569 who had answered the previous question in the affirmative provided written, often lengthy, testimony comprising 12,000 words. Reading through these comments is such a harrowing experience, that providing sample quotes simply cannot convey the pain, suffering and often anger at management responses. Of course, in the interests of confidentiality, organisations and their locations and identifiable context, will be omitted.

First, there is the extent of the effects of Covid-19, such as '*Nearly 75% of the centre - unknown conditions*', or '*14 out of 17 in my team*', '*200 plus*' or '*two-thirds of my floor*'. Similar comments are prevalent throughout the testimonies, which reveal at the same

time that many of those with symptoms, though ill, were not necessarily diagnosed with Covid-19 and that many had returned to work. Nevertheless, respondents reported on numerous cases where the diagnosis had been positive.

Second, there are the accounts given of serious illness such as, *'2 have contracted covid 19'* or *'2/3 in ICU' or 1 in critical condition countless others self-isolating'* or *'1 in intensive care and 1 very poorly self-managing, but unknown how others are but many are off'*. Another reported, *'Out of a department of 74 people in our area, I am 1/6 people remaining who have not been off regarding Covid, there have been 5 confirmed-by NUS cases of Covid here'*.

Third, there are the reports of deaths, respondents referring to at least seven colleagues who had passed away. Some of the testimony expresses anger at certain managements' attempts to conceal the truth from the workforce.

> *Of my knowledge there has been 1 confirmed case and 2 suspected cases. The confirmed case was a colleague…he required hospital treatment. Managers are aware of this and tried to deny the situation at first. When the colleague eventually confirmed it to everyone for himself, they then accepted that it had happened but have made several cover stories to try to keep the office open.*

There is disquiet too at the apparent compulsion for call-handlers to come to work when ill, or to return soon after self-isolation or recovering from the worst of their symptoms. For example, this customer service representative described an occasion when some symptomatic colleagues, who had previously informed senior managers of their condition, were instructed to attend.

> *They came to work as they were worried about their job due to discipline action. They were told then to go home after completing half of the shift.*

Lest it be thought that the report is a universal tale of negativity, positive and best practice behaviours and policies will be reported later, particularly in relation to homeworking but this is not the dominant picture. It is instructive to focus now on some of the hazards that might have contributed to these widespread cases of illness.

Social Distancing and Personal Contact

The insistence of maintaining a 'safe' social distance of a minimum of two metres has become an accepted societal norm for the obvious reason of preventing the spread of infection. Yet some of the essential characteristics of the contact centre do not facilitate the adoption of such an essential safe practice. Call centres became a widely accepted organisational form at least partly because of the scale economies from gathering together hitherto dispersed customer service and sales activities in one

place, thereby facilitating customer servicing and sales efficiencies in what typically were high density/occupancy offices.

The survey included an open question regarding the provision of social distancing arrangements. The answers provide a challenge to analyse because they combine narratives, numerical data and additional testimony that reflect the differences in spatial and seating arrangements across and within centres. Nevertheless, careful scrutiny of each single answer enables the data to be segmented into meaningful categories enabling analysis. From 2,167 responses the following can be ascertained. Almost half the respondents (48.1%) reported that in formal terms they were sitting at least two metres distant from their closest call-handler colleague. Although contingent on the specific topography of the centre the separation of call-handlers between workstations was common, with the most frequently reported practice, especially when workstations were in banks or rows, was for one occupied desk to be adjacent to a non-occupied desk and so on. Similar responses reporting on this space between desk/chair/seat/ workstation were given by 16.3% of respondents. However, this spatial separation was not a guarantee of social distancing in practice as the qualitative comments reveal.

Of more obvious concern is the fact that 37.8% of respondents stated that they were seated less than the required 2 metres, with one in six (16.4%) reporting that they were a mere 1.5 metres distant or less. A plethora of concerns were raised in the open comments:

> *An empty desk between, but people still have work pass you to get to an available desk. We do not have designated desks, we hot hot desk so never fully assure if you are sitting at a cleaned desk.*

> *2m, but nobody seems to adhere by them and desks are arranged so people have to walk past you constantly if placed on the end.*

> *The gap between colleagues lengthways is in excess of 2m but the distance diagonally is less than 2m and when going on breaks or leaving your desk you have to walk past everyone to get out and if you sit on an end desk you're close to the walkway in which people come to and from the door and the kitchen/toilet*

One in two reported that their seating arrangements meant that there was often only a short distance and a relatively low panel separating facing colleagues across a divide.

The conclusion from a weight of evidence is that significant problems exist in relation to social distancing solely in terms of seating. Difficulties are exacerbated by workers'

movements throughout the floors, where corridors and walkways are often narrow. Again, respondents are voluminous in their comments, writing almost 25,000 words on the difficulties they encounter. There is no question that most organisations seem to be making serious efforts to introduce social distancing as, for example, installing one-way walking systems with arrows placed visibly and strategically on the floors. Clearly many organisations are making serious efforts also to control lift occupancy.

Nevertheless, problems often appear to be too difficult to be overcome. This quote is representative of 100s received. Of course, the specific configurations of centres differ but the complaints registered are remarkably common. For example,

> *It is impossible to walk around the building and maintain a 2 meter distance, cafe seating is closed, but even getting a drink is impossible to avoid people. There are just too many people in the building. It is literally nigh impossible to adhere to social distancing all the time in the building. There are many tight spaces, including the rear entrance/exit we use as the main entrance in the reception has been kept locked due to continual complaints to police by local residents. Told to keep left the best you can when passing in corridors/call floor.*

Almost three-quarters (73%) believed that social distancing when moving around the building was either 'hazardous' or 'very hazardous'. Compounding the flaws of social distancing are the continuation of supervisory practices that involve face-to-face contact. More than one in three (35.5%) reported that post-Covid-19 they still have physical team meetings in proximity to colleagues. A similar proportion (34.8%) have 'huddles', the close coming together of teams, or parts of teams, in short, often motivational sessions. Finally, the 1-1 meeting between team leader and call-handler seems to have endured for a large number of agents (35.5%).

Altogether, what is evidenced is that the implementation of social distancing is deeply problematic in this office environment, even in circumstances of lessened density. On the basis of the perceptions of 1,975 respondents it can be calculated that only 57% of call-handlers on average are occupying floors compared to pre-Covid-19 levels, and team leaders' and managers' numbers have reduced to around two-thirds of pre-Covid-19 norms. Forty-five per cent consider management to have been either 'ineffective' or 'very ineffective' in 'taking the necessary steps to ensure social distancing'. A sizeable number raised the fact that providing face masks would be an important initiative in instilling confidence for call-handlers when having to leave their desks and circulate. However, an answer to another question demonstrated that only 4.3% of those surveyed reported that their organisation had taken such a measure that would be hugely significant for workers' physical and mental health.

Sanitisation and Cleanliness

What emerges from the data is the existence and interaction of multiple hazards. Significant concerns arise from call-handlers' perceptions and experiences of sanitisation and cleanliness. Only 37% believed that management was either 'effective' or 'very effective' at sanitising the toilets. Almost three-quarters regarded management as either 'ineffective' or 'very ineffective' in providing CSRs with personal sanitiser. Complaints abound about sanitising and cleaning:

> *Last week a manager walked around offering everyone a squirt of sanitiser, putting into people's hands to avoid them touching the bottle (but had to come within 2m to do this). There's no sanitiser in the toilets, and I've seen one bottle of sanitiser on the entire floor this week.*

Some of the testimony is comprehensive, impassioned and highly critical, and this lengthy quote is worth stating in full.

> *The call center is filthy. Desks are getting place cards saying they have been cleaned when obviously no one has been near them. The chairs we use are disgusting and filthy. What is the point in cleaning desks when coronavirus can be spread by touching dirty material objects such as chairs…every single hand sanitizer is empty. These are high touch point areas. Every single staff member presses the hand sanitizer dispenser on the way in only to find it's empty. Then they touch a dirty door handle to enter. What options are left but to wash your hands. So you go to the loo which has a one person only rule (which is ignored) you wash your hands to be socially responsible. Then in the way out you need to open 2 pull doors. Instantly you're hands are dirty again, so you go to the nearest hand sanitizer in the rest room and touch a contaminated surface which doesn't provide sanitizer as it's empty. So there you have it. We are back to our desks using filthy keyboards that people don't trust, whilst hot desking and being able to sanitary no matter how hard we try. All this while managers keeping 'A good face on things' pretending it's safe to work in a very unsafe environment. I'm a very clean and hygienic person. I'm following government guidelines outside of work. If I do catch Coronavirus then I'm convinced that it will be from my call center environment, lack of cleaning and management not even trying to follow or enforce the rules. In my opinion, people will Die (sic) because of the way the company is handling the situation. It might not be me, it may not even be anyone I work with but a call center with very little sanitation, and cleaners in tears because of the increased pressure just have to be hot spots for spreading the virus. Stricter rules and management enforcement of rules is not too much to ask for.*

What exacerbates concerns about cleanliness and sanitation is the profound antipathy that call-handlers in general have had, and as can be seen in the evidence of this sample, have for hot-desking. Hot-desking is a deep rooted complaint that runs through the contact centre worker community and it reappears time and again in the respondents' comments. Almost 1 in 2 (47%) thought that management were 'very ineffective' in making sure call-handlers were able to use their own work station. Covid-19 has brought what has been a festering sore amongst contact centre workers to a very visible surface.

Heating Ventilation and Air Conditioning (HVAC)

It is important to re-emphasise a point made previously in preliminary findings, now amplified by additional evidence. For many years, many workers and not merely those in contact centre environments, but more generally in the modern open-plan, high-density office have complained about extreme temperature, dry atmosphere, no opening windows, the sealed building and colds and bugs circulating widely. As many as 91% said that this was true for their work floor and building. Over 50% of respondents gave extensive comment detailing the seriousness of these concerns. These comments are typical:

> *A combination of poor ventilation and hot desking has always been a source of contributing to the spread of colds and flu within our building. A few years ago the air con was not working, they had huge fans circulating the hot air around, unfortunately I caught the flu and was off work for 3 weeks.*

> *A lot of staff have been sick due to air con on too cold in winter. A lot of windows in our building do not open and the air con is always one extreme. Air con been faulty for years and constantly under repair. Intake vent for AC has blossoming trees growing over it and no allergy filter so bad hay fever in office. Someone always has a sniffle. Air con blowing dirty re-used air around the building. Windows don't open air con blows cold - have been told it takes 3 days to change remotely. Dirt on the ceilings near the vents. Windows are bolted shut so unable to open these for fresh air.*

Now the latter may appear to be an extreme example, but the widespread extent of similar if not quite so forcible and fulsome complaints, suggests that the HVACs are a general problem. We simply do not know the propensity of HVAC systems to recirculate Covid-19. What is undoubtedly true though is that the survey respondents are deeply concerned that it might. As is widely known HVACs have previous. As many as 57.6% were 'very worried' that the HVAC system in their centre would circulate Covid-19 and an additional 30.7% were 'quite worried'.

Workload, Pressure to Attend, Performance Appraisal and Discipline

These are important aspects at the heart of employment relations in contact centres. Good practice will see a developmental approach where organisations strive to improve the quality of customer service and the degree of empathy exhibited by CSRs, and work towards the enhancement of skills and capabilities of what is on the front-line, literally, the organisation's most important asset. On the other hand, bad practice often manifests itself in strict target imposition, harsh performance management and appraisal systems and discipline-focused attendance policies.

Unfortunately, the evidence suggests that the Covid-19 crisis has brought to the fore the latter approach at least by most of the organisations and centres in which the respondents to this survey are engaged. For example, 78% either 'strongly agreed' (50.6%) or 'agreed' (27.7%) that they feel pressurised into coming into the workplace during the crisis. As to the specific reasons for this pressure, 79% 'strongly agreed' or 'agreed' that they were worried about losing pay. More alarmingly from a developmental HR perspective is the fact that 72% ether 'strongly agreed' or 'agreed' that that there were worried about their attendance record. From the qualitative data there is considerable testimony of workers returning to work soon after being absent with Covid-19 symptoms because of these pressures. A sizeable proportion, 57%, said that the effects of Covid-19 on their performance might adversely affect their appraisal. Furthermore, 43% believed that their targets and metrics were as tight and demanding as before Covid-19, compared to 29% who did not regard this to be the case.

As many as 60% reported that call volumes had actually increased since Covid-19, contrasting with the 21.5% who believed that they had decreased and 18.6% who regarded call volumes to have remained the same. From the qualitative evidence, it appears that two principal reasons combine to produce the result that a larger proportion are experiencing increased call volumes. First, for many channels and services increasing numbers of customers are contacting centres, often with Covid-19 related anxieties, concerns and queries. Admittedly, certain call flows are no longer operational as businesses readjust and recalibrate services. Second, the workforces, depleted by absence through illness, are required to deal with the reconfigured and expanded call volumes. Further analysis of the data and additional completed surveys will provide additional insight into this important area.

While this intermediate report does not engage in detailed policy prescription it seems harsh and quite counterproductive not to ease or abandon pre-Covid performance targets set nor to defer at least the rigorous performance appraisals. Yet, only 8.8% of respondents reported their organisation as stopping performance appraisals for the duration of the Covid crisis. The comments are replete with sentiments such as this:

It is too much work pressure at the moment with the current call queues and we are being told to answer calls as quickly as possible but then are being penalised for not providing a better services.

Then, of course, there are the important mental health and well-being issues associated with workers facing greater demands from an anxious and demanding customer base, while working in an environment that so many consider to be extremely hazardous. The statistical findings are clear. Almost two-thirds either 'strongly agreed' (41.2%) or 'agreed' (24.4%) with the statement: 'Since Covid-19 customers are more demanding'. The testimony illuminates agents' or customer service representatives' pressures, concerns and fears.

I don't think our stats should be monitored with all this going on, everyones minds are thinking about covid 19 and the effects it can have on us. I can't concentrate on the customers' needs fully when I'm thinking about my own life. My mother is a full time carer for my ill grandmother and I'm extremely worried that I might pass something on to her. The rest of my family are self isolating and I'm having to come into a busy office, prone to catching Covid.

Working from Home

A widely reported theme in the call-handlers' testimonies was the desire to be allowed to homework. Of the 2,077 still working in a centre who answered the question, 65.2% said that they had requested to work from home and 34.8% had not. In answer to the subsidiary question regarding outcome, only 4.8% had had their request approved, while 31.7% had theirs rejected. The majority, 63.5%, were waiting for a decision.

A host of reasons were reported for the decision to refuse or to delay. One common reason given was technical capability. It is beyond the scope of this report to analyse these issues in depth, to provide a technical analysis of the scale of homeworking capability. Nevertheless, the evidence from respondents suggests strongly that there seem to be fewer obstacles that are insuperable. Several reported how members of their team, undertaking essentially the same tasks had been permitted to homework. They were genuinely puzzled and upset at the apparent arbitrariness that permitted some to homework and others not. The only conclusion that can be drawn from these reported experiences is that the technical and potential regulatory matters are not problematic. The extensive testimony, additionally, revealed some flimsy grounds for why homeworking requests had not been granted. One financial services organisation was reported as permitting homeworking only once an employee had been with the company for a year, so the 9 months they had been working was insufficient to justify relocation. Others reported that they might have been denied on pretexts such as their absence records even where the employees concerned had demonstrate their absence as legitimate. Several reported on an underlying mistrust of agents and that

keeping employees in the centre was for purposes of control. The subject of homeworking and the evidence provided by homeworking respondents to this survey will be the subject of a future focused report.

Conclusion

The conclusion of this intermediate report is that homeworking has undeniable advantages. It will prevent travel by public transport which carries its own risks. No fewer than 78% of those respondents who travelled to work by public transport regarded it as 'very hazardous' with an additional 14.3% stating that it was 'hazardous'. However, most significant of all, as the evidence in this report demonstrates unequivocally, is that working from home will take call handlers and back office workers out of a working environment that is perceived as very dangerous, freed from toxic combination that is at work.

The flaws of social distancing, generally unavoidable even with the best of policy intentions and practices, the inadequacies of cleaning and sanitisation, the palpable risks of hot-desking, the stressful nature of increased and demanding workloads all combined with the baleful, probably dangerous effects, of sub-optimal or malfunctioning HVAC systems in open-plan, densely populated offices makes homeworking a necessity not an optional benefit. Reports are emerging of the significant value to employer and employee where it has been embraced. For workers, the advantages for their physical and mental health will be incalculable.

Employing organisations have both a moral obligation and a legal responsibility under health and safety legislation regarding the duty of care for their employees. That duty must include the removal of their employees from a potentially dangerous working environment. The question of whether contact centre employees justify the designations essential, key or emergency worker is the subject of other studies. This is not to doubt that much of the work undertaken by call-handlers is not hugely important for society, but it does question why concentrations of workers should remain exposed to severe risks in their workplaces. One shard of evidence from this study, though, is clear. Two-thirds of those surveyed did not believe that the service they provided justified the designation of key, or essential or emergency, and in the process they provided extensive evidence in support of this assessment of their own situation. Organisations now have an urgent responsibility to re-assess the configuration of their services and swiftly home locate those many who are in a position to do so and want to. Rapid action will save some lives. Inaction will cause further deaths and serious illness.