

# A REVIEW OF HEALTH PROMOTING INTERVENTIONS FOR CONTACT CENTRE EMPLOYEES



SOCIAL DETERMINANTS OF HEALTH AND POOR WORKING CONDITIONS CONTRIBUTE TO EXCESSIVE SICKNESS ABSENCE AND ATTRITION IN CONTACT CENTRE ADVISORS.



WITH NO RECENT REVIEW CONDUCTED, WE INVESTIGATED THE VOLUME, EFFECTIVENESS, ACCEPTABILITY, AND FEASIBILITY OF HEALTH-PROMOTING INTERVENTIONS FOR CONTACT CENTRE ADVISORS.

WE IDENTIFIED 28 PEER-REVIEWED STUDIES PUBLISHED BETWEEN 2003 AND 2022

## GEOGRAPHICAL LOCATION



- HIGH-INCOME COUNTRIES
- UPPER MIDDLE-INCOME COUNTRIES
- LOWER-MIDDLE-INCOME COUNTRIES

Most of the 28 studies were conducted in high-income countries.

## RESEARCH DESIGN

**RCT**

**Quasi-experimental**

**Pre-post**

The field needs more higher quality intervention studies using RCT designs and longer evaluation periods.

## POPULATION STUDIED

Most interventions were office-based, with only one containing a home-based component.



Most participants were relatively young, working day shift hours. Only one study focused on disabled advisors and one on advisors with voice problems.

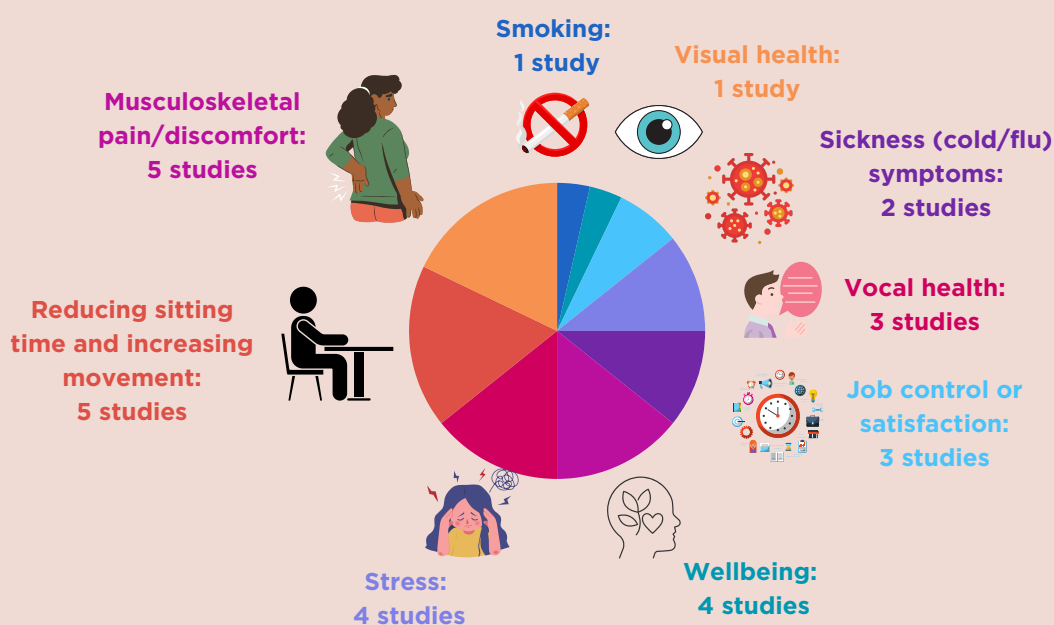


## INTERVENTION STRATEGIES

The most common strategies used were **environmental restructuring** and **training**.



## INTERVENTION OUTCOMES MEASURED



## THE CURRENT EVIDENCE FOR INTERVENTION STUDIES ACCEPTABILITY AND FEASIBILITY

**Only 5/28**

reported acceptability and/or feasibility.

## THE CURRENT EVIDENCE FOR INTERVENTION STUDIES EFFECTIVENESS

**Only 4/28**

failed to report effective results for the primary intended outcome.

## KEY POINTS AND EVIDENCE GAPS



THERE IS A LACK OF EVIDENCE ON HEALTH-PROMOTING INTERVENTIONS FOR CONTACT CENTRE ADVISORS



MORE ACCEPTABILITY AND FEASIBILITY RESEARCH IS NEEDED



MORE EVIDENCE IS ESPECIALLY NEEDED IN LOW-TO-MIDDLE INCOME COUNTRIES



MORE EVIDENCE IS NEEDED FOR REMOTE/HYBRID, NIGHTSHIFT, OLDER AND DISABLED ADVISORS