INCIDENCE AND RELATIONSHIP BETWEEN OCCUPATIONAL STRESS AND QUALITY OF SLEEP AMONG CUSTOMER CARE EXECUTIVES (CCE)

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Abstract:

Introduction: A 'call centre' (or 'contact centre') is a work area or workplace specifically dedicated to the use of telephone and/or computer technology that provides value-added services to clients. For many employed in the call center sector, "the daily experience is of repetitive, intensive and stressful work, which frequently results in employee "burnout". Besides, the stress, the working hours of call centers may cause sleep disturbances and disturbances in biological rhythm. Methodology: A quantitative research approach with Descriptive Survey Research Design was used for the study to assess the Incidence and relationship between occupational stress and quality of sleep. The universe of study population comprised of customer care executives (CCE). The study was conducted in Multi-National Company (call centers). Convenient sampling technique was used to select the 100 subjects from the population. Occupational stress scale (OSS) and Pittsburg sleep quality index (PSQI) scale was used to measure the occupational stress and quality of sleep among customer care executives. Results: Majority (89%) of Customer care executives had poor sleep quality and two third (63%) of customer care executives experiencing occupational stress "Rarely or occasionally". In Occupational stress & sleep quality, Pearson's Correlation(r) value is 0.576 and p-value is 0.001, which shows there is a significant relationship between occupational stress and sleep quality. Conclusion: The study shows that majority of the customer care executives reported poor quality of sleep, and occupational stress found in many of the customer care executives.

Key Words: Customer care executives, Incidence, Occupational stress, Quality of sleep.

Introduction

Call centers are a relatively recent phenomenon made possible by the dissemination of telecommunications and information technologies. The technology enables telephone service representatives to deal quickly and remotely with customer needs by connecting the representative to the customer's account information on his/her computer as the call are relayed to the headset. It is comprised of people whose primary function is to respond to inbound and/or outbound telephone traffic. Call handler an employee whose job requires them to spend a significant

proportion of their working time responding to calls on the telephone whilst simultaneously using display screen equipment (DSE).[1]

Sleep disorders are the most severe ailment affecting people working in Indian call centers. A high proportion of workers faced sleep disturbances and associated mental stress and anxiety. Sleep disturbance and anxiety was significantly more in international call centers compared to domestic. Many sleep disorders like insomnia are common in the employees, as the biological clock takes time to acclimatize, which never happens completely, because as one adjusts to the time, the shift might change.[2]

As call centers can be centralized in locations far from the customers of a business, they allow firms to cut costs by reducing the number of local service outlets. There has been considerable research on call centers with much academic interest focused on the labor process used in call centre employment and a common theme of the international research has been the criticism of the call centre workplace and the practices used within it. Many studies demonstrate that stress and the nature of call centre jobs leads to the high levels of staff attrition, sickness and/or health problems.[3] Based on the literature support and investigator field experience the study was aimed to measure the Incidence and relationship between occupational stress and quality of sleep among customer care executives.

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Hypothesis

H_1: There is a significant relationship between occupational stress & quality of sleep among customer care executives.

H_2: There is a significant association between occupational stress and demographic variables.

H_3: There is a significant association between sleep quality and demographic variables.

Materials and Methods

A quantitative approach with Descriptive Survey Research Design was carried out to study the Incidence and relationship between occupational stress and quality of sleep. The universe of study population comprised of customer care executives (CCE). The customer care executives like age below 40 yrs, belong to B.P.O (multi-national company) and who were available at the time of data collection were included in the study. The customer care executives were selected by convenient sampling technique. On the basis of standard sample size calculation total 100 subjects were selected for the study. Occupational stress scale (OSS) and Pittsburg sleep quality index (PSQI) scale was used to measure the Occupational stress and quality of sleep among customer care executives. Formal permission was taken from the manager of B.P.O and informed written consent was obtained from each participant before starting data collection. Assurance was given to the subjects that the anonymity of each individual will be maintained

Table no.1: Frequency and percentage distribution of customer care executives according to their selected Demographic characteristics

S.No	Sample characteristics		Frequency	Percentage (%)
1.	Age (years)	15-20	12	12%
		21-25	28	28%
		26-30	43	43%
		31-35	17	17%
2.	Gender	Male	51	51%
		Female	49	49%
3.	Marital status	Married	30	30%
		Unmarried	60	60%
		Widow	3	3%
		Divorced	7	7%
4.	Religion	Hindu	52	52%
		Muslim	13	13%
		Sikh	18	18%
		Christian	17	17%
5.	Dietary pattern	Vegetarian	37	37%
		Non-vegetarian	63	63%
6.	Monthly income	5000-10,000	86	86%
		10,001-15000	14	14%

Table no.1 shows that

➢ Less than half (43%) of the participants were in the age group of 26-30 years and one fourth (28%) people fall under age group of 21-25years.

➢ Both Male & female (51% and 49%) were equally participated in the study.

➢ Approximately two-third (60%) of the participants were unmarried and 30% were married.

➢ Half (52%) of participants belongs to Hindu religion.

➢ Two third (63%) participants were non-vegetarian and one third (37%) were vegetarian.

➢ Majority (86%) of participants were having monthly salary of Rs 5000-10000.

Table no.2: Degree of Quality of Sleep among customer care executives.

N=100

S.No	Sleep Quality	Frequency	Remarks
1.	**<5**	**11(11%)**	**Normal Sleep of Good sleep**
	≥5	**89 (89%)**	**Poor Sleep**

Table no.2 shows that the Most (89%) of the customer care executives were reported poor quality of sleep and 11% of customer care executives were reported normal or good sleeping pattern

Table no.3: Magnitude of Occupational Stress among customer care executives.

N=100

S.No	Score	Frequency	Remarks
1	0-0.5	36(36%)	Never
2	0.6-1.5	**63(63%)**	**Occasionally or Rarely**
3	1.6-2.5	1(1%)	Frequently
4	2.6-3	0	Always

Table no.3 depicts that the two third (63%) of customer care executives reported 'Rarely or occasionally' occupational stress and one third (36%) of Customer care executives reported "Never" experienced occupational stress.

Table no.4: Relationship between quality of sleep and occupational stress.

N=100

S.No	Variables	Pearson's correlation	p-value
1.	**Occupational stress & sleep quality**	0.576	0.001

Table no.4 shows that there is a significant correlation between occupational stress and sleep quality among customer care executives (CCE), the Pearson's correlation value is 0.576 and p value is 0.001. Hence, it can be interpreted that research hypothesis H_1 is accepted and Null hypothesis H_{01} is rejected.

Table no.5: Association between occupational stress and demographic variables.

N=100

5. a) Association between Occupational stress and age.

S.No	Variables	Pearson's correlation	p-value
1.	**Age** 15-20 21-25 26-30 31-35	**0.296**	**0.003**

Table no.5.a. shows that age and occupational stress Pearson's correlation(r) value is 0.296 and p-value is 0.003 which is below 0.05. Hence, there is a significant association between occupational stress and age of customer care executives. Hence, it can be interpreted that there would be significant association between occupational stress with their Age (p=0.003).

5.b) Association between occupational stress and demographic variables.

N=100

S.No	Variables		<15	≥15	Chi-Square	P-value 0.05 level
1.	**Gender**	Male	23	28	0.0004	3.84
		Female	22	27		
2.	**Marital status**	Married	16	24	0.673	3.84
		Unmarried	29	31		
3.	**Religion**	Hindu	22	30	1.07	7.82
		Muslim	6	7		
		Sikh	10	8		
		Christian	7	10		
4.	**Food Practice**	Vegetarian	42	44	2.63	3.84

Table no. 5.b. shows that there is no association between stress and demographic variable such as gender, marital status, religion and food practice.

Table no.6: Association between Quality of Sleep and demographic variables.

S.No	Sample Characteristics		>6.5	≤6.5	d.f	Chi-square	p-value 0.05 level
1	Age	15-20yrs	2	10	3	9.962	7.824
		21-25yrs	11	17			
		25-30yrs	27	16			
		31-35yrs	10	7			
2	Gender	Male	23	26	1	0.960	3.84
		Female	27	24			
3	Marital status	Married	18	12	3	11.80	7.82
		Unmarried	23	37			
		Widow	2	1			
		Divorced	7	0			
4	Religion	Hindu	28	24	3	1.059	7.82
		Muslim	5	8			
		Sikh	9	9			
		Christian	8	9			
5	Food	Vegetarian	22	15	1	2.102	3.84
		Non-Vegetarian	28	35			
6	Monthly Salary	5000-10000	10	4	1	2.99	3.84
		10001-15000	40	46			

Table no.6 shows that there is a significant association between Quality of Sleep with their age (0.05 level) and marital status (0.05 level). Whereas, other demographic variables (gender, religion, food practice, monthly salary) are not significantly associated with Quality of Sleep at the level of 0.05 significance.

Discussion

The Findings of present study shows that two third (63%) of customer care executives reported "Rarely or occasionally" occupational stress and one third (36%) of Customer care executives reported "Never" experienced occupational stress. These findings was supported by the studies conducted by Rodwell J(2009) [4], Babu GR(2013)[5] , Ajay K. Jain(2013)[6], Cristina Teresa Lim(2013) [7] , Jain Shweta [8,] Raja Dinesh Jeyapal , Bhasin Kumar Sanjiv (2014)[9] , Bhuyar P , Banerjee A, Pandve (2008)[10] that the customer care executives working in call centers experiencing severe occupational stress.

In the Degree of Quality of Sleep among customer care executives, most of the customer care executives were reported poor quality of sleep and every 10th of customer care executives were reported normal or good sleeping pattern. These study findings was supported by Ramanuj Vaibhavkumar (2014)[11] , Yun JA(2015) [12], Matsumoto M(1996) [13] ,Takahashi M(2015) [14], Flo E(2013)[15], Sun W(2015)[16] , Kubota K(2014)[17] with their findings that degree of quality of sleep among customer care executives were very poor. Whereas, studies done by Sveinsdottir H (2006)[18] , Pilcher JJ (2000)[19] come to conclusion that the degree of quality of sleep among customer care executives were not affected with their occupational stress.

There is a significant relationship between occupational stress and sleep quality. These study findings consistent with Subbarayalu Arun Vijay (2013) [20], Garg Arun(2007)[21] , Bose Indranil (2010)[22] and Hoefelmann. Luana P (2012) [23], Kurioka.S, Horie.S ,Inoue.A, Mafune.K, Tsuda.Y, Otsuji.Y et al(2014)[24] that there is significant relationship between pre-hypertension, quality of sleep and occupational stress.

There is a significant relationship between Occupational stress and age. *Study* done by Mohajan Haradhan Kumar (2012) [25], Joy.P Jins (2013) [26], were also observed significant relationship between the average degree of stress and their demographic characteristics.

Whereas study done by Rahmani A, Khodaei R (2013)[27] showed that there was no relationship between the average degree of stress and the demographic characteristic (age).

Study by Kaur R, Chodagiri VK, Reddi NK (2013)[28] on screening by GHQ-28, 35.33% of the police were found to be having psychological distress, the demographic variable "age" showed no significant association to psychological stress.

There is a significant association between Quality of sleep with their age and marital status, whereas other demographic variables (gender, religions, food practice, monthly salary) are not showing any association with their quality of sleep. Study done by Michael V Vitiello , Lawrence H Larsen, Karen E Moe (2005)[29], Bernadette Hood, Dorothy Bruck and Gerard Kennedy (2003)[30], Hae-Chung Yang, Sooyeon Suh ,Hyun Kim et al (2013)[31] , Khoramirad A, Mousavi M et al (2015)[32] ,Shum A, Taylor BJ et al (2014) [33] supports the present study findings that there is significant association between Quality of sleep and Age or marital status.

The methodological strength of the present study were, first, the Tools and Instruments used all were standardized; Second, the study setting was randomly selected; Third, in the sample selection both male and females equally participated in the study. Also, the study was limited with certain areas like First.

the investigator only relay on study participants self reported information; Second, the number of sample is less so the generalizability of the findings is been doubtful and third, the study participants were conveniently selected where no equal chance was given to all the customer care executives in the population.

Conclusion

The conclusion suggests that the majority of customer care executives are showing poor sleep quality since they are having high level of stress in their working environment. Continuous Informative Education programs must be implicated for enhancing their knowledge and to get relief from their Occupational stress and to improve Quality of Sleep among Customer care executives in IT sector. Some cost effective, non pharmacological techniques (relaxation method, yoga, etc) could be taught to the Customer care executives of call centers (BPO) industries for maintaining their normal sleeping pattern.

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