



'Maintaining Talk' among taxi drivers: Accomplishing health-protective behaviour in precarious workplaces

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ABSTRACT

This paper contributes to the body of research on the relationship between language, health (behaviour), and place. Drawing on data from a qualitative study of taxi drivers in Ontario, Canada, it illustrates how talk, a dimension of language, might (re)make and maintain an unconventional, precarious workplace through ameliorating its inherent risks and hazards. It shows how a group of taxi drivers, who work in a large, metropolitan city, and whose workplace comprises physical places such as streets, highways, and taxicabs, and social places characterised by disadvantaged social and economic location, enact different kinds of talk in an effort to protect their health. This finding suggests the need for a broader conceptualisation of health behaviour, and for further research into other occupational groups and/or unconventional workplaces in order to further develop or theorise the concept of talk.

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1. Introduction

Language and talk figure largely in the dynamic nature of place. Both are constitutive of the social world and as such are forms of social action (Goodwin, 1990; Duranti, 1997; Wood and Kroger, 2000; Holtgraves, 2002; Fitch and Sanders, 2005). Language, which is understood as a system of communication, is distinct from talk; the latter forms part of that system. Talk, according to Austin (1962) is an act, utterance, or discursive practice that occurs in a given time and place. This view of talk as social action is explicit in the articulation of his theory of speech acts, wherein Austin (1962) posits that utterances have both meaning and force: they are not just about things, they also do things. Despite the significance and potential impact of talk, scholars such as Tuan (1991) and Gesler (1999) have pointed to the neglect of its role in the (re)making and maintenance of place, and to how the interplay between talk and place shapes health. Gesler (1999) observes for example that notwithstanding its importance in medical interactions, little attention has been paid to where it is being used, even though what is said and how it is said is partly shaped by place.

To be sure, there is a notable body of literature that considers the relationship between place and health and between talk/language and health. In sub-disciplines such as medical sociology, health geography, and the sociology of work, for

example, researchers have theoretically and empirically demonstrated how place matters for understanding health and social care (Poland et al., 2005), how it shapes medical practices (Rapport et al., 2009), patient recovery and rehabilitation (Radley and Taylor, 2003a, 2003b), the relationships between nurses and patients (Andes and Shattell, 2006), and the experience of living with chronic illness (Dyck, 1995; Moss, 1997). Researchers have also demonstrated a relationship between language and health; e.g. how it mediates medical encounters (Fisher, 1991, 1993; Gesler, 1999). Still, others have implicitly or explicitly shown that where one lives (Duncan et al., 1993; Ellaway et al., 1997, 2001; Pickett and Pearl, 2001; Jacobson et al., 2009) and where one works (Rousseau and Libuser, 1997; Tassie, 1997; Eakin and MacEachen, 1998; Quinlan et al., 2001; Halford and Leonard, 2003; Rapport et al., 2009) matter for health and health-related behaviours. There has, however, been very little consideration of a tripartite linkage between talk/language, place, and health. Invariably, in these discussions, one or the other is back-grounded or unacknowledged, leading scholars such as Gesler (1999) to, for example, call for the 'insertion' of place into the talk/language-health relationship.

This paper contributes to the body of research on the relationship between language, health (behaviour), and place. It presents an empirical example of how health might be produced in the interplay between place and talk. Using data from a qualitative study of the work and health experiences of taxi drivers in Ontario, Canada, I demonstrate how the experience of work in an unconventional, hazardous place activates different kinds of talk, which I conceptualise as a type of health-protective

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behaviour.¹ I show how a group of taxi drivers, who work in a large metropolitan city, and whose workplace comprises physical places such as streets, highways, and taxicabs, and social places, that are characterised by disadvantaged social and economic conditions, attempt to protect their health through the use of talk.

I begin by describing the physical and social places of taxi work as they relate to this study. The goal here is to reveal 'place meanings' (Eyles and Williams, 2008) for drivers as a way to facilitate appreciation of their use of talk. I then describe the study design and present one particular set of findings from the data analysis: the use of talk as a way to ameliorate the hazards and risks inherent in the place of taxi work. I conclude with a discussion of the implications of this finding for health behaviour theory and occupational health and safety research and policy.

2. The place of taxi work

Place is multi-dimensional, relational, and socially constructed. It is constitutive of social relations and physical resources and it is 'produced and maintained by the activities of actors' (Cummins et al., 2007, p.1828). It is according to Pred (1984) more than a physical setting; it is what happens constantly through human activity and through the use of physical settings. Place then is a function of change and process; it is continually and permanently in the process of always becoming (Pred, 1984; Staeheli, 2003). It is also a function of risks and opportunities, the nature of its social organisation, its political, social, and economic relationships, and the psychosocial characteristics of its populace (Fitzpatrick and La Gory, 2000). Furthermore, it is according to Kearns and Gesler (1998, p. 6), "simultaneously the centre of lived meaning and social position", and the interrelationship between social status and material conditions, which can be used to make sense of health effects.

The mobile nature of taxi work differentiates it from the traditional conceptions of workplace. Like workers such as bus and truck drivers, taxi drivers accomplish their tasks by virtue of being mobile, by movement through and between different physical places in mobile conveyances. Taxi work is small-business labour and is done in small and large centres throughout the world. And, although experiences will vary depending on location and/or the nature of work arrangements, taxicab drivers generally share a long-term commitment to a job that is characterised by flexibility and accessibility, obliges them to work long hours, in relatively dangerous jobs, often for fairly low wages (Mayhew, 1999; Peltzer and Renner, 2003; Gambetta and Hamil, 2005; Hodges, 2007; Abraham et al., 2008).

2.1. The physical places of taxi work

In this study, the streets and highways of a large metropolitan city constitute the physical place of taxi work. Its 'landscape' is characterised by congestion; it teems with buses, bicycles, motorcycles, vans, trucks, other cars, and pedestrians. It is marked by other built and aesthetic features and obstructions such as multiple-laned highways, potholed roads, safe and unsafe neighbourhoods, intersections, stop lights and signs, crosswalks, sidewalks, parking spaces and meters, as well as environmental factors such as noise, pollutants, changing visibility, and weather

¹ Health behaviour is defined as 'any behaviour performed by a person, regardless of his or her perceived or actual health status, in order to protect, promote, or maintain his or her health, whether or not such behaviour is objectively effective toward that end' (Harris and Sharon, 1979). In the context of work, health behaviour has historically been defined in terms of maladaptive behaviours.

conditions that sometimes can be especially hazardous. The taxicab is another physical dimension of place in taxi work. It is not just a thing that drivers use to ferry passengers around. Its status as a kind of place is evidenced by its physicality and concomitant underlying social aspects.

Like the broader physical place of taxi work, the taxicabs in this study also have a landscape or appearance, which have implications for drivers. They contain the trappings of a workplace: equipment such as dispatch radios, cell phones, security cameras, 'panic buttons', and 'trip sheets' to record their work-related activities. They also have particular distinguishing aesthetic features; they are painted and marked with different colours and emblems, which denote different cab companies and sometimes different classes of drivers. Cabs might be in good or substandard condition,² they might be clean or dirty, and they might be fancy models and makes, or the most basic of designs. Social interactions happen and relationships are formed inside taxicabs. And like other workplaces, they have multiple uses. They are private and public places such as offices where paperwork is done and financial transactions occur, they are dining rooms for meals, rest places for breaks, and they function as bedrooms during long shifts.

The risks and hazards of the physical places of taxi work. Driver vulnerability to risks and hazards is heightened by the intersection of the physical places of taxi work. For instance, road traffic accidents are one of the leading causes of injury-related deaths worldwide (Krug et al., 2000). Recent Canadian data reveal that there were approximately 200,000 collision-casualty related injuries, and commercial and light vehicles have historically had some of the highest rates (Transport Canada, 2007). Furthermore, taxicabs are small, confined spaces that are continually shared with strangers. The spatial arrangement inside cabs makes drivers more vulnerable to attack. For instance, drivers in this study had no protective barriers between themselves and passengers, and they generally had their backs to potential assailants.³ This cramped space makes it almost impossible for them to defend themselves if they are attacked inside. Indeed, Mayhew (2000) found that patterns of injury among cab drivers in the U.S. and Australia were consistent with attacks from passengers in the back seat. Although Ontario has mandated that drivers do not have to wear seatbelts while transporting passengers, the possibility still exists that a seat belt might be used as a weapon against drivers.⁴ Furthermore, the appearance of taxicabs not only affects drivers' ability to attract customers, it might also exacerbate hazards. In his study of Canadian taxi drivers, Stenning (1996) found that dirty or poorly maintained cabs, which were more likely to break down, contributed to passenger violence.

² In Ontario, the Municipal Code states that taxicabs should be no older than seven years old but this was rarely if ever enforced. Since the time of this study there has been a revitalization of the taxi industry such that substandard cabs have been phased out. Replacement vehicles can be no more than 3 model years old. Indeed a new passenger bill of rights includes edicts such as cabs must be in good condition, heated and air-conditioned, have easy access seatbelts, be a smoke-free environment, offer quiet rides if desired, and have a professional, knowledgeable driver.

³ Although not a universal practice, it is common that passengers sit in the back seat of cabs. In the jurisdiction where this study was conducted, the Police Services recommend that drivers ask passengers to sit on the right side of the rear seat; in other words, not directly behind the driver.

⁴ Under the Ontario Highway Traffic Act, (1990), certain occupational groups (such as corrections officials transporting prisoners, ambulance attendants, fire fighters, and taxi drivers) are exempt from wearing (parts) of seatbelts. Taxi drivers are exempt from wearing the torso restraints.

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