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Telemarketing's work precarization and worker's health: a critical contribution to the work of the speech, language and hearing professional

Precarização do trabalho no teleatendimento e a saúde dos trabalhadores: uma contribuição crítica ao trabalho do fonoaudiólogo

La precarización del trabajo en telemarketing y la salud de los trabajadores: una contribucion crítica al trabajo del fonoaudiólogo

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Abstract

This article aims to discuss the work of the professional of speech, language and hearing sciences in the context of telemarketing. The central focus is the debate about the precariousness of work in this field and its implications on worker's health. Initially we discuss the main ways of the organization of work in capitalism, followed by some elements concerning the precarious work and its relation to health, focusing the telemarketing companies' situation. It is also presented and discussed the main actions performed by speech, language and hearing professionals in this sector, which, in general, tend to reproduce the

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Occupational Medicine based on Taylor's model. Finally, it is argued that these professionals can change their work and their actions according to a Comprehensive Care Network of Occupational Health, from the perspective of Worker's Health Surveillance, and not to the traditional services which tend to legitimize the precarious work. Thus, we seek to strengthen the role of Brazil's National Health System in the worker's comprehensive care and overcoming this way of organization and management of work.

Keywords: Occupational health; Working conditions; Telecommunications; Speech, Language and Hearing Sciences.

Resumo

Este artigo tem como objetivo discutir o trabalho do fonoaudiólogo no âmbito dos serviços de teleatendimento. Para tal, são abordadas as principais formas de organização do trabalho na sociedade capitalista, seguidas de alguns elementos referentes ao debate da Precarização do Trabalho e seus impactos na saúde, buscando-se dar enfoque na situação das empresas de teleatendimento. Posteriormente, são apresentadas e discutidas as principais ações desempenhadas pelos fonoaudiólogos neste setor, que, em geral, tendem a reproduzir o modelo taylorizado da Medicina do Trabalho. Por fim, defende-se que o fonoaudiólogo redirecione o foco de seu trabalho e conduza suas ações voltadas aos trabalhadores de teleatendimento na perspectiva da Vigilância em Saúde do Trabalhador, principalmente no âmbito dos serviços que compõem a Rede de Atenção Integral à Saúde do Trabalhador, e não nos serviços tradicionais que tendem a legitimar o processo de precarização do trabalho, buscando fortalecer o papel do Sistema Único de Saúde no cuidado integral aos trabalhadores e na superação desta lógica de organização e gestão do trabalho.

Palavras-chave: Saúde do trabalhador; Condições de trabalho; Telecomunicações; Fonoaudiologia.

Resumen

Este artículo tiene como objetivo discutir el trabajo del fonoaudiólogo en el telemarketing. Inicialmente se ocupa de las principales formas de organización del trabajo en la sociedad capitalista, seguidas de algunos elementos acerca del debate sobre la precarización del trabajo y sus impactos en la salud, centrandose en la situación de las empresas de telemarketing. Posteriormente, se presentan y discuten las principales acciones llevadas a cabo por los fonoaudiólogos en este sector, que, en general, tienden a reproducir el modelo taylorizado de Medicina del Trabajo. Por último, se sostiene que el fonoaudiólogo cambie el foco de su trabajo y conduzca sus acciones direccionadas a los trabajadores dentro de la perspectiva de la Vigilancia en la Salud del Trabajador, principalmente en los servicios que componen la Red de Atención Integral a la Salud del Trabajador, y no en los servicios tradicionales que tienden a legitimar el proceso de precarización del trabajo, tratando así de fortalecer el papel del Sistema Único de Salud en la atención integral a los trabajadores y en la superación de esta lógica de organización y gestión del trabajo.

Palabras clave: Salud laboral; Condiciones de trabajo; Telecomunicaciones; Fonoaudiología.

Introduction

This article aims to discuss the work of Speech, Language and Hearing (SLH) professionals in the telemarketing environment, and focuses on the debate about the precarization of work in this sector and its implications for workers' health. The text is constructed from a non-exhaustive bibliographic review of this theme, which sought to identify practices commonly employed by SLH professionals in telemarketing companies, comparing these with references from the field of Workers' Health and the Sociology of Work. Furthermore, we explain some of the challenges for SLH professionals seeking to overcome the biomedical perspective guiding their practice, which is hegemonically centred on disease and hinders the construction of practices from the perspective argued in this text.

To this end, we initially address the main forms of labour organization in capitalist societ-

ies. We then present certain elements related to the Precarization of Work and its impact on health, focusing on the current situation in telemarketing companies. We then present and discuss the main activities employed by SLH professionals in this sector. Finally, we defend certain proposals to transform the practices of these health professionals, aimed at both their organization within health services and the academic training of students.

Labour organization in capitalist societies

The context of labour has undergone significant transformations throughout history, the most recent of which directly relates to the development of the capitalist mode of production. For conceptual purposes, it is necessary to explain what is understood here as labour. According to Marx, labour may be understood as the way humans act and transform nature to guarantee their existence, and is, therefore, the founding activity of the social being, in which humans are perceived as agents of transformation.[1]

From the perspective of transforming a rural, artisanal, subsistence society, with a restricted market, to an essentially industrial one, we can observe the emergence of different forms of labour organization, which continue to have repercussions on society today.

At the end of the 19th and beginning of the 20th century, an initial proposition aimed at controlling labour was developed by Taylor, who systematized a series of more general principles aimed at the organization of labour based on the Scientific Management perspective, known as Taylorism.[2] With the growing concentration of capital through capitalist monopolies, there was significant impetus for this model, which questioned the control workers had over their working processes as incompatible with capitalism itself. It consequently proposed the end of the anarchy of production, expropriating the worker's knowledge of their work, thereby abolishing the possibility of the appearance of intellectual work. From simply having to fulfil their determined function, the worker was now forced to adapt to work and techniques and subjected to excessive time constraints, which were harmful to health.[3]

In response to the 1929 economic crises, and based on Taylor's organization of work, Ford presented his own proposal for the organization of work - Fordism. This model contained the conveyor belt, which controlled the pace of work, generating a number of disagreements with workers. In order to bypass these conflicts, it conceived of a series of benefits aimed at guaranteeing worker support and reproducing consumption standards – these included high wages and guarantees for health, education and leisure. Consequently, it sought to guarantee capitalists' social control over workers, based on the construction of a hegemony in which Fordism was established as the standard, not only for the development of capitalism, but also for the State.[4]

It sought to reproduce the disciplinary standard of the workplace in life outside the factory, changing the worker's own culture so as to channel their labour efforts towards production. It contained a moral dimension, in that it produced humans according to capitalist needs, disposing of irrational wishes and desires. These characteristics meant that Fordism became a standard not only for the organization of work, but also for the management of society itself and provided an important foundation for the experiences of the Welfare State that emerged after the Second World War.

From the 1930s onwards, Brazil sought to strengthen a new model of production, centred on industrialization and superseding the agrarian-exporting model, structured, albeit incompletely, according to Fordism.[5] To ensure the success of this proposal, new worker legislation was created, through which the State regulated the labour market and made social concessions to the worker.

In Brazil, this model was marked by exclusion and income concentration and did not, in fact, establish a Welfare State, only certain social policies. The proposal sought to reconcile labour categories, guaranteed through mechanisms such as labour law and labour justice, intersected by the ideology of labour and corporatism, in which social laws were government concessions and the trade union movement itself fell under the aegis of the State.[6,7]

Thus, the industrialization process in the Brazilian State was marked by Fordism, in which the main Fordism experiences took place in state-run companies and some automobile factories, since the Brazilian business sector has always sought to cede the promotion of social benefits to the State. However, from the 1970s onwards, Fordism entered a crisis, with the fall in productivity and the depletion in the consumer market in developed

countries connected to the oil crisis. Furthermore, there was a growth in the Japanese model, known as *Toyotism*, which inverted the mode of production, producing only what is required, generating greater flexibility in production capacity and increasing competition with the United States of America (USA). This fall in productivity led to a reduction in wages and workers' social benefits, while maintaining the pace of work.[8]

In Brazil, external debt rose, due to the high degree of dependence on the USA, with a concurrent increase in inflation and significant economic instability. In parallel, two important processes were taking place across the globe: the financialization of the economy, whereby the hegemony of financial capital began to characterize relationships between countries; and the implementation of neoliberal policies, as a response to the crisis in Fordism and in pursuit of less State control of society. These processes were dependent on each other and production in Brazil as a whole was restructured, producing a context in which there was no industrial policy per se.[8]

Particularly in the 1980s, following trade union resistance to acceptance of the Japanese model, and with an increase in neoliberal policies, the inclusion of instruments from this model increased significantly, one example being the Quality Control Circle (QCC), through which the company appropriated knowledge about worker labour, and workers performed the function of control over each other's work. Another is the Just in Time approach, characterized by production on demand, outsourcing and production cells. We therefore observe a historical process for the construction of labour precarization that characterizes capitalist society and must be considered in any analyses involving the varied phenomenon related to work, including health.

The Social Precarization of Work and its impact on the health of telemarketing workers

We understand the Social Precarization of Work to be a process that establishes, economically, socially and politically, the institutionalization of the modern flexibilization and precarization of work, which cannot merely be reduced to the way the worker is incorporated into the market, but also refers to the entire production process in which they operate.

Flexibilization and precarization can be understood as strategies for the domination of capital which have become central to the capitalism of recent years, in an attempt to weaken labour. This process is characterized by changes to the organization and management of work, to labour and social legislation, to the role of the State and its social policies, to the new ways that public institutions operate and to the behaviour of trade unions, causing the loss of the benefits featured in Fordism.[9]

The Just in Time approach is expressed in management by fear, in forced participatory practices, the subtle imposition of self-acceleration, in multi-functionality and maximized control. These are domination processes that combine insecurity, uncertainty, subjugation, competition, mistrust, and individualism, hijacking time and subjectivity, affecting social life, family and inter-generational bonds and leading to symbolic devaluation[10].

Financial capital favours precarization, since everything has to be flexible and fast, which also influences productive capital, since it manifests instability, insecurity, fragmentation and competition for workers. This phenomenon generally results in the intensification and degradation of working conditions, negatively impacting on workers' health by weakening employment and wages and through the constant threats from the process itself, such as pressure from unemployed workers on those who are employed, and seen in flexible forms of work and production.

Of the various health problems related to the intensification of production, suicide has been the focus of attention, generally caused by an intensification in work, a lack of solidarity, physical and moral harassment, and other issues.[11] However, there are other health problems related to work, such as repetitive strain injury and vocal problems, which place new demands on the field of Workers' Health. In this context, healthcare at work, both individual and collective, has necessitated the constant surveillance of the work process and its new features.[12]

The precarization of work, which may be observed in a number of economic sectors, is a significant feature of telemarketing. Telemarketing has been one of the fastest growing sectors in recent years and has driven the generation of employment and wealth, particularly through outsourcing

activities and IT developments. A high degree of automation produces a pace of work which is information technology intense, reinforcing control over the worker. Furthermore, the organization of work stimulates competition and control between workers themselves, through intense working patterns with little time for rest, leading to high rates of turnover and low capacity for trade union organization[13].

Working conditions are characterized by low employee retention due to huge time pressures on the organization of activities, demands for greater responsibility, lack of control over the working process, stiffness and the static overload of body parts, electronic performance appraisal, recording and listening to conversations, production incentives, poor microphone and headset hygiene, and other factors[14].

This working environment is characterized by the easy visualization of the worker by the supervisor and the presence of standardized dialogue scripts and service flowcharts. These aim to facilitate the routinization of the work of call centre operators, by prescribing behaviour norms, which include guidance about tone of voice, in order to guarantee greater productivity during work shifts, which are generally six hours' long with few breaks (we have not included the Regulating Standards, due to their excessively large number). Furthermore, workers are expected to exert control in order to defuse aggressive situations and maintain a standardized service, including in the way they speak[15].

In this sense, we can confirm that telemarketing work is based on intensified exploitation, aimed at achieving productivity targets, within times and standards imposed by the company[15], manifesting a form of management aimed at preventing the development of human intelligence, emotion or sociability in work activities.[16] This is aggravated by a fear of unemployment, which is frequently nurtured by the company, causing workers to give up not only their social rights, such as rest when ill, but also their human rights, such as satisfying physiological needs and the freedom to move around[17].

With the automation and digitalization of telecommunications comes an increase in chronic stress and physiological disorders amongst workers, resulting in an increase in the number of workers taking sick leave, principally due to repetitive strain injury and work-related musculoskeletal disorders (RSI/WMSD). Allied to these are new management techniques (IT, informational, communicational, mechanical and sensory) which exacerbate the precarization of this work activity. Other pathologies, such as psychological and gastrointestinal disorders, are also emerging.

Given that the amount workers speak and their vocal intensity are greater within this workplace than outside it[18], voice-related complaints are common, such as vocal fatigue, hoarseness, loss of voice, persistent throat clearing and coughing, as well as shortness of breath, pain while speaking and swallowing[19]. There is an increased chance of developing vocal symptoms within this specific environment[20,12], evidencing the relationship between work and vocal problems.

In this context, it is common to observe Taylor practices in the hiring of workers who are fit for work, since telemarketing companies generally have Medical Services that conduct pre-admission medical examinations so as to avoid hiring sick or susceptible workers, they also conduct periodic examinations for the early identification of medical issues to facilitate dismissal and dismissal examinations which, unlike admission examinations, avoid any diagnostics, as much as possible, meaning that work-related illnesses are socially and epidemiologically invisible, aggravating problems and increasing suffering. Moreover, ergonomic prevention and analysis programmes for this work environment are rare, evidencing a traditional Taylor model of medicine[13].

This was observed in a study conducted in the city of Salvador, which demonstrated that the harmful nature of management strategies, such as those described above, have resulted in an increase in RSI/WMSDs in call centre operators, leading to social stigma and manifesting perverse medical practices, in line with Taylor principles[14]. To some extent, this is also seen in the practices of other health professionals, including SLH professionals, demonstrating the persistence of a traditional hegemonic health model within telemarketing services.

SLH professional work with call centre operators

With the significant increase in the number of telemarketing companies in Brazil over recent decades, there has been a concurrent growth in

the number of workers who undertake this work under the conditions described above. During the same period, we may also observe an increase in the specific interest of SLH professionals in this sector, demonstrating an expansion beyond private practice and increased variation in their areas of intervention, which have begun to encompass the corporate arena.

Furthermore, the corporate arena, which previously featured mostly auditory issues, has also begun to include problems related to voice, due to the increased demand for telemarketing workers. In this way, it is common to associate the field of the voice professional with the work that SLH professions carry out with call centre operators, given that the worker's main instrument is their voice. Inclusion in telemarketing companies has been guided by the development of dysphonia prevention programmes[22], in order to preserve and enhance vocal resistance. Other common SLH practices include admission and dismissal examinations and consultation services to help companies improve client communication and thus their corporate image. Here, the "voice of the operator" becomes the company's voice, and the worker is encouraged to captivate the client in order to meet their productivity targets[23].

This type of work has been the subject of scientific productions in recent years. Studies[24] of the vocal behaviour of these workers confirm that factors that hinder communication must be eliminated or attenuated, and it falls to the SLH professional to propose vocal training programmes specific to the needs of call centre operators, since, for these authors, any vocal disturbances or imbalance in the utilization of communication resources may compromise the workers' professional performance.

In this sense, some authors[25] have presented vocal well-being programmes for telemarketing workers, given the importance of the use of voice in telephone services, not only for those who work in these jobs, but also for the quality and effectiveness of service provision. Five voice activity workshops have been developed which address vocal health, how to warm-up and cool-down, articulation and breathing techniques. Positive changes have then been observed in customer service quality and in workers' knowledge about the correct use of their voice and how to maintain vocal health.

In general, these practices have characterized the work of the SLH professional in telemarketing. Although they seek to prevent the emergence of work-related illnesses and promote the worker's vocal well-being, they are complicit in the reproduction of the traditional medical practices of Taylorism, in other words, they are aimed at hiring professionals who are fit for precarious work and at creating conditions that avoid the emergence of illnesses or disturbances that may culminate in sick leave or reduced work capacity. In general, given the impossibility of proposing organizational changes or changes to the work environment, these activities are focused on the worker, on changing their behaviour and habits and making them the sole subject responsible for their ill health and its prevention.

Another characteristic professional practice is the construction of strategies aimed at meeting the company's commercial needs, by constructing communication standards for workers compatible with the products on sale, in order to increase productivity and client satisfaction, and reduce working time.

Some studies have demonstrated the contradictions inherent in this practice, which adds new elements to the work of the SLH professional that must be taken into consideration, for example the precarization of work. One such article[26] demonstrated how company pressure to meet profit targets puts significant stress on workers' daily lives, which is often then symptomatized. According to the author, dysphonia arises from how the voice is used and inappropriate behaviour is shaped by the way the work routine is organized, with few breaks, long working hours and pressure related to how to carry out activities, low wages and fear of unemployment.

Another study[27] researched the meaning of dysphonia for female telemarketing workers and outlined the existing relationship between this disorder and the Taylor model's organization of labour, evidencing the difficulties female workers have in performing their duties when they have voice disorders, and the resistance strategies they develop within this environment. Furthermore, it demonstrated how this vocal problem is denied and punished within telemarketing, the normative prescriptions for prevention and the standardization of the voice of the worker, who must adapt to the demands of productivity and increased profit, transforming their voice into the voice of the company.

We have seen that work-related dysphonia is determined by the working conditions to which telemarketing workers are subject, and that these conditions fit within the Social Precarization of Work, a process that is strongly represented in this sector. The reproduction of Taylor health practices by health professionals, including SLH ones, not only does not support changes to this context, but also accentuates the precarization and illness to which these workers are subject. It has thus become imperative to conduct an analysis of the SLH professional's role within this context in order to consider new theoretical approaches, for example the Sociology of Work approach adopted here, so as to recognize contradictions in practices and propose new pathways that bring this professional into the sphere of Workers' Health.

Constructing new practices for the SLH professional within the sphere of Workers' Health

Having discussed the idea that, in telemarketing, the SLH professional generally implements a Taylor approach, we will now present possible ways to challenge this paradigm.

Initially, when confirming that today there is a need for this professional to expand their work within telemarketing companies, it is argued that it is necessary for SLH professionals to reach out to workers in this sector. However, such an approach must occur within the framework of Workers' Health Surveillance *(Vigilância em Saúde do Trabalhador*: VISAT) rather than through the biomedical model, given the specificities inherent in this work process, its management practices and the relationship between dysphonia and technological developments. In this sense, mechanisms that take the working context into account must be applied to research, analysis and intervention in these processes, environments, organizations and work relationships, in order to promote health and prevent work-related accidents and illnesses [28].

To this end, VISAT must be incorporated into SLH Sciences[29], albeit with the intention of overcoming a surveillance model centred on injuries, modernizing practices to act on social determinants in the current capitalist context[30].

As a priority, this must occur within the sphere of the National Network for Workers' Healthcare (*Rede Nacional de Atenção à Saúde do Trabalhador*: RENAST), in other words, within services that are coordinated by the National Workers' Health Policy within the Unitary Health Service (*Sistema* Único *de Saúde*: SUS), since conflicts between workers' health needs and targets for corporate profit limit any positive transformations to the health practices of those working in the corporate sphere. In order to be fully functional, RENAST is in need of political and financial investment, however, it must be understood as the strategic arena for effective and comprehensive workers' healthcare and for changes to the Taylor approach to healthcare, restoring the Brazilian state's responsibility for this issue.

Finally, we note limitations, particularly academic ones, when issues related to the telemarketing worker's voice are reduced to the sphere of the Voice Professional. Greater approximation is needed between SLH Sciences and the field of Workers' Health from a Collective Health perspective, in constant dialogue with theoretical contributions from the Sociology of Work. From here, the need arises for ongoing training and greater SLH professional engagement in public policy, which must be the object of academic research within SLH Sciences.

Final considerations

This article aims to address the practice of the SLH professional within telemarketing services, in order to discuss and propose new approaches that support a reconfiguration of their role, questioning traditional activities which tend to legitimize the precarization of work and the Taylor approach to healthcare. We suggest that research and training in this area be further explored, in order for professionals and researchers to assume responsibility for strengthening the SUS role in comprehensive worker care and to challenge organizational and management practices that are prejudicial to workers' health.

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