Health on Hold:

The Hidden Injuries of Call Centre Work

by

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LIST OF ABBREVIATIONS

AD	Assistant Director
AHT	Average Handling Time
AWOL	Absent Without Leave
BP	Blood Pressure
BIEN	Business Process Outsourcing Industry Employees Network
BPO	Business Process Outsourcing
CC	Call Centre
CCAP	Contact Centre Association of the Philippines
CCTV	Closed-circuit Television
CLAYGO	Clean-As-You-Go
CM	Colonial Mentality
CP	Conversational Partner
CSA	Customer Service Advisor
CSAT	Customer Satisfaction
CSR	Customer Service Representative
DSPS	Delayed Sleep Phase Syndrome
DOLE	Department of Labor and Employment
EDSA	Epifanio de los Santos Avenue
ENT	Ear, Nose and Throat
ER	Emergency Room
HB	House Bill
HE	Health Effect
HIV/AIDS	Human Immunodeficiency Virus,

Acquired Immunodeficiency Syndrome

HR	Human Resource
HSE	Health and Safety Executive
IATF	Interagency Anti-Arson Task Force
IBPAP	IT and Business Process Association of the Philippines
ICT	Information and Communication Technology
IDI	In-depth Interviews
IT	Information and Technology
IT-BPM	IT and Business Process Management
KI	Key Informant
LOA	Leave of Absence
LBM	Loose Bowel Movement
MRT	Metro Rail Transit
NCCC	New City Commercial Centre
NPS	Net Promoter Score
NUNS	No-union-no-strike
NWNP	No-work-no-pay
OM	Operation Manager
OT	Overtime
PEZA	Philippine Economic Zone Authority
PH	Philippines
PTSD	Post-Traumatic Stress Disorder
QA	Quality Assurance
ROT	Rest Day Overtime
RTA	Real Time Analyst

RTW	Return-to-work
SEZ	Special Economic Zone
SME	Subject Matter Expert
STI	Sexually Transmitted Infection
TL	Team Leader
TSR	Technical Sales/Support Representative
URTI	Upper Respiratory Tract Infection
UTI	Urinary Tract Infection
VoIP	Voice over Internet Protocol
WFH	Working from Home

LIST OF ILLUSTRATIONS

ABSTRACT

This study takes the reader through the experiences of call centre workers, who comprise the largest growing segment of the Philippine Business Process Outsourcing (BPO) industry workforce. From travelling to work, entering the office, talking to overseas callers while sitting for hours, and getting back to their homes, in-depth interviews with 32 call centre workers, based in Metro-Manila, exposed the confluence of health and safety hazards they live through each day. These illness-causing conditions include exacting client-dictated performance measures and quotas that are harshly mandated by call centre managers. The performance targets ("metrics") intensify the adverse impacts of difficult and racist customers, and nocturnal and rotating work-shifts, and compound the ill-health generated by such features of the work environment as excessively cold air-conditioning, inefficient software programs, crowded office spaces, and frequent cancellations of bio-breaks. Moreover, these occupational challenges compel some workers into practices that potentially damage their wellbeing, while others strive to protect their health. The lay perspectives of call centre workers further reveal the interrelated themes of emotional labour, neoliberalism, precarious work, and racism. Drawing primarily from the insights of Bourdieu, Hochschild, Kalleberg, Lloyd, Mirchandani, and Padios, this qualitative research examines the intersections between micro-level health experiences and the political economy of offshore service labour in the Global South. Additionally, this study shows how lay perspectives of call centre frontliners bring into view the hidden injuries of their occupation, which can serve as practical knowledge in creating public health policies that increase employers' accountabilities in promoting, protecting, and ensuring the wellbeing of workers.

STATEMENT OF AUTHORSHIP

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis accepted for the award of any other degree or diploma. No other person's work has been used without due acknowledgment in the main text of the thesis. This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

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CHAPTER 1

Introduction

At the time of writing this chapter, data from the World Health Organisation (WHO, 2020c) shows that the global death toll from the Coronavirus Disease (COVID-19) surpassed 1 million on 29 September 2020. By the same date, the Philippines had recorded 307,288 cases of infections and 5,381 deaths (WHO, 2020d). So far, these numbers in the nation state continue to rise since the first reported case on 30 Jan 2020 from a foreign traveller (WHO, 2020a). The pathogen is attributed to a Severe Acute Respiratory Syndrome coronavirus (SARS-CoV-2), which can lead to potentially fatal conditions (WHO, 2020b, pp. 13-14, 9, 34). Aside from health effects, COVID-19 has also aggravated political and economic situations in many countries.

The outbreak of the virus in the Philippines prompted the national government, with an ill-prepared health system, to depend on the security apparatus of the state in enforcing quarantine regimes and social distancing (Quintos, 2020, p. 19). President Rodrigo Duterte's approach of medical populism (Lasco, 2020, pp. 1421-1422) consisted of downplaying the pandemic, making punitive threats and blaming critics, disobedient individuals, the poor and leftist groups. In fact, the killing of activists ensued during lockdown, while former military generals headed the National Task Force (NTF) COVID-19 (Guillermo, 2020, paragraph 6).

Meanwhile, students and unemployed residents under strict quarantine experienced COVID stress (Steven Taylor, Landry, et al., 2020), which generated anxiety, depression, and further distress (Montano & Acebes, 2020). Moreover, the exacting measures enforced by the government have led to a general disruption in learning, increased domestic violence and police abuse, heightened hunger and vulnerability of the poor, and the shutdown of numerous businesses caused widespread loss of livelihood (Quintos, 2020, p. 20).

Within this context and throughout the ongoing extraordinary health crisis, call centres and other Business Process Outsourcing (BPO) establishments were one of the few industries that the government allowed to operate, "demonstrating its importance to the country's economy and geopolitical interests" (Thompson, 2020, paragraph 7). However, the exemptions that allowed the BPO firms to continue running coincided with an order for all mass transport facilities to cease operations (Office of the President of the Philippines, 2020, p. 2). Nevertheless, many BPO employees still needed to work at the office since the clients of their company did not allow working from home (WFH) arrangements (Rabino, 2020b, Solon & Glaser, 2020). The suspension of a mass transportation system already plagued with problems, and the absence of an alternative service from the state increased the burden of getting to the office on time, and also increased the chances of exposure to the virus. These constraints on travelling likewise gave rise to dehumanising and hazardous working conditions.

Such was the case of a call centre that compelled their staff, who were helping customers of an Australian account, to sleep over on mattresses laid close

to each other on office floors (Aizicovici & Le Monde News, 2020, as cited in Rabino, 2020a; Lee & Financial Times, 2020 as cited in Atkin & Kewley, 2020). Several other personnel assigned to an American client reported that their employer failed to ensure that workstations were properly sanitised, amidst their fears of working on site, especially after a team supervisor was hospitalised for COVID-19 and the site manager passed away without disclosure of the cause of death (Solon & Glaser, 2020).

Other BPO workers noted that failure to ensure safety in the workplace was accompanied by lack of consideration from their employers in mitigating the financial ramifications of the pandemic. For instance, employees, who were exposed to a colleague with COVID-19 at the office, revealed that they were transferred into shared accommodation for days without receiving salary (Macaraeg, 2020a). Another BPO employee, who was infected along with her officemate and boyfriend who died days later, said that their company did not even assist them in getting tested, and did not provide financial support or hazard pay (Macaraeg, 2020c).

On top of getting sick and losing their lives and income, many BPO workers experienced increased job insecurity. Many of them reasoned that the austere quarantine rules, lack of public transport and loss of company clients, must explain why they were on "floating" or "no work-no pay" (NWNP) status (Rabino, 2020b). Even a regular BPO employee of 10 years, along with over a thousand personnel, suffered the same situation, after their Australian client pulled out of the Philippines (Macaraeg, 2020b). COVID-19 not only exposed the vulnerability of BPO workers and their relationship to the global economy, but also the local public discrimination

and harassment from fellow Filipinos, who treated them as "vectors of disease", (Thompson, 2020, paragraph 13).

The rise of unemployment and social stigma induced by COVID-19 in the Philippines has occurred elsewhere. Here, in Australia, massive layoffs as a consequence of COVID-19 ("Coronavirus pandemic job losses", 2020), have been accompanied by racism that has hurt specific groups, including Australians with Asian backgrounds (Om, 2020) and international students of Chinese ethnicity ("Doctor call for unity", 2020). In the United States, medical professionals of Filipino descent have also been on the receiving end of the bigotry that COVID-19 helped to intensify (Jan, 2020). It is worth noting that many customers of Filipino BPO workers are located in America, the nation that colonised the Philippines in the early 20th century.

These reports on COVID-19 help to expose occupational issues of discrimination, emotional and mental suffering, physical hazards, precarious employment, and self-responsibility for the risks occasioned by illness and other harms. This range of occupational issues was raised by the 32 Filipino call centre employees I met and interviewed for my PhD in Metro Manila in 2017-2018, prior to the pandemic. Henceforth I refer to my PhD dissertation as Health on Hold. The dissertation examines how call centre workers make sense of what their work does to their health. It describes the ways in which they experience and deal with the effects of performing customer service and product support/technical assistance over the phone.

My work experience as a Human Resource Consultant in Metro Manila during the mid-2000s familiarised me with the vantage points of call centre workers whom I interviewed for job openings within the industry. How they connected their personal concerns such as fatigue, stress, and poor diets with structural work arrangements like shift hours, and objective conditions beyond the workplace like traffic congestion and unemployment, engendered a personal interest to understand health from a non- clinical or non-medical lens. As I ventured into postgraduate studies several ideas informed how I might translate my curiosity into a more systematic social investigation of the ways that call centre workers make sense of their health. Eventually, I formulated my interests into the following research questions: 1) How do Filipino call centre workers experience the impact of their work on their health? 2) How do they deal with these health effects? 3) What do their responses to these questions tell us about the social-economic-political context of offshore, outsourced labour, as exemplified by call centre work?

More specifically then, Health on Hold addresses the gap of exploring key themes that emerged from the interviews I conducted with the call centre workers as conceptual lenses: emotional labour; racism; precarious work; and neoliberalism. I use these conceptual lenses to understand and explain the answers to my research questions. Health on Hold likewise aims to underscore the importance of accounts from call centre workers, as lay beliefs or "common sense understandings and personal experience, imbued with professional rationalisations" (Blaxter, 2010, p. 41). It also seeks to illustrate their interpretations as lay knowledge, referring to "the ideas and perspectives employed by social actors to interpret their experiences of health and illness in everyday life" (G. Williams, 2013, p. 119).

In focusing on the personal accounts and meaning-making processes of call centre workers, my research fills a clearly identified gap in the literature – the dearth of studies examining personal accounts of the health effects and other pressures of call centre work in the broader social-political-economic context (Lloyd, 2016; Mirchandani, 2012; Padios, 2018) The significance of these aims and objectives can be explained with reference to Lloyd's (2016, p. 284) assertion that "call centres remain important in connecting the workplace with key sociological issues and theories as well as a case study for exploring new configurations of work in contemporary society, rather than maintaining a narrow focus on the call centre industry." He argues that the literature on this form of service sector employment continues to represent thematic categories previously identified by Deery and Kinnie (2002), in terms of: 1) characteristics and organisational features; 2) choices and strategies of management; 3) the effect of work on employees, and 4) the response of employees to working conditions. Lloyd notes that amid waning interest in examining call centres, there is much that still needs to be explained about organisational practice and structure, labour relations, and attitudes of employees in the industry. He likewise points out the lack of interest in placing call centres in their political-social-economic context (Lloyd, 2016, pp. 290, 284).

Contribution of this study

This research builds on earlier work on employee responses to their working conditions in enumerating adverse physical and emotional consequences on call centre workers, and familiar depictions of redefining the labour process as a site of

resistance (Lloyd, 2016, pp. 287-289). Health on Hold explores how the material, spatial, temporal, and relational dimensions of phone-based customer service generate and compound illnesses and other negative outcomes. Hence, my study not only covers occupational health and safety but overlaps with the research on work features and management approaches.

In doing so, Health on Hold also explores insights on call centre work as underpaid and performed in stressful working environments that limit job autonomy, (Lloyd, 2016, pp. 285-289). Furthermore, this study expands on these notions by describing how the ramifications of structural work features and management decisions manifest in the emotional, mental, and physical state of employees. It also investigates how work relations and interactional settings influence how workers feel, think, act, relate to others and perform their job. Thus, Health on Hold touches on all the topics enumerated by Deery and Kinnie (2002) rather than just the health impacts of call centre work.

In addition to the approach of Deery and Kinnie (2002), this research demonstrates that the issues of health and safety go beyond the inadequacies in the workplace, the employer, and the BPO industry. Personal experiences of ailments, illnesses or medical conditions are shown to be entangled with broader national problems, such as the deplorable state of public health, transport and traffic systems, the lack of affordable and accessible medicine, poverty, unemployment and even the "drug war" policy of the Duterte administration. My study therefore situates call centre occupational health and safety in the political, economic, and social realities of the Philippines.

Health on Hold also contributes to much needed scholarship on a segment of the Filipino workforce that has redefined an area of the Global South as the "call center capital of the world" (Bajaj, 2011 as cited in Padios, 2018, p.2). At the onset of the COVID-19 pandemic, the Philippines continued to have the "largest concentration of call centre workers" (Thompson, 2020, paragraph 3). In fact, call centres make up the largest subsector of the BPO industry in the Philippines (Shead, 2017a). In 2019, BPOs employed 1.3 million workers and generated revenue worth 26.3 billion US dollars (Rosales, 2020). For these reasons, the BPO industry has been described as one of the primary "legs" of the Philippine economy (Usui, 2011; Thompson, 2020, paragraph 1).

Despite the global and national significance of Filipino call centre workers, sociological interest in health and illness from the perspectives of workers' everyday experiences of their jobs and social lives beyond the workplace barely registers in academic writing. This paucity was noted at least a decade ago (Russel, 2008; P. Taylor, 2012; Van Jaarsveld & Poster, 2013). My inquiry can thus contribute to building and reinforcing baseline knowledge on the lay perspectives of Filipinos in call centres that may also be relevant to other transnational service-oriented occupations. This study likewise advances scholarship on occupational health and safety in the Global South.

The key contribution of Health on Hold is in exploring the experiences of occupational hazards, illnesses, and pain from the call centre labour process, through the emotions of employees, their interactions with customers in the Global North,

their insecure employment status, and the exigencies of neoliberal business imperatives of their employers. Explorations of the interrelatedness of these factors remain undeveloped within the literature on Filipino call centre workers. This study therefore initiates a conversation that examines these complexities through the themes of emotional labour, racism, precarious work, and neoliberalism. My next section introduces these concepts, which I will discuss in detail in the next chapter.

Conceptual lenses on health and illness

From the book by Arlie Hochschild, *The managed heart: Commercialization of human feeling* (2003, pp. 17, 229), we can appreciate emotion as one of the basic human senses that inform individuals how they "should" respond to their world. In the context of customer interactions, workers are compelled to adjust, conceal, summon, or suppress specific feelings, expressions, and moods. Workers are constrained to regulate and project their emotions in ways that make customers perceive they are being cared for, and that their transaction will be a pleasant experience. In other words, they must perform emotional labour or manage their emotions to achieve these objectives. It simultaneously involves exerting mental effort. Moreover, performing emotional labour can lead to ramifications on wellbeing (Hochschild, 2003, p. 7).

While Hochschild examined the emotional labour of bill collectors and flight attendants from a Western society, my research applies her concept of emotion management to Filipino call centre workers located in the Global South. This study focuses on the call centre workers' perceptions of the health effects of emotion

management, which involves dealing with callers who are physically invisible and culturally different. Workers need to navigate transactions without the helpful visual references of their customers and mostly rely on the auditory cues in their voice-based interactions along with the conditions of the communication system.

Health on Hold explores how working with "faceless" customers, and technology-mediated transnational interactions, determine the ways in which workers experience the emotional, mental, and physical impact of managing their emotions. This study also describes how such effects are compounded by the need to regulate their feelings and demeanour towards office superiors. It further shows that, along with this concurrent burden, the emotional labour of call centre workers affects the health of their personal relationships. This research takes on additional significance considering that it highlights the crucial role of emotion in a sociological study of health and illness among non-Western people, who have been closely associated with the sense of feel, as discussed by media, business sectors and academia (Ropero, 2019; Tan, 2019).

In performing emotional labour while dealing with customers from the Global North, an issue that emerged among my participants was that of racism – the second key theme. Race is a historically and socially determined way of viewing a social group in terms of physical and cultural traits (Du Bois, 1897, pp. 53-55). This definition is demonstrated in Western colonialism's use of the concept against people who are considered as non-white (Clair & Denis, 2015, pp. 857-858). Connections between race and colonialism are significant, considering that call centres in the Philippines are set against a colonial past that is shared with countries,

which provide clients for the industry. In locating call centres within broader political, economic and social conditions (Lloyd, 2016, p. 284), including the global capitalist economy, my study is also informed by ideas on racism, in relation to "the capitalist exploitation of peoples and its complementary social attitude" (Cox, 1959, p. 321).

In addition to these frames, Berman and Paradies (2008, p. 217) provide my study with an explanation that covers several dimensions of racism, including its definition, "as that which maintains or exacerbates inequality of opportunity among ethnoracial groups". It takes shape in racist beliefs, emotions, and behaviours and practices or, correspondingly, as stereotypes, prejudices, and discrimination (Berman & Paradies, 2008, p. 217). Direct racism can result in unequal opportunities through unequal treatment, while indirect racism leads to the same consequences through unequal treatment (Berman & Paradies, 2008, pp. 217, 218).

Moreover, racism can exist as internalised racism either as internalised dominance or when an individual assumes that some groups are inferior and/or one's own social group is superior, or inversely, as internalised oppression (Berman & Paradies, 2008, p. 218). Such worldviews perpetuate or worsen "the unequal distribution of opportunity across ethnoracial groups" (Berman & Paradies, 2008, p. 217; Paradies, 2006). This process can co-occur as interpersonal racism in human interactions, and as systemic or institutional racism, that is, in the structures that produce, control, and distribute material and ideational resources within a society. Racism is part of the broader phenomenon of oppression that includes sexism,

ageism, and classism (Paradies, 2006 as cited in Berman & Paradies, 2008, pp. 217-218).

To reinforce my conceptual understanding of racism, I have likewise drawn on other useful insights from scholars on call centres, which I discuss further in the next chapter. Jan Padios' (2018, p. 14) *A nation on the line: Call centers as postcolonial predicaments in the Philippines* provided me with the crucial notion of Filipino/American relatability or "the capacity of Filipino/Philippines to become like Americans/America." Another instructive concept comes from the work of Kiran Mirchandani's (2012) *Phone clones: Authenticity work in the transnational service economy*. Following Goldberg (2009: 336), Mirchandani (2012, pp. 13-14) referred to neoliberal racism to describe the racist behaviour of call centre customers as an exercise of consumer rights.

My study is also informed by explanatory ideas of racial microaggression, which refers to racial slights (Dominguez & Embrick, 2020; Eschmann, 2020), and as "a form of systemic, everyday racism used to keep those at the racial margins in their place" (Perez Huber & Solorzano, 2015, p. 298, 302).[1] A version of internalised racism (Pyke, 2010, p. 567) offers this research the notion of discriminating against people of colour from someone of the same cultural background. Another set of helpful ideas came from conceptualisations of colonial mentality as a form of internalised oppression marked by a belief that Filipino culture is inferior, a rejection

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[1] While the work of Perez Huber and Solorzano (2015) represent conceptualisations of racial microaggressions according to critical race theory (CRT), another significant influence is the clinical psychology lens of Sue, Capodilupo, Torino, Bucceri, Holder, Nadal and Esquilin (2007, pp. 271, 273).

of anything Filipino and a preference for anything American (David & Okazaki, 2006a, 2006b, 2010; Eisen, 2019).

Health on Hold advances our understanding of racism and its health effects through this constellation of concepts. Unlike the racism suffered by Filipinos who live in other geographic contexts, this study describes the racial oppression and violence against Filipino call centre workers in their own local milieu. It illustrates how racism takes place in virtual and transnational spaces of social interaction and shows how call centre work leaves individuals vulnerable to racist attacks. Furthermore, my participants' accounts constitute a broader postcolonial narrative of the Philippines as a site of global capital flow. As evinced by COVID19, racism not only continues to be an urgent social problem that afflicts many societies, but it also has practical ramifications for health and safety.

Importantly, the pandemic revealed why precarious work is an issue that needs immediate attention through studying call centres, and occupational health and safety in the Philippines. In exploring precarious work as the third conceptual lens, my research is informed by the insights of Bourdieu (1998/2000; with Darbel, River & Seibel, 1963), on precarity as a concept related to employment status.[2] To examine precarity as unequal social arrangements of work, this study utilises the

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[2] While Millar (2017, pp. 2-3) traces the idea of insecure employment attached to the term precarite, according to Bourdieu, Darbel, River and Seibel (1963), Woodcock (2017, pp. 135-136) suggests that an instructive starting point to discuss precarity, in terms of understanding call centre labour, is through the explanation of job insecurity by Bourdieu (1998a, p. 85): "casualisation of employment is part of a mode of domination of a new kind, based on the creation of a generalised and permanent state of insecurity aimed at forcing workers into submission, into the acceptance of exploitation."

idea of precarious employment by Vosko (2010, p. 2) as the combination of one's employment status and form of employment, with dimensions of labour market insecurity, social context and social location.

Kalleberg (2009, p. 2) defines precarious work as "employment that is uncertain, unpredictable, and risky from the point of view of the worker." Kalleberg and Hewison (2013, p. 271) refined this concept, building on Vosko's (2010, p. 2) scholarship, highlighting the transfer of occupational risks to the employee, who has inadequate social and legal support. Moreover, precarious work is "shaped in relation to other economic, cultural, historical and social factors" (Kalleberg & Hewison 2013, p. 274).

I also draw from conceptualisations on precarity as precariousness, which may refer to objective conditions of heightened insecurity, individual experiences of precarious conditions, or the potential resulting feelings and perceptions of insecurity (Boese et al., 2013, p. 318). These distinctions help evaluate the emotional/mental and physical impact of intensified social insecurities as produced in relational encounters. Exploring my findings through these frames allows for macro- and micro-level interpretations that elaborate the conceptual lens of precarious work.

Health on Hold contributes to academic work that illustrates how call centre job insecurity essentially compromises the health and wellbeing of workers. Aside from causing immediate and long-term consequences to their health, precarious work arrangements have also affected their personal relationships. This research

likewise shows how precarious work arrangements in call centres place individuals in situations that undermine their safety and security.

In addition to emotional labour, racism, and precarious work, the fourth conceptual lens of this study is neoliberalism. The book by Pierre Bourdieu (1998/2000) entitled *Acts of resistance: Against the myth of our times* informs this study that neoliberalism is a pernicious social force that postures as scientific theory to systematically destroy all forms of collectives to produce an unregulated market. This objective resides in foisting "the structural violence of unemployment, of insecure employment, and of the fear provoked by the threat of losing employment," which keeps a "reserve army" of labour aligned with the interests of employers and at their disposal Bourdieu (1998/2000, p. 98, italics included). Moreover, this ideology promotes the values of competitiveness, "the cult of the 'winner'", and the struggle of all against all" (Bourdieu, 1998/2000, p. 102).

Birch (2015, p. 572) offers an instructive definition of neoliberalism as "the extension and installation of competitive markets into all areas of life, including the economy, politics, and society." In this sense, neoliberalism promotes the market as the social mechanism to organise and govern society (Birch, 2015). Moreover, such ideology reduces wellbeing to the ability to perform human activity as a function of the market; for neoliberalism, according to Harvey (2005, p. 2), "proposes that human wellbeing can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets, and free trade." Drawing further from Bourdieu

and Wacquant (2001), neoliberalism not only promotes free markets, but also global homogeneity and individual responsibility (Birch, 2015, p. 571).

Health on Hold examines how neoliberal ideas translate into company mandates on performance measures, work arrangements and the material conditions of the workplace. Such features essentially compel workers to prioritise the interests of the client and the company, even at the expense of their wellbeing. My study illustrates how neoliberalism determines the everyday lives of workers in ways that make them unhealthy, miserable, and vulnerable. These effects encouraged various practices among workers that further compromise, maintain and improve their emotional, mental and/or physical state.

Ideas associated with emotional labour, racism, precarious work, and neoliberalism establish a conceptual frame, through which the hidden injuries of call centre work, along with their structural and microlevel dimensions, become more perceptible. Additionally, the application of this conceptual frame to examine the experiences of call centre workers advances sociological theorising and analysis of call centres and occupational health.

The research approach

Health on Hold is a qualitative study of Filipino call centre workers and the state of their wellbeing, safety, and security. The social constructivist worldview underpins my primary interest in the interpretive work of call centre employees. My study also aligns with the focus of the transformative worldview in exploring the

strategies of marginalised groups to resist, challenge and subvert constraints in asymmetric power relations (Creswell & Poth, 2018, pp. 48-51; Mertens, 2010 as cited in Creswell & Poth, 2018, p. 51). In addition, key assumptions of the naturalist paradigm and standpoint theory (Rubin & Rubin, 2012), and social interactionist and political economy perspectives on health and illness (Tan, 2008) comprise the philosophical underpinnings of this research. Throughout each stage of the research, ideas concerning reflexivity inspired by Bourdieu and Wacquant (1992) have been helpful in fostering recognition of my own positionality and personal biases.

The design of this study uses the procedures of grounded theory (Corbin & Strauss, 1990, 2008; Glaser, 1978, 1992; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin 1990, 1998), including its recent developments that take on a more critical realist orientation (Fletcher, 2017; Hoddy, 2018; Oliver, 2012), and maintain the emphasis on constructivism to allow greater flexibility (Charmaz, 2006), and to encourage pragmatic analysing (Saldaña, 2013). This type of inquiry rests on an inductive approach that builds on, or "grounds" one's analysis in the perspectives of research participants. Guided by insights from the responsive interview model of Rubin and Rubin (2012) and from the work of Minichiello, Aroni and Hays (2008), my research focused on in-depth, semi-structured, single session interviews as my primary technique in accessing the views or "voices" of workers, which helped address my research questions.

Map of the study

Health on Hold consists of eight chapters, including this introduction. My second chapter presents the literature review that has served as a wellspring of insights and has helped locate this study in the broader discourses and debates related to my conceptual perspectives. I first review scholarly work on call centres in the Philippines that discusses health, illness, and safety, followed by literature on the same topics on call centres in other cultural contexts. I then proceed to explore scholarship on the health effects of emotional labour, racism, precarious work and neoliberalism. The chapter demonstrates that even in the areas of literature that I examine, the intersections of the explanatory themes in relation to health, illness, and call centre work from the lay perspectives of industry workers themselves, have yet to be comprehensively examined.

In Chapter 3, I explain my study's methodology. I elaborate on my research design, fieldwork preparations, experiences in the field, my data gathering techniques, and the stages of my data analysis. Before I move on to my findings, I set the scene of my social inquiry by providing an overview of call centres in the Philippines in Chapter 4. This chapter broadly describes the character of these BPO companies, including their frontline workforce and the type of labour they do, work arrangements, industrial relations, and the role of call centres in the national and global economies. I also discuss these organisations in terms of their socio-historical location, as offshored and outsourced global business sites in Special Economic Zones (SEZs) that have been created across the Philippines and the backdrop of a colonial history.

In Chapters 5-7, I present my participants' accounts of the health effects of call centre work and how they deal with these effects. Chapter Five examines the material and spatial factors, including experiences of commuting and the physical features of the workplace. Chapter Six examines the impact of temporal factors, i.e., call centre schedules or the way work is organised daily, including the bio-breaks, leave, forced work shifts, "floating" status, and job tenure. These chapters demonstrate how occupationally induced illnesses and harm from safety and security hazards are associated with precarious work and neoliberalism. Chapter Seven details participants' reports of the painful and challenging experiences they face in interactions with customers and office superiors – the realm of the relational. This section also describes how the impact of these interactions extend beyond the workplace, even affecting personal relationships. Importantly, I demonstrate how these relational experiences arise from, and are intimately connected with, emotional labour and racism and can also be understood in the broader context of precarity and neoliberalism.

It is useful to point out that these experiences of the temporal and the spatial, for example, are not always distinct in the interpretive work offered by my participants. In fact, some of the accounts from my participants indicate that they are intertwined, as the effects of one factor compound or are compounded by the impact of other factors. In my final chapter, I provide insights into how these inter-connections illuminate complex associations between the four themes used to conceptualise the lay perspectives of Filipino call centre workers. Crucially, my analysis shows that the influence of neoliberalism on the call centre labour process

compels workers to the self-responsibilisation of their health, safety, and wellbeing as they perform emotional labour, encounter racism, and deal with the predicaments of precarious work.

CHAPTER 2

Reading perspectives for writing about "voices":

Review of literature

People may be ill, that is, feel themselves to have something wrong with them, without (known) disease. Medicine tends to call them hypochondriac if they complain too loudly, but there is more subtle appreciation nowadays that it is very possible to be ill without any— at least, so far, identified—disease (Blaxter, 2010, p. 20).

"Health, like all other human concepts, is an idea constructed by human agency" (Blaxter, 2010, p. 26).

–Mildred Blaxter, *Health*, 2010

Mildred Blaxter's ideas in her book, *Health*, speak directly to my interest in how people interpret and deal with the ill effects of call centre work. The first excerpt above suggests that non-medical interpretations of health should not be underestimated. The second recommends that health is an open system of knowledge, which enables individuals to exercise their agency to determine their condition.

During my research journey, insights from literature on occupational wellbeing, including the seminal work of Michael Marmot and colleagues, have

informed my study. These perceptions complement the influence of Blaxter's (2010) book in my understanding of occupationally induced illnesses, harms, and other vulnerabilities, as entangled with broader issues of power relations and unequal social positions of people. For instance, the concept of the social gradient of health (Wilkinson & Marmot, 2003) reveals that health inequalities reflect occupational and other socio-economic hierarchies, and that extended periods of stressful circumstances can affect people's health and wellness (Germov, 2014, p. 46).

Other relevant appraisals are drawn from the Whitehall studies (Marmot et al. 1978; Marmot et al. 1991; Marmot et al. 1997; Marmot et al. 1999, Marmot et. al., 2000), which finds that health inequality has less to do with risk factors such as being overweight, low levels of exercise, excessive alcohol consumption and smoking, and more to do with low levels of control over one's work, as revealed in the Whitehall II reports, which concluded that "those with less control over work had higher rates of heart disease, depression, and other health problems" (Germov, 2014: 91). Likewise drawing from Marmot and Bell (2010), Schofield (2014, pp.108, 116) claims that workplace health is patterned after major socio-economic inequities and that sustainable improvements are hampered by "the fundamental conflict between worker's health and profit-maximisation."

These ideas, along with findings from scholarship in the sociological subfields of emotions and work, health, and racism, and from the approaches of interpretive sociology and political economy, have influenced my perspectives of Filipinos working in call centres. These perspectives, along with the emergent tropes from my conversations with call centre workers have, in turn, shaped my

organisation of sociological literature according to four thematic clusters: 1) emotional labour; 2) racism; 3) precarious work and 4) neoliberalism. Within each of these clusters, I also discuss studies of call centres and other labour market sectors. The findings from other sectors reveal how the experiences of call centre frontliners converge with the experiences of workers from other service industries in terms of occupational health effects, while calling attention to the unique features of phone-based customer service and sales. More broadly, these four themes are intricately linked, and I briefly discuss how Health on Hold can further contribute to our understanding of these topics at the end of this chapter. Before elaborating on each theme, I will map recent research on the topic of health in relation to call centres in the Philippines and in other global regions.

A rarely 'diagnosed' concern in sociological studies

The intersections of health, illness, and healing barely surface in the relatively few studies on the everyday lives of Filipino call centre workers. These include descriptions of physical and mental symptoms, which industry workers attribute to the schedule (Ho et al., 2008; Lozano-Kuhne et al., 2012; Sale & Bool, 2005), including its negative impact on their personal relationships, and the stress from callers, management surveillance and performance targets (Pico, 2006). One study (University of the Philippines Population Institute or UPPI, 2010, as cited in Melgar et al., 2011, p. 3), notes the high intake of alcohol, cigarettes, coffee, and fatty food, among young workers in call centres.

These early investigations provided insights into the conditions of call centre work. The studies conducted by EILER (Ecumenical Institute for Labor Education and Research) and the International Transport Workers Federation or ITWF (2008), alongside those of Amante (2010) and Ofreneo, Ng and Marasigan-Pasumbal (2007), further underscore the inadequacies of call centres in ensuring the wellbeing of their employees, and the aversion of companies to the unionisation of workers. That several call centres are in economic zones, where a no-union-no-strike or NUNS policy is enforced, only makes unionising more difficult to carry out (EILER, 2008, 2011; Siwa & Arago, 2017).

The structural constraints that these investigations highlight, point to the irony that workers who need to use their voices in their occupation, are not given the chance to form a collective voice to speak against the harmful and painful aspects of their job. In other words, such restrictions leave them "voiceless in a voice industry" (Ofreneo, et al., 2007, p. 546). Some of the occupational illnesses and safety hazards that these investigations expose, likewise suggest that health, along with safety, has been a chronic labour issue in the often-lauded sunshine industry of the Philippines.

Some studies characterise call centre work as feminised labour with specific health challenges for women employees. These issues include lower wage averages compared to men, the health effects of working during lactation or pregnancy and of performing gendered domestic responsibilities alongside paid work, especially for female workers who are breadwinners and/or single parents (Domingo-Cobarrubias, 2012; Errighi et al., 2016). These texts have drawn attention to the

influence of gender inequality and inequity in the industry and beyond on health and safety outcomes.

Other studies have drawn attention to cases of HIV/AIDS (human immunodeficiency virus, acquired immunodeficiency syndrome) among the industry workforce. Examples include surveys that explain the influence of work features like night shifts, social environment, and stress along with other factors, on their vulnerability to HIV/AIDS and other sexually transmitted infections or STIs (Melgar, et al., 2011), and the link between age and educational attainment with knowledge of the pathogens (Vidal et al., 2017). These papers offer descriptions of how the milieu of call centre employees influences how they interpret health and illness, indicating preconceptions that cast them as promiscuous or carriers of diseases (Baguio, 2010; Nasol, 2010; Pareja, 2010).

The book by Padios (2018), *A nation on the line: Call centers as postcolonial predicaments in the Philippines*, provides an instructive discussion on health issues. Her work examines call centres in the nation state in terms of the latter's colonial experience and aspirations within a neoliberal global economy, "to rehabilitate its image as the 'economic sick man of Asia'" (Showers, 2019, p. 1934). In its chapter on the politics of sexuality at work, Padios (2018, p. 159) states that "the alarm about HIV signalled not only a medical concern but also deep anxiety about call centers as sites where deviant bodies put the nation at economic, cultural and social risk." I will reflect on this and other insights from Padios' work when I describe the accounts of my research participants on the diversity in gender identities of their

colleagues, same- sex relationships, extramarital affairs, and early morning alcohol drinking.

Other studies analyse the high employee turnover rates, which indicate the effect of call centre occupational demands on the worker's emotional and mental states. For example, Jabutay, Limpachote and Limpao (2018) reveal that employees' intent to resign is determined by the emotional dissonance experienced by workers due to customer unfriendliness and strategic deception. Meanwhile, Montalbo (2016) explains that turnover intentions increase due to job burnout, which comprises the dimensions of exhaustion, cynicism, and a sense of low professional efficacy. These studies join the earlier contributions of Hechanova (2009; 2013) in illustrating the work's impact on wellbeing and her analysis of work-life conflict and intent to leave among customer service representatives or CSRs.

Hechanova's *1-800-Philippines: Understanding and managing the Filipino call center worker* (Hechanova-Alampay, 2010), discusses the health and safety implications of working in call centres. Her research describes the character of call centre work, its benefits and issues, cross-cultural interactions and identity, emotional labour, employee turnover, management of call centres and selection and development of its employees. Her insights on emotional labour, and on cultural identity and masquerading (Hechanova, 2009, 2012; as Hechanova-Alampay, 2010) will be further discussed in the ensuing sections of this chapter.

The body of research on Filipino call centre workers has established a knowledge basis on occupational health and outsourced service labour in the

Philippines and the Global South. This set of work advances our understanding of worker's health problems as intertwined with issues related to the labour process, industrial relations and other broader structural factors that pertain to the standard of living like employment, poverty, public transportation, and safety. These contributions also show that the topic of health serves as an analytical site of cultural issues such as the commodification of emotions, gender biases, culture clash between overseas callers and non-Western offshore personnel, social stigma and the tension between corporate and Filipino cultural values, namely the importance of family and friends.

Multidimensional and transnational illnesses and hazards

Studies conducted on call centres in other countries including Australia, Brazil, China, Germany, India, New Zealand, South Korea, Turkey, the United Kingdom (UK) and the United States (US) have further informed this research on the health implications of call centre work features.

P. Taylor, Baldry, Bain, and Ellis' (2003) investigation of a call centre in Scotland, is an early contribution that aimed to fill the gap in discussions of occupationally induced illnesses in the industry. The research systematically examined health and safety concerns based on the reports of trade unions, along with the responses of employer representatives and the Health and Safety Executive (HSE), the existing regulatory framework, and the perceptions of illnesses and injuries among the staff and management. The key assertion of the study was that the character of call- handling work is the major source of industry health issues.

Ultimately, the authors conclude that occupational ill-health is the outcome of "performing a task which can, in itself, be stressful (difficult customers), while trying to meet demanding performance levels (targets) and doing this in an unsupportive working environment" (P. Taylor et al., 2003, p. 454). This assessment builds on a previous study (Baldry, Bain, & Taylor, 1997), which traces occupational ill health from the ambient, proximate, and social environments of a work system.[3] The evaluation by P. Taylor, et al. (2003) is based on data from questionnaires completed by 634 respondents, 30 observations of task performance, and interviews with several administrative workers, supervisors, managers, and over 70 Customer Service Advisors (CSAs).

P. Taylor and Bain (2005) have also described the unhealthy outcomes of work in the call centre industry in India, as part of their main challenge against the assumption that offshoring produces capital and labour markets that flow with ease. The issue of ill health is especially evident in their explanation of distinctive aspects of call centre work that has driven employee exit and burnout. These determinants include extended nocturnal working hours and repetitive call-handling that have generated great stress and led to cases of weight loss among workers (P. Taylor & Bain, 200, pp. 271-272). Other factors are the long distances and duration of commuting, enclosed workplaces where workers cannot adjust the air-conditioning, lack of autonomy over breaks, and the confusion, frustration, pressures, tensions,

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[3] According to P. Taylor, et al., (2003, p. 438), the work of Baldry, et al., (1997, pp. 519- 539), "argues that the social processes which generate occupational ill-health can be understood through examining the degree of 'fit' between three interrelated components of any work system: the social environment (work organisation, job design, managerial control systems, industrial relations context); the proximate environment (work technology, workstation design) and the ambient environment (work building, lighting, temperature, air quality, acoustics)."

and other harmful effects from imperatives to satisfy performance measures and western customers, who can turn out to be racists and cause mental strain (P. Taylor & Bain, 2005, pp. 272-274, 277-278).

More broadly, the analysis by P. Taylor and Bain (2005) is informed by the political-economic factors such as the cost-reduction logic that drives and shapes offshore work organisations in India. Their findings come from group discussions with workers, interviews with representatives of call centre senior management, business associations and trade unions, and attendees at industry conferences, along with information from keynote speeches and documents on the business sector. The paper appraises call centres in India as low-cost replications of a problematic labour process and a contested terrain, where the intensive working conditions compel workers to forms of resistance, such as giving a hoax solution to irate customers (P. Taylor & Bain, 2005, pp. 277-279, 274).

Holman's (2004) investigation of three different call centres of a UK bank likewise identifies job and organisational factors that affect the health of employees. His primary aim was to explore the impact of aspects such as work design, call-handling surveillance, human resource (HR) practices and team leader (TL) support on employee wellbeing. The study involved interviews with 40 Customer Service Representatives (CSRs) and ten Team Leaders (TLs) or supervisors, and questionnaires completed by over 500 call-handling personnel (Holman, 2004, pp. 223, 227-229). A key finding was that low control over time allowed for handling calls, and the method of talking to customers and performing tasks, cause anxiety and depression. Another result was that, although the job's demand for constant

attention causes worry and anxiety, managing and meeting the needs and problems of customers may also generate satisfaction. The study likewise indicates that excessive monitoring of calls may make workers feel miserable and less active in the long-term.

Furthermore, the findings suggest that a fair payment system, constructive feedback, training, and supportive team leaders can positively contribute to the wellbeing of employees. A telling implication from the study is that while cost minimisation and operational efficiency appear incompatible with staff wellbeing, lack of attention to the latter can spell greater costs for companies (Holman, 2004, pp. 237-241).

While Holman's study highlights the relational determinants that cause emotional and mental issues, Barnes (2007) underscores the link between employee accommodation, dissatisfaction and resistance to managerial control, and the material and spatial features of call centre sites. Barnes was interested in the influence of the physical environment on workers and used case studies of call centres that provided services to companies from travel, finance, and other sectors. Data were collected through observations of individual personnel; 108 interviews with management, supervisors, union organisers, and workers; and survey data from 170 employees (Barnes, 2007, pp. 248-249).

Although Barnes did not focus on the health effects of the physical environment, her study offered important ideas on the potential of workers to navigate or resist management control and elements of the built environment that

encourage accommodation of the labour process. More specifically, issues concerning features like equipment and furniture, hot-desking, open-plan layouts that lack private spaces, lighting and room temperature that cannot be adjusted, restrictions on decorating workstations and use of wallboards, can generate not only a sense of shared discontent and resentment, but also solidarity (Barnes, 2007, pp. 248, 250, 257-258).

Lloyd's book (2013), *Labour markets and identity on the post-industrial assembly line*, likewise describes the burnout, stress, and negative feelings such as dissatisfaction and frustration, along with individualised forms of resistance through acts of disobedience and rule breaking, among employees of a call centre in England. This study traces these outcomes to relational and temporal aspects of the call centre labour process, primarily monitoring and changing shift patterns. Essentially, Lloyd's (2013, p. 3) work addresses the following questions: "How do the young men and women engaged in call centre work define themselves? From what is their identity shaped and created? How do they view the local labour market, the world at large and their place in it?" The author's answers to these queries are based on his experience of working full-time for six months in a call centre as part of his covert ethnography. This method is complemented with data from informal conversations with 30 co- workers, together with 15 semi-structured interviews with these workers (Lloyd, 2013, pp. 3-4). Lloyd's book also provides other instructive insights on the precariousness of the job and neoliberalism through his theoretical connections between capitalism, labour, and identity, which I will discuss in later sections of this chapter and in my analyses of the interviews with my participants.

Health on Hold has also drawn on scholars who have analysed the unhealthy temporal factor of offshore call centre work in the Global South and challenges the notion of globalisation's liberating effects from the restricting experience of time. For instance, Poster (2007b) argued that not only does individual health deteriorate because of call centre schedules, but so do family connections and the quality of community life. These personal and social consequences form part of Poster's main interest to show that Indian call centre workers literally experience a reversal of work time, such that their work and sleep hours are being switched. Moreover, this form of inversion is also symbolic of workers experiencing temporality as more rigid, standardised, hyper-managed and connected to place in a concentrated and compacted manner, that also extends beyond the workplace (Poster, 2007b, pp. 103-106).

Poster's analysis is supported by case studies of three call centres in India, involving ethnographic observations and interviews with 50 call handling employees, 20 non-calling personnel including HR managers and nurses, and 15 unaffiliated individuals such as officials from the government, industry, and non-governmental associations. She explains that the demands of consumers from the Global North temporally displace offshore service employees from the South. That is, while Indian workers may be residing in the same physical location as their family or relatives, they need to be available for Northern consumers during hours that run opposite to local time. Thus, call centre schedules pull away or uproot Indian workers from their social life at home to serve global economies. Drawing on Isaksen, Devi and Hochschild (2008), this ramification illustrates a "hidden injury of global capital" (Poster, 2007b, p. 105).

Mirchandani (2004) also offers useful thoughts on the concept of time in a study that primarily examines the character of call centre work as practices of globalisation. By interviewing 13 workers who handle inbound calls, along with managers from three call centres and representatives of three training agencies that train workers, the author reasons that the nightly struggle of India's transnational labour force to synchronise with the demands of their job demonstrates the harmful discord between overseas time and local embeddedness (Mirchandani, 2004, pp. 358, 363-365).

Nadeem (2009) likewise describes call centres as indicative of how globalisation reconfigures the experience of time as both rigid and flexible with uneven results that benefit transnational companies and create suffering for workers. Using data from over 100 interviews with call centre workers, managers, and executives, including information and technology (IT) personnel of a Business Process Outsourcing (BPO) company for analytical comparison, he addresses how corporations exploit time discrepancies by drawing on a globally dispersed labour pool and how this technique of exploiting time for profit impacts the health and social lives of workers. Nadeem explains that while time arbitrage increases business efficiency and cost-savings, it also leads to longer hours, intense work pace and temporal displacement, which makes night-shift employees vulnerable to illnesses, safety problems and social alienation (Nadeem, 2009, pp. 21-22, 20).

There are also scholars from other disciplines who have informed this research with comparable findings on the repercussions of call centre work on health

and safety among industry workers in Brazil (Piwowarczyk et al., 2011; Sa, et al. 2012), in India (D' Cruz & Noronha, 2013a, 2013b; Noronha & D' Cruz, 2007; Raja & Bhasin, 2014; Rameshbabu et al., 2013; Sharma & Varma, 2015) and in call centre sites in the Global North (Benninghoven, et al., 2015; Bohl et al., 2010; Hunt et al., 2010; Lin et al., 2009; Pawlaczyk-Lusczynska et al., 2018; Sprigg et al., 2007) These studies highlight examples of physical symptoms among call centre workers, including musculoskeletal pains and repetitive injuries in the back and neck, respiratory complications ranging from cough and colds to throat and vocal problems, problems with vision, and weight loss. In addition to these complications, the studies illustrate emotional and mental burnout; distress and mental fatigue, including eating and sleeping disorders; and feelings of anger and irritability.

Along with the previously discussed works, beginning with P. Taylor and colleagues (2003), and concluding with Nadeem (2009) from page 27 to 33, the body of literature reviewed in this section reveals the multidimensionality of occupational health and safety issues, which has influenced the structure of my findings into chapters on the material/spatial, the temporal, and relational factors associated with illnesses and harm that are generated by call centre work. The next sections of this chapter turn to scholarship on the four conceptual areas that are critical for interpreting my own research findings.

Emotional Labour

Emotion is an essential part of an individual as species-being (Marx, 1844/1974). A social inquiry of the human condition should thus include its emotional dimension, after the influence of Western rationality relegated emotion in contrast to reason and contributed to its dearth in sociological discourses. Bringing human emotion back to the fore of our analysis not only enhances our understanding of how estrangement manifests in different areas of society. Doing so also allows us to connect our actions to the structural features of social reality (Weyher, 2012, pp. 341- 349, 355-357).

Weyher's (2003, p. 7) interpretation of Marx bridges to the ideas of Hochschild on emotional labour, which the latter describes as "the management of feeling to create a publicly observable, facial and body display". Inferring from Hochschild that this process of engaging in emotion work for wages estranges a person from oneself and others, Weyher (2012, pp. 352-354) argues further that such an outcome afflicts all classes in a capitalist society.

In addition to Weyher's appraisal of Hochschild's stipulation to apply emotional labour beyond product and labour estrangement, Brook (2009a), suggests that Hochschild's findings still account for the possibility that a person can feel alienated from their species-being and from other individuals. Thus, her study is consistent with the four dimensions of alienation, which in the case of a worker comprises: being alienated from one's productive output, from the labour process, from co-workers, and from oneself, as theorised by Marx (1844/1974).

Furthermore, Weyher draws attention to Hochschild's (1990) exploration of the ways in which we adjust our feelings in social settings that prescribe emotions or feeling rules, and in our personal lives and emotion work (Hochschild, 1975, 1979, 2003). The work of Hochschild (1990, p. 139) that examines ideology and gender also contends that "we lend emotion to the job of either sustaining or changing larger systems of stratification." This quote reaffirms her interpretation (Hochschild, 2003) of industry workers as challenging their alienating conditions, which Brook (2009a, pp. 7-9, 22-24; 2009b) likewise raises against assertions of her thesis as absolutist.

The evaluations of Weyher and Brook uphold the theoretical importance of Hochschild's contribution in applying Marx's macro perspective to the micro level of social experiences. Figuratively, emotional labour demonstrates the individual's response towards capitalism's attempts to infiltrate and coil into our feelings, which form a major fabric of our private lives. Leaning on the insights of Hochschild, and interpretations by Weyher and Brook, Health on Hold examines how such emotional/mental intrusion translates into firsthand experiences of suffering, but also of struggle, recovery, and even satisfaction.

Brook's (2009a) arguments are likewise informative in making the themes of human agency and reflexivity in Hochschild's thesis more explicit. Mulholland (2004) also suggests that emotional labour can stand for antagonism towards management control. Locating workplace conflict within structural employment issues, she suggests that employees in an Irish call centre resisted subordinating

work conditions through collaborative practices of sales sabotage, work-to-rule, work avoidance and mass resignations (Mulholland, 2004, pp. 710, 720-721).

Resistance against the power of call centre management also defines the earlier investigation of Mulholland (2002) and other earlier essays (Bain & P. Taylor, 2000; Callaghan & Thompson, 2001; P. Taylor & Bain 1999). Another depiction of innovative and agentic, rather than powerless, emotional labourers of call centres can be seen in the formation of what Korczynski (2003, p. 58) refers to as "communities of coping", which share antipathies towards hurtful customers. In fact, this conceptualisation by Korczynski draws from Hochschild's "collective emotional labour" (2003, pp. 114-116). In conjunction with the ideas of Mulholland to Hochschild, Korczynski's insights highlight an important coping strategy for dealing with the health effects of managing emotions.

Korczynski's (2003, pp. 62-63) findings likewise reveal that many customer service personnel consider their phone calls to be meaningful and pleasurable. In fact, feeling satisfaction from engaging customers is also a common refrain among some Indian call centre workers interviewed by D'Cruz and Noronha (2008, p. 139) Such findings represent a key theme concerning emotional labour, which illustrates how call centre workers tap into its enabling possibilities.

At the same time, these studies acknowledge the negative ramifications of emotional labour. D'Cruz and Noronha (2008, p. 132), drawing on Hochschild (2003), note that emotional labourers can experience alienation, burnout, dissonance, and other psychological consequences from performing deep and

surface acting. While deep acting refers to regulating one's feelings to attain a specific emotion, surface acting points to managing one's projection of an emotion (Hochschild, 2003, pp. 35- 48).

There is, hence, a strand of literature which analyses more closely, the harm that Hochschild describes and other pernicious effects of regulating one's feelings, in relation to features of the call centre labour process. In a study by Deery, Iverson and Walsh (2002) on phone service operators in Australia, mandated conversation scripts and other work arrangements, which deny them a sense of job autonomy, intensified the effects of problematic customer interactions to cause distress, anxiety, and eventually emotional exhaustion. Meanwhile, the findings of Holman, Chissick and Totterdell (2002, pp. 57-58; 75-76) on the role of emotional labour in the relationship between performance monitoring and wellbeing, further delineates that the intensity of work surveillance is more strongly associated with anxiety and emotional exhaustion, while the lack of job control and supervisory support are more strongly associated with depression and job dissatisfaction.

The relationships between these factors that Deery (et al., 2002) and Holman (et al., 2002) present, continue to characterise the job stressors and stress outcomes that customer service operators revealed to Hannif, Lamm and Vo (2010). The persistence of these issues shows the misalignment between the policies and practices of call centre occupational health and safety (Hannif, et.al., 2010, pp. 37, 55-57). In general, the results from all these studies add up to corroborate the key argument of P. Taylor (et al., 2003) on the character of phone service work as the principal source of health problems.

The description of emotional labour as a "strong workplace stressor" by Hannif, et al., (2010, p. 55) is another gesture towards its frequent association with the health issue of stress. Aside from previously cited sources (Holman, 2003; P. Taylor & Bain, 1999, P. Taylor et al., 2003), the discourse on this link notably resonates in research on employees in more economically developed regions. Several of these studies reveal different aspects of emotional labour that cause stress and stress-related health problems among call handling workers. These facets include highly demanding customers and performance monitoring that trigger different stages of burnout from emotional exhaustion to depersonalisation and reduced personal accomplishment (Rod & Ashill, 2013), and the compounding role of time pressure on customer-induced stress that produces more strain (Wegge, Vogt & Wecking, 2007).

Other studies highlight the aspect of emotional dissonance - the experienced disparity between felt and conveyed feelings that involve suppressed negative emotions (Zapf, Isic, Bechtoldt & Blau, 2003) - and its detrimental effects on mental health like anxiety or depression (Oh, Park & Bool, 2017), or emotional dissonance as a form of, rather than as distinguished from, surface acting that lowers work-motivation and wellbeing (Wegge, Dick & Bernstorff, 2010). In addition, there are examples of investigations on specific job features that relate to surface acting such as required scripting that generates work stress (Berkbigler & Dickson, 2014); or, in the case of female employees, gendered norms on emotions that compel them to practice extreme control of anger and frustration, which has a draining effect that extends to other areas of their personal lives, including their gendered roles at home,

and is complicated by low material rewards, inadequate organisational support to deal with customers, job insecurity, and the lack of better employment alternatives beyond the call centre industry (Narli & Akdemir, 2018).

Van Jaarsveld and Poster (2013, pp.153-173) not only inform this research in terms of the conditioning factors and adverse outcomes that emerge from the stresses associated with emotional labour, but also note the lack of interest in comparing such health effects of emotion management with those among the workforce of offshore sites in the Philippines. While there are earlier reports on the outcomes of emotional labour such as emotional stress and mental exhaustion (Messenger & Ghosheh, 2010), or on workforce turnover (Ruppel, Sims & Zeidler, 2013), Hechanova (as Hechanova-Alampay, 2010) is closer to addressing the gap that Van Jaarsveld and Poster identify.

One of Hechanova's key findings suggests that performing deep acting is beneficial for Filipino customer service representatives, based on its positive association with job satisfaction and organisational commitment. The author's interpretation calls into question the idea of Hochschild (2003) that this technique harms wellbeing. Another significant finding is that the participants in Hechanova's study perform deep acting more frequently than surface acting, which contrasts with the findings of Totterdell and Holman (2003), as well as other studies on service industry workers in Western contexts (Hechanova-Alampay, 2010, p. 34).

To explain these inconsistencies in findings associated with emotional labour, Hechanova looks to cultural markers of Filipino identity. While briefly

relating surface acting to the social importance of emotional control according to Church (1986), Hechanova elaborates on deep acting by drawing on the ideas of Jocano (1999). For instance, she links the job requirement of empathy with Filipino personalism or "a personally defined way of sharing a burden, a feeling of moral obligation to assist someone in trouble, an expectation for personalized service" (Hechanova-Alampay, 2010, p. 36). Her analysis (as Hechanova-Alampay, 2010, p. 35) further relates deep acting to *kapwa* "which means being part of or being in equal terms with others." [4] Along with *pakikiramay,* or the quality of showing compassion, and other relational values, such attributes can account for prevailing impressions of Filipinos as having "a predisposition for empathy and customer orientation" (Hechanova-Alampay, 2010, pp. 38, 35).

Like Hechanova, Padios (2018) also detected positive assessments of deep acting from people in her study and in doing so, raised other instructive ideas. For examples, some gay call centre workers whose sexuality was visible in the workplace but invisible during calls, were able to act out their preferred characters, thus experiencing the phone interactions as enjoyable and liberating (Padios, 2018, pp. 171-173). The performative aspect of the job thus allows an individual to curate an alternative identity. At the same time, these contradictory conditions of visibility and invisibility exist along with the double standard concerning their status as "pillars of service and potential carriers of disease" (Padios, 2018, p. 173).

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[4] Also see Jocano, 1997 and Enriquez, 1978, 1992 for earlier theoretical discussions. Furthermore, Padios (2018, p. 30) relates *kapwa* with call centre work and describes it as "unity of self with others."

As with Hechanova's explanations, the work of Padios endowed my analysis with other cultural nuances related to Filipinos as emotional labourers. According to Padios (2018, p. 30), the concept of *kapwa* along with *pagkatao* or personality/humanity are norms of Filipino relationality, which her research participants referred to in making sense of the demands of their jobs. Moreover, *kapwa*, together with *utang na loob* or debt of gratitude, and making *bawi* or the act of recovering from or redeeming a negative situation, are examples of subjective capacities and practices which the call centre labour process and workplace culture transforms into "raw materials for capital" (Padios, 2018, pp. 59-62).

Building on the ideas of Hochschild (2012, pp. 114-115), Padios (2018, p. 9) lends enlightening perspectives from her conception of relational labour, as: "the labor required to positively identify with, signal proximity to, and effectively communicate with others, particularly in the ways that meet the demands of capital." In this sense, relational labour is a burden foisted by capital in the form of highly rationalised and wide-ranging mandated techniques to calibrate feelings. This depleting task involves multiple pressures, which range from making callers submit to the forces of capital, identifying with the corporate client and the call centre company, managing co-worker relations, and navigating technological systems. This performative effort mandated by the labour process, which is infused with Filipino cultural constructs, generates an affective contradiction that leaves Filipino workers emotionally and physically drained and hurt, yet with the view that their job yields dividends of positive feelings (Padios, 2018, pp. 196, 43-44, 30).

Such insights from Padios on the culture and political economy of call centres foreground the context of occupational health and safety issues that affect workers. Furthermore, Padios' observations concerning her gay respondents summon an earlier exposition by David (2015a, p. 188) that briefly refers to the relevance of emotional labour in the ways that capital utilises trans women workers as "emotional shock absorbers" for customers and office colleagues. David's discourse on global outsourcing sites as ethnosexual frontiers has likewise touched on the role of emotional labour, along with mandates of breath control during calls, in preserving the American empire (David, 2015b, pp. 125-126). The entanglements of emotion and customer service work with colonial history and cultural inequality, which David motions to, further unfolds in Padios' (2018) conceptualisations of Filipino/American relatability. These observations point to salient ideas on racism, which I will discuss in the next section.

I want to reflect on the ideas of David, Hechanova and Padios, as depictions of Filipino call centre workers who exercise a limited degree of agency. The workers activate this quality by appropriating culturally defined affective and other personal qualities to reconfigure their attitudes and actions. More significantly, Padios' examination situates these practices within the structural complexities of call centres, which give rise to contradictions and tensions. In illustrating the coping strategies of interviewees as relational to their subjective circumstances and to the objective conditions of their occupational field, Padios avoids romanticising the struggle of Filipino workers and teases out the issue that the work organisation renders the practice of managing emotions as a source of debilitating effects.

The ideas of authors from Marx to Hochschild, and to Padios, all help locate Health on Hold in the broader efforts to link two major analytical streams in the sociological literature on emotional labour. One research path leads to the consequences and responses of performing emotions, while the other primary direction moves toward the social structures of service work (Wharton, 2009, pp. 162, 147).

Insights from several of these authors recall the ideas of researchers on emotions and emotional labour in relation to other forms of employment. For instance, the multidimensionality of alienation (Marx, 1844/1974) that Hochschild (2003) illustrates through the experiences of flight attendants and bill collectors, recalls how Blauner (1964) interprets such condition through the perspectives of employees in the printing, chemical, textile and automotive industries. Blauner conceptualises alienation in terms of powerlessness, meaninglessness, isolation, and self-estrangement, which are determined by the technological settings of workers (Watson, 2017, p. 285). Call centre workers' experiences of alienation and lack of job autonomy in performing emotional labour for call centres that authors like Nath (2011) explore, also echoes Blauner's (1964) findings.

Satisfaction is another affective outcome measure that receives attention from scholars of call centre work, and other service-based occupations. On the one hand, the connection between dissatisfaction and lack of job control in call centre work identified by such authors as Holman, Chissick and Totterdell (2002), supports Blauner's (1964) suggestion that such issues as degree of independence and control (including one's allocation of time, movement and pace of work), along with the

level of prestige, the extent of involvement or sense of purpose and of social integration, may explain why some individuals are dissatisfied with their jobs. Such factors that Blauner (1964) enumerates, along with the opportunity for creativity and professional compatibility with workmates that Parker (1983) identifies, imply that individuals look for a sense of intrinsic contentment other than the extrinsic gratification from income and other benefits from their work (Watson, 2017, pp. 281, 299).

On the other hand, the findings from D'Cruz and Noronha (2008), Hechanova-Alampay (2010), and Korczynski (2003) that illustrate customer service interactions as satisfying experiences for frontliners support the findings from Godwyn's (2006) studies of service employees, including hairstylists and clothing store sales personnel. Godwyn (2006) concludes that emotional labour allows some workers to gain satisfaction instead of experiencing emotive dissonance, since they can "produce and implement creative ideas" and opportunities for autonomy, status equilibration, and long-term client relationships, which foster "a sense of self-respect" (Godwyn, 2006, pp. 503-504, 496-497).

As with the work of Mulholland (2002, 2004) and Korczynski (2003), various studies of other service sector jobs have analysed emotional labour in terms of human agency and employees' strategies to resist managerial control. To illustrate, Ott (2016) describes the ways in which foodservice chain store workers respond to covert monitoring of their prescribed scripts. The author's description of emotional labourers who are clever and flexible in navigating constraints when engaging customers demonstrate how workers use their agency in undermining

harmful structures such as oppressive managerial control of worker-customer interactions (Ott, 2016, pp. 178-179). Likewise, investigations of the work strategies of restaurant waitresses by Paules (1991), and of fast-food and insurance company employees by Leidner (1993), reveal that workers possess some control and power over their jobs (Wharton 2016, pp. 332-333).

The previous examples that have delved into emotional labour represent what Wharton (2016, p. 332) describes as the research trend to elaborate the dynamics of conflict, control, and power, within the triangular relationship of customers, employers, and service frontliners. In this regard, there are also reviews that convey the impact of the occupational demand to handle emotions in a positive tone. One indication is how emotional labour may foster instances of collaborative instead of adversarial relationships, as in the case of interactions between insurance salespeople and their managers (Leidner 1993), and among restaurant diners, food servers and managers in the ethnography of Erickson (2004, p. 569). Another concerns the concept of psychological flexibility. Biron and van Veldhoven (2012) report that not-for-profit organisation service personnel are encouraged to accept rather than suppress or change their emotions when dealing with customers, which in turn accounts for lower levels of daily emotional exhaustion. A further demonstration is in the case of long-serving cabin crew; Curley and Royle (2013, p.118) report that cabin crew associated emotional labour "with the protection and assertion of self-identity."

Just like the analysis of phone-based customer service by D'Cruz and Noronha (2008), Hechanova-Alampay (2010), Korczynski (2003) and Padios

(2018), research by several writers on other service occupations recognise the perceived benefits of emotional labour, while further informing our understanding of its health consequences. Such works likewise show that workplace stress (Hannif et al., 2010; Wegge et al., 2007) and emotional dissonance (Zapf et al., 2003; Oh et al., 2017 affect service workers in other industries.

In particular, the expositions of Morris and Feldman (1997), Wharton (1993), and Zapf and Holz (2006), are not only examples that evince emotional labour as "an enjoyable and meaningful job condition for certain groups of service workers" (Singh & Glavin, 2017, p. 428). Their findings also specify how emotional labour compromises the wellbeing of workers. According to Morris and Feldman (1997, p.103) emotional dissonance as a key dimension of emotional labour largely accounts for job dissatisfaction. Zapf and Holz (2006, pp. 1, 22) describe emotional dissonance as a stressful aspect of emotional labour. Moreover, Wharton (1993, p.227) explains that managing emotions for workers with low job autonomy and long working hours, along with lack of self-monitoring despite their high job involvement, likely leads to emotional exhaustion. Singh and Glavin (2017, pp. 456-457, 424) adds that the lack of discretion over how to do one's work and inadequate social support from peers, compounds the need to regulate one's emotions thus causing strain.

In sum, the findings of research in the services sector help underpin the insights of authors who have discussed the illnesses, pains, symptoms, and harms that arise from performing emotional labour over the phone. These findings inform us that several health issues in call centre work are common in other service

occupations. Both bodies of literature show that when human interactions take place within business and occupational settings, regardless of the product or service, human emotions are shaped in ways that can become accessories to the risks to people's wellbeing. While these engagements create opportunities for exercising human agency, reflexive practices can still come at the expense of emotional, mental and physical harms and pains. The persistence of such experiences as alienation, job autonomy, satisfaction, among others, that have implications for the health of workers, demonstrates the complexity and perils of commodifying emotional labour (Hochschild, 2003) and the detrimental impact of market driven social systems on a person's species-being (Marx, 1844/1974). Conceivably, the kind of intense experiences from a labour process that features constant engagement with "faceless" customers, while under duress of performance measures and located in communication technology driven workplaces during mostly nocturnal hours, all contribute to a sense of what is distinctive to the emotional/mental and physical toll in performing feelings and expressions on the frontlines of the call centre.

Racism

My analysis of racism in this thesis builds on sociological thinking on racial prejudice as an outcome of capitalism's exploitation of labour, according to Cox (1959), the trauma and abjection from the colour-line as per Du Bois (1903), and the disempowering denial of political voice to those who represent the concept of the subaltern as conceptualised by Gramsci (1971). Their perspectives have been complemented by Bonilla-Silva's (1997) theorization of racism as an ideology that forms "a social system organised around practices, mechanisms, cognitions and

behaviours that reproduce racial domination" (Bonilla-Silva, 2018, p. 2), along with the conceptualisations of racism by Berman and Paradies (2008) as internalised, interpersonal, and institutionalized and generating inequality and oppression.

Moreover, Kane (2007) underscores the relevance of theorisations by Fanon (1952/1967; 1961/2004) for understanding the social inequalities of twenty first century globalisation, which has led me to the latter's exposition of the mental wounds that racism and colonialism have inflicted. Additionally, the works of Go (2004) and Rafael (1993; 2015), helped relate the salience of racism in Philippine culture by revealing that Western racism towards Filipinos is deeply entrenched in the people's colonial experience. In combination, these authors highlight racism as historical, ideological, political, and structural/systemic.

Such dimensions of racism can also be gleaned from what Padios (2018, p. 14) elaborates as Filipino/American relatability or "the capacity of Filipino/Philippines to become like Americans/America." The author traces this quality to the cultural strategy of American colonisers in systematically subjugating invaded populations. This approach, which promotes United States benevolence and exceptionalism, involves immersing Filipinos in selected elements of American English language and culture. Such processes have ingrained an affective orientation, which ensuing generations regarded as integral to Filipino identity. The labelling of colonial subjects as "little brown brothers" illustrates how this racist ideology perversely carries a familial overtone. In this way, Filipino/American relatability as an intimate form of power that extracts "the cooperation and communicative capacities from Filipino subjects" and a technology of power, which

is a racialised mode of sociality, helps wield imperial influence and control. (Padios, 2018, p. 83).

Such perceptions indicate that American colonialism not only weaponises culture. Like an invasive virus, it takes over Spanish colonisation and "infects" the core of Filipino identity and social life, particularly the precolonial significance of family and blood relationships including their role in providing security (Jocano, 1997, 1998). These entrenched cultural values have also produced emotional and social influences (Jocano, 2001). Such foreign policy exploits the symbolic importance of kinship as an ingrained logic that justifies unequal power relations as a predestined social hierarchy between the Philippines, as a younger racialised sibling dependent on the United States, and the US as a conquering "civilised" older kin. This familial metaphor depicts the coloniser as a nurturing invader (Padios, 2018, pp. 14, 111), in that the American colonial era helped cultivate Filipino/American relatability, and the narratives of Filipinos as part of the American family. In the following quote, Padios crystallises the significance of this affective capacity in call centre work:

"Filipino/American relatability is thus a manifestation of colonialism in its cultural and most subjective forms, and it is recalled—that is, brought to mind but also transferred back to its source—in the structure and substance of offshore call centre work. The appropriation of Filipinos' affective capacities, the imperative to speak American English, the need to orient the self to American customers and corporate clients, and the vexed invitation to think of oneself as part of American domestic spaces—all of these aspects of Filipino/American relatability re-emerge in

call centers, creating unsettling moments in which the demand for subservient imitation and internalisation of American culture and rules of order emerges in the present." (Padios, 2018, pp. 83-84).

This appraisal relates Filipino industry workers to the continuum of American colonial legacy in the Philippines and constitutes Padios' assertion that social capacities of individuals are "grounded on historically specific structures" (Padios, 2018, p. 10). The intersections of race with emotions and work are elaborated in Padios' (2017) analysis of emotional extraction. In reflecting on this process of mining individual affective qualities for offshored service industries and other fields, Padios has drawn from studies on race that illustrate the value of emotion as a conceptual lens to analyse how structures of power and racialised differences are produced. Moreover, her analysis shows the intimate connection of this process with emotional labour and its potential negative impact on health (Padios, 2017, pp. 209, 220-226). These insights combined with her analysis of Filipino/American relatability allows us to perceive the illnesses, risks, and hazards from emotional labour as symptomatic of such broader issues as global economic and racial inequalities.

The word "unsettling" in the above quote on relatability, (Padios, 2018, pp. 83-84), evokes her frequent reference to the state of anxiety and tension. Throughout her book, Padios uses the term to illustrate the emotional/mental impact of contradictions in call centre work. An example of this usage is her description of industry workers who interpret the service that they perform as symbolic challenges to United States hegemony, since American customers depend on their assistance,

even if their job compels them to endure racism and xenophobia from the latter, and disciplines them to speak American English (Padios, 2018, pp. 91, 4-6).

Similarly, other scholars have documented signs of the emotional/mental consequences from discrimination. David (2015a, p. 183), for example, cites the tension that arises from dealing with racist customers. Another negative impact according to Hechanova (2009, p. 218) is feeling ashamed of being Filipino. The inferiority of some customer service representatives develops from their practice of culture masquerading, which involves hiding their Filipino identity to overseas callers by taking on a foreign name, location, and nationality (Hechanova, 2012, p. 213). One more example of an unpleasant outcome is being brought to tears by comments that label Filipinos as "stupid" (Hechanova-Alampay, 2010, p. 58). Even if many Filipino industry workers suggest that they do not recognize the comments from racist callers as offensive, Amante (2010, p.102) adds that the latter's anger, complaints, and insults can nevertheless be distressing.

These authors have also illustrated coping strategies by Filipino call centre workers against racial abuses over the phone. Giving further specificity to the role of trans women employees, mentioned in the previous section, David (2015a, pp. 183-184) explains how they counter the tension from discriminating callers by employing amusement and humour in handling calls, which in turn delights their colleagues. In Hechanova's (2009, p. 220) study, her respondents who claim not to take bigoted statements or reactions personally imply a "cognitive self-regulating process" of focusing on comments that boost their self-esteem while dissociating from negative complaints. Like Hechanova's elaboration on culture masquerading,

Amante (2010, pp. 102-103) reports that only a few Filipino call centre workers revealed their cultural identity and quoted a supervisor who reported that many American customers assume that Filipinos "live in backward conditions".

Even some of the interview responses that Padios has gathered, resonate with Hechanova's findings. The former notes that her informants created emotional distance by ignoring American bigotry and justifying their disregard through the discourse of professionalism. This perception appears to convey the normalisation of racism and xenophobia in customer service interactions and reduces prejudice to a market feature that demands from the worker an emotionally impervious disposition and unreactive approach (Padios, 2018, p. 72). At the same time, Padios suggests that understanding workers who use the logic of Filipino/American relatability as ideologically co-opted subjects is simplistic. In the global arena and through the language of the global economy, they navigate its racialised ideological terrain by interpreting the exceptional affective capacity as a source of empowerment and as a form of social capital (Padios, 2018, p. 84).

Despite the examples from Amante, David, Hechanova and Padios, racism has yet to stimulate interest in terms of the health and safety of Filipino call centre workers. This knowledge gap can be addressed with scholarship on other offshore sites of the Global South, which are embedded in socio-historical contexts with a colonial past. Concepts and insights from this literature can help interpret the accounts of my participants on the impact of vicious racist callers as micro expressions of structures and systems that perpetuate racial inequality.

One such example is neoliberal racism, which Mirchandani draws from Goldberg (2009, p. 336), to explain the racist behaviour that is reified in the field of offshored service labour, as a legitimate exercise of consumer rights, and thus leaves the burden of anger management on the call centre worker (Mirchandani, 2012, pp. 13-14). The discourse of professionalism, that is, being non-reactive and emotionally distant to bigoted callers, is complicit in perpetuating neoliberal racism. By mandating workers to tolerate the harm and making them vulnerable to racist verbal attacks, call centre professionalism is a health and safety risk.

Reflecting on the perspectives of Mirchandani and Padios, call centre industries appear to be prescriptive of a mentality that conflates tolerance towards racial transgression with emotional grit, intellectual maturity, and job control. These viewpoints likewise bolster the argument of professionalism as "an attempt to revalorise feminised and racialised labour" (Padios, 2018, p. 75). Such logic shifts the blame of racist behaviour onto the service representatives since racism is presumed as "the effect of workers' failure to become familiar with their customers in the context of the supposedly legitimate national interest of the West to protect jobs and prevent outsourcing" (Mirchandani, 2012, p. 8). In other words, the hurts from racist callers are excusable reactions that are triggered by the service representatives on the other end of the phone line, and who are taken to be complicit in and ignorant of their detrimental impact on the economic situation of people in the Global North.

Mirchandani's use of neoliberal racism links the theme of this section with my later discussion of the free market ideology as systematically causing illnesses

and harm. Her book *Phone clones: Authenticity work in the transnational service economy* (2012), like the work of Padios (2018), unpacks the dimensions of colonial histories, culture, and the political economy of globalised work, among others. In the case of India, offshored service labour has not only emboldened racial prejudice, but has also reconfigured pre-existing social hierarchies (Mirchandani, 2012, pp. 47-52, 67-68, 81-83, 95-96, 102-105, 111-112).

Mirchandani's book draws from her earlier analyses (2008, pp. 88-100; 2005, pp.105-119), which reveal that racialised interactions overshadow issues of class and gender in the local context and reify call centre workers as non-white and feminised service delivery "professionals", who are a class subordinate to, and at the behest of, Western customers. From the vantage point of power relations, racism transforms voice-based customer service settings into transnational and virtual spaces for the social construction of otherness. These interactions attribute class, gender, and racial bias to the global identity of a historically colonised nation, as evinced by the vituperations and ill-treatment from customers. Consequently, these business exchanges have caused shock, tears, and stress among workers (Mirchandani, 2008, p. 91; 2012, pp. 108, 114).

Indeed, Mirchandani's occasional gestures to the intersections of race and gender concur with the descriptions of Padios. The insights from both authors powerfully illustrate the inner workings of intersectionality (Collins & Bilge, 2016) in call centre work. Their ideas describe the injurious actions of prejudiced and other disrespectful, exploitative customers – poignant effects of work interactions, which I discuss in Chapter 7.

The writings of Mirchandani thus build a compelling argument for the culpability of call centres in creating sites of systemic racism and xenophobia in the Global South. Even in her article (Mirchandani, 2004), which I previously discussed in relation to the health repercussions of call centre time, she has consistently recounted the ways in which call centres preach these attitudes as "regular" through their training programmes. By practicing company ideologies that tolerate racial violence, call centre labour processes normalise the injuries, pain, and harm from these attacks.

Mirchandani's discussion of voice-based BPO service firms in India as sources of racialised occupational health risks and hazards is a helpful conceptualisation for examining their counterparts in the Philippines. Supporting this qualification is the assessment by Padios (2018, pp. 5-6, 30-31, 65-69, 107, 123), of call centres as enabling the social reproduction of asymmetrical relations, which generate anxieties and tensions over labour, nation, race, and value amongst workers. Both Padios and Mirchandani supply explanatory devices for interpreting the comparable accounts of racism and xenophobia in my own data.

The works of Mirchandani (2012) and Padios (2018) that shed light on the unhealthy emotional/mental impacts and implications of racist callers for offshore service workers of the Global South, likewise recall studies by D'Cruz and Noronha (2006; 2008; as Noronha & D'Cruz, 2007). The discussions of the latter authors complement the evaluations of Mirchandani and Padios, by describing the ways that

company employee programmes and the job design condition workers to endure the abuses of customers from the Global North.

A later collaboration by D'Cruz and Noronha (2014) provides examples of the emotional/mental impact of customer misbehaviour, through the phenomena of cyberbullying. This study also underscores the role of technological enhancements that allow "faceless" electronic communications, in facilitating such behaviour, which Poster (2019, p. 250) describes as "virulent xenophobia" and demonstrates that "anonymity in the service interaction, therefore, does not benefit the worker." Poster (2007a, p. 296) also sheds light on the nexus between health and ideology by tracing the strain amongst Indian call centre workers from the racial animosity that American customers exhibit, to the consumer rhetoric that "service is best rendered by workers of their own nationality."

The ill effects of racism on Indian offshore service workers received further attention in Nath's (2011) study. The author untangles the familiar themes of emotional labour and national identity construction from racism, through the social phenomenon of stigma. Among the critical findings from this investigation are that workers suffer from role ambiguity, stress, and work alienation, as the demands of the labour process burden them to self-manage racist forms of social disapproval, including its accompanying cruelties (Nath, 2011, pp. 721-723).

Aside from the contributions of experts on call centres in India, several studies document evidence of the mental and physical health effects of racist behaviour (Brondolo, Gallo & Myers, 2009; Brondolo, ver Halen, Pencille, et al.,

2009; Clark et al., 1999; D.R. Williams et al., 2019; D.R. Williams & Mohammed, 2013; Hammond et al., 2010; Paradies et al., 2015; Todorova et al., 2010). There is also research that reports that racism causes psychological distress for Filipino Americans (Alvarez & Juang, 2012), and job stress for Filipino immigrants in the US (de Castro et al., 2008). A study by Brophy, Keith, and Hurley (2019), describes the anger, demoralisation, and emotional/mental hurt felt by care facility staff members, including Filipinos, from racist comments by residents. Such examples of scholarship illustrate the ways in which the ideology of race redefines being Filipino as potentially harmful and hurtful, and that issues of cultural identity intersect with those of health and safety.

Another set of sources offers conceptual tools for interpreting comparable accounts from my participants on the spite from racist callers. A major strand in this body of research pertains to racial microaggression, which, according to Dominguez and Embrick (2020, p. 3) are "often defined as racial slights, often subtle, that serves as markers of belonging."[5] The work of Dominguez and Embrick (2020, pp. 11-12), contend that a sociological understanding of racial microaggression allows us to better comprehend the harmful effects of racial violence on racialised groups. Other contributions discuss the effect of such violence among populations of people with Asian backgrounds in Western societies, which include professionals and/or individuals of Filipino descent (Nicholson, Jr. & Mei, 2020; Sue, Bucceri, Lin, Nadal & Torino, 2009).

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[5] An informative elaboration from a clinical psychology lens defines racial microaggression as "brief and commonplace daily verbal behavioural, or environmental indignities, whether intentional or unintentional, that communicate hostile derogatory, or negative racial slights and insult toward people of colour." (Sue et al., 2007, pp. 271, 273).

Alongside the literature on racial microaggression are other texts that help in interpreting the prejudice of Filipinos calling from overseas. Most notably, Pyke (2010, p. 567) analysed internalised racism, which encompasses injurious beliefs and attitudes of othering individuals or people of colour by someone of the same cultural background. Following David and Okazaki (2006a, 2006b, 2010), Eisen (2019, pp. 243-244) explains that this type of racial oppression can manifest in the type of colonial mentality that translates to overseas-residing Filipinos maligning other Filipinos and the culture in the Philippines. While David and Okazaki suggest that such forms of internalised racism may cause depression, Garcia, David and Mapaye (2018) add that it can intensify mental distress.

These studies concern racialised populations in multicultural states, whose experiences of racial discrimination, microaggression and internal racism mostly involve face-to-face interactions or physical co-presence. Health on Hold explores the ways in which the hazards of such forms of oppression exist in faceless transnational business transactions. That these microaggressions take place, without such visible cues as embodied physical features to represent social markers, is one of the noteworthy facets of this kind of othering.

The body of work from scholars in the social sciences, along with research by Padios to Amante, Mirchandani to Nath, and the additional research on racism's health effects, racial microaggression, internalised racism and colonial mentality, allows us to investigate how offshore service workers of the Global South are often compelled to endure the disparagement, screaming, threats and other forms of

offensive behaviour from overseas customers. These unhealthy coping practices that manifest the mandate and rhetoric of professionalism by call centre management and training fosters the normalisation of what Mirchandani (2012, p. 108) refers to as racialised violence. Mirchandani's analysis serves as a plausible translation of the concepts of racial microaggression and internalised racism over the phone, and as an interpretive construct of the emotional/mental and physical repercussions of discrimination in the call centre workplace.

The process of regularising tolerance towards racial harm is consistent with requiring call centre workers to adapt to the health and safety risks of performing emotional labour. Neither treating the injuries from racism nor those from emotional labour as "natural" are preventative approaches to occupationally induced hurt and illness. As suggested by scholars of call centres in the Global South, workers rely on their personal abilities, agency, and the support of co-workers in dealing with racial oppression. Chapter Seven will analyse the different coping mechanisms, responses, and forms of agency revealed in interviews from my own research.

Precarious work

The definitions and insights on precarity (Bourdieu, 1998/2000), precariousness (Boese, Campbell, Roberts & Tham, 2013), precarious employment (Vosko, 2010), and precarious work (Kalleberg, 2009; Kalleberg & Hewison, 2013), which have been discussed in the first chapter, all signal at how the character of call centre employment as precarious is unhealthy for the workers. There are also studies that contribute to our understanding of precariousness in employment in the Philippines in terms of the inadequacies of legal instruments and policies that define

and protect precarious workers (Cristobal & Resureccion, 2014), and in relation to the national economy that features a growing informal sector, along with the spread of "urban and rural poor colonies" as broader consequences of flexiblisation (Ofreneo, 2013, pp. 421, 420, 427). Other studies note that across South and Southeast Asia, the normalisation of precarious work through casualisation, employment of domestic and migrant labour supply agencies, putting-out systems, and short-term contracts, carries a political agenda to undermine collective representations of workers, which in turn prompt acts of resistance from the latter, such as legal action, workplace activism and political struggle (Hewison & Kalleberg, 2013, p. 397).

Furthermore, there is ample medical evidence that precarious employment undermines occupational health and safety in various contexts and sectors (Benach, Vives, Amable, Vanroelen, Tarafa, & Muntaner, 2014; Quinlan & Bohle, 2009). The work of Kalleberg (2011), which exposes the causal links between insecure occupations and poor wellbeing, encourages us to expand the discourse on precarious work and health by elaborating further on how workers interpret and deal with such connections in their lives (Ayala-Hurtado & Lamont, 2021). This needs to enrich the literature on how precarious employment is experienced emotionally, mentally and physically by workers in their daily struggles is one more concern that Health on Hold can help address.

In the earlier sections of this chapter, I have cited works that discuss call centre employment terms, labour processes, office interactions and workplaces as sources and sites of health and safety problems, which in turn illustrate conceptualisations of precarious work. I will elaborate on these types of work

arrangements and other examples of precariousness from my literature review in the overview (chapter 4) and data chapters (5-7). Some of the previously cited authors who have reported on the prevalence of insecure job contracts in the BPO industry in the Philippines (Amante, 2010; EILER 2011, EILER & ITWF, 2008; Ofreneo, et al., 2007; Siwa & Arago, 2017) have also underscored the connection between occupationally induced illnesses and safety issues, and graveyard shifts and changing schedules. For the remainder of this section, I want to expand the discussion of call centre time as a precarious and unhealthy work feature in existing scholarship. Standing (2011, p. 115) suggests that the transition of national markets, based on industry, into service-oriented global markets systems, has created a "growing disrespect for the 24-hour body clock". Put differently, the demands of the global market disregard demarcations between working and non-working hours and require continuous labour activity. In the ensuing passage, Standing shows the negative health implications of this attitude towards time:

"The body rhythms accord with daylight and darkness, when the human sleeps and relaxes, recovering from the exertions of the day. But the global economy has no respect for human physiology. The global market is a 24/7 machine; it never sleeps or relaxes; it has no respect for your daylight and darkness, your night and day. Traditions of time are nuisances, rigidities, barriers to trading and to the totem of the age, competitiveness, and contrary to the dictate of flexibility. If a country, firm, or individual does not adapt to the 24/7 time culture, there will be a price to pay. It is no longer a case of 'the early bird catches the worm;' it is the sleepless bird that does so." (Standing, 2011, pp. 115-116)

The image of working without resting, which the quote conveys, is applicable to call centres in the Philippines, which run 24/7. Likewise, the impression that the global economy has no consideration for human health recalls Mirchandani's (2012, p. 120) assessment that "work processes in call centres ignore the consequences of night work." Mirchandani offers several more insights that help relate the previously discussed theme of racism with precarity and health, through the topic of time.

Call centres as transnational corporations regard time as a capital generating resource and control it through the notion of professionalism. Following Mirchandani's reference to what Adam (1998) conceptualises as "colonisation with time", these business companies compel the schedules and social lives of their non-Western offshore site workers, in different time zones, to follow the rhythm of the Western clock. Hours become more about the duration of calls, breaks, and shifts, instead of context-specific human activities. Professionalism translates to a colonial discourse of the "lazy native" according to Lal (2002, in Mirchandani, 2012, p. 121), and thus carries racist undertones, such that punctuality and time management are promoted to workers as exceptional qualities of Western work cultures for which they must be grateful and must emulate. Along with this bias is the intense monitoring of time as a function of the profit motive. This intensity of surveillance is accompanied by a range of health issues such as lack of sleep, malnutrition, and stress. Put briefly, what these ideas of Mirchandani (2012, pp. 120-124) illuminate is an ideological force with material expressions such as performance scores, which insidiously conditions workers to synchronise their lives with office clock time at

the expense of being out of sync with the reality of life outside work, and of their bodily limitations and needs such as sleep.

The conceptual underpinnings from Mirchandani help us to understand what Standing (2011, p.115-116) observes as the changes in people's sense of time, through the lives of non-Western call centre workers. Standing (2011), Mirchandani (2004; 2012), along with Nadeem (2009) and Poster (2007b), all indicate call centres in the Global South discipline local time and social lives into synchronising with business hours of the Global North, at the cost of people's wellbeing.[6]

More specifically, the temporal changes to performing work have likewise caused "behavioural changes such as smoking and poor diet" (Nadeem, 2009, p. 31). The rigidified, highly standardised and constantly surveilled call centre work temporality has made people feel more attached to time, with no respite from tasks, and has forced them to circumscribe their activities according to tightly checked periods, to a point that they become profoundly disconnected from other people and social activities (Poster, 2007b, pp. 105-106). Additional insights on forms of individualised and collaborative strategies in dealing with the challenges imposed by call centre work arrangements (Lloyd, 2013) will be brought to my analysis in the data chapters (5-7).

Aside from the bodily ramifications and disjuncture with social networks, the nocturnal call centre schedules bring more complications in getting to and from worksites, especially issues over safety (Mirchandani, 2012, pp. 128-130).

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[6] See my earlier discussion on pages 32-34

Imagining how to endure and overcome the multiple demands of such temporal regimes, including how to avoid incurring contract-ending absences and delays, is difficult. However, the discouragement and exhaustion from keeping up with such work arrangements is more conceivable, as are the contingencies that workers are driven to take. As with the case in India, Nadeem (2011, p. 89) suggests that the practice among call centre workers to move from one company to another in an industry of short-term contracts reasonably appears as a healthier option, "in an otherwise unsustainable environment of high stress, disrupted circadian rhythms, strained familial relations, and routine racist abuse" (Brophy, 2017, p. 64).

The insights from scholars of Indian call centre labour reveal the multidimensionality of precariousness in employment and the extent of its harm. The severity is not confined to issues of contract periods and labour conditions during shifts and within the workplace. Inferring further from Mirchandani (2012) and Nadeem (2009), the precariousness of call centre work forces employees into dangerous circumstances, generates tensions in their interactions and relationships, and inflicts or worsens their health, including different types of anxieties over what lies ahead.

Relating precariousness in employment to the experience of Filipino call centre workers, Padios (2018) has unpacked different expressions and broader implications of their anxieties over the instability of the local outsourced service industry. Workers' apprehensions are shared with their parents and relatives who have expectations of social mobility, which includes landing a profession that is perceived as more secure and is more attuned to their educational background. Such

concerns are reflected in the impression of call centre jobs as "dead-end" and the outlook that a career in such a field is usually short-lived. The trepidation thus arises from "concerns about the social reproduction of class status based not just on income, but also professional identity, proof of educational achievement, long-term economic stability, and cultural capital" (Padios, 2018, p. 67). Combined with the affective and service-oriented purpose, ambiguity in professional development, and routine character of call centre work, precarity contributes to the definition of the call centre occupation as feminised, low-status work (Padios, 2018, pp. 67-68). The precariousness of this work is also linked to racialised servitude and transnationally shaped by global social relations (Padios, 2018, pp. 132, 66-69, 76-77, 165, 30). More broadly, the anxiety and tension over the skill and value of call centre work, which according to Padios (2018, p. 64) signifies "a larger set of questions about the symbolic and structural place of Filipino labor and culture in the global economy circulating throughout the industry". Padios' (2018, pp. 132-133) examination further indicates that, despite the climate of uncertainty, call centre workers gain sufficient earnings and purchasing power, while their jobs are promoted in a manner that melds career success, productivity and consumer lifestyle, which leads the author to inquire: "Is their surging consumption an illusory sign of success that masks the financial as well as social, physical, and psychological risks the work entails? Or is it a truly meaningful measure of the industry's rewards, including its ability to ensure economic mobility into the middle class?"

These questions are helpful in bridging the discussion of precarity with the research concern on health and safety. As Padios (2018, pp. 31, 131-180) has evaluated, the cultures of consumption and credit that call centre workers engage in

have not only provided them with pleasure but have also contributed to their precariousness. Padios has likewise informed my research of the connections between the conceptualisations of precarious work, its significance in redefining labour markets, temporality, and its impact on the health, safety, and social relationships of call centre workers. These studies enable us to gain an understanding of the structuring character of call centre work, which ironically disrupts the social order of their lives.

As indicated by studies discussed above (Benach et al., 2014; Brophy, 2017; Cristobal & Resureccion, 2014; Mirchandani, 2012; Ofreneo, 2013), the precarious structures of employment, which are also referred to as flexible work arrangements or through the ideas of flexibilisation and flexibility, point us once more to the importance of time. Such notions relate to the aspiration for work-life balance, as suggested by the writings of Nadeem (2009, 2011), or work-family balance according to Poster (2007b). In expounding on the impact of globalisation on temporalities, Nadeem and Poster have argued that there has been a decrease in time for personal activities, which resonates in the following quote from Woodcock (2017, p. 137): "In practice, precarious employment has not led to a greater amount of leisure time for workers to enjoy.... The time spent not working becomes devoted to searching and preparing for work." Reflecting on these ideas, flexibility and its related terms become euphemisms for compliance and docility to the inflexible demands of transnational businesses and global markets.

In fact, the notion of flexibility ties up my foregoing discussion with some of the earlier conceptual perspectives on precarity and leads me to two realisations.

The first is that the analysis of Kalleberg and Hewison (2013), who argued that precarious working conditions in Asia, including the Philippines, are legacies of the ideological takeover of neoliberalism in the polices of industrialised nations during the 1970s. The other relates to the appraisal of Kalleberg and Hewison (2013, p. 277) that "in the end, flexibility is about enhancing the control of employers and is valued by them because it is seen to offer increased profitability." Flexibility then has nothing to do with achieving wellbeing or work-life balance. Rather, it is about shaping a flexible, that is, a long-suffering workforce to reap benefits for the employer.

Moreover, Kalleberg and Hewison's assessment gestures to the politics of language, which Bourdieu's book, *Acts of resistance: Against the new myths of our time* (1998/2000, pp. 31, 34), suggests in theorising that flexibility "tends to imply that the neo-liberal message is a universalist message of liberation," and that flexible working is "another magic word of neo-liberalism...meaning night work, weekend work, irregular working hours, things which have always been part of the employers' dreams." These excerpts, along with several other insights from Bourdieu's (1998/2000) seminal work, suggest that for the workers, being flexible seems to be about finding a sense of stability, in the temporal and other work arrangements under the spectre of "liberating" ideology. In the final section of this chapter, I gather insights on neoliberalism that help examine its role in the aetiology of health and safety issues in the work lives of Filipino call centre workers.

Neoliberalism

The work of Bourdieu (1998/2000) also informs neoliberalism as a pernicious social force since it gives rise to conditions such as precarious work arrangements that have ramifications on wellbeing. The insights that Birch (2015) gathers from other scholars who draw on Marx, offer additional instructive perspectives. For instance, Dumenil and Levy (2011) posits that neoliberalism reflects the agenda of capitalists to recover revenue by disciplining workers through trade union restrictions and offshoring, while Harvey (2005) asserts that neoliberal ideology is about restoring class power to the top one percent (Birch, 2015, p. 576). More broadly, these evaluations advocate that neoliberalism is essentially an exploitative and hegemonic ideology to justify the economically powerful classes (Birch, 2015, p. 576).

The notion that neoliberalism has a class dimension recalls the writings of Navarro (2007, 2009). More importantly, Navarro enhances our understanding by linking neoliberal ideology to globalisation and public health. A consistent argument from his works is that dominant classes of developed and developing countries form alliances that promote neoliberalism and benefits at the expense of causing social and health inequalities across the globe. The ramifications of neoliberal policies in weakening public health services in the wake of the coronavirus pandemic bolsters the continuing relevance of his ideas (Navarro, 2020).

The writings of Birch, Bourdieu, Dumenil and Levy, Harvey and Navarro, likewise display what Kalleberg and Hewison (2013, p. 275) note as the common

usage of the term neoliberalism to refer to an "ideological position and a particular set of ideas on markets and states". As another instructive reference to neoliberalism, the work of the Kalleberg and Hewison not only indicates the association of neoliberalism with economic strategies like decentralisation, deregulation, financial liberalisation and privatisation. It also explains that neoliberalism drives capital accumulation under the conditions of expanding global investments, intensifying business competition and profit squeezes that force nation-states to implement programs that keep their respective economies and labour competitive in terms of production costs. Such plans come at the expense of increasing the precariousness of work arrangements (Kalleberg and Hewison, 2013, pp. 271-288).

What can be drawn further from the works of Bourdieu, Birch, Kalleberg and Hewison is that neoliberalism is a set of ideas that asserts that everything is subordinate and should therefore submit to the logic of the market and stresses the quality of competitiveness. As I will show in chapters 5-7 of this thesis, both notions have profound micro-level implications for the health and safety issues that my participants have experienced. Lloyd's (2013) insights bridge the relevance of these assertions and the theme of neoliberalism to my interest in call centre workers and their health perspectives. Just as Kalleberg and Hewison (2013) provide a socio-historical understanding of neoliberalism in terms of capital accumulation, globalisation, production and labour, Lloyd examines these dimensions in relation to call centre work.

According to Lloyd (2013) neoliberalism took shape in the United Kingdom through such economic policies as deindustrialisation. This program represented a

change of business priorities towards maximum short-term profit-making through global expansion and transition from a manufacturing base to a service economy. Consequently, deindustrialisation devastated the lifeworlds in industrial places like Middlesbrough, including its "proud heritage and tradition of working-class communities, mutuality, collective identity and experiences" (Lloyd, 2013, p. 24). In this area, heavy industries and manufacturing jobs declined and communities were plunged into unemployment, call centres opened offices and served as sources of what P. Taylor and Bain (1999) have described as precarious, underpaid and highly stressful jobs (in Lloyd, 2013, pp. 15-18, 31).

Lloyd's accounts give a sense of the extensive harm that an ideological force can inflict. He likewise relates neoliberal ideology to the topic of occupational health in call centres through the imperative of individual responsibility. His ensuing passage shows this link by highlighting how the idea of individual responsibility serves to justify the transfer of employers' accountability for wellbeing in the workplace to their employees:

"Where traditionally, responsibility for employees' well-being fell on the employer, neoliberal market logic has reversed this and placed all responsibility on the employee. One of the central pillars of neoliberalism, individual responsibility, has clearly seeped into the workplace; agents are deliberately provided with little or no support and expected to either offset the stress and emotional burnout with their 'passion for service', or leave the company." (Lloyd, 2013, p. 42)

In a way, Lloyd's excerpt lays bare the culpability of neoliberalism in call centre occupational health and safety problems. A related imperative that the author discusses is the neoliberal desire of increased productivity that manifests in "the pursuit of targets and the micromanagement behind achieving these targets", under conditions of minimum wages and the constant threat of job loss in the event of failing to comply with targets (Lloyd, 2013, pp. 42, 165).

Individual responsibility and productivity have also been examined by Padios (2018, pp. 131-156) in terms of the credit and consumption cultures of Filipino call centre workers. Padios interprets the trend of personally managing financial burdens in the absence of social safety nets as representing both the hyper valorisation of individual responsibility and the response to precarity and social risks. Likewise, engaging in fashion and purchasing apparel that creates arenas of shared recreation and enjoyment in the face of unabating demands and the precarity of their work, manifests in an internalisation of productivity and an active way of coping. These appropriations of neoliberal "virtues" are not without their contradictions, including health risks. Indeed, productivity is "a source of both exhilaration and anxiety" (Padios, 2018, pp. 186, 152-156). I will discuss Padios' other ideas on neoliberalism that are interwoven into the historical backdrop of call centres in the Philippines in my overview of the industry in Chapter 4.

More relevant to note is that the insights of Bourdieu to Padios have underscored that neoliberalism is about using the concept of the market to generate capital, primarily by those in power and their beneficiaries. This social force permeates and transforms institutional structures to destroy the previous economic

anchor and social order of people's lives and leave them in a state of instability, including insecure forms of employment in call centres. Such forms of service work further inculcate the ideology of the market through valorising individual responsibility and productivity, which have detrimental effects on the health and safety of Filipino call centre workers.

Chapter Summary

The reviewed strands of literature provide conceptual and analytical underpinnings to examine and articulate a sociological interpretation of what call centre work does to people, emotionally, mentally and physically and what they do in turn. What is consistent in the sets of scholarship on call centres in the Philippines and in other contexts, on emotional labour, racism, precarious work and neoliberalism, is that the occupational health and safety of call handling employees is more than a medical concern. It is a complex issue determined by social factors and by the character of the call centre labour process. Most of these studies likewise attest to the implications of Blaxter's insights, set out at the beginning of this chapter, on the value of lay perspectives as a wellspring of information that reveals the various social dimensions of health and safety.

At the same time, the body of reviewed academic work indicates several research terrains, to which this research contributes sociological knowledge. An important topic that this study helps build on is the experience of stress among Filipinos and among the workforce of local and other transnational sites of BPO services, including Australia. This study highlights the interpretive work of such

health impacts. Health on Hold also addresses the scant literature on the promising topic of comparing the health effects of emotional labour across different call centre workforces in different cultural contexts (Van Jaarsveld & Poster, 2013, pp. 167).

Health on Hold seeks to unpack the vantage points of non-White transnational offshore service workers located in the Global South and addresses the need for more knowledge on the ways that racism combines with other stressors (D.R. Williams et al., 2019). This study contributes to our understandings of the broader discourse on racism against Filipinos. Furthermore, Health on Hold aims to illustrate the ways that structurally precarious call centre work in the Philippines (Padios, 2018, p. 77) produces hurtful and harmful everyday life experiences for many Filipinos on the frontlines of offshore services. Most significantly, Health on Hold examines what neoliberal business imperatives and such central tenets as individual responsibility and productivity mean for, and do to, the health and safety of Filipino call centre workers.

CHAPTER 3

Connecting to call centre workers:

Research Methodology

"Health, in terms of lay perceptions, is loaded with notions of social interactions. It should not be surprising then, that even *sakit* [trans. illness] is transformed into the root word for empathy, as in the term, *nagmamalasakit,* literally to share the other's pain." (Tan, 2008, p. 25)

"There is a thin line between health and illness, precisely because so much of intersubjectivity is involved---perceptions of the self as well as others' perceptions of oneself, all within a complex socially defined and normative framework." (Tan, 2008, p. 25)

–Michael Tan, *Revisiting usog, pasma, kulam,* 2008

Frontline work in call centres - performing customer service and other business transactions with people over the phone - involves multiple forms of intersubjectivity, emotional labour and emotion work (Hochschild, 2003). Employees who carry out these tasks include personnel referred to, as call centre agents and their immediate supervisors who are generally recognised as Team Leaders (TLs). The job mandates these frontliners to understand, care for, and resolve the concerns of the person at the end of the line. However, these demands

for emotional labour frequently take their toll on the health and safety of frontline workers in call centres.

In this chapter, I explain how I designed and carried out a study to examine the health effects of call centre work on frontline staff in Metro Manila, from the perspectives of these workers themselves. My discussion is organised into five main sections. First, I explain the philosophical frameworks of qualitative inquiry, along with the method and sampling technique I adopted, to explore the subjective experiences of call centre frontliners. Secondly, I discuss my preparations for fieldwork before I proceed to describe my early experiences in the field, including the challenges involved in recruiting participants. In the fourth section, I describe how I conducted my in-depth interviews as co-productive "encounters" or processes (Byrne et al., 2016), in recognition of the participants' crucial role in contributing their experiences to knowledge production (Rubin & Rubin, 2012). Finally, I set out the stages of my data analysis.

Designing the study

Lay accounts from call centre employees are crucial in explaining the health effects of performing frontline work over the phone. Their shared interpretations and stories can reveal how culture mediates the ways in which individuals make sense of their physical, mental, and emotional conditions (Blaxter 2010; Tan, 2008). The perspectives of call centre frontliners provide access to their subjective experiences that in turn direct our attention to the structural influences on their everyday lives.

My examination of the "lay" health accounts of agents and team leaders sits within the interpretive practice of sociology. I am interested primarily in the ways in which individuals make sense of, and reshape, their social worlds. Thus, by seeking to analyse the intersection of personal predicaments and public issues associated with occupational health in Metro Manila call centres, my concerns align with C. Wright Mills' (1959, p. 6) conceptualisation of the sociological imagination

My research strategy is anchored in the ontological, epistemological, and methodological assumptions of qualitative inquiry, along with ideas from social constructivism (Creswell, 2013). These theoretical premises assume that people view reality from multiple vantage points and, as a researcher, I seek to reduce the knowledge gap by eliciting and studying these perceptions within their milieu through an inductive and flexible approach. Furthermore, the meanings that individuals create emerge from their culturally and historically situated human interactions. These ideas have helped attune my focus in the field "to hear silenced voices ... [and] understand the contexts or settings in which participants in a study address a problem or an issue" (Creswell, 2013, pp. 39-40).

I have also drawn arguments from the naturalist paradigm and standpoint theory that informs the "responsive interviewing model" of Rubin and Rubin (2012, pp. 8-11). Their views suggest that individuals' context-based perceptions constitute knowledge that can help address social issues and represent the viewpoints of "the silenced" (Rubin & Rubin, 2012, p. 20). Acknowledging relationships of power has proven pertinent in my efforts to understand the agents' and team leaders' accounts

of the consequences of dealing with customers, company clients, superiors and peers. As the data chapters (5-7) will demonstrate, their interpretations of daily interactions also point to possibilities for improving their working conditions.

In addition to the discussions of Creswell (2013) and Rubin and Rubin (2012), I have also found helpful Tan's (2008) explanations of the social interactionist and political economy perspectives, which he used to explore the cultural undertones of folk illnesses in the Philippines:

"Theories of illness causation embody a system of labels and attributes through which Filipinos conceptualize and recognize not only illness but also our social relationships ... Our medical beliefs, symbolism, and rituals reflect a way of looking at the world around us and help us explain or rationalize the existing order of things, including our relationships in society … This ideological component guides our behaviour, not only in terms of the type of medical intervention we seek but also in the ways we behave as part of our society." (Tan, 2008, pp. 12, 14)

Both excerpts have encouraged me to focus on how individuals relate the health effects of call centre work to their social bonds inside and outside the office, and to ideas and values promoted in the workplace such as competition and performance. I have also been similarly inspired by Padios' (2018, pp. 54-62) analysis of how a call centre company fashions *malasakit* - a Filipino approximation for compassion or empathy - as equivalent to work productivity and how an employee uses this concept to explain the motivation to work, even on vacation.

With my interest in subjective accounts of call centre workers, my analytical approach largely reflects the 'bottom-up' logic of grounded theory. I have framed my own interpretation of knowledge and revelations from the field according to the following key features of grounded theory: 1) Focusing on the experiences and perceptions people share, rather than what has been theorized and written, 2) Recognizing repeated patterns of information as conceptual building blocks for generating an explanation, not of why, but of how people make sense of their world through 3) Developing a conversation with the data itself through reading, reflecting, coding/recoding and memo writing (Corbin & Strauss, 1990, 2008; Glaser, 1978, 1992; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin 1990, 1998).

Recent developments in grounded theory include the constructivist emphasis of Charmaz (2006), and the critical realist stance of Oliver (2012), Fletcher (2017), and Hoddy (2018). My analysis has emphasised Charmaz' approach because of its flexibility in the steps involved in coding data (see Creswell, 2013, pp. 85, 87-88). To convey the same tone of pragmatic analysis, I complemented Charmaz's perspective with explanations from Creswell (2013), Guest, Tolley and Wong (2014), Rubin and Rubin (2012), Saldaña (2013), and Schwandt (2014) on interpreting data through themes. In this way, I utilized a more flexible practice of thematic analysis compared with the procedural approach of grounded theory.

Moreover, moving back and forth between coding and memo writing supported reflexive practice, which according to Bourdieu and Wacquant (1992), requires an awareness of one's own subjective filters and social position while

examining participants' responses. Bourdieu recommends the habit of reflecting on the research process throughout its duration. Aside from advocating a similarly self-conscious methodological approach, Charmaz (2017, pp. 34-45) urges us to pay attention to the determining structural factors of individual circumstances.

Insights from Rubin and Rubin (2012) informed my choice of using single session in-depth, semi-structured interviews (IDIs) with call centre workers. In treating participants ethically, Rubin and Rubin (2012, pp. 85-90) propose that they be regarded as equals, who co-produce the study through their unique experiences, feelings, knowledge and interpretations. Thus, I considered the participants as my "conversational partners", or CPs (Rubin & Rubin, 2012, p. 7). This respectful stance involved being mindful of individual dispositions and of my own point of view, suspending judgement, and adapting to the needs of each unique interviewing situation. The latter involves surrendering control over what people share and how they reveal information, regardless of the ambiguities, variances, contradictions and other complexities in their responses. Interviewing is not an interrogation but a meaningful exchange between two people. Therefore, I endeavoured to phrase the questions as clearly as possible and I used open questions in the main, inviting participants to respond in their own way (Rubin & Rubin, 2012, pp. 3-7, 36-38, 132-133).[7]

To some extent, Rubin and Rubin's (2012) ideas are consonant with Bourdieu and Wacquant's (1992) insights, since developing conversational relationships is arguably a reflexive practice. Rubin and Rubin (2012) treat

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[7] Please refer to Appendix A, Interview Schedule for Participants.

interviewing as dependent not only on what and how people share information as individuals, but also on the contextual backgrounds associated with their interviews. My own understanding of Rubin and Rubin's (2012) method as "relational" inspired me to be more flexible and considerate of my conversational partners, many of whom had just finished their shifts and were willing to meet up with me when instead they could have used the time for something else. Through the practice of interviewing and the instructive ideas from academic texts, I became more adept in the sympathy work involved in interviewing and developed greater empathy with my participants.

Promoting equality between researcher and participant echoes Minichiello, Aroni and Hays' (2008, p. 63) use of Steven J. Taylor and Bogdan's (1998, p. 88) definition of in-depth interviewing as a face-to-face encounter that "implies an egalitarian concept of roles within the interview." Additionally, I found equally relevant Kvale's (1996) assertion that in-depth interviewing is necessarily inter-subjective (as cited in Minichiello, et al., 2008, p. 78). Taking note of such dynamics once more underscores Bourdieu's imperative to be mindful of personal biases and influences.

Other examples of practical advice from Minichiello et al. (2008) and from Rubin and Rubin (2012) are also worth discussing. I learned that earning the trust of individuals by building rapport was crucial in encouraging people in the field to share their experiences. I tried to develop my participants' trust by frequent assurances of the confidentiality of our conversations, by being transparent about my student-researcher status and my methodology and recognising my limited

knowledge of the call centre industry, hence further communicating to them the very valuable nature of their insights. Setting a conducive conversational tone is another important factor. In my experience, encouraging my participants to speak in the language and manner with which they were most comfortable evoked rich and compelling perspectives, feelings and recollections. I also observed that saying less and showing my keenness to listen intently was equally inviting and supportive for my participants (Minichiello, et al., 2008, pp. 78, 82-85; Rubin & Rubin, 2012, pp. 74-75, 79).

I close this section by discussing my sampling technique. I selected my conversational partners - agents and team leaders - through nonprobability quota sampling based on gender and job position, and towards the latter part of my fieldwork I also used snowballing as a contingent recruitment method (Neuman, 2011, pp. 248- 250; Trochim, 2006). My initial interest in uncovering gendered patterns and variations in responses according to organisational position determined my choice of social categories. In addition, I aimed for a sample that represented an average frontline team ratio of about eight agents to one supervisor (Rumburg, 2012). Furthermore, the limitations caused by time, finite resources and other practical considerations meant that nonprobability sampling was the most appropriate approach (Neuman, 2011, p. 248). Lastly, I determined my sample size with reference to Morse (1994, p. 225; 2015, p. 1318), who recommends 30-60 participants, Charmaz (2006, p. 114) who recommends 25, and Creswell (2013, p. 157) who suggests 20-30 participants for studies using one-on-one in-depth interviewing.

Eventually, I managed to interview 32 individuals with frontline work experience in call centres: 14 female agents, 13 male agents, two female team leaders and three male team leaders. Of these 32 call centre frontliners, 11 agents were from BIEN, four agents and one team leader were referred by previously interviewed BIEN members, nine agents were introduced by BIEN, while three agents and four team leaders were recommended by my other personal and professional networks. Around three-quarters of my sample were affiliated in some way with BIEN. It is possible that this may have produced potential bias in the sample. Because BIEN has been established to advocate for the rights and working conditions of call centre workers, some of my participants may have been more inclined to air their grievances and offer negative assessments of call centre work, than those not associated with BIEN. On the other hand, it is likely that those participants affiliated with BIEN were more familiar with, and informed about, the health effects of call centre work than non-BIEN affiliated workers, thus providing valuable insights. Despite their associations with BIEN, the subjective dimensions of their experiences are nonetheless informative of the realities of call centre working conditions.

Put differently, these individuals who comprise the sample group of this study, consist of 16 female and 16 male call centre workers, of whom there are 27 agents and 5 team leaders. I should note that the equal representation of gender resulted by chance. Throughout this study, I will alternately refer to my 32 participants as frontliners. Drawing from Rubin and Rubin (2012, p. 7), I will also use the term "conversational partners" (CPs) when I talk about the call centre agents and TLs whom I interviewed. Furthermore, call centre agents in industry and

popular parlance, are also referred to as customer service representatives or CSRs (Hechanova-Alampay, 2010, p. 2).

In addition, I interviewed 16 individuals who were not engaged in frontline call centre work. These participants were identified as Key Informants (KIs), including corporate physicians and nurses who served as in-house medical personnel and management-level employees in human resources (HR), operations and other departments in various call centre companies. There were also several representatives from Business Process Outsourcing Industry Employees Network (BIEN) and Ecumenical Institute for Labor Education and Research (EILER). They provided me with baseline knowledge on the local call centre industry, health and safety issues among employees, and company health and fitness policies and programs. It was decided not to include detailed analysis of the interviews with key informants in this dissertation, but to focus on the experiences of frontline workers, given the wealth of data generated by these interviews and the time constraints associated with the PhD project. A journal article on the insights of key informants is planned in the near future.

Getting ready for the field

In preparation for carrying out my study, I applied to the La Trobe University Research Ethics Committee for ethical approval. The process involved crafting Participant Information Statements (PISs), along with Consent and Withdrawal of

Consent forms. [8] My study was granted ethics approval on 22 February 2017, approval number E17-007.[9]

To financially support my fieldwork, I applied for funding from the La Trobe University School of Humanities and Social Sciences Internal Research Grant Scheme (IRGS). I received a grant on 30 May 2017.[10] To commence my research, I began contacting people from my personal networks in early 2017, mostly former collegemates and friends of relatives who were working in call centres or knew people engaged in call centre work. I also reconnected with former colleagues in the call centre and executive search industries. Prior to my departure for the Philippines in May 2017, I circulated the PISs to potential participants from both my personal and professional contacts, as a means of providing information about the research project.

I also got in touch with representatives from BIEN and set up meetings with them. I found their organisation, mostly comprising frontline call centre employees, promising as a pool of prospective participants. They had ready access to representatives of the group of workers I wished to focus on in my study. Moreover, the endorsements of local community volunteers who connected me to BIEN, and the group's credentials as a registered and legal association of call centre employees, assured me that I was dealing with a legitimate organisation that would be receptive to my scholarly undertaking.

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[8] See Appendix B, Participant Information Statement.
[9] See Appendix C, Notice of Ethics Approval.
[10] See Appendix D, IRGS Letter on funding of fieldwork.

Indeed, when I presented my project at their office on 15 June 2017, they saw that my research topic could help support their advocacy efforts for better working conditions in the call centre industry. They expressed great interest in my study, since it was very likely that the findings would offer strong evidence for use in their campaigns to address occupational health and safety issues in the industry. While the potential benefit needed some careful management of related expectations, I did not feel any pressure from their end for me to satisfy such interests throughout the duration of my fieldwork. My concluding chapter will discuss the practical implications of my research for the call centre industry in the Philippines and in the Global South, more generally.

Entering the field

My fieldwork ran for almost nine months and was organised in two separate periods. The first stage took place from the 31st of May 2017 until the 18th of November 2017, and the second stage, from the 1st of December 2017 until the 25th of February 2018. In between the two periods of fieldwork, I travelled back to Melbourne to evaluate my preliminary findings in my Research Progress Panel Meeting with my PhD supervisors. As noted earlier, my research site was Metro Manila, where call centres are scattered across the central business districts, commercial, mixed-use areas, and IT/techno parks. My search for participants began during the first week of June 2017 and continued throughout the duration of my fieldwork. I received considerable help from members and officers of BIEN in facilitating the search for participants, and in coordinating meetings with prospective participants (agents and TLs) working in different call centre

companies. They also assisted indirectly in recruitment by inviting me to some of the group's events. During BIEN's year-ender gathering (17 December 2017), several agents I met at the function volunteered to be interviewed for my project. I also became acquainted with a few individuals who later volunteered as key informants in my study. I had met them at BIEN's press conference on the New City Commercial Centre shopping mall fire tragedy that claimed the lives of 37 Business Process Outsourcing (BPO) workers (No to Another Workplace Death! 5 January 2018), and at the fund-raising gig for its victims (acOSHtic-Occupational Safety Hazard Awareness, 11 February 2018).

These opportunities were invaluable, considering that several leads from my personal and professional contacts turned out to be unavailable for an interview. Because of the shifting and nocturnal work schedules of many prospective participants, frequently we had to adjust our meeting times or reschedule meetings. This occurred when team leaders were required to work overtime, and when agents admitted to oversleeping due to fatigue from their previous work shift or sustained lack of sleep due to ongoing shift work.

Additionally, several potential participants expressed concerns over being identified, despite my assurances to maintain their anonymity and that of their current and previous employers. Some declined an interview because they wanted to discuss the industry in terms of topics and issues other than health. Others would only agree to email exchanges or phone interviews. I also experienced some last-minute cancellations from prospective participants who earlier agreed to meet up.

Perhaps most amusing were the few occasions when my research project was misinterpreted as a network marketing or sales scam.

In contacting potential participants, I texted, called or messaged them online, using contact information provided by members of BIEN, my personal and professional connections, and participants I had previously interviewed. First, I gave an outline of my study, inviting questions from them, and checking the extent of their frontline experience in call centres. After they had given a verbal undertaking to participate in an interview, I sent (or resent) the PIS to them. My research sample eventually comprised participants from invitations made by my coordinators or 'gatekeepers' at BIEN, friends of personal contacts, and participants recruited through 'snowballing' from my conversational partners (Neuman, 2011, pp. 274-275, 441).

Interviewing as co-productive encounters

Owing to the ideas of Rubin and Rubin (2012), I describe my face-to-face in- depth interviews as co-productive encounters, to acknowledge the "co-authorship" of my frontline conversational partners in their articulated perspectives, feelings and stories, and my role in facilitating these conversations. I asked participants about their call centre work experiences, their health conditions, and their social connections. Interviews were audio-recorded using a digital voice-recorder, and I took occasional notes on themes that seemed pertinent, including those I wished to return to later in the interview.

The duration of these co-productive encounters ranged from one hour to two and a half hours and most took place during early mornings or early evenings, directly after or before participants' shifts at work. Some of these conversations took place on participants' days-off. Although I suggested to my frontline conversational partners that we could hold the interviews at their homes, assuming this would be most convenient for them, they preferred to talk in cafes, fast food stores, restaurants and local eateries close to their homes or workplaces.

In my pre-interview routine, I usually called or texted my participants a day or night before our previously agreed interview to remind them of the time and place of our meeting. I also made sure that I brought my data collection equipment (i.e., audio recorder, extra batteries, pen and pad and printed copies of my interview guide, Participant Information Statement, Consent and Withdrawal of Consent forms) and booked my transport service in advance and allotted additional time for commuting on public transport, given high levels of traffic congestion in Metro Manila.

Since I was usually at our meeting place half an hour early, I wrote my pre-interview notes while waiting.[11] Along with reviewing my interview guide, this exercise helped me recall and reflect on my previous conversations and prepared me for my next interview. Due to the unpredictable traffic congestion and monsoon downpours in Metro Manila, there were several unavoidable circumstances wherein I had to scribble my pre-interview notes and/or skim through my questions while on board the vehicle that I was riding on. A few of my experiences travelling to and

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[11] See Appendix E, example of fieldwork pre-interview notes.

from my appointments gave me opportunities to understand and empathise with my conversational partners' stressful experiences on public transport, which I will discuss in Chapter Five.

One of my immediate concerns was to assuage any anxieties that might arise when meeting and talking to someone personally for the first time. I approached my participants with expressions of appreciation for their time, effort, and interest in meeting with me and offered them something to eat or drink before we settled down to talk. I also checked that they were clear about the purpose of the interview and referred to the person who had put them in contact with me (sometimes a friend, or a contact at BIEN), which often served as an icebreaker. On several occasions, referring to the contact person even became a source of humour. In addition, I tried to be considerate by asking if they had other plans or appointments later that day and how much time they had for our meeting. With this information, I could plan how to conduct our conversation most efficiently.

More importantly, I was motivated to help my participants feel at ease before our conversation turned to my research questions. In 'setting the tone' for our exchange, I used several trust-building gestures and strategies (Steven J. Taylor & Bogdan, as cited in Minichiello et al., 2008, p. 85; Rubin & Rubin, 2012, p. 79). I admitted my own limited knowledge of call centres and my keenness to learn from their experiences. I also shared some background information about myself and how I became interested in call centre work and health, before elaborating on aspects of my research design and methodology, including the use of an audio recorder and my responsibility to keep their identity and the content of their interview confidential. I

wanted them to realise that they had a say in how the interview was to proceed (for example, they could decline to answer specific questions if they so wished). Hence, I encouraged them to ask questions and provided them (again) with printed copies of the PIS, and the Consent and Withdrawal of consent forms. I also reminded them if they later decided to withdraw from the study, they needed to inform me within three weeks from the time of their interview, and I would exclude their data from my study.

For the most part, our conversations were in Filipino. I partly took my queue from the notion of harmonising with a person's perceptual language as suggested by Bandler and Grinder (1979, as cited in Minichiello et al., 2008, p. 83). Aside from contributing rapport and delivering questions according to the parlance of my respondents, this also facilitated their use of terms, idioms, and phrases that do not have English equivalents, but are nonetheless significant to note since these words better capture what they wished to express. I also wanted them to answer in their preferred manner, as recommended by Rubin and Rubin (2012, pp. 132-133). Furthermore, I wanted to avoid inclining them into the same "scripted" responses in English, which the nature of their work often requires them to do. In fact, a few of my conversational partners found communicating in English very exhausting to sustain.

After they signed their respective Consent forms, I resumed the conversations by utilising getting-to-know-you types of questions. Some examples were: "How would you introduce or describe yourself?", "How did you get into this line of work, anyway?", "How was your night?" "So, what do you do when you're not working?" I tried to be as tactful as possible in inserting questions from my

interview schedules into the flow of our conversation. In some cases, I reconfigured my inquiries in such ways as: "What is a typical day or week for you?", "What is it about your work that prevents you from living in a healthier way?" and "If you had your way, what would you change?" In addition, I sometimes phrased my queries in a way that would allow them to elaborate on different aspects. Some examples were: "Can you walk me through the process of resolving a customer complaint?" "How would you describe your workplace from the office entrance?" "What usually goes on during your company huddles?" "How do you prepare for your work?", "What's it like having to sleep at noon?", and "What do you mean by "sabaw?" My strategy in phrasing questions, and rephrasing them, drew from the suggestions of Rubin and Rubin (2012, pp. 96-113, 132-14) on raising "tour" questions, asking participants about their own experiences and interpretations and asking them to provide examples.

Since I was also interested in accessing the finer details of their experiences and interpretations, I followed-up some of my questions to my participants with a request to specifically describe a person's characteristics, the notable features of a place, memorable activities in an event, their thoughts or position on an issue, or the emotions they felt during a situation. These additional methods of re-configuring questions and probing for more detail and insights were inspired by Kvale (1996), and Steven J. Taylor and Bogdan (1998) on descriptive and knowledge contrast questioning, and from Patton (2001) in raising sensory, opinion/value and feeling questions (as cited in Minichiello et al., 2008, p. 99).

Our conversations mostly revolved around their professional background, including their current primary tasks and responsibilities, social relationships at work, the call centre industry, occupational health, and other related topics. With my frontline conversational partners, I collected demographic data and probed further into their health conditions and their personal experiences and concerns related to their work, such as performance "metrics", job status, wages, and career. Not surprisingly, several conversations did not unfold according to the sequence of questioning based on my interview guide and the time spent on each topic varied.

Our conversations often concluded with my reiteration of gratitude for their time, effort and contribution to my study, a reassurance of the confidentiality of their identities and the suggestion to keep in touch with and feel free at any time to reach me if they wished to ask a question or share other comments, suggestions and concerns that they might have. Furthermore, I asked permission in advance, should the need arise, to get in touch with them again through mobile phone, email, or social media messaging for any follow-up questions. All agreed to the possibility of future contact.

After the interviews I reproduced personal copies of our recorded conversations in mp3 files and written notes in Word documents and stored all digital data on external hard and flash drives. I also uploaded back-up copies to my personal password-protected cloud-based software service and the University's password- protected cloud-based software service. I restricted access to these copies on both online file storage accounts to myself. Meanwhile, I stored my memos and

other handwritten or printed information in folders kept inside lockable filing cabinets.

Before I discuss my data analysis, I will address several ethical considerations. I always shared my contact information, academic background and affiliated institution with my participants. I made sure that before we proceeded with our recorded conversations, I obtained their approval verbally, both during our initial conversation and during our personal meeting and through a signed copy of the Consent form, without coercion. Furthermore, I always asked for their approval to take notes and use an audio recorder during our conversation.

I also reminded my conversational partners that they could choose which questions to answer and discuss. More importantly, I did not require them to divulge emotionally, physically or mentally distressing details or unpleasant experiences. In some instances when such information was revealed, presumably due to the unavoidably "personal" nature of some of the questions, I made it a point to ask my participants if they would like me to exclude such details. In the few cases when my conversational partners became emotional or tearful, I paused the interview and asked them if and how they wished to proceed. To the best of my abilities, I tried to be sensitive to my participants' emotional states when asking them questions and probing further. When any of them shared personal feelings or sentiments, I checked first if they were comfortable in sharing further details. Fortunately, I did not have to resort to seeking the assistance of BIEN to provide counselling for any of my participants.

In addition, I always reminded all participants that they could withdraw their consent at any point during the three-week period following our conversation, as stipulated in the PIS. Finally, I assigned pseudonyms to each participant to protect their identities, and omitted company names, names of work colleagues and significant others, and other identifying information.

Analysing co-productive encounters

As pointed out by Creswell (2013, p.180), the process of analysis in qualitative research across different approaches consists of organising, coding and interpreting data. My analytical procedure comprised six distinctive processes: 1) Transcribing the recorded interviews, 2) Translating the transcriptions, 3) Summarizing key information for quick reference to each conversation, 4) Coding identified patterns in the transcriptions, 5) Sorting, summarizing, resorting and integrating finer grained patterns across coded excerpts with information from notes and memos and other emergent descriptions, accounts and other ideas, and 6) Generating explanations at a higher level of abstraction to determine the relation between identified concepts and themes concerning how call centre workers link their working and health conditions. I did not carry out these analytical stages in a rigidly 'linear' or 'step-wise' fashion. Each process was not sequentially separate. Rather, I have enumerated each of these stages for the purposes of elucidating the different analytical tasks involved in my analysis.

I generated transcriptions of recorded conversations to convert qualitative audio data into textual format, which is necessary for the coding process. I used

NVivo software to reproduce the information as a Word document and organised details in grid tables featuring questions and responses, also noting speakers and duration of each segment of speech. As pointed out by Creswell (2013, pp. 201-202), computer programs allow for better organisation and location of research files, closer inspection of data and visual mapping of abstract concepts.

The delivery of most information in Filipino by my participants required of me the additional task of translating responses into English. I complemented my knowledge of my mother tongue with academic and online dictionaries and other translation references. Moreover, I had to exclude from the translated transcripts details that could reveal the identities of my conversational partners and their present and past employers. I also omitted information that could identify exact locations of residences and offices. I was compelled to apply for funding from IRGS to seek assistance in transcribing and translating the large volume of qualitative data. I received another grant on 9 April 2019.[12]

To create an overview of each conversation, I organised information as follows: 1) Demographic data, family background and domestic situation, 2) Work history 3) Reasons for entering call centre work 4) Work role/ responsibilities, description of working conditions 5) Health effects of work, including explicitly mentioned experiences of health conditions 6) How these health issues were perceived and managed 7) Illustrations of precarity, and 8) The participant's understanding of what it means to be 'healthy'. These tentative classifications represented a priori categories in mapping the intersections of call centre work and

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[12] See Appendix F, IRGS letter funding for translation and transcription.

the health conditions of agents and team leaders. These summaries proved useful in helping me to focus on the most relevant information, and to identify, compare, refine and reflect on topics relevant to my research questions.

Through NVivo, I coded the 'anonymized' versions of my transcripts. This classification process enabled the generation of descriptions and themes in my data (Creswell, 2013, p. 184). During my early coding attempts, I considered preconceived labels that mostly resembled the tentative categories of interview summaries to create nodes and sub-nodes. My preliminary coding structure also reflected examples of concepts, themes, events, stories, metaphors, and repeated stories, as described by Rubin and Rubin (2012, pp. 193-194).

While designating such a primary node as Health clearly represented my central topic of interest, my immersion in the data also led me to consider Precarity as another major topic due to the frequency of responses on the uncertainty of employment tenure and participants' anxieties around meeting performance targets ("metrics"). I also created sub-nodes to cover other recurring ideas, including stress, lack of sleep, smoking, drinking and Urinary Tract Infections (UTI). The next tier of categories also represented topics of interest, such as perceptions of health, fitness, wellness and wellbeing. A visual representation of my initial coding structure is presented in the next page:

Table 1: Preliminary coding structure

Node	Level One Sub-nodes and corresponding Level Two Sub-nodes
Health	Perception of health effects: Causes, Self-responsibilisation, Understandings of health/healthy, fitness/fit, wellbeing, wellness
	Experienced health-effects
	Dealing with health effects: Health-compromising activities, health-improving/-maintaining activities
Precarity	Job security: Metric-compliance, Team Leader-Agent relationship

Informed further by the ideas of Charmaz (2002, 2006) and Saldaña (2013), I adjusted my coding preferences and looked mostly at words and phrases that denoted actions to explore how processes of interaction, occupational tasks and other human activities and events were interpreted by my participants. I also paid closer attention to details indicative of feelings, attitudes, beliefs, values, opinions and other subjective aspects to determine the ways that their perceptions and emotions defined their experiences related to their occupational and health conditions. The focus of process coding and affective methods, along with the foundation principle in coding to expand, combine or fashion different methods

discussed by Saldaña (2013, pp. 65, 87-91, 96- 119), inspired me to code for "affective qualities" and processes.

As my analysis continued, I pursued a more selective coding process with fewer steps. Nevertheless, I addressed the issues elucidated by Creswell (2013, p. 185), by accounting for frequencies of certain codes and leaving room for emergent ideas worth coding, aside from what might qualify as a "prefigured coding scheme". Indeed, new concepts from ensuing transcriptions along with my pre-interview and post- interview notes, bullet-point summaries and memos in between coding, influenced the modification of my nodes and sub-nodes. The constant refinements to my process led me to a broader constellation of concepts, themes, stories, events and other significant ideas or topics, as illustrated in the following page:

Table 2: Expanded coding structure

Node	Level One Sub-nodes and corresponding level two sub-nodes
Biographical data	Aspirations
	Personal interests
	Work pathways: Call centre (CC) work history, non-CC background,
CC work conditions	CC job descriptions, CC job comparisons current and past CC job/s
	Metrics: AHT, CSAT, Other examples
	Physical aspects: Facilities, Location, Workstation, and tools
	Remuneration: Salary, Incentives, Other benefits
	Work-related time: Breaks, Commute-time, Shift schedule
CC work reflections	On CC work challenges, concerns, and issues
	On dealing with CC work challenges, concerns, and issues
	On the advantages and benefits of CC work
Emotional Labour	Relations: Agent-TL, Worker-caller, Worker-Management, Others
Health	CC companies' health-related efforts
	CC work's experienced HE: Emotional, mental, physical
	HE Reflections: Causes, Response explanations, Interpretations
	HE Responses: Alcohol drinking, Coffee drinking, Smoking, Eating,
	Exercise, Take Leave, Medication, Music, Socialise, Other remedies
Neoliberal ideas	Self-responsibilising for personal health and safety
Precarious job	Occupational risks
	Uncertain tenure
Racism	Quoted examples
	Less explicit (interpreted as racism by interview partner)

I sorted my coded excerpts to arrive at different levels of understanding about my participants' responses. Sorting and summarizing excerpts not only revealed the finer grained patterns in the data, but also helped illuminate what seemed to be absent, inconsistent, and contradictory. Moreover, this procedure of arranging selected phrases and lines served to reveal the depth of their interpretations through new dimensions represented in categories and sub-categories. By comparing, re-sorting and integrating categorized ideas, I identified tentative properties that formed the building blocks in developing relevant themes. This stage of further refining my data analysis allowed me to generate descriptions of the ways call centre agents and team leaders linked their work and their health. These analytical procedures were derived from Charmaz (2006) Creswell (2013), Rubin and Rubin (2012) and Saldaña (2013).

Finally, I formulated tentative explanations of how agents and team leaders make sense of the health effects of their occupation. This stage can be understood as my attempt to develop a dialogue between my data and theory, by informing my descriptions of generated themes through nuances from theoretical literature on emotional labour, racism, precarious work, and neoliberalism (Charmaz 2006; Rubin & Rubin 2013). My conversational partners' voices articulated the effects of neoliberalism through self-responsibilisation, emotional labour, racism and xenophobia, and stress in the minutiae of everyday life as a call centre worker.

Navigating the field

On many occasions, field work reminded me that learning the method of in-depth interviewing and thematic analysis through what has been written is one thing, but practicing these processes is another. At times, many of the questions that I asked my conversational partners elicited unexpected responses that informed other concerns or topics. Their stories further revealed how social reality is much more complex, such that the finer illustrations of analytical themes became articulated as intertwined dimensions, while some of their accounts suggested contradictions between their personal circumstances and their objective social conditions.

What was further discernible in the ways that they talked about their health was the tendency to focus on three areas: the impact of the physical and ambient features of the workplace, including the hazards of commuting to and from call centres; the work schedule and other office practices, including the strict enforcement of inadequate bio-breaks; and social relations with office peers and superiors and with customers "on the line". This inclination encouraged me to set up three data chapters that correspond to these foci. Through the realm of the material/spatial, the temporal, and the relational determinants of health, I can take the reader into the everyday worlds of call centre workers more effectively, beginning with their often arduous journey from their place of residence to the office door. Before I turn to these chapters, I will set the scene of my study in Chapter-4 by providing an overview of the call centres industry in The Philippines.

CHAPTER 4

Locating frontliners:

An overview of call centres in the Philippines

"Call center agents' workplace relationships point directly to the ways that capital subsumes subjectivity through relational labour, and thus the reason that call centers are at once dismal and fun environments" (Padios, 2018, p. 46).

"Call centers are thus quintessential places of postindustrial production not only because they create value through intangible and ephemeral forms of labour but also because they compel the intensification of and increase in work that characterizes contemporary capitalism ... call centers are not just about productivity but productivism—an orientation toward work in particular, and life in general that sees in purposeful, goal-directed activity the highest ethical value and the measure of a person's or life's worth" (Padios, 2018, p. 52).

-Jan Padios, A nation on the line: Call centers as postcolonial predicaments in the Philippines, 2018.

The above quotes reveal how call centres are social spaces where particular ideas and ideals, along with productive resources like financial capital, shape

subjectivities and human interactions. More particularly, these passages shed light on a profound observation: as sites of misery and gratification, and where living to work rather than working to live appears to be the ethos, call centres represent social spaces of contradictions. This argument informs the setting of the scene of my investigation into lay health perspectives. I begin by describing call centres in the Philippines as an economic subsector and as a focus of local popular culture. I then proceed to discuss aspects of these work organisations, including frontline workers and the type of labour they perform, organisational relations, and their significance to the national and global economies. By mapping the historical trajectory of call centres, I touch on geopolitical and cultural factors that have motivated the rise of these globalised job sites, many of which are in Special Economic Zones (SEZs). I outline several features of these zones that have ramifications on occupational conditions, including the health of workers. Finally, I complete my overview by drawing on Padios' critical interpretation that positions the Philippine call centre industry in a global context with reference to the country's colonial experiences.

'Bright and sexual' - Cultural representations of Philippine call centres

Poster and Mirchandani (2016, p. 4) define a call centre as "an organization or part of an organization that handles telecommunications with the public." Call centres in the Philippines constitute the country's Business Process Outsourcing (BPO) industry. This aggregate includes third-party firms that utilize different types of Information Technology (IT) to perform contracted support services considered by company clients as non-core business activities such as animation, customer service, data encoding, engineering and software development, telemarketing, and

transcription (EILER, 2011, p. 110; Ofreneo, et al., 2007, p. 536). In 2014, the industry accounted for 12.3% of the global market share of BPOs (Errighi et al., 2016, p. 8). The IT and Business Process Association of the Philippines (IBPAP, 2016, p. 14), an umbrella organisation of industry leaders and business owners, locate call centres and other BPO companies as a segment within IT and Business Process Management (IT-BPM) that captured 12.7% of the sector's global market in 2016. As of 2018, the Philippines accounts for 16%-18% of the total outsourced services globally (CCAP, as cited in Mercurio, 2018).

Business news, executive summaries, and industry reports noticeably highlight call centres as the Philippine economy's "sunshine industry". This latter phrase approximates to a more defined colloquial term, 'sunrise industry', which denotes a rapidly expanding and increasingly important new enterprise ("Sunrise industry", 2019). Both expressions seem to summon impressions of the vibrant and the upbeat, not only within the conversational sphere of commerce.

In the terrain of popular culture, call centres feature prominently. Indeed, my survey of the Internet acquainted me with a vast array of cultural images that appear to both reinforce and contradict this sense of optimism and excitement. I found recurring portrayals of youthful females with fair complexions, beaming with smiles, wearing communication headsets and corporate or 'smart casual' attire, while sitting in front of information and communication technologies (ICTs), within uniformly coloured and partitioned workstations (e.g., see Janakiraman, 2010, p. 26). These depictions seem to constitute prescribed markers of call centre worker identity: youthful, sociable, fun, intelligent, eloquent, sophisticated, and

technologically savvy. These images reflect the Philippine call centres' 'bright' reputation.

With comparable frequency, there were also several memes that gave a satirical twist to the radiant and promising representations of call centres. These screenshots - from movies, TV series, commercials, cartoons, gadgets, sports, music, food and everything trending - featured captions and witty remarks that articulated the call centre frontliners' perspectives and sentiments about their jobs. For instance, an online post entitled *Trending call center memes during flood* (n.d., in www.callcentrefocus.com), provided examples of the travails and perils of commuting during a heavy downpour. One example showed a worker under floodwater, save for the arms, with an inscription in Filipino, which translated approximately to "Boss, I'm on the way, please wait..."; another illustration was a mobile phone text conversation initiated by a supervisor, who asked: "Would you be reporting for work?", followed by a response that read: "Yes Boss, my head is underwater but I'm breathing fine.". Both images show that even during extraordinary circumstances, employers place more importance on maintaining company operations than considering the welfare of their employees.

Also discernible were news articles that bear ostensibly analogous headlines and appear to eroticize the dynamic occupation and workplace: *According to study: call center agents prone to HIV-AIDS* (Baguio, 2010), *Philippines: Call center boom breeds new culture—and risky behaviour* (Mendoza, 2010), *HIV cases soar among Filipino yuppies, call center agents-casual sex, orgies, seen as possible causes of the problem* (ABS-CBN News, 2010). Even a business consultant's

statement in a networking site write-up threaded along a similar refrain: "The most sex driven contact centres appear to be located in the Philippines" (Filwood, 2015). In fact, this set of examples summons Padios' observation of call centres as socially and culturally conjured locations of "nonnormative sexual and gender practices, including recreational, homosexual and /or premarital relations" (Padios, 2018, pp. 157-158). Despite these popular interpretations of the less 'sunny' side of call centre work, the cheerful and hopeful image that highlights a better salary package buttressed in company adverts continues to attract many Filipinos to seek employment in the sunshine industry. In Metro Manila where the nominal daily minimum wage is 537 Philippine pesos or 10.26 US dollars (DOLE-National Productivity and Wages Commission, 2018), an individual working in a call centre can average Php 15,000 on top of other monetary perks and health coverage (EILER, 2011, pp. 132-133, 146; Sainato, 2018). Given such differences in salaries, call centre work does sound tempting. In fact, many of my participants remarked on the financially rewarding salaries and monetary incentives, together with the medical benefits attached to call centre jobs. For participants with breadwinning and other family responsibilities, the relatively high salaries were very welcome, providing a sense of security. Additional positive comments included the ease of moving between jobs in the call centre industry, and the intrinsic rewards of challenging work, especially learning new technologies, and the sense of pride they experienced from helping their customers and receiving compliments from them.

In fact, my fieldwork provided me with numerous opportunities to observe the lobbies and reception areas of call centre recruitment offices teeming with job applicants. Such scenes brought me back to similar situations I had encountered as

a part-time Recruitment Consultant in the mid-2000s. Reminiscent of the applicants I observed back then, my conversational partners belong to the large group of Filipinos who work in call centres and BPO companies, 64.7% of them aged between 15 to 30, with females comprising just over half of this workforce (Errighi, et al., 2016, p. 20; PSA 2018, p. 2). Amongst my female participants, there were many single mothers and women who had deferred their university education. Several who had already completed tertiary qualifications had graduated from such courses as education, nursing, and philosophy, which seemed very remotely related to a corporate career – a point they pondered in their interviews.

These popular representations of call centre work also point to specific occupational risks, stresses, work-related illnesses, office politics and other themes that I probe further in succeeding chapters. But beyond these depictions of a lucrative, glamorous, fulfilling, promising, exciting, and challenging occupation, what are call centres according to the lens and experiences of their employees? Where and how are these sites set up? Who are the faceless voices on its frontlines? How is the work organised?

'Musical Chairs in Winter Wonderlands'- Call centres as workplaces

While many call centres continue to be housed in corporate towers located in Metro Manila's business districts, several are found in low and mid-rise offices, shopping malls, hotels and other buildings in designated areas, including state properties, mixed-use developments, industrial and SEZs. From my conversational partners' accounts, most of these call centre sites occupy several floors or the whole building. I also noticed their recurring descriptions of these workplaces: a huge room

filled with shared workstations that consist of a desk equipped with a desktop computer, Voice over Internet Protocol (VoIP) phone, and swivel chair, surrounded by partitions and arranged in grid-like formation. These alignments situate employees face to face and flanking each other. But the most cited feature among my conversational partners was the freezing temperature from the air-conditioning, which contrasts sharply with the urban heat and humidity outside. In fact, one agent described her office as a 'winter wonderland', while a team leader compared the chilliness on the production floor to what one would feel inside a movie theatre.

A few of my interview sessions afforded me inside access to these work sites and I experienced the cold draft as soon as I walked past the reception lobby and into a side corridor that led to a carpeted production floor. From the entrance to the large spaces filled with desktop computers and phone terminals, I caught sight of several closed-circuit television cameras (CCTVs) that were mostly positioned in various corners of the office ceilings. I also got a glimpse of some workstations accessorized with small clocks and mirrors, framed photos, hand sanitizer or cut-outs of what seemed like motivational quotes. I even remember seeing words such as "Positive" and "Smile" in one of the pin-ups. These impressions of employees' efforts to personalize workspaces seemed to make an exception of the call centre sites where I saw these details. In fact, several participants mentioned that they were not allowed to put up any decorations.

In any case, these production floors serve as the call centre frontlines. The agents occupy the cubicles, which are organised in rows. Aside from Call Centre or Customer Service Representatives and other designations, some of my

conversational partners also revealed other job titles such as Technical Support or Technical Sales Representatives (TSRs). Agents usually belong to a team that handles the concerns of customers on a specific line of products or services offered by a company client. Most of my conversational partners estimated their team sizes in similar terms to those agent-team leader ratios reported in literature, i.e., 8.5:1 or 21:1 (Rumburg, 2012, p. 2). Many explained that their teams usually followed a seating arrangement that was changed periodically every three to six months, although in some centres, agents occupied the same workstation for over a year.

A call centre Team Leader (TL) who supervises a team of agents is also responsible for drawing up the seating plan for workstation assignments. Sometimes they stand over or sit beside an agent while listening to the agent's call. According to some of my conversational partners, some team leaders have their own room or workstation. Several also described team leaders as the whip-crackers, who often shouted at agents.

'Multi-tasking frontliners': Call centre agents and Team Leaders

On the call centre frontlines, agents listen and talk to individuals, while simultaneously navigating information systems on their computer screens. They engage existing and prospective customers of call centre company clients, mostly from predominantly English-speaking countries such as Australia, Canada, New Zealand, the United Kingdom, and the United States (U.S.). Some of these voice-based transactions are usually initiated by callers who inquire, request, or complain about certain products and services. These incoming or inbound calls differ from

outgoing or outbound calls, wherein agents initiate contact, usually to survey product or service satisfaction, provide follow-through on previous customer concerns, collect unsettled balances, or make a sale. In some cases, the work involves occasional coordination with technical or field personnel counterparts from other countries to resolve a customer issue (Ofreneo et al., 2007, pp. 535-536; Hechanova-Alampay, 2010, p. 2, 12; Poster & Mirchandani, 2016, p. 4).

Meanwhile, team leaders take over escalated calls that involve irate customers and queries beyond an agent's responsibility. More often, they coach and direct agents on how to handle calls, push them to hit performance targets ("metrics"), and monitor their performance. Team leaders also assist in the recruiting and training tailored to producing reports on team and member statistics, absences and offenses, headcount plans, and other measures. Some seasoned agents, who have gained relevant competencies, become designated Subject Matter Experts (SMEs) that assume some of these supervisory functions. Furthermore, team leaders serve as the conduit to the management level of operations.

Call centre frontliners typically work on rotating schedules. For the most part, their shift hours fall in the evenings and early mornings to coincide with business hours abroad, especially in North American and European countries. Some 92.6% of BPO employees work on night shifts (PSA, 2018). According to my conversational partners, examples of these schedules range from 9pm to 6am and 11 pm to 8 am. For some of my conversational partners, shift schedules rotated every two to three months; for example, an agent might work an evening shift (9pm-6am) for two months and then a day shift (5.30am-2.30pm) for the next two months.

However, many of my conversational partners experienced changes in their work schedules without prior notice.

Agents are required to be at their workstations at least thirty minutes before the beginning of their shift to set up their tools and necessary software, systems and other technological applications, and equipment needed for engaging a customer. Team leaders must report earlier to ensure the headcount, seating plan, agents' tools, and other aspects of the operation. As soon as their shift begins, agents make or take as many calls as they can in a span of eight hours. They are allowed one full hour break and two 15-minute breaks. When call volume requirements increase during peak season, team leaders cascade the mandate from management to suspend the periods of respite and agents are compelled to do additional hours of work. There have also been reports of mandatory overtime and the foregoing of vacation days (EILER, 2008, p. 18). Some companies are more considerate in allowing agents to take breaks, regardless of the workload. There are even call centres, where agents are permitted to manage their breaks, instead of having rigid scheduled breaks imposed on them. Team leaders occasionally patrol workstations, monitoring and advising agents or intervening in escalated calls. After most shifts, team leaders gather agents together for another 30 minutes to two hours for a "team huddle", ostensibly to evaluate performances, targets and other group-related concerns. All in all, agents spend more than eight hours in the office. For many of my conversational partners, who averaged between two and four hours of commuting time, more than half of the day outside of their homes was spent in work-related activities.

Call centre agents and team leaders work under constant pressure to maintain and exceed individual and team performance "metrics". These "metrics" refer to various categories that represent specific competencies, which are the basis for evaluating the performance of an agent or team leader Those measures most frequently cited by my conversational partners were Average Handling Time, Attendance, and Customer Satisfaction. Metric scores are recorded in real time. As many of my interviewees put it, "hitting" your metrics is imperative in gaining tenure, retaining your job, and earning a promotion in the company. The performance of individual agents affects a team leader's status, which is largely determined by the combined records of their team members. In Chapter 6, I elaborate on these key indicators that regulate frontliners' performance and determine their job status.

These stringent requirements are further intensified by employment contracts that bear the markings of precarious working conditions. Many of my conversational partners, who had been working for 1-5 years, revealed that their previous and current contracts lacked stipulations of guaranteed tenure. This meant that agents could be placed on "floating status" when a client terminated their account. While agents relegated to "floating" status must continue reporting to the site, they do not engage in any work and hence do not get paid. They wait for possible openings in other teams or for the company to land a new client account. Furthermore, while on probation, many agents do not receive mandatory benefits such as health insurance, paid sick leave, and social security and government housing subsidies. In some instances, the probationary period is unclear and may be open-ended, thus contributing to job insecurity.

In fact, EILER (2008, p. 8) mentions that "probationary periods are extended and so-called 'evaluation' of agents … is often delayed" and, with reference to the study of Pico (2006, pp.123-142), describes employment contracts in the local BPO industry as "by and large … project-based or account-based." Amante's (2010, p. 131) work also concludes that with call centres accounting for about two-thirds of BPO employment, many industry employees are on "short fixed-term contracts." The experiences reported by my conversational partners reflect the insecure working conditions that characterise flexible capitalism (Harvey, 2005).

Moreover, high turn-over rates continue to define call centres and other BPO companies (Amante, 2010; Greenlees, 2006, as cited in Hechanova, 2013, p. 350; Lozano-Kuhne et al., 2012, p. 24; Ofreneo et al., 2007, pp. 539-542; Errighi et al., 2016, p. 1, pp. 15-17; Shead, 2017a). Employee attrition may be a perceivable consequence of challenging performance targets, lack of long-term job security, and the enticement of better work schedules and salary packages from competing call centre companies. More important to note, however, is the parallel development of call centre companies' reliance on third party manpower services. In 2016, more than half of the BPO establishments utilized external agency-hired workers (PSA, 2018, p. 2). This development seems to indicate that call centres attempt to mitigate the attrition rate among employees, by 'outsourcing' their accountability to ensure the welfare of their workers. In this way, call centre employers excuse themselves from their obligation towards their workforce and avoid its costs.

Like other business organisations, call centre personnel include Human Resources, IT, Quality Assurance, Training and Resource Planning or Workforce, and other departments. Layers of administrative positions are assigned to these different sections, including Operations. They mandate teams and liaise with their counterparts in other departments, and report to a Director who oversees the whole division. An executive level often headed by a Chairman or President caps the typical organisational structure of a call centre. Below is a schematic representation based on interviews with my conversational partners (Diagram 1). Through this diagram, I intend to illustrate the hierarchy in which the agents and team leaders in my study were positioned:

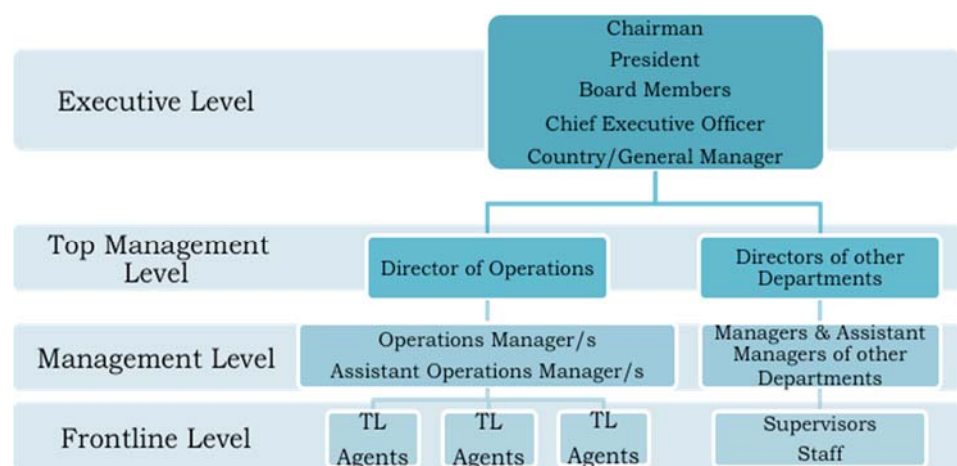

Diagram 1: A typical call centre organisational structure

'Ignored and silenced voices'- a glance at industrial relations in call centres

Call centres and other BPO companies often have Employee Relations people to deal with disputes between management and staff. These issues include attendance, leave and schedules, job performance, workload, remuneration and

benefits. While a call centre company has an organisational representative, previous studies suggest that the absence - or lack of recognition - of collective representation for industry employees has persisted since the early 2000s (Ofreneo et al., 2007; Reese & Soco-Carreon, 2013). On the one hand, the IT-Business Process Association of the Philippines declared in 2013 that there were no unions among BPO companies since, according to the Association's external affairs executive director, Genny Marcial (as cited in Lazo, 2013), the needs of workers "are properly met." Even the Philippine Statistics Authority (2018, p. 2) states that "there is no reported unionized establishment in 2016."

On the other hand, BPO Industry Employees Network (BIEN) asserts that they have been organising and campaigning for improved working conditions for call centre employees as early as 2011. During that year, BIEN was established as an informal discussion group among friends who worked in call centres and BPOs companies. From online meetings and coffee meetups, founding members discovered a range of common experiences: deferred breaks, unrealistic performance targets (metrics), unpaid time, and other persisting issues at work. These common individual experiences made them realize the need for collective intervention to address such problems. Between 2012 to 2013, they worked on having BIEN registered as an official association by the Philippine Government's Department of Labor and Employment (DOLE). Since then, BIEN has continued to expand from a group of 14 individuals in Metro Manila to "about 4000 to 5000" members (Cabalona, as cited in Gallimore, 2020), from across several provinces, including Bacolod, Baguio, and Cebu. Since its inception, BIEN has advocated for the rights and welfare of call centre and other BPO workers. The network has also

supported other initiatives of call centre workers, including the formation of the first BPO employees' union in the country in 2015. Ultimately, the goal of BIEN is to help create and improve organisations in every company and establish an industry wide union of, by, and for BPO employees.[13] My concluding chapter discusses examples of their activities that relate specifically to occupational health and safety.

Aside from BIEN's activity, studies show that indeed there have been previous examples of collective action to improve call centre working conditions. Research conducted by the EILER with the International Transport Workers' Federation includes accounts of call centre agents who carried out such organised activities as petition signing, collective expression of grievances through online surveys, and threats of mass resignation, which compelled their respective companies to address issues of team management, medical benefits, salary and working hours (EILER & ITWF, 2008, pp. 24-26). Ofreneo et al., (2007, p. 549) also cite the case of a bank employees' union that included call centre agents of a financial services company in their Collective Bargaining Agreement for regular bank employees.

Furthermore, both reports from EILER and ITWF (2008, p. 23), and Ofreneo et al., (2007, p. 552) point to surveyed sentiments among call centre employees that indicate their interest in becoming members of a union to address compensation and other working conditions. In contrast with the enthusiasm among frontliners, industry employers and managers have resisted steps towards unionization. As one

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[13] For more discussion on BIEN and worker organising in the BPO sector, see Siwa and Arago, 2017.

American call centre manager threatened: "If there is a union, we will go" (as cited in Ofreneo, et al., 2007, p. 546). In a report by Salamat (2014), even the Department of Labor and Employment revealed its partiality when BIEN applied for registration, responding*: "Necessary pa ba magka-labor organisation? Maganda naman palakad sa BPO"* (Is it still necessary to have a labour organisation? The BPO is treating you well). Indeed, the recent illegal dismissal and filing of criminal charges against members of BIEN and their colleagues by an industry employer illustrates the prevailing attitudes among call centre and other BPO firms towards employee unions (BIEN, 2018).

What all these reports of employee-employer relations add up to are the lack of employee representation or a 'collective voice' from their ranks, aside from the absence of long-term job security, employer respect and commitment to the rights and welfare of employees, and the absence of government support for call centre workers. Such conditions of indifference and complicity by government and global investors to maintain the industrial status quo precisely legitimizes BIEN's existence and advocacy.

'Sites in zones of capital flow'- the economic significance of call centres

Call centres can be distinguished in terms of their ownership or affiliation, and location. These business interests may constitute a local subsidiary of a foreign owned company that caters to several corporate clients, an insourced division of a multinational or wholly owned Filipino corporation that exclusively services its parent company, or a locally owned and locally based call centre that services

several foreign business clients (Alava, 2006, p. 3). These distinctions arguably reflect the classification of call centres as third party or in-house offshore enterprises, and outsourced onshore firms (Fabros, 2009, p. 346). "Offshore" refers to locations in other countries or regions, different from where the parent corporation of a call centre is based, in contrast with "onshore" locations in the same territory as the owning business firm. Many call centres continue to be based in Metro Manila. But their operation sites are also found in highly urbanized areas of other provinces, such as Bacolod, Baguio, Naga and Davao (Beerepoot & Hendriks, 2013, p. 829).

The exponential growth of call centre annual revenues demonstrates their significance to the national economy. From earning 1.7 billion US dollars in 2005, the Philippine call centre industry more than quadrupled its profits to 5.5 billion US dollars in 2010 (Alava, 2006, p. 4; Macaraig, 2010, as cited in Hechanova, 2013, p. 349). From several sources, Padios (2018, pp. 2-3) notes that by the end of 2015, call centres generated "22 billion US dollars in revenue—approximately 7.5% of the nation's gross domestic product and just 4 million US dollars short of the remittances from overseas Filipino workers combined." With 429 of the 815 registered BPO establishments in 2016 managing voice-related services (PSA, 2018, p. 1), these companies are regarded as principal revenue generators of the IT-Business Process Management sector (Errighi, et al., 2016, p. 11).

Call centres also contribute to the economy by providing employment for a significant number of local workers. In 2010 alone, the industry's workforce numbered between 350,000 (CCAP, 2010, as cited in EILER, 2011, p. 142), to 400,000 employees (Bajaj, 2011). While the government (PSA, 2018, p. 1) estimates

that there are 504, 227 industry workers as of June 2016, Padios, (2018, p. 2) citing several other sources, estimates that this number had already reached 1.1 million by 2015. At any rate, both figures suggest the overriding significance of call centres as a source of livelihood for many Filipinos.

Other indicators highlight their prominence in the global economy. Philippine call centres accounted for 3% of the global industry market in 2005 (SGV, as cited in Alava, 2006, p. 1), and surpassed India in terms of workforce and income to become the global capital of call centres in 2011 (Bajaj, 2011, as cited in Padios, 2018, p. 2). By 2013, companies providing voice-based support services accounted for the BPO industry's highest percentage of Foreign Direct Investments (FDIs), which is equivalent to 3.8 billion US dollars (Errighi, et al., 2016, p. 10). In fact, the local industry has exceeded the growth rate of their global counterparts to an extent that saw their market share increase to 12.3% by 2014 (OBG, 2015, as cited in Errighi, et al., 2016, p. 8). With many of these enterprises in the Philippines serving North American, European and Anglo-Pacific business clients, locally based BPO companies led by call centres have come to be increasingly important to the interests and strategies of large transnational corporations (EILER, 2010, p. 98; Padios, 2018, p. 17).

Sites and zones as an 'economic panacea'

Beyond the impressive statistics, a more comprehensive and objective understanding of call centres should consider how and why these corporate entities emerged locally and proliferated in areas designated as SEZs. In broad terms, these

geographic areas have been reimagined by industry and government stakeholders as spatial economic resources for accumulating capital (Bach, 2011; EILER, 2010; Kleibert, 2017; UNCTAD 2004, 2019). Accompanying the designation of these zones are incentives that are granted to investors (Siwa & Arago, 2017, pp. 199-200).

Recent approximations indicate that there are 5,400 SEZs globally (UNCTAD, 2019). These zones differ in size and composition (Aggarwal 2007, pp. 1-2) and may include non-manufacturing and industrial locations; Baissac, 2011, as cited in Dumayas, 2018, p. 503). Many have matured "from mainly export-oriented to high technology and innovation-oriented zones" (Dumayas, 2018, p. 503). While spaces of international commerce have existed in the form of trading posts in European and colonial territories since before the 20th century, the pioneering of modern economic zones emerged from converted enclaves of export-oriented activities in Ireland and other countries during the 1950s and 1960s (Bach, 2011, pp.100-101; CBBRC et al., 2011, p. 7; Guangwen, 2003, as cited in Moberg, 2015, p. 170).

In the Philippines, the inaugural example is the Bataan Export Processing Zone, which was created out of the Government's Republic Act Number 5490 in 1969, along with the Export Processing Zone Authority established through the Presidential Decree Number 66 in 1972 during the Marcos dictatorship (Remedio, 1996 p. 3). Other government-operated economic initiatives followed: Baguio City Export Processing Zone and Mactan Export Processing Zone in Cebu in 1979, and the Cavite Export Processing Zone in 1986 (Dumayas, 2018, p. 503).

The *Omnibus Investment Code of 1987*, which granted fiscal exemptions to foreign investors, served as the legal reference for the *Special Economic Zone Act of 1995* or Republic Act Number 7916 (Makabenta, 2002, p. 62). The latter legislation abolished the previous Export Processing Zone Authority to make way for the Philippine Economic Zone Authority (PEZA) and promoted the nomenclature of SEZs. This legislation similarly authorised the private sector to manage and develop these zones (Dumayas, 2018, p. 503). Crucially, the Act provided a more expansive definition of SEZs or Ecozones, as:

"… selected areas with highly developed or which have the potential to be developed into Agro-Industrial, Industrial, Tourist/Recreational, Commercial, Banking, Investment and Financial Centres. An Ecozone may contain any or all of the following: Industrial Estates (IEs), Export Processing Zones (EPZs), Free Trade Zones, and Tourist/Recreational Centres." (Special Economic Zone Act, Sec. 4a, 1995).

A collaborative work by Crispin B. Beltran Resource Centre (CBBRC), Workers' Assistance Centre (WAC) and EILER entitled *Ripples and rising tides: Experiences in organizing in Philippine special economic zones* (2011), reveals the previous administrations that contributed most to accelerating the establishment of Ecozones through foreign loans. Aside from enacting the Special Economic Zone Act of 1995, the Ramos Government approved the Official Development Act of 1996 or Republic Act 8186, seemingly to fund the development of these zones

through Official Development Aid (ODA) without specific borrowing limitations. These loans came from the Japanese government and the Asian Development and World Banks. In the 2000s, the Arroyo regime built on this strategy, with additional funding from the Japan Bank for International Cooperation and the China Exim Bank. Worth noting is that the Arroyo administration carried out the most rapid expansion and the greatest number of approvals for registered Ecozones (CBBRC et al., 2011, pp. 17-20).

Two more important initiatives of the Arroyo administration contributed to the growth of SEZs. The first was the establishment in 2004 of a Commission on Information and Communications Technology (CICT) through Executive Order Number 269, to guarantee and mobilise all ICT resources in support of the government's nation-formation agenda and to encourage public, private and foreign investor partnerships (EILER, 2010, pp. 114-115). The second was the "Philippine Cyberservices Corridor", or Cyber Corridor project, which is a chain of IT-related business hubs that includes BPO services and stretches over 600 miles from Baguio City in the northern province to Zamboanga City in the southern region of the country (EILER, 2010, p. 115; Magtibay-Ramos, Estrada & Felipe 2007, p. 8). The government's economic policies and their foreign loans bolstered the enticements attached to SEZs. Examples of fiscal incentives included tax holidays and exemptions from designated taxes and fees, while non-fiscal privileges included exemptions from ownership limitations, financial transfer procedures, privileges to infrastructure, utility rates, document and processing services, and lenience towards business operation compliance procedures (CBBRC et al., 2011, p. 145; Dumayas, 2018, p. 504; Errighi et al., 2016, p. 10; Makabenta, 2002, p. 62; Shead, 2017b).

The information available from the Philippine Economic Zone Authority (PEZA) indicates that as of 2017, there were 312 Economic Zones operating in the country (PEZA, 2017). The list also classified 262 zones as Information Technology Parks/Centres (PEZA, 2017). On closer inspection, many of these so-called zones are occupied by residential and commercial buildings. Although the listing does not stipulate, most of the facilities are commonly known to house call centres and other BPO sites, including the offices where many of my conversational partners worked.

The development of SEZs in the 1990s and the 2000s supported the expansion of such offshore BPO providers as call centres. The work of Jan Padios entitled, *A nation on the line: Call centers as postcolonial predicaments in the Philippines*, deepens our understandings of call centres by pointing to their emergence from social transformations grounded in a past that includes colonial experiences under the United States. Her book traces the origins of call centres to the historical convergence of telephone operations and customer service, especially in the context of early 20th century United States, with jobs initially relegated to white female part-timers before the large-scale employment of African-American and Hispanic workers in the late 1980s. During the 1980s, the Philippines was navigating profound and tumultuous changes, particularly the effects of American colonization on the local economic landscape, the effects of the Second World War, and civil conflict over feudal land ownership, all of which were compounded by more than 20 years of the Marcos dictatorship. The interrelated impacts of these factors led to the development of an export-oriented Philippine economy with an immense national external debt, widespread poverty, mass segments of the

population compelled to seek low-skilled work overseas, and a thriving prostitution sector complemented by "transnational migration of Filipinas as sex industry entertainers or mail-order brides" (Padios, 2018, pp. 13-18).

In the ensuing decade (1990s), the Philippines witnessed the transformation of the largest Unite States military installations into Economic Zones, the advent of mobile phone technology and the Internet, protracted periods of nationwide electricity shortages, the adverse effects of the 1997 Asian financial crisis, and other lingering socio-economic problems. It is within this context and historical backdrop that third- party BPO services from the United States. arrived (Padios, 2018, pp. 20-21). Early firms included Accenture's Global Resource in 1992, Sykes in 1995, and eTelecare Global Solutions in 1999 (Timeline: BPO in PH, December 2018).

According to the 2004 President's State of the Nation address, there were already 68 U.S.-based call centre companies in the Philippines (Friginal, 2007, p. 332). Convergys, People Support, Sitel and Teletech are a few companies that had set up multiple sites. In the 2000s, call centre expansion continued under the administrations of Aquino III and Duterte, notably in Next Wave Cities and other Economic Zones in urbanizing areas of provinces beyond Metro Manila. The United States remained as a significant source of foreign investments for many BPO companies, despite Europe's larger foreign direct investment percentage in 2013 (Errighi et al., 2016, p. 10). As the Information Technology-Business Process Management sector integrated Automation, Artificial Intelligence and other technological innovations, the Contact Centre Association of the Philippines (CCAP) confidently proclaimed in 2018 the nation state's image as the prime

destination for outsourced voice-related services, and call centres as robust contributors to national and global economies (Cahiles-Magkilat 2018; Mercurio, 2018).

Apparently, the economic policies of previous administrations have largely accounted for how call centres have become ubiquitous in the Philippine urban landscape. Relating these local movements to global economic trends, the World Trade Organization's General Agreement on Trade in Services (GATS), along with innovations in information technology, encouraged the boom in BPO enterprises (EILER, 2010, p. 95). Underlying these decisions to create economic spaces was the clout of neoliberalism framed to the tunes of deregulation, liberalization and privatization for development in the economic agendas of other national governments (Bach, 2011; Brenner & Theodore, 2002; Ong, 2006). Legislation passed by the Marcos dictatorship that brought export processing zones into local existence constitutes one of the earliest illustrations of the neoliberal sway on the government of the Philippines. These provisions exemplified an adherence to the economic approaches of the World Bank and the International Monetary Fund, which emphasized producing exports, removing trade restrictions and minimizing the government's regulatory role (CBBRC et al., 2011, p. 14). The latter's obsequious position was driven by the country's extensive accumulated foreign debt linked to post World War II reconstruction "aid" provided to a former colony of the United States (Constantino, 1978). More overt economic expressions of neoliberal ideology can be seen in the economic policies from 1995, most notably the *Special Economic Zone Act* (Kleibert, 2018, p. 476). Padios (2018) explains the development of call centres as an important aspect of the nation-state's neoliberal

aspirations to rehabilitate the global identity of the Philippines as the economic sick man of Asia, and to reconstruct its post-colonial identity as a competitive global business partner and knowledge centre.

While the agenda for economic development may be implicit, what such aims mean for the potential improvement of call centre work conditions remain questionable, even remote. Another study by EILER (2011), entitled Modern Day Sweatshops in the Service Sector: Business Process Outsourcing (BPO) in the Philippines, suggests that the very location of call centre work in SEZs has made occupational health and safety conditions problematic in many respects. For instance, industry employees working in offices within SEZs revealed that their employment contracts contained a provision preventing them from joining a union and that their companies dissuaded new employees from doing so during training. In essence, these actions go against the Philippine Labor Code's provision for an individual's right to freedom of association. The study also reported that 90 respondents across three information technology hubs were receiving lower than minimum wage rates (EILER, 2011, pp. 145-146). More significantly, the study cites the explanatory note of *The BPO Workers and Welfare Protection Act* (House Bill 2592) filed at the Philippines House of Representatives by Representative Raymond Palatino, which noted that many BPO companies stalled or created ways to prevent workers from gaining "regularized" employment, thus denying access to benefits such as medical check-ups (EILER, 2011, p. 117).

Clearly, SEZs allow call centres and other BPO companies to operate above the law in The Philippines. In my conversations with EILER's representative, I

discovered that the privileging of business firms within SEZs allows them to get away with violations of established laws, since compliance with labour standards is voluntary. The leniency that these zones afford call centres and other companies have clear ramifications in terms of monitoring and ensuring employees' rights and welfare.

Proposed interventions at the legislative level have been made to address these issues. The previously mentioned House Bill 2592 included provisions for tenure of employees, entitlement to medical benefits, right to self-association and to engage in Collective Bargaining, among others. Another proposal was the House Bill 6073, also referred to as *BPO Workers' Health and Safety Bill*, put forward by Representative Teddy Casino, which sought to establish a company health program, employee health insurance policy, and an occupational hazard and safety officer (Salgado, 2013). In fact, there is even a provision in the Labor Code, Article 130, that prohibits women from working between 10pm and 6am, "which is largely ignored, with the government casting a blind eye" (Ofreneo et al., 2007, p. 545). In addition, BIEN's position paper (BIEN, 2020) points to a recent set of legislations on the protection and welfare of BPO workers, with specific provisions to mandate additional minutes for bio-breaks, transportation benefits, free annual medical exams and coverage, and protection of BPO worker's security of tenure, among other issues on occupational health and safety.

Contemplating further these realities and other features of call centres brings me back to the notion of the contradictions that define these workplaces. At one level, a SEZ is a haven for call centres, safe from government bureaucracy and other

regulatory complexities. Yet, there are few provisions for the safety and security of call centre employees. Within these "special" zones, such favourable business conditions come at their expense: uncertain job tenure and access to benefits and other compromises, including the risk of losing one's life on the job, as the mall fire incident in Davao City attests. The precarious and troubling conditions of call centre work will become evident through the voices of the agents and team leaders, whose stories are presented and analysed in the next three chapters.

CHAPTER 5

Risky business environments:

The health effects of call centre workplaces

When you leave the house, the risk is there, it's in the news how an agent died from a hold up … since you come to work in the evening … as they say, you're putting one foot in the grave … it's difficult for those with families or mothers who need to leave their kids, obviously because of the emotional stress … and you can catch different types of illnesses … Others say that it also has a psychological impact.

–Anj, 30, female, call centre agent.

There are fire exits … there are fire extinguishers … there are [sprinklers], but I don't know if they are working … the only thing missing are fire drills.

–Noel, mid-20s, male, call centre agent.

In the days leading up to Christmas, 2017, I adjusted my plans to steer clear of the pressures brought by the Yuletide rush in Metro Manila: gridlocks, overcharging cabdrivers, long queues in public car parks and transport terminals, and at automated teller machines (ATMs), dining places and shopping stores. While I managed to escape the traffic madness by staying indoors and updating my fieldwork files, it was difficult to avoid hearing reports of the New City Commercial

Centre (NCCC) Mall fire tragedy that claimed the lives of 37 call centre workers and a mall employee.

Several media reports helped me piece together critical information that brought to the fore the lax occupational health and safety regulations in the Philippines' call centre industry. Several employees reported that their fire drills were limited only to the personnel of the Human Resource and Administration Departments (Tupas, 2018). Other evidence pointed to the carelessly installed electrical wiring in the department store located directly below the call centre office (Colina, IV, 2018c; "Investigators: 'Electric short circuit'", 2018). The short-circuit from the faulty connections had ignited the blaze on a Saturday morning and nearly engulfed the whole four-storey complex in Davao City. Investigation bodies and statements from survivors further revealed malfunctioning alarms and fire exits that were "non-compliant", thus demonstrating occupational health and safety violations by building owners, administrators, and renovators (Capistrano, 2018; Colina, IV, 2018a; Fonbuena, 2017). The incident also exposed the poor practices of officials from the Bureau of Fire Protection (BFP) Davao, Department of Labor and Employment (DOLE), the Local Government Unit (LGU), and the Philippine Economic Zone Authority on matters related to building compliance inspections, permits and reports (Colina, IV, 2018b). A year after the incident, the City Prosecutor's Office dismissed the charges filed by the Interagency Anti-Arson Task Force (IATF) against executives of NCCC Mall and the US-based call centre firm that occupied the building (Colina, IV, 2018c). This judicial decision shows how the country's legal system is often seen as complicit in promoting a culture of impunity.

Official accounts of this tragic event are echoed in the testimonies of Anj and Noel, introduced as a preface to this chapter. Their testimonies, along with those of my other conversational partners - call attention to the broader structural context of call centre work in the Philippines through illuminating the risks and hazards that these workers face daily. The frontline workers I interviewed described a range of occupational health and safety concerns, including the immediate and sustained ramifications of these conditions on their emotional, mental, and physical wellbeing.

In this chapter, I examine how call centre frontliners understand the health effects of the material conditions within and beyond their workplaces. The sequence of my discussion takes the reader through the chain of frontliners' everyday struggles, from their race to the workplace, to create a picture of the nuances and complexities of their lived experiences. Hence, I organised this chapter according to the following sections. First, I describe the perils involved in getting to the office on time and travelling back home, often through very congested city traffic and pollution. I then proceed to focus on the physical features and conditions inside the call centres that frontliners experience as problematic to their personal health and safety. One such condition concerns the chilly temperatures of the call centre offices. In the third section, I present frontliners' accounts of the confining and unhygienic conditions of their workstations, which cause a range of stresses. The next section focuses on workplace facilities, including food sources and office toilets. The fifth section discusses the inadequacies of the medical, safety, and wellbeing infrastructure with which they must contend, especially during illnesses and other emergencies. These myriad factors (including the daily commute, workplace temperature, sanitation, and medical facilities) illustrate intersections between

occupational health and safety practices and urban social problems in Metro Manila and the political economy of call centre work in the Philippines. My participants' stories serve as contemporary examples of the connection between individual troubles and public issues (Mills, 1959, p. 6), which has occupied sociologists from the earliest years of the discipline.

In the final section of this chapter, I explain how the focus on performance metrics complicates and intensifies the harmful effects of the material conditions that define frontliners' work environments, as elaborated in the first five sections. This focus on metrics increases call centre frontliners' vulnerabilities to occupational health and safety risks and contributes to the precariousness of their work. Such aspects of their work environment as the risks involved in commuting to and from the office, coupled with the pressure to meet performance targets, reinforces tendencies toward the self-responsibilisation of health and safety problems, thus reflecting the imperatives of neoliberal discourse. As the next chapters will show, these interrelated factors are woven into the experiences and health effects of call centre work schedules (Chapter-6) and the social relations that shape frontliners' daily interactions (Chapter- 7).

I. *Racing into harm's way: Hazards in travelling to and from the workplace*

While the NCCC inferno illustrated how a call centre site may constitute an occupational health and safety hazard, many of my conversational partners like Ynna, a female Technical Support Representative, traced the perils involved in their

occupation from the moment that they step out of their homes and head to the office. For Ynna, the most palpable of all risks in commuting to and from work was the gendered street harassment from *Istambays* [14] and *Barkers* [15]

> I experienced being followed by istambays, then barkers catcalling you… I would run since my shift was around midnight … and they would follow you … Since I was alone, I would get paranoid, they might grab my bag or something … I might not make it to work. – Ynna, 22, female, call centre agent.

The presence of istambays and barkers, and the activities in which they are involved, point to the flow-on effects of broader social problems. The most identifiable are unemployment, scarcity of career opportunities, and the persistence of sexist attitudes towards women in the country. The fact that these individuals can brazenly commit such harmful acts points to the lack of legal and police protection and explains Ynna's "paranoia." In fact, she is fearful of robbery, murder and other street crimes that fester in a context characterised by widespread poverty.

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[14] While Batan (2012) describes istambay as derived from the English term standby, it commonly refers to a young male, out of work, who spends idle time hanging around public locations with other individuals of similar status. Batan (2012) also points to local definitions that underscore the social aspect of the term as the condition of being jobless (Almario, 2001:385), and the negative connotations such as delinquent tendencies (Santos, 2006:209).

[15] Barkers are passenger callers, usually for jeepneys, a local mode of public transport (Cerio, 2017, p. 46). They are also participants in the informal economy (Ofreneo, 2013, p. 422), and are reliant on 'tips' given by jeepney drivers, in lieu of a regular income.

The concerns regarding safety hazards and security threats in commuting among female conversational partners like Ynna compare to the worries of female industry workers reported by Amante (2010, p.117) and by Narli and Akdemar (2018, p. 291). The latter authors add that these trepidations are informed by a social environment with a highly patriarchal culture as evinced by "being afraid of one's boss, father or spouse", and the high urban crime rate including frequent violent acts against women (Narli & Akdemar, 2018, p. 291). The relevance of gender in the issue of occupational safety is also asserted by Ofreneo (et al., 2007, pp. 545-546), who notes that in Indian society night work for women is associated with prostitution or belonging to a lower class or caste. Such cultural nuances can help make sense of gendered concerns among Filipino workers considering the urban setting of call centres in Metro Manila, where the sway of male chauvinism, class elitism, and Catholic-centric norms persist.

Where law enforcement operatives are present, the source of these dangers only changes form - ironically, to persons who are supposed to serve and protect the community. Fausto, a male call centre agent who handles billing and sales inquiries, described an unpleasant encounter he had experienced with the local police one evening:

My shift was at 1am … I was already riding a [motorized] tricycle. When I got out, these scalawags approached me, "This is curfew, an administrative ordinance. Our targets are 18 and below … can I have your birth certificate?' As if I carry that every day! I was so agitated, since it took 15 to 30 minutes, and for me every second counts, it takes

me a lot of time to get to work. I was going to be late … and there

were killings left and right since our place was the focus of the Duterte

 Administration's War on Drugs … five of my friends … were

executed. That is one of the risks: we are often mistaken for drug

pushers … That's one of the things I fear whenever I leave the house

at night. I'm afraid for the life of my seven-year-old and four-year-old.

My pregnant partner also gets paranoid. Because months ago, day and

night you can really hear gunshots. And then you'll just hear that

someone got killed. That's why I'm also wary when I travel. –Fausto,

26, male, call centre agent.

Fausto's story underscores another aspect that defines the social context

which commuting call centre employees must navigate daily: the climate of violence

encouraged by the national government's policy to solve the drug problem by force

of law. The police harassment endured by Fausto, and the death of his friends

because of mistaken identities, bring into view the ramifications of a political

directive at the level of everyday lives. Ynna's and Fausto's accounts encapsulate

the ways in which broader social problems and political conditions imperil their

wellbeing as call centre employees, considering the extensive night-time travel that

is required. More particularly, these interview excerpts indicate how the threats

posed by other people's actions in the streets leave an indelible emotional impact on

them.

The insidious effects of travelling to call centre sites also include stress,

according to Andrei, a customer service agent and single mother, and fatigue,

mentioned by Johnny, a male Technical Support Representative. Both frontliners attributed the adverse impacts of occupational travel to the inefficient public transport system in Metro Manila:

> I travelled for about two to three hours … you had to take the MRT (Metro Rail Transit), which involved extended periods of waiting, and from your stop, you had to ride a jeepney or van, and when you get off, you still had to walk some distance to the office, so it really took a lot of time … the travel was really stressful. –Andrei, 30, female, call centre agent.

> Do you know the feeling that you haven't reached the office yet and you are already tired? If you're taking the bus, you need to get off at a corner of EDSA (Epifanio de los Santos Avenue), and you still must walk to your building … it's also traffic. –Johnny, 20, male, call centre agent.

Other issues associated with commuting in Metro Manila such as exposure to pollutants like fumes from smoke-belching vehicles and factories, dust from building construction and the streets, and other harmful elements, including uncollected garbage, ill-maintained canals, and open sewers, have telling effects on the health and safety of call centre workers. These environmental health problems are anything but helpful to Orie, a 31-year-old sales account agent and single mother with a prior chronic respiratory malady. As her respiratory physician explained, her graveyard shift, combined with exposure to the pollution and heavy traffic,

aggravated her asthma. Fausto noted that, aside from inadvertently inhaling engine fumes during his trips to and from work, he must also withstand the extremes of temperature: the intense heat of the sun while waiting in line for a ride, followed by the icy coldness inside the air-conditioned bus.

Fausto also explained that most agents, including himself, left work staring and feeling like zombies in *sabaw* moments.[16] Fatigue and exhaustion from taking calls and other tasks compelled them to fall asleep during their ride home and render themselves vulnerable to thieves or pickpockets aboard public transport. One time, he awoke in the bus and found his wallet gone. Other frontliners shared with me similarly troubling episodes, like that experienced by Martha, an agent handling outbound calls and a married mother of two children:

> There were plenty of holdups because the location was quite far...I have a lot of workmates who experienced holdups ... I've experienced my bag getting slashed … heading home in the morning … since I am normally exhausted, I sleep during the ride. When I woke up, it was already slashed. –Martha, 34, female, call centre agent.

Eve, a 38-year-old agent and single parent of two children, emphasised the reality of call centre employees falling victim to crime. She mentioned that BIEN had gathered information on similar cases in other provinces. One example she cited involved a female agent, who was robbed and murdered (BIEN, 2017). In fact, this

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[16] Literal Filipino translation of soup; it is also an idiom for a person who seems mentally exhausted or who cannot think properly ("Sabaw", 2019).

incident seemed to corroborate with local media reports on call centre agents, who have lost their lives from such crimes (Agoncillo, 2017; Avila, 2018; Sauler, 2016). Eve's account, along with the those of Fausto and Martha indicate that the timing of the shifts constitutes a key risk factor in call centre work. My next chapter on the health impacts of call centre work schedules will also discuss these risks.

The stories of conversational partners who have been mugged during their commute resemble the example given by Hechanova-Alampay (2010, pp. 45-46). Additionally, reports of female call centre agents who have lost their lives from the more heinous crimes of rape and murder, have parallel examples in India, according to Nadeem (2009, p. 34), who also describes reports of attempted abduction, molestation and physical attacks on female call centre workers by male transport service drivers. Mirchandani (2012, pp. 129-131), who likewise cites an incident of a female industry employee who was raped by a driver, suggests that the organisational response of some companies to provide transport arrangements for employees is more about facilitating their need to get to work on time as a requirement of the business operation, rather than a concern for their wellbeing.

Aside from criminal threats, call centre workers must occasionally contend with the complications brought by other circumstances beyond their control, including flash floods caused by typhoons and monsoons. Interestingly, my participants found the lack of understanding from their employers more stressful than the actual dangers of being caught in a flood. Roland elucidated the insensitive attitude of company management, including his immediate supervisor:

For them, it's not an excuse to say that you will be absent since there is neck deep flooding … instead the bosses would reply "You know that it will rain, so leave early." So that means, if there's a typhoon, and I notice that it's already showering at 2pm, I should start going to work even if my shift is at 8pm?! They're so inconsiderate … it comes across as, "We bought you for this price, so you have to do this for us, and that's that." –Roland, 20, male, call centre agent.

Roland's account provides a glimpse into the power relations between call centre management and frontliners. While the complexities of these relationships will be explored further in the next chapter, it is sufficient to note at this point that the occupational challenges identified by Roland relate to travel risks and hazards. In fact, it can be argued that the imperative to come to work compels employees to take risks to avoid losing a day's pay or even their job. During severe weather conditions, some employees resort to wading across dirty floodwaters or charging through the rain and gusts, thereby putting themselves at risk of skin infections or coughs, colds, fever, and flu. They may also have to seek alternate routes and modes of transport, such as walking further or travelling on less familiar and potentially hazardous routes, just to get to work.

The perceptions from agents like Roland, on the imperative to come to work despite the risks and hazards brought by fortuitous events such as flooding due to heavy rains or typhoons has also been described by Hechanova-Alampay (2010, pp. 44). Such corresponding reference to issues of call centre occupational travel safety and security, along with the previous examples, makes us realise how work location

as part of the material conditions that determines the health and safety of employees not only entail time and effort-consuming distances, but also life-threatening hazards. Furthermore, the health and safety implications of location are compounded by call centre time. In the case of my conversational partners whose companies did not provide transport services for employees, they were left to travel to the office every night exposed to the perils of crime, while expected to arrive at the office on schedule.

Having lived in Metro Manila for most of my life, I have often witnessed scenes of stranded commuters dealing with various adversities, especially during the wet season. Aside from braving torrential rains and submerged pavements and streets, many passengers compete and sometimes fight over the few available transports plying the passable roads. Some passengers even suffer extortion from drivers who take advantage of the situation by charging inflated prices. I have had my share of such unpleasant experiences, including a few such instances during my fieldwork.

But the most relatable challenge is having to endure the city's congested traffic for long hours because of the unreliable and inefficient public transport system. This was most acute to me while I was working as a call centre human resource recruitment consultant between 2004-2005. Aside from the pollution, waste, and sanitation problems, I vividly remember that going home every night was an ordeal. I had to stay in the office or wander around the business district until 10 pm, just for the traffic to ease and make my travel time bearable. Whether it was the morning gauntlet or the afternoon rush hour, getting to work and reaching home in

the quickest way possible were frequently voiced concerns in the stories of agents and team leaders. They framed their commuting miseries in the context of Metro Manila's poor public transport and traffic congestion. Indeed, several of my conversational partners compared their daily journey to a race, wherein the first relay of the sprint to get home began in the morning.

According to Ola, a sales account agent and single mother, a trip to work could take only 15 minutes on a national holiday. However, 'normal' weekdays meant enduring the inefficient public transport system and waiting in line for an additional 30 minutes to board one of the *UV Expresses*. [17] With the slow-moving traffic, her journey to work usually takes more than 1.5 hours.

For my conversational partners residing on the outskirts of Metro Manila, their average one-way commute time was at least two hours. In the case of Tony, a 29- year-old team leader, the daily crawl to his office could take up to four hours. In asking what a typical day or night was like, I often elicited responses that emphasised the need to engage in very careful forward-planning to estimate travel times and cater for related contingencies. Gabe, a single mother and customer service agent, articulated the encumbrances she often felt in navigating these daily challenges:

I should be out of the house between 4.00 to 4.30pm. I should be out walking, and I should be on the bus by 4.35. If I cannot get on a bus

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[17] UV Express refers to an alternative mode of public transport, usually passenger vans.

by 4.40pm, I'll be contemplating if I will take an Uber, because traffic here is so difficult. I often ride the only bus line from our place that passes Epifanio De los Santos Avenue (EDSA). I often reach my stop at 6.45pm … that's how terrible the traffic is in EDSA. I've just tried the Metro Rail Transit (MRT) once and it is fast, but my God, it's madness riding it! The most difficult part is going to work, like you're chasing a particular time. –Gabe, 38, female, call centre agent.

Clearly, Gabe's personal trials and tribulations of reaching her workplace before the start of her shift were produced by the urban problems of congested roads and poorly maintained, overcrowded, and inadequate public transport. Another frontline agent, Dan, a 35-year-old father of two children who lives with his partner, described an onerous commuting experience. Once when the train on which he was travelling to work broke down, there were no available rides on the vehicles that filled the thoroughfares. All the traffic had come to a standstill: a situation he referred to as "carmageddon."

The need expressed by Gabe and my other conversational partners to be punctual for their shifts stemmed from an imperative to meet their "metrics" – performance targets. Performance data is crucial since individual measures of call centre work productivity determine job tenure. Like Gabe, Red, a 26-year-old male agent with technical support experience, claimed that attendance was a major metric that frontliners "need to hit". He explained that most companies mandate their agents to be at their desks 15 minutes before their shift starts, to set up their computer-based applications, programs, and systems. Such actions are not advisable while taking

calls, as they will affect one's Average Handling Time (AHT): the duration of an agent's conversation with a customer.

Both Gabe's account of "chasing a particular time" and Red's discussion of attendance as a "major metric" demonstrates how time is treated as a valued resource in call centre work. Punctuality is requisite and non-negotiable - a feature of frontline work that sets the call centre apart from other white-collar occupations. Tony, a team leader, noted that he had not experienced the same demand to report on schedule in his previous employment in a bank. He also explained that the pressure is much stronger for team leaders like him since they must set an example of reporting early for work.

As if the difficulties outside the office were not enough to contend with, problems with building facilities, including slow and poorly functioning lifts, further compromise frontliners' abilities to comply with their schedules. In Orie's case, her office is located on the 36th floor and most of the building's elevators to that level are frequently "out of service". She explained that the long queue for the remaining lift makes people late for their shifts. Furthermore, such conditions prevent workers like Ola from getting home in a timely manner:

> After shift everyone tries to leave first ... Because when we get to the elevator, it already has a lot of people. If you miss it even for a bit, you'll get stuck for another 15 minutes, since the elevator also takes long to come back … So, it's really a race leaving the office. That's why we have this term "Honda...Hon-da-dot" … if your shift will end at four, you should have already pressed the button, at 3:59 and 59

seconds, so you'll be quicker to get out. Once you're out, you run

outside to get a ride because if you go home late, you must deal with

the heavy traffic. –Ola, 28, female, call centre agent.

The need to rush home is motivated by attempts to maximise one's sleep, as the cycle of "chasing" time begins anew on the following day or evening. Gabe explained that she always aimed to be at home within two hours after her shift finished so she could be in bed by 7am and get eight hours of sleep. However, for many customer service/sales agents like Zac, a single father, getting an adequate amount of sleep was difficult considering the hours consumed by commuting:

If you'll pass through EDSA and if you need to take the MRT …

you'll be exhausted further from your commute since you're already

tired from work. By the time you get home, you barely have time …

for sleep, sometimes there's three hours, four hours. You would be

happy if you get to sleep for five hours. –Zac, 26, male, call centre

agent.

Orie explained that she was often so tired from enduring the traffic jams, that some nights she skipped dinner altogether. In this way, succumbing to fatigue comes at the expense of nourishment and adequate nutrition. Such tensions in the health-care practices and coping strategies of frontliners, as a consequence of time pressures, require a more elaborate discussion – and this is presented in Chapter 6.

In this section, the accounts of my conversational partners emphasise how onerous the demands to "chase time" can be. The arduous office journey immediately puts frontliners at a disadvantage, even before their "race" has begun. My female conversational partners appeared to be slightly more vocal over the harms to which occupational travel time exposed them, particularly gendered concerns around safety, security, and childcare. The challenging urban conditions described by male and female participants have several implications. For Zac, wasted hours on travelling means shorter periods to recharge for the next shift. Such structural problems equally compel agents like Orie to practices that replace the health risks of fatigue with that of skipping dinner, hence producing new risks in the form of reduced nutritional intake. At the very least, the physical effort required in getting to work and reaching home constitute further layers of risk associated with metrics, especially with the focus on punctual "attendance." Put differently, the problems in commuting not only imperil the health and the lives of frontliners, but also their job performance and occupational status and security.

Aside from the traffic and public transport situation, my conversational partners also identified other structural issues associated with commuting as compounding factors to their occupational concerns. These social problems included street and police harassment, crime, and the government's drug policy. The connection between call centre work and related health issues, and job performance becomes even more compelling in the next sections of this chapter. Once frontliners enter the office premises, another set of occupational challenges confronts them, beginning with the intense cold of their work environment. Their accounts bring me

back to my own experience of the harsh contrast between the tropical swelter outside and the inhospitable temperature inside the call centre.

II. Entering in and out of "Winter Wonderlands": the exigencies of workplace temperature

Orie recalled that in her first call centre, located in the basement of a building, several agents fell ill due to the harsh coldness of the air conditioning. What made her situation more difficult was that whenever she stepped out of the office to "thaw", agents were smoking in the same open area. She found it difficult to avoid inhaling second-hand smoke. She was hospitalised for four days when the passive smoking triggered her asthma. She also developed pneumonia, which she attributed to the combination of sweating profusely from the summer swelter and then drying up every time she re-entered the extreme cold of her office. Orie's experience of symptoms caused by the discrepancy between temperatures inside and outside the workplace echoes Fausto's difficulties in enduring the contrast between the scorching sun and the chilly air-conditioning inside the public bus during his daily commute. Several other call centre agents described the impact of such variations in temperature. Macy, a single mother of two children who handles technical support, mentioned suffering headaches and respiratory reactions. Meanwhile, Francis, a male frontliner who deals with outbound calls, cited other severe consequences. The following excerpts underline the effects of extreme temperatures:

They just raise the temperature a bit but of course when the office is empty, it will still feel cold … it's really freezing, and we need to bring

our jacket … being used to tropical weather, my head will hurt, sometimes you get cough and colds, because when you step out of the office, it's hot. –Macy, 43, female, call centre agent.

If you request it to be adjusted, the highest [room temperature] is 23. So cold that you want to die … when you go out, you perspire, then when you go back, your sweat dries up … I've had migraine, sinusitis, colds, cough and bronchitis. –Francis, 23, male, call centre agent.

Such descriptions of respiratory problems as outcomes of the contrast between the coldness inside the call centre office and the tropical heat and humidity outside, supports the earlier investigations of EILER (2011, p. 126) and Ofreneo (et al., 2007, p. 543). Their interpretations that identify the office air conditioning system as a major source of employee illnesses, including symptoms like colds, runny nose, dry and itchy throats and hoarseness finds support in the earlier analyses of P. Taylor et al. (2003, pp. 444-445), Hunt et. al (2010, pp. 69, 72), Benninghoven et al. (2015, p. 416), and Piwowarczyk et al. (2012, p. 198). Notably, these voice-related health outcomes that compromise performing phone-based work demonstrates how the material determinants of health and safety problems also constrain rather than enable the ability of call centre workers to do their job.

Gabe voiced concerns over the effects of the numbing blast from the air-conditioning outlet near her workstation, which caused her ears to turn red and made them feel brittle. She further claimed that the temperature was lowered whenever clients visited their office. Francis assumed that his company's management

maintained the coldness of the office since their boss was a large person and felt warm all the time. Both Gabe and Francis suggested that the personal preferences of those in positions of authority partly determined the temperature settings, thus producing health-compromising conditions for many workers within call centres. Lacking control over air circulation, temperature and humidity in their offices, many of my conversational partners are driven to wear jackets and other warming apparel, or simply endure the wintry conditions and resulting symptoms. These actions support Lloyd's (2013, p. 42) argument that employers shift individual responsibility over wellbeing to the employee. The physical climate of the office is socially determined by what sounds like a lack of consideration from management as to its potentially detrimental impact on workers. Rather than adjusting the air conditioning to a more comfortable setting or providing warming equipment, both of which could help frontliners perform their jobs more easily, managers appeared to maintain a physically challenging workplace. To appropriate the idiom of neglecting someone, call centres appear to leave frontliners "out in the cold" on the production floor, and it is up to the workers themselves to figure out how best to deal with freezing office temperatures.

Meanwhile, the role of team leaders in drawing up seating plans likewise placed frontline agents in a position where the latter were vulnerable to the hazards of the production floor's chill. This aspect of the workplace, which is hardly tolerable, directly impeded the ability of agents to meet the demands of providing quality service to callers. Anj described how this feature of the work environment affected her productivity by impacting on her respiratory system, which is crucial to voice-based customer service work:

I was holding it with the coldness of the aircon, and you cannot skip drinking liquid, since you're taking calls and your throat dries up, so you'll eventually feel the need to pee...in all four corners there are aircon vents... I looked and tested where to sit...since it's directly hit by one of the openings, I told my TL, "I'm gonna get sick if you don't transfer me." My TL said, "test it first" ...that's why the following day I was coughing and blowing my nose. I said, "I told you TL, see, now I have colds." I sounded nasal. My throat itched and this will give me a hard time talking, I'll lose my voice, my performance will be affected. –Anj, 30, female, call centre agent.

This excerpt from Anj's interview also suggests that agents lack control and autonomy to mitigate the uncomfortable effects of the room temperature. Sol gave the same impression when she described the workstation allocations as a matter of luck. The 26-year-old technical support specialist, and single mother to a two-year old son, also recalled how the wintry conditions of the office often dried her throat and caused pain and hoarseness. Victor, a 24-year-old team leader, admitted that the temperature in his office, which he compares with an icy movie theatre, caused some of his agents to develop colds, which in turn compromised their performance.

Another observation from Anj's experience is the conflicted state that arises from the need to urinate, and the need to drink to protect one's voice. The job demands that workers take action to protect their wellbeing (drinking to soothe their throats and enhance their work performance) but this, in turn, creates an increased need to urinate– a bodily function that is curtailed by the strict work schedules and

limited bio-breaks. This common predicament amongst agents and team leaders portrays the call centre workplace as an incapacitating rather than an enabling environment. In this section, I have shown how frontliners' accounts illuminate the risks posed to their health and work performance by the "freezing" temperatures with which they must contend. The next section brings into focus other material features of the workplace that contribute to health conditions and insecurity in the lives of call centre frontliners.

III. Toxic hot desks: Illnesses and discomfort arising from workstation equipment

Many agents and team leaders were troubled by aspects of their workstations and the office environment. They took exception to a range of factors, including computer hardware and software (or "tools," according to some conversational partners), poor maintenance of office furniture, and poor standards of cleanliness that increased the risk of infections. Not only did they describe these features as harmful to their health, but also as counterproductive to their efforts of providing good customer service. These health concerns and compounding pressures on work performance intensified their experiences of precariousness and vulnerability in the context of their work.

Ynna worried about the increased potential for negative reactions from inbound callers due to the spatial configuration of workstations, including the state of computer hardware and software and the proximity to other workers. The lack of adequate distance between herself and other agents not only increased the risk of

infection but created interference from the latter while trying to concentrate on her own calls:

> It is compressed … so we get to hear those beside us who have loud voices. The calls and your performance get affected. Sometimes … the background chatter of people speaking in *Filipino* [18] would give the customers the impression that we are talking about them since they cannot understand anything. –Ynna, 22, female, call centre agent.

Andrei gave a similar description of agents seated closely to each other. Lack of partitions between her officemates only made her attempts to focus more difficult; intruding conversations from other frontliners on their calls made her feel obligated to explain the situation to her customers:

> With my current office, it's like we're inside an Internet shop …There are really no divisions … you can't concentrate well, we're too close to each other … sometimes there are those who carry out calls loudly and I would have to explain to the caller. –Andrei, 30, female, call centre agent.

Aside from constituting a health risk, these reports on inadequate spacing between workstations and noise interference that is counterproductive to their job performance relates to the problems of the open-plan layout described by Barnes

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[18] The national language of the Philippines.

(2007, p. 248). For Bobby, a 33-year-old male team leader and registered nurse, the proximity combined with the enclosed air-conditioned office environment, accounted for his ongoing symptoms of Upper Respiratory Tract Infection (cough, sore throat, runny nose, and fever). This same confining feature of call centres most likely left frontliners susceptible to contagious viruses, as happened to Bel, a male credit collections agent. He disclosed having acquired a pulmonary infection, while working in another call centre in previous years, which led to marked emotional and mental health consequences:

> It's also here where I was diagnosed with non-communicable tuberculosis … when I got tuberculosis, I got paranoid, I became fuzzy, I became picky with where to eat … I always had my alcohol. I said to myself, "This is so complicated." –Bel, 30, male, call centre agent.

Fausto's ensuing quote emphasises the ease with which infections can spread in his office. More broadly, his excerpt speaks of the vulnerability that such workplace conditions impose upon frontliners. Such conditions in the working environment, including inadequate spacing between desks, likewise suggest lack of concern on the part of the employer to protect employees from preventable illnesses:

> If your seatmate is suffering from colds, good luck! If this is our desk, and we're just an arm's length away, we're just about one seat apart … so if they stand up and cough, and we're facing each other, or if you're

around agents who have colds, then, yeah…–Fausto, 26, male, call centre agent.

Aside from the restrictive spaces, some agents like Orie also talked about problems associated with office furniture. She mentioned that her chair caused soreness in her hips. During my conversation with Red, he motioned to a region of hisback where he felt persistent pain ever since using the stiff chairs in the previous callcentres in which he worked. Eve explained the lingering effects of poorly designed seats. One afternoon, the numbness she was feeling eventually led to a temporary disability and forced her to miss work for the whole night. This dramatic event was deeply frightening for her:

> The previous call centres did not have adjustable and comfortable seat … there were previous instances when my lower extremities felt numb, so I would raise my legs to let the blood flow … when I woke up one day, I could not get up … in my mind, I am normal, but my lower extremities did not feel like working … When I tried to stand up, I just fell on the ground … I could no longer feel my legs. –Eve, 38, female, call centre agent.

For a business that relies heavily on the immediate availability of a bulk workforce, Eve's absence left her team with one member less that night. The lack of attention to office ergonomics by call centre management clearly affected other

frontliners. Cora, a female team leader, supplied another lucid account that showed how the quality of office chairs can cause specific physical injuries:

> The seats have not been replaced since I've been there for eight years…Some are old, and many have experienced accidents … the legs break since they're made of plastic … last Tuesday, someone fell off his chair and bruised his hip … He was rushed to the hospital for an x-ray and made to rest for a day. –Cora, 34, female, call centre team leader.

These illustrations of workstation seats with poor ergonomics as sources of pain and bodily motor skill disorders are underpinned by P. Taylor et al. (2003, p. 444) and Benninghoven et al. (2015, p. 416), who adds that "poor seating ergonomics leads to muscular tension which reduces abdominal breathing and thus complicate speech." These problematic material conditions of call centre work, along with the hazards of office location and temperature are not health and safety risks alone. These risks also jeopardise workers' performance and thus put them at greater risk of losing their jobs.

Workstation seats are not the only potential sources of harm. Several female frontliners explained that their vision was also affected. Sol attributed her blurred vision to the effect of working on computer screens for prolonged periods. Wilma, a 26-year-old female team leader, started wearing glasses after her vision worsened recently. Ynna had this to say about the effect of call centre work on her eyesight:

I had perfect vision before, then I started with 75/25. But it was corrected, lowered and went up again. It's work-related … by [the time I was employed by] my second company, I started wearing glasses since my eyes would hurt and my eyesight seemed blurry. I think it is part of the effect. –Ynna, 22, female call centre agent.

Considering my impression of call centres as exemplars of corporate technological sophistication and advanced efficiencies, I did not expect my participants to mention problems with their office Internet and computer software, though several did so. Zac noted that their online network-based system fails due to the slow Internet speed in the Philippines. Again, this work issue is part of broader structural problems in the country: The Philippines had the slowest global computer network infrastructure in the Asia-Pacific in 2017 (Barreiro, 2017; Mercurio, 2019). Consequently, frontliners take longer to resolve customer issues, which in turn adversely affects their Average Handling Time scores. In this sense, Zac identified the way in which the physical infrastructure of the call centre office hinders the capacities of frontliners to provide "quality customer service," part of which rests on fast resolution of callers' problems. Andrei's struggle with her computerized program caused her to fall out of favour with a caller, demonstrating how office tools can impede rather than enhance a call centre worker's efficiency, and generate distressing feelings:

An issue regarding our tools is, since now we changed systems … it is still updating its processes … so there are malfunctions. So, the customer will get angry, "Why is it taking too long?! I'm on the line

too long!" … "I'm sorry, it's still updating." –Andrei, 30, female, call centre agent.

Andrei's predicament and the ensuing health effects from encounters with irate callers reveal another dimension beyond the compromising material conditions of call centre work, which I will explore in the next chapter. Needless to say, one can imagine the emotional and mental impacts of an angry person on frontliners like Andrei, who were concerned with their performance amidst the technical malfunctions and constraints.

The health implications of computer system flaws can likewise be drawn from Ola's experience. In her words, "with logging out, the system takes too long to process!" The delay in shutting down the computer-based system results in flow-on effects of catching a late ride, getting caught in rush hour traffic, arriving home much later and having less time to sleep and recover for the next shift. Rather than facilitating convenience and efficiency, call centre office equipment can contribute to offsetting a frontliner's best efforts to bypass the heavy traffic.

The headsets seemed to be among the most troubling aspects of the workstation for call centre agents. Orie received a new headset unit that turned out to be damaged. She heard the sound of customer voices from this new unit "as if they were inside a cave," while they could not hear her from their end. Aside from hindering their performance, frontliners also described headsets as health-compromising items in their work, considering that in many call centres agents must share them. One can get a sense of what it is like to share such personalized

equipment from Eve's remark: "you can smell the last person who used it!" In fact, there were agents like Macy who have been forced to bring their own sanitizers. She explained that she cleaned her headset by rubbing alcohol over it before using it, ever since she had caught a cold from the same device previously used by another frontliner from an earlier shift. Gabe also acknowledged these workplace risks:

> We didn't have our own headsets. So, we were sharing. And then we didn't have our own workspace. So, if you're not fussy, that's ok. But later on, someone will have cough, right? –Gabe, 38, female, call centre agent.

What may appear to be a degree of tolerance on Gabe's part towards the risks of using shared equipment can also be understood in terms of the company's failure to take responsibility for office hygiene. These matters are then transferred to the workers by default and leads some of them to "normalise" such situations. As likewise shown by Macy's example, such inadequacies that reflect the lack of interest by her employers in ensuring a clean work environment fostered self-responsibilisation among employees, leading to them shouldering additional concerns for sanitation. Such potentially illness-causing conditions propelled some frontliners like Fausto to take a more interventionist approach:

> Last month, they just implemented the built-in headset. We were going to swap with another team, so other agents will use those headsets. That's why I took my own, I didn't want to use those. Because that agent may have tuberculosis, and I love my life! Sad to

say, those new agents need to use the built-in headsets. –Fausto, 26,

male, call centre agent.

Fausto tells us that new frontliners are immediately placed in a vulnerable and precarious situation as they commence their employment. The practices in Fausto's company were similar to those described by Ica, a 25-year-old female collections agent. A company in which she was recently employed "handed down" headsets to new agents that had been used by former frontliners. Such arrangements only serve to increase the risk of infections, while these workers are yet to earn tenure. Supplying call centre workers with unsanitary office equipment makes them vulnerable to illnesses and other health risks, which in turn increases their likelihood of getting sick and then having to be absent and thus, in turn, compromises individual and team performance scores. Put differently, compromising employees with unhygienic work equipment puts in motion a chain of possibilities that is likely to produce lower performance while these workers are at their most vulnerable.

Some agents also reported hygiene issues concerning other office fixtures. Cora admitted that the carpets in their office had not been replaced since she began working in the building eight years ago. She added that these furnishings were very poorly vacuumed and often contained traces of dirt that increased the vulnerability of employees to health conditions such as dust allergies, rhinitis, and asthma. In fact, she was coughing and sniffing during our meeting, and explained that her symptoms had arisen from a combination of the accumulated dirt in her office and the proximity to people who had previously caught colds. Sam, a female frontline agent

who handles billing and service usage inquiries, encountered similar issues with floor coverings in a call centre in which she had previously worked:

> The carpet has many stains, there's always a rule, CLAYGO or Clean-As-You-Go, but you still see cookie crumbs or coffee stains … it was always very dirty! –Sam, 45, female, call centre agent.

Several agents also noted the lack of cleanliness of desks and computer keyboards. Francis did not hide his disgust while describing the production floor in his office. His account resonates with Macy's earlier example (p. 158), both of which point to the way call centres condition employees to take responsibility for the company's occupational health and safety standards by ensuring the cleanliness of their work areas:

> The work desks and computers are so dirty and there are more people now who use these. It looks like a [beauty] parlour … there are so many stray hairs, clipped nails, from the people who used the stations in the morning. Because of the sticky feeling, I always bring with me wet wipes and alcohol to clean stuff. –Francis, 23, male, call centre agent.

In fact, the problem of sanitation is not only limited to the vicinity of the workstation. In Ola's call centre, the issue of poor maintenance extends to the water dispensers:

> There are times that the water is not clean … maybe the dispenser is
>
> not properly cleaned or maintained and caused some to have LBM [19],
>
> or stomach pains during the last two months … nearly all those beside
>
> me, were repeatedly going to and from the clinic to ask for medicine.
>
> – Ola, 28, female, call centre agent.

At one level, my conversational partners portrayed their concerns over occupational risks and hazards within their workplaces as multiplying the challenges posed by the objective conditions outside the office (such as traffic congestion). The restrictive spaces and defects in office computer technology negatively affected the metric scores of frontline workers, such as Average Handling Time. Simultaneously, the unsanitary headsets, computer equipment, workstation tables, carpets and the uncomfortable chairs caused some agents to get ill, again compromising their performance measures.

The examples of poor hygiene here also illustrate how newly employed frontliners are subjected to health risks once they start to work towards their tenure. The same risky business environments that call centre management allows to exist encourage frontliners to take a hand in normalising the illnesses caused by physical features and conditions of their work environments, thus assuming responsibility for their own health and safety (Lloyd, 2013, p. 42). As with the previous discussion of the health effects of chilly temperatures inside call centres, this section of the chapter has presented examples of the myriad illnesses and symptoms identified by

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[19] Acronym for "Loose Bowel Movement", ("LBM", 2020), a common term among Filipinos that refers to diarrhea, or loose stool.

frontliners. Respiratory and pulmonary infections, including coughs and colds, anxiety, physical injury, musculoskeletal problems, digestive upsets, and stomach pains are among these health effects. Noticeably, my female conversational partners appeared to be more critical of office equipment, furniture and space. More specifically, many of their accounts expressed their disgust over unhygienic headsets, desktops, and their work areas.

Several frontliners like Sam disclosed the problem of occupational hygiene in office toilets. Regarding her first call centre in Metro Manila, she described the female toilets as poorly maintained and "smelly". Usually, however, frontline agents were more upset with the location of these facilities relative to their workstations, rather than how they were maintained. Similar concerns over proximity to available food and beverages were also frequently voiced, issues that are explored in the following section.

IV.   Public (in)conveniences and recycled menus: Problems with toilets, food, and beverages

At Gabe's call centre, agents like herself must run all the way from their workstation to the end of a corridor to use the only restrooms on the production floor. For frontliners, easy access to the restrooms from their desk is crucial considering their limited "bio-breaks" from work to use the toilet. Not only are the toilets too far from the workstations, but there are also too few of these facilities – and often workers need to wait to use them. Martha calculated that it took her four minutes just to run to the toilet and relieve herself. This amount of time is subtracted

from her scheduled 15-minute breaks. Eve informed me that in some call centres, an agent needs to travel to another floor just to relieve themselves, circumstances that are imaginably very challenging for frontliners. Distance from the toilets can compromise their time for rest and recovery after taking calls. Once again, metric (performance) targets further complicate the use of these breaks from taking calls, as in the case of agents like Fausto, whose Quota Per Day Metric requires that he take 40-60 calls during a shift. In Ynna's call centre, frontliners were allowed only one five-minute bio-break during the entire shift of eight hours, which she argued was clearly inadequate, considering their need to constantly hydrate.

These examples related to restrooms and bio-breaks signal another complex dimension in determining the effect of performance metrics on social relations in call centres - and is the focus of the next chapter. For now, the stories of my conversational partners show how the material conditions of precarious work and related vulnerabilities produce conflict between their accountability to deliver a high level of performance (e.g., in terms of number of calls taken) and their wellbeing. Significantly, the conditions of their work environments encourage them to risk their health but also to interpret their health practices in certain ways.

The physical and mental drain from the challenges of taking calls means that workers require access to food, beverages, and rest-breaks to carry on with their tasks effectively. As with the risks and hazards caused by workplace hygiene, many agents felt an indifferent attitude from management in response to their concerns over refreshments and meals. For many of my conversational partners, the issue can be as pressing as the absence of immediate sources of food. The call centre office

where Ola works does not even have a canteen inside. This means that workers must go out of the office to look for nourishment. Not only does this encourage the consumption of unhealthy fast food, but such efforts require time that could have been spent on recovering and preparing for the remaining work hours, thereby potentially compromising their efficiency to perform their jobs. Another workplace inadequacy that can affect work performance is the shortage of drinking water, as reported by Sam concerning the previous call centre in which she worked in. Meanwhile, other conversational partners like Johnny took issue with the lack of free coffee. His complaint over the absence of coffee shows how it is treated as an essential material resource, much like an important office tool, for taking calls. This is also understandable – and more poignant – when one considers the constellation of stressors such as long commutes, the over-night shifts, and limited breaks with which agents must cope. Noel's account is even more telling. Aside from the lack of coffee, the managers in his office discouraged employees from bringing in their own food, which is relatively more practical and less health-compromising than dining out. Noel painted a picture of the multiple shortcomings he and his colleagues experienced in terms of their nutritional welfare, suggesting lack of attention to their employees' wellbeing on the part of the managers in his office:

> In our office, there are a lot of things lacking … there's no free coffee, there's no available food that is being sold … And you can't bring your own food, there's no microwave, no place to wash your dishes … and with the refrigerator, anytime someone can steal your food. –Noel, mid-30s, male, call centre agent.

Not surprisingly, these conditions mean that employees in Noel's call centre must eat elsewhere, which creates a financial strain on their daily budget. Having to leave the office for food cuts into their time for eating, resting, using the toilet, socializing with their colleagues and attending to other matters.

Frontliners' concerns over the choices of food available to them brings me back to the setting of the call centre where I used to work. Hotdogs, sandwiches, instant noodles and white rice with fried chicken, egg rolls, dumplings, flavoured drinks, soda, instant coffee, and bottled water were examples of the usual fare among frontliners. The nearest place to buy a hot meal or refreshment was a convenience store located on the ground floor of a building across the street. The closest food store to the office was a café that mostly served desserts and baked pastries; a little further away there were expensive restaurants, and several fast-food outlets and food courts housed in shopping malls that required 10 to 15 minutes of walking. Sometimes the queue to order and buy a meal in these dine-in and take-away outlets could require another 10 to 15 minutes of waiting, which made frontliners late in returning to the office. Occasionally there were street vendors, who peddled rice-based meals and snacks outside the back entrance of the building in a clandestine manner. Many of these food options were arguably less healthy and not necessarily cheap and did not provide better alternatives to the office pantry and vending machines, in terms of the risks to the call centre worker's health and job performance. The accounts from my conversational partners show that the situation is no different from the conditions of my workplace thirteen years earlier. As Andrei summarised, the immediate surroundings of a call centre are filled with business establishments serving unhealthy fast food.

Indeed, there were agents who attributed their medical conditions to the quality of food they had been consuming since working in call centres. Fausto believed that his gallstones were most likely due to the alcohol, snacks, and fast food with its high fat content - the main options available near his workplace. He also thought that imbibing after-work drinks contributed to his medical condition. Meanwhile, Sol largely attributed her recurring Urinary Tract Infection (UTI) to the constraints of her daily menu - salty snacks, energy drinks, and instant coffee, consumed in high proportions and often without water.

In call centres where food and beverages were readily available, Red complained of the limited variety of food and frequent instances of stale food. The nutritional health risks that are "served" to frontliners strongly indicate a lack of oversight and concern for employees' welfare on the part of some call centre companies. Orie provided a more disturbing observation of the quality of the food in her office:

> In my current call centre... the food that they serve seem to be recycled...
> I heard that the meat they cook is not fresh; it smells bad and is very
> hard to chew... and the canteen does not serve for 24 hours. –Orie, 31,
> female, call centre agent.

The same neglect of occupational health and safety standards extended to the call centres that Ica described, where there had been reported cases of food poisoning from the office pantries. None of my conversational partners mentioned

any instances of sanctions being applied to food and drink business operators within call centres, and thus it appeared that these operators were not held accountable for the tainted products they sold.

Sam, who is also a cancer survivor with specific dietary needs, described the meals that are sold in scant portions in their office pantry as too salty. In her case, such available options for nourishment present as health constraints, given the negative association of food high in salt (such as fried meals) with cancer. In Zac's case, he explained that the menu in their pantry depends on the whims of the food and drink service concessionaires, who often provide a very limited range: "sometimes...it's just dumplings and rice." This arrangement of contracting food concessionaires to provide food and drink options for call centre employees means that the responsibility for this aspect of their health and wellbeing is devolved from corporate managers to the concessionaires. Zac's observation of the limited menus underscores the disadvantageous outcomes of "outsourcing" food and drink amenities: the generation of further risks for call centre employees. Where food concessionaires enable ready access to cooked meals, the options they provide are not always affordable. Many frontliners, like Andrei (as discussed on pp. 165), are forced to "choose" less healthier alternatives from outside their workplace; for example, a serving of cooked vegetables peddled in the streets may cost twice as much in their office pantry.

There were also problems with the beverages available on the call centre premises. Ola commented that she and her colleagues often encountered vending machines in their office that failed to release the item they had just purchased or did

not return the correct amount of change. While these automated processes may provide a greater range of refreshment choices in some situations, Ynna reported that their machines dispensed only different types of soda.

To summarise, my conversational partners' concerns over nourishment revolved mostly around issues of quality, variety, and accessibility, including cost. The related material conditions described by agents and team leaders revealed that companies have yet to meet their occupational health and safety standards in providing access to adequate sustenance for their employees. Importantly, this is an area in which significant improvement is needed to enhance the health of employees and ensure higher levels of productivity.

V.   Distant clinics and other inadequacies in health and safety facilities

Most of my conversational partners mentioned that their call centres had in-house medical personnel who could attend to employees who were sick or feeling unwell. They also confirmed the presence of fire extinguishers, sprinklers, closed-circuit television cameras and roving security personnel. However, some agents described medical facilities that were difficult to access and were without medicines or physicians, sleeping areas with very few beds, lack of fitness amenities, and inadequate safety equipment and training in how to use it.

Similar to the problems of poor access to restrooms and food sources, some frontline agents like Anj also had to contend with clinics that were located some

distance from their respective workstations. Anj related an incident where the FX[20]

she had travelled on to work was involved in a collision, and she wanted to take a

relaxant after arriving at work in a stressed state. she had travelled on to work was

involved in a collision, and she wanted to take a relaxant after arriving at work in a

stressed state. However, on asking advice from fellow employees, she discovered

that the infirmary was in another building. Ynna also reported that the clinic attached

to her call centre was not within easy reach. The following excerpt from her

interview reveals how troubled she felt about the location of the medical facility, as

it intensified the pressures produced by performance metrics, including attrition

rate,[21] which in turn produced such health effects as stress and hunger - all of which

were woven into the experiences of precariousness and vulnerability that

characterise the position of a call centre frontliner:

> The clinic is far from the [work]station and five minutes is not enough
>
> to get there. You drink medicine and you need some time to rest. But
>
> your attrition is affected if you exceed the allotted five minutes …
>
> health is affected since you opt not to go to the clinic so that your
>
> metrics will not get affected, you just continue to make calls. You just
>
> wait for the break to go to the clinic … And if there's another break
>
> then you go back to the clinic. What happens is that you spend all your
>
> breaks in the clinic, and you miss out on eating lunch … you just go

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[20] A form of public utility vehicle that is derived from Toyota's Tamaraw FX model, which has become a generic term for comparable types of transport from other manufacturers (Diaz and Cal, 2005, pp. 214-215).

[21] A call centre performance metric referring to "the rate at which members of staff leave the workforce over a given period of time" ("What is Attrition Rate?", 2018, paragraph 1).

back to the floor and make calls again … you're hungry while you're working. –Ynna, 22, female, call centre agent.

Ynna's response illustrates the detrimental impact which the location of the clinic in some call centres can have on frontliners' work performance. It creates conflict between addressing her health concerns and meeting her job objectives. Her account also shows how the clinic, ostensibly set up to address health concerns, ironically ends up as an "accessory" in contributing to the precarious situation and comprised health of call centre workers.

Based on Orie's experience in her first company, those frontliners who sought medical attention had to travel from their workstation located in the basement level of the building to the clinic on the fourth floor. She also observed that many sick agents who felt the need for additional doses of medications, usually journeyed back to the clinic since the medical staff were not generous with the amounts of medications they dispensed. Orie's observations point to the issue of medical supplies in call centres. Anj also noted that in some companies, including her current centre, the medical facility frequently runs out of medicines. Bel likewise encountered this situation in his first workplace:

I asked for this medicine, and it wasn't available, so I asked, "what will I do instead?" because my throat was hurting. "Is it ok if you come back, because I feel that the supply of lozenges is on their way." Imagine, we're in the call centre, they should have something for our

voice, but they don't! Every day, a lot of agents ask for something for their sore throats. –Bel, 30, male, call centre agent.

Aside from the issues of proximity to medical facilities and availability of medicines, other agents highlighted the lack of on-site medical personnel. Julian disclosed that the in-house doctor was seldom present, and there was only a nurse who gave out pills or tablets for agents seeking medical attention. Ynna reported that the clinical staff in her office usually consisted of a nurse and a "corporate physician", who she claimed was "only a practitioner" and "yet to finish becoming a doctor".[22] Bel stated that in his second call centre, there were no doctors among the in-house medical staff.

I also discovered from my conversational partners that many call centre companies contract with external health care providers to assign nurses. Apparently, these nurses run the in-house medical facilities most of the time. As my next chapter will illustrate, tensions and disputes sometimes arise between the medical staff and frontliners. Most of these arguments were over decisions as to whether an employee was eligible for sick leave or considered "fit enough" to work, and the kind of treatments offered.

Another set of problems concerned the state of sleeping facilities. As explained by my conversational partners, call centres usually have these provisions for their employees who want to rest when they are not required to handle calls.

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[22] Ynna's description corresponds with that of a physician in training or a medical intern.

Some frontliners opt to catch up with lost sleep before a shift or before going home, while other frontliners take power naps in unoccupied beds during their breaks instead of eating, if there are no break suspensions. However, several conversational partners attested to the limited number of beds in relation to the number of frontliners who wanted to sleep or rest, which reduced the opportunities to use these facilities. For instance, Dan revealed that in their building, there were only four to six beds on each floor but more than 500 frontliners in his company. Aside from the scarcity of beds, restriction on the duration of rest or sleep was another compounding factor. In Roland's office, the sleeping time allowed is limited to 2 hours. Sam's ensuing quote not only corroborates the issues that Dan and Roland mention. It also exposes the unhygienic state of the mattresses and bedding in the call centre where she had worked- yet another patent case of negligence in occupational health and safety standards. Her example illustrates how the uses of bed rest as a health-promoting practice is overlooked, thus creating conditions that potentially damage workers' health. Sam took her own steps to manage the risks inherent in the dirty bedding:

> The sleeping quarters have double decks only good for eight; there are quite a number of you working there so you have to wait for your turn every four hours. So, after four hours they will wake you up since there's someone queuing. The first time I tried [the bed], I was scratching a lot because of the bedsheets. So, after that, I brought my own pillow and bedsheets –Sam, 45, female, call centre agent.

While I was not able to investigate further the specific regulations around sleeping quarters, most agents including some conversational partners normally avail themselves of these facilities when they are not feeling well and opt to recuperate in the office instead of going home. Some are mandated to sleep in available beds, in order to take calls as soon as their sleeping privilege expires. Both cases often require the endorsement of the available medical personnel and team leader. The complexity of the latter situation is also discussed by interviewed agents in relation to the health effects of call centre schedules in Chapter 6.

Furthermore, some conversational partners noted the inadequate company support for their wellbeing or the limited investment in human capital, which might also improve their performance. For instance, the lack of in-house gyms is an issue that frontliners like Zac and Fausto identified. In cases when they were available, Roland raised a cogent point that such physical enhancements in the workplace alone will not facilitate or translate into improvements in the health conditions of call centre workers:

> Yes, we have a gym, and we work out, but we don't have any instructors. We might just lift weights and use the treadmill without knowing that we are already doing it wrong … it will only worsen our current state. –Roland, 22, male, call centre agent.

The accounts of my conversational partners presented thus far in this chapter call attention to their experiences of precariousness and vulnerability in the workplace. Many of them described an array of health risks and hazards associated

with their work as call centre agents. From the dangers of commuting to the substandard medical services on offer, the limited investment in frontliners' welfare on the part of call centre companies militates against the imperative to provide good customer service.

Moreover, Julian's experience provides one of the most telling pieces of evidence that the threat of call centre work to the lives of frontliners does not end outside of the building. He described an instance when he and his fellow agents had felt an earthquake, while taking calls in the office. Despite the obvious shaking, their management claimed that it was "not so strong" and instructed them to carry on working instead of leading them to evacuate the floor.

There are other telling accounts that evince such lack of regard for the health and safety of call centre frontliners by their employers. Describing the first call centre in which she worked, Orie recalled that the basement, where her workstation was located, had no fire exit. As she remarked, having fire extinguishers in each corner of their work area would have done little to prevent the likelihood of getting trapped in the basement, should an earth tremor or blaze bring down the building. However, according to Dan, the presence of fire exits did not necessarily indicate that call centres were taking safety seriously. As his experience showed, managers had left them in harm's way during an emergency:

> There are [fire exits] but we don't participate in fire drills. If we get to
> participate, there would only be allotted people … the company does
> not obligate us, so in my view they are not all that serious in handling

such situations. When a strong earthquake happened recently, they did not make us go down and out of the building, we were just up on our office floor. -Dan, 35, male, call centre agent.

Anj also disclosed that they did not participate in fire drills and were instructed to remain on the phonelines. Instead of supporting agents to participate in a potentially life-saving practice, her company exempted them; each person was given a sticker that read "Please excuse this person --- taking calls". This move diminished the occupational hazard, "legitimized" poor health and safety practices, and generated conditions of vulnerability for frontliners. Such illustrations indicate very little investment in safety practices and training for staff. Exemptions from fire drill participation to take calls essentially translate to putting profit before employees' health and safety. Zac explained a situation where, instead of taking a preventative approach to occupational safety, his call centre reacted to a fire emergency by dishing out gas masks to agents and urging them to continue working:

Once someone's car caught fire, it caused a stench that reached the inside of our office …They just gave each of us gas masks. But the foul smell was intolerable, this whole complex was like New Year's Eve, you know when you can't breathe? But all they did was just to make us wear gas masks. Of course, it's business as usual. –Zac, 26, male, call centre agent.

These accounts of call centre workers return me to the NCCC mall tragedy with which I opened the chapter, prompting me to ask: How many of the hazards

revealed by my conversational partners might lead one day to another preventable disaster? If a business operation relies primarily on human resources, why do call centres fail to invest adequately in human capital to establish healthier and enabling environments? For all the cultural images of call centres as hubs of cutting-edge business solutions and a fun and people-oriented workplace, my interviewees' accounts demand that we re-imagine these workplaces. Throughout this chapter, the perspectives of my conversational partners reveal complex threads of vulnerability and precarious work. In my final section, I explore how these threads are shaped by neoliberal ideals.

VI. *"It's your health or your metrics...": Transferring risks to* *frontliners*

The concerns of conversational partners over the health and safety consequences of call centre work are largely driven by a greater apprehension of its negative impact on hitting performance measures or metric goals. Examples of such metric targets are maintaining less than five percent of accumulated late minutes and hours of absence per month for Absenteeism rate, making seven calls per hour while allotting 285 seconds per call for Average Handling Time (AHT), and daily quotas of 80 calls per day. A defining aspect of these measures is time. As previously pointed out in Chapter 4, metrics determine if frontliners get to keep or lose their jobs. When factoring in the exacerbating role of broader social issues, failing to comply with meeting performance measures like attendance becomes a convenient excuse to terminate the contracts of workers. Punctuality, for instance, is crucial but because of the unpredictably heavy traffic and unreliable modes of transport, an

agent can fall short on Absenteeism rate, which can compromise their chances of tenure. Fast turnaround of a caller's issue is another desired result. But because of the Internet speed and malfunctioning computer systems, a frontliner can incur a longer Average Handling Time (AHT), which can cost them their job.

Such possibility of losing one's source of livelihood evinces the insecurity of call centre employment and raises conceptual insights on precarious work. One indication that points to the precariousness of my conversational partners' occupation is the lack of consideration or support from employers to ensure protection from the risks and hazards of travel to work. This suggests that employers fail to recognise external factors that have implications on the ability of an employee to comply with occupational demands, which includes hitting metric targets. Consequently, employees are left exposed to various safety hazards and security threats and are thus subjected to a tendency of constantly worrying about navigating the dangers of commuting.

Another indication is the presence of illness-causing aspects of the workplace, which force workers to manage their own protection from sickness, as illustrated by the mitigating attempts of agents bringing in their own jackets against the unbearable cold and purchasing sanitisers due to lack the of cleanliness in the work environment. In this way, call centre workers are made to "bear the risks of work" (Kalleberg & Hewison, 2013, p. 271). Arguably, the conditioning effect of the lack of concern from employers in promoting and maintaining wellbeing in the workplace illustrates how they subtly shift work risks, which in this case are those related to occupational health and safety, to their employees. Such a transfer of

burden is what some writers consider as "the key feature of precarious work." (Beck, 2000 & Jacoby, 2001 as cited in Kalleberg, 2009, p. 8)

Furthermore, some of the interpretations of my conversational partners bear semblances to conceptualisations of precariousness. The accounts of anxieties over racing into the office and back home safely, the disappointment in encountering stale food, being forced to continue taking calls during an earthquake, the decision to hold off drinking or going to the toilet and skipping meals or medication in order to meet metric goals, are all plausible examples of precariousness as perceptions and feelings arising from individual experiences of precarious conditions, according to Boese et al. (2013, p. 318). In addition, several accounts of my conversational partners that explain their struggles as call centre workers, which include overcoming challenges of night shifts (including the perils of travelling and gendered concerns), suspended breaks, and meeting targets towards getting regular contracts, are micro-level expressions of Vosko's (2010, p. 2) insights on precarious employment that is produced by one's employment status, social context and geographic location. Call centre agents and team leaders must be constantly mindful of getting to work on time to avoid sanctions or termination due to "tardiness", in the face of the various exigencies in commuting in Metro Manila produced by constant road repairs, inefficient mass transport systems, pollution, garbage, flash floods, and typhoons, along with constant threats from crime and police harassment.

The ramifications of metrics, when combined with threats from street harassment, the effects of traffic, environmental pollution and other commuting risks and hazards, intensify the stress, fatigue, and other effects of chasing time and

contending with the perils of commuting. Inferring from my conversational partners, metrics serve as a basis for allocating frontliners with low scores to the least popular work schedules such as midnight or graveyard shifts. The imperative for hitting metric targets over prolonged and mostly nocturnal hours forces health compromising experiences, such as enduring cold and hunger, suspending bodily functions, or exposing oneself to contagious diseases. As some of the previous quotes indicate, the conditioning power of these sources of vexation extends beyond working hours. The pressure of metrics transforms recreation time into periods of catching up with lost sleep, preparing for work and allotting enough hours to travel to the workplace on time.

Metrics and various material conditions of call centre work appears to exert their impact in a cycle. Metrics structure and produce exposed and insecure everyday lives. Conversely, occupational risks and hazards stemming from systemic problems within and outside the office obstruct the efforts of agents and team leaders to comply with metric targets. A closer inspection of frontliner perspectives reveals that all the while they are generally left to account for and produce their own welfare. Getting to work by any means necessary, going to the toilet, eating lunch, and getting medication at the risk of missing metric targets, accounting for one's own sanitizing equipment and sleeping sheets are some of the examples of self-responsibilisation. Such illustrations resonate with the conditioning effect of neoliberalism on disciplining workers (Dumenil & Levy, 2011). Metrics facilitate these attitudes. These measures not only resemble the quantification of a person's worth, but also a system of justification and legitimation of power relations (Harvey, 2005).

Bourdieu's (1998/2000, 1998b) ideas help to further illuminate the connection of such attitudes of self-responsibilisation and normalisation with neoliberal ideology. Call centres as sites of capital mobility through globalisation of financial markets and advances in information technology have provided their business side stakeholders the pretext for ultimately defining work conditions in terms of "the pressure of self- control" among employees, evident in approaches like performance evaluations and increased accountability/responsibilisation. Performance metrics can thus be understood as a structuring feature of call centre work that resemble the "techniques of rational domination that impose over-involvement of work ... under emergency or high-stress conditions" (Bourdieu, 1998/2000, pp. 94-105; 1998b, p. 3).

Put briefly, this chapter has illustrated how the material conditions that determine health and safety issues experienced by call centre workers reveal other compounding and interwoven factors, namely call centre "time" in its various dimensions (pressures, schedules, performance metrics) and workplace relations. Such determinants are further complicated by performance targets. In varying degrees, the lay perspectives of my conversational partners have begun to reveal how the themes of precarious work and neoliberalism define the complexities of occupationally induced illnesses, safety hazards and security threats. In the next chapters, the entanglements of multiple forms of insecurity and neoliberal imperatives further illuminate the various layers of hierarchical social relations that agents and team leaders navigate in their day-to-day work.

CHAPTER 6

Wellbeing on the line 24/7:

The health effects of workplace schedules

You only get two or three hours of sleep … it's harder during the daytime because of the noise and the heat … you drink a lot of coffee to stay awake at night … I just take two sips [of water], that's it, then coffee again. The tendency is I get UTIs (Urinary Tract Infections) ... and you often restrain yourself from going to the toilet to pee. I must wait for our break, which sometimes takes long … There was a time when lunch was moved towards the end of our shift … Some have developed ulcers since we no longer get to eat properly and on time.

–Orie, 31, female, call centre agent.

What was taken away from us ... is our normal bedtime ... the idea of sleep as rest is lost ... you no longer have a body clock, since your shift changes ... It's like your body is just turned on by a key switch. Gone is living on this Earth as a normal individual ... it has been bastardised.

–Zac 26, male, call centre agent.

One of the most striking moments in my interviews with call centre agents was when Fausto described himself and his fellow agents as "zombies": "We're not normal...we're like Walking Dead zombies." His analogy of frontliners as restless

creatures from the American Movie Classic (AMC) television series, along with the opening quotes from Orie and Zac, demonstrates the sleep deprived state of many call centre workers. Their nocturnal working hours prevent them from getting adequate and regular periods of rest and recovery.

Furthermore, the accounts from Orie, Zac and Fausto accentuate the illnesses, unhealthy habits, dismal outlook, and feelings of leading "abnormal" lives caused by call centre schedules. Additionally, their quotes suggest that corporate structures largely hold sway over the lives of workers by restricting their movements and breaks inside the office, which then has consequences for their lives outside the office. The previous chapter revealed the risks and hazards arising from the material conditions of call centre workspaces, including the exigencies involved in travelling to and from the workplace. This chapter examines the experiences of stringent work schedules over which call centre workers have little control. These constraints both produced and complicated frontliners' various ailments, illnesses and other risks, prompting them to respond through a range of strategies.

More particularly, Chapter 6 explores the ways that my conversational partners described their experiences of the emotional, mental, and physical effects of their workplace schedules. My analysis consists of four parts. The first three sections elaborate on the impact of work features related to call centre time in the following order: 1) shift work and bio-breaks; 2) leave of absence (LOA) and over time (OT); and 3) the insecurity of their employment. In each part, I begin by discussing examples of how they interpret their illness experiences, including the ways they illustrate symptoms and explain their origins, determinants and

implications such as the disregard for employee rights and wellbeing on the part of their employer. I then examine the strategies that frontliners use to address the health troubles that they attribute to their call centre work arrangements. In my final section, I build on my analytical discussion from Chapter 5 - on neoliberal business imperatives, precarious work, and the vulnerabilities created by their conditions of employment. More specifically, I weave the range of risks and hazards that frontliners have identified into the previous themes and reflect on individual agency, social control, work identity and other notions of health and illness.

I.   *Disrupted rhythms: The harmful realities of shift work and restricted bio- breaks*

Many of my conversational partners attributed specific illnesses and symptoms to lack of sleep as a result of their working hours that mostly ran from night-time into the early morning. This included acne, diabetes, sleep disorders such as nightmares and sleep paralysis, vertigo and weight loss, blood pressure and digestive disorders, kidney problems, mental and physical fatigue, and stress. Noel even attributed the miscarriage experienced by a previous co-worker to sleep deprivation. Selected testimonies from agents and team leaders in this chapter demonstrate the extent of their health problems.

Additionally, some frontliners claimed that the abrupt changes of shift hours were disruptive to their biological rhythms. Sudden alterations in their schedules likewise caused dissatisfaction and other emotional/mental outcomes. Other frontliners described their resentment, along with such ailments as hyperacidity,

trauma, Urinary Tract Infections (UTIs), and voice loss, as a result of the frequent cancellations and shift changes, and the inadequacies of bio-breaks. I will now move into a discussion of how agents and team leaders interpreted the health impacts of shift work and bio-breaks, followed by some of the strategies they used to deal with these impacts.

The first set of interview excerpts show the multiple effects of sleep deprivation at night. Many agents reported coming to work in very drowsy states, and some agents like Julian found themselves "dozing off" while struggling to keep awake during calls. As he recalled:

"There was even this one time when I was talking to an old American who was asking for assistance to fix his computer. He went, 'Hey, you're snoring, are you ok?!'" Another common impact among frontliners, according to Orie, was dizziness. Apparently, her symptom was indicative of hypotension. She found out about this condition while at work: There are agents who would get dizzy because of low blood pressure, since they pulled an all-nighter … I experienced it the first time when I worked a graveyard shift since I was not used to it … I found out that I had low blood pressure when I went to the clinic after I felt light-headed. –Orie, 30, female, call centre agent.

Orie's hypotension complicated her health condition since she was already dealing with asthma that was aggravated by the nocturnal work schedule, as

previously explained in Chapter 5. In the case of Dan, his bouts of dizziness during consecutive night shifts were accompanied by vomiting. He explained: "when I researched on the Internet, it had something to do with working at night." He also learned that sleep loss due to working at night weakens the immune system and leaves one susceptible to illnesses. In another conversation, Theo cited his physician's explanation that night- time work interferes with crucial physiological processes, since "there are some nutrients that we can only get through sleeping at night." Dan and Theo's statements suggest how shift work makes call centre workers vulnerable to medical conditions. Fausto's medical diagnosis reinforced the health complications that night work can cause:

> UTIs used to be my problem … there were times when my back would hurt … The doctor explained that one of the reasons why I had UTI was because my kidneys had weakened ... 'The kidney is really the first to take a hit when you lack sleep … your kidneys are weakening.' That's what the doctor said. –Fausto, 26, male, call centre agent.

UTIs were one of the most prominent health problems that my conversational partners reported in relation to time pressures and other aspects of their work arrangements, which I discuss in greater detail below. Meanwhile, a related impact described by Fausto (see Chapter 5, p. 138), concerned the experience of *sabaw* moments – the sensation of feeling physically and mentally drained - after working on the phone lines from dusk until dawn. Fausto's examples join Bel's ensuing account that night shifts not only result in physical symptoms, but also have

adverse emotional/mental effects. When Bel had his check-up, a serious health problem was revealed that led to significant distress:

> I was still in my first call centre, when my haemoglobin count went down ... I was on night shift … that's when I got scared … I'm quite fearful of these things … My haemoglobin count went down according to the doctor. –Bel, 30, male, call centre agent.

The following passage from Eve's interview likewise illustrates how the detrimental impact of sleep deprivation can be multidimensional. Furthermore, her perspective also reveals her use of physiological markers like blood pressure to make sense of her experience of ill effects. Her process of meaning-making frames the discussion of shift work as an issue of safety:

> When I started working in the company … my BP was 120/80. Then for a long period of time when I was working on night shift, my BP went down to 90/60 … I think it's the effect of the night shift or less sleep in the morning because everyone in your surroundings is awake, it's very noisy and with the [humidity] … and the light, you cannot sleep properly. Night shift is really high risk, because afterwards, you're going to entice each other for drinks in the early morning, 'Let's drink, I'm angry!'... On top of lacking sleep, you're drunk, angry and you can't even sleep properly … and become very prone to all types of illnesses. Psychologically, physically. And then the threat from

your surroundings [when commuting] ... it's more dangerous [to work] during the evening. –Eve, 38, female, call centre agent.

In discussing the ill effects of shift work, including security risks, as intertwined with the influence of office peers and alcohol, Eve uncovered the compounding social factors associated with sleep deprivation and the potentially dangerous situation it may create. Other frontliners traced additional structural determinants of the ailments from sleep loss and the perils of night shift to performance measures and to the system of scheduling by the company's workforce personnel. Noel explained that in many call centres, there is usually a scheme of "bidding work periods", such that teams with higher scores get to choose first from among the available timeslots. In this way, health and safety risks are intensified for frontliners with low scores since they are more likely to end up with the graveyard shifts. One such implication of these arrangements is that the cumulative effect of sleep loss when working nightshift takes its toll on a frontliner's performance and creates other risks such as the possibility of losing one's job. Like Noel and several other frontliners, Cora attested to cases of agents having been dismissed from their position for falling asleep, while attending to calls. In her office where phone transactions are audited and reported, managers listened to the recordings of conversations between customers and agents and occasionally fired the latter on the grounds of committing "an abandoned call." (e.g., losing a call due to falling asleep).

Moreover, the nocturnal work hours seemed to produce sleeping disorders for many frontliners. Tony's excerpt describes how his sleeplessness, combined with his stressed internal state, produced a less sociable character at work:

I got stressed. I was diagnosed with insomnia. My mind was preoccupied but I wasn't sure what I was thinking of … I couldn't sleep for two straight days … it was my TL who noticed that I was not the same person … my performance changed … I was the person who talked a lot to people but during that time I was so quiet, and I could not think clearly at all. –Tony, 29, male call centre team leader

The concurrent stress and insomnia that Tony reported corroborate the findings of Ho and colleagues (2008, as cited in Lozano-Kuhne et al., 2012, p. 24). Frontliners who experienced insomnia likewise support the accounts of industry workers in the studies of Amante (2010, p. 122), and Palabay and Jorge (2007, as cited in Lozano-Kuhne, et al., 2012, p. 24). In a sense, the night shift pressured frontliners to reconfigure their circadian rhythms and other bodily or internal processes. Orie's excerpt that opens this chapter offers a glimpse into the difficulties of going to bed in the morning. Lucio corroborated this challenge, noting the stress he felt from struggling to sleep after work. These symptoms may be indicative of delayed sleep phase syndrome (DSPS). In trying to make sense of the internal stress from struggling to sleep in the morning, Theo echoed the words of his physician: "the heart tends to be more relaxed at night, unlike during the day, your heart is more active, even while you're asleep."

Some of my conversational partners described health problems engendered by the irregular work schedule of the call centre. According to Dan, his struggle to adjust to the time of his shift was so stressful that it made him feel confused,

overwhelmed, and caused palpitations. Meanwhile, Bel described the rotational changes in his working hours as detrimental to his circadian rhythm:

> The worst thing was the schedule. This is where I experienced a transition every month! So, my body clock was finding it difficult to adjust. Let's say for this month, my schedule is from 9pm to 6am, and my off days are Sunday–Monday. Expect it to change the following month, say mid-shift, 11pm to 7 or 8am and your off can be Sunday and Wednesday–Bel, 30, male, call centre agent.

Other agents reported that their employers could implement changes to their working hours without prior notice or without consulting with them, thus generating conflicted and negative emotions. Andrei explained that, on occasions, her company had not honoured their stipulation that high performing agents, like her, would be granted the schedule for which they had bid. At one point, frustration nearly drove Andrei to give up her job, while in another instance her disappointment over her transfer to the graveyard shift drove her to tears:

> I was so upset that I wrote a resignation letter, because they did not meet our agreement. I performed well, but they gave me a different schedule … I was told my shift will be at 10pm. I said, 'I did not bid for that schedule, it's 3pm', [they said] 'Oh, because it's a business decision.' Really?! A business decision?! They just abruptly change it! There was another time when I really cried … my bid was 9am, [they said] 'We can't do anything, you'll be transferred to 1am'... Our AD (Assistant Director) tried to explain: 'We lack manpower in the

evening. We need to put you guys on because you're performing.'–

Andrei, 30, female, call centre agent.

The story of Andrei illustrates the health impacts and implications of call centre workers' lack of job autonomy, which was described by Lloyd (2013, pp. 66-68). Andrei's experience of her employer's decision to change her shift without her consent, and to discount their (previous) work agreement, not only leads to distress and insecurity. These experiences can also drive workers to resign, which will potentially harm their welfare and wellbeing. Furthermore, such sudden shift changes are suggestive of managers' (seeming) lack of regard and recognition for the contributions of workers and, more importantly, the effects on their personal lives. The sentiments of Bel and Andrei, quoted above, also reveal the marginalized and voiceless position of frontliners in terms of having a say in their hours of work. Despite the image of call centres as people and team-oriented organisations, these companies contribute to the health-compromising conditions of the workplace. The stresses involved in their lack of autonomy concerning hours of work, especially among agents, is intensified when lunch and bio-breaks are restricted.

The next set of interview excerpts (Noel and Anj) reveals how delays and cancellations of breaks may generate various types of bodily discomfort, pain, and emotional distress, and potentially complicate chronic ailments. The first account from Noel illustrates how the rigid imposition of break suspensions can be experienced as punitive. He recounted a "miserable" New Year's Eve when he had to report to the office with a digestive disorder. Despite his discomfort and urgent need to use the toilet, he was ordered instead to take calls first. Aside from his health,

his job performance also suffered. He explained that, because he became so preoccupied with trying to "hold it", he could no longer focus on talking to customers, as he was hurrying to finish his calls. Noel's situation is indicative of the contradictions in the needs of capital, which assumes greater importance over people and contests their control of their own bodily functions through micromanagement techniques (Lloyd, 2013, p. 60):

> My stomach was painful … I had LBM (loose bowel movements or loose stools). I asked permission to go to the clinic, they said I can't, I must take calls first … the Real Time Analyst (RTA) from Workforce Management said so. But I needed to relieve myself … that's why it was so annoying … It was New Year's Eve and I thought that I might be able to rest … but there were a lot of calls, and I didn't even get to enjoy the New Year. –Noel, mid-20s, male, call centre agent.

For Anj, extended periods on the phone lines triggered a recurrence of her acid reflux problem. At one point, its severity resulted in the loss of her voice. Furthermore, the diagnosis and recommendation made by their in-house medical personnel sounded like a subtle expression of treating workers as expendable:

> Due to our break schedules, my hyperacidity from when I was young came back. My worst experience was when my vocal nerve snapped while I was on a call, I really felt it … after I finished my call, I said 'Boss, it really hurts … I'll have it checked in the clinic.' They looked at it and it was acid reflux, so I rested. After an hour, the pain was gone but so was my voice … 'We'll send you home, we can't do

anything, your voice is gone. But you need to see an ENT [Ear, Nose and Throat Specialist].' When I did, they confirmed that the acid caused the snap– Anj, 30, female, call centre agent.

Aside from hyperacidity and a snapped vocal nerve, Anj also developed a UTI. In her account below, she links this specific health effect to the way her company regulates employees' bio-breaks. Moreover, her situation exposed the compounding influence of the uncomfortably cold office environment that increases the urge to relieve oneself and contributes to dehydration of the throat and mouth. Both the material conditions and the reduction of the length of bio-breaks reduced her ability to perform her tasks efficiently:

> We had 90 minutes bio break for the entire month ... they changed it to 20. That's how I got a UTI since I had to wait for my break ... sometimes for more than 3 hours … I was holding it with the coldness of the aircon, and you cannot skip drinking liquid since you're taking calls and your throat dries up, so you'll eventually feel the need to pee. –Anj, 30, female call centre agent.

Anj joins Orie and many other frontliners, who claimed that UTIs were prevalent among agents, largely due to the postponement of breaks that forced them to hold off urination. Their testimonials bolster the descriptions of Siwa and Arago (2017, p. 212) which, along with the issue of inadequate breaks, have driven growing cases of the condition among BPO employees. As signalled by Orie in her quote at the beginning of this chapter, UTIs, together with gastrointestinal disorders in

general, constitute a primary repercussion of putting breaks on hold. In her case, she had to deal with the poor water quality in the office, which not only exposed her to another occupational hazard, but also created additional financial strain because she was forced to purchase her drinks. Moreover, the distasteful drinking water in the office discouraged employees from hydrating, which increases the likelihood of developing an infection. The unhealthy material conditions reinforce a consumerist and stopgap response to a situation that reflects the neglect from management to ensure a healthier work environment. The situation also demonstrates how the lack of employer accountability pushed Orie to take responsibility for her health:

> I got treated for a UTI, so I force myself to drink a lot of water even if the taste is bad. (Dino: Don't you bring your own water?) No, I take water provided in the office … I've considered it although we also have vendo machines, so sometimes I just buy a drink. But most of the time I try to save money, so I drink office water … it's free, so you avail yourself of it. –Orie, 31, female, call centre agent.

Other agents like Sol saw the bio-break suspensions as contributing to her poor nutrition that, in turn, largely caused her UTI, as she explained in Chapter 5 (p. 166). Wilma provided further elucidation of the role of food consumption in the high frequency of UTIs among call centre frontliners. She noted that fast-food chains and convenience stores were the main sources of nourishment within reach of the call centres. In her explanation below, she links the problem of UTIs to the hours of work, the lure of accessible food options, and various chronic health conditions that have developed in the context of call centre work:

There are a lot in the call centre who become obese, have high sugar levels, high blood pressure, and develop UTIs, since we don't get proper nutrition … If we want pizza, fast food, Jollibee, McDonald's, KFC, they're accessible. They're easy to buy since our area is commercialized … Because sometimes we just get what's available … even if we're sick, we just go with whatever is available in our pantry. –Wilma, 26, female, call centre team leader.

The accounts of Noel, Anj, Orie, Sol, and Wilma demonstrate that employer/managerial expectations often restrict their opportunity to relieve themselves at will. Problematic material conditions in their offices (see Chapter 5), and conditions in the surrounding environment, have driven them into actions that lead to other health and safety hazards. As discussed in Chapter 5, many frontliners struggled throughout the night and early morning with freezing blasts from the office air-conditioning, which brought on increased dryness of the throat, and the need to urinate - as a consequence of attempting to remain hydrated in order to continue talking to customers. The cold office environment, combined with their nocturnal working hours also encouraged frontliners to consume diuretic drinks like instant coffee that helped them stay warm and remain awake, but also caused them to use the toilet more often. Constraints on opportunities to urinate set up fertile conditions for UTIs and other ailments. In fact, the prevalence of this occupational health problem appeared "natural" to many frontliners. To quote Wilma, "it's not like before when people would go 'Oh no...'; now it's 'Ah, that person has a UTI', like

it's just okay." It also seems, therefore, that break suspensions contribute to the normalisation of illnesses and occupational health hazards.

Most of my conversational partners expressed an awareness of the potentially negative impacts of coffee consumption. For instance, Red and Orie associated their experiences of UTIs with a regular intake of the stimulant, explaining that the accumulated sodium from the coffee may have largely contributed to these infections. Lucio also suggested that adding non-dairy creamers and sweeteners to one's coffee could lead to other complications, namely diabetes, high blood pressure, and weight gain, which in turn may lead to hypertension.

Aside from Sol's recurring UTIs discussed in Chapter 5 (p. 166), other conversational partners admitted that they developed the infection more than once. Some of them described the symptoms as sharp and intensely stinging sensations in their lower back and hips. Macy recalled that one time when she felt these pains, combined with a headache, their team leader commanded her to "hold it first" throughout "queueing" (i.e., when there were a lot of incoming calls in their business communication system). She also provided an evocative account that illustrates the severe consequences of a UTI. On one occasion she was hospitalised with a serious infection. This experience made Macy realize how her working conditions had contributed to a life-threatening illness that could leave her daughter to face life alone (had Macy not survived). The following excerpt lays bare the fear and insecurity that accompanied these thoughts:

That night, I peed blood, I got scared … So, I went to the doctor. They did some tests, they said it's UTI … my doctor's diagnosis was that when I drank water, I could have possibly urinated a stone that scratched so it bled … I even went to work the next day, but I felt feverish, so the nurse sent me home and I slept. When I woke up my temp was 40... I was by myself … I texted my eldest daughter, who was staying with my cousin ... they drove me to the ER [Emergency Room] … my test results showed that I already had [a serious infection] … they injected some antibiotics and I got confined for like a week ... during that time, it was like a dilemma since my eldest cannot sign anything, she's a minor. I had to talk to the hospital to let her stay … I didn't want to be alone. I needed to file a leave of absence … that's when I realized: 'Oh my God, this job is taking its toll on me! What if I died that night and my daughter was all alone there?'– Macy, 43, female, call centre agent.

The matter of break suspensions was intensified when the managers of a call centre, like the one where Sam worked, decided to subtract an amount from frontliners' salaries for the time they had spent beyond the allotted six minutes for their daily bio-breaks, thus individualising the problem of toileting. The inflexible and seemingly punitive procedures through which call centres regulate these breaks call attention to the focus on time that drives this service industry. While the perspectives of frontliners suggest that they value minutes of respite from calls, as a recuperative resource, call centre companies seem to mobilise time as a means of controlling workers. Moreover, Fausto made time appear as a call centre's primary

criterion of a person's worth when he explained that one of the metrics for team leaders involves the frequency at which their team members use bio-breaks. He added that their Operation Managers (OMs) even ordered team leaders to "eliminate" or limit breaks. In Fausto's words, "that's one of the shitty things, it's a contradiction."

Disapproving feelings and viewpoints were also conspicuous during my conversations with some agents who thought that, on top of the deferral bio-breaks, their limited duration was also a problem. Anj reasoned that their individual monthly allotment of 20 minutes did not make allowances for circumstances when an agent had to do more than bladder voiding. As she surmised, "if you need to poop, obviously you'll use it all up in one instance!" Nor was the five minutes rationed for every shift adequate in the slightest, according to Ynna, considering the copious amounts of water they needed to drink, which also meant additional time spent filling and refilling their water bottles. These accounts show how the organisation and allocation of bio-breaks prevent frontliners from attending to their bodily functions effectively.

Other agents gave examples of how call centres shackled agents further into the relay system of taking and making calls. As Julian noted, in their office managers instructed them to "Log in first, then take a break later." These managerial edicts made it even more challenging for workers to manage their bodily needs; that is, agents were forced to surrender their time to the demands of receiving or making calls as soon as they entered the office, which made it more difficult to leave their desks. Eve reported that her team leader had been directed to make agents "stay put"

and "to ensure that no one leaves their places." The fraught and complex practices of regulating breaks, as detailed by Julian and Eve, accentuate more than the process of surveillance. Techniques of restricting breaks can also be understood as contingent on a larger complex of control with global dimensions as suggested by Bel's situation. While he acknowledged the relative leniency of his call centre managers, he criticized the cumbersome process of going on bio-breaks. With his account that involved outbound calls, an agent must ask permission from a supervisor, who in turn needed to inform and confirm with an administrator in the United States office, who managed the dialler or the call application they used. He explained further: "So what now - if the person in charge of the dialler was in a meeting, or say, having a conversation with someone else ... and we really needed to urinate?" Bel's incredulity underscores how the health risks experienced by frontliners are also generated, at least in part, by the global reach and offshore governance of call centre companies; thus, demonstrating the adverse effect of the tension between the global and the local at the individual level. Just as Fausto's earlier example (pp. 196-197) implied, business interests collide with the welfare of workers, be they local employees or their offshore counterparts. In calling out the issue of break cancellations, frontliners illuminated the influence of the global context on local occupational health and safety problems.

Noel added that this punishing practice of deferring breaks across many call centres is motivated by the need to maintain a headcount of agents for multiple durations. In his company, this meant satisfying "Adherence": the metric pertaining to the "percentage of call centre agents who are on their seats as scheduled" (Jaiswal, 2008:408). This imperative can spell delays in breaks for up to six hours, and

extended working periods, especially when workers need to cover for their absent peers. As a team leader, Bobby admitted that he had to "force agents to hold their break or take it at a different time ... because the head count must correspond to the number of calls." Based on my conversational partners' accounts, the staffing requirements that reflect the interests of call centre company clients create the pressure that holds the latter responsible for frontline workers' health problems that arise from break suspensions.

The challenges and impacts of shift work drove some of my conversational partners to utilize coping strategies that were fundamentally health-compromising. For instance, to manage the challenges of the night-shift Johnny took up smoking as an antidote for sleepiness: "for me, it is important, because that's what keeps me awake." Despite the hazards that come with cigarette smoking, such as cancer and respiratory problems, smoking helped Johnny to fend off his drowsiness at night. His coping strategy supports the rationalizations given by BPO workers to Amante (2010, p. 118).

Several frontliners reported fighting drowsiness by consuming beverages high in caffeine, before taking calls and between calls. While many preferred copious amounts of instant coffee, others consumed energy drinks and soda. Although many of my conversational partners were aware of the longer-term problems linked to the additives in these drinks, the positive short-term effects associated with the caffeine offered an immediate resource to help them cope with the pressing demands of their jobs. Along with the consumption of cigarettes, the

use of such strategies to stay awake supports findings from the report by EILER (2011, p. 235).

Catching up on lost hours of sleep was another commonly cited remedy. In Chapter 5 (p. 138) I cited Fausto and Martha's habits of sleeping on their ride home. Alas, this practice had also made them unwilling victims of petty robbery on separate occasions. Some agents attempted "getting some shuteye" by pausing the conversation with a caller – a move that involved the risk of getting dismissed from work. As Cora disclosed, "agents usually put the customer on hold when they are falling asleep, and they even have a timer since you can do so for a maximum of three minutes." In some circumstances, the endeavour of getting more sleep could sometimes mean that other facets of their health were neglected, as in the case of Sol's co-workers in her previous office. She claimed that they used their lunch breaks to sleep instead of getting something to eat.

Alcohol was also utilized as a strategy to deal with sleep problems. According to some of my conversational partners, many agents frequented nearby watering holes after their shifts, downing beers served in ice-filled buckets, just to induce drowsiness and fall asleep. Fausto explained that the spirits helped him sleep amidst the noise, heat, and light of daytime. He added that drinking alcohol was helpful when he had an evening off, since his body was accustomed to being active at night. In some cases, however, agents developed unpleasant side-effects and related ailments from excessive alcohol consumption and were unable to attend work for at least several days. Some resorted to paying for bogus medical certificates to cover their absences, as Sam explained:

There are doctors who you can pay for a medical certificate. So, even if they don't have any illnesses but because of drinking last night, they will not show up for work … especially after the graveyard [shift], they can't sleep easily so the tendency is to drink, but they drink too much until the afternoon, so they would lack sleep, get a headache … So, they would call in sick ... This happened to me already … [a co-worker said] 'Don't show up for work anymore, I know of a doctor who you can pay 500 pesos.'–Sam, 45, female, call centre agent.

In contrast, some frontliners used a range of coping strategies focused on improving personal health and wellbeing. For instance, Ynna developed the habit of eating an apple before every shift since she was convinced that the fruit kept her up all night. She was also one of my few conversational partners who mentioned taking Vitamin C tablets. Victor, who took the same nutritional supplement, added that whenever he felt that he was about to get a cold, he used cough and cold medicines as a preventive measure. Red reduced his coffee intake and increased vegetables and fruits in his diet. As did Lucio, who complemented these practices with a daily dose of a herbal supplement that helped maintain his blood pressure at normal levels, despite all the caffeine he consumed. Anj likewise made dietary changes, such as eating less barbecued pork and chicken and more sweet potatoes, bananas, corn, and high fibre biscuits. She also followed her doctor's advice to drink omeprazole (medication for gastrointestinal pain caused by severe acid reflux). To deal with stress, Dan revealed that he had developed a strategy of spending time alone to rest and "de- clutter" his mind:

When I get stressed, I just want to be alone so I can just rest, without thinking of anything, just to have a blank space for myself, alone time, everything is just blocked out … That way I recover ... you stand up and relax first, empty your mind of everything that you're thinking of and let go. –Dan, 35, male, call centre agent.

As for the effect of insomnia, Tony gave more credit to his family and friends for his recovery, rather than to the therapy he received from a psychiatrist, which included psychotropic medication. The following excerpt from his interview highlights the role of social and emotional support in his "recovery":

I was able to get these prescribed sleeping pills ... I was able to sleep. But it's more of family intervention ... my family was there to support me, and my friends ... that's the reason why I was able to recover ... my Mom will ask me to put my phone down, so that I would be able to concentrate on getting sleep, turn the TV off or whatever distractions … my friends were also checking on me like texting and visiting me. – Tony, 29, male, call centre team leader.

Among those who suffered symptoms of hypotension, Eve managed to transfer to a BPO company that enabled her to work mostly during the day. She noticed that her blood pressure readings had returned to normal levels since she started working in the mornings. Meanwhile, Bel's strategy of increased hydration to deal with his low haemoglobin count demonstrated an individual action (agency)

that undermined and eased the constraints on rehydrating and urinating without the permission of his superior:

> I had to drink more water. So, there were office practices that I really violated in terms of waiting for permission from my supervisor ... I won't compromise my health condition just for this. That's what I always asserted. Eventually my supervisor tolerated me, because my supervisor knows when I say 'Boss, it's like this: I need to urinate … I need water.'-Bel, 30, male, call centre agent.

Bel's actions to take control of his situation and protect his health resonate in the strategies of several other frontliners in their approaches to bio-breaks. To circumvent the problems caused by delays or cancellations of breaks, Martha did not wait for approval from her superiors. She shared her thoughts on how she navigated these potential consequences:

> You can't really wait for your 15-minute break. In my case, I would tell the customer that I need to use the toilet and put the person on hold. They would normally approve. Or sometimes I'll say, 'I'll just get some water', or 'I need to reboot or reload the software. Any excuse that you can think of to run to the toilet … if I feel like going, I'll just go without asking permission. If you receive a written reprimand, what can I do, it's the call of nature, right? It's a valid reason to take a break ...I am prone to UTIs and I drink a lot of water, so I tend to need to use the toilet more often. So, I just go and if I get

caught, that's the time I explain. –Martha, 34, female, call centre agent.

In a similar vein, Julian disclosed how he and his colleagues used job protocols to address their pressing urges when managers cancelled their bio-breaks. They placed callers on hold, using such excuses as: "We're just currently updating our system, can I please place you on hold for two to three minutes?", and "I'll check your account first, so I'll put you on hold".

In the case of frontliners who were already dealing with UTIs due to bio-break suspensions, most relied on the use of antibiotics to treat their infections. Wilma offered an insight into the usual course of treatment for UTIs, and described her own sympathetic approach to supporting agents suffering from these infections:

Usually, agents take antibiotics for a week and it does not require resting for that same period. They can rest for one to three days as prescribed by the doctor. And then others continue the medication while coming to work ... [they] go up to me and ask, 'TL, if I feel like urinating, can I leave my station and go?' So, they have our consent ... I'm especially considerate with pregnant agents. I just let them be –eat, urinate at your own time since they are pregnant. –Wilma, 26, female call centre team leader.

To recap this section, frontliners identified the night shift as a key source of health problems, including excessive sleepiness and sleep disorders, hypotension,

mental and physical exhaustion, and negative emotional/mental effects such as fear, anger, annoyance, frustration, and stress. Working at night also complicated pre-existing health problems and encouraged such health-compromising habits as smoking and consuming excessive amounts of alcohol and caffeine, which are associated with the development of serious illnesses. Moreover, abrupt changes in shift hours disrupted their circadian rhythm and contributed to a range of disquieting emotional effects, including annoyance, dissatisfaction, confusion, stress, and feeling overwhelmed. The link that some conversational partners described between sleep deprivation and physical depletion, aside from their habits of increased drinking and smoking, unhealthy diet, and the issue of obesity, confirm the accounts of participants in Hechanova's (2010, pp. 214-215) study. Participants in Amante's (2010, pp.122, 117) study also described poor nutrition and stress as outcomes of night shift schedules, including drinking and smoking and the issue of obesity (see Melgar et al., 2011, pp. 8-9).

Some frontliners tried to address these negative health effects through health- improving activities. While their actions seemed to promote personal wellbeing, the unhealthy structural demands of call centre work arrangements raise concerns over the effectiveness of these practices, whether they are sustainable, and whether they are useful to most workers. More important to determine is whether employers and clients are willing, or otherwise, to accommodate or even support such initiatives. A notable compounding factor is the degree of inflexibility in frontliners' work schedules, which ironically compel them to be flexible to the demands of the work, thus recalling the discussion of Bourdieu's (1998/2000) ideas in Chapter 2 (p. 68), and Kalleberg and Hewison's (2013) work on flexibility. As

the examples in the next section will demonstrate, this rigidity was not relaxed even when frontliners required or sought immediate medical attention.

II.   Pushed to the brink: The aggravating effects of constant calls and managerial inconsistencies

First, in this section of the chapter I will discuss the experiences of frontliners, who were pressured to report to the office even when they were dealing with serious health problems. Instead of being allowed to receive immediate medical care or to rest at home, they were compelled by their team leaders and office managers to get back on the production floor. I will also describe the distressing moments for agents, who encountered barriers to using their leave of absence. Following these examples, I will examine the ways that frontliners dealt with such harsh conditions.

Most of my conversational partners mentioned cases of managers and supervisors who forcibly instructed them to report to the office through text messages or phone calls when they were feeling unwell. In fact, Cora attested that some of her superiors would interrogate the sick agent with questions like "Why did you get sick?" or "What did you do?" and pester them to get a medical certificate and fulfil other leave requirements. Sol also illustrated the seeming insensitivity of some superiors, explaining that her team leader had coerced her to report for work even when she was ailing. The team leader had conveniently hidden behind the technicality of the clinic's guidelines to justify the directive:

There are team leaders who force you to come to work even if you have a fever or flu, as long as you can stand up, walk and go to the office … I've also experienced coming to work with a fever and feeling unwell. But I still took calls. I was not allowed to rest … In the clinic they said, 'Take a paracetamol, your fever is not that high … that will go down in a short while.' It did, but I still did not feel well … my team leader just said, 'We can't do anything, the clinic said so, we cannot consider it a reason for off-phone time. –Sol, 27, female, call centre agent.

Eve recalled being similarly conscripted to take calls while she was sick. Aside from preventing her to optimally recover, the company denied her the right to take leave despite her illness. The treatment she received from her supervisor suggests that a reactive rather than preventative approach to occupational health and safety was taken by some call centres:

When I got sick one day … I still went to work, even when I wasn't feeling well … I asked for a whole day of Sick Leave but since I was already there, the TL said 'You don't need to go home. Just rest in the clinic. Then get back on the floor'. Three hours was the maximum time of rest allowed. –Eve, 38, female, call centre agent.

Andrei's experience further illustrates how frontliners were compelled to place their lives on the line in certain circumstances. She reported an episode when

she was made to work while persevering through severe stomach pain for two days. She found out later that it was caused by appendicitis:

> I was having unusual stomach pain … the clinic, of course they're more on the side of business … [The medical staff said], 'Oh, you're just about to have your period.' So [they gave me] mefenamic. The following day the pain got worse. [I said] 'TL, can I just be absent, or go onto a half day [of work]?' 'No!' Because attendance was a big deal in that company, I still went to work … I went back to the clinic, [they went] 'that's nothing, just rest for an hour, we'll tell your TL' … I was slouching while I took calls. On the third day, I messaged, 'I can't go to work' … I had fever and chills. I hurried to a medical centre … Apparently my appendix had burst! It could've been treated earlier but because I had to work and finish my shift, that's what happened. There was already an infection and pus all over … the surgeon even commented, 'this appendix stinks … you should be thankful, it's your second life!'–Andrei, 30, female, call centre agent.

The accounts of other agents portrayed managers of some call centres as lacking consideration for workers' emotional, mental and physical limitations, and also for their personal time through directives for forced overtime (OT). According to Zac, frontliners in his office were mandated to work extra hours whenever there were high volumes of incoming calls. In Fausto's case, agents including himself were once directed to serve an additional four hours for several days on top of coming to work for an extra day - what he referred to as "Rest Day Overtime"

(ROT). Apparently, their managers had yielded to the client's request for additional manpower support from offshore service providers, after the client's employees went on strike and paralysed the mainland office operations. In this example, Fausto calls attention to the complex connection between health problems in local call centres and labour shortages in the Global North. It appears that the client's contingency plan is to relocate or outsource the burden, along with the risks and exigencies of marketing operations – and thus extend the workload and related challenges for call centre frontliners in the Global South.

Such work arrangements can easily undermine a person's stamina. Indeed, there were frontliners like Noel who claimed that some agents had suddenly fainted and were brought to the clinic or to a hospital suffering from excessive fatigue. The case of Theo illustrates the potentially fatal repercussions of working for longer than eight hours each night:

> For the first six months I had to do overtime since most of my colleagues were either absent or had resigned ... I burned out ... I passed out during my lunch break. I was hospitalised for two weeks ... I didn't wake up for three days ... the last valve of my heart was not closing at all ... because of the stress, the blood kind of surges back ... the workload and overtime kind of worsened it ... you felt like drowning, like something was grabbing your heart, it was difficult to breathe ... then you suddenly felt dizzy ... and it tightened up ... According to the doctor, the condition was inborn, but that was the

first time that it was detected ... because of my condition, I am

hypertensive –Theo, 38, male, call centre agent.

The narratives of treatment at the hands of call centre employers told by Theo and others reinforce EILER's (2011) image of many BPO companies, particularly call centres in the Philippines, as "modern day sweat shops". While the hazards of repetitive manual work, accompanied by the swelter and noise from heavy factory equipment are gone, constraining work conditions that cause ill-health remain - albeit veiled by the sophistication of corporate desk jobs and advanced information technologies.

Lucio helped to further evince the role of company clients in creating illness-inducing and safety-compromising conditions for call centre workers, by tracing the relentless push by managers to prioritize clients' business interests. In the following excerpt, he explains that these actions arise from the stringent penalties that are applied if a call centre is "undermanned". At the same time, the requirement to ensure that there are enough frontliners to accommodate the volume of calls reflects his employer's principal concern for meeting profit margins, rather than considering the wellbeing of his employees. That Lucio's managers force agents like him to the call centre frontlines when they are unwell demonstrates how this pressure to continue working renders frontliners more vulnerable to ill-health and stress:

Sometimes they make you come to work even if you're sick because

of the required head count … the client seems to charge a fine to the

call centre if it's undermanned, so the latter becomes strict … it will

look for those who are absent … The ones who will bear the brunt are
the sick ones, who will be forced to come to work ... Oftentimes, even
if I don't feel well, I am impelled [to work], because the TL will
sermon me [to do so] –Lucio, 41, male, call centre agent.

The notion of vulnerability also featured in Eve's story (p. 207) of the time
she was made to work while sick. She explained that "the practice of call centres is
no work, no pay", and not reporting for work would be "taken against you." Such
financial consequences and insinuations not only drove Eve into a state of increased
susceptibility to the harms of travel, but also increased her exposure to elements that
could complicate her ill state. Speaking further about this experience, she revealed,
how she had been disadvantaged in terms of her salary and benefits, thus broaching
the realm of corporate micropolitics: "I was only paid for the hours that I was on the
phone … some of the agents were granted Sick Leave or a half day, but why was it
different with me?" Her experience not only shows inconsistent management
practices regarding employees' illnesses, but also the inequitable compensation of
frontliners. This seemingly exploitative treatment of frontliners characterised
working conditions in Zac's call centre, as well. Drawing from his perspective,
stress, and other health effects are structural impacts; that is, they stem from the way
work is organised. For him, working more than eight hours created a range of
disadvantages:

For example, the huddle … you're at the office beyond nine hours.
That's already overtime … Because there are three aspects to the
concept of eight hours: eight hours recreation, eight hours rest, eight

hours work. So, when you extend minutes at the office plus your travel time going home, a person's time for recreation and sleep decreases and when there are a lot of calls, you're forced into overtime, right? But it's not the fault of the agent that there is such a high volume of incoming calls, so why will you force the agent [to work beyond their designated shifts]? And you even receive sanctions when you don't do overtime?! Let's say you end at 8:00 am. You make a call at 7:55, which lasts 20 minutes. So that will run until 8:15. You log out. Those extra 15 minutes are unpaid, the minimum credited extra minutes is 30. But when you're late by a minute, it already has an equivalent cent or peso deduction. It's also a health issue, because ideally, the capacity of a person to work is just eight hours, regardless of the occupation … that's why there's an eight-hour working condition. –Zac, 26, male, call centre agent.

The complicated and inconsistent processes involved in agents' applications for Leave of Absence caused stress and anxiety for many of my interviewees. Sol went as far as describing the attitude of suspicion with which call centre managers forced agents to "prove" their illness. She narrated the case of a co-worker in her former company, who was made to report with a medical certificate while on leave. When this co-worker turned up limping, the manager said, "We just needed to show the higher ups that you were telling the truth."

For Ola, proving her honesty nearly cost her the job. Concerningly, her manager's directive for her to report to the office endangered her health and the baby

she was carrying. Worth noting is that after realizing she was pregnant, her boss changed their approach to protect themselves from a legal challenge, which demonstrates a form of risk management from the company's standpoint. The seeming disregard from her superiors for her vulnerable condition, workplace rights, and change of approach, generated anger. Such emotional turmoil (anger, mistrust, frustration), which is expressed in her rhetorical question at the end of the following quote, may plausibly harm Ola's health and that of her baby:

> I was on leave for a month due to pregnancy complications … I was also bleeding. I informed my team leader that I needed to get bedrest, because if I didn't, I might lose my baby … They told me that I should just keep the medical certificates. So, I did. After several weeks, I received a Return-To-Work (RTW) Order meaning I was on AWOL [Absent Without Leave]. I texted my supervisor, 'Why is it like this? Your instructions were to keep the documents … I was going to submit them when I came back.' It reached the point that I was summoned to a hearing, in which they could terminate you if you did not present the required documents. So, I couldn't do anything, I went to the office even though I was dizzy and feeling unwell ... And then in the hearing, they wanted to correct the procedure … I would be able to receive my benefits [paid leave of absence] … I was telling myself, 'Had you asked for the documents in the first place, we wouldn't have reached this point now, would we?!'… They just wanted to get rid of me … since I was on leave for a long time, I was no longer useful to them. –Ola, 28, female, call centre agent.

Moreover, Ola explained that Human Resources (HR) told her that she should have emailed the documents to them. She added that apparently HR only knew about her condition when her team leader elevated her case to them. This reaction indicates a case of miscommunication and unclear processes (i.e., her superiors jumped to conclusions without checking first with her), which reveals management-level inconsistencies that compound how frontliners exercise their work rights and avail themselves of their health benefits and entitlements, including paid maternity leave.

Problematic and inconsistent access to leave of absence was also illustrated by Macy. She narrated her distressing experience of filing a request to take her Single Parent Leave to attend her children's school event, two weeks ahead of schedule. When she found out that her request was not approved, she became angry and indignant. Her manager's taunt and verbal threat that her absence will be "taken against her attendance", which is usually part of an agent's performance assessment, further inflamed her feelings. The torment of being deprived of her rights as a single parent and the management's derisive response with a threatening tone penetrates her account:

> Two weeks before, I already planned [my Single Parent Leave] and then the day before, they told me that it was not approved, so I felt helpless … I escalated it to HR. They said it was because I had applied to have leave on a weekend … I said, 'It's solo parent leave, my children will have activities in school and it's a family day! The school does not hold family days on a weekday since parents are working!' I

got offended when the Manager told me, 'Ok, go on leave but that will be taken against your attendance. Don't worry, you'll get paid anyway.' So, it irritated me … Is everything here just about money?! I have my principles and I'm fighting for something here. It's my right as a solo parent to take that leave! My TL was there, and I was crying, while talking to them. –Macy, 43, female call centre agent.

The cases of Ola and Macy demonstrate how their applications for Leave of Absence placed them at odds with their superiors. Their accounts, along with other frontliners' experiences presented in this section, suggest that call centre work arrangements compromise the health of workers by causing negative emotions such as vexation, disappointment, and misery. In the context of managerial challenges to applications for Leave of Absence, and demands to work "over-time", several of my conversational partners were very explicit about the coping strategies they utilised to deal with these stressful events. Theo's approach shows how his all-consuming focus on the work was driven by a desire to succeed, together with a need to circumvent possible confrontations with his manager should something "happen" to the computer "system" while he was away during a break. Consequently, he avoided taking breaks and skipped meals, thus neglecting his health. His coping strategy centred on avoiding punitive reactions from managers, which generated new health risks – culminating in him "passing out" (see pp. 209-210). This excerpt demonstrates how his efforts can be understood as an excessive form of self-responsibilisation subsumed by the needs of capital, akin to an erosion of the self-respect ("I didn't care … whether I was okay or not"):

During those eight hours, you're really working hard. Sometimes you don't care to eat lunch anymore ... just to make sure nothing's going to happen with the system … even if we have breaks. Sometimes you don't want to take your breaks, 'cause you're afraid that management might take it against you; sometimes you cannot take your break because you would need to make sure that somebody is going to take care of it. My tendency was, I didn't care … whether I was ok or not. So, maybe I pushed myself too hard? That's why I passed out at that time. –Theo, 38, male, call centre agent.

Not surprisingly, when accumulated fatigue resulted in burnout that was too much to bear, frontliners, like Sol, used their Leave of Absence as a restorative measure. While she acknowledged that some agents lied about their illnesses, she also explained that the repetitive character of the work was difficult to endure:

I don't think it's laziness. Probably there are just agents who really don't place much importance on their work ... since most of the problems in the call centre concern its routine nature, it's just repetitive, it can be tiring, even if there are varying issues, everyday you're doing the same thing. So, they get burnout. Like what happened to me last year ... I didn't like this anymore, I wanted to do something different. Others take leave, usually up to three days which is permissible with medical certificates, as a band-aid solution since you just don't want to see the office ... they're getting burnout ... or they just want to rest –Sol, 27, female, call centre agent.

As for the ways that frontliners dealt with the mandate to work while sick or feeling unwell, many sought a short sleep in the office, when supported to do so by more lenient team leaders; some sought rest in the clinic and medicines from clinic staff - as illustrated in Eve and Sol's accounts, respectively (see pp. 206-207). Theo took some time off from work after his hospital admission. Following his doctor's advice, he eventually transferred to another call centre, where he worked during the day. He also mentioned that he had reduced his alcohol consumption to protect his health. Meanwhile, the strategies used by some frontliners involved actions that defied the authority of team leaders and others in positions of power in the organisation. According to Zac, he simply ignored his team leader's expectation to put in extra hours beyond the conclusion of his shifts. He maintained that he did not work overtime. In the following excerpt, he resists the demands for overtime, fully prepared to confront his Team Leader over the issue and to use legal means of protecting his rights, if necessary:

> They can't just treat me however they want to. If I don't want to do OT (over-time), I won't do OT. If they want, we can sue each other! Because that's me … my point is if work is eight hours, it should be just eight hours, so don't force me ... I just resist, I just insist even if the person curses at me. I don't care, I'll curse back at that person … and the person cannot just curse me at will, I can sue. –Zac, 26, male, call centre agent.

Macy engaged in an impressive act of resistance by taking her leave even when her application had been denied and used legal means to take her employers to court after the humiliation and mistreatment she suffered at their hands. The legal skirmishes she described in the following excerpt enables us to appreciate the extent to which she used her individual agency to undermine a system that caused her emotional, mental, and physical pain; moreover, she saw her efforts as a form of social action to benefit all solo parents who had been similarly disadvantaged in her company:

I said, 'I really feel bad, I'm going home now'... my TL went after me and said, 'Mommy, you can't leave, that's job abandonment!' I called my lawyer friends for advice, and they told me, 'Just escalate it to your Employer Relations and if you need representation, we're here.' I was empowered, like 'Okay, I can fight this … The following week I came back, everyone was like 'Mommy, you escalated them?!'... I said, 'They're not untouchables, what I'm fighting for here is my right as a solo parent and this is not just for me. I'm not the only solo parent, so this our fight.' It dragged on for like four months. They thought I was going to drop the case … I asked them for the transcription of the escalation, it was an email thread … the HR officer told me 'No, we cannot give you a copy.' [I said] 'Okay, if I file a case against you, the manager and this company, and the court subpoenas you, will you produce it then?' 'Yes.' [I said] 'Okay, then I'll see you in court.'... I called my lawyer and said, 'I will file a lawsuit'... My boss went there, but the boss of my boss did not attend the meeting …

HR asked, 'What is the resolution?'. [I said] 'You stepped on my rights as a person, solo parent and employee of this company that we all work for. You must apologize, and you must promise me that this will not happen again, because this is not just what I will do if it does … everyone will be affected.' So, they apologized. After the case, every time they saw me, they would say 'Hi' and sometimes they would go to my workstation and tap me on my shoulder. Every time I filed a leave application, the boss of my boss would approve it automatically … Eventually he talked to me … 'The escalation occurred a year ago now; I hope you no longer feel bad.' I just replied, 'You know, justice delayed is justice denied' and then he looked at me and said, 'If I can do better moving forward, I will.' I said 'Okay.'- Macy, 43, female, call centre agent.

To summarise this section, the accounts of frontliners have highlighted the negative health effects of break suspensions and the inadequacy of bio-breaks, through such conditions as Urinary Tract Infection (UTI), gastrointestinal problems, ulcers and related symptoms, and poor nutrition, which also contributes to obesity and high blood pressure. The very limited opportunities for breaks also aggravated the harm and pain that some agents were dealing with from pre-existing medical conditions. Furthermore, mandates to provide extra hours of work proved to be near fatal for several agents. In situations where the rights of workers to decline over-time and to use their leave were undermined, frontliners were forced to engage in self- responsibilisation or to find other ways to endure the ill effects of exhausting

schedules; there were a few notable cases of agents who resisted these directives and by doing so risked their employment.

Moreover, the examples in this section illustrate the tension between the demand for the workers to be "flexible" and the inflexible business imperatives of call centre clients. These accounts, together with the stories in the earlier section of this chapter, attest to how the needs of "flexible" capitalism drive call centres to push their frontliners to the limit, rather than to practice prudence when assigning the workload. Another theme that resonated from the previous section concerns experiences that shed light on the precariousness of call centre employment. For instance, the earlier section signalled the increased risk of job loss through absences due to the impact of deferred breaks and shift work, including alcohol consumption to remedy sleep disorders attributed to nightly work hours. In this section, the examples wherein agents were forced to work despite their illnesses clearly demonstrates that they were made to choose between their health or their "metrics" (by implication, their job). The stories of Ola (pp. 212-214) and Macy (pp. 214-215) further highlight how the erosion of employee rights is also another dimension of the precariousness of call centre employment. Furthermore, frontliners' perspectives illustrate their pervasive concerns with job tenure with which they must contend. In the next section, I present qualitative evidence of how this kind of uncertainty affects call centre workers.

III.   *Chronically worried sick: the pervasive effects of insecure employment*

In this section of the chapter, I report on agents' and team leaders' perspectives concerning the ways in which precarious work conditions generated health problems and a range of other difficulties. Such conditions included the sudden relegation to "floating" status when a client decided to remove its account from the call centre company, the perennial threat of losing one's position for failing to meet specific performance targets, and the insecurity of casual contracts. The following set of excerpts articulate the emotional, mental, and physical effects of precarious work conditions, including low self-esteem, depression, stress, and even an episode of stroke.

Wilma recalled her own experiences of insecurity in the first call centre, where she had been employed for three years, as an agent doing outbound sales. When her account was suddenly dissolved, she and her teammates were placed on floating status, which was explained in Chapter 4 (p. 113), and which involved reporting to the office without receiving any pay. This was daunting in view of her reliance on her salary to pay for her university education. Driven to look for another job, her self-esteem also suffered in the face of rejected applications:

> They just told us 'okay, you have no work for two weeks'; we did not
> know that, apparently, the company was not registered or something
> like that, we just found out that we no longer had work. We were even
> unaware that we had been on floating status for two weeks … I never
> saw that coming, since we'd been there long enough … I was already

enrolled, and I was on my first year taking up a degree in Education … and then we suddenly lost our jobs. I asked myself 'How is this now?!'... I was applying for jobs from November to December. I told myself I was so unlucky since I couldn't find work … I sort of felt demotivated … I think I already applied to seven companies, and I wasn't getting accepted. –Wilma, 26, female, call centre team leader.

Cecil's account illustrates the disquieting realisation that she was about to lose her source of livelihood, after several co-workers disclosed that their client was no longer utilising the services of their call centre:

We had no salary … we were left hanging, we didn't know what to do … Suddenly, we were jobless … because the company won't tell you if the account is already in danger. You would think that in a call centre everything is stable, especially if it's a foreign account, you are secured, but it's way different in reality ... It was only a week before we found out that our account was pulling out –Cecil, 32, female, call centre agent.

Cecil, who had scoliosis and was currently separated from her 10-year-old daughter while living with her widowed mother, was also a breast cancer survivor – and her floating status induced fears and insecurities in terms of how she would manage her health-related concerns and her personal circumstances. Without the financial means to provide resources to maintain a healthier lifestyle, the incapacitating effects of job precariousness leave workers more vulnerable to illnesses and stresses. As Eve cogently and succinctly stated:

If you're floating, how will you buy food?! Simple as that! Can you imagine, you are tagged as a regular and you need to report, but you don't get paid?! –Eve, 38, female, call centre agent.

Eve's point also goes to show that agents' demands for compensation for unpaid and yet compulsory time stands to reason, considering their need to address such fundamental health concerns as daily sustenance. As mentioned earlier by Zac (pp. 211-212), these periods may include post-shift meetings or team huddles which can run for more than an hour, and also the 30 to 40 minutes prior to the shift, supposedly required for setting up workstation tools. One can only imagine the strain that agents like them have experienced due to unpaid work hours and delayed salaries in the context of their everyday lives beset by pressing financial concerns.

The ever-present threat of dismissal experienced by agents also affected team leaders like Tony, who had built meaningful social relationships among members of his team and with other frontline employees. While he felt pressured by the thought of agents losing their jobs largely due to unmet metric targets, justifying their extension was even more difficult. He described the internal struggle he experienced when he was forced to "let someone go" as heartbreaking - "like walking through fire."

Aside from the worry of getting laid off, many of my conversational partners experienced discouragement when unable to achieve their performance targets under duress. Such impacts had to do with one's sense of personal worth, as described by Ica:

I'm the perfectionist type. I want to be able to hit everything and the reality is I'm not able to because it's impossible … Deep inside, I get stressed, sometimes I get depressed … I feel like, I'm becoming a liability … I should become an asset, but I feel like a deadweight … Your self-worth goes down. –Ica, 25, female, call centre agent.

Noticeably, the entanglement of concerns over lack of job security and low self-esteem was evident in my conversations with other agents, including Hernan. His excerpt reveals that the challenges of call centre performance metrics, many of which demand adherence to time restrictions, can produce a sense of "paranoia":

This type of work can be challenging – they keep raising the goal; then you must meet it again. So, you need to put more pressure on yourself to meet those goals. Whether you admit it or not … when it comes to job security, it can bother you … you become paranoid … you feel anxious that these [higher-level] people see you this way: that you're replaceable, you're not that important, you don't perform … They say so in closed-door meetings … It becomes demotivating. Other people get depressed about it … The term they use is *mabigat* or 'heavy' so it's something that would really bother you and make you question your commitment to the company … you have that pressure within you, something you would not like to share unless you're someone who finds comfort in sharing it with people you trust. –Hernan, 26, male, call centre agent.

The insecurity of frontline work not only affected agents and team leaders emotionally and mentally. Roland provided a powerful example of how the precariousness of call centre work may generate life-threatening situations. His apprehensions over his casual status intensified his concerns over his financial responsibilities and was eventually too much to bear. Ultimately, his body caved in from the weight of these related pressures and he suffered a stroke:

> My feeling is that the thought of my casual status and the uncertainty if I don't get regularized, like where will I end up, triggered it. I had a lot of people to feed, there's my family, my siblings, what's going to happen? Apparently, I was not regularized … During my exit interview, I was already on my way out of the door, when I suddenly fell to the ground. When I woke up, I was in the hospital. I could not move my right hand and right foot … the doctor broke the news to me that I had suffered a cerebral stroke. I needed to undergo surgery if the blood clots in my brain couldn't be treated with medicine, or I would not last two months … But through God's mercy, the medicines dissolved the clot … my doctor advised me to stop working in this kind of occupation because they saw that it was very unhealthy for me. So did my psychiatrist since I was still recovering from emotional trauma. –Roland, 22, male, call centre agent.

In further highlighting the health impacts of job insecurity, frontline workers dreaded the potentially crippling economic effects of losing one's position and the means of meeting their immediate needs for food and other expenses. The

probability that this could happen any time only served to heighten the person's apprehension, even in the case of a team leader like Wilma. Her perspective bolsters the idea that clients share the responsibility with call centres for the health effects and related implications of job insecurity. She also revealed the dimensions of cultural politics - the ideological emphasis on competence and competition in an unpredictable occupational field - including her anxiety and resentment towards it:

> It's not like with a Filipino client who informs you, 'We'll be changing so be ready in a few weeks … When they say that 'We need to let go of these people, we let go of them', because that's the culture of Americans … since they are our clients, we need to be at pace with them, we can't be slow. Because it's still about competency … if we can't give what this client wants, and there are a lot of companies also serving them, they can just pull out … Even if I'm in this position, I'm still worried, since we have counterparts in the U.S. … we might become redundant. If they must choose between me and my counterpart, I wouldn't know who they will choose, even if I'm a performer. This is the call centre; they just keep who is needed. It's the same with agents … recently, we let go of people … It seems that there's no assurance as to how long you'll be in this industry. –Wilma, 26, female, call centre team leader.

Several other frontliners described their feelings associated with the insecurity of their employment. According to Ica, this sense of uncertainty plagued her when she thought of her professional development. Delivering the same script

and techniques, while she waited for the company client to open another job position, made her conclude that in this industry "your career path is vague." Since a frontline job is contingent on a company client's preference to continue or discontinue with the services of the call centre employer, Zac compared call centre employment with working for a manpower or staffing agency. To him, the role of an agent seemed no more than a more fashionable subcontracted service worker. The job's precarity also meant lack of autonomy or control over one's career pathway. Because of the instability, many frontliners could only perceive call centre work in terms of providing relatively higher incomes compared with such service jobs as retail and hospitality. What the voices of Wilma, Ica and Zac indicate is that their occupation is just a means to practical ends. Such perceptions are reminiscent of Lloyd's (2012, pp. 625, 628- 630) observation that call centre work generates a sense of contingency in their life paths, considering their job as a temporary measure, while they wait for a "real" career to come along, as they simply "work to live." As encapsulated by Red:

> It's too precarious … (Dino: What do you mean by precarious?) ... You don't have job security. And because you don't like doing this, you're just forced, because you want to earn money now … it becomes just about earning … you don't see yourself doing it like three, four, five years or retiring in that company. –Red, 26, male, call centre agent.

The low regard for call centre jobs also resonated in the feelings Roland expressed during our conversation. His ensuing quote gives further weight to his

earlier interpretation of the uncertainties associated with frontline work as a health risk (pp. 225), when he explained how the stroke he had suffered followed from his distress over his tenure. The sentiments that surfaced such as regret, self-doubt, and the search for meaning or purpose, ostensibly reinforced the opinion of his psychiatrist that he had also suffered emotional trauma from his near-death experience:

> I felt that it might have been a mistake … I was fresh from working as a salesclerk … I should've stuck with it, at least I had a permanent job … You know the feeling like, son of a bitch, is this what I get in exchange for all my hard work? Like, all my savings since I started as a salesclerk and when I transferred to the BPO industry, just like that, my savings disappeared in one instant… Sometimes, when I go to church, I ask God, what is your plan for me, really? Just the truth, give me a sign. Because it seems like I'm depressed … as soon as things get better, I will encounter something bad … so what is the plan, really? That's like the biggest question I have. I just sort of think maybe if I can't get any sign, then fine, I will fight against whatever that plan is … until the end, perhaps even if it comes to a point that my body gives up again. I'll still give it a good fight. –Roland, 22, male, call centre agent.

Indeed, there were several accounts that illustrated how call centre workers put up a "fight" against thnegative health effects and implications of their precarious work arrangements. In the case of Cecil and her former colleagues, their sudden

relegation to floating status by their employer encouraged them to pursue their struggle through legal means. However, their experience showed that when occupational issues pit call centre workers against their employers in the legal arena, the scales of justice often tip towards the latter while leaving the former in a more disadvantaged position:

> It came to a point that we went to the Department of Labor and Employment (DOLE), and we were advised to sue the company ... Unfortunately, I haven't heard anything about it until now. The call centre just gave us three times our monthly rate as separation pay … But if you look at it, that's illegal! –Cecil, 32, female, call centre agent.

For Ica, tapping into the therapeutic potential of social media and music helped counter the distress she experienced from the uncertainty of her job tenure. The visual and textual content from mobile applications and websites took her mind off the routine of collecting payables over the phone. In other words, she made use of music and social media as strategies of momentary diversion. Furthermore, videos and audio recordings of her favourite musical performers calmed her nerves and distracted her from the stress. Her coping technique involves shifting her focus and modifying her perspective about her experiences at work in order to change the way she feels about her interactions with customers. In a sense, Ica's strategy of managing her negative emotions involves both bodily and cognitive deep acting, since she uses the music to "act" on her bodily experiences to make her feel less stressed, and she manipulates ideas, images and thoughts to create positive emotions (Harris, 2015, pp. 48-49). More telling in her following quote is that music helps strengthen her identity, since it allows her to perceive herself as a call centre

"warrior", engaging callers and "fighting" the pressure of metric performance targets. She must likewise sacrifice her preferred career of conducting research in the social service sector and "battle it out" in a call centre company, just to support herself and her family. In the following quote, Ica frames her efforts to cope with the health effects in terms of her family obligations:

> I read about a different idea, just to divert my attention …With Pinterest, I get excited by the pictures with two-liner captions … I learn a lot in one photo … What stuck in my mind was the survivor of The Holocaust who had a twin sister … With YouTube, I like watching my idol Charice Pempengco … I love music even if music doesn't love me, because I don't know how to sing ... Julius Caesar said music had a lasting effect on one's emotional condition, even on warriors. I don't even know the quote…but he said that after the fight music is always the first thing that they had … it has a soothing effect ... I don't know how it helps but I feel more relaxed whenever I listen to music…The fact that I negotiate, I need to get this amount of money within seven minutes. I think that's not an easy fight ... I'm doing this not just for myself, but for my family and it's not an easy thing to do, I must set aside what I want. So, I see myself as a warrior, just in a different battle…With music, you sort of forget about your stress temporarily. – Ica, 25, female, call centre agent.

Roland's coping strategies were very different from those detailed by Ica. His post-operative self-care included taking prescribed maintenance medications

occasionally, since he believed that taking his medication regularly was not good for his body. He also reduced his servings of rice and included more steamed vegetables in his diet. He admitted though that he still smoked and drank occasionally and reasoned that he sometimes forgot that he was a stroke survivor, further stating, "that's who I am." When he got tired of drinking, he might watch a movie. Despite the advice of his psychiatrist and physician to change his career, his resolve to "keep fighting" as a call centre agent conveyed his particular approach to coping with the emotionally challenging aspects of his medical condition in the context of attempting to manage his ongoing work stresses. Roland's coping strategies or efforts at self-care, while not necessarily health-inducing, were instead attempts to maintain a sense of normalcy or continuity of the habits and lifestyle to which he had been accustomed. As Roland further confessed, he also consumed huge portions of rice, despite efforts to eat less of it. Perhaps these practices, along with the occasional smoking and drinking, which he termed "cheats", ironically gave him a sense of normality, comfort and satisfaction, in the face of the challenges that call centre work imposed. Furthermore, his strategies of consumption extend Albas and Albas' (1988) observation of managing emotions through bodily deep acting in terms of caffeine, food and tobacco consumption (Harris, 2015: 45) in the context of call centre work.

The final example of coping strategies comes from Dan, who observed that many agents chose to leave their jobs, thus demonstrating how the work arrangements in call centres create conditions for high turnover of employees:

Job security is an important thing among agents. That's why if they

see that it's a toxic environment, if they see that anytime they can get

terminated, they resign ... they can terminate you in the call centre, particularly in relation to the metrics that you can't hit. And there are a lot of rules, all those handbooks ... If they really want to, they can remove you, but it's a different matter how strict management is in implementing it. –Dan, 35, male, call centre agent.

Without control over their job status, some frontliners were driven into taking further risks associated with temporary or even permanent unemployment. The most obvious was the loss of income for basic survival. In such predicaments, not only is the health and safety of the former employee compromised, but also that of their dependents. The lack of guarantee of continuing employment in call centres indicates a business mindset that has no interest in long-term investment in its own human resources. For an economic service sector that relies heavily on people to nurture professionally enduring relationships with clients and customers, the absence of a potentially incentivizing feature in work arrangements seems paradoxical.

Another important issue that Dan highlighted was the role of call centre (performance) metrics. In a way, the performance measures give "material" shape to the pressures that company clients impose on frontliners. As my next chapter will elaborate, my conversational partners attributed various health problems to the ways that interactions with team leaders, managers, clients, and callers made the meeting of performance targets excruciatingly difficult.

To summarize this section, the uncertainties associated with call centre employment caused high levels of anxiety, depression, low self-esteem, and other troubling emotional and mental impacts for frontliners. Many also acknowledged lingering concerns over the ramifications of losing their work, whether due to the departure of company clients that placed them into floating status, their inability to satisfy performance targets, or company decisions to terminate their contracts. Their worries also included the implications of their precarious work arrangements, such as the lack of financial means to deal with pre-existing health conditions, and their increased vulnerability to other illnesses. In the case of Roland, his exhaustion and related effects eventually led to a stroke, highlighting how job insecurity can endanger people's lives. While the example of Cecil (pp. 228-229) and her former peers illustrates the strategy of using the law to hold their former employer accountable for not informing them immediately that they had lost their jobs after the client they were serving pulled out, the more common approach taken by many agents was to navigate the uncertainty by being "flexible" in transferring from one employer to another. Several frontliners also dealt with the health effects of job insecurity which reflected self-care practices that mobilised cultural resources, social networks and medical interventions.

As with the rigours of shiftwork, bio-break restrictions and being forced to work while unwell, the responses of frontliners to the ill effects of insecure employment show the continuing intersection of themes identified in the previous chapter, namely the precariousness of call centre employment and self-responsibilisation, along with employee vulnerability and the lack of job autonomy. Furthermore, the perspectives of my conversational partners touched on the global

dimensions of local health and safety issues experienced by call centre workers and their coping responses as the exercise of agency.

IV.   Struggling to be healthy and safe during unhealthy and precarious times.

The examples from my conversational partners that have illustrated the relevance of earlier studies underscore that call centre frontliners in particular, and the BPO industry in general, continues to be plagued by occupational health and safety issues for at least the past two decades that have yet to be efficiently and extensively addressed. Moreover, their experiences and perceptions also gesture towards the significance of general notions on offshore call centre time in the Global South. Drawing from Mirchandani (2015), Nadeem (2009), and P. Taylor and Bain (2005), the range of emotional/ mental and physical effects, from anger to UTIs, are symptomatic of the ways in which the 24-hour cycle of shiftwork is a health and safety risk.

Some of the issues raised against work arrangements even mirror the abuses that offshore call centre workers like those in India have endured. From Nadeem's (2009, pp. 26, 29-31) study, some examples are the austerity over breaks, physical symptoms like insomnia and fatigue, and responses like smoking, unhealthy diets, drinking, and resigning. D'Cruz and Noronha (2013a, p. 475) likewise noted management practices of extended work time and forfeited or shortened breaks, as well as eating fast/junk food or skipping meals and smoking (Noronha & D' Cruz, 2007, pp. 265-266). Drawing from Mirchandani (2004, p. 364), her study's findings

(like mine) demonstrate the health impacts of "the conflict between local and global timescapes." In a sense, these comparisons suggest that call centre time "transnationalises" health issues and safety hazards of transnational service labour.

Furthermore, the troubling emotions of frontliners associated with shift work, including rotating shifts, draw comparable experiences with some migrant nurses as shift workers on rostering, or the assignment of shift hours, which they consider a "common irritant", due to unfair treatment, according to Boese et al. (2013, pp. 329- 330). The illnesses arising from shift work, regardless of the industry, suggests that such employment practices not only frustrate but imperil the wellbeing of workers. Put differently, it is not just call centre workers who experience health problems and dissatisfaction from shift work.

The accounts of my conversational partners throughout this chapter, and especially on the unhealthy effects and implications of floating status, the threat of dismissal over failed metric scores and the uncertainty of job regularisation or renewal, illustrate individual interpretations of experienced precarious conditions (Boese, et al., 2013, p. 318). Their described predicaments indicate their increased vulnerability to safety and security hazards such as in commuting, increased potential of job loss due to decreased efficiency as a result of the compounding effects of call centre work arrangements that leaves limited time to recharge or recuperate, and the consequences of joblessness that deprives them of the financial means to prevent illnesses or treat pre-existing health conditions. The stories of frontliners not only represent different articulations of precarious work as "employment that is uncertain, unpredictable, and risky from the point of view of

the worker" (Kalleberg, 2011 p. 2). Some of their accounts represent the impact of "the structural violence of unemployment, insecure employment and maintaining the trepidation from the threat of job loss" (Bourdieu, 1998/2000, p. 98). The illness causing features of the work arrangements illustrate the disregard of call centre employers for the wellbeing of their employees. Companies appear to be primarily interested in the functionality of frontliners and their wellbeing only matters as a condition of that functionality. Such is the typical priority of employer practices in the context of neoliberal work regimes. In fact, the imposed work hours, cancelled breaks, inconsiderate work orders, insecure jobs, and other related difficulties, all suggest a business approach underscored by employer austerity, micromanagement, and self-responsibilisation on the part of workers and recounts the passage from Lloyd (2013, p. 42), which links these examples to the neoliberal ideology.

One of the more punishing examples of self-responsibilisation is making frontliners hold their bodily functions when there are high call volumes. During such circumstances, they are largely left to look after themselves against the risks of UTI and other ailments. Most frontliners must rely on the limited efficacy or the perceived benefits of their individual ways to deal with the effects of the workplace schedule. Some of these efforts bear semblances of exercising human agency in the context of structural influences, through health- promoting habits (Cockerham, 2005) or tapping into the possibilities of cultural resources like music (Emirbayer Mische, 1998). Meanwhile, Macy's case reveals the potential to force structures of power to the bargaining table. Lastly, Zac's defiance of overtime recalls the notion of individualised forms of resistance, which are "reduced acts of disobedience that in no way affect the work process, the management strategy, or the company"

(Lloyd, 2013, p. 76). More significantly, the presence of workplace resistance signals the institutionalization of individualisation (Beck & Beck-Gernsheim, 2002 as cited in Lloyd, 2013, p. 95).

Some of the insights and explanations from my conversational partners invite a reflection on occupational health and safety in relation to social identity. Zac's description of his body as 'turned on by a key switch', together with Fausto's zombie metaphor in the chapter's introduction, represent flashes of meaning making reactions to the afflictions of nocturnal shifts. When read together with Tony's explanation of his struggle with stress and insomnia, their words speak to the monotony of frontline work: "I felt like I was a machine or robot that just comes out of the shift to sleep, wake up and go back to work."

These metaphors involving lifeless devices and herd-like popular culture characters indicate how frontline work can condition people to perceive everyday living as reduced to a mechanical existence. For Fausto, the repetitiveness of his job not only thwarted professional growth. It also created an internal dissonance between his social identity as a customer service agent and as a creative artist:

> You wake up, take a bath, come to work early, log-in, call, log-out, huddle, travel back home and repeat. The same thing all over again … take calls, hit your metrics, it becomes boring … And then your call centre does not have a program to improve or empower employees … that's why you're like a robot, an automated system … I was a writer, a poet, and a musician … I gave it all up since I didn't have enough

time to write, play the guitar or bond with my former bandmates … I
tried going back to writing … I couldn't think of anything … before, I
just got a pen and paper, I instantly wrote a masterpiece. As an agent,
you go home, you stare blankly at your paper … as an agent in *sabaw*
moments, you lose touch of what you're really interested in.–Fausto,
26, male call centre agent.

This chapter has elaborated on how my conversational partners interpreted
call centre shift work, bio break restrictions, punitive work imperatives and unstable
job positions as occupational health and safety risks or hazards. These structural
features of the workplace schedule have caused multiple ill effects that have driven
them to make sense of, and deal with these conditions. Some of their coping
strategies have generated further health problems and new difficulties. Other
responses evinced individual agency that ostensibly undermines unhealthy structural
constraints. The next chapter further unravels the various nuances of precarious
work and neoliberalism that have defined the material and temporal factors of call
centre health and safety, with aspects of workplace relations and interactions.

CHAPTER 7

Injuring connections in call centres:

The health effects of frontline interactions

Most Americans would suddenly want to talk to an American agent when they find out that I'm a Filipino, they play around like, 'I don't understand what you're talking' about', even if they do ... a lot of them curse Filipinos. I've experienced it many times ... "You're an American piece of shit!", "You're a monkey!" ... A lot of them think that if you're a Filipino, you're corrupt ... we're just human, we have emotions, and I'm not a saint who will say that I don't get annoyed.

–Fausto, 26, male, call centre agent.

I took a leave last June since mom was hospitalised ... At the office, I was thinking of her. It took me 45 minutes with this customer since it was a fraud case ... My TL shouted at me, 'What's happening?! You don't know how to manage your call!', and all sorts of negative things ... I got stressed, I couldn't handle it. I cried and I was trying to hold it back ... I couldn't hang up on the caller who kept on venting ... I was already mad at the customer and at my TL ... I went home feeling lost and I even skipped dinner.

–Andrei 30, female, call centre agent.

In 2018, local news reported on a Filipina residing in the United States named Jhenny Gacasa who dismissed customer service agents in the Philippines as incompetent in English, on her Facebook post. The comments reaped criticism from netizens on social media. Some of the reactions called out her own lapses in grammar. An online article even showed a screenshot of her disparaging remarks, in which the last phrases in Filipino could be read as "They may speak English, but they're still dumb, how annoying!" (Debaja, 2018).

Jhenny's diatribe bears semblance to the verbal assaults from customers that many of my conversational partners described. Some of these callers were also Filipinos like Jhenny, who resided in the U.S. The ill effects of their aggression and prejudice resonate in the excerpts from Fausto and Andrei's interviews at the beginning of this chapter.

Moreover, Andrei's story illustrates the everyday crucible of many agents, which consists of enduring simultaneously the aggression from faceless customers over the phone and their supervisors within earshot of the desk. The ordeal required emotional labour, or the internalised process of regulating one's feelings in work-related interactions (Hochschild, 2003, p. 7). Some agents' and team leaders' accounts further resonated with Hochschild's ideas concerning the challenges of regulating their emotions and thoughts when dealing with the pressure from managers and clients to satisfy performance measures. As the ensuing sections in this chapter will reveal, carrying out these layers of performative tasks can be agonizing.

More generally, this chapter will focus on how my conversational partners described their relations with callers, organisational superiors and peers as generating or contributing to various problems concerning their health and even their personal relationships. I examine their struggles in navigating these problematic relational spheres in four parts. First, I elaborate on several transgressive acts from overseas callers. Aside from the swearing, these abuses included belittlement, denigration, intimidation, male chauvinism, racism, xenophobia, and other social biases. Next, I discuss the repercussions of the mistreatment by immediate superiors, including the pressure from management to hit the performance goals of the company's business clients. Third, I describe accounts of agents and team leaders that bring to light how the ill effects of their work extend beyond the workplace and carry into their relationships with people in their household. In each of these sections, I explore how my conversational partners described, interpreted, and responded to these issues and their health impacts.

I should mention that my conversational partners whom I cite for descriptions of health effects are not always the same agents or team leaders I refer to for corresponding interpretations and responses, since not all of them offered such interpretations. I selected what I considered to be the most effective examples of how office interactions generated or contributed to occupational health and safety issues. Many conversational partners distinguished vaguely between the emotional and mental impact of their work-related interactions, although specific health effects may have been simultaneously experienced as emotional, mental, and even physical.

In the last part of this chapter, I gather the analytical strands from the previous sections to develop an explanation of occupational health and safety problems in call centres through the themes of emotional labour, neoliberalism, precarious work, and racism. In my summarizing discussion, I expand on ideas that examine the political economy of call centres, including some of my insights from conducting this study.

I. *"Faceless" interactions with callers*

In this section, some of the most stirring accounts exposed the mistreatment by callers, most of whom were from the US. These abuses induced anger, panic, sadness, stress, or a combination of these unwanted feelings. Some accounts also accentuated the annoyance, anxiety, depression, memory-related issues, and mental exhaustion from inconsiderate and vicious callers. The impact on workers' affective and cognitive states were often described in terms of physical symptoms. As some of the following excerpts will show, frontliners responded in very different ways to these challenges.

I have organised their experiences in terms of the upsetting attitudes caused by overseas callers. I first examine the more frequent reports of agents and team leaders regarding discernible racist and xenophobic reactions from customers, followed by situations in which they felt despised, insulted, cursed and threatened. Finally, I include examples of several discouraging and disrespectful remarks from Filipino callers in the US.

Apart from providing examples of derision by American callers who associate Filipinos with corruption and human waste, Fausto's opening quote presaged the common experiences of simianisation among frontliners. According to agents Macy and Roland, variants of simian labels were sometimes accompanied by other offensive remarks. In separate conversations, Macy described to me an American who screamed at her, "You brown monkeys are taking away our jobs!" Similarly, Roland reported on situations where American callers had referred to him and his teammates as "Asian monkeys, idiots or fools ... who don't know anything about their country."

The allegation of stealing the livelihood of Americans and the denigration of Filipinos as intellectually inferior were common refrains in the vignettes of other conversational partners. When Sam revealed her identity to an inquiring American, the person suddenly barked at her: "You, fucking Filipinos, you're stealing our jobs!" In another incident, Red spoke to a US resident on the line who remarked at one point in their discussion: "I don't want to talk to Filipino agents, they're stupid!"

Another recurring experience was the slighting request to speak to an American or US-based customer service representative. Zac recounted to me a call he received from a credit card user in the US, who was ranting over the phone. When the caller recognized that Zac was based overseas, he suddenly demanded to be transferred to an American. To quote Zac, "It immediately becomes a racial thing." Hernan likewise experienced an abrupt change in attitude after he had to place a customer on hold to deal with a technical issue and could not get the required information onscreen. When he got back to the customer, the latter unexpectedly

asked where he was calling from and when he answered from the Philippines, the caller asked for someone who was based in the US. According to Padios (2018, p.72), these examples - along with Sam's experience of being accused of stealing American jobs - demonstrate what Mirchandani (2012, p. 160n4) following Goldberg (2009) refers to as neoliberal racism. Such actions likewise illustrate the notion that being "an American" racialises call centre work.

To some degree, Fausto's opening quote prefigured the adverse health impacts of bigotry and xenophobia, through virulent slurs like "an American piece of shit" or "monkey." From his usage of terms like "human", "emotion" and "saint", Fausto implied how cultural biases were hurtful and exhausted the patience of call centre workers. His ensuing sentiment reflects the displeasure that several other agents also expressed over discriminatory callers during our conversations: "I really get annoyed when they become racist ... I hate racists!"

Victor provided an understanding of the stress arising from racism. The constraint on responding in kind produced an emotional burden for many workers. His quote informs us that stress can lead to "overthinking" and ruminations, which may engender anxiety and depression:

> I was emotionally stressed because I couldn't believe that these people were cursing me ... they didn't seem to understand me ... it came to a point that I was overthinking about making sure that this would be addressed ... There was a time that I was about to cry because they kept cursing me, but I couldn't curse back, so you didn't know what

to do. It's just there, you couldn't bring it out. –Victor, 24, male, call

centre team leader.

Other conversational partners like Bobby added that the hateful attacks over the phone caused fear, stress, and decreased self-esteem. He also experienced weight loss, possibly due to lack of appetite and susceptibility to illnesses. Like Macy and Roland, he encountered American callers who accused him of stealing their jobs and who insulted his intelligence. Bobby thought that their sense of entitlement and intellectual posturing that intimidated him eventually led to several ill effects. What I realized further from his subsequent quote was that faceless interactions depict cultural collisions between an American caller and a Filipino frontline worker, whose histories are intertwined in a violent colonial past:

There are American [callers] who verbalize, 'you are taking away jobs from Americans.' So, it's like saying, 'Bring the call centre business back to the US.' [They] even say unacceptable words such as 'idiot'... more often with the calls now than when I was an agent ...they feel entitled. They sometimes quote things to get away from penalties ... 'Did you know that I am entitled to this, that you should not be saying that?' During the first few years, I was intimidated ... I took it personally ... it stressed me out ... I always got sick ... lost weight because I was too stressed. –Bobby, 33, male, call centre team leader.

A more brazen expression of the American superiority complex and the persistence of colonialist relations was seen in the labelling of Orie as someone "from the Third World." One of her more distressing encounters involved a financial

services investor who cussed, despised and threatened to have her terminated. Her account illustrates her emotional, mental and physical reactions during this traumatic episode:

> Most Americans would comment, 'You're from a third world country!', when they find out that you're from the Philippines … I've had a customer who cursed me and said: 'Why are you working there, you don't deserve it!'… They want you to get fired, so they will ask for your details … although it' not face to face, you're still affected by it … I felt so bad that I was about to cry since I was already doing my best, I was just following proper procedure ... but there are those who don't want to follow the process and they would remark, 'Why are you asking these questions?', which they consider personal and then they would inquire from what country I was from. –Orie, 31, female call centre agent.

Orie's quote gives a glimpse into other issues with callers, which I will elaborate on later. More immediate to note is that her reaction to finding herself on the verge of tears indicates the potential harm of emotional suppression just to meet the "feeling rules" for good customer service - "what guides emotion work by establishing the sense of entitlement or obligation that governs emotional exchanges," according to Hochschild (2003, pp. 56-86). In addition, Orie's excerpt describes one of the prominent coping responses among my conversational partners, indicating how the hostility of American callers compels them to respond in ways that compromise their health and wellbeing. In the case of Bobby, the stress and

other ill effects from callers drove him to resign from his previous company. Of his current employment situation, he stated: "I tend to eat a lot now because of stress, so I gained weight."

Prejudiced callers have also led conversational partners like Fausto to smoke excessively. Interestingly, he compensated (to some extent) for this health-compromising habit by taking deep breaths in between calls. Another (absorbing) strategy used by Fausto during calls was referred to by him as "the power of the mute button" - for dealing with racist and xenophobic Americans. In what can be considered a limited and situational exercise of individual agency, Fausto used the technological feature on his phone to create a kind of 'sonic force field' that insulated him against verbal assault. At the same time, the capability to silence the customer on the end of the line allowed him to retaliate with mockery and swearing insults. That this symbolic act of defiance was performed at the expense of the customer's ignorance arguably gave him a sense of vindication and restored some degree of symmetry to the exchange:

> I just take a minute to breathe, or take my 15-minute break, have a smoke first. And after that, move on. But during the call, you get really infuriated. That's why there's the power of the mute button. You mute first, put down your headset and cuss, "You son of a bitch, keep talking, let's see who gets tired ... I'm here getting paid, and you're not ... you just keep talking over there ... you idiot!" [Brief laughter] –Fausto, 26, male, call centre agent.

Macy also described to me how pressing the mute button allowed her to respond to the simianisation from her American caller: "Probably these brown monkeys are better than you because we have your jobs ... it's either you don't like it, or you're not qualified!" When she said further that, "We need the jobs, we worked for this, and we're competent," Macy's reply sounded more than just retribution. Her remarks are a demonstration of how she defined her social identity as imbued with qualities that contrasted with the racial stereotypes of non-Western people as inferior, unqualified, incapable, and even lazy. The act of muting affords frontliners like Macy the opportunity to "silence" and speak back to prejudiced customers and can thus be interpreted as symbolic resistance.

According to Zac, the practice in their office in dealing with callers who preferred to speak to an American was to first try to mitigate the concern. If the caller insisted, the next step was to either transfer their calls to an automated queue or suggest that they could call back. He disclosed that both options did not guarantee they would be attended to by an American agent, since the system randomly assigned the calls and all incoming customer inquiries were received in offshore call centres. Zac added that this unpredictability is what contributed to the anger or frustration of callers. He would simply bypass the first step. With his irate credit card customer, he placed the person on queue. With another intolerant customer who demanded to be transferred to an American, he simply said, "I can't transfer you ... just call again" and hung up.

Zac's elaboration makes us realize that the feature of automation within the call management system essentially contains the potential to aggravate customer-

frontliner interactions. Having to wait over the phone or go through the tediousness of starting over by calling again can produce a belligerent disposition that circles back the anger and frustration towards a frontliner who answers on the other end of the line. At the same time, Zac used the system to get rid of culturally biased callers and left them with their issues unresolved, thus forcing them to start over again with the process of getting assistance. Putting prejudiced callers on queue or telling them to call back are subtle tactics to prevent their opportunities to further abuse him. Proceeding immediately to these steps can also be a means to end any professional obligation to assist and remain subservient to an intolerant customer.

As evinced by Orie's account (pp. 245-246), explicit racial slurs were not the only forms of verbal attacks from overseas customers. Other conversational partners likewise identified the phrase "Fuck You" as the most prominent expletive pelted at them by American callers. As Roland's upcoming excerpt suggests, the effect of being cussed sounds analogous to what despising does to the self-esteem of frontliners. In clarifying the external factors that limited how they could assist callers Roland reminds us that the cultural collisions at the micro-level of customer service interactions are entangled with broader systemic conditions outside the frontliner's control:

> When they curse, sometimes I feel demotivated because somehow it felt like that I wasn't able to provide the right service at all, even though I exhausted everything, sought assistance, tried to have it immediately escalated but actually my hands are tied...we have to follow a certain protocol and sometimes we can't grant their requests

because the company does not provide it ... sometimes, the reason why
a product or service did not arrive is due to weather issues or there is
an ongoing employees' strike and operations automatically shut down.
So, there are really things that are out of our control. –Roland, 22,
male, call centre agent.

Like several other frontliners, Lucio also highlighted how he got stressed from the profanities yelled at him over the phone by airline passengers calling from the US. In his vivid description of "stress", he characterised an emotional and mental health effect as a set of physiological symptoms:

Stress is intangible, you cannot hold or see it, but you feel it. Even if
you're not doing anything, just sitting, and talking to someone, you feel
so tired because your conversation did not go well ... Because of too
much stress, you're like stupefied, your nerves don't want to work or
move and if it does, you feel ... like someone is weighing on you or
pinning you down. –Lucio, 41, male, call centre agent.

Like Lucio, Macy explicitly identified cursing from callers as an occupational stressor. They joined many other frontliners who had to withstand constant doses of foul expressions from overseas callers in ear-splitting intensity. Compared with Lucio's description of stress as immobilising, Macy described the effect as a stimulus, causing one to rashly spring into action. Her excerpt not only demonstrates how she responded with the "power of the mute button" and cursed back at her customers; it also illustrates a form of gendered verbal abuse:

You can shout at me but curse me and call me the "b word"?! That I

will not accept ... There was this guy ... called me "a useless bitch",

those were his exact words ... my blood rushed into my head, I went

on mute, and I really cursed back ... when you get those kinds of calls,

three to five times over eight hours, you'll really get stressed. –Macy,

43, female, call centre agent.

Comparable to Macy's response, Zac's ensuing account illustrates how frontliners are driven by the distasteful action of customers to react in a spiteful way. The case of Zac demonstrates once more how customer attitudes can push frontliners towards health-compromising practices such as smoking. His sentiment also exposes the tension that frontliners navigate constantly - between getting hurt from the vituperations of callers or losing their jobs if they retaliate. Either way, this puts the health and safety of frontliners like Zac on the line. His quote points to another action that some frontliners took after they exhausted all possible solutions to pacify the customer: to drop the call:

"Fuck you!" the person said, and usually you warn them, "If

you do that again I will disconnect your call" ... the customer wanted

the suspended service immediately restored but that takes time ...

that's already system based ... I also cursed him, "You're an idiot! It's

your fault, you didn't pay your bills, then you'll blame me that your

service is not working ..." Of course, I was on mute, and I just said

these things to myself. The customer just kept cursing, so I

disconnected the call. I was forced to smoke ... what really hurts is
that I can't get back at them ... you can't do that because you can get
fired. So, you get depressed, especially when you have a personal
problem, and you go to work and then the caller adds on to it. – Zac,
26, male, call centre agent.

For other agents, using the mute button to curse back was not enough. As
Anj explained, "you can't scream too loud or get too mad, because someone is seated
beside you, so how can you release your anger?" Considering her argument, her
choice of drinking alcohol in venues outside the office made sense. Meanwhile,
agents like Noel endeavoured to calm their callers by trying to sound more
supportive. While this congenial approach is presumably an illustration of
compliance with customer service policy, the response can also be partly an exercise
of personal preference for handling vulgar customers. Interestingly, Noel practiced
emotional detachment when his task required the use of his affective capacities. This
technique, however, did not work all the time. In one of his examples, the caller
exhausted his patience and made him respond sarcastically:

You need to separate your emotion from what is happening in the first
place, you didn't create the problem ... why will you get affected? you
just ... go like "I'm sorry, let's just find a way." But I reached a point
when I got so fed up that I told this customer, "How are we going to
fix the issue if you just keep yelling at me?", [imitating the caller's
reply] – "I didn't have an internet connection for almost a week, give

me a month's compensation!" ... Some customers, you know [sigh]. –

Noel, mid-20s, male, call centre agent.

With Lucio, remaining immune to the virulent language of irate customers and consoling himself were among his efforts to mitigate these harmful impacts. In his words, "I just try not to be affected ... I just laugh about it and tell myself at least I did what I could." Being frank with his callers in terms of what he is ordered to do and asserting that he cannot give them what they want during their heated exchanges was another tactic he sometimes employed. As with Noel's technique, Lucio described straightforwardness as a hit-or-miss approach.

Noel and Lucio also sought relief from stressful callers through physical activities. Describing callers like "listening to hardcore music," Noel spent his day off surfing and swimming at the beach or biking on mountain trails. He said that the change of scenery and fresh air helped him to get rid of his fatigue. With Lucio, working out in the gym after his shift helped him alleviate the stress that made him feel lazy and made his body ache. He claimed that "after gym those feelings disappear, I become enthusiastic again like my body has been restored."

As foretold in the accounts of Roland, Bobby and Orie, the range of verbal abuse from American callers also included disparagement toward the expertise of frontliners. In my conversation with Sol, she remembered how she had become distraught after a customer, who was ignorant about her own computer files, ironically called her "stupid":

It's more painful to one's feelings when you hear it ... it breaks your heart ... I won't forget the customer who wanted me to locate a computer file. I said, "I can't do that since this is the first time that I've spoken to you and have seen your computer", since we can remotely access their device, "Do you remember the filename?" And the caller said, "Are you stupid?! There are a lot of files here, I can't memorize all of them!" So, my feelings were hurt ... the customer was so annoying." –Sol, 27, female, call centre agent.

Hernan told me about an American caller who descended into assailing his competence after failing a security protocol. As the next interview extract shows, his perception of the exchange points to how the mindset of customers can inflict emotional and mental harm on call centre frontliners:

"Ma'am, please understand that as much as we want to assist, we need to prioritize the security of your account." And then her response was, "Please understand that you should not be working in that company", because she did not pass verification. "You should be fired!" I don't think that's fair, but that's not their perspective. What they know is that they are not getting the assistance that they want, and you'll get that kind of feedback ... It demotivates you to serve better. I hate rejection. I felt like my efforts were disregarded, I felt neglected ... that's what bothers me, that's what makes me feel down, like a mix of feeling sad and annoyed. – Hernan, 26, male, call centre agent.

The hurtful disposition of some callers can even take a class-based dimension, as indicated by Ynna's interpretation of her interactions with affluent callers in the US. The upper-class elitism or classism of some customers made Ynna feel as if she was just another of their docile servants on their payroll, which impacted negatively on her self-esteem:

It caused me to think so low of myself. I felt like I was stupid, that you can't do this thing ... I was not used to callers who judged you a lot just because they are wealthy. They think lowly of call centre agents. They have this idea that they are the ones who are paying for your salary... – Ynna, 22, female, call centre agent.

Aside from the discrimination and degradation, Ynna also elaborated on the intimidation from callers. With her previous client account that provided online instructional multimedia, a male professor and school director calling from the US threatened her after she repeatedly explained that he needed to be connected to the Internet to stream his purchased course video. She quoted the person as saying, "I'll sue your company, then I'm gonna get your name, I'll call your supervisor and then I'll make sure that you will lose your job!"

In dealing with the attitude of wealthy customers over the phone, Ynna claimed that "it does not affect me anymore since you know it already ... you just do what they want ... and bargain with the customer until you both agree." Her reply suggests that over time, her familiarity with their attitude allowed her to navigate or avert conflict with these callers. Learning to ignore their demeanour implies that she

had developed emotional and mental fortitude to confront the challenges of her job. This was also apparent in Hernan's ability to "move on" from upsetting episodes with disparaging callers:

> I move on fast ... something that you would acquire if you're in this type of job ... You need to because if you started your day with a bad call, and you get dragged down by it throughout your work hours, it will not do you good ... So, if you have a bad call ... start over, reset. There's no sense in dragging that emotion to the second call, they are two different individuals ... So, it is unfair not only to yourself. It's also unfair to the person who calls you next; you just need to learn to take and see it as the caller being upset with the company and not with you. – Hernan, 26, male, call centre agent.

While the earlier illustrations of disrespect from callers were also indicative of racial or class-based prejudice, Macy provided examples of gender-biased remarks during our exchange. She also mentioned that sexually offensive comments from American male customers had occasionally left her momentarily stupefied. Her quote indicates how she recovered by feigning courtesy and suggesting that the caller might have been ignorant about his mistake of misdialling:

> "There are also perverts ... I even experienced being asked, 'Are you wearing a skirt right now?', 'Do you have stockings on?' 'What colour of panties are you wearing?' ... I asked myself, am I going to answer this? You didn't know because we're not used to a stranger bluntly

asking you these questions, you were left speechless, shocked, and then you would come to your senses, [impersonating innocent sounding voice] 'Oh, you called in the customer hotline, how can I help you?' ... You just segue it."-Macy, 43, female, call centre agent.

My last set of accounts in this section involves Filipinos in the US who were equally or more insulting than other Americans toward agents like Martha. Whenever she explained that their demands were beyond her purview and responsibility, they would curse her and aggressively assert their privileges as a customer. They would even tell her that she did not know the process, since she was not based in America where "if you're a customer, you're always right!" This tendency to couch arguments in terms of consumer privilege was also referred to by Ynna in describing her US-based Filipino callers who insisted on extending the warranty coverage for their headphones. When she explained the terms of service, they resorted to vituperations like "You're worthless." As Ynna explained, "You feel more emotional since they berated you in Filipino." For Macy, what was more annoying was that some of them "had the nerve" to ask if she was an American and to command her to transfer them to someone who spoke their language. Indeed, she found them very arrogant "just because they've made it there." In her experience, Filipinos were the callers who cursed the most.

Rather than listening to disrespectful and slanderous statements from her Filipino callers, Macy employed the "power of the mute" and taunted them: "go on, curse me 'till you die." Other agents like Francis tried to suppress their emotions and endure the pain during the verbal onslaught. His testimony illustrates how

Filipinos calling from overseas can be hurtful regardless of age, gender, and shared cultural background:

> In my previous call centre, I was cussed at by a Filipina in California, it was painful ... It was about her late fee ... she got angry and went, 'You are all snakes! Thieves! You are deep shit! Give me back my money!" I was tempted to tell her "Hey, you were only borrowing, this is a credit card, this is not your savings" ... and we continued talking for 15 more minutes. I was trying to be patient and I was about to cry ... then the grandson took the phone and said, "I'm really sorry for the attitude of my grandma." –Francis, 23, male, call centre agent.

Overall, the interview excerpts in this section have elucidated several ill effects, which frontliners attributed to the prejudices, profanities, belittlement, intimidation, and threats from callers in the US. Some of these repercussions appeared to overlap or interrelate. Among the immediate reactions of frontliners were annoyance, demotivation, despondency, low self-esteem, rejection, resentment and shock and trauma. The lingering consequences that they described included anxiety, depression, eating disorders, emotional/mental and physical fatigue, and stress. Some even believed that the impact of work had led to a weakening of their immune system. Frontliners attempted to prevent, mitigate and endure these conditions by disconnecting or transferring callers, calming and talking to them in a mild manner, muting and venting, ignoring their vituperations, keeping a positive attitude, recalling unpleasant encounters with amusement, and suppressing their emotions. In the case of Bobby, resigning from work was the most viable solution.

Some frontliners coped by satisfying or regulating food and cigarette cravings, applying deep breathing, exercising, and spending time in recreation.

The references to the constant strain, the negativity towards work and the feelings of depletion convey the syndrome of occupational burnout that Padios (2018, pp. 47-48) describes, echoing Hochschild (2003, pp. 187-188). Many of the responses to the ill effects likewise elucidated techniques in regulating individual feelings – as in the experience of emotional labour articulated by Hochschild. In navigating interactions with difficult callers, Noel and Macy selected their words and phrases and adjusted their tone of delivery. The latter also used the "power of the mute button" like Fausto and Zac. These acts of calibrating and muting, along with the practice of self-restraint by other frontliners, were attempts to conceal their feelings or thoughts from callers and thus constituted strategies of surface acting (Hochschild, 2003, pp. 33, 37-38), or as Harris (2015, pp. 6, 38) defines it, "the strategies people use to manage how they appear to feel."

Other coping practices that were explained in terms of achieving more positive emotions and feelings indicated different ways of deep acting (Hochschild, 2003, pp. 33, 38-48) that is, "the strategies people use to manage how they actually feel" through techniques focused on the body or bodily deep acting, and those that modified one's perspective or cognitive deep acting (Harris, 2015, pp. 6, 43-45, 46-48). Noel's outdoor recreation, Lucio's gym workouts and Fausto's deep breathing exercises are examples of bodily deep acting, while Hernan's propensity to "move on fast", and Lucio's aim to take comfort in doing what he could to help customers are forms of cognitive deep acting. These examples, together with the earlier set of

responses, depict frontliners performing emotional labour to deal with the hurtful and stress- inducing behaviours of overseas callers.

In many ways, the harms from these "faceless" interactions also substantiate what Padios refers to as "the damaging physical and psychological repercussions of call center work" (2018, p. 37). Anxiety, a recurring term that characterises frontline work conditions in her study, also emerges in how some of my frontline conversational partners described the impact of these hostile exchanges. The demotivation, emotional exhaustion and stress, that they experienced are, according to Padios, symptomatic of the ways in which customer service work drains the patience, kindness and other personal resources of call centre workers, similar to the way in which a factory assembly line depletes a manual labourer's capacity to perform a physically intensive task (2018, p. 47). Indeed, Padios' analogy recalls the metaphor of call centres as "modern day sweatshops" by the Ecumenical Institute for Labor Education and Research (EILER, 2011).

Moreover, the reports of customers accusing Filipinos of stealing jobs from Americans and their insistence on talking to a supervisor or an American are manifestations of neoliberal racism, according to Kiran Mirchandani (2012) drawing from David Theo Goldberg (2009): the "entitlement to racist behaviour on the basis of consumer preference of choice" (Mirchandani, 2012, as cited in Padios 2018, p. 72). Mirchandani's ethnographic study likewise shows that call centre employees' orientation and training programs invoke the logic of the market which dilutes racism and xenophobia into a tolerable individual symptom of customer ignorance. To quote Padios, (2018, p. 75) "the discourse of professionalism is merely one of

containment rather than confrontation or critique, thus leaving transnational racialized structures of power intact."

In reproducing the structures of colonial power relations in which Filipino affective labour is exploited for American business capital (Padios, 2018, pp. 72-75, 84), call centres also breed and normalise the conditions for the ill effects of racism and xenophobia. As the experiences of frontliners in my study have shown, performing relational labour (Padios, 2018, p. 9) can produce health problems. Additionally, the attitude of Filipinos residing in the US echoes such notions of social othering as internalised racism (Pyke, 2010) and co-ethnic belittlement (Obsatz, 2001 and Sahagun, 2002, as cited in Pyke, 2010, p. 557), and demonstrates the extent to which harmful ideologies nested in call centre customer service practices cause emotional and mental pain. Indeed, the accounts of faceless interactions show how "managing one's expression of affect" and being required to enact "corporately desired feelings" (Lively & Weed, 2014, p. 203) can result in stressful and wounding work experiences.

II.   *"Face-to-face" interactions with office superiors and peers*

The vitriol that frontliners experienced at work not only emanated from overseas calls. As shown in Andrei's narration at the chapter's beginning, agents simultaneously get scolded by their team leaders. The latter, in turn, endure the reprimands of call centre managers. This practice of shouting at lower-ranking employees was just one of the features of call centre work that many frontliners found very difficult. Apart from the verbal abuse from their immediate superiors,

many agents did not like the way in which their respective team leaders pressured them to hit their metric targets. Some of them also expressed their dissatisfaction over their respective upper management and company business clients for what they thought were unrealistic performance measures. Several agents did not subscribe to the emphasis given to competitiveness and the internal competition evident in the pressure from their bosses. This section elaborates on the ill effects of social interactions with fellow frontliners and superiors.

Referring once more to Andrei's opening quote, the cruel remark from her team leader that she did not know how to do her job sounded no different from the belittlement from overseas callers. Other agents like Hernan provided further examples: "What kind of brain do you have?!" and "You're replaceable!" were among the scathing phrases that he had received from his supervisor. For Roland, the constant battering of reprimanding questions showed the extent to which some team leaders tormented, and left agents like him feeling unnerved:

> [Team leaders] pound you with 'What's going on?!' 'What's happening?!' even though you've already explained it ... it's like they're saying that 'You're worthless.' ... You're trying to give it your best ... if we were all born perfect, we would all be bosses! ... Rather than lifting you up, it's like they even rub it in that 'you're stupid, an ingrate, you don't even see that what you need is in front of you'... It's very demoralising … and I think it's also disrespectful. – -Roland, 20, male, call centre agent.

Even without the derogative remarks, Zac said that just being yelled at with warnings of failing metric scores - like "Hey! Your AHT [Average Handling Time] is at 700!" - added to the stress he already felt from assisting a caller who was also screaming at him. Zac compared this type of stress to the condition of a vehicle forced to carry a load beyond its capacity. He argued further that "an agent is not a robot without feelings" and that their thought processes and actions are affected by personal issues, as Andrei's opening quote revealed. Zac's analogies portray how frontline work made him feel dehumanised. He also underscored the punitive character of the company when he said that the time restriction felt like "they are boxing you in a policy that if you deviate from it, they will scream at you." Zac discerned that this tendency is most likely a trickle-down effect from the shouting that the team leaders are subjected to from their managers. Team leaders are compelled to yell at agents because "if they don't follow the stats, they're in trouble with the Operations Manager."

Cora's perspective as a team leader bolsters Zac's explanation. She described the sermons from her boss as a form of verbal "bombardment" that she tried to endure, while explaining the cases of agents who had failing scores, frequent absences, and other performance issues. Her account further reveals that the "earful' from her manager bothered her so much that she had become quick-tempered and neglected her diet and personal care:

> My manager bombarded me with agent stats .... 'Why is your agent
> absent?!', 'Why is he still failing?!', 'Why did you forget to provide
> basic procedure?!' … One time I got so pissed ... I got lectured for not

filling up the citation form ... you don't notice that you're already stress-eating. And I forget to take care of my appearance, I don't get to brush my hair after showering … They say that I look so stressed, and I don't smile anymore ... I became temperamental ... they said I need to learn anger management. –Cora, 34, female, call centre team leader.

Dan's insights relate the stress-causing practice of shouting to the reality of social class relations in Philippine society. In pointing out that most team leaders come from the middle class, he reasoned that "it depends on how they were brought up, if they had house help and how they treat maids, or people below them ... you also bring that to the office, treating your subordinates as yes-men."

Some of the responses to the stressful impact of office superiors elicited comparable approaches to the tensions caused by problematic overseas callers. For example, Cora's stress-eating corresponded with Bobby's increased food consumption. Zac's smoking recalled his similar reaction to his cursing customer and Fausto's way of seeking relief from stressful callers. Quoting Zac, "it's somewhat psychological that cigarettes help take away the stress." His claim that other agents, including himself, occasionally drank after their shifts to "dissolve" or forget the stresses at work echoed the way in which Anj alleviated herself from the cursing of hurtful callers. All these examples indicate once more how frontliners were largely driven to potentially health-compromising practices by the interactional features of their work.

Interestingly, there were also individual efforts to deal with the scolding of supervisors and managers in a relatively healthier way. More than drinking and smoking, Zac still considered his art as his main calming practice. Aside from playing and singing songs, he occasionally found time to draw and paint. Referring to these artistic activities, he stated that "your passion becomes your alternative to relieve you of your stress." With Cora, boxing helped her release the pent-up tensions and irritation from her boss. She also spoke to her friend, who is a team leader, for support.

One of the more defiant responses came from Macy. Apart from shouting back at her male team leader, she refused to back down to his threats of issuing her a memo. As their dispute required the Human Resources Department to intervene, Macy remained steadfast in her principles. Her example highlights how occupational health and safety issues may reveal contentious power relations in call centre organisations:

> I fight fire with fire, so I yelled back at him and then he threatened me with insubordination ... He was going to give me a memo ... I said, 'I'm free to yell back at you because you yelled at me first!' And it reached a point where HR sort of intervened because he couldn't accept it, probably it's his pride, he's a TL and I'm just an agent ... HR asked, 'What is our resolution here?' I said 'I can give you numbers and I'm not breaking any law, get me out of his presence ... I can work with another TL, but not with him.' So, I was transferred to another TL whom I got along with. –Macy 43, female, call centre agent.

Macy's experience and the earlier accounts of verbal abuse from supervisors and managers indicate the issue of performance measures as a point of tension between frontliners and their respective upper management. For several agents like Fausto, some of the imposed performance targets (metrics) were upsetting due to conflicting goals. For instance, keeping his AHT to a minimum conflicted with hitting his sales metrics, since closing a deal with the customer entailed mandatory steps that required a significant amount of time. These steps include pitching for products and services, checking a customer's credit history and processing a purchase order.

Other agents explained that some of the metric targets were unrealistic. Referring to a monthly quota of resolving 70 calls within 21 minutes, Noel remarked, "It's like being instructed to catch a chicken with three legs, it's impossible!" Bel shared a comparable sentiment towards his previous company, where he and his former teammates struggled to keep their monthly AHT scores below the ceiling of 289 seconds. The company trimmed this figure to 220 seconds after he left. Bel claimed that the reduced time reflected the company's business plan to avoid the cost of hiring more frontliners, which compelled the existing workforce to take in more calls. Such conditions overload frontliners and intensify the likelihood of occupational strain and other ill effects.

Martha attributed untenable metric targets in her company to several call centre managers, who she thought were either incompetent in negotiating more realistic figures or just too lazy to explain that the targets were unattainable. She was

disappointed over their tendency to accommodate every demand from business clients without considering the capacity of agents like her. Victor admitted that in his call centre, some Directors and Operations Managers (OMs) would add figures on top of the targets that business clients set and cascade the new benchmarks to team leaders like him. Victor saw these adjustments as a way of gaining elbow room so that, "if we fail, at least we're still on par with what the clients need." Along with the earlier view from Bel, the perspectives of Martha and Victor portrayed call centres as managing client expectations at the expense of frontline workload management; that is, at the expense of addressing or at least mitigating the pressure and other occupational health and safety risks on agents and team leaders.

As if the pressures from conflicting and inflated targets were not enough, several agents were also distressed by the impulse of managers to change metric goals, sometimes without prior announcement. Hernan succinctly described the business practice of his employer: "you meet the goal, they raise the goal, so you need to put more pressure on yourself to meet those goals." His statement suggests that frontline work has been reduced to a perpetual activity of chasing desired numbers. In Andrei's company, management had new standards for metrics every month. More often, they would shorten their AHT requirement from 300 to 280 seconds. But when there were multiple resignations, they reduced the targets again. These fluctuations made her conclude that "they are just toying with metrics".

Indeed, Andrei's comments signal another problem with performance measures. Several agents like her contended that metrics based on customer feedback, such as Customer Satisfaction (CSAT) surveys, were biased. These

gauges of achievement were thus unreliable and unfair. Bel further argued that there were callers who evaluated him based on their previous experience with another agent. Some of them did not take the survey seriously and answered on a whim. He also questioned the ostensibly unbalanced scoring system for his previous company's Net Promoter Score (NPS), which included a broader range for Negative Scores (i.e., 0-6) than for Neutral (i.e.,7-8) and Positive Scores (i.e., 9-10). Fausto added that in his experience, callers would get back at his client's poor internet service by failing him or his peers in the feedback survey, even if they were satisfied with his handling of their inquiries.

Gabe questioned the accuracy of metric targets in her company since there was lack of clarity in the computations of individual and team scores. She also thought it was unfair to evaluate agents who were still on the learning curve according to the standards for experienced frontliners. She added that many call centres tended to use the performance of exceptional agents as the benchmark to follow without consideration for the diversity in people's learning rates.

Zac noted that his call centre employer could be unreasonable with its assessment of his performance when they disregarded factors beyond his control. Aside from the material conditions discussed in Chapter Five, such as the slow Internet speed and technical malfunctions in their communication and information systems, he criticized his management's failure to recognize that agents could not control the ways that customers discussed their concerns. As Zac reasoned, "You can't say 'Oops, I only have nine minutes!', you have to give the caller a chance to speak." Despite these arguments, Zac often found himself at the receiving end of

undeserved blame, just like many other agents including Lucio. To quote Lucio: "your boss blames you, the company blames you, HR blames you for having failing metrics … it's as if whatever you do is wrong … because of the negative survey from the customer, it's still your fault."

Some agents mentioned that call centre managers couched their justifications for unrealistic performance targets, for example, with the logic that the pressure made agents perform better. However, agents strongly contested this viewpoint. In fact, some companies, according to Sol, used metrics like Attendance to justify the termination of a person's position. Not surprisingly, other agents including Ica contended that instead of serving as motivation to excel, metrics were a "threat". She also described these measures as "unfair", noting that their absences due to illness did not exempt them from performance targets and were even taken against them. To quote Ica, "Who wants to get sick anyway?" Inferring from the constellation of arguments from Ica and other agents, the conflicting, inflated, erratic and biased characteristics of call centre performance targets appeared to cause unnecessary pressures.

Ica also shared the sentiment of other agents who traced the duress to satisfy metric targets directly to their call centre company's business clients. Whenever she tried to obtain payment from customers for her client's Internet, phone, and TV services, chasing her quota for collections while maintaining her AHT were among the most pressing concerns at the back of her mind. The different configurations of these performance measures invoked different pressures that compelled Ica to a form of self-surveillance. Furthermore, the client's demands required them to collect

any amount from people regardless of their respective situations. Consequently, the callous and avaricious mandate of the client generated anxieties that entailed having to constantly monitor herself against unrealistic standards, along with the distress and dilemma of failing to comply:

> In every call I need to collect say, 300 pounds ... I must ask them "Can you pay this now?" and the customer will say, "No I don't have money, I will pay next month." Oh my God, that's unacceptable! So, you panic, since that will add to what you haven't collected yet, and there's a certain amount that we need to collect every day. If you don't, you fail ... we need to collect an amount within seven minutes ... with customers who don't have money ... who lost their loved ones, who are disabled, you may not be able to collect the whole charge, but you need to get at least something. – Ica, 25, female, call centre agent.

This client's imperative to obtain money from customers resonated with Bel's experience in other call centres. He described how these demands burdened his conscience. Referring to the mantra of his client trainers to "sound empathic but never sympathize", he often found himself asking, "what if I was the one in debt?". Bel went on to contend that charging customers who were in very disadvantaged circumstances can come across as utterly insensitive and only results in poor survey results. To drive the point further, Bel said "Imagine, they've already been affected by the hurricane and then you'll be assertive .... they lost their house, they don't have electricity, naturally they will prioritise their basic needs over their debts, right?"

Aside from the emotional and mental impact, some agents have also described the physical manifestations of the client's pressure. Stress gave Julian headaches and triggered Gabe's vertigo, which occasionally led to vomiting. Andrei specified that constantly thinking about her AHT metric not only made her feel sad for the entire day but also led to loss of appetite. These multidimensional consequences were even more palpable in Cecil's account. She described how the company client's inconsiderate expectations led to her stress-eating, which could potentially aggravate her scoliosis:

> They don't understand that you cannot perform well every single day ... Even if you gave your all, if it's not your day, then it's not ... what is stressful about them is they would really push me: "Hey you need to get this target, you need to be like this ... why were you able to do this yesterday?" I know [eating a lot] is not good for me, especially because I have scoliosis ... my weight should only be this much … but because I feel stressed, I ate a lot, and when I got really stressed out, I would just cry … I could not sleep even if I was tired, and I lacked sleep. Because I could not help but think about my work, how to meet my targets, that everything I did was not enough."-Cecil, 32, female, call centre agent.

Just like some frontliners reacting to the stress from abusive callers and shouting bosses, Cecil turned to food to deal with the pressure of the client's metrics. Her previous quote likewise illustrates that the emotional benefits of eating can affect both the positive and negative effects of unhealthy food consumption. Her

perspective also informs us of the emotional significance of food and how important emotions are in functioning effectively at work. Another idea that Cecil referred to is that self-care is a social obligation in that her child's welfare depends on her capacity to work. Cecil's attempt to change her outlook as a means of addressing the challenges of her work seemed to be her way of improving her mental health. In terms of making sense of her situation, she explained that a person's cognitive and affective processes may be in opposition, such that particular feelings can be detrimental to her health and job performance, which therefore need to be controlled:

> At first it was difficult ... I would really need to eat … if I didn't, I felt like I would explode or break down ... I told myself that worrying about [metrics] was not good for my body ... I also thought of my child ... as much as possible I need to be okay; I cannot get sick. So, it's a matter of conditioning your mind ... You should fight back your emotions ... because I'm very emotional … I tend to break down and I need to do something to overcome it ... I started walking ... eating more vegetables, changing my food intake ... what I learned about my condition is that I need to cleanse my system. My doctor said people with scoliosis have digestive systems that do not work properly. Now I juice with a lot of fruits ... The best outlet for me is food. Through food, I'm able to get nutrients and I feel happier ... I can manage my stress a bit more, and I am able to perform better. – Cecil, 32, female, call centre agent.

Cecil's understanding of walking as a form of exercise to deal with the stressful metrics echoed in the interviews with several other agents, including Gabe. Both Cecil and Gabe attested that cigarette consumption was another prominent coping practice among call centre workers. Cecil, a non-smoker, observed that some of her workmates consumed one pack of cigarettes each day "because they are so pressured, and they need to release." This "liberating" effect was likewise observed by Gabe when she described the smoking area outside her office as a clamorous space in which frontliners debriefed with one another over the stressful encounters of the day. Unless the pressure triggered vertigo and forced her to self-medicate with Ibuprofen, Gabe often dealt with stress through smoking. Along with other agents, she often went outside during her break to finish a cigarette and vent her angst. Her practice presents smoking as a cathartic social activity among frontliners who release and share each other's anxiety, resentment, and other feelings. Smoking also creates spaces of momentary respite by distracting each other from their work, as Dan explained:

You get to be with someone, so you get to share stories, you get to take your attention away from what you need to do, you just get back to it when you go up [to the office] again. Of course, the cigarette doesn't really help. It's even harmful. But what it brings is companionship and being able to talk and share stories. Because smoking is also social. – Dan, 35, male, call centre agent.

The accounts from Gabe and Dan illustrate how smoking helped facilitate the therapeutic role of social interactions with peers. There were a few other agents

who explained that drinking alcohol or coffee and eating at a restaurant or fast-food outlet after a shift served the same function of helping them feel better. Additionally, they viewed some of these activities as providing transformative occasions for discussing matters that could not be aired at work or at home. For Martha, the occasional drinking session with friends allowed her to learn about legal issues related to her occupation. For example, she found out that it was illegal for companies to terminate an employee for multiple absences, especially if the absences were related to parental responsibilities. Another agent, Eve, recalled how the BPO Industry Employees Network (BIEN) had evolved from coffee sessions among colleagues. The formation of BIEN highlighted the potential for these social activities to bring people together to collectively address common occupational health and safety problems. At the same time, these activities strengthened social bonds among call centre workers.

For Bobby, spending two hours with his trusted mates over coffee allowed him to relax after his tight schedule as a supervisor. These coffee meetings became more meaningful after the death of a second member in his social circle, just a week before his interview with me. In realizing that "there's little time to spend with important people" and that life is "borrowed time," Bobby demonstrated how invaluable social interactions can be for frontliners like him.

Despite the benefits of these social activities, frontliners acknowledged the health and safety risks from such habits as smoking. In fact, most of my frontline conversational partners stated that they did not smoke. Among them was Orie, who

suffered from asthma. She pointed out that they were exposed to the hazards of second- hand smoke in the vicinity of their workplace.

Andrei explained that some call entre workers clung to the notion that while they were still alive and had money, they might as well try everything since "life is short" – despite the health-compromising effects of such practices as smoking. She believed that frontliners were largely influenced by what was immediately available outside their office - convenience stores, coffeehouse and fast-food chains, street kiosks, and watering holes. As discussed in Chapter 5 on the material conditions of call centre workplaces, many of these commercial establishments do not offer a variety of healthy and affordable foods.

Zac subsequently contended that these consumption tendencies indicated a lack of accessible and practical alternatives to release their stress. Along with other frontliners, this situation ultimately points to the pressure that their call centre company placed on their emotional, mental and physical states. Metric (performance) targets constitute the indices of these injurious strains and stresses. Such is the intensity of the punitive and threatening numbers that frontliners seek ready alleviation, including fun and the release of pent-up tension through consuming alcohol, cigarettes, and fast food. Along with shopping malls and the rest of the night- time economy that surrounds their work environments, consumer goods and services easily filled the role of occupational stress and pain relievers.

Apart from the ill effects and health compromising behaviours, the pressures foisted upon frontliners also engender a culture of competition and an individualistic

mindset. Drawing from Gabe's account, the lure of monetary incentives in hitting metric targets motivated some of her co-workers to overachieve at the expense of their health. In her company, the cutthroat orientation even pushed some of her colleagues to sleep in the office to avoid the time-consuming commute from home, in an effort to maintain their low absenteeism rate and stay in the running for financial bonuses and other rewards. She noticed that many of them had immediate financial concerns. These practices are understandable in the context of the extensive commuting times in Metro Manila.

Dan's perspective helps reinforce Gabe's observations on competition and the unrealistic standards of some call centres. For Dan, metric goals simply served egoistic agents who wanted to "overachieve". In turn, their performance helped to legitimize management's metric adjustments, short of saying that 'if this person can do it, so can you.' In his case, the ambitions of some agents came at the expense of frontliners like him, who were not on the production floor to compete or excel, but simply to earn a living. His ensuing quote serves as an instructive example of a frontliner's interpretation of the effects of competition:

> A lot of misunderstanding comes from that notion of competition ...
> For instance, we who are just 'chill' workers get compared to the
> show- offs ... For them it's all about bragging. They don't realize that
> we get affected because they are setting a standard, which is not really
> the standard ... so we also become toxic. You know how a company
> is, if it sees that this person can do this, then everyone should be able
> to do so ... it's no longer normal ... I think they can affect one's health

- if a worker can easily get depressed or has a psychological condition, he or she will be vulnerable to competition, to the stress from client and customer demands. Taken together, the person is likely to get hit by depression. – Dan, 35, male, call centre agent.

The emphasis on comparing agents' performances with those of the highest-performing workers is also evident in the unfavourable comments that Ynna reported hearing from her teammates. In her ensuing quote, their remarks insinuated how competition fosters an orientation among colleagues to evaluate one another based on the company's standards of productivity, without regard for individual differences. Social relations between agents seemed to reflect the way that management and the client value an individual in terms of their capacity to satisfy performance measures. Instead of practicing the essence of teamwork by being supportive, her teammates tended to individualize and reinforce her struggles, thus evoking a discourse of self-responsibilisation. As her interview excerpt conveys, peer pressure on top of the client's demands to hit metric targets generated stress, depression and low self-esteem:

This is the most toxic of all my jobs ... you get depressed because of stress ... if you did not meet your weekly metrics, there is pressure from teammates, since they get affected too. So, you would hear innuendos like: 'We are working hard for the metrics, why can't other people do the same? We are being paid the same.' It would make you think that you are the reason why the team is not passing ... you want

to resign but you have needs too ... They told me, "Ynna, our AHTs are high, do something about it. —-Ynna, 22, female, call centre agent.

The emphasis on competition has also made pathways to a higher position emotionally perilous for earnest agents like Hernan. As his quote reveals, the accusations against him for trying hard to impress were painful. The backbiting motivated by the ambition of another co-worker compelled him to refine his way of relating to other people, arguably in a more cautious manner:

I'm very open to challenges. I take it as a chance to improve myself ... I don't want people to have negative things to say about me ... because there was this person who commented, like I was just showing off ... and that really hurt because that was not my intention ... I was aiming to help, because this girl was aiming for this position and I was being bred for that position, I guess it came with that. But I took it personally, I was really hurt, so I adjusted myself ... I just sort of kept quiet. – Hernan, 26, male call centre agent.

The struggle to hit metric targets under duress from workplace peers and other conditions in the occupational and personal situations of frontliners elicited responses that generated further stresses. Several agents, including Julian informed me that they occasionally feigned illness just to take a day off when the work felt too arduous. They even sought physicians whom they could convince to supply a medical certificate, which they submitted to the company to justify their absences.

Sol referred to this prevalent practice among agents who were "burned out" as *Sinungaling Leave*, or "a dishonest leave." She said that, because of such cases, the management of some companies would order their employees on leave to report, including those who had illnesses, as in her example of an agent who was sick for a month. When the person showed up to the office, limping and visibly unwell, the management just said: "we needed to show the higher ups that you were telling the truth." The reports from Julian and Sol signal the ways in which occupational stress can drive workers to explore opportunities for recovery at the expense of missing daily performance goals, including Absenteeism, and thus potentially compromising their job tenure.

The coping responses of some agents in using their Leave of Absence (LOA) also pointed to incidences of sexual relationships among call centre employees. According to Ynna, one of the reasons why some of her peers went as far as sleeping with their bosses was in exchange for streamlining the difficult process of approving their requests for LOA. She related these practices to the client's metric targets that required ensuring a certain number of frontliners on each shift. But, as Ynna succinctly explained, "if you have a backer, leave is automatically approved." In dealing with the demanding client targets, on top of mistreatment from superiors and overseas callers, some conversational partners who identified the effects of these combined stressors, reiterated the previous coping example of drinking. Some of them also engaged in fitness and recreational activities to navigate the ill effects of frontline interactions.

One example concerned Dan, who stated that he spent at least 15 minutes every day by himself doing calisthenics or strengthening exercises. He also mentioned that he complemented his fitness regimen with changes to his diet - reducing his rice consumption to one serving every other day and increasing his intake of fruits, protein, and vegetables. He said that these efforts were intended to reduce his weight, noting as well that he had experienced high acidity problems when he was over-weight and that obesity seemed to be the norm among call centre agents. Other frontliners, including Sol, engaged in physical activities for reasons other than their potential health benefits. Mountain trekking and yoga gave Sol and her friends reasons to get together and create "bonding moments", especially since they had started working in different call centres.

Other agents highlighted how music consumption served as a recuperative social activity. According to Lucio, his officemates often indulged in videoke singing to de-stress after their shifts. For Noel, playing fast-paced punk covers with his band and listening to the slower bossa nova had the same relaxing effect. In Macy's case, listening to her daughters practice guitar and violin instrumentals in the next room lulled her to sleep. As for Fausto, he occasionally went to a bar to watch or jam with a live band. He added that listening or performing the songs of Filipino folk-rock band *Asin* and reggae artist Bob Marley helped "go back to what your dream was, and then you realize what your objective is."

To summarize, the hurtful treatment and pressures from frontline peers and bosses beholden to the interests of the clients produced a range of emotional and mental effects. Burnout, depression, despondency, indignation, irritability, stress,

trepidation, unhappiness, and workplace demotivation were some of these effects. Frontliners also experienced physical ailments, including eating disorders, headache, and vertigo. These ill effects provoked frontliners to cope through various consumption activities. Some of these practices carried considerable health and safety hazards and risks. For example, smoking not only caused harm to the smoker, but also to non-smoking agents. Moreover, the standpoint that call centre management regards the demands of the client as paramount impelled several agents to take actions that may have cost them their jobs, such as yelling back at their superiors or taking "dishonest" absences. Other frontliners pursued various forms of exercises, dietary changes, artistic activities and sought the companionship and emotional support of family and friends.

The perspectives of my frontline conversational partners can be further theorized. Suppressing emotions in the face of screaming from higher-ranking personnel and engaging in physical activities, respectively, depict examples of surface acting and bodily deep acting (Hochschild, 2003). Even dietary changes and the consumption habits of frontliners can be interpreted as forms of deep acting techniques that focus on the body (Albas & Albas, 1988; Harris, 2015). Fausto's musical activities, which are creative efforts to achieve a desired emotional state and attempts to adjust his perspective on his situation, represent both expressive and cognitive deep acting (Hochschild, 2003).

The first section of this chapter demonstrated that agents and team leaders perform emotional labour to manage the ill effects of abusive customers. The second part extended this argument by showing that the negative impact of immediate

bosses and colleagues have likewise prompted techniques of regulating emotions. These coping responses further show that some forms of emotional labour (e.g., Cora's stress-eating and Zac's smoking) potentially increase the occupational health and safety hazards for frontliners. Examples of agents' interpersonal emotion management with office superiors and co-agents were described to some extent as collaborative, but more notably as adversarial. Inferring from their descriptions of occupational issues that affected their health and safety, interactions with some people at work seemed no less dissonant than the processes of regulating emotions when communicating with overseas callers. This inclination recalls how frontliners perceived many emotional and mental health issues, including stress, as an outcome of "faceless" and "face-to- face" interactions. Several agents even identified specific persons, such as their team leaders, as major stressors. Such perspectives demonstrate how stress is experienced and understood in different ways.

The extended discussions on performance measures offer further observations. Apart from disputing the notion that metrics represent objective assessments of job performance, several agents interpreted call centre metrics as nothing more than a source of stress, frustration, and angst, especially towards their bosses. Many agents portrayed the pressure of meeting these numerical targets as sources of pervasive and contagious tension that stirred fear and other unwanted feelings and circulated through multiple levels of the corporate hierarchy.

In describing the ill effects of metrics, frontliners also underscored power relations in call centres. As earlier explained by Sol, using metrics to terminate agents shows how higher-level employees cloak corporate politics and personal

agendas with the logic of performance measures and give the illusion of meritocracy and professionalism. For Ola and other agents, who aspired to professional and financial growth, exerting their efforts to hit metrics in order to be eligible for a higher position became pointless, since the supervisors in her company had already 'handpicked' applicants for promotion. In an industry where a frontliner's job status hinges on satisfying desired metrics, the incoherence of such performance measures can contribute to intensifying feelings of occupational insecurity and perturbation. The ill effects of this predicament constitute one of many indicators of the precarious occupational conditions of frontliners that endanger their health and safety.

III.   "Spillover effects": The impact of frontline work interactions on personal relationships

The imperative of call centres to satisfy their clients' unrealistic metric targets have increased the likelihood of frontline interactions to become antagonistic. These injuring connections led to unhealthy outcomes for my conversational partners that extended beyond the workplace. In this segment, I consider the experiences of frontliners who described the spillover effects of call centre work. Their accounts point to the lack of time spent with family and friends, heated arguments with household members, and stressful and painful episodes at work that haunted them after their shifts.

Many frontliners described how their typically nocturnal work schedules, combined with the depleting interactional settings of work and the gruelling commute, left very little energy and enthusiasm to engage in shared activities at home. Single parents like Orie were compelled to pass on parenting responsibilities

to their mothers. As her excerpt reveals, she used her weekends to rest rather than to engage in recreation and socializing:

> I don't have time for [my son] anymore. Honestly, my mother helps him do his assignments since I won't be able to focus, I am too exhausted every time I get home and I need to wake up early the next day. On Saturdays, I try to catch up on lost sleep ... I also don't get to go out with my friends ... I'd rather rest at home since I'm too tired already and I don't get enough sleep the whole week. –Orie, 31, female, call centre agent.

While Orie was fortunate to be living with her mother, Gabe had to send her 13-year-old daughter to the province where she could be better taken care of by Gabe's mother. As the family breadwinner based in Metro Manila, she tried to have her daughter live with her in a boarding house where she shared a small unit with other female boarders. However, the lack of affordable residential alternatives for her family in the capital, and lack of employment opportunities in the province, forced her to sacrifice a life with her daughter in the city.

The stories of other single mothers, including Eve, revealed that living with their families and siblings could lead to tensions in household relationships. She said that, aside from not being able to spend adequate time with her children, her drinking and smoking after work had occasionally ignited sermons from her parents and siblings. She described how her coping responses to the challenges of her work often

collided with social expectations regarding family roles and values, such as maintaining wellness and frugality:

> My parents or my brothers and sisters, they would say, 'If you're not smoking, you will have more savings', 'If you're not drinking, you could save' ... 'It's healthier for you if you're not smoking', 'You're old enough ... It's up to you what you want to do with yourself ... just be responsible with the kids. –Eve, 38, female, call centre agent.

While Eve's family was more critical of the consumption habits induced by her occupation, Ynna's parents took issue with the work itself. Her parents regarded their daughter's call centre job as merely an interim stage in her professional career: "You graduated [Tourism], why are you staying there?" or "Don't you have any plans for transferring into your field?" The comments from Ynna's parents illustrate a preconception held by many non-industry people. Their remarks revealed the ambivalence toward call centre work and their perceptions, shared with some agents, that the occupation is a temporary or transitional job, echoing observations by Padios (2018: 66, 76, 165). This impression also complements the perception of call centre work as "fill-in" work while waiting to find a more fulfilling job, as expressed among UK employees in Lloyd's (2013, pp. 99-118, 122) study.

One of the more concrete examples of the spillover effects of call centre work involved accounts of shouting matches with one's intimate partners. These altercations were described as an outcome of occupational stress and other factors. For example, Julian explained that the pressure from the obscenities in frontline

interactions, combined with lack of sleep, made him irritable and volatile towards his wife:

> I get pressured, stressed, while I lack sleep ... I bring it all home. Sometimes [my wife and I] fight ... because my mind is filled with the negativity from other people's words. I also try to fix it but sometimes there are instances that I tend to shout when we're arguing … negativities like 'You suck!' 'You mother fucker!' I certainly find myself cursing at home even during petty disagreements with my wife. When she keeps yapping, my patience begins to wear off. – Julian, 25, male, call centre agent.

Tensions from frontline work lingered beyond working hours. Cora spoke about the countless experiences of interrupted sleep due to incoming calls from her manager. The demands of her work have been intrusive enough to interrupt her rest periods. To quote Cora, "every time when you're about to sleep, around two p.m., they call you ... it's just stressful!"

In the case of Lucio, the cursing of customers in English had a more indelible effect. At first, as he explained, being cursed in English did not affect him. After working for some time in the call centre, however, the obscenities eventually became painful to bear, and began to sound "like our local language." Even when he was resting, "sometimes [the swearing] flashed back even when you didn't want to think about it." He added that thinking of how to pay the monthly bills was stressful enough. His account suggests possible signs of post-traumatic stress disorder (PTSD).

Memories of verbal assaults were not the only source of spillover effects from frontline work. The lack of job security plagued the minds of agents like Bel during his downtime at home. Despite the advice of peers not to bring work concerns home, he reasoned, "How can I not think about my job security, since there's no such thing? If you fail, you fail, and anytime you can get terminated!" Bel revealed that according to his doctor, he had anxiety issues and his rhetorical question underlined this problem.

Frontliners tried to navigate the spillover effects of their jobs in several ways. Orie tried to make the most out of her Sundays by taking her son to church and helping her mother with their laundry. Meanwhile, Gabe mostly relied on video calls and text messaging to maintain contact with her daughter. Both cases show the efforts taken by some frontliners in compensating for the temporal and spatial constraints brought by their work.

Frontliners whose families seemed less accommodating of their call centre lifestyle, highlighted the tendency to lean on their co-workers for emotional and mental support. Hanging out with teammates after a shift until 12 noon for Ynna was her "sweet escape from the pressures at home". More particularly, she hinted at the restorative role of companionship when she explained that going out with them attenuated her fatigue. Eve's perspective further reinforces our understanding of why such social activities as drinking provide benefits, in contrast with her parents' views of drinking as detrimental to the family and an unwise health-compromising pursuit:

I just want to drink because it helps me psychologically ... I'm more comfortable talking when I'm drinking [with colleagues] ... it's one of our bonding moments ... I also want to enjoy myself at work, despite the pressure. –Eve, 38, female, call centre agent.

Some agents like Fausto acknowledged that they had been overly argumentative with their partners due to their irritated disposition after a stressful evening at the office. He described one of the ways that he tried to de-stress was to include his family in his creative pastime. Gathered in a small living room, he and his partner took turns strumming songs on the guitar while their children played in front of them. Just as Fausto turned to music to alleviate the ill effects of workplace interactions and other occupational health and safety issues, he shared music to create a stress-relieving atmosphere at home. Music, in this sense, defined a shared space and provided "bonding moments" that protected him and his family from the toxicity of call centre work.

Other examples of agents' coping responses included attending the gym, watching movies, going to the malls and spending time with a parent or talking to people from BIEN, which helped agents including Bel to "forget" about statistics: to let go of deficits in his collections and even the situation of the person on the line who could not pay their debt. Just as navigating other problems from frontline interactional settings, fitness activities and interpersonal relationships were among recurrent remedies.

In sum, the examples in this part of the chapter reveal several key insights. The first is that the antagonistic frontline interactions, stresses, and other ill effects, along with respective coping responses, profoundly affected the personal relationships of frontliners. These stresses generated conflicted interactions with parents, children, and with partners. The second point is the invasive nature of the demands of frontline work. Apart from causing tensions in social relations, the exigencies redefined social activities and social roles in the domestic sphere, including living arrangements. More glaringly, the chronic emotional and mental ill-effects evince how call centre work has intruded deeply into the cognitive and affective dimensions of a frontliner's sense of self.

Enduring the injurious: The cost of interacting

Throughout this chapter, the stories of my conversational partners have pointed to the relational dimensions of their occupation as sources of emotional, mental, and physical pain and harm. More particularly, the aggressive, disrespectful, exigent, and racist attitudes of many overseas callers defined the interactional setting from one end of the communication line. Meanwhile, the other end is shaped by the abrasive, degrading, inconsiderate and threatening approach of call centre superiors in imposing performance requirements that originate in the business clients' expectations.

These combined interactional pressures lead to a range of emotional, mental and physical health issues for my conversational partners. These outcomes have, in turn, driven some frontliners to rely on coping strategies that complicate and

generate other health and safety risks and hazards. Moreover, the negative impacts of call centre workplace interactions permeate into their domestic lives and personal relationships. This spread only served to sustain the tension and other insidious effects from frontline work.

Many of these reported consequences correspond with findings from previous studies on BPOs in the Philippines. A notable example is the frequent association of stress with issues involving bosses and customers (Amante, 2010; Domingo-Cobarrubias, 2012; EILER, 2011; EILER & ITF, 2008; Errighi et al. 2016; Hechanova, 2012, 2013; Padios, 2018; Pico 2006). Stress-related outcomes of interactions with callers, managers and team leaders, likewise support previous findings about anger, anxiety and distress (Amante 2010), along with other reported ill-effects such as eating and sleeping disorders (EILER, 2011), low self-esteem (Hechanova, 2012), and the fear of layoffs (Padios, 2018). These and other studies have also reported comparable adverse spillover effects of call centre work on employees' family relationships, especially on the lack of frequent contact and shared activities with their children and family (Amante, 2010; Domingo-Cobarrubias, 2012; EILER, 2011; Hechanova, 2009, 2013; Hechanova-Alampay, 2010). The persistence of such occupational health and safety problems accompanies other long-standing issues of illness-causing and perilous material and temporal conditions of call centre work, as shown respectively in Chapters Five and Six. These chronic issues reinforce the argument raised in these chapters that call centres have yet to improve the state of occupational health and safety in the industry and, by extension, the wellbeing of its workforce.

Some of the ill effects experienced by my conversational partners also resonate with studies on call centre workforces in other countries. For instance, Indian industry counterparts have experienced frustration, pressures, and tensions from workplace relations (P. Taylor & Bain, 2005) and the spillover effects of deterioration in family relationships (Poster, 2007). According to Mirchandani (2012, p. 14), the combined negative health and social impacts represents the "schism between global workplaces and local lives". Other parallel examples include call centre employees in New Zealand who have likewise endured exhaustion and stress from customers (Rod & Ashill, 2013), and frontliners in Germany (Wegge et al., 2010) and South Korea (Oh et al., 2017), who have dealt with the unhealthy consequences of emotional dissonance. Such examples demonstrate the persistence and extent of health and safety problems across different sites globally and suggest, in turn, that the issues originate from fundamental features of call centre work.

The accounts of the negative impacts from dealing with bosses and callers resonate with descriptions of emotional labour as a major stressor among call centre work conditions (Hannif et al., 2010, Holman, 2003; P. Taylor & Bain, 1999, 2005; P. Taylor et al., 2003). At the same time, the experiences of the adverse health effects from workplace interactions highlight some of the factors that make call handling a major source of occupational ill-health, specifically the difficult customers and performance targets (P. Taylor et al., 2003, p. 454). The examples in this chapter show that the impact of the performance targets is intensified by the disparaging and harsh treatment of agents by managers and team leaders.

Additionally, the descriptions of the lingering threat of termination over unmet performance goals not only prove that frontline work is precarious. My conversational partners also explained how the lack of job security caused further emotional and mental problems. Interactional features of their precarious employment rendered agents and team leaders vulnerable to several "hidden" injuries. Company policies and procedures that prevented frontliners from cursing back or responding in similar terms left them more vulnerable to verbal attacks, including the threat of getting fired. Other exacerbating features are the emphasis on competitiveness through the logic of performance measures in the form of metric goals: compete for your numbers so you might stay, miss your targets and we'll let you go. This imperative, which defines employer-employee relations in call centres on several levels, creates profound and pervasive pressure that manifests in virulent remarks from bosses and co-workers, along with other harms to the health and safety of frontliners.

The nuances in the description of their jobs as contingent on satisfying performance targets highlight the distinctive mark of precarious work as uncertain, unstable and insecure (Kalleberg, 2009; Vosko, 2010). The range and depth of emotional, mental and physical ramifications from frontline interactions and the spillover effects illustrate the illnesses, risks and threats that such types of employment produce (Bohle et al., 2001). As we have seen in many accounts from my conversational partners, precarious employment is "a social determinant of health" (Benach et al., 2014).

This occupational condition, along with the prevalence and promotion of competition realized through metrics, all point to the influence of neoliberalism (Beer, 2016). In a sense, these enumerated features bare the "fingerprints" of neoliberal ideology on the health and safety problems arising from "face-to-face" interactional settings. The reported emotional and mental issues experienced by frontliners, particularly of stress, expose the insidious impact of the hypervalorisation of productivity (Padios, 2018, p. 37) and competition (Lloyd, 2013, p. 172).

The ideology of racism gives further impetus to the ill effects from "faceless interactions". The experiences of frontliners illustrate the negative impact of dealing with bigoted American callers, while they attempt "to positively identify with, signal proximity to, and effectively communicate" (Padios, 2018, p. 9). The notion of neoliberal racism, which excuses prejudiced attacks as mere exercise of a customer's right (Mirchandani, 2012, p. 9), helps explain the driving ideologies operating behind the illness-causing behaviours of customers toward frontliners. Moreover, examples of simianisation, job theft accusations, cursing, disparagement and the command to be transferred to "an American", also demonstrate forms of interpersonal racism (Berman & Paradies, 2008) and racial microaggressions (Dominguez & Embrick, 2020; Sue, Capodilupo et al., 2007). Along with the cases of internalised racism (Berman & Paradies, 2008; Eisen, 2019; Pyke, 2010) of Filipinos in the US, these transgressions have caused emotional, mental and physical impacts that are comparable to studies on the health effects of racism (Nadal et al., 2014; Sue, Capodilupo et al., 2007; Todorova et al., 2010; D.R. Williams et al., 2019). Additionally, there are also studies on the effects of racism suffered by Indian

industry counterparts that support the accounts of my conversational partners. These include disappointment and trauma (D'Cruz & Noronha 2006:349-352) and feeling upset and inferior (D' Cruz & Noronha, 2008: 141; Noronha & D'Cruz, 2007: 267-269). Finally, cases such as Ynna's affluent caller and Macy's chauvinist customer also recall Padios' (2018) observations that remind us of the intersections of class, gender and race, which compound the health and safety of frontliners, especially during episodes of call handling and worker identity construction.

The experiences of agents and team leaders allowed a glimpse of these dimensions as embedded in the historical continuities of colonialist cultural encounters, the global flows of human capital, and deskilled and flexible outsourced BPO employment. The recurring stories of callers' allegations that Filipino call centre workers were "stealing" the jobs of Americans shed light on the political economy of call centres in the global context. The movement of global capital that relocated employment opportunities offshore at the expense of local labour markets, appears also to have carried domestic social problems of racism and xenophobia across nation-states and virtual boundaries.

The revelations of my conversational partners have helped underscore the argument that occupational health and safety issues are structural problems in need of structural solutions. Such a premise implies that in the context of call centres in the Philippines, industry workers have suffered from various emotional, mental and physical illnesses and harms largely because of occupationally induced health and safety risks and hazards that are generated by factors such as the impact of workplace interactions. These structural influences drive many individuals into

coping habits that can lead to further illnesses and perils, as shown by the experiences of my conversational partners.

As a parting comment, I recall my own attempts in co-managing our conversations, including the emotions of some agents and team leaders who felt very strongly about certain topics. I must admit that sometimes I found myself groping for words on how best to facilitate our conversations, especially since these were first- time encounters. I was also preoccupied by other research and personal concerns while in the field. In hindsight, I can only imagine how managing client interactions in the context of call centre work is so much more difficult, especially in enduring the barrage of verbal abuse from office superiors and irate or racist callers, including Filipinos calling from overseas like Jhenny Ghacasa.

CHAPTER 8

Conclusion

In exploring how 32 Filipino call centre frontliners experienced the health effects of their work, I discovered that their lay perspectives revealed a range of "hidden injuries". The views or voices of my conversational partners described emotional, mental and physical consequences of their work in terms of three dimensions: material/spatial, temporal and relational injuries of their work. Their accounts also identify many of these consequences as occupational health and safety issues. Furthermore, their interpretations of their everyday working lives illustrate that multi-dimensional health effects of call centre work have multi-dimensional causes.

The material/spatial conditions that both generate, and complicate conditions of ill health and safety problems include the challenges of commuting, the cold office temperatures, unhygienic workstations, inadequacies in workplace facilities such as food sources and toilets, and limited problematic medical, safety and wellbeing services. Illness-inducing and hazardous aspects of the temporal dimensions of work comprised frequent "graveyard" shifts and schedule changes in working hours at short notice, restricted bio-breaks, forbidding performance targets ("metrics"), and the insecurity of call centre employment. Relational dimensions concerned ill-treatment from workplace supervisors and customers, including racist remarks, together with the spillover effects of these interactions on personal relationships and downtime.

Frontliners frequently reported the health effects of call centre work in terms of burnout, fatigue, gastrointestinal problems, headaches, sleep disorders, upper respiratory tract infections, together with various forms of anxieties, distress, throat symptoms, and Urinary Tract Infections (UTIs). More dramatic examples of health effects included the severe consequences of appendicitis, heart failure and stroke. The accounts of my conversational partners on these latter, albeit rare, outcomes highlight the complexity and variations of their experienced health effects and responses. We can comprehend this range of symptoms and illnesses as arising from the interrelatedness of the material/spatial, temporal and relational aspects of their work.

For instance, the anxiety and distress of many frontliners came from the co-existing challenges of commuting, malfunctioning work tools, inadequate bio-breaks and limited "call handling" time. Throat ailment and UTIs developed because of the extremely cold temperatures in the office, and the deferral of bio-breaks to manage periods of high-volume calls and managerial edicts to extend continuous call handling periods. Among the more critical cases, Andrei's excruciating ordeal with appendicitis (pp. 207-208) underscored how a combination of factors delayed her emergency treatment: misdiagnosis by the medical personnel in the office, rigorous work mandates, and her team leader's orders to report for work, despite her physical pain. Underpinning these material/spatial, temporal and relational sources of health and safety issues are the pressures from directives of business clients and employers to comply with performance targets ("metrics").

Importantly, the entanglements of material/spatial, temporal and relational dimensions with structural and systemic issues beyond the workplace illustrate the complexity of the health effects of call centre work. These include the connection between the emotional/mental and physical impacts of call handling and commuting, and the "bigger picture" of traffic congestion and transportation crises, illustrated by Zac's explanation (p. 145) of the nightly/daily exhaustion and lack of sleep. Correspondingly, Fausto's experiences (pp. 135-136, 138) of police harassment and daytime robbery, which produced nightly trepidation, connects occupational travel to the problem of public safety. While these examples link the personal experiences of call centre work's health effects to broader local (public) issues, the harms of call centre time, along with the verbal threats and violence of "faceless" racist overseas callers, tie the occupational impacts to social problems and structural arrangements with global dimensions.

The accounts of frontliners also reveal inherently paradoxical aspects of their work. An example is the tropical climate of The Philippines and the wintry conditions inside call centre sites. Another is their night shift that differs from the daytime office hours of employees in other lines of "white collar-work". A different set of paradoxes lies in the character of their work: call handling demands that frontliners perform customer care, produced by corporately desired deep acting (Lively & Weed, 2014, p.203), towards many hurtful callers, while receiving inadequate support or care from their employers. The position title "agent" suggests a realm of autonomy, yet the findings show that frontliners operate under numerous constraints. Such paradoxes have been described as sources of health and safety concerns.

The interrelatedness of occupational dimensions with national and transnational issues, are likewise discernible in examples of how my conversational partners described the ways in which they dealt with the emotional, mental and physical effects of call centre work. Some of these coping strategies generated other health and safety problems. For example, Martha relates her practice of sleeping on the bus during the ride home due to exhaustion, with the hazard of being robbed and the broader problem of public transportation safety (p. 138). Eve likewise associates her alcohol consumption to deal with her lack of sleep at night and anger from work to the dangers of commuting (pp. 186-187). Her story also reveals tensions in her relationship with her parents as a further relational consequence of her drinking (p. 285).

Orie's practice of sleeping, rather than having a meal, after she arrives home from the office (p. 145), can be understood in terms of her response to the public health impacts of the traffic crisis in Metro-Manila. This strategy to sleep impacts however on the amount of quality time with her son, mother and friends (p. 284). Moreover, the inadequate hours of sleep compel her to drink instant coffee to deal with drowsiness, which in turn proves problematic since her increased need to use the toilet is compromised by frequent bio-break suspensions, thus increasing the risk of UTIs (p. 181).

Noel's and Bobby's discussions of the deferral of bio-breaks (pp. 198-199) also help to connect Orie's coping response of consuming copious amounts of coffee to the restrictions imposed by the business imperatives to satisfy the performance

targets ("metrics") of company clients. In a sense, Orie's strategies of coffee consumption and controlling bodily urges represent the micro-level responses to management restrictions, which are driven by the interests of call centre client companies. The accounts of Orie, along with Noel and Bobby's, point to the broader context of offshore and outsourced call handling labour. We can enhance our understanding of this broader setting through the interrelatedness of emotional labour, racism, precarious work and neoliberalism, which my conversational partners have illuminated.

Call centre emotional labour as managing and performing required feelings (Hochschild, 2003), can lead to emotional, mental and physical health problems. A major source of harm, illness and pain comes from the verbal abuse and yelling of overseas "faceless" customers. While call handling may have diminished the potential harm from physically engaging with customers, call centre work requires emotional labour which has ramifications on workers' wellbeing (Hochschild, 2003, p. 7). Regulating emotions while engaging with problematic callers can also drive frontliners into coping strategies that lead to further health risks and hazards. Company policies, rules and procedures compound the effects of abusive and hostile customers preventing frontliners from responding in kind to abusive remarks. In this sense, they are effectively "gagged". Such limitations represent structural features of offshore and outsourced service work that exacerbate the negative effects of emotional labour and promote exploitative transnational social relations.

"Faceless" service interactions that involve racial slights from American customers illustrate the relationship between emotional labour and racism. The

stories of agents and team leaders show us that racism intensifies the health effects of emotional labour, including the harm from verbal threats. Applying the notion of Filipino/American relatability (Padios, 2018) through this thematic juncture, the process of frontliners internalising and engaging callers as authentic and dutiful "American" customer service representatives can generate and contribute to distressing feelings and mental dispositions, and physical symptoms, including coping responses that may further lead to, or aggravate other illnesses or worsen the harm from other safety and security hazards.

Employers' prescribed "professionalism" for frontliners, particularly to condone neoliberal racism (Mirchandani, 2012) – which includes excusing racist attacks as an exercise of consumer rights – further compounds the ramifications of problematic customer interactions. Call centre workers suffer not only from direct and discernible forms of racism, but also indirect forms (Berman & Paradies, 2010), including racial microaggressions (Dominguez & Embrick, 2020; Sue et al., 2007) from American and "white" callers. As some of my conversational partners disclosed, they also endure the negative health impacts of internalised racism (Pyke, 2010) and colonial mentality (David & Okazaki, 2006a, 2006b, 2010; Eisen, 2019) from Filipinos and Filipino Americans calling from overseas. The lack of visual cues in these customer interactions seem to contribute to the viciousness of racism toward frontliners. Interestingly, the "facelessness" of these transactions appears to further racialise interactions and "voices". That said, a broader implication is that the global offshore and outsourced service industry, largely reifies structural (Bonilla-Silva, 2018) and institutional racism (Berman & Paradies, 2008), and perpetuates colonial

legacies of social economic and political inequalities between cultures, including the mental wounds (Fanon, 1952/1967) and other health effects that racism inflicts.

The experiences of my conversational partners further illustrate that performing emotional labour makes them vulnerable to the harms and pains of racism. and other forms of violence. That they are made to endure these conditions through so-called standards of professionalism means that these occupational hazards are transferred to workers as individuals. Adding to the impacts of "faceless" customers, agents persevere through the screams, derisions, and threats from their office superiors (including team leaders in some situations). Such forms of mistreatment result in emotional, mental and physical harms. Furthermore, the accounts of frontliners on the ways that managers can defer bio-breaks, cancel leave of absence and assign/reassign work shifts even without the consent of workers, demonstrate employees' lack of job autonomy. These conditions were described, in large part, by workers as being driven by the mandate to hit performance targets ("metrics") or risk the consequences of possibly losing their employment. Frontliners also highlight the lack of job control and the demand to of satisfy metrics in dealing with "faceless" customers. All these occupational features, especially the role of metrics as a major factor that determines their job status, underscores the extent to which call handling is precarious work (Kalleberg, 2009; Kalleberg & Hewison, 2013), and is entangled with the hazards of emotional labour and racism.

The perspectives of call centre frontliners on metrics suggest that the pressure of hitting "absurd" and changing performance targets generate tensions and intensifies the stress of managing their emotions, mental dispositions and their

bodily states. In fact, these targets can generate a level of anxiety that can lead to critical medical conditions, as illustrated by Roland's experience of suffering a stroke (p. 225). Moreover, the unhealthy effects of metrics can be as invasive and insidious as causing or contributing to social strains in household relationships, lingering mental issues during downtime and preventing inhibits social contact and time with family and companions at home.

As illustrated by the interpretations of experienced precarious conditions (Boese et al., 2013, p. 318), the element of time shapes the pressing performance measures, and the unhealthy effects and implications of "floating" status, the threat of dismissal and the uncertainty of job regularization (tenure) or renewal of contracts. Precarious work arrangements of offshore and outsourced service labour represent how call centre time, which follows the hours of Western countries, determines the temporal orientation of offshore call centre workers in ways that adversely affect their wellbeing, including their social lives and personal relationships. Indeed, Call centre time is a source of health and safety issues (Mirchandani, 2012, p. 125). The inflexible work shifts compel frontliners to flexibilise according to the demands of transnational customer service work.

While the notion of flexibility helps link precarious work with the theme of neoliberalism (Bourdieu, 1998/2000, pp. 31, 34), it is the compelling force of precarious call centre work to self-responsibilise for occupational health risks and hazards that links emotional labour, racism and precarious work with the ideology. Indeed, the notion of "individual responsibility is "one of the central pillars of neoliberalism" (Lloyd, 2013, p. 42).

Examples of self-responsibilising call centre agents for their wellbeing include controlling bodily functions during deferred breaks and practicing restraint and tolerance towards racist and abusive customers while managing and performing emotions. Further illustrations relate to inadequacies in the material/spatial dimensions of the workplace: frontliners are forced to self-responsibilise to ensure hygienic conditions when using shared office equipment, in managing their personal security during the daily commute and even their safety while working in the office when such natural hazards as earthquakes occur.

Aside from flexibility and self-responsibilisation, neoliberal ideology influences workers' daily practices and understandings of their work through the hypervalorisation of productivity (Padios, 2018, p. 37) and competition (Lloyd, 2013, p. 172) which manifests in precarious work arrangements, metrics, work relations, and their pernicious impacts. One of the striking examples was Theo's experience of heart failure (p. 202), which shows the critical impacts that call centre time, along with the influence of hypervalorisation of productivity (Padios, 2018, p. 37) and trepidation related to "the structural violence" of "insecure employment" (Bourdieu, 1998/2000, p. 98) can cause. This example, along with the many cases of UTIs, and the range of emotional, mental and physical illnesses, and generalized pain and harm reported by frontliners reveal the ramifications of neoliberalism on the wellbeing of call centre workers.

Neoliberal racism (Mirchandani, 2012) helps to underscore the implications of the ideology beyond the workplace. In mobilising the language of the market to

conflate and sanction racism with consumer rights and the notion of professionalism, offshore and BPO companies perpetuate "racial antagonism" as the "capitalist exploitation of peoples and their complementing social attitudes." (Cox, 1959, p. 321). Call centres as organisational epitomes of neoliberal productivity and the global division of labour virtually reproduce existing global inequalities along with harming workers' personal and social wellbeing.

Call centres as the nation-state's neoliberal project to rehabilitate its global identity "as the economically feeble 'sick man of Asia'" (Padios, 2018, p. 3), ironically suffer from several chronic occupational health and safety problems. The neoliberal ideology that drives these transnational sites in generating and accumulating capital likewise causes and compounds the illnesses of the industry workforce and their households.

In a sense, the complex interconnections of the material/spatial, the temporal, and the relational dimensions of call centre work have created precarious, racialised, emotional labourers entangled in a complex web of health risks and hazards and responsibilised for their wellbeing. Set against this neoliberal setting, my conversational partners have navigated challenges, including the health and safety issues in their workplaces mostly through individualised coping strategies. A compelling example is using "the power" of the mute button on the desk phone to shield against the harm, pain and threats of verbal attacks and to vent out or "talk back" (pp. 247-248, 250-251, 257). Another is practicing cognitive deep acting (Hochschild, 2003) by manipulating ideas, images, sounds and thoughts from music

and social media consumption to create positive emotions (Harris, 2015, pp. 46-48), in order to cope with occupational demands.

Several of my conversational partners explained why some coping strategies that may lead to other health and safety issues like drinking alcohol, smoking, indulging in "junk" food, are experienced as emotionally, mentally and even physically beneficial to their wellbeing. Some of my conversational partners had made changes to their diets and several engaged in health and fitness activities. Many choose to sleep or engage in social activities with a few members from their immediate social circles of family, relatives, friends and co-workers. Such efforts may mitigate or alleviate the immediate health effects of call centre work. Given the exigent demands of call handling work and the extent of the structural sources of occupationally induced illnesses and harm, the capacity to remedy and sustain chronic health and safety issues clearly require a more collective intervention.

Examples of such efforts by BIEN in 2012, led to the BPO *Workers and Welfare Protection Act* (Congress House Bill 1180) and the *Magna Carta for Call Centre Workers Act* (Senate Bill 57) the following year, both of which seeks to ensure better working conditions and enforce the right to form organisations and unions (Siwa & Arago, 2017, p. 212). Their campaign entitled "Let It Flow" demanded "more frequent and longer bathroom breaks for BPO workers", while another drive called "Let There Be Light" demanded the installation of better streetlighting "along roads leading to their workplaces." (Siwa & Arago, 2017, p. 212). More recent campaigns of BIEN helped bring media attention and public awareness to occupational health and safety issues in the BPO industry such as the

cases of murdered female call centre agents (BIEN, 2017) which Eve also cited (p. 138), and the New City Commercial Centre (NCCC) Mall fire tragedy, as likewise indicated by one of the media reports (Fonbuena, 2017) that I mentioned on the incident (pp. 130-131).

In expounding on emotional labour, racism, precarious work and neoliberalism more critically, the data not only tells us that these conceptual themes are interrelated and that they elucidate the harmful and painful features of phone-based BPO work, including its negative effects on employee wellbeing. My analysis of my conversational partners' experiences has produced other realisations on such themes in terms of the occupational setting of call centres.

Surface and deep acting provide ways of managing the effects of interacting with customers, while working with office superiors. However, regulating and projecting emotions, as prescribed in company training may also compromise the health and safety of industry workers. The spillover effects mean that emotional labour not only affect frontliners beyond their workplaces and shifts, but also individuals who comprise the personal networks of employees.

That said, the practice of emotional labour, on the one hand, may involve an exercise of agency and can strengthen a person's sense of self-identity. On the other hand, it is also a source of occupationally induced stresses and illnesses. In compelling customer service frontliners to "personalise" or project a "human side" in business transactions by using their emotions as capital (Padios, 2018), call

centres create dehumanising conditions that lead to illnesses and harm, complicate personal relationships, and encourage risky coping practices.

This double-sided enabling/detrimental character of emotional management, which is determined by structural and systemic features of the call centre labour process, becomes evident when we examine racism. The dehumanising prejudice from callers in the Global North can serve as the force that drives customer service frontliners of the Global South to acts of resistance. Racial discrimination has also prompted workers to perform deep acting techniques that enable them to think of themselves more positively as they make sense of their encounters with racist customers. However, racism can also compel many workers to suppress their emotions and constrain their responses. The racist behaviour of callers also encourages practices like smoking more frequently, which can engender other health problems, or even such far-reaching actions as resigning from their jobs, which contribute to the precariousness of their living conditions.

Racism reproduces the American English language as a form of symbolic violence (Bourdieu & Wacquant, 1992) that callers inflict on Filipino offshore customer service frontliners. It can manifest in ways that are "faceless", "aural", "spatio-temporal", "transnational" and "digital". Racist attacks are not only prompted by physically or visually distinguishable features of another person but also by the biases attached to a person's accent or location. Worse, such hostility is essentially tolerated and normalised as an exercise of consumer rights, or what has been previously described as neoliberal racism (Mirchandani, 2012, pp. 13-14).

Hence, in these ways, emotional labour and racism are structurally and systemically harmful. Such consequences contribute to the precariousness of call centre customer service work. Just as the racism of "white" Americans, Filipino-Americans and Filipinos calling from the US, toward emotional labourers required to perform Filipino/American relatability (Padios, 2018, pp., 14, 83-84), the call centre schedules that are dictated by Western time sustain colonial legacies of unequal social relations and human suffering.

Moreover, the stresses from call centre work arrangements and from commuting to and from the workplace, along with the inadequacies of office facilities, equipment and services, insecure employment contracts and the ever-present pressure to hit metric targets, all reinforce the notion that the precariousness of call centre work generates a range of acute and insidious health effects. This assessment is also supported by the processes of emotional labour and racism, and the less tangible effects of anxiety, stress, and other emotional and mental issues, which they generate.

The health effects from managing emotions, which often involve dealing with racist callers while working under a state of precarious employment with little support from management in ensuring healthy and safe working conditions, combine to create additional burdens for workers. In a sense, the processes involved in emotional labour, racism and precarious work illustrate – and reinforce - the influence of neoliberal ideology on call centre workplaces by shifting responsibility for wellbeing from employers to the individual workers themselves (Lloyd, 2013, p. 42). Put differently, the three conceptual themes underscore the insidious effect of

neoliberalism on the call centre labour process, which manifests in various emotional, mental and physical forms of suffering. Neoliberalism helps to conflate racist violence with consumer rights, flexibility with employee competence and professionalism through adaptability, flexibilisation with increased job autonomy, and plausibly, customer service with genuine care for people and their problems. As evinced by my findings, neoliberalism is a cancerous idea, which causes various hidden injuries for Filipino call centre workers.

The lay perspectives of my 32 Filipino conversational partners exposed more than just the emotional, mental and physical illnesses, and pains and harms of call centre work. Their stories provided snapshots of social worlds beset by broader social ills. Their stories also revealed that within their workplace environments, during their work schedules and in dealing with individuals on both ends of the line, their dispositions, feelings, memories, and perceptions, continue to affect how they handle calls. Put differently, their emotional, mental and physical states get entangled with the demands of navigating the impacts of the material/spatial, the temporal and the relational dimensions of call handling. Their views therefore enable multiple vantage points on how these dimensions impact them emotionally, mentally and physically. Their accounts and interpretations of their everyday work experiences revealed the finer details of emotional labour, racism and precarious work and the ramifications of neoliberal ideology. Their perspectives helped expose neoliberalism as an insidious social force that causes great suffering and masquerades as an economic "panacea" and inevitability.

The findings and nuances of this study not only attest to the importance of lay perspectives, but also to the crucial role of future qualitative social research in gaining a deeper understanding of the social determinants of occupational health and safety. Indeed, the impacts and complexities of emotional labour, racism, precarious work and neoliberalism, have pointed to further key areas of analysis, which this study was not able to expound on. One example is the role of gender in shaping the health effects of call centre work. Several of my conversational partners suggested furthermore that there are many single mothers in the call centre and BPO workforce, but my study did not examine in greater depth the relevance of parental status in relation to health and safety issues in the industry. Another aspect worth further consideration is the role of class in corporate politics, considering that some of my conversational partners noted that most upper-level management people graduated from private educational institutions whose students are mostly from the affluent and privileged classes. There is also more to be said about the health effects of performing *pakikiramay* as highlighted by Hechanova-Alampay (2012) and Filipino/American relatability as discussed by Padios (2018), especially in further relating my topic to call centre work culture and everyday life.

The findings from my endeavour to explain micro level experiences of occupationally induced illnesses through a political economy of health also highlight other promising areas of investigation. These include the role of multinational privatized health care service providers in call centre employee and employer relations, the potential of workers' initiatives to advance wellbeing in the workplace, and the compounding impact of an inadequate public health system on the occupational health and safety in local and global offshore and outsourced service

employment. Moreover, the examination of the material/spatial, the temporal and the relational factors and emergent themes such as the role of neoliberalism could be extended to the perspectives of call centre managers and executives, including those from Human Resources, along with corporate physicians and medical specialists. It would be interesting to explore their perspectives on metrics, work arrangements, processes and relations, and employee responsibilities especially for health and safety. The contrasts that may emerge between these stakeholders' and agents' perspectives merit a separate discussion. Finally, other topics that my findings have gestured to and that deserve more focused analytical attention are forms of collective resistance such as those of BIEN, and of company "efforts or initiatives," such as employee engagement programs including activities that aim to promote wellbeing in the workplace.

Health on Hold represents co-authorship of knowledge from the everyday experiences of individuals immersed in a social context that has been plagued by interrelated chronic political and economic crises. This research represents the voices of people who are made invisible by their occupation and their sustained injuries from the challenges of call centre work. To underscore my aims in this study, I end by interweaving my own voice with the words of scholars who have informed my inquiry. As in any scientific endeavour, whether towards producing analysis or action, "one cannot conceive of objectivity without subjectivity" (Freire, 2005, p. 50). This study is no different and intends to "reveal that which is hidden." ([Bourdieu, 1996] 1999, p. 17). For ultimately, Health on Hold is also an attempt "to expose hegemonic powers at work on the global and local levels, to empower collectivities to resist and restructure this threat of hegemony - both individually and

collectively along the axes of gender, ethnicity, and class" (Lanuza, 2003, p. 247). By exposing the hidden injuries of work, Health on Hold aims to reveal the harmful and pain-inducing structures that need to be overcome, to ensure the wellbeing of a workforce that is out of sight and yet under close scrutiny at both ends of the line.

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APPENDIX A-Interview Schedule for Participants

'PRESCRIBING IDEOLOGIES, RECOVERING IDENTITIES': THE SOCIAL CONSTRUCTION OF HEALTH AMONG CALL CENTRE WORKERS IN THE PHILIPPINES [Original Title of Research]

Proposed Interview Schedule for Participants-Customer Service Representatives and Supervisors

NOTE: This set of questions serves as an interviewer's guide during fieldwork. The sequence or structure of questioning may vary. Most of the questions are open-ended i.e. they don't demand specific answers and some may lead to follow-up questions, especially if the topic, flow of conversation or the circumstances call for it. Furthermore, the questions may be delivered in Filipino or in a form that combines English and Filipino.

On work, relationships, social connections and health

1. How did you become a call centre worker? Was it something that you always wanted to do? If not, what did you really want to do or become?

2. Can you tell me about your job please, i.e. your core tasks and responsibilities?

3. Can you tell me about your work schedule and working conditions, including your office space/ work area? (For example, how is your office space set up? Is it comfortable? How much space is there between your desk and the next worker's desk?) How do you feel about these working conditions? Is there anything you would change if you could?

4. How would you describe your relationships with your fellow workers? Do you socialize with them outside work hours? If so, what are some of the activities you share? If not, how do you spend your time away from work?

5. What do you like most about your work? What do you least like about it? What is most challenging or concerning about your day-to-day work?

6. Do you think that any of these challenges or concerns has an effect on your health? If so, can you explain how these concerns affect your health?

7.   How do you deal with these health concerns? Do you engage in particular health care practices? (Prompts if needed e.g. use of medications, traditional remedies, complementary and alternative medicine, exercise programs etc.)

8.   Of these practices, which do you think are most effective? How did you learn aboutthese practices?

9.   Do you feel that you put very much effort into enhancing or maintaining your health? If so, in what way and for what reason? If not, why not?

10.   Do you engage in any habits, practices, or activities that you think or feel compromises your health? If so, what are they and in what way do they compromise your health?

11.   What does it mean to be 'healthy'?

Summing up
12.   In a general sense, how would you describe your life as a call centre employee? How do you feel about living and working here in the city? Where do you see yourself in three to five years from now? In ten years from now?

13.   Is there anything else you would like to tell me about your work and your health-care practices?

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Appendix B-Information Statement for Participants-Call Centre Agents and Supervisors

'PRESCRIBING IDEOLOGIES, RECOVERING IDENTITIES: THE SOCIAL CONSTRUCTION OF HEALTH AMONG CALL CENTRE WORKERS IN THE PHILIPPINES [Original Title]

Researcher: Dino Vincent Paul A. Concepcion
              Postgraduate Student, PhD Sociology
             Department of Social Inquiry
              School of Humanities and Social Sciences
              La Trobe University 3086
              Bundoora, Victoria
              18595927@students.latrobe.edu.au

Supervisors: Dr. Anne-Maree Sawyer
              Lecturer, Department of Social Inquiry
              School of Humanities and Social Sciences
              La Trobe University 3086
              Bundoora, Victoria
              a.sawyer@latrobe.edu.au

Description of research project

This research project seeks to explore the ways in which Filipino call centre employees deal with, and make sense of their health practices and understandings of what it means to be 'healthy'. These aspects are examined in relation to their everyday experiences and broader social context of the growth of call centre employment, the rise of consumer technology associated with health and fitness tracking, related concern about diets and processed food, and the recognition of 'stress' as a medical issue.

First-person accounts are important in gaining an in-depth view of people's health practices and their understandings of health. They help us to realize and appreciate that health is more than its 'medical' dimensions: it is also personal and social. It is personal in the sense that each person's understandings of their health and their health practices are unique to that individual. But these understandings and practices are also social, in that people draw on the same bodies of information and engage in the same activities in a quest to improve their health. This study aims to produce an academic

publication that articulates the collective patterns of health behaviours, as well as beliefs, values, interpretations, descriptions, and understandings of health and illness, from the perspectives of individuals confronted with the daily challenges of call centre work.

Procedures

This research involves single-session one-on-one in-depth semi-structured interviews with call centre employees selected through non-probability purposive quota sampling among members of Business Process Outsourcing Industry Employees Organization (BIEN), and related contacts. In order to qualify as a participant, you must be aged between 19 to 59 years old, currently employed in a call centre office in Metro Manila, with at least three years of prior working experience in the same field of call centre frontline customer service work. If you are currently employed in a Supervisory position, you must also have at least three years of call centre customer service work experience in this supervisory capacity.

If you agree to participate, our interview session will be conducted at a time and place most convenient to you. I anticipate that I will need around 2 hours to ask questions loosely based on an interview schedule. These questions are mostly related to topics such as the nature of your work as a call centre employee, your social connections and relationships, and your own experiences related to health.

The interview will be digitally recorded in mp3 format and transcribed to ensure accuracy when I am studying the information. The mp3 recording will be saved to a folder on the University server. Another set of copies will be saved in a flash or external hard drive stored in a lockable filing cabinet within a lockable room on campus, and another storage device in a lockable filing cabinet located in my residence's lockable study room during fieldwork. Access to these electronic documents is password protected, and I will be the only person able to access them. Likewise, paper documents used for note taking and drafting of articles will be stored in my residence's lockable study room during fieldwork and will later be transferred to a locked filing cabinet in my office at the University.

A copy of the transcript and the mp3 recording can be made available to you upon request, and as soon as all field interviews have been completed. It is anticipated that published and unpublished articles, and conference presentations, will be produced as outcomes from this research project. Likewise, a copy of any published material will be available to you on request.

A pseudonym will be used in my notes and in any published and unpublished articles, and conference presentations, arising from this research project. Other identifying information will be changed, as necessary, to ensure anonymity.

 You may withdraw from the study and withdraw the use of your data at any time, up to three weeks following the completion of your participation in the research interview. There will be no disadvantages, penalties or adverse consequences should you wish to withdraw from the research. At that point you may decide if your data may be used in the analysis or if it should be destroyed.

Possible benefits

While I cannot guarantee that you will receive any direct benefits from this project, this research can encourage self-reflection and gain further self-knowledge, especially concerning one's health condition. This opportunity to generate self-awareness can stimulate interest in learning how to improve one's health, or develop understanding and resolution to one's personal and health related experiences or circumstances.

This research project also carries potential benefits to the BIEN community and other call centre employees, as it equips them with scholarly assessment and documented empirical evidences of health conditions and experiences. The generated knowledge may have practical use in promoting and crafting more culturally effective health programs and policies, which ultimately ensures the health and welfare of call centre employees.

In a broader sense, this academic Endeavor can contribute to expanding sociological knowledge on health, work and culture.

Possible risks

I do not envisage any risk to you through your participation in this project. Although the interviews are unavoidably 'personal' in nature, you will be able to exercise control over the extent of personal information you wish to reveal. There is no requirement to divulge emotionally distressing material.

To the best of my abilities, I will deliver questions with utmost tact and sensitivity. However, should you become distressed or uncomfortable at any point in the course of the interview, we can pause and I will ask if and how you wish to proceed. Should you wish to seek counselling, I am able to access counseling services through BIEN on your behalf.

Further information

For any questions and further information regarding this project, please contact Dino Vincent Paul A. Concepcion (details above).

Other issues

If you have any complaints or concerns about your participation in the study that the researcher has not been able to answer to your satisfaction, you may contact the Senior Human Ethics Officer, Ethics and Integrity, Research Office, La Trobe University, Victoria, 3086 (P: 03 9479 1443, E: humanethics@latrobe.edu.au). Please quote the application reference number E17-007.

This research is supported by an Internal Research Grant provided by The School of Humanities and Social Sciences, La Trobe University.

Consent Form for Participants-Customer Service Representatives and Supervisors

'PRESCRIBING IDEOLOGIES, RECOVERING IDENTITIES': THE SOCIAL CONSTRUCTION OF HEALTH AMONG CALL CENTRE WORKERS IN THE PHILIPPINES [Original Title]

I,_____, have read (or, where appropriate, have had read to me) and understood the Participant Information Statement and Consent Form, and any questions I have asked have been answered to my satisfaction.

I understand that even though I agree to be involved in this project, I can withdraw from the study at any time, and can withdraw my data up to three weeks following the completion of my participation in the research. Further, in withdrawing from the study, I can request that no information from my involvement be used. I agree that research data provided by me or with my permission during the project may be included in a thesis, presented at conferences and published in journals on thecondition that neither my name nor any other identifying information is used.

With my permission, I formally agree to have my interview audio-recorded:
Yes ¨ No¨

Name of Participant (block letters):

_____

Signature:_____Date:___/___/ 2017

Name of Investigator (block letters):

_____

Signature:_____Date:___/___/ 2017

Name   of   Student   Supervisor   (block   letters):

_____

Signature:_____Date:___/___/ 2017

La Trobe University
College Human Ethics Sub-Committee, Arts, Social Sciences and
Commerce (CHESC ASSC)

Withdrawal of Consent for Use of Data Form

'PRESCRIBING IDEOLOGIES, RECOVERING IDENTITIES': THE
SOCIAL CONSTRUCTION OF HEALTH AMONG CALL CENTRE
WORKERS IN THE PHILIPPINES [Original title]

I,_____, wish to WITHDRAW my consent to the use of data arising from my participation in this project. Data arising from my participation must NOT be used in this research project as described in the Participant Information Statement and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within **three weeks** of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use thedata I have provided specifically for this research project.

Participant's name (printed):

…………………………………………………………

Signature:

…………………………………………………………

Date:

…………………………………………………………

Please return this form to Dino Vincent Paul A. Concepcion,
18595927@students.latrobe.edu.au
Ethics approval reference number:

Appendix C-Notice of Ethics Approval (original copy of email communication

can be made available upon request).

E17-007 (Pending - ASSC) - Application finalised as Approved

ResearchMasterEthics@latrobe.edu.au <ResearchMasterEthics@latrobe.edu.au>

Wed 2/22/2017 5 35 PM

To: Anne-Maree Sawyer <A.Sawyer@latrobe.edu.au>

Cc: DINO VINCENT PAUL CONCEPCION <18595927@students.latrobe.edu.au>;

ResearchMasterEthics

<ResearchMasterEthics@latrobe.edu.au>

Dear Anne-Maree Sawyer,

The following project has been assessed as complying with the National Statement on

Ethical Conduct in Human Research. I am pleased to advise that your project has been

granted ethics approval and you may commence the study.

Application ID: E17-007

Application Status/Committee: Pending - ASSC

Project Title: Prescribing Ideologies, Recovering Identities: The social construction of

health among selected call centre workers in the Philippines

Chief Investigator: Anne-Maree Sawyer

Other Investigators: Dino Vincent Paul Concepcion

Date of Approval: 22/02/2017

Date of Ethics Approval Expiry: 31/07/2019

The following standard conditions apply to your project:

- Limit of Approval. Approval is limited strictly to the research proposal as

submitted in your application.

-Variation to Project. Any subsequent variations or modifications you wish to make to your project must be formally notified for approval in advance of these modifications being introduced into the project.

-Adverse Events. If any unforeseen or adverse events occur the Chief Investigator must notify the UHEC immediately. Any complaints about the project received by the researchers must also be referred immediately to the UHEC.

-Withdrawal of Project. If you decide to discontinue your research before its planned completion, you must inform the relevant committee and complete a Final Report form.

-Monitoring. All projects are subject to monitoring at any time by the University Human Ethics Committee.

-Annual Progress Reports. If your project continues for more than 12 months, you are required to submit a Progress Report annually, on or just prior to 12 February. The form is available on the Research Office website. Failure to submit a Progress Report will mean approval for this project will lapse.

-Auditing. An audit of the project may be conducted by members of the UHEC.

-Final Report. A Final Report (see above address) is required within six months of the completion of the project.

Appendix D- Letter on Internal Research Grant Scheme (IRGS) Funding for fieldwork (original copy of the letter can be made available upon request).

LA TROBE UNIVERSITY

School of Humanities and Social Sciences

Victoria 3086 Australia
T +61 3 9479 2023
E HUSSresearch@latrobe.edu.auwww.latrobe.edu.au/humanities

30th May 2017

18595927 (student number) Dino ConcepcionDepartment of Social Inquiry
La Trobe University

RE: HUSS Internal Research Grant Scheme (IRGS) Round 2 2017 – Grant # 2017-2-HDR-0004

Dear Dino,

The School of Humanities and Social Sciences Research Panel met on the 29th May to review applications for Internal Research Grant Scheme (IRGS) funding. After careful consideration of your application, the Panel is pleased to award you $ 2633 towards your fieldwork trip to interview call centre workers in the Philippines (28 May 2017 to 25 February 2018).

Conditions of the Grant:

1.   La Trobe University policy must be followed in the discharging of funds and research activities and you are advised to consult both the Guidelines for HDR

Candidates Internal Research Grant Scheme' as well as the relevant Travel, Insurance, Ethics, and Finance policies of La Trobe University prior to commencing your funded research activity. The Travel Management Policy states: "Airbnb should not be used as they represent an unacceptable personal safety risk". University funds cannot be used to pay for this type of accommodation.

2.   Candidates are advised to submit applications for ethics approval, travel approval and/or outside research status as soon as possible. Travel forms should be submitted at least 6 weeks prior to a candidate's departure date. Forms and guidelines for   HDR   candidates   can   be   found   at: http://www.latrobe.edu.au/researchers/grs/hdr/candidature/forms-and-resources http://www.latrobe.edu.au/insurance/travel

3.   School budget requirements stipulate that your grant must be fully expended and acquitted by your nominated grant deadline. All grants issued for 2017 must also adhere to the absolute IRGS deadline for expenditure and acquittal of 31 October 2017. You will be ineligible to apply for a grant for the remainder of your candidature if the Acquittal of Funds in Advance and IRGS Report Form are not submitted by 31st October 2017 (unless an extension has prior approval by the Director, Research,

School of HUSS). Application for an extension of your grant deadline must be made in advance to the School at HUSSresearch@latrobe.edu.au.

4.   Failure to access funds by 31 October 2017 will result in the grant automatically lapsing and funds being reallocated. Unspent funds cannot be rolled over to the following year.

5.   In the event of any variation to your funded research activity (including change of dates, locations, budget items), you must receive prior written approval for the variation. Please submit your variation request well in advance of the granted activity, via email addressed to the HUSS Research Director, to HUSSresearch@latrobe.edu.au.

6.   If circumstances change and you no longer require the funds for the proposed activity, please inform us as soon as possible.

**Further correspondence will follow in the next two business days to provide

instructions on accessing your grant allocation.**

Should you have any queries related to this correspondence, please contact your

School Research Support Officer at HUSSresearch@latrobe.edu.au.

Yours sincerely,

Dr Trevor Hogan

Director, Research
Email: t.hogan@latrobe.edu.au

Dr Nicola Stern

School Graduate Research Coordinator
Email: n.stern@latrobe.edu.au

Appendix E- Example of fieldwork pre-interview notes

Pre-Interview Notes: Roland
4:01 pm, 16 October 2017
Metro Manila, Philippines

Arrived earlier for my next participant interview. The last participant (Fausto) interestingly talked about the experience of going to and from office and the case of mistaken identity that placed the respondent's life at risk, which tied the personal experience to the broader issue of EJKs in the Philippines. The participant also revealed a serious health condition, which is developing gall stones due to lack of CR breaks and hydrating, which in turn are due to the continuous calls. The trauma of racism & verbal abuse also came out and how fraud is committed wholesale...just to maintain clients and gain profits, whose trickle-down effect is not necessarily felt by frontliners. Worse, cases of uncompensated overtimes and metrics used to justify sudden terminations. I wonder if these patterns will continue with my next interviewees. I also hope they can talk or articulate more about metrics and their impact on their condition.

Pre-Interview Notes: Victor
11:30 am, 1 November 2017
Metro Manila, Philippines

I'm about to meet my next participant. Finally, a Team Leader. How will the person's position determine his answers to my questions? I emailed the prospect previously, as requested. I can't help think of the person's affiliation, as a former student of my contact. Will class and educational attainment determine his answers? How? Will he be more comparable to the Operations Managers who I've previously interviewed? Will the person have time for fitness and health improving/maintaining practices? We're supposed to meet at a mall that houses a call centre site where he works. This is one of the more recent upscale malls situated near upscale universities and built on former public school grounds.

Appendix F- Letter on Internal Research Grant Scheme (IRGS) Funding for translation/transcription services (original copy of the letter can be made available upon request).

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9ᵗʰ April 2019

18595927 (student number)

Dino Concepcion
Department of Social Inquiry
La Trobe University

RE: HUSS Internal Research Grant Scheme (IRGS) Round 2 2019 –

Grant # 2019-2-HDR-0004 Dear Dino,

The School of Humanities and Social Sciences Research Panel met on 8ᵗʰ April 2019 to review applications for Internal Research Grant Scheme (IRGS) funding. After careful consideration of your application, the Panel is pleased to award you **$ 4121.60** towards payment of 80 hours @ $51.52 (code 3150, Other Academic Activities – Standard Rate, including on-costs) for transcription and translation work.

The amount granted is less than you requested, as it was felt that it will be possible for you to employ someone without a PhD to complete this transcription work. Funding has therefore been granted for 80 hours at the Other Academic Activities - Standard Rate ($44.68 + 15.30% on costs = $51.52).

Conditions of the Grant:

1. La Trobe University policy must be followed in the discharging of funds and research activities and you are advised to consult both the Guidelines for Graduate Research Candidates Internal Research Grant Scheme as well as the relevant Travel, Insurance, Ethics, and Finance policies of La Trobe University prior to commencing your funded research activity.

2. Candidates are advised to submit applications for ethics approval, travel approval and/or outside research status as soon as possible. Travel forms should be

submitted <u>at least 6 weeks prior</u> to a candidate's departure date. Forms and guidelines for Graduate Research Candidates can be found at:

> http://www.latrobe.edu.au/researchers/grs/hdr/cand
> idature/forms- and-resources
> http://www.latrobe.edu.au/insurance/travel

3. **School budget requirements stipulate that your grant <u>must</u> be fully expended and acquitted by your nominated grant deadline**. All grants issued for 2019 must also adhere to the <u>absolute</u> IRGS deadline for expenditure and acquittal of **<u>31 October 2019</u>**. You will be ineligible to apply for a grant for the remainder of your candidature if the Acquittal of Funds in Advance and IRGS Report Form are not submitted by **<u>31st October 2019</u>** (unless an extension has prior approval by the Deputy Head, Research & Strategy, School of HUSS). Application for an extension of your grant deadline must be made in advance to the School at HUSSresearch@latrobe.edu.au.

4. Failure to access funds by <u>31 October 2019</u> will result in the grant automatically lapsing and funds being reallocated. **<u>Unspent funds cannot be rolled over to the following year.</u>**

5. In the event of any variation to your funded research activity (including change of dates, locations, budget items), you must receive prior written approval for the variation. Please submit your variation request well in advance of the granted activity, via email addressed to the HUSS Deputy Head of School (Research and Strategy) to HUSSresearch@latrobe.edu.au.

6. If circumstances change and you no longer require the funds for the proposed activity, please inform us as soon as possible so that funds may be re-allocated to other students.

> *****Further correspondence will follow in the next two business days to provide instructions on accessing your grant allocation.*****

> Should you have any queries related to this correspondence, please contact your School Research Support Officer at HUSSresearch@latrobe.edu.au.

> Yours sincerely,

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