

Taxi drivers' mental health status and their life quality

Condições de saúde mental e qualidade de vida de taxistas

Condiciones de la salud mental en la calidad de vida de taxistas

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ABSTRACT

Objective: The study's purpose has been to evaluate the influence of mental health conditions in the taxi drivers' life quality. **Methods:** It is a cross-sectional study of 133 taxi drivers associated with the Union of Autonomous in Jequié city, State of Bahia. Aiming to assess the participants' life quality the instrument WHOQOL-Bref was used, as well as, the SRQ-20 to assess their mental health status. In order to perform statistical analysis the Mann Whitney test and a 95% confidence level ($p < 0.05$) was used. The study was approved by the Research Ethics Committee through the Legal Opinion No. 333,535. **Results:** The prevalence of mental health disorders was 25.6% and the results of the study have highlighted a significant statistical difference among all areas of quality of life. **Conclusion:** Individuals who had some type of common mental disorder had a poorer perception of the quality of life concept. Hence, it is concluded that mental health conditions influence the taxi drivers' life quality.

Descriptors: Quality of life, health status, worker's health.

RESUMO

Objetivos: Avaliar a influência das condições de saúde mental na qualidade de vida (QV) dos taxistas. **Métodos:** Estudo de corte transversal realizado com 133 taxistas associados ao Sindicato dos Condutores Autônomos de Jequié/BA. Para avaliar a qualidade de vida foi utilizado o questionário Whoqol-Bref e o questionário SRQ-20 para as condições de saúde. Para as análises estatísticas foi utilizado o teste de Mann Whitney, adotando nível de confiança de 5% ($p < 0,05$). A pesquisa teve aprovação do Comitê de Ética em Pesquisa sob o nº 333.535. **Resultados:** A prevalência da suspeição de transtorno mental comum foi de 25,6% e houve diferença estatisticamente significante entre todos os domínios da qualidade de vida. **Conclusão:** Os indivíduos que apresentaram algum tipo de transtorno mental comum apresentaram pior percepção de QV. Assim conclui-se que as condições de saúde mental influenciam na qualidade de vida dos taxistas.

Descritores: Qualidade de vida, Nível de saúde, Saúde do trabalhador.

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RESUMEN

Objetivo: Evaluar la influencia de las condiciones de salud mental en la calidad de vida de taxistas. **Métodos:** Estudio de corte transversal realizado con los taxistas asociados al Sindicato de Conductores Autónomos de Jequié-Ba. Para evaluar la calidad de vida se utilizó lo cuestionario Whoqol-Bref y lo cuestionario SRQ-20 para las condiciones de salud. Para las análisis estadísticas se utilizó el test de Mann-Whitney, adoptando nivel de confianza de 5% ($p < 0,05$). La investigación fue aprobada por el Comité de Ética en Pesquisa con el número 333.535. **Resultados:** La prevalência de sospecha de trastorno mental comum fue de 25,6% y hubo diferencias estadísticamente significativas todos los dominios de la calidad de vida. **Conclusión:** Los taxistas que presentaran algún tipo de trastorno mental comum presentaran peor percepción de la calidad de vida. Por lo tanto, se concluye que las condiciones de salud mental influyen en la calidad de vida de los taxistas.

Descriptores: Calidad de vida, Nivel de salud, Salud del trabajador.

INTRODUCTION

Work is an activity that is part of the life of every human being, having a necessary purpose in personal life and social production. Thus, it becomes an indispensable and inseparable determinant of human subsistence and some works require physical and psychic energy, commitment, responsibility and dedication.¹

The world is going through a moment of expressive transition that reflects in the relentless pursuit of increased organizational competition. Thereby, it is up to the organizations to think about strategies capable of accepting the new concept of work, maintaining their abilities, potentials and the peculiar challenges, creating aspects that contribute to the development and care of the human being in the diverse necessities, enabling a better quality of life (QOL).¹

The World Health Organization (WHO) describes QOL as follows: "The individual's perception of their position in life, in the context of culture, in the value systems in which they are inserted and in relation to their goals, ideas, expectations and concerns." It is understood that some aspects such as concern, well-being of workers and functioning of the organization contribute to the analysis of workers' QOL.²

The definition of QOL has been the object of study in recent years in many areas of work, evaluating the satisfaction with the health and physical and mental well-being of groups of workers, among them, taxi drivers. QOL is a determinant that indicates whether or not basic life standards have been achieved, as well as emotional, cultural, and social aspects.³

Thereby, the conception of QOL is intrinsically linked to the health and well-being of each individual. Nonetheless, WHO states that health is not only the absence of disease, but also the act that good physical and mental health can influence positively or negatively in the individual's life.⁴

The work environment has suffered a wear and tear in its relations and as a result some elements have directly affected workers such as unemployment, unsatisfactory jobs, constant charges, intense discontent and moral

harassment.⁵ With these transformations, the worker inserts himself into a world full of tensions to manage and interact with these new changes that often can not keep up. As a consequence, they are subject to several types of diseases, such as repetitive stress injury and work-related musculoskeletal disorder.⁵

Drivers are generally exposed to a number of risk factors, due to the high exposure to car vibrations, long sitting times and often incorrect posture causing backache and other symptoms, such as chaotic traffic stress and annoyance due to delay in traffic. Thus, taking into account the exhaustive rhythm of work that taxi drivers are subjected to, it is believed that these professionals are more vulnerable to the onset of musculoskeletal diseases.⁶

The work of the taxi driver is integrally connected to the environment in which it is executed, unlike other professionals who work in closed and apparently calmer environments, the taxi drivers develop their activities in the traffic, without a place reserved and determined to carry out their tasks, being subjected to various misfortunes such as weather, traffic conditions and traffic violence.⁷

Due to the increase in population and consequently the increasing need for displacement of people, the taxi driver's profession became indispensable. Taxi drivers have a significant performance for society, as their goal is to ensure quality transportation for people with comfort and safety.⁸

The literature characterizes some of the problems that influence motor health such as: stress, hearing loss, hypertension, cardiovascular and skeletal muscle diseases, cramps, emotional tensions, anxiety, anxiety, spine, the intense fatigue and other illnesses that are unleashed throughout the process of hard work.⁹ Therefore, this study aims to evaluate the influence of mental health conditions in the taxi drivers' life quality.

METHODS

It is an epidemiological study with a cross-sectional approach. The data collection was carried out from January to April of 2016 in 15 taxi points distributed in the city of Jequié Bahia. The population was constituted of 215 taxi drivers associated with the *Sindicato dos Conductores Autônomos Taxistas de Jequié (SINCATAJE)* [Union of the Autonomous Drivers of Jequié]. The sample calculation was performed using Epi Info software, version 7.0, considering 95% CI, error accuracy of 5%, population proportion of 50% and fit for finite population. The sample consisted of 139 individuals.

The inclusion criterion was considered to be the inclusion criteria for workers who were regularized with *SINCATAJE*, who were active during the study period and who, after being informed about the objectives of the study, agreed to participate by signing the Free and Informed Consent Form. Some difficulties were observed during the collection period, there was a lack of updating of the list of registered taxi drivers, since it contains people who have already died and retired. All these factors plus

some refusals contributed to obtaining a sample of 113 participants distributed in 15 points.

The interviews were conducted individually, lasting between 20 and 30 minutes. Taxi drivers were invited to participate in the study as soon as they parked their vehicles or were at the taxi stand. In the first instance, the researcher was identified, presenting the study by reading the Free and Informed Consent Form and signing it. Soon after, the interview with a questionnaire containing 3 thematic blocks began: evaluation of the socio-demographic profile, evaluation of health conditions and QOL.

The socio-demographic profile was obtained through a questionnaire elaborated by the authors, which includes personal and work information such as age, gender, skin color, educational level, marital status, religious belief, working time and daily workload.

Targeting to assess health conditions, the Self-report Questionnaire (SRQ-20) instrument was applied, which is an instrument consisting of 20 questions, which aim to verify the tracking of non-psychotic mental disorders.^{10,11} It consists of comparative scale responses of the yes or no type, which indicate the likelihood of the presence of non-psychotic mental disorders ranging from 0 (no probability) to 20 (extreme probability).¹¹

QOL was assessed using the WHO Quality of Life-Bref questionnaire (WHOQOL-Bref), an instrument validated and developed by the World Health Organization Quality of Life Group (WHOQOL Group). An instrument consisting of 26 questions, the first evaluating the QL in general and the second, refers to the degree of satisfaction that the individual has with his/her own health. The last 24 questions are related to the domains: physical, psychological, social relations and environment.

The collected data were tabulated and analyzed in the Statistical Package for the Social Sciences (SPSS), version 21.0 (IBM Corp., Armonk, USA). Categorical variables were presented by means of frequencies (relative and absolute), quantitative variables by means of medians and interquartile range.

The Kolmogorov Smirnov Test was used to ascertain the distribution of normality between the results and non-normality was evidenced. The Mann-Whitney test was used to compare the median values of QOL among the groups with and without suspicion of a common mental disorder. Statistically significant differences were adopted with *p*-value (≤ 0.05).

This study was approved by the Research Ethics Committee from the *Universidade Estadual do Sudoeste da Bahia* in compliance with the Resolution No. 466/12 of the National Health Council, under the Legal Opinion No. 333,535.

RESULTS

Studying the taxi drivers, 51.9% (n=69) were within the age group over 50 years old, 54.4% (n=99) had a spouse, 54.1% (n=72), 2% (n=96) were black, and 88% (n=117) belonged to some religious belief, according to **Table 1**.

Considering the sociodemographic profile of the taxi drivers studied, there were divergences with other studies¹²⁻¹⁸ with taxi drivers and those whose participants were workers with the same work regime. In general, they are professionals over 40 years old, male, black, with a spouse and complete high school education.

Table 1 - Taxi drivers' sociodemographic characteristics. (n=133). *Jequié* city, *Bahia* State, Brazil, 2016.

Variable	n	%
Age group		
< 50 years old	64	48.1
≥ 50 years old	69	51.9
Marital status		
With spouse	99	54.4
Without spouse	34	25.6
Schooling		
Complete elementary school	61	45.9
Complete high school	72	54.1
Race		
Non black	37	27.8
Black	96	72.2
Religion		
Yes	117	88
No	16	12

Source: Authors, 2016.

Regarding the labor characteristics, 74.4% (n=99) stated that they did not have another type of occupation; 63.2% (n=84) have been working for more than five years; 65.4% (n=87) reported working from six to seven days per week; 88.7% (n=118) work in two or more shifts and 82% (n=109) do not have rest places at work, according to **Table 2**.

Table 2 - Working characteristics of the taxi drivers. (n=133). *Jequié* city, *Bahia* State, Brazil, 2016.

Variable	n	%
Another job		
Yes	34	25.6
No	99	74.4
Working time stratified		
≤5 years	49	36.8
>5 years	84	63.2
Stratification of working days		
Up to 5 days	46	34.6
6-7 days	87	65.4
Hours of stratified work		
Up to 8 hours	44	33.1
>8 hours	89	66.9
Work shifts		
1 shift	15	11.3
2 or more shifts	118	88.7

Variable	n	%
Satisfaction in the work environment		
Yes	119	89.5
No	14	10.5
Monthly income in MW*		
From 1 to 2	54	40.6
From 2 to 3	58	43.6
From 4 to 4	15	11.3
From 4 to 5	6	4.5
Resting place		
Yes	24	18
No	109	82
Working accident		
Yes	24	18
No	109	82
Heat		
Yes	124	93.2
No	9	6.8
Cold		
Yes	71	53.4

Variable	n	%
No	62	46.6
Noise		
Yes	102	76.7
No	31	23.3
Dust		
Yes	104	78.2
No	29	21.8
Smoke		
Yes	91	68.4
No	42	31.6

*Minimum wage.
 Source: Authors, 2016.

With regards to the median assessment and Interquartile Range (IR) of the domains of QOL, it was observed that taxi drivers present better perception of QOL in the physical domain and worse perception of QOL in the environmental domain.

Table 3 - Median and Interquartile Range (IR) of the taxi drives' QOL domains. (n=133). Jequié city, Bahia State, Brazil, 2016.

	Common mental disorder	Median	IR	p-value
Physical	With suspicion	75.0	(58.9-89.2)	0.001
	Without suspicion	85.7	(75.0-92.8)	
Psychological	With suspicion	66.6	(62.5-77.0)	0.000
	Without suspicion	83.3	(75.0-87.5)	
Social relationships	With suspicion	75.0	(66.6-83.3)	0.005
	Without suspicion	83.3	(75.0-93.7)	
Environmental	With suspicion	56.2	(43.7-64.0)	0.017
	Without suspicion	59.3	(53.1-68.7)	
General quality of life index	With suspicion	75.0	(50.0-75.0)	0.008
	Without suspicion	85.0	(62.5-87.5)	

Source: Authors, 2016.

By comparing the analyzed data, it can be observed in **Table 4** that, through the median, there was a statistically significant difference in all domains. Individuals who presented some type of common mental disorder had a worse perception of QOL, and the environment domain had a lower value (56.2; $p=0.017$).

Table 4 - Comparison of the quality of life domains according to the taxi drivers either having suspicion or not. (n=133). Jequié city, Bahia State, Brazil, 2016.

WHQOL-Bref domain	Common mental disorder	Median	IR	p-value
Physical	With suspicion	75.0	(58.9-89.2)	0.001
	Without suspicion	85.7	(75.0-92.8)	
Psychological	With suspicion	66.6	(62.5-77.0)	0.000
	Without suspicion	83.3	(75.0-87.5)	
Social relationships	With suspicion	75.0	(66.6-83.3)	0.005
	Without suspicion	83.3	(75.0-93.7)	
Environmental	With suspicion	56.2	(43.7-64.0)	0.017
	Without suspicion	59.3	(53.1-68.7)	
General quality of life index	With suspicion	75.0	(50.0-75.0)	0.008
	Without suspicion	85.0	(62.5-87.5)	

Source: Authors, 2016.

DISCUSSION

The professional activity of the taxi driver is still little discussed in the literature, then making it difficult to compare it with other studies.¹⁶ Compared with other working classes with the same work regime, it is justified.

It was observed in the study that all the taxi drivers surveyed are male. Although women are currently seeking their insertion in the labor market, it is perceived that this is a predominantly male profession. In regards to the schooling, it was evidenced that most taxi drivers have the average level. Thus, the level of schooling can contribute to these professionals to have access to information on health care, so that it contributes to a better QOL avoiding behaviors such as sedentary lifestyle, drug use, poor eating habits and inadequate lifestyle.^{19,20}

Considering the taxi drivers' work, it was verified that the majority had no other occupation, having a daily workload of more than 8 hours, which justifies not seeking another source of income other than the driver's profession. The fact that they spend several hours at work without proper rest time can lead to health problems and influence QOL. Thus, the need for these professionals to reflect on length of service and seek health care to avoid complications due to lack of rest.²¹

From this perspective, it should be noted that the exclusive dedication is also due to the search for better salary conditions. It is observed that most of the taxi drivers studied, work between 6-7 days in more than 2 work shifts. The long working day of taxi drivers compromises the health of the professional as a consequence of the lack of health care. These long periods in the work environment generate health impacts such as loneliness, irritability, fatigue, decreased reflexes and increased serum glycemic levels in professionals, which consequently decreases their income at work. Moreover, because these professionals remain seated for a long time, there is the development of physical problems such as musculoskeletal injuries.^{22,23}

Nevertheless, one of the major problems related to overwork is physical and mental exhaustion, which contributes to the emergence of diseases inherent in the situation and increases the chances of traffic accidents,¹⁷ which corroborates the results presented in the present study. In the study carried out by Amorim,²⁴ with *mototaxis*, it was evidenced that the occurrence of accidents among professionals is related to the consequences of the long period in activity without due rest.

It is known that these workers are constantly in contact with heat, cold, dust, noise and smoke. Taxi drivers, besides being exposed to environmental pollution, deal with day-to-day climate changes, lack of comfort and problems of the vehicle itself, which can cause problems such as noise or heat, and are harmful at work.²⁵ Faced with these factors, these professionals may also present health problems related to respiratory diseases.

The results of the study demonstrated a significant association between Common Mental Disorders (CMD) and the perception of QOL. Such association may be due

to the fact that CMD is related both to work and outside the work environment, besides, it can be directly associated with the perception of QOL.

Concerning the comparison of the physical domain of the QOL according to the suspicion or without suspicion of the taxi drivers, it was evidenced that the individuals with suspicion of CMD presented worse perception of QOL in the respective domain. It can be observed that the physical consequences are related to the ergonomics itself, because they are exposed to long working hours and stress in the traffic, collaborating for the appearance of musculoskeletal injuries and consequently, a worse perception of QOL in the respective domain.²⁶

Regarding the psychological domain, it was observed that the taxi drivers with suspicion presented worse perception of QOL. According to Ferreira and Alvarez,¹⁷ the conflict between the organization and the work process is one of the associated factors in the negative impact on workers' psychological health. As a result, a series of disorganization occurs in the immune system, predisposing them to organic diseases. According to Cooper and Marshall,²³ external factors are the main factors that affect the psychological health of taxi drivers, accentuating those who are somehow more vulnerable to such a situation, such as those with CMD.

Considering the social relations domain, it was evidenced that taxi drivers with a suspicion of CMD presented worse perception of QOL. Through this finding, it is inferred that the established social relations with co-workers and clients can be conflicting, which can generate a series of psychological problems with taxi drivers due to the dependence of these relationships to guarantee their own sustenance.

Observing the environmental domain, it was observed that taxi drivers with a suspicion of CMD presented worse perception of QOL in the respective domain. It should be emphasized that the environment domain is related to health care and exposure factors to the environment in which the person is found.^{27,28} Therefore, the conditions that these professionals are subjected to such as exposure to heat, cold, excessive noise, dust and smoke corroborate to a worse perception of QOL. Additionally, most of the time, taxi drivers do not have rest or sanitary facilities to meet their physiological needs, which are essential to maintain the minimum comfort in the work environment. All these added factors contribute to a worse perception of the environment and QOL.¹³

It is also worth noting the balance about the taxi drivers' perception of the overall QOL assessment. The concept of QOL is related to the individual's perception of his condition, being intrinsically reported through the physical, psychological and social state.⁴ Hence, regardless of the person presenting problems such as CMD, he or she may have a good perception of QOL.

The study had limitations regarding the use of the transversal design, which does not allow the realization of inferences about the causality of the observed associations. Moreover, this type of approach restricts the evaluation to

only healthy workers and excludes those who, due to some health issue, were not working at the time of data collection.¹³

CONCLUSIONS

This study demonstrated that mental health states had an impact on the taxi drivers' QOL, and it was evidenced that individuals with a suspicion of CMD had a worse perception of QOL in the physical, psychological, social and environmental domains. It is worth noting that taxi drivers generally do not present an appropriate resting place and perform an extensive workload, since they carry out more than 8 hours of work and perform the service over 2 shifts, which consequently has a negative influence on the QOL and causes this worker to put his own health at risk if he does not have adequate rest. They also become a risk group for traffic accidents.

Furthermore, it was noticed that factors related to mental health conditions such as stress, anxiety, nervousness, social interaction, physical and environmental problems also lead to the sickness of the professional, making it impossible to carry out their work. Often the impossibility of carrying out the work changes the family routine, due to the dependence of the provision done by the taxi driver.

Hence, it is expected that the results obtained might encourage other studies in order to show the cause/effect relationship between the health conditions of taxi drivers and the imbalance in their health/disease process, in order to observe what can negatively influence their QOL. Therefore, it is necessary to discuss policies aiming to promote health, as well as to prevent diseases inherent to the profession.

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