

INSIDE COLOURED CABS

*Understanding Work and Health from the
Perspective of Visible Minority Taxicab Drivers*

by

MARCIA ELAINE FACEY

**A Thesis submitted in conformity with the requirements
for the degree of Master of Science
Graduate Department of Community Health
University of Toronto**

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INSIDE COLOURED CABS: UNDERSTANDING WORK AND HEALTH FROM THE PERSPECTIVE OF VISIBLE MINORITY TAXICAB DRIVERS

**Marcia E. Facey
Master of Science, 1999
Graduate Department of Community Health
University of Toronto**

ABSTRACT

Work, race, health and health behaviours are interrelated in complex ways. However, little is known about how these interactions relate to specific occupations or racial/ethnic groups. Ethnographic interviews with 10 visible minority taxicab drivers in Toronto are used to explore the relationship between race, the social and organizational characteristics of work and their impact on drivers' health and health behaviours. It is shown that race and class intersect to influence the entry of these drivers into the taxi business and locates them at the nadir of the social hierarchy of the industry. The social relations of employment, the organizational culture of work and job conditions influence drivers' perceptions of risks and consequently their health behaviours. Drivers understand health as a resource and therefore engage in informal strategies that result in health protection. These strategies reveal a different conceptualization of health behaviour than typically found in the literature and suggest new directions for further research into other occupational settings sharing similar work characteristics.

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CHAPTER 1

INTRODUCTION

The Research Question

The recent Canadian census reports that ethnic minorities make up 11.2% of the total population. This represents an increase of 1.8 % from 1991. The census also reveals that 42% of visible minorities reside in Toronto, representing 32% of Toronto's total population (Statistics Canada, 1996). This increase in the ethnic minority citizenry means greater numbers are entering the workforce. Historically, visible minorities have been marginalized in the workforce, usually holding semi- or unskilled jobs characterized by low status, inadequate earnings and poor working conditions (Bowman, 1991). The globalization of work and the economy, coupled with a depressed market suggest that this traditional segmentation is likely to continue.

This segmentation is clearly discernible in Toronto's taxi industry where industry informants estimate that between 80 and 90% of the lessee and shift drivers are visible minorities. This study investigates the work and health experiences of these taxicab drivers. It explores how race interacts with work conditions to affect health and health behaviour. The relevance of studying interactions of race, work and health is evident in the literature and research data that reveal the complexity of the phenomenon of race and the related implications for work and health. (For reviews, see McKenzie and Campbell, 1987; Wright-Hendrix, 1987; Fabian, 1989; Robinson, 1984; Wagener and Winn, 1991; Lillie-Blanton and LaVeist, 1992; Krieger and Bassett, 1993; Freeman and McCord, 1994; Wrench, 1994; Rushing and Schwabe, 1995; Burr, et.al, 1996; Collins, 1997; and DasGupta, 1996). A less extensive but growing body of evidence also reveals a link between work, health and health behaviour (For reviews, see Haas, 1977; Wrench and Lee, 1982; Kalimo, et. al. 1987; Quinlan, 1988; Aronsson, 1989; Karasek and Theorell, 1990; Ganster and Schaubroeck, 1991; Johansson, et.al., 1991; Eakin, 1992; Eakin, 1997).

Using race to frame a study of the work and health of male taxi drivers offers several benefits. It provides a glimpse into the lived experience of visible minority populations as well as their experiences of health and work. Also, it contributes to the discourse on ethnic minority health and well-being and to the broader domain of health and work. The importance of studying the issues of race, work, health and health behaviour is also indicated in the demographic, economic and racial trends in contemporary society. The increasing diversity of Canada's population and the globalization of work and the economy will have implications for societal and individual health. Recognizing that the Canadian population is becoming increasingly diverse means appreciating the limitations of traditional ways of thinking about, developing and delivering work and health policies and programs. If we agree for example, that experiences of health and work are classed, gendered and raced, then developing effective and appropriate work and health related policies and services necessitates understanding the lived experiences of diverse groups of people.

The review of the literature that follows covers a discussion of the various conceptualizations of race. It examines the literature on race and work and on health and health behaviour. As well, various studies related to the taxi industry are reviewed.

The Concept of Race

Some writers contend that race has existed since time immemorial but that its practice is relatively recent. Winant (1994) notes that the origins of race can be traced genealogically to the "rise of Europe, the onset of African enslavement, the colonialization of the Western Hemisphere and the subjugation of Asia"(271). Others locate it specifically within the Enlightenment period and the religious revival of the 18th century, arguing that it was a product of the preoccupation with a rational universe and "the eternal force of religious emotion and man's soul" (Solomos and Back, 1996: 32). Race has more generally been linked to Western European belief systems and in

particular to its colonial and imperial expansion activities (Dei, 1996; Miles and Phizacklea, 1984).

Although discussions of race vary, they generally fall into two main categories: biological/scientific or social. Notwithstanding the post-modernist view that everything is socially constructed, the biological perspective will be reviewed briefly, followed by a more extensive discussion of the social construction of race. The socio-biological perspective maintains that race is a primordial identity, given at birth, deeply rooted and largely unchangeable. It suggests that race determines not only intelligence, but also social and cultural capabilities (van den Berghe, 1978; Omi and Winant, 1995; Malik, 1996). The culture-of-poverty thesis espoused by people such as Moynihan (1965) and Commons and Wilcox (in Cherry, 1995) has its roots in biological discourse.

Numerous anthropological studies of the 18th and 19th century were grounded in the biological concept of race. However, a precise definition of race, then as now, eluded scholars engaged in 'race' work (Omi and Winant, 1995). Walter Bagehot's observation about a nation aptly applies to race. He notes, "we know what it is when you do not ask us but we cannot very quickly explain or define it" (Malik 1996: 2). Harding (1997) asserts that "race is exceedingly difficult to define because claims about race are both true and false" (A-11). That is, biological claims about race are false but race exists as a social construct. In 1995, the *L.A. Times* and the *Chronicle of Higher Education* ran articles proclaiming that race had no biological basis and that scientists should abandon its use (Miles and Torres, 1996). However, rejecting the concept of race raises questions as to how society will adjust to the lack of a construct that has been used as a basis of identity for over two centuries (Katz, 1997).

Counter to the biological notion of race is the assertion that race is a social construction. The idea that race is socially constructed takes issue with the belief that people are "born into different races with innate, biologically based differences in intelligence, temperament and character" (Rothenberg, 1995: 9). It questions how these concepts can be 'objectively' measured.

It interrogates concepts such as hypo-descent and it queries race as something concrete, fixed and objective. As a social construction, race becomes an unstable, decentered complex of social meanings capable of being transformed by social and political struggle (Rothenberg, 1995).

The concept of race involves multiple factors: economics, politics, demography, culture, history, geography, ideology and myth (Small, 1994; Solomos and Back, 1995; Rothenberg, 1995; Omi and Winant, 1995). It is often defined in terms of structure and function. Race was first a tool for the 'sorting out' of observed human variations, a way to understand the nature and consequences of differences. Van den Berghe (1970) defines it as "group of people who in a given society are socially defined as different from other groups by virtue of certain real or putative differences" (10). Dei (1996) and Bolaria and Li (1985) suggest that it is a social relational category defined or determined by socially selected physical characteristics.

Krieger (1997) asserts that race is a social, not a biological construct. Her definition of race refers to social groups who often share a common ancestry and a heritage of oppressive systems of race relations. These relations are justified by ideology when one group benefits by dominating the other and defines itself through this domination and by other arbitrarily selected physical characteristics, most commonly skin colour. She notes that particular biologic attributes such as skin colour, hair type and so on are selected and used to define or come to be associated with the biological construction of race. Since these characteristics have been racialized, they are not perceived as one of the many aspects of human difference but are used to denote fundamental differences.

Lopez (1995) defines race as "a vast group of people loosely bound together by historically contingent, socially significant elements of their morphology and/or ancestry" (193). His definition alludes to a combination of socio-historical and biological components. It also goes one step further to include cultural aspects. Lopez suggests that the social features of race are reflected in our existence, our ways of being in the world. He notes, "it manifests itself in our

speech, dance, neighbours, and friends. Our very ways of walking, talking, eating and dreaming are ineluctably shaped by notions of race” (Lopez, 1995: 192).

Winant (1994) says that race is a concept that “signifies and symbolizes socio-political conflicts and interests in reference to different types of human bodies” (270). Williams (1996) states that race is strongly associated with socio-economic status and in many instances, it is a proxy for SES. The lack of specificity and the varying definitions of race serve to support the assertion that it is a social construction. While these definitions deftly avoid the trap of biological and economic reductionism that has historically bounded discussions of race, they raise other questions. For example, how is race different from gender, class or ethnicity? Guimarãs (in Bowser, 1995) points out that the characteristics that define race are similar to the ones used to define other social hierarchies. His assertion raises two noteworthy points. First, he introduces another functional definition of race, i.e. it is used in determining structural hierarchy; and second, it speaks to the practice of using class and ethnicity as proxies for race.

Lopez (1995) declares that “the notion that humankind can be divided along white, black and yellow lines reveals the social rather than the scientific origin or race” (194). The fundamentally social nature of science notwithstanding, he maintains that the process of construction illustrates the contingent, fluid, historical, and non-essentialized nature of race. Myrdal (1964) asserts for example, that “the Negro race is defined in America by whites. It was defined in terms of parentage through the matrilineal blood line” (113). Lopez (1995) maintains that the black race was determined based on three criteria: skin colour, a flat nose and woolly hair. In Latin America and Germany, the determination of race was simple: whoever was not black was white. In the British colonies and particularly in South Africa, ‘half-castes’ were a separate group from whites and blacks (Myrdal, 1964). In the ante-bellum era, the ‘one-drop’ rule was also a criterion for determining blackness. These illustrations reveal the historical, spatial and time contingent nature of race and the meanings attached to skin colour.

Dei (1996) notes that skin colour has historically been and continues to be a key factor in the social construction of race. Although critics such as Miles (1989, 1993) warn against the practice of constructing race based on skin colour alone, for people of colour, rewards and punishments are apportioned on this basis. Harding (1997) maintains that race claims have economic, political, social and psychological effects. Dyson (1996) and Dei (1996) argue that race (or skin colour) was and continues to be a means of dividing and ruling people. It determines where people live, where and how they work: it determines how they are treated in society. This is not to say that race is purely deterministic. However, along with other factors such as class and gender, it filters the lenses through which the world is viewed. So, while race may be a spurious biological concept and an acknowledged 'social fabrication' (Lopez, 1995), it has become an entrenched and widely embraced social phenomena (Small, 1994).

Dei (1996) suggests that when we engage in discussions of race, it is not the conceptualizations of race that are significant but the meanings attached to it. Therefore, in this discussion, the concept refers not to its definitions but to its attributed meanings. In this context, investigating the consequences of 'everyday' meanings and belief systems on our existence become salient because the meanings attributed to race and the actions that result from those meanings can have consequences for health. Approaching race as a social construction has several implications for this study. It suggests that race varies culturally, temporally and historically, thus different people will interpret and experience it differently. Consequently, in health research, understanding the subjective experience of the individual is important to understanding their experience of health.

Health, work and race

Discussing race and its relation to health is problematic because race is usually treated at the structural not the interactional level. That is, the emotional and physiological effects of racism on individual health are rarely addressed (Essed, 1993; Krieger and Bassett, 1993;

Williams, 1996). The connection between race and health is well documented in published literature. The literature reveals that race (and ethnicity) are “potent predictors of variations in health” (Williams and Collins 1995: 359). Data on mortality and morbidity rates reveal for example, that blacks have mortality rates that are dramatically higher than those of whites (Williams, 1996). Black ill-health has shifted from the poverty-related diseases of the 19th century to the modern killers such as heart disease, stroke and cancer. Hypertension, a leading cause of heart disease and stroke is a contributing factor in 30% of all deaths in the U.S. The black rate of hypertension in the U.S. is double that of white males. Black men under 45 are 10 times more likely to die from the effects of high blood pressure than white men and the question has been posed: “what is it about being black that could account for these odds”? (Krieger and Bassett 1993: 163). Genetic, material/environmental, cultural, racial/ethnic explanations have been posited to explain the differential patterning of health (Smaje, 1996).

Arguments such as the predisposition of Blacks to sickle cell disease are used to substantiate genetic explanations of health inequality. (Sickle cell disease is a result of environmental adaptation to endemic malaria (Donovan, 1984) among Afro-Caribbeans). However, Krieger and Bassett (1993) and Williams and Collins (1995) argue that these explanations elide social, political and economic factors. It is noted for example, that the cause of hypertension is not known but many clues point to social factors (Krieger and Bassett, 1993; Donovan, 1984). Studies that have sought to explain racial and ethnic differences in health and disease solely in economic terms ignore social aspects such as stress caused by racism (Krieger and Bassett, 1993). Stephen Lewis’ 1992 report on race relations and policing concedes that people of colour, particularly blacks, are more exposed to racism than any other ethnic group.

Outlaw (1993) reports that blacks suffer disproportionately from hypertension and cardiac disease, both of which have been linked to stress. Stress has been linked to discrimination. Psychologist Nancy Dorr recently conducted a study of racism and its effects on black males. The findings suggested that the constant frustrations inherent in racism actually increased blood

pressure thereby putting blacks at risk for heart disease and stroke (Talan, 1998). Since work can also be stressful, and so much time is spent at work, it becomes along with race, a factor in the health status of visible minorities.

The common themes in the literature on race and work are hierarchization, marginalization, exploitation, and health risks. Historically, employers placed whites above blacks on the job hierarchy (Amott and Matthaei, 1996). In contemporary society, they continue to be discriminated against and remain concentrated in low-or semi-skilled jobs such as sales, service industries, manufacturing, or maintenance occupations (Collins, 1997; Bolaria and Li, 1985; Amott and Matthaei, 1996). Davis (in Wrench, 1994) conducted an analysis of various official data sources and found that visible minority workers had a 37% greater chance than white workers of suffering an occupational injury and were three times more likely to be severely disabled by job-related injuries. Robinson (1984) discovered that black workers were 37 to 52% more likely to be in dangerous occupations.

Robinson makes a distinction between hazardous *occupations* and hazardous *industries*. He notes that while white workers may be over-represented in hazardous industries, they do not occupy hazardous occupations in those industries. In general, workers in hazardous occupations earn less than workers in safer jobs do. However, workers in more hazardous industries earn more than workers in safer industries do. Robinson (1984) postulates that white workers accept jobs in more hazardous industries because they are usually unionized and wages are higher. He notes however, that even within those industries, black workers usually occupy the most hazardous and lowest paid occupations and are less likely to report work-related injuries. Robinson concludes that the statistical evidence constitutes 'reasonable evidence' of discrimination. He theorizes that if there is discrimination in wage levels, there is likely to be discrimination with respect to job allocations.

Many of the studies carried out on health neglect the role of occupational conditions. Williams and Collins (1995) state that working conditions that include machine-paced work, long

hours, exposure to dust, fumes, other deleterious atmospheric conditions and maintaining the body in uncomfortable positions were “major mechanisms responsible for excess mortality” (374). The authors report that people of colour are more likely to be exposed to occupational hazards such as toxic chemicals, dust and fumes because they tend to be over-represented in blue collar and service work. The high rates of occupational injury among visible minorities have traditionally been attributed to the ‘accident prone-ness’ of immigrants. Lee and Wrench’s (1980) analysis of 4,000 accidents revealed that these high accident rates were attributable to the over-representation of minorities in dangerous jobs.

Other studies have also identified race as a risk factor in work and health (Wrench, 1994; Wright-Hendrix, 1987; Robinson, 1984). In a study of occupational health and race, Wrench found that minority women were concentrated in ‘poor work’ and that health and safety problems tended to increase when these workers were insecure, non-unionized, transient and under-trained. Wright-Hendrix (1987) investigated the injury, disability and death rates by occupational and industry categories and compared black and white workers. The data suggest that race and occupation combined to negatively affect quality of life and health. A study of work status and quality of life conducted by Fabian (1989) found no significant difference between the two comparison groups but found that race and gender appeared to mediate the relationship between work and quality of life. These studies suggest that individuals who are ascribed different racial or ethnic identities are treated differently with respect to work, health care, housing, and so on. These differential treatments have implications for health (Hahn, 1997).

Health and health behaviour

This section briefly defines the concepts of health and health behaviour. It traces the development of health behaviour and reviews some of the literature on health behaviour research. A review of the literature on health reveals that health is a complex constellation of experiences and states of being. It is dynamic because people define themselves as healthy or unhealthy using

different criteria. These lay conceptions of health status may or may not correspond with official medical definitions of health (Aggleton, 1990). Williams' (1983) and Herzlich's (1973) studies of health beliefs found that participants considered themselves healthy even in cases where they would have been objectively defined as unhealthy. Williams (1983) found that individuals defined health as a state of being, the absence of disease, as a reserve or resource, or as a state of doing; i.e. realizing one's full reserve of health. Aggleton (1990) notes that this latter state is characterized by feelings of happiness, relaxation, feeling strong and having healthy social relationships.

Health has traditionally been defined as the absence of disease and the absence of "feelings of anxiety, pain or distress". The most widely used definition of health has been posited by the World Health Organization. It asserts that health is not just the absence of disease but is also a state of physical, mental and social well-being (WHO, 1946). This definition expands the responsibility for health to the social/structural dimensions, since as Kickbusch (1988) argues, the physical and mental aspects of health need a 'foundation in a secure society'. As well as being influenced by personal behaviours, health is also affected by social, economic and political factors. Kickbusch's definition of health also extends the determinants of health to include psychosocial components, e.g. cultural dynamics, social change, social support and social relations. Both Kickbusch (1988) and Reed-Flora and Lang (1982) include a spiritual and an emotional aspect to health.

The difficulty in determining a state of health lies in the contradiction that one can be deemed healthy in one dimension but unhealthy in another. WHO's (1946) definition of health has been criticized because it suggests that an individual is not healthy if they have not achieved health in all dimensions. These definitions imply that health is both an objective and a subjective state of being. Aggleton (1990) suggests for example that health is a "relative quality – relative to the surroundings and circumstances in which people find themselves" (4).

It has also been posited that beliefs about health are related to gender and class (Calnan, 1983). As well, beliefs about health can also be distinguished between illness that is caused by external and by internal factors. External factors include for example, environmental hazards, stress, and work conditions. Internal factors refer to heredity, genetics and 'inborn dispositions' (Aggleton, 1990). The various definitions and conceptions of health reflect the influence of popular culture, personal experience and knowledge. These factors function to influence individual health behaviours.

The concept of health behaviour is linked to the broader concept of health. Health behaviour has traditionally been defined as all behaviours related to health and illness. However, Kasl and Cobb (in Anderson, 1988) have attempted to distinguish between health behaviour and sick-role behaviour. The authors defined health behaviour as "any activity undertaken by a person believing himself [sic] to be healthy for the purposes of preventing disease or detecting it at an asymptomatic stage" (23). Although the definition addressed the intent of the individual, it proved to be problematic because as Anderson (1988) notes, most researchers interpreted it in terms of health-promoting behaviours using 'medically-approved practices'. This interpretation was based on the pervasive view of individuals as consumers of health services rather than as producers of health (Dowie, 1975).

The concept was later redefined to address lay beliefs or self-defined health behaviours. This reconceptualization (as health protective behaviours) encompassed behaviours that individuals engaged in regardless of whether they perceived themselves to be healthy; regardless of whether or not the behaviour was objectively effective; and regardless of whether it was medically sanctioned. It included promotion, protection and maintenance of health (Anderson, 1988). This meant that the individual determined the meaning of health and that it 'opens the door' to consideration of the mental and social dimensions of health.

Rakowski (1986) further reconceptualized health behaviour by separating it into two components; i.e. behaviours that were intended to reduce the risk of disease or accident and

behaviours intended to improve health. The definition distinguished between 'preventive' practices that lay in the realm of medical science and 'protective' behaviour that was the purview of the individual. Health behaviour has also been defined in terms of environmental, not just personal change. Anderson (1988) suggests that the concept be broadened to include "lay-defined terms covering not only what individuals do to or for themselves and for their families but also their involvement in group or community activities, including those designed to promote a social or physical environment more conducive to health"(25). This formulation incorporates the larger socio-economic and political sphere and suggests that health status is influenced by more than just self-oriented behaviours.

Noack (1988) distinguishes three categories of health behaviours: promoting behaviours, health-related practices and coping behaviours. Health-promoting behaviours are intentional behaviours, directed toward maintenance and improvement of health and prevention of disease. Elsewhere, health-promoting behaviours have been referred to as health-enhancing behaviours. Coping behaviours are defined as those actions engaged in to reduce psychological distress or to protect the self from potential physical or psychological harm. These behaviours are often unintended, automatic reactions or they may be planned (Noack, 1988). Coping behaviours are not necessarily health promoting, e.g. smoking may be a (subjective) form of coping but it is not an objectively healthful behaviour.

Kickbusch (1988) states that people endanger their health and are exposed to health threats that they are unable to control. They therefore develop ways of coping or managing those threats. Health-related practices refer to everyday behaviours that are specific to social and occupational groups. They are not considered health-directed behaviours but they have an impact on health. These practices speak to the etic perspective on health behaviour. That is, they form part of everyday lived experience but may not be perceived by the individual as necessarily linked to health status, e.g. "skipping breakfast or 'snacking' instead of eating regular meals" (Noack,

1988: 59). While this behaviour may have an impact on health over the long-term, the individual may not perceive it as a health-adverse behaviour.

Gochman (1997) posits the most recent definition of health behaviour. He defined it as

Those personal attributes such as beliefs, expectations, motives, values, perceptions, and other cognitive elements; personality characteristics, including affective and emotional states and traits; and overt behaviour patterns, actions and habits that relate to health maintenance, to health restoration and to health improvement (3).

This definition eschews the clinical or illness-related behaviour and captures the assertion by various authors and researchers that health behaviour is influenced by beliefs about health, meanings of health, and by cultural and social factors and by perceptions of the body. Although it includes behaviour that is overt, it is unclear whether the individual is aware that the 'patterns' are in fact health-related or health-directed behaviours. Eakin (1997) notes for example, that behaviour includes both an emic and an etic perspective. Emic behaviour is behaviour that the individual consciously direct towards or recognizes as related to his/her own health and etic behaviour is behaviour that observers believe is related to health regardless of the motivation or awareness of the individual (Eakin, 1997).

The etic perspective affords the opportunity to discuss health behaviour research and look at issues such as how research has progressed through various stages. The perspective and discipline of the individual researcher have influenced each stage in the development process. Research on work and health behaviour has historically focussed on causal factors and workers' related illnesses, i.e. they were grounded in epidemiology and industrial psychology. Nichols (in Quinlan, 1988) notes that industrial psychologists focussed on the nexus of individual worker characteristics and environmental factors such as lighting or noise. Although the psychosocial elements of work were not ignored in these studies, Quinlan (1988) notes that they were interpreted "via their impact on individual worker's susceptibility to injury" (190). That is, the approach focussed attention on the individual rather than on 'collective notions' of injury.

Similar observations have been made by Anderson (1988) who notes that the factors examined and purported to influence health behaviour were “potentially modifiable by health education rather than those which might respond to different patterns of workplace or community” (31). Eakin (1997) also suggests that health behaviour research has traditionally ignored workplace factors in the determinants of health behaviour. This meant that health promotion strategies were directed towards the individual while ignoring salient determining factors such as work conditions.

Quinlan (1988) asserts that even when research focus shifted from individual behaviours to work conditions, health behaviour research was still centered in the (industrial) psychological discipline. He argues that this approach to the study of occupational health and safety provided a foundation for ‘victim blaming’ explanations of work-related illnesses. Several explanations have been provided under this rubric to explain occupational health. One such explanation is the concept of machismo or the culture of masculinity in workplaces dominated by males. Quinlan points out however that although workers may take calculated risks or may break certain formal rules, their reasons are more complex than “a simple desire to live out a stereotype of reckless masculinity” (193). This assertion is supported by Haas’ (1977) study of steelworkers.

Although workers’ refusal to express fear about working on skyscrapers suggested the machismo concept, Haas’ research revealed that this behaviour was conducive to job solidarity. That is, the fear that steelworkers experienced was not verbalized because it would have eroded their confidence in each other. This confidence in each other was necessitated by the nature of their work. Dejours (1987) provides an illuminating discussion of the psychological defenses against fear and anxiety among construction workers. This exemplar illustrates the differential standpoints afforded by the emic and the etic perspective. It implies that complete understanding of health behaviour necessitates the inclusion of both perspectives in the design and execution of related research. Anderson’s (1988) discussion of the Alameda study supports this assertion.

Over the last several years however, there has been a definite shift from the individual or victim-blaming approach to examining structural factors such as the organization of work as a determinant of health and health-related behaviours (Quinlan, 1988). The research and literature in this area reveal that health behaviour and the health of workers have some foundation in the framework of capital and labour relations. In this context, profits and health are competing factors. This is illustrated in Lee and Wench's (1982) case studies on piecework and industrial accidents. The research found that there was a link between incentive pay systems and the rate of occupational injury.

Noack (1988) and Eakin (1992) note that although it has long been suspected that the social and organizational characteristics of work played a crucial role in the distribution of ill-health, little research has been done in this area. For example, there has been extensive research done on chemical or physical hazards but few researchers have examined the impact of the social conditions of work (Noack, 1988). Eakin (1992) also argues that much of the research on work and health behaviour has treated health behaviour as the independent variable, i.e. as a determinant of work outcomes rather than vice versa.

The work-related determinants of health and health behaviour include three components. First, there are the concrete aspects of the job, the material, physical and psychological demands of the tasks (Eakin, 1997). For example, the job may include the use of technology and this has the potential to influence health behaviour. Second are the organizational dimensions of work, the division of labour, work relationships, reward systems, and work culture, e.g. unionization. Finally, there are the social relations of production, which include employment relations (i.e. individual locations in the social hierarchy of the organization and concomitant power and responsibility it carries) and the labour process.

Inherent in the conditions of work is stress (McDonald and Doyle, 1981; Kalimo, et. al. 1987). Stress results from various factors including, but not limited to, low pay, incentive payment schemes, shiftwork, job design (e.g. monotony), the organization of work (e.g. job

control/autonomy), job insecurity, and social relationships with co-workers and supervisors. Job demand and job control (Karasek, 1979; Karasek and Theorell, 1990) is the “conceptual centerpiece of the control-demand model of workplace health” (Eakin, 1997: 341). Job demands refer to psychological stressors such as the requirement to work hard and fast, having a high volume of work while being constrained by time or conflicting demands (Ganster and Schaubroeck, 1991). These authors point out that these are psychological, not physical demands. They note however, that a hectic work pace has the effect of imposing physical demands that result in fatigue. Although these factors have traditionally been associated with health status, Eakin (1997) notes that they have also been linked to health behaviour. Quinlan (1987) notes for example that workers often adopted informal responses towards work hazards by engaging in protective behaviours such as absenteeism.

The social and organizational dimensions of work also have implications for health behaviour. Quinlan (1987) and Mayhew (1999-in press) found that work involving self-employed individuals such as taxi drivers and sub-contractors, where income was determined based on an output-based system and that involved intense competition, produced dangerous health practices among workers. These health-adverse behaviours are connected to the larger socio-economic structures. Quinlan notes that the pressure to perform, particularly in non-unionized environments where workers are vulnerable and have heavy debt loads further exacerbates health-adverse behaviours.

As well, group norms, supervisory relationships and (non) unionism are also factors in determining health behaviour. The influence of group norms on health behaviour can be extracted from a review of studies such as those by Haas (1977), Applebaum (1981), Nelkin and Brown (1984), Rayner (1986) Johnson (1989), and Mullen (1992). Supervisory relations and their effects are demonstrated in Eakin (1992 and 1997). Unionism influences quality of life by providing a ‘collective voice’ and the ability to bargain for improved work conditions such as pay and work hours (McDonald and Doyle, 1981). The absence of a union or other collective voice

suggests that workers are more likely to be vulnerable to health-adverse conditions and behaviours.

Finally, the social relations of employment, which speak to issues such as management structure and workers' location in the social hierarchy of the production system (McDonald and Doyle, 1981; Russell, 1983; and Eakin, 1997) are linked to workers' health behaviour. The social relations of employment refer to the "ideologies, assumptions, and structural forces that, explicitly or otherwise, underlie systems of production and the labour process" (Eakin, 1997: 343). She notes that the dimensions of work (job conditions and the psychosocial and organizational environment) create and are created by the social relations of employment.

To summarize, this section reviewed the concepts of health and health behaviour and discussed the literature related to the work-related determinants of health behaviour. Although there is a paucity of literature specifically aimed at health behaviour and work, such data can be gleaned from research conducted in various disciplines. The discussion revealed that the notion of health behaviour, which began with a relatively narrow scope, has been expanded to include broader socio-economic, political, environmental and cultural factors. These elements converge in the experience of work to influence workers' perceptions of risk as well as their health-adverse and health-maintenance behaviours.

The taxi industry

The Toronto taxi industry is a privately owned and operated public transportation system. It is governed by By-law 20-85, which is administered by the Toronto Licensing Commission (formerly the Metropolitan Licensing Commission) (Joppe, 1997; Alberta Government, 1985). There are approximately 3,400 licensed taxicabs currently operating in Toronto. The majority of them (76%) are leased and the remaining 23% are owner-operated (Thomas and Shimski, 1996). The industry is a complex structure of owner-drivers, shift and lessee-drivers, agents, brokerages and fleet-owners (Joppe, 1997). The economic instability and the exploitive nature of lease

agreements coupled with low incomes, low control, vulnerability, protracted hours of work, isolation and long sedentary periods in a taxicab, is the milieu in which taxicab drivers operate.

The abuses within the industry have led to unsafe taxicabs, poor driving practices and poor customer relations (Thomas and Shimski, 1996). When drivers are unable to cover their operating costs, for example, they forgo vehicle maintenance as a means of reducing expenses. As well, drivers work up to 18 hours per day, seven days per week in order to meet operating expenses and earn a living wage (Thomas and Shimski, 1996; Sakai and Takahashi, 1975). The combination of prolonged hours of work and poorly maintained vehicles function to put drivers and the public at risk.

Sakai and Takahashi's (1975) study of taxicab drivers found that the long hours of work produced "marked changes in physiological parameters" (114). They also reported that drivers involved in frequent night work were prone to diseases of the digestive system, a result of irregular eating habits. Borgia et.al. (1994) attributed the unexpectedly high rates of diabetes found among taxi drivers to the sedentary nature of the job and to irregular eating habits. Sakai and Takahashi (1975) discovered that as the duration of work shifts increased, drivers' attention span decreased and they became restless. This restlessness was observed in the increased movements of the upper and lower limbs, yawning and drowsiness. Fatigue resulting from insufficient rest between shifts, sleep deficit, the effects of monotonous driving, sitting in a fixed position for extended periods and the intensity of the work, particularly driving speed, influence driver effectiveness and possibly affect driver-client relationships, which in turn affect health.

Probably the most common occupational hazard faced by taxi drivers is victimization (Stenning, 1996; NIOSH, 1995). In a study of taxi drivers in three Canadian cities, Stenning (1996) found that 61% of the respondents had experienced victimization more than two times during the 12 months preceding the study and 80% had some form of criminal victimization other than fare-jumping, at least once in their career. The study found that victimization among taxi drivers was 21 times that of Canadians in general and may be four or five times that of police

officers (Stenning, 1996). Although Stenning found no significant correlation between experiences of victimization and whether respondents self-identified as white or non-white, Marosi (1996) reports that a study of Hispanic cab drivers in the U.S. found that 75% of its members had been victims of crime. Arguably, the ethno-cultural profile and ethnic distribution in the U.S. and Canadian populations are dissimilar. However, the increasing number of visible minorities entering the taxi business in Toronto suggests the possibility that they face a higher risk of being victimized.

As well, studies of homicide in the workplace found that the taxicab industry had the highest rate of occupational homicide, a rate 21 times the national average in the U.S. (Castillo and Jenkins, 1994; NIOSH, 1995; Liss and Craig, 1990). Blacks in the taxicab business had the highest rate of work-related homicides of any group (Castillo and Jenkins, 1994). In Ontario, the rate among taxi drivers was second only to police officers (Liss and Craig, 1990). Taxicab drivers are in a unique position because their workplaces are the streets and their cabs. They are more at risk because they tend to work alone, work late into the night and the early morning hours, exchange money in public, and work in community settings or high crime areas (NIOSH, 1995). Castillo and Jenkins (1994) note that because taxi drivers have their backs to potential assailants and because a phone call dictates where they go to collect or deposit clients, their vulnerability to victimization is increased.

A less commonly studied occupational hazard faced by taxicab drivers is exposure to air pollution and chemicals such as carbon monoxide and MMT¹ (Zayed, et.al., 1996). Studies on the effects of chemical exposure (Colwill and Hickman, 1980; Zayed, et.al., 1996; Gustavsson, et.al., 1996; Hemminki, et.al., 1993; Borgia, et.al., 1994) have reported conflicting or inconclusive results. Colwill and Hickman (1980) found in their study of carbon monoxide exposure that higher levels were found inside moving vehicles than stationary ones. Rockwell

¹ Methycyclopentadienyl manganese tricarbonyl is an organic derivative of manganese used in Canada since 1976 to raise the octane rating in gasoline (Zayed, et.al., 1996)

and Weir (in Colwill and Hickman, 1980) found that performance levels deteriorated after exposure to low levels of carbon monoxide. They concluded that even low levels might be expected to impair the complex task of driving. The authors concluded that levels of 1.5 to 3.0% produced no adverse health effects and acknowledged that there were conflicting views as to whether driving ability would be affected.

The discussion of potentially dangerous chemicals also raises the possibility of exposure to carcinogens among professional drivers. The evidence of increased lung and bladder cancer is conflicting because of the presence of confounders such as smoking, age and other occupational exposures. Lung cancer among taxi drivers has been reported among white males in Massachusetts, Los Angeles County and Rome but there is a possibility that age may be a factor. Drivers aged 70 who smoked had an increased risk of lung cancer when compared with non-smoking drivers (Borgia, et.al., 1994). Rafnsson and Gunnarsdóttir (1991), in a retrospective mortality study of taxi drivers, reported a higher than anticipated number of deaths due to lung cancer. This higher level was attributed to the synergistic effects of smoking and exposure to second-hand smoke on the job.

Although bladder cancer was found in excess in two U.S. case-controlled studies of taxi drivers, these results were not confirmed in other cohort studies. However, bladder cancer has been linked to prolonged fluid retention among professional drivers (Borgia, et.al., 1994). A study by Silverman, et.al., (1986) attempted to link bladder cancer to air pollutants such as motor vehicle exhaust. Hemminki et.al. (1993) maintain that air pollution has changed in recent years because of the use of catalytic converters, changes in fuels, engines and traffic densities. The Silverman et.al. (1986) study was notable because of "the experimental evidence of the mutagenicity and possible carcinogenicity of motor vehicle exhaust emission particles" (2115). The study, which consisted of 1,909 white males, found an elevation in risk for taxi and bus drivers. The increased risk was related to years on the job but was inconclusive as to whether air pollutants were a factor in the health status of professional drivers.

Epidemiological studies (Silverman et.al., 1996; Gustavsson, et.al., 1996) also looked at the extent to which health behaviours such as smoking, physical activity (in work and leisure) and obesity influence myocardial infarction incidences. Gustavsson, et.al. (1996) found that 36% of truck and taxi drivers smoked daily, compared with other gainfully employed males (28%), but maintained there was no increased risk for these drivers. It may be argued though that the exposure to smoke, a sedentary job and obesity may contribute to myocardial infarction incidences (Gustavsson, et.al., 1996).

Other studies have looked at the rates of ischemic heart disease among taxi drivers as well as the relationship between drivers in rural and urban areas and the risk of myocardial infarction (Gustavsson, et.al., 1996). In this study, the authors found that taxi drivers in urban areas were more at risk for myocardial infarction than were drivers in rural areas. The traditional risk factors for myocardial infarction include smoking and hypertension. Hereditary factors and obesity, low physical activity, cold and heat have also been suggested as risk factors for myocardial infarction (Gustavsson, et.al. 1996). Burling (1986) notes that in the winter months, taxicab drivers are exposed to heat and cold during work hours because they keep their windows open allowing cold air into the cab and onto the upper torso, while at the same time, heat is on their lower extremities. It has also been suggested that high psychological demands and low control at work (Karasek and Theorell, 1990) may be a factor in myocardial infarction incidences. Taxi drivers often report a combination of high demand and low control at work (Gustavsson, et.al., 1996). This would result in a passive job that can induce stress (Karasek and Theorell, 1990).

The studies on race and health have been epidemiological and etiological in approach. The same is true of studies related to the taxicab industry; most used a quantitative methodology. The Canadian-based studies have focussed on the problems inherent in the system of plate leasing, on reforms in the industry (Thomas and Shimski, 1996) and on victimization issues (Stenning, 1996; Carr, 1997). Stenning (1996) for example, looked at victimization of taxi drivers. However, Toronto, one of the largest cities in Canada with a burgeoning ethnic population was not included

in the sample. As well, non-white drivers or drivers whose first language was not English, were often under-represented or not represented at all in the studies. To date, there have been no research grounded in the subjective experience of taxi drivers and none investigating the effects of race on their work lives and health.

With respect to studies on race, work and health, some such as Collins (1995) have looked at race and work but only in respect of the effects on mobility and the racial distribution of power in corporations. In studies on health (McCord and Freeman, 1994; Lillie-Blanton and LaVeist, 1996), race is often seen as a compounding variable, one that is to be controlled for, or, it is used as a proxy for class or socio-economic status. Few studies have attempted to examine exactly how social/material issues such as education, housing or employment affect health (Smaje, 1996). As well, in reviewing the literature for this project, no studies were found that looked at the interaction of work, race and health through the subjective experience.

In contrast to the studies reviewed, the research presented in this thesis is a more in-depth investigation of the subjective experiences of visible minority cab drivers. It differs from other studies on race and work in that it examines the work conditions of taxi drivers and investigates how these conditions influence their health and health behaviour. Using an inductive qualitative approach based on an interpretive theoretical perspective, the study attempts to produce both description and analysis of their work and health experiences. This entailed answering the following questions: what are the work experiences of visible minority taxi cab drivers and how do these experiences influence health and behaviour? More specifically, what are their work conditions: what meanings do drivers attach to health; what occupational threats are they exposed to at work; what do they perceive are threats to their health; and how do they manage these threats?

CHAPTER 2

METHODOLOGY

Theoretical and Methodological Approach

The qualitative methodological approach in this study is informed by the 'interpretist' or 'interactionist' theoretical perspective (For reviews, see Schatzman and Strauss, 1973; Lofland, 1976; Spradley, 1979; Strauss, 1987; 1990; Denzin, 1989; Denzin and Lincoln, 1994). These authors emphasize the links between method and theory and between researchers and participants. Denzin (1989) contends that the research activity cannot be judged independently of theory, therefore highlighting the connection between method and theory. This perspective maintains that humans are the source of data and that the role of the researcher is to describe, understand and explain the phenomenon (s)he is studying. For this interpretation to be valid, the researcher must become intimately familiar with participants' perspectives. That is, the researcher must study participants' social worlds from their perspectives. This standpoint emphasizes the between researchers and participants. Hence, the 'research act' is characterized as a form of interaction and the analysis of data, an interpretative process.

The interactionist perspective is grounded in the work of symbolic interactionists and phenomenologists (Denzin, 1989). This theoretical framework emphasizes the subjective dimensions of social behaviour, believing individual perspectives and meanings influence human action and consequently the social world. As well, these theorists emphasize processes not structures in understanding social phenomena. The focus on process eschews the notion that interaction can be understood by focussing on social roles and norms since these do not evoke behaviour (Blumer, 1969). So that, in attempting to understand the work and health experiences of visible minority taxi drivers, it is necessary to understand the meanings they attach to these concepts.

According to this perspective, meanings are a social product, created out of interactions (Wallace and Wolf, 1991). The meanings attributed to issues such as race “grow out of the ways in which other persons act toward the person with regard to the thing” (Blumer, 1969: 4). They are also constructed through a process of self-interaction, of making indications to oneself (Wallace and Wolf, 1991). This self-interaction enables the individual to transcend the constraints of social and cultural structures (Blumer, 1975). Charon (1995) suggests that social and cultural structures have less effect on behaviour than the process of thinking. That is, behaviour is based on thought processes, on ‘definitions of the situation’.

Individuals will define the same things differently at different times (Bogdan and Taylor, 1973). These differentials can be accounted for based on varying perspectives. Perspectives guide ‘definitions of the situation’; differing norms and values inform them. Perspectives are dynamic in that they are constantly in flux based on their utility in ongoing situations (Charon, 1995). Each individual brings to the situation a unique past, life experience and social location. So that, backgrounds, ethnicities, cultures and histories, influence perspectives that in turn influence definitions and ultimately actions. In referring to the symbolic interactionist perspective, Elliott and Fleras (1992) state:

[it is] the process by which racial groups define and interpret their experiences and the events that bring about these experiences. The outcome of this process of definition is the aligning and re-aligning of relations as well as the development and reformation of prospective lines of action.... (19).

Meanings are also based on experiences. These interpretations are a result of an awareness of personal biography and history. The interpretative process may also take account of indications the actor makes to him/herself about others, e.g. family members (Wallace and Wolf, 1991). That is, an individual’s actions may be partly a result of, for example, financial or familial obligations. While the latter may allude to a social role, Blumer (1969) argues that “it is only in highly ritualistic relations that the direction and content of conduct can be explained by roles” (75). Social roles are only important to the extent they are taken account of in the process of

interpretation (Blumer, 1969). This suggests that social roles, rather than being deterministic, provide a framework within which the actor has agency and can engage in a process of thinking, bargaining, adjustment and compromise before taking action (Elliott and Fleras, 1992).

A qualitative methodological approach to the study of race, work and health, based on the interpretist framework is particularly suitable because of the complexity of the concepts of health and race and the diverse conceptualizations by various authors and disciplines. This framework incorporates a dynamic of agency, conflict, bargaining, adjustment and compromise. It rejects any claims of static or non-contextual analysis of race (Elliott and Fleras, 1992). It has the potential to capture the emergent, constructed and situated perspectives of both health and race. For example, it was employed by Zborowski (in Charon, 1995) to elucidate how different ethnic groups define and assign different meanings to the experience of physical pain.

This interactionist approach to studying race, work and health experiences allows for new meanings and different assumptions about participants' 'realities' to emerge. It captures the voices, emotions and actions (Denzin, 1989) of visible minority taxicab drivers, giving priority to their perspectives. Such research is a first step to conceptualizing and measuring what Williams (1996) refers to as 'race-related stressors'. Thus, in collecting data for this study, the emphasis was on discovering the meaning that visible minority taxi drivers attach to their day-to-day work and health experiences.

Selection of Participants

In selecting participants for the study, a purposive, snowball-sampling method was employed. The underlying principle in purposive sampling is the selection of information-rich cases (Patton, 1987). Lincoln and Guba (1985) advise this method of sampling is useful because "it increases the scope or range of data exposed as well as the likelihood that the full array of multiple realities will be uncovered". As well, "purposive sampling can be pursued in ways that

will maximize the investigator's ability to take adequate account of local conditions, local mutual shapings and local values".(40)

The initial plan was to interview 12 participants as suggested by Lincoln & Guba (1985). However, difficulties in recruiting drivers and the large number of cancelled or refused interviews resulted in time constraints. Consequently, 10, not 12 interviews were conducted. Flyers (Appendix D) were posted in various brokerages across the City. Contact had previously been made with the union and the associations representing taxi drivers. As well direct methods of recruitment involved approaching potential participants at taxi stands, telling them about the study and giving them a flyer (Appendix C). To avoid the perception of coerciveness, a phone number was provided for potential participants to call and leave contact information. This would give them the opportunity to rethink whether they wanted to be interviewed. A total of 30 flyers were distributed however, only two participants were recruited this way; one had received the information from a third party.

The low response to the direct approaches and the flyers posted in various brokerages prompted a different approach to recruiting. I re-contacted the union and the various associations and was advised that deputations regarding industry restructuring were pending at Metro Hall. Attending these meetings would provide greater access to taxicab drivers as well as provide the opportunity for interactions before conducting interviews. My first interview was obtained only after I had developed a relationship with the Presidents of the Taxi Drivers' Association and the Taxi Union. They introduced me to several drivers and asked that they 'co-operate with me'. Although attending the deputations gave me direct access to drivers, they were more willing to co-operate once they realized their union/association sanctioned the project. As Lofland and Lofland (1984) observe, allies can give access to participants. A total of 19 potential participants were recruited this way.

A contact sheet (Appendix G) with a running list of potential participants as well as a separate list of industry contacts (Appendix F) was maintained. The contact list was updated

weekly and participants who had not been contacted or who had not returned phone calls were moved to the new list for re-contact. Of the 19 drivers recruited, 7 were interviewed. The remaining 12 did not return repeated phone calls or were unreachable whenever contact was attempted. My sample to date consisted only of 'day' drivers and this was of some concern. Several participants had mentioned that "all the bad things happened at night" so I wanted to address the issue of safety from the perspective of night drivers.

In order to recruit night drivers, I visited taxi stands in the downtown core on two occasions in the late evening. Four drivers, including two independents agreed to be interviewed. Two interviews were achieved from these contacts. One participant could not be reached after repeated tries and one did not return my phone calls. Day drivers interviewed were asked if their night drivers (the drivers with whom they shared their cars) would be interested in participating in the study. No contacts were obtained this way as participants noted that night drivers would probably not have the time to meet with me.

Several previous attempts had been made to contact the Airport Taxi Drivers' Association. I had also visited the taxi compound earlier in the recruiting stage of the project. None of the drivers approached responded to the flyers I distributed at that time. I redoubled my efforts to contact this group since preliminary research had suggested they might have different experiences, particularly around safety issues. Through a third party industry informant, I eventually contacted and was given a list of potential interviewees by the Association. I was concerned about the participants being hand picked by their Association president; however, several attempts were made to contact the drivers on the list. These efforts and a second visit to the airport taxi compound met with no success.

Variation in the sample in terms of nationality was limited because of the difficulty in recruiting participants. The initial criteria were for English-speaking drivers of Asian-Indian, African and Caribbean background, with two or more years of full-time driving experience. The final sample consisted of four participants of Caribbean descent and five of African descent.

Only one participant was of Asian-Indian background. One participant was refused because he was of European (Hungarian) descent. In retrospect, it would have been useful to interview this participant because it might have provided insights that could form the basis for comparison of the taxi driving experience of visible minorities.

Characteristics of participants

Ten drivers participated in this study. They ranged in age from mid-30s to early 60s and years of service ranged from 4 to 25 years. None of the participants was Canadian born. They are natives of Eritrea, Ethiopia, Trinidad, Jamaica, Barbados and Pakistan. Two drivers came as refugees from countries that were at war. One participant, who is originally from Eritrea, came to Canada from Sudan where he worked as a graphic artist. Joe² was a student in Eritrea but left when war erupted with Ethiopia. He is married and has a 3-month old son. He has been working in the taxi business for five years. He is a lessee driver who works by himself.

Joe (TD4) was the only participant who responded to the flyers that were posted in brokerages during the recruitment phase of the project. Other than his wife and baby, he has no immediate family members living in Canada. His accounts of his experience in the business reflects disillusion with his image of Canada as a 'sophisticated country with all those regulations' versus the reality of 'unfairness', 'injustice' and 'corruption' that are a part of his daily experience in the taxi business. He stays because of the independence and freedom the job affords him. He says that the best part of being a taxi driver is the 'range of people' he meets and the 'new knowledge' he gains that would not be possible if he worked in a factory.

Jan (TD1) is in his early thirties and has been driving for approximately three years. He has a high school diploma and one year of college. He is single and has no children. He leases a car and plate and is currently driving by himself. Jan was one of the many drivers who regularly

² All the names are pseudonyms.

attended the meetings of the taxi task force and was the first to volunteer to be interviewed. He is quiet and soft-spoken. Our discussions revealed his frustration with work and with his current health problems, which he says leaves him unable to engage in his regular exercise routine. He admits to working 15 or 16 hours per day and would like nothing better than to take a vacation. His dream is to own a plate with a 'brand new car' that he can drive by himself.

Al (TD2) is in his late thirties and has been in Canada since 1983. He says he came to Canada in search of 'a better life'. He is Ghanaian, married with no children. He has held several jobs, both here and in the United States and has been in the taxi business for 10 years. He is a shift driver who shares his car with another driver. Although he says he has no 'aggrandized visions of trying to save the world'; he is very much a part of the collective voice of the taxi business. He is unsure of whether he wants to stay in the business but says he is in the process of doing 'some introspection' about his life. His immediate plan however, is to go home to visit his parents.

Roy (TD5) is Trinidadian and a former newspaper stenographer. He has been in Canada for 23 years, is divorced and has two children. Roy has a quiet, calm approach to his job and our discussions revealed that not very much upsets him. He has held jobs in a metal shop and in the laundry supply business. He says he left those jobs because there was 'no comparison' between his wages and the 'cost of living'. At the time he went into the business, it was 'lucrative' and he put his name on the list for a plate. He has been in the taxi business approximately 18 years. He is a shift driver who rents his cab on a weekly basis and drives only during the day. He says he will stay because there is no where else to go. His tenure on the waiting list means he is probably one of the drivers who will be issued the new 'ambassador' plates recently announced by the Taxi Taskforce.

Tom (TD3) is also a Trinidadian national in his late fifties. He has the energy of a two-year old. He is married, has two children and has been driving for 25 years. He drove part-time for several years while attending university but eventually dropped out and began driving full-

time. He is a former field supervisor for a tobacco company and is the only smoker of the group. Tom's approach to life is to let nothing bother him. He says 'youthful exuberance' brought him to Canada in 1969 but 'looking back, I could say I made a mistake, but I'm not going to wring my hands for the rest of my life, that's water under the bridge'. He gets pleasure from 'tending his garden' until late into the night and exercises to keep fit. He is a shift driver who shares his cab with another driver.

Ken (TD6) is a biology major and former bank worker with a great sense of humour. He came to Canada from Pakistan in 1984 and proudly informed me that his great grandfather came to Canada at the beginning of the 19th century. He is the only member of his family to have immigrated to Canada since then. He is married and has two daughters. He is concerned about how he will pay for their education if he stays in the taxi business without owning his own plate. After getting laid off from several odd jobs, he went into the business because other friends were also in it. He says the job was suitable because geography was his 'best subject in grade 10' and he was a quick study. At the time, the taxi training program required only two days. He is a lessee driver who until recently was driving by himself. Ken does not believe in exercising but says he goes for walks and finds the fresh air good for his mental health. He looks forward to a 'long healthy life' but says the taxi business is taking him away from that goal.

Zac (TD7) is from Eritrea and is in his early forties. He has been in Canada for 10 years and has a college diploma. He came to Canada as a refugee after his hometown was destroyed during the war with Ethiopia. He is unmarried and has no children. His family still resides in Eritrea and he is concerned about his mother who is suffering from Parkinson's disease. His family expects him to help them immigrate to Canada but he is unable to do this because under the immigration requirements, he does not earn sufficient income. He is a lessee driver who drives both day and night shifts by himself. Like his countryman Joe, he believes in the idealism of Canadian society as fair and just and is clearly disillusioned by the contrariety of his experiences in the business.

Ben (TD8) is in his late fifties, is divorced and has two children; he is reminiscent of a stern high school principal. He came to Canada in 1974 from Barbados, began driving taxis at night, and went to school during the day. When there 'were no jobs forthcoming' in the area he trained for, he continued to drive and has been driving for 20 years. He stopped driving several times over the years to run as a candidate in the municipal elections. He believes 'politics is the pervasive force that determines whatever happens in society'. He says that politics is hard work but it is what he would like to do. He is a shift driver who rents his cab on a daily basis.

Ed (TD9) is in his early thirties and came from Ethiopia five years ago. He is single and has no children. His family is still in Ethiopia and he says he spends most of his disposable income on telephone calls to them. He has been driving for approximately four years and at the time of this interview, he was working part-time. He was recovering from a vicious assault and robbery by two men. He feels isolated and is experiencing difficulty acclimating to the culture of Canadian society. He says the most difficult thing is adjusting to the disrespect of people he encounters. He says this is not his country and realizes it will never be. In the Ethiopian culture, if a child does not respect his/her parents, then the parents no longer consider him/her as their child. Ed applies this ethic to his new country. He says the job is only temporary until he finds something else. He is a shift driver who rents his cab on daily basis.

Jim (TD10) is an independent driver who has been driving for 20 years. He came from Jamaica 29 years ago. He is married and has two children. He is a former licensed electrician in his early fifties. He says whenever he is having a bad day, he goes home, spends time with his daughter and makes dinner for the family. He spends his summer evenings and weekends playing cricket or soccer.

The participants are a heterogeneous group in terms of age, marital status and class status. Class status refers to their status within the industry. Only three participants owned their own cars and only one owned a plate. Five of the 10 participants are married, three are single and two

are divorced. The majority of drivers have a college or high school diploma. Only one had a university degree and two had dropped out of college and two out of university.

Epistemological Issues

Lofland and Lofland (1984) point out that the concerns we bring to social research are a function of our biography and history, of race/ethnicity, gender, experience and class. It has also been suggested that what social scientists make problematic in research is what is problematic in their lives. In traditional research, these linkages are not acknowledged because we attempt to separate our biography from our research. As the above authors note, “the norms of scholarship do not require the researcher to bare their souls, only their procedures” (Lofland and Lofland, 1984: 8). Kirby and McKenna (1989) contend however that researchers must include their own experience and understanding as part of doing research because they are an integral part of the process.

The question of whom should study a particular setting, group or question has also been posed by researchers. Lofland and Lofland (1984) assert that this is a matter of personal consideration since the questions speak to the researcher’s particular personal relationship to the group and his/her personal values. Choosing to ‘start where you are’ may create methodological and ethical difficulties. However, the authors assert that it is a small price to pay for the creative wellsprings and meaningful links between the personal and the emotional without which research becomes merely a ‘ritualistic, hollow cant’. Starting where you are means doing research that is relevant to you as researcher because it is the personal and emotional commitment that will stimulate and sustain the passion necessary for successful completion of a project (Lofland and Lofland, 1984).

The impetus for this study was my interest in work and health issues. As well, I have always found race to be a paradox because it contains both truths and falsehoods. These truths and falsehoods make the experience of race and racism ambiguous and disputable; the visceral nature

of racism often leads requests for instantiation. My own experience of race and work is similar to those documented in the experiences of other women. However, little has been documented about the male experience of work, health or race/racism and my curiosity about their experience was piqued. As well, many studies have identified the mechanisms of racism but few have focused on the interactional level, at its impact on the daily experiences of people of colour (Essed, 1991). Visible minority taxi drivers in the taxi industry were selected for this study because (a) the industry is predominately male; (b) the industry is occupationally hazardous; (c) there is a large number of visible minority taxi drivers; and (d) little is known about their experiences in the industry or how these experiences interact with other issues such as race to influence their health and health behaviour.

May (1997) posits the research act is influenced by class, race and gender. It follows therefore that both data collection and data analysis would be influenced by my 'location' as a woman of colour and as a graduate student. In keeping with the naturalist tradition therefore, I am obliged to acknowledge that my own experiences, understandings and assumptions about race and health are a thread woven through the fabric of this study. Although I expected to be surprised by the findings in this study, there were several results that I anticipated. Being a person of colour, and understanding the saliency of race in everyday lived experiences, I expected participants' stories would reveal both the latent and manifest role of race in their lives. As well, because of the interaction of race and class, I expected that some participants might view their experiences as a function of class, not race. I also expected that some participants would engage in risk-taking behaviour because of the need to not just eke out a living but to make a profit. I speculated that the 'aggressiveness' I observed among drivers previous to this study might be a coping strategy for stress. Also, it was possible that drivers gave little thought or attention to their health and may view threats to health as a cost of doing business. Lastly, because of the nature of the business, I expected to find high levels of stress among drivers that may or may not be recognized or named as such. Some of these assumptions were borne out; others were not.

Being a member of the visible minority group among whom I was conducting research did not guarantee me access, rapport or immediate trust. Dealing with a largely immigrant population, where cultural issues are involved and where I might be perceived as a 'stranger' meant it was important to develop a certain level of trust that would enable participants to share their stories. This involved reiterating my commitments as laid out in the consent form and 'being honourable'. Kirby and McKenna (1989) define this as listening to our instincts and being authentic, "recognizing our experience of marginalization and using it as our touchstone" (31). Paying attention to instincts means being willing to recognize and embrace the contradictions and questions that often make us most uncomfortable.

Presentation of self became crucial to re-enforcing the commitments contained in the consent form and to facilitating the flow of information. It also meant being perceived as non-threatening and with an honest yet acceptable level of incompetence (Lofland and Lofland, 1984). Participants at times laughed at questions I posed. In retrospect, I realized that in my attempt to gain an understanding of the business and their experiences, I asked questions that to them seemed silly; afterall, everyone in the business knows what constitutes a 'good fare'. On the other hand, my status may have negatively affected the quality of data collected regarding race issues. Spradley (1979) suggests that when researchers are too close to the culture, they might take too much for granted. As well, it can create problems in data collection because, based on a shared status, participants may perceive the researcher already has the answers to the questions and so provide little information. Correspondingly, if they perceive you are 'ignorant' they will 'teach' you about their culture.

Gaining trust also meant I had to refrain from questioning their values, belief systems and self-confidence (Lofland and Lofland, 1984). Listening attentively and appearing genuinely concerned, even when it was irrelevant to the research topic, created and re-enforced trust. Often interviews went off on 'tangents' about personal problems, immigration issues, and frustrations

inherent in dealing with government institutions. I found myself giving advice, making suggestions and accepting invitations to cultural events.

The issue of trust was continually raised over the recruitment and data collection process. One notable incident occurred when I attempted to recruit night drivers to be interviewed. I had approached a prospective participant at a taxi stand late one evening. After spending approximately ½ hour in conversation, he agreed to be interviewed and we arranged a time for me to call him to confirm our meeting. On sitting down for the interview however, he refused to sign the consent form and did not want to be audiotaped. Reassurance and explanation of the project, the purpose and content of the consent form did not change his mind. He would talk to me but would not go through a formalized process. His explanation of his refusal illuminated his uncertainty about trusting me.

Being a member of a visible minority group benefited the research process in that I could both empathize and sympathize with participants. While there was a certain level of social distance (i.e. graduate student, female) between participants and myself, we shared, at the macro-structural level, the same location in the social hierarchy. That is, we shared either a visible minority status or skin colour, which made raising the issue of race relatively easy. I do wonder however, at the effect my gender had on the process, e.g. would they have shared different stories with a male researcher?

My status as a female graduate student appeared to affect the balance of power and equality in the interactions. There were participants who seemed daunted by my 'student' status. On these occasions, I followed my intuition and attempted to equalize the balance. I talked about issues that we had in common, like 'making your bills' at month's end. Others, who focussed on my gender status, assumed the 'superior' role, usually by attempting to control the interview process. In these situations, I *gently* reasserted my control.

A concern that arose during the data collection period was the issue of trade-offs, i.e. what were the participants getting in return for providing me with information? Lofland and Lofland

(1984) suggest that while contact may be short-lived, participants having the opportunity to tell their stories and my listening to them could be considered a trade-off. Drivers were offered an honorarium and I assumed that would be considered quid pro quo. The issue came to the fore when one driver (Zac), voiced his impression that my research was a fact-finding mission, the first step in helping drivers deal with the leasing and exploitation issues permeating the industry. It was necessary to explain to this participant again, what my role was and the limitations of what I could do. This incident revealed that although drivers read and signed the consent form, it did not guarantee they understood the contents of the form. After this, I began detailed explanations about the content of the form and the implications of consent before they signed. This particular incident revived for me the ongoing debate regarding the meaning of informed consent.

The other problem that arose was where to position myself in terms of the factions within the industry. In order to get access to drivers and to industry information, I needed the help of brokerages, unions and associations. The division within the industry became conspicuously obvious while attending the deputations at Metro Hall regarding the taxi industry and leasing. Drivers and plate-owners/agents congregated on separate sides of the chamber. In the face of the apparent divisiveness within the industry, my concern became how to maintain neutrality or the appearance of it. This concern was raised again when I was asked by an association member and participant to write an article about the taxi industry. I considered the ethical implications and the commitments I had made with respect to the conduct of the research. While my role in the field alternated between researcher and learner, such an action would completely transform my role. I explained on the second request to write the article (I had let the first request pass without response) that I had presented myself as a 'student researcher' and writing such an article would change that role. I suggested it might be possible after I had withdrawn from the field. In retrospect, this helped reinforce the trust I was trying to cultivate and maintained my access to brokerages and participants.

Data Collection and Management

Qualitative data were collected using semi-structured interviews and I conducted all of them. A total of 10 taxi drivers were interviewed. Two interviews were carried out at Metro Hall during the taskforce deputations, one in a food court, one in a fast food restaurant, another in a grocery store parking lot and the remainder in the public area of a downtown hospital. Arranging interviews was problematic because of the schedules of prospective participants and the difficulty experienced in contacting them for confirmation of meeting times. Postponements and cancellations were common and resulted in a protracted data collection phase.

Actual meetings for interviews were relatively easy due to the work organization of the drivers: i.e. they could stop in the middle of a workday in order to meet with me. The difficulties as discussed earlier were the cancellations and missed appointments. Unless drivers had cell phones, they were difficult to reach. Often participants would agree to be interviewed on a particular day but when contacted to confirm, they were unable to meet that day or they were unreachable by phone.

All participants consented to the interviews being audiotaped. Audiotaping has several advantages, although several researchers warn against depending solely on taping and suggest taking backup notes. However, audiotaping freed me from note taking about the content and allowed me to focus on the context of the interview and to make notes about the process. As well, it facilitated a more conversational exchange, i.e. making eye contact, active listening, and so on. There are several disadvantages to audiotaping. On one occasion, the batteries ran low and the last 15 or 20 minutes of the interview was not recorded. It was then necessary to reconstruct it from memory. Reconstructing the final portion of the interview allowed me to contrast the quality of the audiotaped interview with the segment that was recorded by hand. The quality of the data were not comparable, i.e. the taped interviews provided richer, more detailed information.

Several events with respect to the data collection process deserve mention. First, the interviews were conducted in public places so background noises made transcriptions slower than anticipated. As well, because of the language issues (which were anticipated and discussed in the research proposal), there were inevitable gaps in several of the interviews. However, these breaks did not significantly alter the content or context of the interviews. The tapes were replayed repeatedly in order to reduce the size of the gaps.

Second, one interview proved particularly difficult partly because the participant would not answer questions that were posed. He often ignored my questions and discussed issues he felt were important. Often these were not directly relevant to the research goals. (This individual was the only participant who asked me for University identification). Although we had one previous meeting (during the deputations at Metro Hall) and although he had read and signed the consent form before the interview began, he seemed to be under the impression that the University or I had the capacity to 'help' the taxi industry. When he introduced a topic relevant to the goals of the research and I attempted to probe further, he would respond that it was irrelevant. It became necessary to stop the interview and explain again, the purpose of the interview.

Although interviews were normally 45 minutes to one hour in length, this interview lasted well over 1-1/2 hours. Much of this information was not transcribed because it was irrelevant to the immediate goals of the study. The nature of the interview made it difficult to probe the participant's responses because he was so aggressive in his attempt to control the interview. His manner resulted in a less spontaneous interaction and affected the quality of the data collected. Finally, as mentioned earlier, one participant with whom I had a previous meeting and several telephone conversations, refused to sign the consent form and declined to be audiotaped upon our scheduled interview meeting. He was so resolute about not having anything written down that I did not attempt to use an interview guide or to take notes during the interview. His role became one of informant and our conversation became context for understanding some of the cultural and

organizational issues of the industry. Although this was a positive outcome, his refusal for a more formal interview was unfortunate because his cultural standpoint would have added richness to the research.

The interview format used in the data collection was adapted from Kirby and McKenna (1989). A set of open-ended questions (Appendix A) was used to focus and guide the interview. Utilizing open-ended questions allowed a more 'give and take' approach to the interview process. It allowed a free-flowing exchange that enabled participants to express their ideas and to introduce ideas not previously raised by me. It also provided opportunities for probing and leading the interview into new directions. Since the process allowed free expression, each interview differed in that it was necessary to vary question wording, reorder questions and substantive issues covered in the process. The disadvantage of this format is that the potential exists for interviews to go off on tangents or to become uncontrollable.

A contact summary sheet adapted from Miles and Huberman (1994), (Appendix E) was utilized for each interview to summarize themes, missed information and questions that were to be incorporated into subsequent interviews. Topics covered in the interview included: general life situation, length of time in Canada, reasons for coming, family, previous work experience, socio-demographic characteristics, entry into the taxi business, financial arrangements; daily work issues, number of hours worked, physical and psychological impacts, relationships, and race-related issues.

Participants agreed to follow-up calls but only two were contacted after the interview. One participant requested a transcript of his interview and this was mailed to him. Two participants who were actively involved in the Association were contacted, one to get further information on the activities of the Taskforce, the second contacted me because he had 'some more thoughts' on the race aspects of the research. Three short, spontaneous interviews were conducted with airport taxi drivers and these notes were utilized in the data analysis. These notes were relevant to the health and safety issues in the industry and the intra-racial segmentation within the taxi industry.

Two visits were made to the airport in an effort to recruit airport taxi drivers. Although no formal interviews were obtained, the visits provided the opportunity to observe the drivers at the compounds. The visits also provided insights into the organization of their work inside the compounds. As well, two visits were made to the Royal York Hotel and Union Station where independent taxi drivers have exclusive rights to these taxi stands. The first visit was purely observational. It was made during rush hour, their busiest time. The second visit was made mid-morning at which time drivers were approached and asked for their participation in the study.

Audiotapes were transcribed verbatim; however, company names, individual names or other identifying characteristics were omitted. In the early transcriptions, laughs, asides, pauses in speech, and so forth were included in the transcriptions. However, as data collection and transcription progressed, only relevant data were included. First names were initially used as identifiers on the interview transcripts but were later replaced by code names in the presentation of the data. Interview questions were included in the transcripts and were coded with the data. I, using a Sanyo Memo Transcriber suitable for 90-minute cassettes, did all transcriptions.

Data Analysis

In qualitative studies, the researcher as bricoleur (Denzin and Lincoln, 1994) occupies dual roles, as interviewer and transcriber. This allows tentative analysis to begin early in the data collection phase. As tapes were listened to during transcriptions, notes and memos were written regarding similarities and differences in the data and a tentative coding scheme was developed. Coding is more than just the discovery and naming of categories (Strauss, 1987), it is “the process by which data are broken down, conceptualized and put back together in new ways” (Strauss and Corbin 1990: 61). Open coding, the first step in data analysis, “fractures the data, thus freeing the researcher from description and forcing interpretation to higher levels of abstraction” (Strauss, 1987: 55).

The data were transcribed, formatted for, and imported into NUD*IST 4.0. This is a text-based data analysis software used for organizing and coding data. It was particularly useful in searching the data for key words and phrases. Once the transcripts were imported into NUD*IST hard copies were printed, read and coded by hand. The codes were then entered into the program. This approach, though it seems redundant, facilitated a third reading of the transcripts thus affording further familiarity with the data. Data were analyzed by breaking texts into thought units, i.e. into sentences or paragraphs where they constituted a complete thought. Initial coding was too specific and restricted the ability to 'induce' or develop higher order concepts. This was a result of attempting to simultaneously learn the software while coding the data. It shifted my focus from the task of coding to learning the mechanics of the program. Data were re-coded more loosely.

Analysis involved labelling the data using codes derived from the interview guide and from the words of participants or induced from the data. Some codes were purely descriptive and others represented analytic or sociological concepts. The data were coded with the research questions in mind and without looking at relevant literature. Using the 'coding paradigm' suggested by Strauss (1987), 'conditions', 'strategies and tactics' and 'consequences' were searched for in the data. 'Conditions' in this instance refer to the properties defining the work environment, working conditions, work organization, structure of the taxi industry, social organization of drivers, and so on. For example, the concept of 'long hours' was a property of 'working conditions'. 'Strategies and tactics' comprised the various behaviours that participants engaged in at work. 'Consequences' pertained to any references to results of behaviours. Strauss (1987) refers to this coding as "open coding". This process of unrestricted coding resulted in concepts that were provisional in nature.

Many segments of the data were double or triple coded because they seem to fit into more than one category. This cross-referencing elucidated possible links in the data. As familiarity with the data developed, the coding scheme changed and categories were reviewed and revised.

Some codes were eliminated, others were renamed, and grouped into higher level concepts. For example, drivers attempted to control threats to health by varying the flow of their work, i.e. they alternated between sitting at a taxi stand (posts) or cruising. Participants used the words 'cruising' and 'posts' so these units of texts were coded using these concepts. While these could have been translated into concepts, maintaining the participant's own terms kept the interpretation open. Strauss (1987) refers to these as 'in vivo' codes. Later, these concepts were combined and later translated into the higher level concept "improvising" which was then put under a larger category labelled "Protecting Health". Denzin (1989) refers to these latter codes as 'second-order' concepts.

Data were also read with a view to understanding drivers' conceptions of health, their perceptions of risks, and their experiences of race at work. In this phase of the analysis, texts were read for specific words or phrases that might illuminate meanings they attributed to these concepts. May (1997) notes that data analysis is influenced by race, class and gender. In the process of inducing meaning from the data regarding these and other concepts, 'experiential data' were used. Strauss (1987) refers to experiential data as being in the analyst's head. It is technical or general knowledge that is based on experience.

Denzin (1989) contends that for any research to be considered complete symbols (words, language and meanings) and interaction must be combined. Referred to as the *first methodological principle*, he suggests that it is necessary to illustrate behaviour, not just the attitude of participants. So that, to fully understand the issues of work, race and health, it was necessary to link the attitudes of drivers to their behaviours. Thus, in searching for the meanings they attach to their work and health experiences, their perceptions of risk, their conceptions of health and their resulting health behaviours were examined. Comparing and contrasting of data were done, particularly with respect to the different classes of drivers (independents, lessee and shift drivers, and airport drivers). This provided greater understanding of work organization and control issues and the different implications they had for health and health behaviour.

In presenting the findings of this study, writing began by trying to describe the immediate context of taxi drivers' work lives. Memos and notes written over the period of data collection and analysis were organized around the major themes and concepts that described the taxi industry. As well, secondary data about the industry, including the By-law (20-85) were reviewed and used in the presentation of this chapter. As is common in qualitative methods, analysis and writing does not occur in a linear fashion. Analysis and writing up of this project was a reiterative process. Often writing about one code stimulated ideas about another, necessitating an interruption of the current task to write about another before the idea was lost. Since data hold the possibility for so many different stories, it was important to constantly remind myself of the story I had chosen to write. Since I had approached writing up the data by putting together memos and mini stories previously written, the process seemed very much like putting together the pieces of a puzzle. And, very much like a puzzle, the general outline of the thesis was continually being revised in order to find the best fit.

Presentation of Findings

Throughout this research project and in presenting the findings of the study, a key concern has been how to communicate data about visible minorities that did not present them as victims but as active agents who create and are created by the system in which they exist. This concern raised another issue, how to be true to the findings in the data? That is, if I were concerned about presenting participants in a negative light, thereby reinforcing racial stereotypes, would it influence my interpretation of the data? In order to fulfil Kirby and McKenna's (1994) counsel to be honourable and authentic, it was necessary to contextualize the findings and conclusions drawn by placing them in a social, historical, or cultural context. This meant examining the social reality in which participants exist and out of which they function (Kirby and McKenna, 1994).

The presentation therefore includes a description and analysis of the immediate social context in which drivers exist, i.e. their work environment. This involved “a close searching description of the mundane details of every life” (Lofland and Lofland, 1984: 3). Descriptions of working conditions is relevant because it prepares the reader for what is to come, it contextualizes participants’ stories and it facilitates an understanding of their experiences and how they might affect health and health behaviours. Bryman (1988) notes that descriptions of social settings investigated should be consistent with the perspectives of the participants in that setting. Consequently, participants’ words were used extensively in describing their work environment and working conditions.

Strauss (1987) notes that analysis always includes “real live” data and that choices about what to present are invariably challenging. He suggests though that it is important to find a balance when doing holistic presentations of findings. In presenting data about visible minority taxi drivers and their work and health experiences, it was important to find the balance between description, analysis and the voices of participants. In this presentation, quotes are used to give a ‘sense of reality’ to readers and, as noted earlier, to facilitate understanding of the phenomena under study (Strauss, 1987). Participants’ words are used to convey the meanings they attach to social reality and allow the reader to evaluate the validity of my conclusions. Quotes presented from more than one participant are meant to demonstrate comparisons and similarities. Counting illustrates the representativeness of the findings within this sample and gives credence to analytic interpretations. Pseudonyms have used to identify participants and to provide anonymity. In the quotations, (...) designates pauses in speech, (...) represents deletions of words and (....) deletion of sentences. The [] indicates where a word has been inserted or changed to facilitate understanding, for grammatical correctness, or to protect the identity of companies or individuals. With respect to inclusionary language, the pronoun ‘he’ is used throughout the report only because the participants are all male.

Presentation of findings begin in Chapter 3 with a discussion of the dimensions of the taxi driver's experience. This involves a discussion of the salient features that influence the experience of drivers, including their experience of race and their mode of entry into the business. Threats to health, which are inherent in the social and organizational structure of work and in the behaviour of drivers, are presented in Chapters 4. The protective health strategies that drivers engage in are presented and analyzed in Chapter 5. Chapter 6 discusses the structural factors that aid in the protection of drivers' health. The final chapter elucidates the major findings and these are discussed in relation to relevant literature. Limitations of the study are noted and conclusions are drawn with respect to implications for further research and for work, race and health praxis.

CHAPTER 3

DIMENSIONS OF THE TAXI DRIVER'S EXPERIENCE

To understand issues of race, work, health and health behaviour, it is necessary to explicate the stories of individuals since these understandings are embedded in their experiences. The social and organizational environment of work and the broader socio-economic structures influence attitudes and health behaviours. This chapter explores the experiences of visible minority taxi drivers. Its intent is to provide the context for further discussions of their health and health-related behaviours. It explores various dimensions of their work and examines how these factors influence their experiences. Specifically, the chapter describes their modes of entry into the business, the different types of drivers and what the classifications mean for their work experiences. Finally, it discusses the nature of work in the taxi industry.

Entry into the business

Drivers enter the taxi business for various reasons and under different circumstances. Their stories illustrate varying experiences and histories. Some 'fell into' the business, others chose to become taxi drivers and some had 'no choice'; entry into the taxi business was a last resort. This section explores why and how participants become taxi drivers and what keeps them in the business. Only one participant voluntarily decided to go into the taxi business full-time. He is an independent driver who made the choice because:

I worked on construction, actually, I'm a licensed electrician. But about 20 years ago, I decided I, they were sending me on some crazy jobs, you know. I was getting all the bad jobs, way out of town, so I wasn't spending much time at home, I had three small kids, if the kids were sick, one of us had to stay at home, it was always her so I..I knew someone who had a plate for sale..I had the independence, I had no boss to call and make an excuse for not coming in to work. (TD10)

Since he voluntarily chose to go into the taxi business, he may have a different attitude/perspective towards his job. For him, this was an escape from a job that was not conducive to his lifestyle and where he felt he was being treated unfairly. He had the financial resources to invest in his own plate. He notes that one of the benefits of this arrangement is that 'he answers to no one'. The independence that being an owner-driver afforded meant a better quality of life for him and his family.

Three participants went into the taxi business after they were obliged to make choices about school and taxi driving. One driver worked at a job where he was separated from his wife and children. He says he could sleep only in three and four-hour blocks because he worked with propane gas and a product that had to be temperature controlled and checked at regular intervals. He left this job, went back to school and drove part-time. He says:

...There's a host of guys out there that went to university have not completed.. driving a cab and going to university is the most difficult thing to do. ...in those days it was very lucrative and many, even after school, continued to drive taxis. I remember, I would drive Friday night until 2 a.m., get up at 8 drive til midnight, drive Sunday until midnight..but my assignments aren't done. But I'll be tired until Wednesday..and the assignments are piling up. So I'd have to study for 18 hours straight. I was going wacko, I had to stop. The doctor told me I had to stop one of the two, either go to school and don't drive or drive and don't go to school. So the choice was clear..and I couldn't go to school without driving, so I drove. The choices are clear. (TD3)

His comments suggest that some drivers entered the business on a part-time basis when it was profitable and that it was meant to be a temporary solution. In talking about making choices, this participant notes that the choice he had to make was clear. In reality, there was no choice. It was a matter of supporting his family or furthering his education. The traditional role of the male as provider is still a salient feature of the socialization process. Though he perceives he was making a choice it is questionable whether in reality he had any choice.

Another participant worked in the newspaper business and came to Canada with the intention of completing a course in journalism. He confided that he was not successful in this endeavour and 'had no choice but to turn to the taxi cab business'. Another driver worked in

several factories and restaurants before going into the taxi business. When asked about academic pursuits, he admitted that he dropped out an electronics course because friends who had graduated before him could not find jobs. A former instrument technician went into the taxi business after completing a course in printing but could not find a job. He started driving taxi as a temporary measure and has been driving in excess of 20 years.

Finally, one participant who holds a degree in biology from his home country went into the business because, "when you come as an immigrant, you have your own responsibilities that hinder your time to spend on your education". (TD6) For him the reasons were purely pragmatic, he had a family to maintain. Other drivers talked about the difficulty of finding *good* work. One participant, in detailing his previous work experience, spoke of the difficulty of finding any *real* jobs. He admitted having a *real* job at one point but said he 'quit because of the politics'.

The reference to jobs other than taxi driving as *real* jobs reveals the inherent feelings of some drivers that their status as taxi drivers is a marginal, low-status one. This is illustrated in the comment of one participant who says:

....I guess some people presume you're an idiot, you're a sort of dummy if you're driving a cab. That's a presumption by a lot of people. They wouldn't admit it but that's a presumption. (TD8)

The comment reveals the belief that there is a stigma attached to taxi driving. This stigma has consequences for the experience of visible minority taxi drivers; first, in terms of the negative meanings imputed to race and with respect to the perception that it is unskilled work and therefore carries no prestige. If the job requires no skills, then it is not a real job. That taxi driving is not considered a real job is illustrated by the transient nature of the industry. Many drivers stay only until they can find something else or they only work on weekends. The long hours and low pay might be a factor in this instability. The difficulty expressed by several drivers about the inability to find good work suggests concerns about quality of life or job satisfaction. They may feel trapped in their present jobs and in fact, two participants referred to taxi driving as

'slavery' and another compared lease agreements to being in a 'prison'. The feeling of being trapped was also reflected in a statement by another participant who in talking about his lease agreement said, "the guy completely packaged deal me". (TD7)

For these drivers, entry into the taxi business was less problematic than for new immigrants. Their experiences differed in that they had the required language skills and had a support base of friends and family members living in Canada. For the new immigrant, entry into the job market can be frustrating and stressful. Feelings of frustration and helplessness are often a result of the inability to find work they feel they are qualified to do. Two participants who are relatively new immigrants went through retraining to overcome the problem of lack of 'Canadian' qualifications only to be faced with the issue of lack of 'Canadian' experience.

One driver, a former graphic artist, reports that he could not find work when he first arrived in Canada. He characterizes his inability to find work as a graphic artist as a 'rejection' by Canadian employers. When probed about why he felt rejected by employers, he says:

The reason I was told by many employers was I don't have Canadian experience. I don't have Canadian experience like graduation degrees or something..I used to be [a] graphic artist..so I was hoping to continue but I couldn't find a job that satisfies my experience. I was rejected, actually. I was not accepted by employers. (probe) Race, language, if you are not perfect English speaker, if you are heavy accented person, for sure, many employers, they are not going to hire. That is my belief. (TD4)

For this participant, his status as an immigrant and as a visible minority functioned to make his entry into the business a last resort. The limited skill requirements and the relatively low cost of the driver-training program facilitated his entry into the business. The feeling of being rejected by other employees and the ease of entry into taxi driving makes it an attractive opportunity. For him, going into the business was also influenced by the stigma of 'being on welfare'. He talks about searching for a job for 'many months' and says: "...eventually I gave up, I stayed for a while without having any job, just taking welfare..at last I got information, I got information from friends..."(TD4) His comment reflects relief at finally having the opportunity to work. It also

partly explains why the taxi business is racially segmented; many new immigrants get information about the business from friends or neighbours.

One participant reports that his neighbour kept encouraging him to go into the business when he was unable to find work. This driver came to Canada as a refugee. He recounted his experience dealing with Human Resources Development Canada, stating that he was not given a choice in the courses he could take and so he trained for a job he did not want. Having completed the course, he was unable to find work so he became a taxi driver. He says:

....I was looking for any course from manpower and they didn't give me a chance [with] what I needed to take. Anyway..we'll give you a course, this type of course. I said, I don't want this, I want this..I was new and I had to accept because... Well, I finish a machine shop course in order to be a machine operator..but when you are walking in the hot sun and you don't have..you can't stand walking. So I quit for so many reasons. I finish my course actually, which is good...I was proud of it, like how I made it..look at this..I used to go to any place and show them, I have this.. some will be honest with you and tell me, we are looking guys in this business for 5 years. Well, after a lot of try and try, I gave up and start in taxi anyway. But I didn't like it; I avoided going into the taxi business. (TD7)

The explanation elucidates that for him, taxi driving was a last resort. It reveals that he had little choice in the decisions regarding his work life. It shows how structural forces functioned to influence his experiences as a visible minority immigrant. The data suggest he felt powerless because he was new to the country and did not have the knowledge or the resources to influence decisions that were being with respect to him, decisions that would have implications for the quality of his life.

One participant posits that 90% of taxi drivers are visible minorities. Of that, he says, 70% are Somalians. He asserts 'there are only a few guys from the Caribbean' and the rest are from East India. This analysis suggests that new immigrants are the dominant group, in terms of numbers, in the industry. As well as the 'word-of-mouth' mechanism mentioned above, this phenomenon could also be attributed to structural factors. Many immigrants come from 'Third World' societies and their skills and experiences are regarded as inferior by 'Canadian' standards.

Those who wish to continue working in their professions must go through a process of accreditation. This can be a long and complicated process and, as asserted by one participant, they have other obligations and do not have time to spend on retraining. As well, the requirement for Canadian experience contributes to the segmentation of visible minorities in the taxi business. That the taxi industry is racially organized speaks to the interaction of class and race, which functions to place the driver on the lower stratum of the industry. That is, they do not have the financial resources to invest in their own plates and are therefore compelled to work as lessee and shift drivers. Their location in the social hierarchy within the industry has consequences for their experience as taxi drivers.

The taxi industry has been described as a “low-level entry into business that will always be predominantly staffed by immigrants” (Manley, 1998). Such characterizations can only have negative effects on the people who work in the business, particularly those who come to the industry highly skilled. Few of the drivers who participated in this study entered the business as a choice. They were either financially desperate, had no other job options, or they perceived the taxi industry was a refuge from the factories. The opportunity for autonomy that the business afforded is one of the things that attracted many drivers to the industry.

When they were asked what was the best thing about being in the taxi business, the most frequent response was the independence it afforded them. Six drivers cited either *independence* or *freedom* as part of the reason they went into the business. One participant explains: “I don’t like driving taxi, I am driving taxi because it’s paying my bills right now but it’s not something...” He left the thought unfinished but continued, “the independence is great”. (TD2)

Another driver notes:

Well, I got into the taxi business because I want to be independent businessperson, I don't want to work for somebody so this is one chance to establish my own business and to grow.(TD1)

The concept of independence seems contradictory to their lived experiences. Based on Webster's definition of independence, drivers would be completely autonomous, i.e. not working for someone. In reality, plate owners control drivers to some extent, sometimes indirectly through an agent. Plate owners or their agents are known to penalize drivers for perceived offences. Participants relate anecdotes about drivers who lost the use of their plates because they publicly criticized plate owners.

One driver's comments about independence captures the range of meanings in the concept and the reality of what it really means for taxi drivers:

The best part, well, the thing, maybe two things about it is that you are..sort of have got a freer day, a freer work situation. You don't have a boss on your back, you don't have..you're not confined to a particular building or place that you've got to be and you can meet a lot of different people and you can do your own business. You can deal with your own business or your own affairs. If you're dealing with your own business or your own affairs, you've got that flexibility to do what you want to do. If I want to go, if I want to go to City Hall on the taxi business, I don't get paid but I can do it. Whereas, if I'm working in a factory, even if..I know I've a case where I told my boss, well, you can deduct money from my pay, but he says, no, no, no, we employ you to be here. You're tied down. It is a kind of open-ended kind of job. I think that it is..you can start your day and finish it according to your..what you decided. Of course within the constraints of making a dollar for yourself, you see. (TD8)

Drivers believe themselves to be entrepreneurs which to them means, 'not having a boss'. 'not having to make an excuse for not coming into work' not 'being inhibited by the status quo, like having to be nice to your boss to get ahead'. Their understandings of independence center on everyday work activities such as choosing when to take lunch, when to take breaks, and start and stop times. All this flexibility is constrained by the need to earn a reasonable wage. The comment illustrates that independence is understood at a practical and fundamental level. That is, it is framed in terms of not being tied to their cabs or to someone else's schedule, to the immediate control of job tasks. It does not extend to the broader structural and organizational aspects of their work.

Although some participants may feel trapped in the job, leaving is not an option because their choices are limited. As well, they are constrained by familial and financial obligations. For example, new drivers who are still paying for their cars will still have that financial obligation after they leave. This is especially difficult if they are in debt to plate owners who financed their cars. They are also constrained by the issues that led them to the business initially, i.e. by the lack of 'Canadian' experience, deficiency in official language skills and by racism. Finally, they are bound by work schedules that leave them little time for anything else.

Asked why they stay in the business, four drivers report that they stay because they hope to eventually get their own plate, one reports that he will stay only until he can find something else. Another states that if he does not get ownership of a plate soon, there is no point to staying. In the meantime, staying means making trade-offs that have consequences for their quality of life because the job is low status, stigmatized, dangerous, and provides little income or psychosocial benefits. As one participant pointed out however, "the only good thing about it is, at least you're self-employed".(TD7)

The data demonstrate that drivers' entry into the taxi business is facilitated by the limited skill requirements, the low cost of the driver training program, and the relatively short time period required for training. As well, the stigma of being on welfare, being forced to make choices between school and work and familial obligations are also factors that influence entry. Working in the industry was, in many cases, meant to be a temporary solution to the difficulty they experienced finding 'good' work or 'real' jobs. Limited official language skills, racism and non-recognition of previous skills and work experience contribute to the difficulty of finding other work. Finally, word-of-mouth among the various groups, the promise of autonomy and the opportunity to build their own businesses are powerful inducements into the business.

Types of drivers³

The social organization of drivers in the industry is directly related their work (lease) agreements. The industry consists of lessee drivers, shift drivers and independent drivers. Lessee drivers theoretically are investing in the taxi business. They purchase a car, lease a 'plate' and are in essence independent business people. In some cases, the driver leases both the car and the plate. The plate is analogous to a work permit; drivers cannot operate a cab without one. It is leased on a monthly basis, which means drivers have possession of both car and plate for 24 hours each day. As will be elucidated throughout this thesis, this type of arrangement has major implications for the quality of life of lessee drivers.

A shift driver rents a car with a plate on a shift basis. Shifts are usually 12 hours in duration and cars are rented weekly or daily. If drivers rent on a daily basis, they must pay the rental costs at the end of the shift. Each shift costs approximately \$80. They purchase their own gas; everything else is covered by the \$80 charge. Participants report that it is not unusual to pay for shifts out of their own pockets when they do not earn enough at the end of the day. Drivers within this group tend to be the most transient in the industry. Many work only on weekends; for others the industry is a sojourn until something better comes along. The limited time allotted for their shifts and the transience attributed to them have implications for the experience of this category of drivers.

Participants describe the independent driver as the 'aristocrat' of the industry. The major difference between the lessee and shift driver and the independent driver is the ownership of a plate. The independent driver owns his plate and car and except for a yearly plate fee, pays no

³ Throughout this work, drivers have been described as a 'rental labour force', as 'self-employed' and as 'pieceworkers'. While these terms reflect different conceptualizations of work relations and may appear contradictory, they accurately describe drivers' differing work relations, i.e. as owners, renters and lessees. Under the Workplace Safety and Insurance Board employer classification system, fleet owners are designated as employers. This implies that lessee and shift drivers would be considered employees. Independent drivers would not be included in this categorization. Conversely, drivers are deemed self-employed by the Toronto Licensing Commission. Drivers' incomes are contingent on the number of customers they obtain in a given shift; hence their characterization as pieceworkers.

extra costs. Independent drivers have what shift and lessee drivers describe as ‘lucrative’ taxi stands that ‘nobody else can touch’. One participant notes that “an owner of a plate can make a decent living in the business [because they] don’t have to work as much”.(TD1) That is, the independent driver works shorter hours than the other two classes of drivers and has the potential to earn a higher level of income. The access to lucrative and ‘safer’ clients than the lessee and shift driver suggests a different type of work experience for the independent driver. A participant explains one of the main differences between independent and lessee drivers:

....the guys that are leasing or driving for companies..they’re just hustling just like myself. It’s just that I might be in a better position than them. If I don’t make it for that day, it doesn’t bother me as it would with them (TD10).

The comment implies that ownership of a plate provides security not afforded other drivers. It manifests itself in a ‘better position’. Drivers mention for example, that the independent driver, if he chooses, may lease his cab to a second driver. A lessee driver may also sublease his cab to another driver. However, as one participant points out, “it’s different when you’re leasing than when you own because the owner can take back the plate in seven days”. (TD8) This observation speaks to the uncertainty and insecurity that is normative among lessee drivers. That is, the loss of the plate and their jobs with relatively short notice.

In sum, the experiences of the lessee, shift and independent driver differ because of the differential effects of structural factors such as economics, the nature and organization of work and work conditions. An independent driver does not experience the same frustrations, stresses and anxieties as the lessee or shift driver. Ownership of the plate means the expenses of the independent driver are significantly lower than that of other drivers. As will be demonstrated, throughout this discussion, this translates into differences in their work and health experiences.

The nature of work

There are numerous factors inherent in the nature of work, the structure of the industry, and the broader social and economic milieu that influence the experience of the visible minority taxi driver. Factors that influence their experiences include economic exploitation, prolonged work hours, uncertainty, competition, antagonistic relationships, their physical work environment (the car) and race. Each of these are explicated and discussed below.

Economic exploitation:

Economic exploitation is experienced through lease agreements drivers enter into with plate owners. This experience is specific to lessee drivers, many of whom are visible minority immigrants. A lease agreement is a contract between the lessee driver and the owner of a plate. The agreement lays out the conditions for use of the plate. The typical arrangement involves the driver providing his own car, and paying maintenance, insurance and monthly radio dispatch fees to a brokerage. (Brokerages are companies that rent radio dispatch services to taxi drivers. In some cases, they act as agents for absentee plate owners. Absentee owners are individuals who own plates but do not drive a cab).

Under the By-law, these types of leasing arrangements are illegal. In order to fulfil the conditions of the By-law, which requires the owner of a plate to provide the car along with the plate, the driver purchases a car and transfers ownership to the plate owner. In many cases, new immigrants do not have the resources to purchase a car or to get bank loans. In these circumstances, the agent or plate owner will offer to finance the car. Drivers characterize these agreements as exploitative. One participant explains that:

The guy who leases the plate has to buy the car from the person from whom he leases, in most cases, so maybe the car is worth \$7,000 but the guy says I want \$13,000. You say, I don't have enough money to pay you for the car..the guy says, don't worry, I'll finance it for you. But [the bank] has a finance rate of 1.9% but this guy will tell I need 30%. So by the time you finish paying for this supposedly \$7,000 car that you got for \$13,000, you paying \$20K for something that is worth \$7,000. But added to that, this \$7K[car] is not a good car so you constantly in the

body shop, in the garage. And every time you come off the road, it costs you money and you're not making any money..so it's a double whammy. (TD3)

The comment provides an example of one source of economic exploitation the driver experiences when he first attempts to enter the taxi business. In most cases, he must purchase a car from the lessor in order to have access to the plate. He pays an exorbitant rate of interest because he has no other options and perceives that the agent/owner is being helpful by facilitating easier entry into the business. This perception is illustrated in the comment of a lessee driver who thought he was being helped. He says:

....Well, this guy who sold me the first car, he encouraged me to the business. I thought he was encouraging me but he was trapping me actually. ...he sold me an old..I don't know how it passed the DOT, that's insult to the Metro Commission. He sold me a totally crappy car..I bought it because he was offering me, everyday he comes to me..within two weeks the wheel was going out. (TD7)

This participant was a new immigrant who needed to find work. He realized only after the car began to have mechanical problems that he had been victimized. In order to have access to the plate, the driver must also purchase dispatch services. The plate holder usually specifies the dispatching company to be used. One participant estimated that lease and dispatch fees approximate \$2,500 to \$3,000 per month. He maintains that a driver must make \$800 per week before he makes anything for himself.

Lease agreements leave drivers vulnerable in several areas. If a plate owner decides to take back his/her plate, the driver is entitled to only seven days' notice. Second, the driver's investment in the car may be lost if he loses the use of the plate. As well, plate owners can repossess both the car and the plate in disputes with drivers because legally they own the car. One driver explains how this happens:

....under the By-law the person can give you seven days' notice and have back the plate. So, you might invest \$15 to \$20K in a taxi, buying the vehicle, which you shouldn't be doing in the first place. Then because you shouldn't be doing it, you have to put that vehicle in the name of the owner of the plate because they've got to show the Commission that it's their car. So you take your money and you buy a car, then you put it in their name and technically, they're the owners of the cab. They

could walk away with it. You don't have any rights, you know. (probe) In their name, yeh, they could take it if they want to. And when we had the strike and the guys wouldn't pay them, they came and towed the cars and the police wouldn't stop them from towing because..the police said, well the ownership is in their name. (TD8)

The comment illustrates how the By-law governing the industry creates an environment of insecurity and uncertainty for drivers. It makes drivers vulnerable to exploitation by allowing short periods for lease cancellations and by not providing an appeal process. One participant advised that if his lease gets cancelled, "I have nowhere to appeal it". (TD6) It also demonstrates that where ownership of the plate and the car are in question, the lessee driver has no rights under the law.

The exploitation of drivers is also facilitated by their fear of being out of work and of 'losing everything.' This fear stems from the difficulty they experience in finding employment. One driver expressed his concern about being 'out of job...without any compensation.' When asked how difficult it is to get another plate, he said:

Oh, it depends on how much good connections you have in the industry or you may not get it at all. I know so many drivers in the last few years, they're driving somebody else's cars. They were leasing before... (TD6)

The comment alludes to the potential difficulty in getting another plate. The limited number of plates in the industry exacerbates this problem. The loss of a plate may result in 'driving somebody else's car', which means if the driver normally drives during the day he may have to drive someone else's car at night.

One participant noted that the union representing taxi drivers has attempted to minimize the exploitation of drivers by negotiating set prices for plate leasing. However, not all drivers are unionized, and as suggested by one participant, drivers collude with owners with respect to setting lease prices. Drivers' fear of losing their ability to earn a living may account for these behaviours. One former lessee driver explains how plate-owners play on this fear:

I used to lease one time but if you got a plate and somebody [else] comes along, they'll come and say, well 'I want another \$50 a month'. The alternative is either you give them the \$50 or they give you a week's notice. They did it with a lot of guys, they come \$50, \$50, \$50. Every time they can get somebody to pay them a little bit more, they come to you the driver and tell you, well listen I, you know I want so much more. And some drivers find themselves paying a lot more money that way. That's how they increase from about \$600 to \$700, up to about \$1,000 now. If they hear that somebody else is getting \$1,200, they come to you... (TD8)

The remark suggests that if drivers do not accede to requests of the plate owner, they have seven days to find another source of income. The possibility also exists that the owner may take possession of the car because technically, he/she owns it. As well, if there is a loan outstanding on the car, the driver risks losing the car if he cannot make the payments. To minimize potential losses, drivers invest in obsolete police cars that cost relatively little. However, purchasing an old, inexpensive car creates other problems for the driver because it usually means he has high car maintenance costs.

Insurance premiums are another aspect of the exploitation of taxi drivers. The nature of the business coupled with the purchase of old cars mean drivers pay excessively high insurance premiums. Drivers report that insurance deductibles are as much as \$10,000. Often this coverage does not extend to theft, accidents or vandalism. Its only function is to allow the driver to use the car as a taxicab. This means that if an accident occurs, the driver must bear the cost of replacing the car or risk losing his plate to someone else. If a lessee driver takes on an additional driver, the insurance costs are also increased. However, his leasing costs are reduced because they are shared between two people. On the other hand, if he loses the use of the plate or if the car is involved in a severe accident, two people lose their livelihoods. One participant who was sharing his car with another driver relates his experience with leasing:

....I felt tired and I don't know what to do..I put another driver at night, I told [plate owner] I'm putting driver, he raised that much because I'm putting night driver, because I can't afford to work 24 hours a day..\$700 a week, it's total abuse. But I don't know what to do. I just [need someone] to drive a night shift..and I told him and he puts his name to be insured and everything and you don't believe, within two months the car went out, accident. The guy was driving nights, he was driving tired, at 4:00 in the morning, he crossed straight line, whatever, and somebody hit and the

car totally went and he was alive. You know what happened, I'm not gonna pay you a penny. Although I used to pay him like \$700 a week, including insurance and everything, he said, I'm not going to pay..if you don't [get] new car, I'm going to take the plate, plus he was charging me on a daily basis till I bring a new car. I said where to go, where to go complain?, I don't know..who do I go to? This guy completely packaged deal me, insurance, plate rental, dispatch fee. And now he's asking me, he goes to the accident scene and he took his plate and he says, he's taking the plate, if you don't pay them a weekly payment as if you are working..I'm going to take the plate from you. I don't know what to do, I'm financially trapped..after this, building this business for a year..I only get in an accident, I'm totally out of business. (TD7)

The anecdote captures the various dimensions of the taxi driver's experience. First, it illustrates the vulnerability of drivers with respect to lease agreements as well as the control plate owners exercise over them. This driver's powerlessness is illustrated in the precarious access to the plate and the unpredictability of his worklife. It explicates the exploitation and abuse to which he and other drivers are subject at the hands of plate owners and insurance companies that specialize in 'taxi only' insurance. The notion of being 'packaged deal' suggests that he feels trapped. This feeling is echoed by other participants who refer to leasing as a 'prison' or as 'slavery'. It also demonstrates the helplessness and frustration he feels because he has nowhere to go for social support. If he wishes to retain the use of the plate, he must continue to make monthly payments, with or without a car. The anecdote also reveals two notable aspects of the taxi driver's experience, i.e. the dangers of night work and accidents that are a result of fatigue.

The above data reveal that economic exploitation operating through the mechanisms of lease agreements and insurance rates have implications for taxi drivers' experience. It demonstrates that the structure of the industry influences their experience of work. For example, the Commission facilitates the economic exploitation of drivers by allowing its regulations to be circumvented. The By-law increases the insecurity of drivers and facilitates the process of exploitation by allowing short lease cancellation notices and by providing no recourse for drivers who lose the use of a plate. Immigrants are susceptible to this exploitation because they are new to the country, have few resources and little knowledge and are usually desperate to find work.

As well, the excessive finance and insurance rates on cars and the high costs of leasing and dispatch fees have major implications for the quality of life of drivers.

Prolonged work hours:

Working long hours is another feature of the taxi business that has implications for the taxi driver's experience. Long hours of work are associated with the lease agreements and the resulting high costs of doing business. It has implications for drivers' experiences because it speaks to the quality of their lives. Long hours are particularly problematic for lessee drivers and specifically for lessee drivers who operate a cab without a second driver. In talking about the effects of long hours on drivers, one participant says:

So many drivers, I know, they have big families, they stay in their cars practically. They may go home only to have a sleep for few hours. I know them because the time I go home they're still working, sometimes I come back next day, they're still working. That means they might go home or may not have gone home. So many times you see them sleeping just in front of a hotel so that the first customer gonna wake them and they could go. Late hours, you know, there is nobody so they're the first car sitting in front of Toronto General. They may be sleeping in the car, the customer gonna come and open the door..they gonna wake up and just drop them. It's a very different type of life than most of the people think...(TD6)

He suggests that drivers live in their cars and go home only long enough to sleep. Three participants mentioned that it is common practice for drivers to sleep in their cabs, usually in parking lots, in front of hotels, or in alleyways. Two drivers admitted to sleeping in their cars during their shifts. If drivers are sleeping in their cars overnight, it means they are away from their families for extended periods of time. It also suggests they may not be getting adequate rest.

One participant notes that "you don't have time to spare, spare time to enjoy your life, to enjoy other activities".(TD4) He admits that the long hours are affecting him now, but he is more concerned about the future and the amount of time he will have to spend with his baby who is now a new born. He is concerned because "some of his friends who have kids, they do have this typical problem".(TD4) Another participant asserts that working long hours "the person, the

individual has no time for himself, to do any serious self-analysis, it's one continuous motion of trying, with no benefits or any sort of thing".(TD2) He says:

....The amount of time you have for yourself is very, very small and so, if you're not careful, you get into the point where you begin to neglect your looks because.. particularly if you have to lease a car..with some of these people they have to keep the car by themselves 24 hours, you're going and you're going, going and you hardly have time. (TD2)

These comments demonstrate drivers' perceptions that leasing is a factor that influences the quality of their lives. It implies that drivers may have diminished levels of social support because they spend so much time away from their families and friends. The comments also suggest that because drivers have so little leisure time they may not take time for personal maintenance. If drivers do not have time to maintain their appearances, it may have implications for their ability to attract clients and may result in their working even longer hours.

Another participant adds that taxi drivers have no health or overtime benefits, that 'everyday is the same' because they have 'no holiday work conditions'. He says that unionized drivers are entitled to one week's vacation; however, only four of the approximately 17 brokerages are unionized. One participant notes that the worst things about driving a taxi are "not being able to make enough money and not being able to take a vacation like anybody else".

(TD1) Another suggests that for taxi drivers, every day is the same. He states:

.... And you know what most makes me sad, when I see long weekends, nobody in the City. I wish to take a rest from the car. But this car, every second has to be paid for (probe)But if you are..you want to be serious and have a real vacation like, real whole days, it's up to you. (TD7)

For this participant, his financial obligations preclude taking time away from driving. If he wants to have a vacation, he must be willing to trade economic well-being for leisure. The comment reveals that even on holidays, when 'there is nobody in the City' drivers are still working. His comments speak to the quality of his life, the types of choices he has and to the constraints inherent in the structural conditions of his work.

Participants note that they work between 10 and 12 hours per shift. One shift driver explains that he works seven days per week because “there’s no way you can make enough money if you take days off”.(TD2) Lessee and shift drivers who share their cars with a second driver report that they work a minimum of 12 hours, at least six days per week. Lessee drivers who do not share their cars work longer hours. One driver points out that:

...if you drive a double shift you probably work 16 hours, you don’t work less than 15 anyway, you work more than 15 hours in a double shift. Only those who own the plate, they don’t work that much because they don’t have too much expenses and stuff...(TD1)

This means that independent drivers can work shorter hours because they do not incur the level of costs that lessee and shift drivers do. Although the comment shows that lessee drivers will work as much as 16 hours per day, one participant observes that lessee drivers who do not have a second driver will work full 24-hour shifts. These extended work hours often occur on weekends when drivers say there is an increase in the volume of customers. In relating his experience working without a second driver, one participant notes:

... the shift going to be like 7:00 to 7:00 everyday, minimum. Fridays and Saturdays, sometimes you don't go home. Like, one Saturday, I remember, I worked almost, like I started Friday in the daytime, 7 o'clock, I was all Friday night and I went home around Saturday morning, 7:30, 8 o'clock. (TD6)

This suggests that drivers will work into the night and this has implications for their experiences. One participant who works both day and night shifts notes that ‘driving at night is a lot of headache’ and that he gets easily irritated after driving the long hours during the day. He asserts that he does not like driving at night but ‘it’s the only solution in my hand’. For lessee drivers who work alone, the impetus to work longer hours is having 24-hour access to the car coupled with the concern about paying the high lease costs.

Drivers also extend their work hours when they have not earned enough to meet their financial commitments. One participant, who was interviewed at the end of his workday on a Sunday, reveals that he normally does not work on Sundays but he had not earned enough money

during the week so 'he had no choice'. He admits that sometimes, even with the long hours he puts in, there is little return on the investment of time. His explanation underscores the dejection he experiences on such occasions. He says:

...it's not easy driving 12 hours a day. Maybe the first 10 years it's okay. You go to sleep at 11 and you wake up at 4. You're in the car by 5, 5:30, and you park the car at 4:30, 5..day after day. It's hard. If it was rewarding, maybe it would take some of that sharpness off the edge..but under the system, a farmer ploughs his land, plants his seeds, it comes that high and then hail comes and smashes everything up. He's distraught. That's how I feel..I've worked all day and this is what I have. (TD3)

His comments suggest that the 'system' impedes his ability to earn a living wage. Under the 'system' a driver must work long hours in order to cover his leasing costs. That the practice of working long hours is a function of the structure of the industry is elucidated in the comment of a driver who says:

I used to lease but I found that when you're leasing, most of the guys that drive..are leasing, you find they are driving about 14-16 hours a day. So, unless you have a very reliable driver..when you have one vehicle, you got to have a reliable person to drive it. If you don't have that person to drive with you, you're gonna find yourself driving extra hours. (TD8)

If drivers do not have a second driver, they will work longer hours. Drivers admit that it is difficult to decide when to quit and they often only stop when they have made enough to cover their bills. One driver notes that "at the end of the day, it's tiring but there is no other choice. You've got to make the money to pay your bills and that's it."(TD5)

The data demonstrate that prolonged work hours influence the experience of taxi drivers by reducing the amount of time they have for leisure, family, and friends. This suggests that they will have decreased levels of leisure and social support, inadequate rest and less time for personal maintenance. It also illustrates that the social and organizational conditions of work influence the number of hours that drivers work and constrains their choices with regard to their quality of life (e.g. taking vacations).

Economic uncertainty:

The economic unpredictability of the business and the uncertainty inherent in dealing with clients are salient features of the taxi driver's experience. The uncertainties with respect to leasing are explored in the section entitled *Economic Exploitation*. This section deals with drivers' experience of economic uncertainty. The uncertainty they experience is influenced by the nature of the industry, i.e. they are subject to the capriciousness of clients. One driver remarked that the number of people who take cabs is decreasing because of their own financial concerns. Uncertainty is exacerbated in the summer months when many people prefer walking to riding in a cab. This uncertainty is reflected in the following comment:

Supposing you're driving by yourself, you know you have to pay \$200...so you gonna make sure you have \$200 in your pocket before you go home. It may happen in 10 hours or it may happen in 24 hours you know..so you gonna be out. (TD6)

Several issues are revealed in this comment. First, it illustrates the interaction of long hours and uncertainty; i.e., drivers are prepared to work longer hours in order to reduce the level of uncertainty. It also means that lessee drivers who do not share their cars with another driver will work longer hours to earn the requisite amount of income. As previously mentioned, sharing a car means drivers will also share leasing costs. This helps to reduce the number of hours they work. The unpredictability of the business means he has no idea how many hours he will have to drive in order to earn the income necessary to cover his costs.

Drivers also report that working 12 or more hours each day does not guarantee that they will earn enough income to pay their bills and earn a living wage. Concerning economic uncertainty, one participant notes that:

....In general, driving a taxi now is like fishing..you could be fishing there and I'm here, you catch a fish and I catch nothing. You put your line back in, you catch another fish and I catch nothing..so, it's luck. But a good driver could make his luck. (TD3)

Another driver says:

It's very chaotic out there. You cannot make a living. Sometimes you go home with about \$15, sometimes \$20. It's almost impossible. Of course sometimes you get a bit lucky but that is very rare. Like I worked yesterday and it was good. If I had worked today, it might have been the opposite. (TD5)

The reference to being lucky may be a reflection of the conditions in which drivers are operating; i.e., the depressed state of the economy and the intensity of competition for customers. It also reflects the influence of the organization of work. The industry is organized into areas (or zones) and six cabs are assigned to each area, some of which are busier than others. For example, the downtown core is a busier and more lucrative place for taxi drivers than, say north of the City. Therefore, where a driver works may influence his level of income.

Drivers report that it is not unusual for waiting periods on cab stands to extend one hour or more before they get a customer. One participant commented that drivers can sit for hours on a taxi stand and a customer "comes out and wants to go around the corner". (TD8) Another admitted that he once sat for seven hours on a taxi stand and got only one customer. He says:

....you know..I sit seven hours on Constellation Hotel..by the airport. I got my first call. in 10 minutes I get into my car going to the airport. I thought it's the best day for me, it's gonna be a good day for me. There were only two, three cars on Constellation and so I sit there. I get nothing. Nobody came out of the hotel, no cars came out... After seven hours, I got a call on the radio and that guy was in a bad attitude, working with Ontario government, NDP government at that time and he complained against me to the TLC. (TD6)

Getting an 'airport run' first thing in the morning and then getting nothing else for the remainder of the day explains why some drivers perceive that their ability to earn a living is based on luck. The notion that their income is dependent on 'the fates' is a general consensus among drivers. However, they do have ways of increasing their luck. The uncertainty has implications for drivers' experiences because it influences the number of hours they work and the way they do their job, e.g. engaging in competition with other drivers.

Competition:

Competition is a salient aspect of the taxi driver's experience. As the number of taxicabs increase and the number of customers decrease, drivers compete on two fronts; with each other and with illegal cabs and limousines from other jurisdictions. These illegal cabs and airport limousine operators pay 'cookies' to hotel doormen who 'feed' them customers. 'Cookies' refer to monies paid to doormen in exchange for providing customers and 'feeding' refers to the practice of giving the 'better fares' to preferred drivers. Better fares refer to customers who are going long distances, usually to the airport.

The proliferation of technology (e.g. fax machines) has reduced the volume of their business. Competition from new businesses, e.g. courier companies, has decreased the volume of packages normally delivered by taxis. As well, the travel industry has had a negative effect on the taxi business with the advent of its all-inclusive packages for travellers who would normally take taxis. One driver explains that:

About 15 years ago, 10 - 15 years ago, you used to be able to make something out of the business but since the recession and lot of changes in technology with fax machines and competition from couriers ..and other economy packages offered to travellers by the hotel industry and things like that have taken a lot of money out of the taxi business. So where in the past you could work 10 hours, a 10-hour day and get away with it, nowadays you cant do it because the overhead costs for taxi drivers is quite high. (TD8)

The comment illustrates that the proliferation of technology and other marketing schemes have decreased the quality of his life by lengthening his working day and reducing his level of income while, at the same time, the cost of doing business has increased. It also suggests that drivers perceive technology as a competitor.

Drivers use technology in their day-to-day work in the form of radio and computerized dispatch systems. Both these systems have implications for the experience of the driver. Radio dispatching facilitates competition because drivers can hear when a call is being dispatched. As

well, competition is fostered by the nature of the business and by the organization of work. A participant explains how their work is organized and how the dispatching system works:

...the dispatching depends on where you are and also let's say there is an area, in that area where they have a post, they call it, where you sit and wait. If a company calls, if you're first on line you respond and you get the call, whatever order comes first..and if there's another one the second guy gets it, that's how it works. But if you're in the area, in the zone..if there something came up and if you [the dispatcher] looks for a car, if you're in that area, you say I'm in such and such place and you get the order, if you win...if you're close to the order..that's how it works. (TD1)

The idea of 'winning' elucidates his perception that he is competing with his co-workers.

The phrase, 'that's how I play my game' was used by one participant in referring to the way he organizes his work. This participant notes that when dispatchers try to find cars that are 'cruising' the zones, drivers who engage in competition, will misrepresent their locations in order to get customers. ('Cruising' refers driving around in designated zones in search of customers).

The competition that ensues when calls are dispatched is illuminated in the comments of another participant: he says:

...the dispatcher gives a fare location because there's nobody at the post. Everybody is pro-driver..I'm here, I'm here, I'm there, I'm there, I don't do it. That's why I lose money in this business sometimes because a lot of bad drivers. I don't know how [they've] been created, like, I don't feel even sometimes to drive a taxi but I have to do it for one thing that I told you...(TD7)

The remark implies that if a driver chooses not to join the competition, he will suffer financially. It also hints at antagonistic relations between drivers that may be a result of the competition between them. As well, it expresses the frustrations he is experiencing with respect to his work. The concept of competition and the possibility for creating antagonistic relationships is also elucidated in the comments of another participant who explained the differences between a computerized dispatch and a radio dispatch. He says that in a computerized dispatch order:

...Nobody else in the company is aware of it. But as in the other case, when they give you an order, people run and steal your order because everybody hears where you have to go. And if you're not close, you lose your order. (TD2)

The comment illustrates that drivers compete with each other by getting to the locations of fares before the drivers to whom the calls were given. This has implications for drivers' experiences because they must rush to get to the customer ahead of other drivers. As well, it creates problems between drivers because it causes anger and frustration and engenders antagonistic relationships.

The data demonstrate that competition is a core feature of the taxi driver's experience. Their perception of the industry as a competitive one is illustrated in the way they talk about their experiences, (e.g. using words such as 'win', 'lose', 'game'). Competition is facilitated by various factors in the organization of their work (e.g. dispatching system). If drivers do not compete, there are consequences because they may not earn enough to meet their financial obligations and this has implications for their overall well-being. However, when drivers engage in competition, the likelihood exists for antagonistic relationships to develop.

Antagonistic relationships:

As mentioned above, antagonistic relationships between drivers is a function of competition, which is facilitated by the nature and organization of their work. The feelings about competition and its effects (e.g. little social support among drivers) are reflected in the comments of one participant, who says "...taxi drivers are not really your friends, cause you don't know them..cause they are also in the same vicious circle...".(TD2) However, not every contentious relationship is rooted in competition for customers. These relationships also develop in interactions with police officers, dispatchers, plate owners, hotel doormen and other public drivers.

The perceived antagonistic relationship between drivers and police results from the conflicting goals and perceptions of their roles. Drivers argue that they are 'taxi drivers' and that has a particular meaning for them. It means they must, or will do, whatever is necessary to please their clients because their livelihood depends on that. The duty of the police is to maintain safety

on the roads. They perceive drivers are 'professionals' who ought to know and follow the rules of the road. One participant says:

...they tell me, oh you should know better, you're a taxi driver, professional. Course I'm professional but I have to go out there and make money. (TD1)

His role as a 'professional' means his job is to make money while the expectation of the police is that part of his role as a taxi driver is to know and adhere to the traffic laws. Their differing perceptions and priorities cause conflict.

The concentration of cabs in the downtown core and the limited number of parking spaces on taxi stands, mean that drivers spend much of their time trying to avoid being ticketed by police and parking enforcement officers. Much of their time is also consumed going to court to dispute fines or going to police stations to protest 'harassment' by police officers. There are differing perceptions of the police among drivers. Some drivers maintain that the police are just there to harass them. They assert that 'police hate taxi drivers' and go out of their way to target them. One driver explains that even at the taxi stands, private cars will take taxi spaces, forcing the cabs to sit outside the boundaries of the taxi stand. He says the police will fine the driver for being outside the confines of the taxi stand but will not fine the private car. Others believe that the police will fine drivers only when they break the law and that they are 'only doing their jobs.'

Although participants have suggested many police officers 'don't treat drivers with much respect', none explicitly said they were harassed because of their visible minority status. They attributed the behaviours to the negative perceptions of the public and the police:

...the police in the City, they have this notion in them that all the taxi drivers are bad drivers. Supposing, if there is any accident in the City, you see one should be a taxi the other should be a private car, you can easily say the fault is from the private car from your judgement. But everybody passing on the road gonna say, this taxi driver must have hit that car..without even knowing what happened or how it happened, they gonna say it's the taxi drivers fault. So supposing somebody rear-end a taxi you know, nobody gonna say that he or she hit the taxi, they gonna say, he must have backed up. (laughter) (TD6)

Although the statement was made with humour, the underlying implication is that the public has a negative perception of taxi drivers and this has implications for their experience at work. One participant explains for example that public drivers make it difficult for them to do their jobs. He notes that “....even some of the public, they hate taxi drivers, oh you think you own the road”. (TD3) He explains that public drivers will often not let cab drivers in front of them and drivers will then engage in aggressive behaviours that result in antagonistic relationships.

Dispatchers are also a factor in the experience of drivers and are in many cases a source of frustration for them. Four of the ten participants said they avoid working with dispatchers because they tend to be abusive and disrespectful to drivers. For drivers who depend on dispatched fares to earn income, dispatchers are indispensable. (Dispatchers operate out of brokerages and provide customers to the drivers through the radio or computerized dispatch systems). Some drivers perceive dispatchers are racist and report that they engage in the practice of ‘feeding.’

In making a point about the historical racism of dispatchers and the practice of feeding, one driver asserts, “I speak no different now than I spoke then, but the dispatcher used to say, I can’t understand what he’s saying, to give it [customers] to their white friends”. (TD3) ‘Feeding’ is the same practice engaged in by hotel doormen. In the case of dispatchers, ‘better’ customers are given to their friends. Another participant, in talking about his experience with dispatching and dispatchers relates an incident he overheard on a radio dispatch. He says:

... he's [the driver] having a problem with the dispatcher, and the dispatcher was telling him, 'come to the office' and I'm listening to because I have to operate the radio because this is my computer. And the guy say, 'why, you want to beat me?' And the guy say, 'it is cruel to beat an animal'. (TD7)

He switched to a different company that had a computerized dispatching system. About this system he says:

...[company] computer which is useless except for you are safe from the headache with the radio from abusive words from the dispatcher or some stupid drivers. (TD7)

The comment illustrates the type of abuse experienced by drivers and shows that the radio dispatching system facilitates the abuse. It also reveals this driver's frustration with both the dispatch system and his co-workers. His apparent hostility towards his co-workers may be a result of competition. The perception that dispatchers are disrespectful and racist, combined with their practice of feeding creates hostility between the two groups.

Drivers who sit at taxi stands at the hotels express anger and frustration with hotel doormen and illegal limousines and cab drivers. As mentioned earlier, hotel doormen accept money from illegal cabs and limousine drivers in return for providing them with customers from the hotels. Drivers report that they will often confront doormen about the 'unfair practice' of giving clients to illegally operated cabs. In most cases however, it is the driver who gets penalized. One participant explains that:

Sometimes, if it's heated up, they call police, and the police gives you trespass violation. The hotel is considered like private property. It's not on..some are on the street but most of the time when you pick up a customer, it's from the front door of the hotel, which is the property of the hotel. So if you try to deal it, or if you confront them, sometimes they call the police and the police gives you trespass violation, ticket. (TD4)

Since this practice is illegal under the By-law, drivers perceive that it is unfair for the police to cite them for breaking the law while nothing is done about the practices of the hotel doormen or the illegal cabs. Incidences such as these serve to create antagonistic relationships between drivers and hotel doormen and the police. Drivers also hold the Licensing Commission responsible for allowing the illegal practices to continue. With respect to the Commission, one driver observes that:

....Nobody tells them anything..the Licensing Commission has not enforced any of the regulations. They got a big by-law and they do things but a lot of major things, they don't really hone in on problems. They're legalistic more in certain ways, in certain problems that they would deal with like the ownership of the plate or removing plates or, when a failure of..in the inspection process or if there is no insurance, those major things. But in the day-to-day running of the industry, they ignore it. (TD8)

Since it is the 'day-to-day running of the industry' that most influences drivers' experiences, they perceive that the Commission is not concerned about their welfare or their concerns. Participants also suggest that the antagonism between plate owners and drivers is a result of the Commission's unwillingness to stop the perceived exploitation of drivers. One driver notes that:

....I can tell you most of the drivers' aggravation and frustration towards the owners is because the Commission won't do anything and they feel they are just losing money everyday to these people....Most of the aggression from drivers, as far as I know is because of, you get a guy with 30 or 20 plates and he's still getting issue from the Commission right? He doesn't work, he doesn't drive, he just leases the plate out and collects the money and he's still got his name on the list, getting plates from the Commission. This shouldn't be. The plates should be given to the guys that are putting in 12, 14 hours per day and taking all the risks. This is where a lot of these drivers..the aggravation is coming from. That's why they don't like owners. A lot of drivers will tell you, they don't like owners because the owners are getting all these benefits from the Commission. (TD10)

The comment illustrates drivers' perception that the Commission's administration of the industry unfairly favours plate owners. Much of this conflict stems from the issuance of plates and from lease agreements. It illustrates drivers' feelings that they put themselves at risk by working excessive hours in a dangerous occupation while the benefits accrue to plate owners.

Participants also report that the Commission has delegated powers to the police, giving them authority to, for example, stop drivers and check for 'trip sheets'. (Trip sheets are records of customers and charges that drivers must have with them at all times). As well, there are Commission-appointed inspectors who have the authority to cite cab drivers for various perceived offences. With the increased focus on the industry in recent months and the campaign to 'clean up the industry', drivers perceive they are being unfairly targeted:

....They made, they started to beef about smog and cabs that are smoking awhile back. If you make a by-law, you can't just target taxi cabs. There are a lot more private cars in the city than taxicabs, right? You look at some of these buses, these Greyhound buses, they are the worst smog people in the city and these big trucks. Why are you gonna just target this little package of 3,500 cars, taxis. Isn't there something going on here?the Commission sees these cars on the road and sees

the bad state that they are in and they do nothing about it. So, you can't blame the owners, you have to blame the Commission, they're not enforcing the rules and by-laws. (TD10)

The remark reflects drivers' belief that the Commission facilitates the 'persecution' of drivers. The assertion that the Commission is aware of the condition of taxicabs but chooses to do nothing suggests that drivers are being held to standards that the Commission does not uphold. This perception is further illustrated by this participant who posed the question: "if the Commission says this car is fit enough to be on the road, how can the cops stop you and tell you your car isn't fit enough to be on the road?". (TD10)

The data elucidate that antagonistic relationships are a significant aspect of the taxi driver's experience. The police, the Licensing Commission, plate owners, hotel doormen, dispatchers and other users of the road, constitute the driver's experience of conflict. These adverse relationships originate in the structure of the industry (e.g. Licensing Commission), the nature of the business (e.g. competition) and are grounded in individual behaviours (e.g. dispatchers engaging in the practice of feeding).

The car as a workplace:

A unique feature of the taxi driver's experience is that his car is his workplace. Much of their workday is spent inside the car and this has implications for their work experience. As well as being their workplace, the car serves as a home away from home. Drivers often take naps in their cars when they are working double shifts or when they get tired during a shift. They also eat in their cars while sitting at taxi stands or while 'cruising'. Lease agreements and financial resources of drivers largely determine the quality of the cars they drive. That is, a driver's classification and his permanence in the industry influence the quality of the car he drives. A shift driver reasons that:

....most garages, if you drive for them for a while, you tend to get the same..they tend to give the best cars to the oldest drivers or, you know, certain drivers, drive a

particular car, they'll retain it. So long as you're a regular driver. But if you're not a regular driver, they'll give you anything else..you get the oldest ones if you just come from off the street....(TD8)

He is explaining the how the social organization of drivers determines who gets old cars and who gets 'better' cars. Transient shift drivers for example, will get the older, less safe cars. The benefits that accrue to a 'regular driver' highlight the transient nature shift driving and the value attached to stability in the industry.

Participants perceive that the volume of business they obtain is affected by the condition of their cars. One driver describes his car as an '8-year-old Chevy with no air conditioning' and uncomfortable seats. He says that customers complain about the 'junky cars' and he speculates that illegal limousines would be less problematic if taxi drivers drove better cars. Another participant notes that he has no air conditioning and that this makes working during the summer months particularly difficult. He says:

....Daytime, in the summertime it's hot, you must have an air conditioner. To reach from one point to one may take time so you get easily tired. Two hours, you are exhausted, above exhaust [ed]. You're not comfortable, unless you have a good, whatever, like if you are a plate owner. (TD7)

If he has no air conditioning, the heat of the summer months combined with long hours of driving means he will be easily exhausted. The comment also reveals the consensus in the industry that only independent drivers can afford better quality cars. This speaks to the effects of lease agreements and to the benefits of having financial resources.

In sum, the data suggest that the car plays a significant role in drivers' experience of work. They use the car as a home away from home and it is their workplace. The condition of the car influences their ability to get clients and has implications for safety and well-being. The quality of the car a driver uses is dependent on his resources and on his location in the social hierarchy of the industry. Their financial resources and their stability in the industry largely determine this. All these issues speak to the quality of work life of the taxi driver.

Experiencing Race:

Race and class are also features of the taxi driver's experience. The saliency of race and class changes depending on the context of their experiences. As the participants' narratives reveal, there are situations where there is uncertainty about racism. This may be attributed to the interaction of race and class. As well, since racism is often covert, it often leaves the drivers uncertain about how to characterize an encounter or incident. Racism is defined in terms of actions, procedures or cognitions that contribute to the development or maintenance of systems of domination and oppression (Essed, 1991). It is the interactional level of race and it is both material and intangible and can be expressed overtly or covertly.

Three drivers described specific incidences of racism; others made general comments with respect to perceived racist incidences. The statements were characteristic of past and present experiences. An exemplar of the generality of the comments is elucidated in the statement of one participant who states that although he gets "a few obnoxious clients, [he] can tell the ones who don't really care for you". (TD10) The statement reflects his use of intuition, evaluative skills, and historical events. That is, he is likely drawing on past experiences in making these assessments.

Other participants framed their responses to questions about race in terms of interactions with clients, the police and so on. Two participants framed their responses in historical terms and four reported the use of racial slurs or other derogatory terms by clients and dispatchers. One participant states that when he began driving years ago, 'people would request not to have black drivers.' Now, he says, black drivers are commonplace and people expect that their driver will be a visible minority. The normalizing of visible minorities in the industry does not negate the presence or effects of racism. One participant explains that:

...I don't know if you could observe it. The discrimination is there, you know it, but it's like a slap all day long, you get used to it. When a guy hits you with a crow bar

on your head, that wakes you up. But you get the wake up call sometimes, people use.. 'you stupid nigger' and this. We have to ignore it; you can't fight.... (TD3)

The comment reflects several issues. First, it illustrates his perception that racism is there but it may not always be discernible; when it is expressed in covert ways it is deniable and mitigable. It also suggests that it is integrated into his everyday routine so that it becomes part of the fabric of his life. This is demonstrated in the comment 'you get used to it'. The notion of being 'woken up' also supports the idea that race, in the everyday experience, is often latent; that drivers' experiences are 'ordinary' until an event like the usage of a derogatory term makes it unusual. The comment that 'you can't fight it' reflects a belief that racism is a fact of life, that it cannot be changed. Having to 'ignore it' means that to draw attention to incidences of racism would be to highlight his powerlessness. It may also suggest that in order to earn his living, he must learn to overlook certain issues. This participant's perceptions are also reflected in the comments of another participant who says:

... we live in a racial country. Race does everything but I have not been...well, I guess I have been penalized. I'm driving taxi in a very affluent country. But, like I don't think about it...so I don't really allow myself to worry about it. But I am sure that probably there is some racism that is, you know, underlining so many things. It's probably racial for them not to do anything about it [leasing], since it affects only black people and non-Caucasians and stuff like that. Other than that, I can't say anything..what happens in the taxi industry is a microcosm of what happens in the society. (TD2)

The comment supports the above perception that racism is a fact of life and he too feels there is nothing he can do about it. Not allowing himself to 'think about it' means not dealing with the consequences of racism (e.g. driving taxi in an affluent country) and serves to alleviate his feelings of powerlessness. Asserting that the 'industry is a microcosm' of society suggests that racism is part of its framework and that it is difficult, if not impossible to alter such a gargantuan entity. Thus, although he views racism as problematic, he sees it as a condition that is immutable. His comment suggests acceptance or at least resignation to the realities of society and his lived experiences.

Racism is also experienced through the ideology of negative stereotypes. The negative perceptions of visible minorities are not limited to stereotypes of them as criminals. There is also a prevailing perception that they lack intelligence. This is demonstrated in the comments of one driver who had been working as a taxi driver while going to school. He says:

....[the] incident that stood out with me, I was studying at York University. That's how I started driving a cab because I had to pay my way through. So one day I was reading a book, we had exams..and I think the name of the book was "Five Great Essays by John Stuart Mill". We have an exam on philosophy and I was reading this book, one of three I had to read. It was 3:00 in the morning and I'm making hay while the sun shines because I got to get it done, but I got to have money too. This guy came in the cab and once I saw him I turned the book over. He picked up the book and said, what's a taxi driver doing reading a book like this. I said somebody left it in the car and I was just looking at it. He said, I believe so because..he called me Jamacian..you Jamacians are so dumb, what do you know about John Stuart Mill. I found myself apologizing to him for reading the book. (*probe*) Because this is the climate you're in. The very nature of the taxi industry is prejudiced. (TD3)

Several aspects of race are revealed in the comments. It reflects his perception of the historically prejudicial/racist nature of the taxi industry. He draws on his historical knowledge and understanding of racism in order to determine that the experience was a racist one. The remark, 'you Jamaicans are dumb' is not just a discouraging and disparaging comment directed at someone attempting to put himself through school; it illustrates a prevailing ideology that is used to marginalize and pathologize particular groups or nationalities, i.e. lack of intellectual ability and thus incompetence. Since this participant is not Jamaican, it also demonstrates the practice of ignoring the individuality of visible minorities, i.e. they are all from the same place, they are all the same, and so on. The question 'what's a taxi driver doing reading this book' elucidates not only the widespread notion of lack of intelligence but also the prevalent negative stereotypes of taxi drivers as people incapable of other work. The experience also reflects the interaction of race and class, i.e. he is a visible minority and he is also a taxi driver. The negative meanings attributed to his status, raises questions about his intelligence.

As previously mentioned, drivers believe there is a perception that taxi driving is a job of last resort, a job for people who are incapable of doing anything else. The perception of

ignorance combined with traditional stereotypes of visible minorities, particularly people of colour, reinforces the inferiority attributed to visible minority cab drivers. As one driver observes:

....I guess some people presume you're an idiot, you're a sort of dummy if you're driving a cab. That's a presumption by a lot of people. They wouldn't admit it but that's a presumption....(TD8)

Although the statement does not specifically address racism, it reflects cognitive elements of the phenomenon, i.e. prejudice and stereotypes. He suspects that individuals may have prejudices that while they may not admit to them; they may unconsciously act out those feelings. These cognitive and affective factors may manifest themselves in behaviours such as rejection: for example, refusing to use the services of particular drivers. One driver talks about how customers go about refusing his services. He says:

...I couldn't believe one time..they're very smart, you know, the customer. They know mostly, who take a taxi. If they see you and they don't like you, they'll say, oh, I have a charge with such and such a company. Which means if I'm driving Royal, if they see Co-op, and they can take Co-op, even though we're sitting. Or if you're driving, they pass me and they go behind me. So..or, the one going the other way, if they're on my side and I'm going and they flag and I stop, no, no, they gonna get the one passing by to make a U-turn and pick them [up] so they choose all in different way, to pick whatever driver they want.(TD1)

While racism can only be inferred in this anecdote about the rejection of the driver and his services, for another participant it is more overt. He perceives that his rejection is based on the prevailing stereotypes of visible minorities and immigrants. He states:

.... people they are basically, I can't say they're racist but, they're the ones who can't adjust with other people. They see my turban and they're gonna say, no, no, I'm not going with a Paki. (*probe*) Once in a while you get it. And so many times the person coming out of a hotel, he gonna think I'm a new immigrant, without even talking. He will think I cannot even speak English and explain myself and he's gonna go to the next car. Without even checking where he's going, if I know it or not because he would prefer to go to the next taxi. There [are] so many things which is in this industry that is not always good. (TD6)

First, the comments reflect those of previous participants about the sporadic nature of race-based abuse. As well, whereas other drivers perceive they are being rejected based on skin colour, demonstrated in the statement 'people would request not to have a black driver', this participant's statement highlights what he perceives are the elements his rejection, his turban and perceived lack of official language skills. He believes that it signifies to customers that he is an immigrant and that one of the characteristics of an immigrant is that he/she cannot speak the official languages. This is a common stereotype of taxi drivers that tends to reinforce the notion of inexperience or possibly incompetence. His belief that customers perceive that he may be incompetent is reflected in his next statement. He says:

....[they] view that you may not know the City, you may not know the language. You may have a problem with expressing yourself or understanding his or her needs..so they treat you like, as if, some kind of a raw person getting into the job. Like supposing there is a new receptionist at the office, so they treat you like that, like you don't know anything about it. Because they make their perception at your looks, without even opening your mouth. (TD6)

Asked how he feels about the abuses and rejections he experiences, he says:

.... how would I feel, it's very frustrating [sometimes] if I'm not in a good mood. Other times, I may easily say okay, find another one, the one you like. (TD6)

His comments are reflective of the two previous participants regarding the inevitability of racism and racial abuse. He too recognizes that it is problematic, particularly when he is 'not in a good mood'. On other occasions, however, he seemingly accepts it as part of his experience and suggests they find a 'suitable' driver. His earlier comments also reflect ambivalence at labelling an incident racism, even when it is overt, i.e. using a racial slur. Like his co-worker, he likely perceives there is nothing he can do if customers do not want to hire his cab or about the stereotypical views of customers. His limited lines of action against racial abuse serve to reinforce his powerlessness.

In general, social interactions are often permeated with uncertainty. Drivers say they deal with all kinds of people who are on the whole, all strangers. The nature of covert racism may

therefore intensify feelings of uncertainty for drivers. A driver illustrates the ambiguity of his experience in social interactions with customers when he says:

One thing that bothers me sometimes is, you've got to drive some racists in the City and I, I feel that I don't want to be servicing those kinds of people but there's no way of knowing. Of course, legally you're not supposed to refuse people but you could be driving somebody who is a Klu Klux Klan person. When I drive some of these [clients], I wonder who they are, you know. But there's no way of knowing....you get all kinds of types on the job. You meet all kinds of people, you know. (TD8)

The statement reveals that although he would prefer not to provide service to potentially racist clients he is unsure of who they are. Even if he knows, he is unable to refuse them service because the By-law states he must provide his services to anyone who lawfully requests it. The acknowledgement that you meet 'all kinds of people' only serves to increase the uncertainty of his experiences and reflects a certain lack of control or powerlessness. This participant also believes that because he is black, clients perceive he has information that other drivers do not. They presume he is involved in illegal activities or that he knows where to get illegal substances.

He says:

Some people presume because you're a black taxi driver you're into drugs too. I've had people leave a white driver and come to me because he wants drugs. He come and takes my cab and then he asked me about drugs. Most black people they feel are connected with drugs. (TD8)

This comment reflects the prevailing stereotypes of blacks and demonstrates one of the effects of the historical criminalization of black males. It illustrates how structural factors function to influence micro level issues, i.e. how negative stereotypes and popular media images of blacks affect the experiences of individual blacks. His self-image as a law-abiding citizen is impugned when customers assume that because he is black he is involved in, or has information about illegal activities.

The uncertainty inherent drivers' experience of race is also demonstrated in their conversations about their relationships with the police. One participant used the word 'persecute' in talking about relationships with police. Some drivers suggest that they are being 'picked on'

by police. However, this perception is not a general consensus among drivers. There are other drivers who feel the police are 'just doing their jobs and if the rules of the road are followed, 'they won't bother you'. One driver who believes that the police only issue fines when drivers break the rules argues:

I don't think the police hassle most taxi drivers. I've been in this for 25 years and at night the police have nothing to do and 80% of the vehicles on the road after midnight are taxis. And some taxi drivers rarely, you know, they don't stop at the light, they come to a stop sign and..rolling stop and I think you'll hear from those guys that the police harass them. I'm friendly with a police sergeant and he told me that he has [subordinates] who are anti-cab drivers. They hate taxi drivers. But the general run of the mill of police officers, I don't think so. But I'm positive that you'll hear that, some guys saying because I'm black the police officer..but I don't believe, I'm not saying it does not exist.... (TD3)

The ambiguity for this driver is reflected in his belief that racism exists but he is uncertain about the circumstances under which it occurs. His uncertainty is compounded by the knowledge that some police do 'pick on' drivers but others do not. The comment reflects a conflict between what he believes, what he knows and what he feels. In this circumstance, he gives the benefit of the doubt to the police, suggesting that drivers do break the rules of the road and that the police are therefore justified in what they do.

Drivers often make judgements about racial experience and engage in behaviours based on the conclusions they draw. As the data above suggest, these determinations are often made based on historical knowledge and experiences. The experience of one participant at a taxi stand when he first became an independent driver illustrates how his first encounter with his new co-workers influenced his judgement and his resulting behaviour. The meeting led him to the conclusion that:

... white drivers don't care for you too much. They know you're there but a lot of them wish you weren't, just by their attitude. I remember the first time I went to Union Station when I became independent. I pulled up on the stand and this guy came and said to me, do you own this taxi? I said as far as I know, yeh. He says, do you want to show us your ownership? I say, who are you; you're not the Commission. And then he say's well, if you're gonna be down here, you'd better learn to play the game. And from that, you know, it's just a different attitude. These

guys think that this cabstand is theirs and anybody else is just intruding on their place, you know. So I kept my distance from them....(TD10)

The comments are another example of the effects of the prevailing stereotypes and images of blacks. They illustrate the similarity of the experience of race among visible minorities (e.g. the experience of the driver above who was reading in his cab). For this participant, being 'different' by virtue of his visible minority status raises question as to whether he belongs at the 'independent' taxi stand. He says that as a visible minority among the independent drivers, you are 'cast as an outsider'. The independent taxi stands are lucrative and exclusive stands reserved for independent drivers who are considered 'aristocrats' by shift and lessee drivers. He is requested to prove he belongs there because he does not fit the 'profile' or 'norm' of an 'aristocrat' taxi driver. The demand to prove himself again reflects the ideology of prevailing stereotypes, i.e. visible minorities do not belong (in certain places). The statements also demonstrate the changing intensity of race and class. That is, although class status provides certain privileges, in some contexts, race functions to negate those privileges.

Keeping his 'distance from them' suggests that the social distance⁴ created by race increases. This is exacerbated by his perception that he cannot trust his co-workers. He recalls that on one occasion he asked a co-worker to pick up one of his 'regular' clients. The client later told him that the driver he sent had attempted to negotiate with him. (This again highlights the influence of competition in creating antagonistic relations). Choosing not to interact with co-workers serves to highlight his already marginalized status. This behaviour however, reflects his attempt at coping with the reality of his experiences.

Drivers attempt to deal with their experiences of racism in different ways. The data thus far demonstrate that in some cases they ignore it or accept/normalize it. In the case of the

⁴ First used to mean 'aloofness and unapproachability', especially between members of different social strata, this term is also used formally to denote formal institutionalized systems such as the apartheid and caste systems of South Africa and India. Jary and Jary (1995) suggest however that stratification exist in all societies. The term is used here to denote distance between racial groups.

participant referred to above, keeping his distance means he seeks solidarity with other blacks inside and outside of work. He says:

...I have a couple of West Indian guys that, if my customer calls me and I can't make it, I'll send them. But I would never send a white guy....You just keep your distance, do what you have to do, go down there. I tell them, I'm not here to make friends, I've got my friends at home....(TD10)

While this participant's coping strategy is action oriented, another participant uses a more cognitive approach to dealing with racism. He says:

Dr. [name] from Trinidad was one of the most prestigious men in the Caribbean. He was black. My grandfather was a doctor, he was a black man. When we were small, we were brainwashed. When you saw a white person, you thought he was Jesus' uncle. In a sense we weren't wrong because we were exposed to the elite. When you come here and you see these burns on the street corners, the life I lived in Trinidad is supreme to the life these people live. (TD3)

His comments reflect a defense against the racism he experiences. He attempts to counter the widespread stereotypes of visible minorities as unintelligent and incapable by pointing out historical and prestigious figures who are black. He points to the influence of dominant ideology on blacks in the Caribbean, which is partly a product of colonialism. The statement also reveals an interesting class dynamic, i.e. here in Canada he has a reduced class status compared to the one he had at 'home'. He draws comparisons between the quality of his life in his home country and the quality of life of whites in 'their own'. Pointing out that he was 'better off' in his country than they are in 'theirs', is a way to reconcile his experiences of racism.

The data demonstrate that drivers experience racism through the actions and beliefs of the people they encounter at work. It illustrates that they experience racism through mechanisms of uncertainty, powerlessness, racial slurs, and rejection. It elucidates as well, that not all situations are racist and that in some cases, situational factors change the intensity of race and class, and serve to create the uncertainty that drivers experience. With dispatchers for example, drivers are not always sure whether the antagonistic nature of their relationship is a result of race or of rancour in the heated exchanges when drivers are competing for fares. The meanings attributed

to race affect their day-to-day work experiences because clients will refuse their services based on racial and cultural markers or will insult or demean them by using racial slurs. That race influences their lived experience is also illustrated by their entry into the business and by the racial structuring within the taxi industry.

Summary

This chapter explored the dimensions of the visible taxi drivers' experience at work. The salient features of their experience include economic exploitation, economic uncertainty, prolonged work hours, competition and antagonistic relationships. As well, it examined the implications of having a car as a workplace. It examined the entry of drivers into the taxi business and analyzed the implications it has for their work experiences. It described the different types of drivers and explained how their location in the internal hierarchy of the industry influences their experiences. Finally, drivers' experience of race, its attributed meanings and the implications for their worklife were discussed.

The data demonstrate that factors such as economic uncertainty, economic exploitation, and competition all function to influence the experience of taxi drivers. The economic insecurity is partly a product of exploitative lease agreements. The unpredictable nature of the business and the broader economic conditions give rise to longer work hours for the driver. Antagonistic relationships occur in interactions with police, dispatchers and other public drivers. As well, the exploitation by plate owners and the perceived unwillingness of the Licensing Commission to intervene, operate to create antagonistic relationships between drivers and plate owners and between drivers and the Commission. Finally, the competition that is inherent in the business engenders antagonistic relationships between drivers. All these factors constitute the taxi drivers' experience and function to create threats to their psychological and physical well being. The types of threats to which drivers are exposed are explicated in Chapter 4.

CHAPTER 4

THREATS TO HEALTH

Chapter 3 described and analyzed the dimensions of the taxi driver's experience. The section concluded with the assertion that those factors functioned to influence their health and health behaviour; that is, they are a source of physical and mental threats to the health of drivers. This chapter outlines and examines the different types of health threats to which drivers are exposed. These threats are embedded in the nature and conditions of their work.

Types of health threats

Threats to taxi drivers' health include working long hours, victimizations, stress caused by conflicts, and competition. As well, they include the organization of work, which comprise elements such as cruising and night work; risk-taking, which includes behaviours such as compromises and trade-offs made that constitute threats to health such as smoking or forgoing personal care. Each of these is discussed below. As well, drivers' perceptions of what constitutes a health threat are woven into the discussion since it is posited that these conceptions influence health behaviour outcomes. Perceptions of threats to health are influenced by the nature of work and by industry or group/social norms.

Working long hours:

Long work hours are normative in the taxi industry. The practice is linked to the high costs of leasing and has various implications for the health and well-being of taxi drivers. As noted earlier, participants report that shift and lessee drivers work a minimum of 12 hours or approximately 80 to 84 hours each week. Some drivers report that they work double shifts on weekends because it is a particularly busy time that provides the opportunity to make up the

income not earned during the week. The need to work long hours is a barrier to leisure time and consequently it is perceived as a threat to mental health. The lack of leisure means drivers are more likely to be stressed and this manifests itself in health-adverse behaviours. One participant surmises for example that drivers are impolite to clients because they are suffering from mental stress. He argues that the constant anxiety about income coupled with the long hours of work causes ill-health. He asserts:

... why does the public complain..drivers are surly and rude..the driver doesn't mean to be surly and rude. When you look at the time, it's 3:00 in the afternoon and you have \$30 in your pocket and you figure I could only take in another \$10, 20 bucks, wouldn't you be surly? It's not that the guy wants to be surly. His mental health is affected. (TD3)

The comment reveals a connection between insufficient leisure, income insecurity, and mental health. Drivers' apprehension about their ability to earn sufficient income is heightened by a lack of leisure caused by working long hours. The frustrations result in negative behaviours such as discourtesy. Even when drivers are exhausted, it is difficult to take time away from work because they have no benefits. Taking time off means loss of income and this serves to exacerbate their tension. The consequence is a cycle of long hours, stress and anxiety that sometimes manifests itself in behavioural problems. This behaviour is illustrated in one participant's reaction to slow drivers on the road:

....I really get mad, I get mad and sometimes when I see the faces of the people, then I feel sad for responding that way..cause truly, some of the people have no business being on the road, you know..old ladies and young girls and they have no clue what they're doing. And one of the things that taxi drivers get impatient with is they understand the different forms things take and different things and reaction time and they get impatient.... (TD2)

This participant says that he yells and screams at other drivers on the road. The behaviour reflects anger and frustration. He is impatient because he feels 'old ladies and young girls' are slow and are not 'good drivers' who 'slow him down'. This type of behaviour creates negative images of taxi drivers and makes it more difficult for them to do their jobs.

The perceived discourtesy of drivers might also result in further loss of income. As well, if they are frustrated by their inability to earn a reasonable income, they may engage in health-adverse behaviours such as aggressiveness on the roads. This exposes them to physical risks. One participant reports that working long hours coupled with his inability to earn sufficient income have resulted in a loss of empathy towards people. He says:

.... So the problem I am having is now by working too many hours and..too long, like I'm losing a lot of my physical and also..kindness..and having feelings towards other people..you know being kind because I got frustrated by not making enough money so, I start to develop this kind of..behaviour, that I don't let people to cut me off or don't let people get in front of me because anytime, if someone come in front of me they drive slow so another taxi pull in from another street and get ahead of me and he's gonna get the fare. So that's the main other thing that I have to aware of every time when I'm driving..that I have to be able to make money cause if I'm not making money I get headache and that's the big problem..I don't really look at anything else except how much money I'm gonna make because the big problem is I have to pay for the car..I rent the car. (TD1)

This driver, who leases a car and drives by himself, exhibited a high level of frustration. He reports that he is experiencing headaches, knee and back problems and he attributes these to the long hours in the car. His refusal to let others to 'cut him off' implies he may engage in behaviours that could be dangerous to himself and to others. His comments reveal his anxiety about income as well the role of competition in creating these behaviours, i.e. another taxicab may get ahead of him and will get the customer. The threat to his health is highlighted in the comment 'I don't look at anything else except how much I'm gonna make'. It suggests that if his focus is on competing, he may be less aware of potential health hazards.

He feels that his lease costs are too high and that in order to have money for himself, he has to work longer and harder, which increases the possibility of accidents. Having to work harder means that he may cruise for longer periods because cruising affords better opportunities for getting clients. He later states that he got into an accident and attributed this to fatigue and lack of exercise. He says:

... Like last time I was three days, miss my exercise and I had a small accident. I was [at] the stop sign all of a sudden..I was using the radio and I was writing and I

didn't realize, I left my foot..but that's by being tired. So the car was rolling forward and this guy was making a left turn [at the] intersection. When he made a left turn, he hit me on my driver side..I didn't feel the car was rolling, I didn't even realize I let go of my foot..I was holding it (brake) but I just slowly, you know.. (*probe*) The main thing is I was tired, too, not looking at, I was writing up here, a couple of seconds, it wasn't even a minute. (TD1)

He perceives that the lack of exercise depleted his energy levels and caused him to be less alert. This lack of awareness is evinced in his comment that he did not realize he had let go of the brakes. His fatigue affects his job performance and increases the danger to himself and to others. Fatigue is common among lessee drivers who do not have a second driver and therefore tend to work 24-hour shifts. One lessee driver notes that:

... I work both shifts myself. I don't have driver so I work until I get exhausted. If I'm tired, I go home, sleep. If I feel good, I go out and work. I don't have any other driver, so I work mixed, day and night. (TD4)

Fatigue may cause drivers to fall asleep at the wheel. Several drivers reported being tired and drowsy during their shifts. This may be exacerbated if drivers do not get adequate rest before their shifts begin. The data suggest that drivers may in fact not get adequate sleep. The following comments illustrate drivers' sleep habits:

Mostly six hours but that's about, sometimes less than six hours..and it really makes you tired and sleepy by the end of the week... On top of that, you put longer hours close to the weekend because at night it is more busy....(TD1)

...I don't get as much sleep as I should. I work on a regime where I get the driver to come to me at the end of his shift and I pick...so it's a tight schedule. I'm used to staying up late at night and to do that, I got to try and go to bed earlier..and I don't always get to bed earlier. So I get..I sleep short hours. On the weekends I tend to get a late morning, Saturdays and Sundays to make up for that cause like..sometimes I'm driving and I get drowsy....(TD8)

Yeh, so at the end of the day, I get exhausted, tired, then I go home, sleep, til the next shift. Maybe I can have two hours [before] the next shift. When I wake up, have my breakfast or be ready for my...work 12 hours, you get tired, you sleep, and continue into the next cycle. (TD4)

The data illustrate that lack of sleep is a health hazard (i.e. getting drowsy while driving). The effects of inadequate sleep are heightened as the workweek continues and drivers' ability to

recognize the signs of danger, for example, may be diminished. As well, drivers have been characterized as 'cantankerous', 'rude' and 'surly', behaviours that may be partly attributed to inadequate rest.

The cycle of sleep and work which is implied in the remarks suggests a lack of, or the potential for, diminished levels of social support. One driver reports becoming estranged from friends because they do not understand the nature of his business. For another driver it means having no opportunity for self-reflection, for nurturing the emotional or physical self. He states:

.... you never have any time for yourself....a person, the individual has no time for himself, to do any serious self-analysis, it's one continuous motion of trying to..with no benefits or any sort of thing coming so..you have no break...of course, you don't have any social life..you don't have any real friends... (TD2)

The comments suggest that the nature of the business impedes drivers' ability to make and maintain social ties. For example, even when drivers share a cab, they rarely see each other. Two participants said that they parked the car outside the other drivers' homes at the end of their shifts. This usually happens while the other is still asleep. Another driver reports that communication between himself and his partner only occurs when there is a problem with the car. Long hours also mean isolation from their communities. One driver, in talking about social activities says:

...social life is also big problem because since you don't have time for yourself, you cannot spend time for your social activity like gathering or attend a party or invitation. Although might be ceremony regarding your community, you cannot attend easily, you know. So it's really frustrating, you don't have time to spare, spare time, to enjoy your life..to enjoy other activities. You are human being; you are not a robot, so you need certain activities and varieties. Even to enjoy your life in, stimulate your mind..It's big problem. (TD4)

Feelings of isolation and disconnection from community are particularly salient for new immigrants who do not have close familial ties in Toronto and for whom being with members of their communities is the closest thing to familial support they will get. Only one of the three new immigrant drivers had family members in Canada. Neither of the other two earns enough to meet the immigration requirements necessary to sponsor family members. One participant notes that:

....I couldn't bring my family..I have a lot of family [I] want to bring, even my sisters now, all the family have kids and they want to send them here. They ask all the time and I've failed, I don't know what to say to them, I just give them promises. (TD7)

The pressure of role obligations and the inability to fulfil them causes feelings of failure.

The fear of failure may compel drivers to work longer hours. This participant related a story about a driver from his community who had suffered an emotional collapse because he had been working 24-hour shifts without adequate rest. He says, "...I used to hear him on the radio [#] that's the plate number, please send [begging for fares]...". (TD7) Another reported that a driver had committed suicide after he had 'failed' to provide for his family. As suggested earlier, the constant fatigue can lead to behavioural problems and depression. This participant (TD7) reports feeling 'sad' whenever there is a holiday and he is unable to take the time off

Drivers also express concerns about the affects of the long hours on their families. One suggests that the long hours in the car means "no vacation, no maintaining your health, just maintain the car...you don't raise a family, you don't raise a child, don't be human". (TD7) Two drivers, who are currently single, express concerns about ever having the opportunity to raise a family. Another states that his 'gets irritated' with his wife. He attributes his irritation to the long hours and the frustrations of his job.

Drivers perceive that their jobs are mentally not physically demanding. One participant reports that at the end of the day, he is not physically tired but he is mentally exhausted. Another says that the job is mentally tiring and "when you're tired mentally, you'll be tired physically as well".(TD5) As illustrated below, being mentally tired speaks to the demands of the job. One driver notes that:

....driving a taxi, you have to concentrate all the time. You have to be checking the rear-view mirror, there's a guy in the car, or there's no..you have to look for a fare and you have to keep your eye on the road...(TD3)

Another says:

...Like you've been out there riding around for the whole day. A taxi driver has got to be very alert. If you're looking for business, you've got to look around you all the time to see who wants a cab. Sometimes people don't even recognize you, you could see who wants a cab before even they flag you down. So a driver can make money on the street driving around but you've got to be alert, every second and then you gotta be watching out that you don't get into an accident. You gotta be looking for police that give you tickets, speeding and...(TD8)

The data illustrate that drivers do not frame their work in physical terms. They define physical work as 'lifting things all day'. Hence, it is the mental demands of the job that threaten their health. The mental exhaustion that drivers experience is due to the need to be constantly alert, to keep their eyes constantly moving in order to see who wants a cab, while avoiding the physical threats inherent in taxi driving. One driver notes that at the end of the day he feels 'tired in the brain'. He says:

Mostly you know, the part tired, you're tired by the brain, your eyes are tired. You don't feel like watching the TV, you don't feel like keep on sitting because your posture is always bent and you're..the lower part of the vertebrae, the tender part you know. Because that doesn't remain the same, you know. That's why most of the taxi drivers, they complain about the back pain after a few years. (TD6)

The reference to the physiological effects of work speaks to the hazards of long periods sitting in a fixed position. Sitting for long periods may lead to sore irritated muscles that may be made worse by the condition of their cars. Being 'tired in the brain' may be caused by the psychological demands of the job, which manifests themselves physically. For example, the need to always be alert and to watch several different things at once may result in eyestrain.

Work hours are also a factor in the irregular dietary habits of drivers. Several drivers report that they carry 'snacks and water' in their cars. Only two participants said they took time for lunch, one lessee driver (1/2 hour) and one independent driver (as needed). Although drivers say they eat 'healthy' foods, they do not adhere to regular dietary patterns. One driver asserts for example that:

...You shouldn't eat three or four meals a day anyway. Maybe I'd eat an apple, buy a fruit bowl, but it's just go in the store, buy the fruit bowl and go. (probe) I might stop at the airport, you drop a fare, then you go on the post, I get out stretch my legs

and have my fruit bowl or an apple or something like that. But no, no lunch, no, you can't afford that. (TD3)

First, the comments illustrate that taxi stands serve a dual function for drivers. It is a rest stop as well as a place to get clients. Its use is similar to that of the car as a workplace and as a home away from home. Second, the comment demonstrates the effects of beliefs on behaviour, i.e. not eating too many times per day. His comments are reflective of eating habits that are prevalent among the participants in this study, i.e. drivers have only one or two meals per day, usually consisting of fruit. The prevalence of fruits as a meal suggests that it is the most convenient thing to eat since many drivers eat on the run. One driver admits that he will only stop to eat if it is something he cannot eat while driving. The assertion that 'you can't afford that' suggests the influence of the nature of the work, i.e. time pressures preclude taking the time for a proper meal. If drivers are working long hours without proper meals, this has implications for their health. One participant notes that:

.... I eat while I'm driving sometimes. I don't like to do it cause I have a customer but most of the time, but still now, I couldn't find a better way how to deal with eating. It's really difficult. Sometimes you miss your time, you feel hungry, you feel weak, sometimes the whole shift you'll be a mess because you eat some [un] balanced diet. it's real difficult. And plus...I'm not having two days, I'm not planning, I'm not resting. This..create constant consciousness, constant worryness, constant anxious. At least if I have two days [off], I'll collect myself and plan, what is good for me, and what is good for that...(TD7)

His comments reflect the consequences of unhealthy dietary habits and the influence of his work hours. His weakness may result from the lack of regular meals and may be exacerbated by his pre-existing health condition (low blood sugar). He says that eating junk food, usually hamburgers and fries, gives him power. These eating habits, coupled with his pre-existing health condition, have implications for his long-term health. By not taking the time to properly care for his himself, he puts his health at risk. That the nature of their work, the concerns about income and time limitations negatively affect drivers' health behaviours are evidenced by the comments of a shift driver who says:

...I might buy take out food and eat it..go and sit on post or book in an area and eat it. But not, not sitting in a restaurant generally because the time factor in business..cause you don't want to miss business. I don't know, if I have a cab..like when I'm leasing and I'm the only driver, you've got time to do that. When you're on 12-hour shifts, every..as far as I'm concerned, and I think most drivers..every minute counts. Because, if you miss one call, it could be a \$70 run..you don't know. It could be the one that's gonna make your day, so nobody wants to miss a call. (TD8)

He suggests that lessee drivers have more time for proper meals than do other drivers.

However, as evidenced by the comments above (TD7), lessee drivers do not always take time for lunch. While the pressure for shift drivers is inherent in the limited time they have, the pressure for the lessee driver lies in the necessity to earn income because his costs are generally higher than that of the shift driver. The comments also allude to the uncertain and unpredictable nature of the business and the concerns and consequences of missing business.

Working long hours negatively affects the quality of life of the taxi driver. The practice limits their leisure time, which results in lowered levels of social support. It also results in unhealthy sleep patterns, dietary habits and it is a source of stress. It exposes drivers to physical health risks because it causes fatigue, which may cause them to be less alert on the job. Finally, the long work hours have the potential to cause tensions and aggressive behaviours, which may result in conflict with the police, other drivers, and the public.

Risk taking:

Drivers engage in risky and aggressive behaviours for several reasons that relate to the nature of their work. Risky behaviours include picking up 'questionable' clients, while aggressive driving behaviours include speeding or making u-turns in inappropriate traffic conditions, cutting off other drivers and so on. These behaviours are influenced by the time constraints under which drivers function, their anxiety about income, their desire to please their clients, conflict with other users of the road, and competition. These factors constitute physical and mental health risks.

Their perceptions of risks are influenced by the nature of their work and by the social environment within which they work. In their attempts to please clients, for example drivers engage in health-adverse behaviours such as speeding. One participant observes that customers being in a hurry are 'normal everyday occurrences' and explains why they engage in what may be perceived by others as risky behaviours. He says:

.... if you call me and I came to pick up to take you to wherever you wanted to go and you said to me, I have to go to the airport, I had made arrangements for somebody, a friend of mine, or my father, mother to take me, she called me and told me she can't make it and so, I'm really late. And these are normal everyday occurrences. So the taxi driver says, well, I'm a taxi. What is he supposed to do? I mean, so, he tries to help the person you know, he had to do a few, you know... (TD2)

The sentence is left unfinished but it suggests a perception that in order to provide good service to his clients, he will do what is necessary even if it means engaging in health-endangering behaviours. His assertion that these are normative events in the business suggests that risks are an accepted part of the job. This perception is confirmed by the following comment, made by a shift driver:

.... [risk] comes with the territory. If you want to be a taxi driver you have to be prepared to endure these things. But does the pay commensurate with the risk? This is the trouble. (TD3)

The implication of the remark is that drivers are willing to accept the risks if they are remunerated at a level that is fair or in line with the perceived level of risk. The statement 'I'm a taxi driver' implies, not only obligation to perform a service, it suggests an expectation and an acceptance of risk. A discussion about risks with one driver reveals that he does not perceive his aggressive driving behaviour as a serious health threat. He believes he has 'innovative moves' with which the public is not familiar. He says:

...there are certain formations and patterns that occur that would make me, make some innovative moves that is not very familiar to the general public..but it all depends on the circumstances.. (laughter)..because normally, I would not do that, but I'm a taxi driver. See, after all these things are done, hopefully, we'll have to begin to talk about the working conditions of the taxi driver. (TD2)

The statement suggests that the work conditions influence his behaviour. It also suggests that under normal circumstances, (e.g. when he is not working) he would not engage in such health-adverse actions. When drivers engage in these behaviours, they depend on the car and their skills to execute these actions. However, there are drivers who lack good driving skills and many cars are old and therefore are unreliable. (As one participant asserted, "people are driving taxis who don't know how to reverse" (TD3) and another stated, "there [are a] lot of bad drivers on the road ..a lot of guys with licenses that shouldn't be driving a taxi cab". (TD10))

This same participant (TD2), in explaining one type of risky behaviour (u-turns at intersections) that he engages in reveals his dependence on the car and his skill. When asked whether this was not putting himself and other people at risk, he responded:

....No, it shouldn't be..if it's done properly, it won't cause a problem. You have to anticipate and you have to watch. But you get to this point after several years and confidence in your driving..that is pure driving skill and having a good machine to execute it..yeh, and driving skills. (TD2)

He believes that this endangering behaviour can be 'done properly'. The comment also suggests that experience in the business plays a role of in shaping his perceptions; i.e., although he does not have a 'good machine', he has confidence in his skills and he has done this before. While he may be skilled at driving, the threat inherent in this behaviour arises from the condition of the car he drives, (i.e. an obsolete ex-police car).

Drivers report that they sometimes engage in aggressive behaviours because they feel 'regular' drivers, based on their perceptions of taxi drivers, make it more difficult for them to do their jobs. One participant says:

....A taxi driver has to be a little more aggressive than the normal driver. By nature, and if you're not as aggressive, you're going to lose. You gotta make the guy think I'm not gonna yield. A [car] is coming and you want to change lanes, I don't do it all the time, but the guys won't let you change because it is a taxi..and the public knows that. The car doesn't belong to the driver so he if it gets a dent, he doesn't care. But I just bought my new Lincoln Town Car, I don't want to get it.... The public is very anti cab driver in a certain sense. But on the other side of the coin, if the passenger

is in the taxi, she wants the taxi to get there as fast as possible so she wants the driver to be aggressive. So it's a six of one and half a dozen of the other thing. (TD3)

Another driver says:

... the taxi drivers stay on the road for long hours, some of them, they rush for their customers, some of them, their customers [are] in a rush, so they want to please them, so they really rush for it..to where reckless driving, so that gives a wrong notion to the people on the road at that time.... they have this notion in them that all the taxi drivers are bad drivers. Supposing, if there is any accident in the City, you see one should be a taxi the other should be a private car, you can easily say the fault is from the private car from your judgement. But everybody passing on the road gonna say, this taxi driver must have hit that car, without even knowing what happened or how it happened, they gonna say it's the taxi driver's fault. So supposing somebody rear-end a taxi you know, nobody gonna say that he or she hit the taxi, they gonna say, he must have backed up. (TD6)

The comments elucidate the conflicts these drivers experience. There is an imperative to please the client; if they do not engage in the aggressive behaviour, they lose financially. If they engage in the behaviour, as illustrated in the comments of (TD6), they reinforce the negative perceptions of the public. This serves to heighten the level of antagonism between drivers and the public. As well, they create physical risks to themselves, their customers and other users of the road. These risky and aggressive behaviours coupled with the anti-cab sentiment of public drivers create conflicts and increase the possibility for verbal or physical altercations.

Conversely, pleasing the client provides financial incentives as well as positive feedback that is important to the psychological well-being of drivers. One participant explains why he tries to do his best when clients are in a hurry. He says:

...I picked up three guys and they said listen, we are late for the airport. I did the best I could and they got there on time. ...And the guy gave me \$50 U.S. and it's a \$30 Cdn fare and with the exchange, so he also most gave me \$60 for a \$30 fare. And, it's uplifting to know that some people at least don't think a taxi driver should be under the rug. This guy is saying man, you guys do a great job, without you, we'd be stuck. (TD3)

The question to be raised here is what does 'doing his best' entail? It suggests that he will engage in risky behaviours because his livelihood depends on satisfied customers. One participant notes for example, that if "you take them [customers] and they like your attitude, they'll ask you for your number. Most of the customers like me because I'm on time". (TD10)

Traffic is a source of stress and often causes tension and aggressive behaviours in drivers. For taxi drivers, being on the road is work, not pleasure. One participant notes that when he is driving his own car, he a different person, 'it's more like a pleasure cruise'. When he gets in his cab however, 'it s not longer play, it's work'. (TD2) The stresses caused by protracted work hours, the density of traffic, coupled with individuals who are 'pleasure driving' are a source of annoyance. This is heightened on the weekends when taxi drivers are tired but are still putting in long hours. One participant explains that:

Well, like on a Sunday for instance, like this, most cab drivers would rather be home. ...they're not here to play, at least that's the way I feel. However, a lot of people on a day like this are just pleasure driving so there's always that conflict because.. (probe)..See, the person is probably unaware of his environment, the cab driver wants to go and pick somebody up or do something..there's conflict. (TD2)

'Pleasure drivers' represent a threat or a barrier to his livelihood. The conflict arises from the limited amount of time within which to earn sufficient income. The time constraints may cause tension and anxiety that may quickly turn into impatience with other drivers or even pedestrians. This creates the potential for confrontations.

Another potentially dangerous aspect of drivers' behaviour is reflected in the comments of one participant who advises that he has 'an open policy, I go anywhere, I drive anybody. (TD8) This unrestrained approach to picking up clients is common among drivers, particularly when business is slow. In these instances, health and financial security are in conflict. Drivers admit that they will often ignore their instincts and pick up 'questionable' clients, knowingly putting themselves at risk. The data suggest that drivers recognize that the risky and aggressive

behaviours they engage in have consequences for their health and for their relationship with the public and the police. This is reflected in the comments of one participant who says that:

....after this illegal leasing business, that is probably the next thing we should look at, is trying to have a good rapport and a proper representation in the police and letting them understand what a cab driver is all about, that it's work and it's not about a deliberate, reckless attitude of some people to terrorize, you know, motorists on the road. But a genuine willingness to make a living based on the oppressive conditions that we have to deal with. (TD2)

The comment highlights what this and other drivers believe are at the root of the work conditions within the industry; i.e. leasing. It suggests that until leasing concerns are dealt with, everything else will remain a secondary issue.

Compromises and Trade-offs

Another form of risk-taking that constitutes a threat to drivers' health is their practice of compromising and trading off. Compromises and trade-offs denote the behaviours engaged in and decisions made by drivers that constitute an exchange. For example, drivers exchange or trade health for financial security. The two most common trade-offs that drivers make are allowing customers to smoke in their cabs even though they know it is a danger to their health and not taking time for personal care.

Smoking:

Of the 10 drivers interviewed only one smoked. They express concerns about the dangers of smoking in a small, confined space and suggest smoking in taxicabs be made illegal. Drivers perceive that the taxicab is their workplace and are annoyed by clients who smoke in their cabs. One participant asserts that:

.... I don't like people lighting up in my cab because a lot of them come in the cab and they say, "oh, I want to have a smoke, I'm not going to be able to smoke at work, so I wanna smoke here". Well, this is my workplace too, if they can't do it at work, why they gonna come and do it in my cab?...you know what I mean. (TD8)

He does not want people to smoke in his workplace; however, the compromise he makes is demonstrated in his next comment. He says:

But, sometimes you gotta be flexible, if there isn't much business and you too hard on them, you wouldn't get any...it could go against you, you know..when things are very slow. (TD8)

Another participant who was asked about smoking in his cab says it bothers him but feels he has no choice. When asked why he felt he had no choice, he says:

...If I make my car non-smoking, I lose like 50% of the business. Like 30 % of customers, they smoke. If the car is non-smoking, they go to a smoking taxi, so you can't afford to lose 30% (probe) It bothers me, but there is no choice, I have to accept it. (probe) You have to close the window but you have to put on the fan. But..still smoking, if the window is open, it bothers me. Not only the smoke, they burn the seat, they burn the interior of the car, it damages the interior of the car. (TD4)

Although drivers prefer clients not to smoke, the data reflect they have no choice. One driver advises that he put up a 'no smoking' sign and no one took his cab. Though he recognizes that smoking is 'very dangerous for health' and though he says smoking 'gives him a headache every time [he] smells it', he allows clients to smoke because he will 'lose a lot of business' if he does not. This reflects the powerlessness of drivers to control these threats to their health. They are forced to make a choice, so they trade their health for economic security.

The health behaviour of the lessee and shift-driver regarding smoking deviates from that of the independent driver who unequivocally asserts:

Nobody smokes in my cab. I've got the sign up and nobody smokes. I don't care where they're going. At Union Station, a guy jumps in, he says, 'driver I have to smoke'. I said 'sorry'. Then he's telling he going to Oakville. I said, 'it really doesn't matter where you're going, you still can't smoke'. So that's it, nobody smokes in my cab. (TD10)

His status as an independent driver gives him control over the conditions of his work and the consequent ability to control the risks to which he is exposed. He is not concerned with

losing income because as he stated earlier, 'if he does not make it for the day' he does not get as concerned as the lessee or shift driver does.

Personal care:

Personal care is defined for the purposes of this discussion as the everyday maintenance of the body that individuals engage in such as going to the bathroom, eating, seeking medical care, and personal grooming. As the data suggest, drivers' workdays are unpredictable; they do not know when or where they are going to get clients or how much they will earn in a day. One participant notes that a trip could be "a \$70 run or it could be going around the corner". (TD8) Drivers are therefore in a constant state of anticipation. They must be ready to leave once the customer gets in the car because they cannot take the chance on losing business. Consequently, trade-offs are often made between taking time to eat, going to the bathroom and taking a client to their destination. One participant says that:

....when I get in the car, if I stop for breakfast, I might miss a fare..and it's on your mind. If you are conscientious about it, you don't want to get out of the car. You must get out of the car at least once or twice a day to go to the bathroom. You know how many drivers I know who have stopped driving and told me they have bladder problems. It's detrimental. I know at least five guys. They call and say, listen I just came from the doctor, they finished driving now. Don't hold water they tell me, it damages your bladder. It is very..that is the worse part of taxi driving. You don't want to get out of the car. You want to go to the bathroom but you scared you're going to... So now somebody flags you down or you get an order. The guy is going to the airport. By the time you get to the airport, you're almost wetting your pants. So you run back to a hotel and..it hurts. One guy wears a diaper and apparently it is irreversible....(TD3)

The data demonstrate the conflict the driver faces each day in making choices about health. His comments reveal a very real threat to his physiological health that is directly related to the nature of his work. Although he is aware of instances where other drivers have suffered incontinence because of 'holding water', he engages in the same behaviour. Continued engagement in the behaviour may suggest a perception that he is not immediately susceptible to the disease; i.e., it is caused over time so it is not an immediate threat.

Another participant states that he is of a 'double mind' when faced with the choice of taking bathroom time or serving a client. He says:

... supposing I take too much liquid and right now I'm going to the washroom and all of a sudden, before I enter the washroom, some..somebody gets into my car, he wants to go somewhere, you know. So, you are of a double mind, whether I should deal [with] him or go to the washroom. (TD6)

The health adverse behaviour of trading off or compromising is reflected in the comments of another participant who says he needs glasses. He is also experiencing back pains and says he needs to see a doctor. However, he is conflicted as to what he ought to do first. He says:

You have to cover your plan, your dental plan, your backache plan, your eyeglass. Sometimes now, I feel I need glasses and you know how much..to go to the doctor and purchase glass..sometimes I have a back problem, I don't know how to deal with it. Sometime you need the drug.. you have to fix the car... (TD7)

Drivers have no extended health care benefits so they must pay their own expenses for health aids such as glasses or visits to the chiropractor for back care. The choice for this driver is between paying his bills, taking care of the car or paying for the glasses he feels he needs. This participant advised he has been experiencing 'problems' with his eyes, particularly when he is driving at night. He understands that he 'needs to go to the doctor' but does not take the time to do so. The conflict arises when he cannot afford to do everything he needs to do and must make a choice. Whichever alternative he chooses will have consequences for his health, e.g. if he fixes the car, he goes without the glasses.

The data thus far, suggest that lessee and shift drivers are more exposed to health risk related to smoking because they have less control over the conditions of their work. They are constrained by income and job insecurity and so compromise their health by allowing smoking in their cabs despite their recognition that it is detrimental to their health. The extended exposure to second-hand smoke has long-term implications for drivers' health. As illustrated in the comments above, drivers often make trade-offs between help-seeking behaviours such as taking time for medical visits or filling needed prescriptions. As well, they risk the possibility

of incontinence in exchange for earning a living wage. The choices they are forced to make ultimately put their health at risk.

Stress:

It is widely believed that aspects of work that are problematic are also sources of stress. Stress is tension caused by interpersonal conflicts or by the conflicting demands of work. This section explores the stresses drivers experience with respect to conflicts that result from relationships with police, and in competition with other drivers.

Conflict

Much of the conflict drivers experience arise in interactions with the police and are a usually a result of perceived violations of safety regulations. Drivers are expected to wear a seatbelt, and under the By-law, must carry picture identifications and 'trip sheets'. One participant argues however that trip sheets provide information to potential assailants. A trip sheet for example may provide an assailant with information about how much a driver has earned for the day.

As well, drivers say that they are unfairly ticketed while public cars that commit the same offences are not cited. They relate anecdotes about police officers who 'give multiple tickets'. One participant notes that police officers will stop a driver for not wearing a seat belt and will proceed to give him several tickets for various offences including not having a trip sheet or proper identification. The perceived over-zealous ticketing by police officers is a source of frustration for drivers. These factors coupled with drivers' beliefs that police are less than supportive when drivers have been victimized, causes tension between them.

As noted earlier, drivers have suggested that the police do not have much respect for taxi drivers. One participant recounts an incident where he had been victimized by a group of young adults; his car had been hijacked and he had been threatened with a gun. The police arrived ½

hour after they had been called. He says ‘...he was gonna blow my head..and police still after half an hour and it make me sad... (TD7)

In situations such as this, interactions with police have the potential to heighten emotional stress among drivers. After the police arrived, this participant (TD7) says their conversation ‘boiled his blood’. He notes that although “they did not say any bad things, just by face, you read the face and then you are communicating with him”. He says:

....The first time in my life, I asked the police..the two of them they came and they say like, they didn't come to me as if I'm a good citizen, they didn't come to me as a serious person. [The way] they approach me, make me so mad, like I just want to explode and things like this. I was glad when they came. Although I was telling them, I was honest and they just sorried me, because one of them, not all of them, the other guy was quite nice. He made me get mad at him..they just treat you like a kid, like somebody unwashed....And I couldn't hide my anger that night, bad attitude. I'm trying to solve it (TD7)

The interaction may have been influenced by the interaction of race, class and culture. For example, if the police's perceptions of drivers have validity, their behaviour may reflect their attitude towards taxi drivers. His recollection of the incident suggests that language may also have been a factor, i.e. they may have had trouble communicating. Their perceived lack of care may have served to heighten the frustration of having his car stolen. This anger may be the effect of the frustrations he experiences daily and the anxiety and fear of being hijacked only served to increase the threats to his health. The problem of being unable to control his anger may also increase the possibility of physical violence in interactions with other individuals.

Competition

Competition is another source of conflict and stress for taxi drivers. The practice of competing for customers is prevalent among drivers who ‘cruise’ during their shifts and is common among and between the various classes of drivers. It is a source of frustration and anger and it encourages aggressive behaviours. One participant perceives this anger as a threat to health because he has seen its effects. He says:

...I've seen guys really get upset. I'm sitting on the cab stand at Union Station and a company car pulls in front and there's dozens of fares coming out right; and some guy will run from the back and get all upset and carry on and I'm trying to tell him, the guy can only take one fare, let him take it and go. But they get upset, in the past 10 years I've been down there, about 7 years, three guys have had heart attacks. One guy had a heart attack last year, right on the cab stand there, just being too aggravated to let another driver get the fare in front of him. He had a heart attack right there....(TD10)

Lessee and shift drivers are 'not allowed' to pick up customers at 'exclusive stands' that are used by the independent drivers. The data demonstrate that independent drivers consider these 'their stands'. The competition implied in the comment speaks to issues of territorial control. It suggests that drivers, in their exigency to earn a living will break the rules, whether they relate to traffic laws or to the rules of the industry. This behaviour may be influenced by their own experiences of unfair competition with airport and limousine drivers.

Drivers not only have to contend with competition among each other, e.g. 'jumping the line' or 'scooping' (stealing fares) at taxi stands, they must contend with competition from illegally-operated cabs. The competition from illegal cabs and limousines is particularly frustrating for drivers. As one participant observes, "this is what a lot of the guy's problems are, you know, why they are so angry". (TD10) Airport and other limousine drivers are not licensed to operate within the City limits unless the trip is pre-arranged. However, these drivers operate in the City, usually at major downtown hotels. As mentioned in Chapter 3 these illegal operators, in collusion with hotel doormen, engage in unfair competition. One participant explains how this works and the effect it has on him and other drivers. He says:

The limo drivers in return, for obtaining that airport fare, they give them \$5. And this \$5 they call it cookies, which means bribe. So, you want to avoid all the frustration from the street. Now we are here on the taxi stand, under the shade, cool, you know. But you get mad when you see all the airport fares being given to the limos while you wait there may be 45 minutes, sometimes for one hour and you end up with a small distance fare, going maybe 4, 5, 6 blocks and it will be \$5 or \$6. It's not the short-term distance you hate, what you hate is the imbalances, you know.. So this is unfair practice, the exposure to such unfair practice in this highly sophisticated country, with all those regulations..when you are exposed to these cheap bribes, unfair practices, psychologically it hurts you..you can't do nothing, you can't do nothing.... (TD4)

The comments imply that he sees the stand as a respite from the stresses inherent in cruising. The assumption is that there is no competition at the stands because the work organization at the stands should preclude it. (On the stands, drivers must wait in line and take turns). The expectation of fairness and the perceived injustice of the practice of feeding create feelings of helplessness, anger and frustration. The reference to regulations (feeding is illegal under the By-law) highlights how structural factors, (in this case non-enforcement of the By-law) operate at the micro level to affect drivers' health.

His stress is further exacerbated by the actions of the hotel security and the police. In these instances, interactions with the police and their perceived negligence in dealing fairly with the situation become a source of stress for drivers. As discussed earlier, when drivers confront doormen, the police are sometimes called in and this usually results in the driver being cited for trespassing on hotel property. His feelings of helplessness and powerlessness is illustrated in his comments about the lack of social support systems for taxi drivers:

....So if you try to deal [with] it, or if you confront them, sometimes they call the police and the police gives you trespass violation, ticket. (*probe*) They kick you out and if the police gives you a ticket, you have to deal with it on your own, at court. You are left on your own; nobody is behind you. You have to hire a lawyer. So, you can't do nothing practically cause you don't have the resources to hire a lawyer, you don't have any lobbyists on your side that can deal with it, legally or formally. So, because I know the consequences, most drivers, they try to [be] quiet. So if you go there it's frustration, if you go the other way it's frustration. (TD4)

The comments illustrate how competition can lead to ill-health. The feelings of anger, resentment, and powerlessness that drivers experience in these situations cause emotional strain. As well, they may cause drivers to engage in hazardous behaviours in order to deal with the frustration of the unfairness. However, as illustrated in this participant's comments, 'most drivers, they try to [be] quiet'. Being quiet may indicate the inherent fear of drivers, of the authority of the police, and the potential of being reported to the Commission. Staying quiet

suggests that drivers may internalize the anger and frustration they feel and this has implications for their mental and physical health.

The absence of support networks that can advocate on their behalf leaves drivers vulnerable to these abuses. The absence of a strong union for example means drivers have no collective or advocate's voice. As well, there is no support from the Licensing Commission or their brokerages. As noted before, the Commission is aware of the contravention of the regulations and the problems inherent in the unfair competition but neither the Commission nor the police has chosen to act. This further exacerbates the tension in drivers' relationships with the police and the Commission.

Competition between drivers increases during the summer months because of the reduced volume of business. Drivers describe these months as 'chaotic'. One participant notes that business decreases because 'people just walk everywhere'. This intensified competition for fares exacerbates stress levels, heightens antagonism among drivers and results in decreased levels of social support. Drivers maintain for example, that taxi drivers are not friends but 'competitors' or 'associates'. This is evidenced by the comments of one lessee driver who asserts that drivers 'have to out race [their] competitors'. (TD4)

The data demonstrate that competition is a potential health risk for taxi drivers. It engenders aggressive and risky behaviours, which puts both drivers and the public at risk. As well, it causes antagonistic relationships between drivers, their co-workers, the police as well as other drivers on the road. It also has the potential to reduce social support among drivers. The heightened tensions coupled with the anti-cab sentiment of the public make their worklives more difficult. The cumulative effects of these stressors are a threat to long-term health.

Confinement:

The data thus far have suggested that the car is a potential health hazard for taxi drivers. Many of the cars are old ex-police cars that are bought by fleet owners or by drivers who do not

wish to invest large sums of money in a vehicle. The data also suggest that shift drivers or transient drivers are more likely to have the least reliable cars. As well, drivers who share their cars are likely to have unsafe cars. One participant reports that:

...if you've another driver on the cab, you can have more maintenance cause it's gonna be driving hard. Tires go, you know..and various things go cause when you got a cab, you work 24 hours. That's why the owners of the fleets, their cabs are in the worst condition cause they might have any number of drivers on it. In the garage, anybody that comes and want to drive, as long as the cab is there, they put them on it. And then you've got to deal with accidents. Fleet owners will give you anything else..you get the oldest ones if you just come from off the street(TD8)

Many times these cars do not meet safety standards. Several times during the course of this study, surprise spot checks were held all over the City and many cars, though they had passed Department of Transportation (DOT) inspections, were pulled off the road because they were deemed unsafe by the police. Several of the participants in this study drove cars that were old and aesthetically and mechanically inferior. One driver's horn, for example, consisted of two pieces of wire that had to be touched together in order to emit sound. This is particularly dangerous because the use of horns is a way to alert drivers and pedestrians to potential dangers. One participant's comments reflect his concern about the quality of his car and its effects on his health. He says:

....the worst part is the health that concerns me, mostly because you gonna get really out... not from outside, other than from outside, within the driving, the condition of the car. All this matters depending how many hours you drive....it will fatigue and it will really damage your physical, not only that, your mental thinking too because it is very hard to work, to concentrate, to pay attention...afterall, you know, it's very hard to care about anything else....just sitting like 10 hours and 15 hours, and you can feel it. As soon as I've been over 5 hours, I can feel the pain because it's uncomfortable sitting, the position you're sitting in is very frustrating. (TD1)

He says that the age of the car makes it impossible to adjust the seat so he is uncomfortable all the time. The condition of the car and the long hours he is forced to be in it causes physical and mental fatigue and these make it difficult for him to concentrate. If he is not fully alert, it increases the possibility of accidents.

Two drivers expressed concern about back and knee pains. One participant attributes his experience of pain to the car, which he says is uncomfortable because he has no back support.

Another participant talked about the effects of sitting long hours in the car. He says:

....Then gaining weight, posture being bent all the time. That's why I can tell from the walk of the person that he was driving for that many years. (probe) When taxi drivers walk, he gonna limp. (probe) Why, because one leg, he uses one leg all the time. Even, if I walk, you gonna judge, that he's not walking that good, you know. You walk, watching a normal person and a taxi driver. If you have the recording of somebody walking 5 years back, before he or she start driving, you can see the difference. (probe) Because your left leg is always with a 90 degree angle all the time. With your right leg you are always using your pedal and brakes. So muscles and all the tissues, so most of taxi drivers, they gonna start having the trouble in their legs, right leg. That's' right. So the ligament of the knee and the ankle and the joint of the hip, all these joints which you use more, will deteriorate. And they can easily have the arthritis than anybody else, any other part of your body. (TD6)

The comments illustrate his perception of the long-term effects of cab driving on the physical body. The sedentary nature of the job contributes to the physiological wear and tear on the driver. This is exacerbated if drivers sit in their cars for long periods, particularly if they are at a post or cruise for long periods. The comments also suggest that the physical space of the cab and the position of the body inside the cab may create long-term threats to drivers' health.

Three drivers talked about the difficulty of working during the summer without 'good' cars. They note that the condition of their workspace combined with the high temperatures is physically taxing. One participant notes that it is particularly difficult because there is no air conditioner in his car. Although driving at night is more dangerous, he favours working that shift because 'it's much cooler at night' and 'driving is much easier, much [more] comfortable'. (TD7)

The comment suggests that he may trade off the cooler temperatures at night for the increased risks to his health, e.g. working more night than day shifts, thereby exposing himself to the dangers of night work.

The car is also perceived as a threat because it facilitates the assault of drivers. The size of the interior space restricts the movement of the driver. Drivers say they do not wear seatbelts because they are a potential threat to their health. They suggest that seatbelts facilitate assaults

because they restrict the driver, making him vulnerable if he is attacked from behind. One participant, although he admits to wearing a seatbelt feels that it is not safe for drivers to have it on because:

.... it's restrictive, especially if you have the seat belt on with somebody in the back with somebody who want to give you a hard time. Your hands are occupied and if you got to wrestle with this guy, now you're stuck..so it's restrictive.... (TD3)

Another participants explains that:

... when a taxi driver is driving, he's doing more than just driving. That is his workplace and for him to strap it on, it's inhibiting. He's not using his full faculties since..I mean the taxi driver is in and out of his car [more] than a regular person. (TD2)

It is possible, says one driver, for an attacker to strangle a driver with his seatbelt.

Although some drivers refuse to wear the seatbelt, it is also hazardous not to wear it. In the event of a collision for example, there is nothing holding the driver inside the car. One participant advised that the law allows drivers to leave their seatbelts off whenever there is a passenger in the car. The data illustrate however, that not all drivers are aware of this regulation.⁵ This information reveals how drivers' knowledge can influence health and health behaviours. It also illustrates how structural factors (the law) operate to influence drivers' health. The conflict inherent in the car as a workplace is that whether or not a driver wears his seatbelt, he is exposed to a health risk. While not wearing the seatbelt affords protection from assault, it increases the risk of being seriously injured if an accident occurs.

The data illustrate that the car is the workplace of taxi drivers and that this has implications for their health and safety. The condition of the car affects their experience of long hours of work by exacerbating fatigue. The fatigue effected by extended hours in a confined space causes physical and mental discomfort. For drivers who are already experiencing back

⁵ This was confirmed by other drivers and by a representative at the Licencing Commission. Drivers apparently lobbied to be excluded from the requirement to wear a seatbelt, citing the potential dangers. The compromise reached was they did not have to use them when there was a passenger in the car.

and knee pains, the excessive hours sitting in a fixed position is particularly difficult. Finally, the car as a workplace facilitates assaults by trapping drivers in their seats in the event of a robbery or other forms of victimization.

Victimizations:

Victimization of drivers involves threats to personal safety and security of their property. It is characterized as robberies, physical attacks, or threatened physical attacks, hijacking, verbal abuse, and fare-jumping. Each of these is discussed below.

Fare-jumping

Fare-jumping is the practice of leaving a cab without paying the fare. It has been posited in this thesis that drivers' health behaviours are influenced by their perceptions of what constitutes a risk. The data illustrate that drivers do not perceive victimizations such as fare-jumping as a serious threat. In talking about these abuses, one participant notes that:

.... generally, if you study all the robberies, they mostly happen in the evening. The violent ones, at least in the daytime they just run, take off, but most of the violent stuff happens at night. (TD2)

The comment is revealing in that it highlights one aspect of this driver's perceptions of what constitutes a risk. He differentiates between 'robberies' and 'violent robberies'. The observation implies that there are degrees of risks and fare-jumping, while it is a form of robbery, it is not a serious threat. This belief is also reflected in the comment of another driver who, in talking about the risks involved in his job said:

...I've had people just, guy says 'wait for me, I'm coming back and then 15 minutes later he doesn't come back so you know he's not coming back. That's about it. (TD10)

Another driver remarks that fare-jumping is "nothing serious like somebody threatening to steal or rob you".(TD8) They perceive that the police view it as relatively low on their priority

list, evidenced by the slow response time of the police when these incidences occur. In most cases, drivers do not report fare-jumping to police because it takes time away from their work. The issue of the severity of risks is also evident in the characterization of another participant who defines a good client as one who, while “they might abuse you verbally, they will not hurt you physically”. (TD9) A similar perspective is evident in the comments of another participant who felt that there was not much danger in taxi driving. This participant works during the day and in the downtown core.

Drivers say that fare-jumping occurs more often with clients who are young adults and drug dealers. One driver notes that:

....You get these drug guys, they want to drive somewhere, they go looking around for their contacts and they get out of the cab and don't come back. Some people take you to apartment buildings and when they get at the end of the line they say, oh I don't have the money, I'm going to get it and disappear. (TD8)

This participant has what he refers to as an ‘open door policy’. He says, he ‘goes anywhere and drives anybody’. The danger inherent in such a policy is obvious. First, knowingly driving drug dealers around contravenes the By-law and could mean the loss of his taxi license and his job. Secondly, his safety is contingent on the places to which he takes these individuals. If he is going into ‘high crime’ areas, he exposes himself to numerous threats including possible assault by drug addicts, drug dealers or delinquents.

Another participant who had picked up a group of young adults explains that he wanted to be nice and so he picked up all six of them, allowing them to sit two in the front. He says:

.... [they] ask me to [take] six of them to Lakeshore and...area coming downtown, \$30 run. They slid, they don't pay me. I get mad because I was so nice to them, I let them sit two in the front because I didn't want them to call a [another] taxi. After doing all these, they just fled...and I get mad, I run after them and then police came and what the police say, okay, well, you know, give me your social insurance number and give me so and so. I said what, you can't catch them, they didn't pay my money. He said you can take them to the court and they are free and it's kind of discouraging. Anyway, I forget that because, you know, make me sick because I travel with those long time and they don't want to pay. I call the [name] office and tell them, oh you're late, nobody listen to you.(TD7)

The comment illustrates first, the potential danger of transporting groups of people. As well, he gets angry because he was trying to please his customers, only to be victimized by them. His frustration is heightened by his feelings of helplessness, the slow response of the police and the unhelpful suggestion that he take the offenders to court. This is one of the reasons that drivers do not report these incidences; often there is nothing that can be done. To make the situation worse, when he calls in to report the incident, he gets no social support from his brokerage.

Fare-jumping, while not in itself a physical threat, still causes emotional trauma, particularly when more than one customer is involved. As shown in the narratives of this driver, he was upset because he felt abused by his customers. He not only lost income he also lost valuable time, both in driving the customers to their destination and time spent contacting the police. He was also exposed to physical danger because he was transporting six people. If they had chosen to physically assault him, he would have been powerless to protect himself.

Although most of the drivers had incidences of fare-jumping, only two drivers reported being robbed. Drivers deal in cash and work alone so they are easy targets for robberies. One participant notes that he prefers to deal in cash because his brokerage charges 6% to cash charge slips. This is one way in which the organization of work facilitates the creation of health risks for drivers, i.e. charging drivers a high interest charges influences drivers' decisions to deal almost exclusively in cash. As well, it illustrates the exploitation of drivers that constitutes an indirect threat to driver health.

Dispatcher abuse

Three participants talked in detail about the abusive behaviour of dispatchers. They express disbelief at the levels of abuse they or other drivers experience at the hands of dispatchers. One driver remarked that although not all dispatchers are bad, he believes most of them are there to 'just harass drivers'. Another participant notes that the abuse "is out of

control, [that] it's got out of hand".(TD8) Drivers say that the abuse is demeaning to them and insulting to clients who may be riding in the car. One driver says:

...I very seldom use that; only if I'm sitting at a post, taking a rest, I would use the dispatch system. Apart from that I turn the radio off because sometimes it could be very confusing. Customers come in your car and sometimes the dispatcher will be mouthing off on other drivers and it's not pleasant for the passenger to be hearing that, you know. It's very insulting sometimes. So most times I turn the radio off and I just play the streets. So, you know, in silence. In that way, I'm able to concentrate much better. (TD5)

Although none of the participants in this study perceived race as a direct threat to their health, they perceived it affected their work experiences. With respect to dispatchers, one driver states that visible minority drivers are treated unfairly by dispatchers and so he avoids using the service. He asserts:

.... the dispatchers, they're very, they're kind of biased. They are not very fair in their dealing with the blacks as opposed to the whites. They tend to favour their own people. Most of them are whites, you know and that's the only way I would find that it's a bit racial. That is one of the reasons why I lay lots of emphasis on playing the streets. I just ignore them because what could you do? That is the way they are, there is nothing you can do to really make a solution for that problem and that's the reason I mostly concentrate on playing the streets. It's become my habit now, yeah. (TD5)

The comments demonstrate that in order to avoid the abuse of dispatchers and the perceived racism, he reorganized his work to include more cruising. This suggests that he will be exposed to higher levels of fatigue as well as the other hazards inherent in cruising. Also, turning off the radio eliminates a source of social support or protection in the event he is attacked during his shift.

Other drivers who depend on the dispatchers for fares will, of course, be exposed to higher levels of abuse. The fatigue resulting from working long hours often compels drivers to use the dispatch for at least part of their shifts. Both the computerized system and the radio dispatch are potential sources of abuse. Although the computerized system does not have direct voice communication, one driver notes that if a dispatcher wants to victimize a driver, "he can

find your name because everybody is identified with a number and a name". (TD2) One driver reports that dispatchers 'can do anything they want'. He says:

... you're just a worker..they can give you any single fare or dead fares. Sometimes they can give you just non-existent fares on the computer and nobody listens to you. On the radio you can tell him "I am dead" and people can listen to it.... (TD7)

'Dead' fares are fabricated orders passed through the system to drivers, often sending them on 'wild goose chases'. This is emotionally distressing for drivers because they have not only been duped, they have lost valuable work time. Such incidences highlight the power and control inherent in the dispatcher-driver relationship. As well, the computerized dispatch system is an indirect threat to the health of drivers because it provides no immediate voice communication. One driver reports for example, that if he encounters problems, it may take up to 15 minutes to contact the dispatcher. He says:

.... if I want to communicate in a [company] dispatch, their response time is very slow. So like if it were an emergency and I needed to talk to somebody immediately, I would run into problems. You know what I'm saying, because I cannot drop the mike and talk. And many times when you try to communicate, it takes them like 10, 15 minutes to respond..and so that is terrible... that's a very terrible disadvantage that way.... (TD2)

Being unable to 'drop the mike and talk' means that if he is being attacked, no will hear him because unlike the radio dispatch systems, there is no direct voice communication. On the other hand, the radio dispatch easily identifies drivers by their voices and, he says, "if in the past your relationship has not been great, they can use that to abuse you". (TD2)

One participant notes that the verbal abuse of dispatchers 'absorbs his thoughts' making it difficult for him to work. He says it is particularly difficult when customers are in the car and hear the assaults on drivers. Often the abuse stems from language barriers or problems with incorrect information. Of his first day on the job, he says:

.... there was a guy whose accent is ...[supposed] to be from Africa, however, he's having a problem with the dispatcher, and he dispatcher was telling him, 'come to the office' and I'm listening to because I have to operate the radio because this is my computer. And the guy say, 'why, you want to beat me?' And the guy say, 'it is

cruel to beat an animal'. And the lady was mad, and I just shut the radio and I said, what is happening. This is my first day and I'm hearing that the guy is just an official, a licensed dispatcher would say, 'it's cruel to beat an animal'. (TD7)

One another occasion, he says drivers were competing over the radio dispatch after a call had been dispatched. He says:

....the dispatcher gives a fare location because there's nobody at the post. Everybody is pro-driver..I'm here, I'm here, I'm there, I'm there... Now this guy when he [gives] a fare everybody was booking. He want to making a living, everybody lie if he's far away..and then, 'stop it' she says, 'bunch of animals'. And I hear it in my ear and I said, what the heck is going on, and you know what, no driver go and complain. I said how can I survive? I used to listen to [these] bad things, so little by little, I stopped communicate with the dispatch. When they come to me, like I don't, first of all I don't want to deal, like to give them a chance to attack me. When they call, I have to reply, when I start to reply, reply and learn, nobody harrass me now because I don't harass them. (TD7)

The above narratives reveal several issues about the work life of taxi drivers. First, they illustrate that competition for customers that occur over the dispatch system creates the climate for verbal abuse. Second, they show the context within which competition occurs, i.e., everyone is talking; therefore, it is noisy. Consequently there are heightened tensions and tempers. As well, although this participant talks about avoiding the dispatcher, he later states that he prefers to work with them so they can 'give him fares'. His choice reflects a dependency on the dispatchers and the perception among drivers that 'you tend to get good runs from the dispatch'. The abuse that lessee and shift drivers experience can be contrasted with the experience of the independent driver who notes "I'm an independent, I don't have a radio". (TD10) The absence of a radio means he is not subject to the abuse that other drivers experience and consequently, these abuses pose no threat to his health.

The data demonstrate that the vexatious relationship between drivers and dispatchers has implications for their well-being. It demonstrates that the relationship is often an antagonistic and abusive one. The data also suggest that some drivers will have reduced levels of social support because they turn the radio off during their shifts, particularly when they are cruising.

As well, they may not call dispatchers if and when they are in need of help. The type of relationship that some drivers have with dispatchers is reflected in the comments of one shift driver who says, "I just take the orders, good morning, good evening, that's it". (TD8)

Client abuse

Abuse by clients is another form of victimization of drivers. Drivers characterize clients as 'good' or 'bad'. When one participant was asked what constituted a bad client, he responded, "drug dealers, prostitutes, and petty criminals". (TD9) Another participant notes that a bad client was someone who "I can't say they're racist, but they're the ones who can't adjust with other people". (TD6) Only one participant believed intoxicated customers constituted a bad client.

Although drivers did not believe inebriated clients posed a problem, they are in fact a threat to their health and safety because they have the potential to become aggressive; they can be unpredictable and demanding. One driver laughingly recalls an incident where he picked up client, whom he says 'looked normal'. During the course of the ride however, the client became abusive. He says:

I used to drive nights and I have one, he was really really wild. At this moment it's very vague. I had to kick him out and it was a big big fuss and the police had to come in and everything. The guy gets inside the car, he was like normal and as we started driving, he progressively gets terrible and terrible. (laughter) And then he tells me that where we're going, I'm gonna get beat up..And his buddies are waiting and he's getting progressively worse. So we get to I guess Broadview and Gerrard area and I pulled over and then he gets out and then he starts..from that point I can't remember. Anyway the police came in, he paid me and I don't know what they did with him. (TD2)

Although he had been threatened with physical abuse, he does not identify it as a threat because the client was intoxicated, did not have a weapon and so was perceived as non-threatening. He remembers the incident only vaguely and this may suggest that the frequency of incidences where they deal with inebriated clients diminish the perceived severity of the

threat, i.e. they are not worth remembering. Drivers also perceive that these clients are easily manageable. One participant notes that:

Like [a] drunk person is not that dangerous like the people high on drugs. Because when somebody is drunk, you can manhandle him easily..than somebody who is high on drugs, they can't manhandle even by the police sometimes; they call the backup. (TD6)

The comment illustrates this driver's perception of what constitutes a threat. He perceives that an intoxicated customer poses less of a risk than a drug addict does. This is analogous to drivers' perceptions of the severity of abuses such as fare-jumping and violent robberies. This assumption is based on the belief that an inebriated customer is weaker and therefore more manageable. The belief that intoxicated clients and the physical threat they pose are not considered a serious risk is also reflected in the comments of another driver explains why he will provide service to an inebriated client. He says:

...I don't have a problem with that..because that is why people take cabs. The guy went out for a few drinks and he over did it, I don't have [a problem]... (TD3)

Interestingly, this driver had, on one occasion, crashed his car into a bus shed after an intoxicated client had threatened him with a gun. He had crashed the car in order to get the attention of a police cruiser going by. He later found out that the gun was unloaded. Notwithstanding that experience, he still believes that most intoxicated clients are harmless. The belief does not reflect consideration of individuals who may have the potential for violence when they are intoxicated. The position of this shift driver can be contrasted with that of an independent driver who unequivocally refuses to provide service to inebriated clients. The opposing positions reflect the financial insecurity of shift drivers who admit to picking up clients even when their instincts tell them that they may pose a health risk. Although the potential exists for abuse by intoxicated customers, they are also a source of revenue for the driver. As well, the risks are perceived as relative; some clients are more dangerous than others. So, while some drivers may perceive some clients are dangerous, other drivers may not.

Picking up groups of people also poses a potential threat to the health of drivers. Several drivers reported picking up groups of people who threatened them with physical abuse. One driver had his car hijacked during the trip. One participant reports picking up a group of young adults who, once inside the car became verbally abusive and threatened him with physical violence. He says:

.... One of them was pushing his hand in my face, he wanna beat me up. He got in the cab, he say's "hey nigger, what kinda music you got there". I said wait, I don't understand that language. From the time I tell him so, he want to beat me up. When I tell him to get out, he refused to get out of the cab..it was about 5 of them, all the others were gonna get out, but he was the one, he looked like he's the vagabond type, you know. ...But he wanted to beat me up. Oh yeh, he was threatening me what he was gonna do to me....(TD8)

The data demonstrate an example of the race-based abuse that drivers sometimes encounter in interactions with the public. The incident reinforces the perception of drivers that groups of young adults pose a greater health risk. As one driver points out, it is difficult to handle one client but impossible to defend yourself when confronted by a group.

Drivers say clients often get into their cabs and do not give specific addresses. Being allowed to do this leaves drivers vulnerable because they do not know where they are going and this increases their vulnerability to physical harm. They report that this behaviour is common among drug dealers and prostitutes who often have no particular place to go and are simply driving around looking for customers. Drivers recognize this as a threat. One participant explains that:

The most dangerous thing is for a driver to go in a direction he doesn't know. He's uncertain, he's tentative. It's setting up the prime thing for an accident. He's shifty, he has to look at every sign, it's bad...This causes all kinds of problems..go here, turn down this alley..and before you know it, you're in some dead end and your life is jeopardy. So, that's a no no for me. (TD3)

The potential for danger exists in the driver's inability to plan his route. Asking customers for their destination has also proved a health threat to drivers. One participant advises that he picked up two customers who he says 'used and abused' him. These clients hired his cab but

would not give him a destination. He says that during the ride, they kept changing their minds and when he insisted they tell him where they wished to go, he was threatened with a gun.

Although he did not actually see a weapon, the threat of being killed was traumatic.

Abuses by clients range from minor incidences such as fare-jumping to severe incidences such as robberies and assaults. Two drivers report being robbed and all experienced fare-jumping. One noted that he was also involved in a physical altercation with a client who was verbally abusing him and had used expletives he assumed were meant as an insult to his mother. His recollection of the story illustrated one of the difficulties inherent in cultural and language barriers (i.e. the use and meanings of words). The difficulties of language and cultural barriers were also evidenced by the stories of another relatively new immigrant whose encounter with the police after his car had been hijacked was made even more frustrating because the police apparently had difficulty understanding him.

The experience of a taxi driver in the City is in sharp contrast to the independent driver or the airport driver. The airport driver considers himself 'safer' because he gets a better 'type' of client. He notes that his clients can pay and he considers them less dangerous. Airport drivers do not for example, have to deal with 'drunks in the early morning'. One City driver remarks that he often gets intoxicated clients who do not know where they are going, or sometimes he has 'mental patients' who 'just get in your cab' and have no way of paying. While he does not perceive this is a serious health risk, the potential exists for drivers to be abused or physically attacked by these clients or by inebriated customers. The experience of the City, limousine and independent drivers reveals how the social and organizational factors of work can influence health and health behaviour.

Work organization:

Drivers' exposures to risks are influenced by the organization of their work. For example, they must work in the areas that are close to their brokerages. One participant

explained that if drivers go too far from the location of their brokerages, they will not get customers. Each company has its own (corporate) customers in different areas. Hence, if a company is located in the west end, drivers will tend to work in that area. This means that depending on the location of brokerage companies, drivers may be forced to work in 'unsafe' neighbourhoods. Other factors of work organization that influences health include cruising and night work.

Cruising versus post

Cruising is described by one driver as "driving around and around and around until something happens". (TD2) The 'post' or taxi stand offers respite from cruising and also provides the opportunity to get customers. Since drivers have no control over the flow of their work, it is not unusual to sit on taxi stands for hours at a time. As mentioned earlier, one driver admits that he once sat on a post for seven hours without getting a fare. The long waiting periods are a source of anxiety. One participant notes that:

.... some drivers when they are sitting, they take it that this is coming to their brain, you know, like stressing them too much. So they..walking and things like that cause they can't handle sitting for a while you know....(TD6)

Another participant says that:

If it's a real busy day, you don't feel that stressed out. If it's a really slow day, you feel stressed. If it's a slow day, you're sitting most of the time doing nothing. If it's a busy day, you're moving all the time and you're busy all the time.... (TD10)

Participants report that physically, "it is easier to sit on a stand and go on calls instead of cruising". (TD6) While it may be physically less demanding, long periods of inactivity can be stressful. Some drivers see this as unproductive time; others characterize it as 'depressing'. For some drivers, the stress of waiting on a post may reflect their insecurity about income, for others it is boredom. Moving around not only gives them the feeling of being productive, it reduces the stress and anxiety of inactivity. However, while 'playing the streets' offers the possibility of

increased income, it also increases the exposure to risks. It means greater exposure to physical and mental fatigue, to more accidents, incidences of conflict, health-adverse behaviours, and it causes greater wear and tear on their cars.

Drivers report that cruising puts up to '200 kilometres a day' on their cars. Cruising also poses a threat to health because drivers are confined to the car for extended periods of time while simultaneously engaging in several different activities. The physical and psychological demands combined with the competitive nature of the industry and the anti-cab sentiment of the public give rise to stress and fatigue. One driver explains that:

Cruising is much much harder because when you are cruising, you get tired because of the speeding, breaking, nervousness and dealing with traffic, with pedestrian, watching [for] customers, and competition on the road, you know. You have to out race your competitor, so, cruising is much, much harder. But sitting at a stand, it helps you to at least regain energy, to lower down your frustration from dealing with the competition. (TD4)

The comment captures some of the risks inherent in cruising and illustrates the role of competition in the health and safety of drivers. Out-racing competitors suggest drivers may engage in aggressive and risky behaviours that endanger both themselves and others. It also elucidates that drivers use the posts as a respite from the stresses and tensions of cruising.

Whether drivers cruise or sit at a post is dependent on how they feel and which strategy they think they will earn them more money. Cruising gives them a sense of control with respect to their ability to earn more income. One driver notes that "a taxi cruising around would tend to make more money than one that is sitting". (TD8) This suggests that cruising is a way to reduce the financial insecurity of sitting at post and provides some control over the volume of work.

However, as this driver suggests, cruising requires diligence. He says:

... [a driver] has got to be very alert. If you're looking for business, you've got to look around you all the time to see who wants a cab. Sometimes people don't even recognize you, you could see who wants a cab before even they flag you down. So a driver can make money on the street driving around but you've got to be alert, every second and then you gotta be watching out that you don't get into an accident. You gotta be looking for police that give you tickets, speeding and....(TD8)

His comments illustrate another aspect of cruising that is different from the former participant (TD4). However, the two perspectives combined, provide an illuminating example of what is involved in cruising. Cruising also means drivers are picking up clients 'at random'. If drivers are cruising when they are tired, particularly at night, the practice of picking up 'randomly' becomes a risky prospect because they may not be fully alert to potential dangers. This increases the chances of having an accident or of being victimized.

Night work

Drivers' perspectives varied on whether it was more dangerous to work at night than during the daytime. Two participants said they did not work at night because they considered it more dangerous. They felt for example, that people were more likely to take chances with robberies at night. One driver says he was influenced by the 'scary stories' he heard from other drivers and through the media. He imagines that 'it's very horrible out there at nights', that 'you get all types of characters.' (TD5) The hazards of night driving include falling asleep at the wheel and reduced visibility. One driver states that:

Night is where you need to be more alert, like some drivers they think the roads are clear, it's very easy. But you can be sleepy easier at night time on the wheels. And then the different lights coming from, you know, like cars coming from the front.... For me, I considered it more dangerous too, driving nights than the daytime...though the robberies happen at the daytime too because I was robbed daytime. (TD6)

Another driver notes that:

...driving at night, well, the lighting is not the same. You've got to be more alert I guess cause you can't see as well and I'm more liable to get tired at night than during the day because I start off fresh, more or less. At the end of the day I'm beginning to get more tired. (TD8)

At night, visibility is reduced and cruising is hazardous because of the lights from the streets and from other cars. One driver states that "your eyes starting hurting quicker than when you are driving in the daylight". (TD6) Another participant reports that he 'feels dizzy' when he

drives at night because of the lights and the need to be constantly looking around for customers. As well, the reduced visibility at night makes it more difficult for drivers to 'assess' clients before picking them up. The notion of starting off fresh suggests that drivers who work double shifts will be susceptible to the dangers of falling asleep at the wheel and getting into accidents. One of the dangers of night work is elucidated in the statement of one participant whose driving partner was driving while tired and had an accident. He says:

....The guy was driving nights, he was driving tired at 4:00 in the morning, he crossed straight line, whatever, and somebody hit and the car totally went and he was alive. (TD7)

The combination of fatigue and the inability to see clearly exacerbates the risk of victimizations. One participant talked of the added danger of working during the summer when more people are out at night. One shift driver notes that "people who may be into drugs or just out at night and stranded and they drinking or carousing and just want to get home" are a threat to driver safety.(TD8) This is particularly true for drivers who work in the downtown core at night.

The data demonstrate that the organization of work poses a potential health risk for drivers. Cruising is stressful because drivers are mobile and must engage in several different activities simultaneously. As well, the nature of the work obliges drivers to engage in aggressive behaviours. Night work poses similar threats. Shift and lessee drivers who work at night are more exposed to violent forms of victimizations; these may be exacerbated during the summer months. The reduced visibility at night decreases their ability to control hazards particularly with respect to assessing people before picking them up. As well, they are more susceptible to drowsiness or to falling asleep at the wheel when they work at night. In most cases, drivers who work at night have no choice about the hours. If they sub-lease (i.e. rent from a lessee driver) for example, that is the shift they will have to work.

Summary

This chapter described and analyzed the different types of threats to the health of drivers. These threats arise from the social, organizational and material conditions of their work. The hazards inherent in the industry include working long hours, risky and aggressive behaviours, victimizations, stress from conflict and competition, confinement in the car for long periods, the organization of their work and compromises and trade-offs that drivers engage in that constitute a health risk. It also suggested that their perceptions of risk influence their health-related behaviours.

The data reveal that competition between drivers gives rise to risky and aggressive behaviours. Aggressive and risky behaviours in turn create stress and conflict. Conflicts arise in relationships with the public, other drivers and the police. The anti-cab sentiment of the public poses physical and psychological health risks. As well, risky behaviours (e.g. picking up 'questionable' clients) also pose a threat to health. Working prolonged hours causes physical and mental fatigue, which diminishes drivers' ability to stay alert, thereby increasing the possibility of accidents or victimizations. It precludes adequate sleep and encourages unhealthy dietary habits. As well, the financial uncertainty and the unpredictability of the business cause drivers to engage in trade-offs and compromises, which also create threats to health.

These findings suggest that drivers create and are created by the environment in which they function. It follows from this assertion that as active social beings operating in a constrained environment, they will find creative and innovative ways of reducing or eliminating the threats to their mental and physical health. The ways in which drivers attempt to protect their health are elucidated and analyzed in the next chapter.

CHAPTER 5

DRIVER BEHAVIOURS - PROTECTING HEALTH

The preceding chapter discussed the various health risks to which drivers are exposed during their workday. This chapter explores the various strategies that drivers utilize in order to protect themselves from the risks inherent in their jobs. These behaviours are influenced by their perceptions of what constitutes a health risk. The strategies include using 'talk' as a way to assess clients, 'reading the signs' of and avoiding potential threats, compromises and trade-offs, improvising and diet and physical activity. Each of these concepts is discussed and analyzed.

Talk:

Talk is an element of personality, a dimension of their interpersonal skill set. It is conceptualized for the purposes of this discussion as verbal or non-verbal communication between drivers and customers that reduces the possibilities of the driver being abused or victimized. It includes elements such as appeasing the client through conciliation, and compromise. Drivers use talk to evaluate clients before they allow them into their cabs. One participant explains how he uses this method before he picks up a client for a long distance fare.

He says:

...I try to get a feel of different people...Driving around at 2 in the morning and a young black man stops me..and I'm saying this as a matter of fact..I'm not using..and I would do the same for anybody, but I'm saying black person, you know..and he says to me, I want to go to Brampton..so here I am with this guy. First thing I'd say to the guy is 'do you want the flat rate?' First of all, the purpose of that is to have a conversation. I will talk to him. So depending on that, I will get a response. I will know so many things about this person with that one question. So he'll say, what do you mean, or he'll say, what's the flat rate, do you have an idea how much it's gonna cost? So now I've asked another question. So, you say, well, depending on what he says, I'll say have you done it before, haven't you or, I'll say well, it's like \$35 or \$44 or something. Then I'll say, why don't you give me \$40, so at that point I will go out of my way to offer him that deal for the simple reason to know that..so depending, he'll respond, one of two ways. What do you think, you think I don't have money, look I have all this money, what's your problem, or he'll say, here. So at least I would have established some kind of connection that says, oh, when I get there, I'm getting my money. Then I'll do it. Or, he'll have to reassure me, give me a different,

more assurance. So that is the way I would go about that. I don't know about other people. I will get more information and then, we will go or I'll say I can't go. And when he says, I'll say well, what do you think. I just met you five minutes ago and you expect me to trust you? To love you? To know you? It doesn't work like that. That would be my comeback, if he goes on like that. But then, I would have established by this..So that is the way I would deal with that..so first of all I give him a deal, and secondly, I know he has money, and thirdly, I determine if he's a very angry person or if he's just tired or..because you can basically deduce a lot of stuff from where they're coming from..sometimes they come in and they're belligerent and they're screaming and cursing and..so I can make all those analyses (TD3)

His strategy includes posing a question and analyzing the response. Based on the response, he poses a second question that seeks information about the customer's knowledge about the cost of the trip. The response of the client provides him with information about whether he has made the trip before and how much he normally pays. If he has not made the trip before, the driver offers the client a 'deal', after telling him the usual cost of the trip. Offering a deal is a way to determine whether the customer has the resources to pay. The conversation provides the driver with information that can be used to determine whether or not the customer is a potential health risk.

The excerpt also illustrates the analytical, interpersonal and intuitive skills of the driver. Being able to glean information from one question suggests that experience is a key aspect of this health protection strategy. He engages in a process of questioning and negotiating that result in an evaluation of the potential client. As well, by engaging the customer in a conversation, he fosters familiarity and creates a temporary relationship that may reduce the potential of abuse or victimization.

Another participant uses talk, not as a method of assessing clients but as a way to reduce potential interpersonal conflict. With respect to clients he perceives are racist, he says:

...even those who really discriminate against black or against minority, or anybody who hate different race..they say something in the car, but personally what I found is, I become friend quickly, so that's how I deal with them. I don't make people quickly enemy or stranger or something, I quickly make them comfortable by talking to them nicely, you know what I mean. So I don't have any problem..the only thing is they can look at me without knowing me, they can choose..it happen to me. (TD1)

The comment was made in the context of a conversation about customers who he perceives refuse his services because he is black. While he uses talk to assuage potentially acrimonious situations, the comments also suggest that talk is not always an effective method. In some instances customers' perceptions of him will be a salient factor in how they respond to him. As one driver notes, "sometimes clients want to talk and other times, they do not". (TD2)

This participant (TD1) also uses talk to prevent customers from smoking in his cab. He says:

Mostly the answer I'm getting from the smokers is, oh, nothing else to do. Well, listen, you can talk to me, I have some gum, I have some candy. I buy candy and I put some candy and I say if you want some candy, if you want a gum, here, you know, help yourself. If you wanna talk, we can talk, but just don't smoke. That's what I tell them. Most of the people, the way I speak to them, they agree and they don't smoke because I talk to them personally. I don't put a sign, if I put a sign, it feels like I'm putting law into them, I'm showing them the law is stronger. Even though if they want they smoke, there is a sign that says no smoking. I did try that, they ignore that smoking and they light up the cigarette.... (TD1)

The comments illustrate that he utilized other strategies (putting up a 'no smoking' sign) to prevent smoking in his cab but it was ignored by customers. He feels he does not want to appear authoritarian so he utilizes a second and a third alternative. These include offering talk along with 'gum' or 'candy'. The presumption is that if they are eating or talking, they will be less inclined to smoke. Drivers recognize the utility of good communication skills. One participant asserts that:

You have to be able to be talking to kings and then [be] talking to paupers and you cannot take any aloof attitude. Or in another term, you cannot take an attitude of inferiority. People read it right away..and if you try to be superior, they sense that too. So, you have to be flexible, find that balance. (TD3)

He suggests that drivers must be 'personable', 'handle themselves with decorum' and have the type of personality that will 'change the customer's mind about taxi drivers'. Another participant's strategy is to not take it personally when customers ask him about himself. He says:

...Others they want to know from you about yourself or about the City..like when you are a visible minority, you know. So they have certain questions so you have to be prepared to answer that, you know, not take it personal, it maybe there is curiosity to know about something different. (TD6)

The comments of both these drivers suggest that a positive image of taxi drivers and of visible minorities can be made by the way they present themselves to customers. A personable attitude not only enhances their opportunities for increased income security, it reduces the possibility of being victimized or abused by customers.

Comments made by another participant demonstrate how talk can be used to de-escalate potentially unpleasant or abusive situations. This form of talk includes conciliation. This driver reports that customers are often 'suspicious that you're gonna cheat them' and get angry if they perceive drivers are taking them a longer than necessary route. He notes for example that a newly released convict once threatened him with death if he took him the longer route to his destination. When customers appear distrustful of him, he says the best thing to do is to:

.... give them a choice, I say, look, you've got two ways to go here, which one do you prefer? Then, you know, they get to make the choice and tell me okay, you go the way you want, I go. (TD8)

This form of communication (offering choices to the customer) reduces the distrust and creates a safer work environment for the driver. Airport drivers utilize similar strategies in protecting their health. In dealing with 'difficult' clients, they note that they 'flatter them', 'agree with them', and give them discounts in order to 'appease' them.

Although drivers employ this strategy for health protection or to avoid incidences of fare-jumping, there are instances when it cannot be utilized. While one participant (TD3) explained in detail how he goes about using talk to assess clients, he also says:

I have to admit that some people, based on their human condition, you can't ask them these kinds of questions. Some people, some elderly people and, you know. They have some dignity about them, that you can't ask those kinds of questions. You do it in good faith and hope they [have the money]. I would not ask certain people but not because.. just for respect you know. (TD3)

While his comments refer specifically to seniors, there are times when drivers simply go on trust or 'good faith' that the client will pay and will not verbally or physically abuse them. That talk is not always an effective strategy is demonstrated in the interactions of drivers and dispatchers. When drivers have problems with dispatchers, they will, in some cases attempt to resolve them by trying to talk with them. However, if the dispatcher refuses to be part of the resolution process, nothing can be accomplished. This often leaves the driver feeling frustrated and resentful. One driver relates his experience with a dispatcher who refused to speak with him after they had a disagreement over the radio regarding a fare. He states:

...Like other drivers will go and fight with [dispatcher] or do something..I call him by telephone, I say, "can I talk to you [dispatcher]?" .."no he's busy at the moment". I want to talk to him about fare. He said "he's busy, he can't talk to you". In this case, what you can do? ...I want to communicate with him, to tell him what happened...and he tell you, no, go away, I'm not speaking to you. (TD7)

His comments illustrate the need to talk, to express the feelings of anger and frustration or to clear up misunderstandings that he says 'absorbs his thoughts' but he is unable to do so because the source of his frustrations refuses to talk with him. When the dispatcher refuses to talk with him, he feels helpless, illustrated by the comment, 'what can you do?' The inability to express his feelings means he is then compelled to find other ways of dealing with these emotions. He may internalize them or he may decide to 'just forget about it' or, he may decide to avoid dealing with the dispatcher, which is what some drivers choose to do. As well, he may take his frustrations out on someone else. In this case, talking is not an effective health protective strategy because it is being used as a reactive, not a proactive strategy. The inefficacy of 'reactive talk' as a strategy in health protection is also demonstrated in the interactions between drivers and hotel doormen regarding 'feeding' (discussed in Chapter 3).

The data demonstrate that taxi drivers use 'evaluative' and 'placative' talk as a form of health protection. Drivers also use interpersonal, analytical and negotiating skills to help in maintaining health. Although it is not always an effective strategy by itself, when combined with

drivers' observational skills and experience in the business, it can provide a more effective tool in their arsenal of health protective strategies.

Reading the signs:

Talk is the verbal method of client assessment. The non-verbal method of assessing clients is conceptualized here as 'reading the signs'. Drivers do not always have the opportunity to talk with clients before picking them up so they use observational skills to determine what 'type' of client they are (e.g. drug dealer, prostitute) and whether they pose a risk. Drivers utilize this strategy as a preventive measure against victimizations. One participant says that:

In the first place, what I see is I look at the sign, there is a lot of signs to see if they're dangerous people are not. (probe) When drug dealers get into your cab, you know it by their looks, okay, because you can tell a drunk and a drug dealer and a normal person, that's, it's simple as that. (probe) No, you couldn't tell but I deal with them on a daily basis so I can tell. Not only that we know which area is involved, so that's another thing that tells you where not to fool around with, where not to pick up people. If they tell you, even they are normal, but even if they tell you, go such area, so automatically, you know, the same thing. If they tell you, you go there, you know that area being always run by hookers, they stand there and, you know, work. So, you can..once you get into the business, you learn. (probe) You'll never miss, you'll never miss. Mostly the cab drivers know, they don't work everywhere, everybody work whatever they feel comfortable..so that in that area you make your money, you know what kind of business is going on, you know what time the restaurant is busy, you know what time the hotel is busy, all this is what time which area is busy..and everything, so that's how it works. (TD1)

The comment demonstrates the different kinds of information that he uses in his assessment of a customer. First, he assesses the customer based on his/her appearance and his own knowledge and experience in the industry. He also makes the assessment based on the area where customers want to go or the area in which they are attempting to hire his cab. His decision is therefore based on geography, exemplars of criminals and his industry knowledge. The use of these symbols is a common practice among drivers.

Drivers also utilize stereotypes and past experiences when deciding to accept groups of people. They report that they avoid picking up groups, particularly young adults, because they

perceive they are a potential source of threat. One participant reports that he tends to choose female over male clients because they are safer. Asked what he meant by safer, he states that “they are smaller, more likely to pay, and are less likely to attack you”. (TD4) He admits however, that when drivers engage in this method of health behaviour, they are ‘playing a psychological game’. The strategy is not always effective however because potential victimizers devise ways of getting a taxi to stop. One participant advises that he stopped for a single female customer, not realizing that two males were hiding nearby. He says that she held the door open making it impossible for him to move. Once inside the car, they proceeded to verbally abuse him.

Cultural stereotypes are also used to assess ‘good’ and ‘bad’ customers. Symbols of good and bad clients include overall appearance and demographic characteristics (dress, class status, race, age, and occupation). For example, teenagers who ‘wear baggy pants’ and travel in a group are considered bad a risk. As well, the ‘areas where they want to go’ and the ‘buildings they live in’ are indicators of good and bad clients. The following excerpts explains how drivers spot problem clients:

Well, the way they dress, the way they behave, without even getting into your cab, you can tell someone who doesn't have [money].... (TD1)

...a drug dealer is very easy to know; their appearance, like these guys who sell crack-cocaine. The way they approach the car, they wouldn't approach the car in a normal way. You'd see something that is very fishy about them. You know, they kinda run to the car like if they're very nervous, you know. The reaction is different. A drug dealer is very easy to really distinguish. (TD5)

These comments demonstrate that drivers' perceptions are based on popular stereotypes, combined with knowledge gained in the business. Although the concept of assessing customers based on these distinctions seem questionable, drivers insist that with experience and acclimation to the business, they learn to spot potential problems. Experience therefore becomes a health resource. Although part of this strategy involves intuition, drivers assert that failing to read the signs of danger often results in ‘something bad’ occurring. Several drivers

note that if they do not 'feel right' or if 'they minds are not settled' they will not pick up a customer. One participant explains the instances when he feels uneasy about a client:

...I'm not sure I can explain this to you. I have developed what you would call a sixth sense. Before the problem I could tell you..if you ride along..don't pick him up, I listen to that. Every time I haven't listened to it, something happens. I don't know if it's experience, I don't know if it's intuition. Even if I have a fare in the car, I start getting the vibes, I'll make an excuse..I'll say listen you know, something is wrong, this car is acting up and I'm not gonna make it, could you kindly take another cab. Every time I don't listen to it, something bad happens. (TD3)

Another participant states that:

....Oh yeh, when the problem is gonna start, you know it, you can tell by the way they handle your question and the way you, ah, their demands and all that stuff. So you can assume that there is a problem, so, [better] do quickly something. (TD1)

Doing something quickly means that drivers must not only be alert to potential dangers, they must also be prepared to act quickly. One driver advises for example, that once he realized he was 'in trouble' with a group of teenagers he had picked up, he 'shut the car' and jumped out, making the excuse that there was a problem with the car's engine. The utility of drivers' knowledge of their business is also illustrated in the comments of one driver who explained how he assesses whether or not a client can afford his services. His determination is made based on knowledge about geographical areas (residences) and the demographics of its occupants. He says:

Well, certain areas we know like 95% sure this type of person gonna be..Supposing there is a housing complex, most the people living over there are on a fixed income. If somebody wants to take a taxi over there, that means he or she has different means of making more money..otherwise they can't afford to take a taxi. If they are taking a taxi, it should be sent by the home care or like by social services or something like that. So, your senses are gonna right away tell you that there is something wrong. (probe) You must have some experience of the industry. Without that, you can't tell that. When you are driving long enough you know certain patches where you don't want to pick up anybody. You flatly want to say no to them. (probe) It makes..your senses just start telling you, don't pick up this one. This may be a working woman or this may be a drug dealer or this may be... (TD6)

The assertion that being able to read the signs of danger comes with industry experience is borne out in the comments of another less experienced driver who admits he is unable to tell anything about people and whether or not they will pose a problem. He says:

I won't tell, me I don't have that kind of discrimination in my mind. I see them as what..a lot of places you avoid it, and you don't pick from there because you see it..you don't want to serve them...you want to avoid problems. So what I do is if I'm crossing [intersection] at night, I make my roof light off. (TD7)

Since he does not feel he can recognize potentially difficult clients, his way of protecting himself in these instances is to avoid working in areas considered or known to be problematic. He notes for example that when driving through certain areas, he 'turns the rooflight off' to indicate he is not available for hire. Working in one area all the time is also a way of controlling these types of threats because drivers get to know and learn the characteristics and foibles of these neighbourhoods. The veracity of being able to read the signs of danger is also supported by the number of times this driver has been victimized. He has had several fare-jumping incidences, he was threatened twice with violence, once with a gun and his car was hijacked by a group of young adults on another occasion.

Like the strategy of talking, recognizing signs of potential risk is not a foolproof method of protection from threats to health. Drivers say they can tell a potential problem customer from 'the place that you pick them up, the way they dress, or their manner'. Although they acknowledge that 'some are blatantly obvious', that they 'have a different way of relating', and that 'they dress differently', one participant admits that 'some will surprise you'. This suggests that, despite their years of experience and their knowledge of the industry, drivers cannot always detect potential problems and so are unable to protect themselves in every situation. In these instances, the police become a potential health resource.

Compromises and Trade-offs:

In trying to protect the various dimensions of their health, drivers engage in compromising and trading off. Compromises refer to the concessions or adjustments that drivers make in order to protect themselves from potential health threats. Such acts may reduce the possibility of verbal abuse by a client. Trade-offs refer to actions or choices drivers make that, while they facilitate health, cost them in other aspects, usually financial.

As demonstrated in the section on *Competition* in Chapter 4, the unfairness and injustice that drivers feel when hotel doormen break the rules of fair competition, or when police unfairly tickets them, can be injurious to their emotional health. The data have demonstrated that drivers do not get much assuagement from confronting hotel doormen. However, they report a sense of vindication when they go to court to fight (and win) charges brought by police officers. Three drivers report they have gone to local police stations to complain about police harassment and six drivers report going to court to dispute tickets, particularly citations related to seatbelts.

Other reasons for disputing the charges are that, depending on the charge, they may lose points off their licenses if convicted. This puts their ability to make a living in jeopardy. As well, depending on the amount of the fine, paying it could make the difference between whether or not they can pay their bills at the end of the month. However, attempting to protect material and emotional well-being often means a trade off, i.e. there is the possibility of losing in court and there is also lost time and lost wages. With respect to fighting seatbelt fines, one driver states that:

....Though when there is someone in the cab, I'm allowed to drive without seat belt. But some of the policeman, they don't know the law, they just gonna give you the ticket. So you fight it in the court, you may win or lose. They lose nothing because if they are going to the court, they are paid, they give you the ticket, it's part of their job, so they are paid. Whereas as a taxi driver, you have to go the court to win it, you lose your time and the judge may believe you or not. It depends on the judge again, you know. (TD6)

Another way in which drivers trade-off economic well-being for health is taking time off from work knowing they will not be paid and will in fact be incurring expenses. One driver notes for example, that when he takes a vacation, “if the car parked for two days, my expenses for the two days, I have to pay from my pocket”. (TD6) All participants reported taking time off at the expense of lost wages. With respect to attending social activities, one driver says:

... So, I decided, whenever there is a party or any other social activity requiring to go there...or any invitation or any birthday invitation from a neighbor or from family members, my policy as I followed up recently is stop driving taxi..use my Sunday clothes, attend it. Yes, I'm stopping driving, it doesn't matter, I have to attend. Because I see it like part of my..my whole success... In order [for] a person to be successful, he must include the other activities, even though he's gonna pay price for that. (TD4)

For him the psychosocial rewards of social support are worth the trade. His comments reflect that his conception of health includes having a social life. He believes that part of having a healthy, successful life is to feel connected to family and to be active in his community. His feelings about community and family may be informed by the fact he is a relatively new immigrant and he may be experiencing feelings of isolation, which may be exacerbated by the nature of his work.

Another form of trading off occurs when drivers refuse to provide service customers who smoke. As mentioned elsewhere in this discussion, only one participant smoked. However, all but one (an independent driver) compromised on the issue of smoking in order to secure a higher level of earnings. One driver notes that he often suggests that customers sit up front and hold the cigarette outside the cab. While this works well in the summer months, it is more difficult during the winter because the driver is exposed to extreme cold on his upper torso and warmth from the car's heating system on his lower extremities.

Drivers report that they get ‘annoyed’ with customers who feel they must smoke, even when they are going short distances. One driver reports that after repeated encounters with one client who always wanted to smoke, he began to ignore the customer when he attempted to hire his cab. He says “....that was my little revenge, hopefully he'll get the message that some

people can do without your \$10 and \$20 fares....”(TD2) While he protects himself from second-hand smoke, repeatedly utilizing this strategy will mean a reduced level of income. On the other hand, drivers have more latitude in refusing clients during the winter months because it is their busiest period of the year. Therefore, the winter season is an indirect form of health protection. Also, the By-law provides that drivers can refuse to provide service to customers who smoke. While this provides some health protection, it still allows smoking in cabs. Drivers report for example that they cannot legally remove astrays from their cabs.

The data demonstrate that drivers engage in compromises and trade-offs of income and job security for health. Trade-offs include going to court to fight perceived unfair ticketing practices by police, which usually means lost wages and lost time. However, if successful, it provides a sense of justice that is conducive to emotional well-being. As well, drivers choose to take time off to cultivate social support with family and community. They also report they sometimes refuse to provide services to clients who wish to smoke in their workplaces.

Improvising:

Improvising refers to the strategies drivers use to manage various facets of their work that may pose a threat to physical and mental health. Improvising deals with issues related to having a car as a workplace, problems inherent in working long hours, the organization of work and managing anger and frustration. A key informant advises that there are an estimated 10,000 licensed cab drivers in the City and there are approximately 3,400 license plates. The over-supply of drivers, the poor economic conditions and the highly competitive nature of the industry means there is little incentive to improve work conditions such as providing better taxi cabs. Since shift drivers can expect no improvements in the condition of the cars they drive and since many lessee drivers cannot afford to purchase new ones, they find ways to protect their health while continuing to drive potentially unsafe and uncomfortable cabs.

To deal with their uncomfortable workplace for example, drivers use cushions for their backs and one driver advises that he drives 'very cautiously'. The use of cushions, while it helps to protect the back, particularly in cars that have no adjustable seats is a short-term solution to potential back problems. One participant suggests that it is best to get out of the car as often as possible in order to relieve the stress of sitting for long periods in a confined space. He says:

Oh, you get really tired and your back hurt, you knee, your neck.. if you don't walk and every time when you got a customer, it's better to get out of your car and just stretch, you know, just come outside..instead of just sitting like 10 hours and 5 hours..and you can feel it.... (TD1)

Stretching relieves muscle tensions and helps to relieve mental stress. Relieving the physical tension of sitting in the cab for long periods may also relieve fatigue and drowsiness and may help to refocus the driver's attention. Getting out of the cab (if it occurs at rest stops) also provides opportunities for socializing with other drivers. With respect to protecting himself from future back problems, one driver says:

...I choose certain things, I start doing right from the early. Always sleep on the hard, I don't sleep on the bed..and I always use that thing, [obus forme]. I've been using maybe 10, 12 years now. It's not like I start using it now so that when you're taking some kind of precautions.... (TD6)

The comment suggests that he has knowledge of, or was aware of, the potential risks of sitting in a car for extended periods of time. Part of this health behaviour occurs outside of work, e.g. sleeping on hard surfaces at home. Another participant talked about his knowledge of health science and how he utilizes this knowledge to protect his health. As well, past practices play a role in the current health behaviour of drivers. For example, one participant advises that he

...was a top soccer and cricket player so it's in me to..and I do my gardening again, that is good for my health...(TD3)

In these cases, participants demonstrate a relationship between knowledge about health and potential risks by engaging in health behaviours such as exercise or using protective devices for their bodies. As well, the latter comment suggests that health behaviours learned in early life

carry over into later stages of the life course. This participant who is in his late fifties, has a mini gym in his home and reports that he exercises frequently in addition to gardening.

Drivers say that too much cruising causes depletion of their energy levels. As well, they advise that because of the condition of their cars, they are easily fatigued and often begin, after several hours in the car, to experience physical pain in their knees and backs. They therefore find creative ways of dealing with the stress of protracted work hours. One strategy is to alternate between cruising and sitting at a post. One driver states that:

...I don't sit too much and I don't cruise too much because I have to work long hours and I have to really preserve my energy..because you really can't drive it for long long hours..so you can feel it, in five hours without stopping when you drive, you can feel your knee, you know, and your back and everything is very tough. (TD1)

Making appropriate choices about when to cruise and when to sit at a post is a way to balance their workflow and to conserve energy for the duration of their shifts. This strategy helps to alleviate the fatigue and stress inherent in cruising. While sitting at a post reduces fatigue and stress, it also increases the sedentary effects of the job. Drivers therefore get out their cabs and walk around in the area or they sit in the cabs and stretch their legs outside the car. This behaviour was also observed among airport limousine drivers. These drivers note that they wait extended hours in the taxi compounds at the airport, so they pass the time by walking around the compound.

To relieve the boredom and frustration of sitting on a post, drivers also advise that they read or they take naps. Four drivers report that they often read while they wait at taxi stands. One driver says that he reads in order to alleviate depression and to do 'something constructive that is good for my mental health'.(TD5) Napping during shifts is another way to reduce the effects of fatigue and to alleviate the problems attributable to inadequate rest, e.g. drowsiness.

In talking about sitting at a post, several drivers use phrases such as 'when I take a rest'. This suggests that the post is multi-functional. The practice of using the taxi stands as rest stops is an industry norm. Many drivers who prefer cruising during their shifts use the post as a rest area

and as a place to get customers. Drivers' approach to talking about their health behaviours reveals the tacit skills they utilize in performing their work. They do not frame these behaviours in terms of health but in terms of instrumentality. For example, it just makes sense to sit at a post because going somewhere else would be impractical. The posts facilitate rest, eating, and personal care opportunities.

Another way drivers engage in improvisational behaviour is illustrated by one participant's approach to getting exercise. Prolonged work hours often mean drivers are unable to go to the gym. As well, taking time off to exercise represents lost opportunities to earn income. Drivers understand that exercise is necessary for their health and their ability to do their jobs. One participant notes that exercise 'helps to keep weight off' and 'refreshes and strengthens you'. (TD4) Two drivers report that they perceive helping with luggage as part of the service they provide to clients. Although it can be a potential hazard, one driver uses lifting luggage, as a form of exercise. He says:

...I see a lot of drivers don't bother doing that but I do, anytime there is a customer, I put the luggage, I take it out and I put it in. The only reason is, not for them, I do it for myself, because I used to go to gym and I stop going to gym. I used to lift weights and so this is one way of doing my exercise..I wish I could have, I will have to have time to do all this back again because since I start driving by myself I had no chance to go to gym or anything. Because, when you go there, you lose money..you have to constantly make money in order to pay off the bill, then look after yourself. (TD1)

He perceives that using his job tasks as a form of exercise is a way to help reduce financial insecurity. The luggage functions as weights used to build physical strength and lifting them makes up for not going to the gym. However, this has not proved a very effective way for him to exercise. This participant notes that he recently hurt himself lifting luggage into his cab. As well, this strategy may have limited benefits since it is not engaged in or sustained periods of time.

Finding ways to mitigate anger and frustration is another example of improvised health behaviour. One participant admits he engages in screaming as a way to release his frustrations.

He says "...yeh, I scream. I feel it's therapeutic too you know, cause you can't keep all that stuff in. I scream a few times..." (TD2) Although he gets rid of the stress, he admits that he experiences guilt at his behaviour because yelling and screaming, while it may be therapeutic is not acceptable social behaviour. So, while he can protect his mental and correspondingly his physical health by emotive behaviour, he is constrained by social propriety. This strategy, while it is salutary, is not an effective long-term method of coping. This approach to dealing with stress can be contrasted with the approach of two other drivers who say that they simply ignore issues and situations that they find upsetting. This is reflected in comments such as 'I don't take it that seriously' or 'I don't let it bother me'. It is unlikely however that ignoring the problems that are inherent in their everyday experience is beneficial to their long-term health.

Diet and physical activity:

Drivers perceive that mental stress is a threat to their health so physical activity is engaged in to relieve 'mental tiredness'. One participant notes that he does not feel physically tired because "the reason I start working late is that I go work out at the gym". (TD2) Drivers' concepts of health are linked to the ability to work. All but one driver engaged in some form of exercise and all admit that exercise is necessary for their mental health. One driver says:

....you've got to take care of yourself because with this job, you can go crazy... You have to take care of your mental health, you have to take care of your physical health. And if you don't do those things, chances are you can get sick, you know. You can just deteriorate. You can pick up a mental problem. So I would advise any cab driver, make sure to take care of yourself. Go to a gym, do a little exercise and keep healthy. I think that's the key to driving a cab. To be an efficient cab driver, you've got to be healthy..without health driving a cab out there is a big zero, you just can't exist. (TD5)

The emphasis he places on both these aspects of health illustrates that he is aware of the risks to both facets of his health. His concern about getting sick suggests that this would be a liability because drivers cannot afford to take time off from work. Staying healthy therefore

affords material security and physical and mental well-being. In order to ensure his material security, he says:

.... I try to take care of my body as best as I can. I think I'm pretty healthy compared to some of the drivers out there. But of course, I protect myself a lot. I use a cushion for my back and I drive very cautious. And then again, I know quite a lot about health. When I was going to high school, my best subject was health science, so that helps me in this situation. (probe) Well, I know how to protect myself, I know the things to eat. I'm very experimental too, I do a lot of reading on my health and stuff, you know. (TD5)

Although he educates himself about health issues and says he 'knows the things to eat' this participant admits to eating only once during his shift, usually a banana or some other fruit. He says he 'goes on a diet' during work hours. These dietary habits are common among these drivers. There is some inconsistency in the beliefs and practices of drivers with respect to dietary habits. Their assertions suggest that they make the connection between dietary habits and health; i.e. protecting the body or health means knowing 'the things to eat' and 'eating proper foods'.

Although they recognize the necessity of proper diet, this does not extend to performing the behaviour. Two participants for example, mention that they take vitamins with their breakfast in the mornings. However, breakfast usually consists of 'a glass of orange juice'. This incongruity may be attributed to their work conditions and to the time constraints under which they function. As one participant asks, "how much can you eat at 5 o'clock in the morning"? (TD3)

His (TD5) comments about physical activity and his behaviour regarding his diet suggest that he places more utility on exercise than on dietary habits. The instrumentality of physical activity is illustrated in the comments of one participant who says that he must exercise so he can carry out his job tasks. For him exercise means he can stay alert while driving long hours. He says:

....I have to run like 3, 4 times a day, 1/2 hour, you know, I used to do that..but since I got my knee problem, I just didn't run..I didn't have enough energy afterwards. I lost a lot of energy because when you run you get a lot of energy. That's how I work and I have to stretch everyday for my back, for my knee, upper body, you know, my hand, my leg.. everything I have to stretch every day..every morning when I get up. If I don't do that I couldn't even talk to you. I get so tired and lazy and you know, I

can't function. So, besides that I have to eat well. I have to eat balanced meals.
(TD1)

His comments reveal his conception of exercise as instrumental, i.e. it is used to maintain health in order to work. The comments also suggest that diet is an important part of his health strategy. Interestingly, the comments of the independent driver in this study suggest that he uses exercise as a form of recreation, as an opportunity to socialize and to cultivate social support. This assertion is supported by his earlier comments with respect to his relationship with co-workers. He says he 'keeps his distance' from them and tells them "I'm not here to make friends, I've got my friends at home". (TD10) The lessee driver, on the other hand, sees exercise as instrumental. The differences in their perspective is illustrated in these comments by a lessee driver, a shift driver, and an independent driver, respectively:

The reason why I go to do my exercise in the morning is to relieve some stress.. because I think a lot of taxi drivers are stressed out, you know. So that way, I'm kinda lightheaded... (TD3)

I was advised and I advise every taxi driver to invest in a little gym. I will go three times a week. This deals with stress too. Otherwise, sitting in that cab is....(TD3)

I like to get home early in the evening in the summer time so I can go play cricket or soccer (TD10).

Drivers' attitudes about health and physical activity are influenced by their perceptions of the body and their concerns about job and income security. They talk about health being the ability to 'function' or 'to be mobile'. This implies that a functional body increases material security by affording the ability to work. Their emphasis on exercise reflects their concern with their mental health but also reveals the limits to the health strategies they can engage in. On the face of it, exercise seems to have been adopted as a panacea for all health-related threats among several of the participants. For example one driver suggests exercise as a way to deal with the possibility of incontinence and stress. As well, the data demonstrate that drivers believe their jobs are more of a mental than a physical threat to their health. The emphasis on exercise to

relieve 'mental stress' and the number of drivers who engage in physical activity substantiates this assertion.

Summary

This chapter discussed drivers' management of threats to their health. These strategies include using 'talk' as a way to assess clients before picking them up and as a way to mitigate or de-escalate potentially volatile situations. They use observational and intuitive skills as well as their knowledge and experience in the industry as non-verbal methods of assessing potential clients. As well, drivers engage in compromises and trade-offs that, while they protect health, often result in lost wages. They also find innovative ways to get exercise on the job, to reduce fatigue, to make their workplace more comfortable, and to conserve energy during long shifts. Finally, drivers' health protective strategies include going to the gym, walking, gardening or playing soccer or cricket.

The data demonstrate that drivers manage social relations with customers using interpersonal skills such as talk and conciliatory acts. They perceive this as a normal part of their work and not as a specialized skill. Overall, the data demonstrate that drivers have basic knowledge about health, perceptions of what constitutes a health risk, knowledge about laws and regulations governing their industry and how these factors affect their health. Behaviour is further influenced by attitudes about work and health. Although drivers exhibit knowledge about health and health risks, their ability to engage in health protective strategies are constrained by employment relations (lease agreements), economic considerations, and by the conditions and nature of their work (e.g. long hours and time constraints).

CHAPTER 6

STRUCTURAL DETERMINANTS OF HEALTH

The preceding chapter dealt with the strategies drivers use to protect their health.

However, as the data have shown, there are also structural factors that play a role in the protection of the health of drivers. These include drivers' location within the social hierarchy of the industry, (i.e. the various categories or types of drivers), the organization of work and the social support provided by technology used on the job and by the police. Various aspects of these issues have been alluded to throughout the preceding chapter and will only be briefly discussed here. Social support however, will be discussed in more detail.

Types of drivers and work organization:

As suggested early in this thesis, the category into which a driver falls has implications for his health and safety. For example, independent drivers and shift and lessee drivers who work during the day are protected from the hazards of night work. In the case of the independent driver, a structural determinant of health is the ownership of a plate. This gives him more control over his work hours because he has lower operating expenses and thus more flexibility in his choice of clients. As well, because they do not use a dispatching system independent drivers are not subjected to abuse by dispatchers. An independent driver says that:

...the good part about this is I work, I tend to work during the day. I don't work at night. I try to get home before night comes and I don't pick up certain people off the streets. ..If a person just looks, you know, like he's not kosher I just won't pick him up. I'll just drive past him. (TD10)

Shift and lessee drivers admit that during slow business periods, they will pick up customers even when they know they might pose a threat to their health. With respect to picking up 'questionable' clients, an independent driver states:

It's a matter of experience. A lot of the guys that you hear get robbed, it's just through their own stupidity and greed. I mean, the last guy I heard got robbed, some guy got, he picked up three guys on Yonge Street at 3:30 in the morning, right, you shouldn't do that. Another one, he picked up 4 guys and he got robbed. I mean, it's really stupidity and greed. In the daytime, your chances are much better but at night, it's even worse. (TD10)

The statement suggests that, from his perspective, there are certain unalterable precautions that drivers should take in order to protect their health. For example the data have demonstrated that drivers who pick up groups of people are more likely to be victimized. As well, there are certain areas and times during the night where drivers *should* avoid picking up people. The comments also suggest that there is a certain level of risk that drivers can take; e.g. picking up groups during the day is safer than at night-time. However, going beyond that level of acceptable risk is considered negligent.

The comment reflects the independent driver's status in the industry. While he perceives this behaviour is an unacceptable risk and characterizes it as 'stupid and greedy', the lessee or shift driver may perceive it as material survival. That is, the independent driver understands it as (personal) health-adverse behaviour; the lessee or shift driver perceives himself as behaving out of economic necessity. Therefore, the risk is viewed differently, i.e. from an economic, not a safety perspective. By virtue of their work arrangements and categories, lessee and shift drivers experience higher levels of powerlessness with respect to controlling certain threats to their health.

For the shift driver, structural determinants of health include work hours and location of work. This driver, for example, notes that he works mostly in the downtown core and only during the day. He says:

[it's] very rare, very rare I would get difficult clients. I think what is responsible for that is the hours that I drive and those hours, between 7 to 4:30, you mostly get office personnel going to and from the office, you know. But I think in the night, you'd get the opposite.... (TD5)

Work hours and the location of work means 'safer' clients and a safer work environment. Also, as mentioned earlier, drivers generally work in the vicinity of their brokerages. Extended periods working within these boundaries allow drivers to become familiar with neighbourhoods and the people who live in them. They also learn to avoid locations that are considered 'high crime' areas, or areas where they are likely to encounter 'undesirable' clients.

For the lessee driver, his lease agreement is a structural determinant of health because it influences the organization of his work day, e.g. the number of hours he works. They are either lengthened or shortened depending on whether or not he shares his cab with another driver. A lessee drivers notes:

... in this business, it's kind of stressful too you know. Sometimes you can't decide whether you should quit it now or go home. Having a night driver, you have that warranty, you know that 5 o'clock you have to go back. (TD6)

This participant talked about the difficulty of working alone, working extended hours, the uncertainty of the taxi business, and the necessity of 'staying out' until he had earned enough to pay his operating costs. The decision about work hours is made not by choice but by his work/lease agreement with his co-worker. While this reflects a certain lack of control, having a second driver protects these lessee and shift drivers from the hazards inherent in night work and long hours. On the other hand, drivers who sublease are forced to work at nights.

Another way in which the organization of work protects drivers' health is demonstrated in the experience of the airport/limousine drivers. These drivers are less likely to be victimized or abused by clients because they have personal information about the people they pick up, usually home addresses. As well, unlike the taxicab driver whose livelihood depends on 'playing the streets', they rarely, if ever, pick up clients from the streets.

Also, competition between airport drivers is reduced by the organization of work at the airport. Cars line up in rows, 3 deep, in a compound and a dispatcher, using a speaker system, calls for taxis as needed. The cars go to the pickup point in order according to lines and rows.

This way of organizing work combined with the layout of the taxi compound, decreases competition among drivers, e.g. there is no line-jumping. This reduced competition correspondingly lowers levels of stress associated with competition and facilitates social support among these drivers.

In sum, the location of the driver within the social hierarchy of the industry is a potential source of health protection. Financial resources and lease/work agreements are a determinant of these locations. For example, when drivers share a cab, the primary lessee driver usually works during the day while the driver who subleases works the night shift. Shift drivers, who are regular drivers, usually get the day shifts. For the independent driver, there is the added protection of freedom from the abuse of dispatchers because he does not use a dispatching system. For shift and lessee drivers who share a car, their work arrangements protect them from the hazards inherent in long hours of work. The organization of work also protects airport limousine drivers from the risks inherent in competition and facilitates social support.

Social Support:

Social support for drivers appears in formal support such as the police, unions and associations and technology used on the job and informally through support networks such as family and other drivers. The level of support among drivers is inhibited by the competition that is pervasive in the industry. However, three drivers mentioned family members who were 'supportive' and two drivers mentioned they had groups of drivers who were 'friends' and who supported each other. Other drivers also found support through their unions and associations.

One driver says:

...The garage I come out of, there's a bunch of guys there, we're pretty tight. We have a guy from Nigeria, Somalia, Eritrea, a guy from Grenada, St. Vincent, Jamaica. It's about 12 guys and we're a pretty close-knit bunch. Nobody would want to mess with us if they saw us walking down the street. Everyone stands up for everybody in that group. Every garage I've ever worked in, there's always a bunch of guys, we stand up..we're friends. (TD3)

Another drivers notes:

...We made a union and we want to go to the office and share with the dispatch what they are doing...you pay 30 bucks, I found it's the only solution to solve our problems....(TD7)

Though it appears from the comments that they have some social support, it is unclear how instrumental support systems within the industry are for drivers' health. The data demonstrate contradictory findings with respect to the quality of social support. For example, other participants report that there are inter-cultural conflicts among drivers. One industry informant advises that there are taxi stands that have been unofficially designated as belonging to a particular cultural or national group. However, while such segmentation precludes social support between cultures or nationalities, it does provide support within nationalities and cultures.

Technology used by the taxi industry plays several roles in the work and health of drivers. The radio dispatch system, while it facilitates abuse by dispatchers and competition among drivers, affords some protection. Five drivers mentioned that they used the system in emergencies to contact dispatchers or the police. None of the drivers specifically identified the radio as a form of protection or social support; however, in talking about his experience with dispatchers, one driver clearly perceives it as such. He says:

They can do anything they want..you're just a worker..they can give you any single fare or dead fares. Sometimes they can give you just non-existent fares on the computer and nobody listens to you. On the radio you can tell him "I am dead" and people can listen to it. (TD7)

In a subsequent explanation of a disagreement with the dispatcher, he says:

....so he said, 'what is it, go ahead'. I said "look, you gave me [address], this number doesn't exist". 'It exists, it's right there'..he says, 'it is right address I gave you and that's it'. He boil my blood, like I just want to explode. So when I meet this guy, if he is in front of me, I would act like uncivil person because... And suddenly maybe there's somebody who hear I guess, they tell him, no it was 1267. And he came back to me in less than a minute. 'Sorry, sorry, we have old woman, they gave us wrong address, go to 1267'. And that's why I just, I get cool little bit. (TD7)

The statement reveals that he was angry and frustrated with the dispatcher. However, another driver provided social support by pointing out that the dispatcher was incorrect. Once the dispatcher apologized, the situation was diffused, the anger and hostility between the driver and the dispatcher dissipated and the driver returned to a relatively calm emotional state. The comments also suggest that if drivers are being abused by dispatchers or are having trouble with incorrect addresses and so on, other drivers are listening and can come to their aid. It is also possible that because drivers perceive the radio as a source of protection, they may expose themselves to unnecessary risks because they believe there is quick access to help.

Drivers also use the radio dispatch to contact the police when they are in danger or when they have been victimized. Although drivers report up to 2-hour waits when they call the police, they still see them as a source of health protection and support. One driver explains a condition under which he used the radio to call the police for support; he says:

One of them was pushing his hand in my face, he wanna beat me up. He got in the cab, he says "hey nigger, what kinda music you got there". I said wait, I don't understand that language. From the time I tell him so, he want to beat me up. When I tell him to get out, he refused to get out of the cab. ...it was about 5 of them, all the others were gonna get out, but he was the one, he looked like he's the vagabond type, you know. So I called the police on the radio, he get out quick and he's gone. But he wanted to beat me up. Oh yeh, he was threatening me what he was gonna do to me. Then he tell me, "I'm not getting out, you gonna drive me home". When he heard me call for the police, he started getting out and he went. (TD8)

The data demonstrate that talking is not always an effective strategy for dealing with difficult clients. In this instance, the radio and the police served as a deterrent by 'scaring' the potential victimizers into leaving his cab. Police are also called when intoxicated clients get 'rambunctious'. In these cases, they will take money from the customer and pay the driver.

The computerized dispatch system also plays a contradictory role in the health of drivers. It reduces the competition and the problems inherent in that, i.e. drivers 'scooping' fares from other drivers because they have heard the location on the radio dispatch. As well, it eliminates the verbal abuse by dispatchers. Some drivers suggest that the computer is preferable because it

eliminates the confusion, particularly with respect to language and problems with forgotten or incorrect addresses. However, while the computerized dispatch system facilitates fast, efficient service to the brokerages and customers, it leaves drivers unprotected in cases of emergencies.

One participant notes that:

.... You don't get the voice of a dispatcher, ...it is a better, in many ways..you get the order being plugged into the computer, comes up on the screen, the address and everything so there's less likelihood of misunderstanding or even forgetting the order cause drivers may forget the order. And it doesn't have to go through rigmarole in dispatching it..like every time they gonna dispatch a call, they usually have to call one or two cabs in the area to see which is closer. Whereas one that is in the area in the computer which is first, it comes right up to that one. (TD8)

The comments suggest that the computerized dispatching system reduces the interpersonal conflicts between drivers and dispatchers and affords a more peaceful work environment. It alleviates drivers' stress, particularly drivers whose first language is not English because the addresses are displayed on the computer screen. This reduces driver callbacks for address verification, which is a source of contention between drivers and dispatchers. In sum, technology (radio dispatch) provides social support by facilitating two-way communication between the police, other drivers and dispatchers. As well, the computerized dispatching system affords less confusion between drivers and dispatchers and so creates a better working relationship between dispatchers and drivers. Conversely, it does not provide social support for drivers because there is no direct voice communication.

The data demonstrate that the work organization and driver categories can be a source of health protection for some drivers. In some cases, the organization of work facilitates social support: in others, the police and technology, in the form of radio dispatching systems, are forms of social support.

CHAPTER 7

DISCUSSION AND CONCLUSIONS

In this study of the work and health experiences of visible minority taxi drivers, the main findings are:

- ◆ **class and race appear to operate through micro mechanisms to influence the entry of these drivers into the taxi industry and function to locate them in disadvantaged positions within the business. The data suggest that these disadvantaged positions expose the lessee and shift driver to higher levels of occupational health threats than the independent driver. At the interactional level, drivers experience race as powerlessness, uncertainty, rejection and sporadic incidences of race-based abuse (racial and ethnic slurs);**
- **the nature of work influences the health and health behaviour of the drivers. They experience economic exploitation, job and income insecurity, fatigue from the long hours of work and they engage in risky and aggressive behaviours on the job. They also experience stress that is related to the demands of their job and to conflicts with others. As well, they experience victimizations that include fare-jumping, threats of physical abuse and they are exposed to the risks inherent in having a car as their workplace;**
- ◆ **drivers utilize various strategies to protect their health. These include talk, reading the signs (of danger), improvising, compromises and trade-offs, and physical activity.**

This chapter discusses these findings in relation to the relevant literature. It explores the interaction of race, class, and work and what it means for drivers. The chapter also discusses their work and health behaviours. These behaviours include health-endangering behaviours as well as the strategies drivers use that result in health protection. The chapter concludes with a discussion of the strengths and limitations of the study, the implications for further research and policy implications for the taxi industry.

Race, class and work

According to Weber and Marx, class is based on ownership of property and on economics (Russell, 1983). Weber (1946) contends that property and lack of property are the basic categories of all class situations. The benefits of ownership of property are illustrated in the difference between the work and health experiences of the lessee and shift drivers and the independent drivers. The major characteristic structuring the inequalities between drivers is the availability of or access to financial resources with which to purchase a plate. This is particularly relevant to immigrant drivers, who are new to the country, have no financial resources and no collateral with which to secure loans. Although drivers' tasks are similar, there are obvious differences in their experiences of work. One main difference involves the financial aspects of the job. That is, the lessee and shift driver pays lease or plate rental fees as well as brokerage fees; the independent driver does not. Russell (1983), in a study of taxicab drivers in Boston, found that what differentiated drivers' experiences was not authority or control but compensation and incentives. He maintains that since independent drivers neither "split their take with a fleet owner nor pay rental or interest charges, they are less urgently in need of maximizing their daily gross than other drivers" (363). This is a sentiment that was echoed by the drivers in the present study. The access to more financial resources means that independent drivers work shorter hours, drive better cars and usually do not engage in the aggressive and risky behaviours that other drivers do. Ownership of a plate endows the independent driver with power and control that is conducive to good health and to an overall better quality of life.

On the other hand, lessee and shift drivers are exposed to high lease costs, unsafe cars and excessive work hours. Lessee drivers in particular are forced to work extended hours, sometimes as much as 24 hours per shift, in order to pay inordinate lease costs and earn a living wage. Similar findings were reported by Thomas and Shimski, whose (1996) report ranked independent drivers at the top of the social stratum of the industry, followed by lessee and shift drivers respectively.

Lease costs are controlled to a certain degree by a union contract. However, only a few drivers are unionized and many drivers do not want to be because they are not full-time drivers. This makes it difficult for drivers to protect their interests as a class of workers. It also means that where other workers may have unions as a mechanism for social support, most taxi drivers do not. Participants in the present study have suggested that drivers are 'infected with propaganda' about unions and that they tended to be individualistic. This individualism is partly a result of the competitive nature of the business. It puts drivers in conflict with each other, making it difficult for them to build social support networks. The conflict engendered by competition and the nature of the business preclude the possibility of creating a collective voice for taxi drivers. That is, drivers' work schedules make it difficult for them to get together for social or political reasons. Their work schedules also make it difficult for union organizing to occur. Russell's (1983) study found that class differences interfered with organizing activities among taxi drivers, ostensibly because of the differing goals and interests of drivers. He noted that the most difficult group to organize was the 'rental labour force'. The findings of the present study reveal that lessee and shift drivers, which would constitute a rental labour force, is the group most at risk for health hazards, particularly with respect to the quality of their cars and the fatigue caused by long hours of work.

Race, class and health

The findings in this study suggest that the working conditions of drivers along with race and class factors affect their health and health behaviour. Industry informants have posited that 80 to 90% of taxi drivers in the City are visible minorities. These facts suggest that the material conditions of race and class may have consequences for the mental and physical health of drivers. Many of the drivers in this study felt they had no choice about going into the business. They began driving taxis only after giving up the search for other jobs. This suggests that for these drivers the taxi business was a last resort. Drivers cited racism, deficiency in official language

skills, and the lack of 'Canadian' experience as factors that influenced their entry into the business. The inability to find other work, the ease of entry into the taxi business, coupled with the perceived independence that drivers would have make it an attractive proposition at first glance. It appears that drivers are willing (or forced) to endure the hazards and hardships inherent in the taxi industry because they have no where else to go.

The ideology of independence and the opportunity to build their own businesses initially attract and help to keep drivers in the business. The notion of independence takes on more importance as the realities of the job become obvious; drivers still overwhelmingly cite their freedom and independence as the reason they stay in the business. They are initially attracted to leasing because of the 24-hour access to the car and the belief that they can share the car and the operating costs with a second driver. In many cases however, drivers find themselves working alone and are forced into a cycle of driving excessive hours, sleeping shorter hours, and putting themselves at risk. Russell (1983) notes that drivers 'flock' to leasing with the belief that they will have the car for longer periods of time and that they will be able to earn a higher level of income. While it is possible to make a living, the level of income is dependent on the volume and capriciousness of customers. The competition for customers, particularly during the slow periods of the summer months, coupled with the structure and nature of the business, is a source of ill-health for drivers.

These findings are consistent with other studies of occupational health and safety (Lee and Wrench, 1980; Robinson, 1984; Hendrix-Wright, 1987; and Wrench, 1994), all of which identified race as a risk factor for health. Wrench (1994) for example, found that minority women were concentrated in 'poor work' that was characterized by non-unionization, transience, insecurity and lack of adequate training. He reports that visible minorities were less able to resist unsafe work conditions because of their disadvantaged position in the labour market. Language barriers served to exacerbate their powerlessness. The present study reveals that the taxi business is similarly characterized by uncertainty, both in terms of financial security (earning enough to

pay their bills) and lease agreements (keeping their jobs). With respect to lease agreements, drivers can lose their ability to earn a living within seven days. The scarcity of taxi plates makes drivers vulnerable to exploitation by plate owners who can arbitrarily raise lease fees and who do not need a reason to reclaim their plates. In order to keep the use of the plates, drivers are forced to work longer hours, thus exposing themselves to various hazards.

The interactional level of race is racism. The most overt occurrences of racism reported by drivers were the use of racial or ethnic slurs. Drivers also report experiences of rejection and humiliation by customers through usage of derogatory terms or refusing to use their services. The experience of racism is visceral, which means that it manifests itself in psychosomatic responses. The effects on drivers is reflected in statements such as 'it's like a slap', 'being hit over the head with a crowbar', 'wakes you up', or 'it's very frustrating'. These findings are similar to those reported in a 1997 report regarding risk factors in the London (Ontario) taxi industry and to Essed's (1993) and Dorr's (1998) studies of the effects of racism and racial slurs. In Essed's study, female respondents report that racial slurs influenced their lived experiences but said name-calling played a marginal role when compared to more covert mechanisms such as exclusion, humiliation or rejection. Dorr's study found there were physiological changes (elevated blood pressure) in visible minority males when blatantly racist issues were discussed in their presence.

In the present study, drivers report that there were only sporadic incidences of racist name-calling and most chose to 'just ignore' the abuse. The choice to ignore race-based abuse may reflect the salience of other interests (e.g. economic). For example, as the data demonstrate, some drivers avoid using the dispatch service while others continued to utilize these services despite the abusive behaviours of dispatchers. Drivers' reaction to dispatcher abuse may reflect their powerlessness to control or change the situation. Aronsson (1989) comments that "helpless persons do not expect that their actions will lead to any result and therefore make no attempt to change their situation" (460). As well, their response may reflect their dependency on dispatchers

for their livelihood. As Russell (1983) points out, brokerages attract a high volume of lucrative business and it is to the advantage of the lessee driver to participate in radio dispatching. Consequently, no driver who hopes to get business from dispatchers will want to antagonize them. Thus, drivers' actions reflect the aligning and realigning of relations and the development and reformation of prospective lines of action (Elliott and Fleras, 1992).

Work and health behaviour

With respect to work conditions and health behaviour, drivers experience fatigue from the long hours of work and engage in risky and aggressive behaviours on the job. These behaviours are linked to debt loads and the wage incentive system, competition, the need to please the client, and time constraints. The long hours mean drivers do not take time for meals because they 'cannot afford' to; they often do not take time for personal care such as going to the bathroom when they need to, and forgo maintaining personal appearance and seeking medical services. In most cases, drivers 'eat on the run' because they are concerned about missing fares. The same concern is expressed in situations where they do not take time to go to the bathroom because they are concerned about losing customers.

In the taxi industry, drivers are in essence doing piecework; i.e. their level of income is dependent on total fares (number of customers) or on the distance of those fares. The data in this study suggest that there is a relationship between the impetus to earn a living wage and the way drivers do their jobs. Their practice of picking up 'questionable' clients for example reflects the influence of the wage incentive system. As well, as part of the competition among drivers, they engage in speeding and other aggressive behaviours and put in longer hours of work in order to increase income. The level of competition and the risky behaviours of drivers are a recipe for ill-health, accidents or injuries.

Various authors have discussed the practice of long hours, its connection to incentive pay systems and its consequences (Mayhew, 1999 – in press; Sakai and Takahashi, 1975; Levi, 1987;

Lee and Wrench, 1982). Levi (1987) links long work hours to fatigue, stress and anxiety. Sakai and Takahashi (1975) report that drivers whose earnings were based on a wage incentive system worked prolonged hours and slept less than the recommended time they were allotted during their shifts. The authors also report that as the shifts progressed, drivers experienced marked physiological changes, characterized by diminished attention spans, drowsiness and restlessness. Lee and Wrench (1982) also report a link between incentive pay systems and the rate of occupational injury. They found that workers were motivated to take more risks towards the end of the week and would not report 'trivial' injuries because it took time away from their work.

In the present study, drivers cite 'limited time' in which to earn enough money as a way of explaining their risk-taking behaviours. Time limitations also influenced the level of reporting of 'trivial' incidences or threats to health such as fare-jumping; i.e., it took time away from work. Stenning (1996) reported that most of the victimizations which drivers experience go unreported because they consider them minor (less than \$40) economic loss. Similar to the findings by Wrench and Lee (1982), drivers in the present study, also put in 'double shifts' on the weekends because the volume of clients is increased and it allows the opportunity to increase earning levels. This suggests that the likelihood of accidents may increase because drivers are working overtime, after having put in 12 to 16 hour days during the week, and are likely still tired from their previous shifts. As reported in the study by Sasaki and Takahashi (1975), drivers often went into their next shift still tired from the previous one.

Taxi driving is unique in that the streets and the cars constitute a workplace. A mobile workplace combined with protracted hours of work and the resulting fatigue as well as working late at night suggest that drivers will be at increased risk for traffic accidents. Fell and Black (1997) and Dalziel and Job (1997) have investigated the effects of fatigue on taxi drivers. Fell and Black found that accidents, near accidents and unintentional drifting-out-of-lane events were related to short trips, loss of sleep and late-night driving. Dalziel and Job reported that taxi drivers had a disproportionately large number of accidents, which were attributable to fatigue.

The authors reported significant negative correlation between total average break time and the rate of accidents, which suggests drivers are working while tired. The participants in Dalziel and Job's study drove a minimum of 50 hours per week compared to the minimum 80 hours driven by the participants in the present study. Fatigue, coupled with the frustrations and stress they experience (i.e. not making enough money, conflict with police, time pressures, customers or other drivers) is likely to increase the level of risk for traffic accidents⁶ and may have negative physical and mental health implications.

Aronsson (1989) reported on a study of transport personnel whose occupation was characterized by time pressures, conflict between pleasing the client and meeting time commitments, client behaviour problems and traffic conditions, over which drivers had no control. The health conditions revealed in the findings included "mental and physical exhaustion, back and joint pains, stomach trouble, difficulties sleeping, slight mental stress, and absence due to illness" (Aronsson, 1989: 465). Similar findings are evident in the present study. Drivers' earnings are dependent on pleasing the client so they engage in risky and aggressive behaviours in an attempt to do so. In the process, they experience stress and anxieties with respect to traffic, particularly with 'slow' drivers, conflicts that are a result of the anti-cab sentiment of the general public, and problems with the police. As well, drivers complain of back and joint pains, tiredness 'in the brain', inadequate sleep, fatigue, mental stress, and digestive problems.

The unpredictability of the business and the consequent insecurity about job and income, is also a source of anxiety and stress for drivers. Studies on the unpredictability of work (Aronsson, 1989) found that workers experienced physiological changes (i.e. variations in adrenaline levels) under conditions characterized by instability. One study involved VDT operators whose workflow was interrupted by unplanned computer downtime. The responses to these unplanned

⁶ Data obtained from Workplace Safety and Insurance Board revealed that between 1996 and 1998, 56 traffic accident-related claims were made by taxi drivers. However, taxi and limousine drivers made approximately 8,127 accident-related claims to insurance companies between 1995 and 1997. Of this total, approximately 66% were related to collisions.

interruptions were exacerbated because the operators had no other tasks they could perform during these interruptions. Similar conditions were found in this study; i.e. taxi drivers often have long periods of downtime at taxi stands while waiting for customers. During these waits, there is not much they can do to occupy their time. The waiting periods are stressful because they are concerned about time constraints, about earning enough to cover operating costs and about earning a reasonable wage. This is particularly true for shift drivers who rent their cars on a daily basis. Drivers report that it is not unusual for them, after working 12 hours, to pay for a shift out of their pocket because they did not earn enough income.

The nature and conditions of the work and the associated experience of stress may put drivers at increased risk for heart disease. Similar findings were reported by Gustavsson, et.al. (1996) and Burling (1996). Gustavsson, et.al. investigated the psychosocial work conditions of bus and taxi drivers and found increased incidence of heart disease when compared to other gainfully employed men. The risk of heart disease is further heightened by the susceptibility of visible minorities to hypertension. Outlaw (1993) notes that blacks suffer disproportionately from hypertension and heart disease, both of which have been linked to stress.

Another of the risks that drivers are exposed to is second-hand smoke in their workplace. Although drivers prefer not to have clients smoke in their cars, they often have no choice. If they refuse to serve customers who smoke, they lose business; as one driver remarked, he 'cannot afford to lose 30% of his business'. Other than a reference to tuberculosis and another about propane gas, drivers did not express specific concerns about air pollution. However, a study by Borgia, et.al. (1994) contend that taxi drivers were not only exposed to general air pollution but to the risks inherent in second-hand smoke. The increased risk of lung cancer reported in the study suggests a 'synergistic effect' between the exposure to smoking and other occupational toxins. As well, Rafnsson and Gunnarsdóttir (1991), in a study of mortality among professional drivers, concluded that the lack of air circulation in their vehicles resulted in their exposure to higher

levels of second-hand smoke than other workers. These findings suggest that the continued exposure of drivers to second-hand smoke will have long-term health effects.

Much of the research on health behaviour reveals conflicts between profits and health and safety. As independent business people, drivers face these same conflicts. The piecework nature of their business coupled with the intense competition that is common among self-employed individuals is a source of dangerous health practices. A study of owner-drivers reported on by Quinlan (1988) concluded that “excessive hours behind the wheel, speeding and other breaches constituted a major hazard” (203). He notes that these behaviours are the outcome of normal work practices, that they are “embedded in the social relations of production” (Quinlan, 1988: 199). These behaviours were linked to heavy commitments, low returns and pressure from transport companies. They were also prevalent in situations where union representation was absent and where heavy debt loads compromised drivers’ behaviour and safety.

Taxi drivers in the present study share similar characteristics with the owner-drivers in Quinlan’s study. However, in contrast to the pressure from transport companies, drivers report that plate owners are known to apply subtle pressure for more money for the use of their plates, knowing that if drivers do not accede, they can reclaim the plates with little notice or justification. The difficulty in finding work, the conditions of their entry into the business, the depressed economic milieu, heavy debt loads related to car financing, the absence of a strong union to protect their interests, and apprehensions about meeting role obligations, fuels drivers’ fears about losing the use of taxi plates. These fears compel drivers to engage in health-endangering behaviours that have become normative in the industry. Forced to work under these conditions, drivers consciously or unconsciously engage in various strategies that protect their health.

Health behaviours

As noted earlier in this chapter, drivers employ various strategies to protect their health. These behaviours can be characterized as action-oriented, informal and interpersonal. Factors

that contribute to their ability to engage in such behaviours include the control they have “over the terms of their work” (Eakin, 1997). Personal autonomy affords the freedom to choose the kinds of behaviour they will or will not engage in. Although drivers have no control over the volume of work, they can and do have control over the speed with which they do their jobs and how they carry out their tasks. Being able to control the speed of their work means they have the ability to control its flow. They do this by improvising, i.e. alternating between sitting at a post and cruising. This strategy is used to cope with the fatigue of protracted hours of work and the stresses involved in cruising.

Kalimo and Mejman (1987) define coping as “efforts, both action-oriented and intra-physic to manage, i.e. master, tolerate, reduce or minimize environmental and internal demands” (23). They note that workers may try to change or avoid situations but when this is not possible, they adopt a ‘palliative mode of coping’. In the present study, drivers’ palliative modes of coping can be characterized as compromises and trade-offs, improvising, reading the signs of danger, and talk. Trade-offs involve activities such as not allowing customers to smoke in their cabs or taking time off from work, at the expense of their financial security. The latter behaviour is similar to assembly line workers in Wrench and Lee’s (1982) study. Their coping strategies included behaviours such as absenteeism. In contrast to assembly line workers however, taxi drivers are not paid when they take time off from work.

Improvised behaviours include using cushions to protect their backs, using the car as a place to eat and sleep when they are tired, or using job tasks as a mechanism for exercise. With respect to exercise, Eakin (1997) reported similar improvisational health behaviours in a study of small business employees. However, since instances of improvised physical activity are not sustained in terms of frequency and duration, it likely provides only temporary benefits. Talk is another strategy for coping with health hazards. Drivers use this strategy to assess clients before they pick them up, to manage potentially abusive customers and interpersonal conflict, and it is offered, along with ‘gum or candy’, in exchange for clients not smoking in their cabs. Talk is not

always an effective strategy, particularly with respect to assessing clients. Drivers use it in combination with visual methods of assessment, their industry knowledge, knowledge of neighbourhoods, past history and experience. 'Reading the signs' of potential danger includes the use of popular cultural stereotypes, demographics, and race and class. These strategies illustrate drivers' analytical, interpersonal and negotiating skills.

Although much of the violence against taxi drivers is relatively minor, they live with the knowledge that there is the possibility of encountering very serious violence. Several studies, including Liss and Craig (1990) and Stenning (1996) have examined violence in Ontario workplaces and the occupations that are at risk. Stenning reported that taxi drivers are a highly victimized occupational group in Canada, with levels as high as 21 times that of other Canadians. He also reported that homicide rates are four or five times that of police officers. Although the possibilities of such violence is slight in most circumstances, when drivers work at night for example, there is increased vigilance for signs of potential danger. Participants in Brewer's (1990) describe vigilant behaviour as 'knowing who to trust', 'which ones you have to watch', 'just being careful like', and staying awake to stay alive' (665). For taxi drivers, reading the signs of danger, or assessing clients before they pick them up, is literally a way to stay alive. As the data show, drivers who miss the signs are prone to physical or verbal abuse, robberies and in extreme cases, as reported in the news media, loss of life. Drivers also refer to the use of instincts, that when ignored, result in 'something bad' happening.

Brewer (1990) argues however, that people who work in dangerous occupations "are fooling themselves by believing they can be protected by their vigilant behaviour" (665). This is true of taxi drivers, particularly because of the nature of their work, i.e. working at night when visibility is reduced, having a workplace that is mobile and that facilitates assaults, and working in isolated and unpredictable conditions. Drivers acknowledge for example, that there is always the possibility that customers who appear 'normal' may become violent or abusive during the trip. As an added measure of vigilance therefore, they avoid certain areas of the City that are

known or perceived to be dangerous and avoid picking up certain 'types' of customers. This 'avoidance' behaviour is also used with respect to dispatchers; i.e. drivers avoid using the dispatching services in order to avoid the confusion of the radio and the abuse of dispatchers.

Returning to Kalimo and Mejman's (1987) conceptualization of coping behaviours, drivers also utilize action-oriented and intra-physic strategies to manage racism or perceived racism. They sometimes used talk to manage clients they perceived as racist. In situations of overt racism, drivers sometimes chose to ignore it, avoided it (i.e. avoided co-workers) or focussed, on or resorted to, comparisons of life 'at home' versus life in Canada, or they sought social support among friends. Kalimo and Mejman refer to these coping mechanisms as denial, intellectualization or repression of thoughts. That is, individuals find ways to make themselves feel better about the situation within the constraints of their environment. Several other studies have explored the question of how people coped with stressful situations without the need for medical intervention. Orbell (1986a, 1986b, 1987a, 1987b, and 1987c) concluded that individuals used three mutually exclusive 'strategies of adaptation'. These included denial, manifested in avoidance behaviours, use of social support, illustrated by increased dependence on social and kinship networks, and passive acceptance (Brewer, 1990).

In the present study, drivers' behaviours with respect to dealing with racial issues mirror Brewer's adaptation strategies. Drivers for example, intellectualized racist incidents (e.g. citing notable historical figures who are black) or they appeared to accept the behaviours. This is reflected in comments such as 'you can't fight it', 'you get used to it', or 'I don't think about'. By not thinking about or ignoring the problems, drivers are "controlling the meaning of the experience in a manner that neutralizes its problematic character and keeping the emotional consequences of the problem within manageable bounds" (Kalimo and Mejman, 1987: 24). Drivers' behaviours may not necessarily suggest an acceptance or a disavowal of a problem, it might simply be taken-for-granted or 'put it to the back of their minds' (Brewer, 1990). Over the long term however, these approaches may prove to be ineffective health strategies.

Another action-oriented behaviour of drivers is physical activity outside of work. Most drivers engaged in some form of physical activity, usually going to the gym, gardening and so on. This activity is reflective, generally, of drivers' conceptions of health as instrumental. They use exercise as a way to maintain mental and physical health, which they contend, is necessary in order to do their jobs. This corresponds to d'Houtard and Field's (1984) finding that in working class groups health is perceived as a function or resource. The authors found that middle-class respondents conceived of health in a positive and expressive way, while working-class respondents conceived of health in functional terms. In the case of the taxi drivers in this study, health was the ability 'function' to be 'mobile' and to fulfil their roles. Notwithstanding the emphasis on exercise as a coping mechanism, and although they consider themselves to be healthy, it is unlikely that they experience sustained levels of mental well-being.

The nature of the work in the taxi industry presents challenges for the promotion of health and safety. This assertion is premised on drivers' perceptions of risk in a job that is inherently hazardous and the differences in the nature and structure of their jobs. Although the literature often suggests that many employees, particularly in small businesses have little knowledge of health hazards in their workplaces, this does not hold true for taxi drivers. Drivers are aware of the dangers inherent in their jobs. In contrast to many small business employees however, their autonomy gives them latitude to engage in coping strategies. In many cases, drivers normalized or routinized their risky behaviours and the unsafe conditions in which they work; i.e. they accepted it as part of the job. Drivers, for example, engaged in calculated risks and broke formal rules (e.g. traffic rules) and attributed it to being part of the job of pleasing their clients. Sociologists such as Giddens (1984) posit that there is a routine character and sense of normality to the social world that individuals carry with them. It has also been suggested that people work at achieving normality (Brewer, 1990). This means for example, performing dangerous acts and perceiving them as normal. Normalizing the hazards of their jobs can be considered a coping behaviour that drivers have adopted as part of their strategy of health protection.

Distinctive contributions of the study

Traditional health behaviour research has focussed on workers' physiological responses to stress and its consequences; i.e. its relationship to disease outcomes. They are often approached from a managerialist perspective, concerned with worker productivity and organizational outcomes. Many of these studies emphasize personal/behavioural characteristics and ignore the work-relatedness of worker behaviour. The characteristics of jobs and how they influence these behaviours have been broadly characterized as personal stress. As well, these studies focus on health status outcomes and little attempt is made to examine the role of health behaviour in mediating these relationships (Eakin, 1997). This thesis has taken an alternative approach to studying work, health and health behaviour.

First, it researched an occupational group not generally investigated by social scientists. Although studies have been done on the taxi industry, none was found in the literature that investigated the subjective experience of taxi drivers. Utilizing an emic and an etic perspective and a qualitative methodological approach based on an interpretive theoretical perspective, the research examined the subjective work and health experiences of visible minority taxi drivers. The results of the study demonstrate that the combination of the etic and emic approach contributes to a broader understanding of work, race, health and health behaviour. It affords elucidation of the subjective experience of drivers as well as an objective analysis of their experiences, which in this study, revealed both health-related and health-directed behaviours. It also revealed other socio-structural contributory factors to health such as technology, class, race and social support.

Second, the study moved from the traditional behaviour-related outcomes of work to work-related determinants of health behaviour. That is, it has examined the effects of the social and organizational characteristics of work in the taxi industry and its effects on the health and health behaviour of taxi drivers. The findings revealed in this work demonstrate that drivers engage in

various strategies that allow them to manage, to some degree, the hazards inherent in their work. Although they have low control, work excessive hours, and are confined to their cars for hours at a time, their adaptive behaviours speak to the innovative and resourceful capacity of workers who are subjected to low level, occupationally hazardous work.

This study suggests the need to conceptualize health behaviour somewhat differently than it is currently conceptualized in the literature. 'Health behaviour' for taxi drivers for example, include engaging a client in conversation to prevent them from smoking, using 'placative' talk to calm a client and to prevent a potentially abusive situation or using 'evaluative' talk to assess clients before allowing them in their cabs. It demonstrates that workers do not necessarily resort to health-adverse behaviours such as smoking and drinking as coping mechanisms for work stress but may engage in improvised, action-oriented behaviours. For example, assembly line workers are purported to use their need to go the bathroom as a mechanism for breaking the monotony of the line and getting a non-authorized rest break.

This expanded conception of health behaviour suggests new directions for further research in other occupational settings. For example, it has implications for other service occupations such as bus drivers, truck drivers and police officers who have atypical and multiple workplaces and who spend long periods of time in confined spaces. It also has implications for people-oriented work. e.g. sales personnel, police officers, social workers, counsellors who may have limited control in their jobs, who may use visual and verbal methods to assess people and who may use talk as a way to manage people or potentially violent or abusive situations.

Limitations of the study

There are several limitations of this study that must be acknowledged. First, because of the nature of the qualitative interpretive methodology, conclusions are not necessarily generalizable to other populations. Findings are spatially and historically contingent. That is, the data were collected in one city, in depressed economic times, among one specific group of taxi drivers.

Another limitation of the study relates to the apparent paucity of interview data relevant to race. Only one question in the interview was explicitly related to race. The initial expectation was that race would be a significant feature of taxi drivers' experiences and, if it were, it would emerge in a relatively unstructured interview. However, it proved difficult to get concrete data on race. Issues of race were not pursued unless drivers reported incidences of racism. The goal was not to influence their responses by pressuring participants to talk about race issues. Race appears to have more structural than micro level effects. This suggests that it may not be a salient feature of drivers' consciousness or it may be that the circumstances and conditions under which the data were collected were inappropriate. That is, visible minorities experience racism and they are knowledgeable about the topic. However, it may not be possible within the framework of a relatively short interview, to quickly access and articulate those experiences. The paucity of data may also be attributable to the rationale that if informants think the researcher already has the answers they may not provide more information (Spradley, 1979). This is one instance where my own visible minority status may have negatively affected the research process. This finding poses a challenge to researchers to develop research methodologies that 'pull out' race-related stressors that Williams (1996) argues are missing from race and health research. One such approach might consider comparing the experiences of various groups, e.g. black and white taxicab drivers.

Policy implications for the taxi industry

As the data in this study demonstrate, drivers engage in various behaviours in order to protect their health while attempting to earn a living under constrained work and economic conditions. However, the protection of taxi drivers' health (which includes mental, physical, emotional and economic well-being) depends less on individual behaviours and more on general policies that determine their work conditions. The social relations of employment, (the By-law and lease agreements) and their work conditions, (long hours, low pay, dangerous work environment), and the broader socio-economic and political (depressed economy, high employment and racism) are factors that negatively affect their well-being. Therefore, several suggestions with respect to policy are presented here.

- The broader socio-economic and work factors play a crucial role in determining driver behaviour. Therefore, macro issues that influence their health and health behaviour must be addressed at that level. The exploitive leasing agreements, which are the impetus for much of the increased threats to drivers' health, need to be addressed. Steps should be taken beyond just issuing new plates. The current monthly debt load of drivers who will not be part of this new 'ambassador' class, must be alleviated.
- Another source of stress for drivers is the ability of plate owners to take back plates with only seven days' notice. The By-law does not provide conditions under which plates can be reclaimed nor does it provide an appeal process if plates are reclaimed. This leaves drivers vulnerable to the whims of plate owners. The By-law should be amended to provide longer lease cancellation terms and specific conditions under which plates can be reclaimed.
- Other than the safety and health issues addressed in the training manuals, drivers receive no continuous information about health and safety. This training information is disseminated once in the career of the driver and it is left to the individual driver to maintain awareness of

the potential hazards to his health. The licensing body should consider occasional update seminars on health and safety.

- **There is now a widely acknowledged link between smoking, second-hand smoke and lung cancer. This fact has led to the implementation of non-smoking by-laws in various workplaces. As it stands, drivers are allowed to refuse customers who wish to smoke but they are still economically coerced to endure smoking in their workplace. Their cabs should be made non-smoking.**
- **Only a small number of taxi drivers are unionized, creating a relatively weakened union. A stronger union with a larger membership, less individualism and more group cohesion is necessary to combat the exploitation of drivers and to improve working conditions. The union is a potential source of social support and can be a buffer between drivers and plate-owners, brokerages and the Licensing Commission. This recommendation lies within the purview of taxi drivers.**

Bibliography

Aggleton, Peter. (1990). *Health*. New York: Routledge.

Allen, I.L. (1983). *The Language of Ethnic Conflict: Social Organization and Lexical Culture*. New York: Columbia University Press.

Allison, Ken and D. Coburn. (Sept.-Oct. 1985). "Explaining Low Levels of Exercise Amongst Blue Collar Workers". *CAPHER Journal*. pp. 34-37.

Amott, Teresa and Julie Matthaei. (1996). *Race Gender and Work: A Multi-cultural Economic History of Women in the United States*. Boston: South End Press.

Anthias F. and N. Yurval-Davis. (1992). *Racialized Boundaries*. New York: Routledge.

Anderson, R. (1988). "The Development of the Concept of Health Behaviour and its Application in Recent Research". In R. Anderson, J.K. Davis, I. Kickbusch, D.V. McQueen and J. Turner (eds.), *Health Behaviour Research and Health Promotion*, pp.22-35. New York: Oxford University Press.

Applebaum, Herbert A. (1981). *Royal Blue: The Culture of Construction Workers*. Toronto: Holt, Rinehart and Winston.

Aronsson, G. (1989). "Dimensions of Control as Related to Work Organization, Stress and Health". *International Journal of Health Services* 19(3) pp.459-468.

Becker, Marshall H. (ed). (1974) *The Health Belief Model and Personal Behaviour*. New Jersey: Charles B. Slack Inc.

Blaxter, M. (1990). *Health and Lifestyles*. New York: Tavistock.

Blumer, Herbert. (1969). *Symbolic Interactionism: Perspective and Method*. Englewood Cliffs, New Jersey: Prentice Hall, Inc.

Blumer, Herbert. (1975). "Comments on Parsons as a Symbolic Interactionist". *Sociological Inquiry* (45)1 pp.59-68

Bogdan, R. and S.J. Taylor. (1973). *Introduction to Qualitative Research Methods*. New York: John Wiley & Sons.

Bolaria, B. Singh and Peter S. Li. (1985). *Racial Oppression in Canada*. Toronto: Garamond Press.

Borgia, P., et. al. (1994). "Mortality Among Taxi Drivers in Rome: A Cohort Study", *American Journal of Industrial Medicine* 25(4) pp.501-517.

Bowman, Phillip. J. (1991). "Work Life" in *Life in Black America*, James S. Jackson (ed.) Newbury Park: Sage Publications

Bradby, Hannah. (1995). "Ethnicity: Not a Black and White Issue: A Research Note", *Sociology of Health and Illness* 17(3) pp.405-417.

- Brewer, John D. (November 1990). "Talking About Danger: The RUC and the Paramilitary Threat". *Sociology* 24(4) pp.657-674
- Burling, Pat. (March 1986). "Taxi! Stresses and Strains Taxi Drivers Suffer", *Occupational Safety and Health* 16(3) pp.12-15.
- Burrell, Gibson and Gareth Morgan. (1979). *Sociological Paradigms and Organizational Analysis: Elements of the Sociology of Life*.
- Bryman, A. (1988). *Quantity and Quality in Social Research*. Boston: Unwin Hyman.
- Carr, David. (1997). *Putting Customers First: Taxicab Reform in the Greater Toronto Area*. Consumer Policy Institute, 225 Brunswick Avenue. Telephone: 964-9223.
- Castillo, D.N. and E.L. Jenkins. (1994). "Industries and Occupations at High Risk for Work-related Homicide", *Journal of Occupational Medicine* 36(2) pp.125-132.
- Charbel, Nabil. (June 10, 1998) *Submission to the Toronto Task Force to Review the Taxi Industry*, Retail Wholesale/United Steelworkers Local 1688, The Ontario Taxi Union.
- Cheney, Peter. (March 14, 1998) "A Licence to Print Money". *The Toronto Star*.
- Cheney, Peter. (June 7, 1997). "Deregulation Urged to Lower Fares", *The Toronto Star*.
- Charon, Joel, M. (1995). *Symbolic Interactionism: An Introduction, An Interpretation, An Integration*. Englewood Cliffs, New Jersey: Prentice Hall.
- Cherry, Robert. (December 1995) "The Culture-of-Poverty Thesis and African Americans: The Work of Gunnar Myrdal and Other Institutionalists", *Journal of Economic Issues* XXIX(4) pp.1119-1132.
- Collins, Sharon M. (February 1997). "Black Mobility in White Corporations: Up the Corporate Ladder but Out on a Limb", *Social Problems* 44(1) pp.55-67.
- Colwill, D.M. and A. J. Hickman. (1980). "Exposure of Drivers to Carbon Monoxide", *Journal of the Air Pollution Control Association* 30(12) pp.1316-1319.
- Cox, O. (1959). *Caste, Class and Race: A Study in Social Dynamics*. New York: Monthly Review Press, pp.317-352.
- Dalziel, J.R. and R.F. Job. (July 1997). "Motor Vehicle Accidents, Fatigue and Optimism Bias in Taxi Drivers". *Accident Analysis and Prevention* 29(4) pp. 489-94.
- Dei, George J. Sefa. (1996). *Anti-Racism Education Theory and Practice*. Halifax: Fernwood Publishing.
- Dejours, C. (1987). "Mental Disorders at Work" in R. Kalimo, et. al. (eds.) *Psychosocial Factors at Work and Their Relation to Health*. Geneva: WHO

- Denzin, Norman. (1989) *The Research Act – A Theoretical Introduction to Sociological Methods*. New Jersey: Prentice Hall.
- Denzin, Norman. (1989) *Interpretive Interactionism*, Applied Research Methods Series, Vol. 16. Newbury Park: Sage Publications.
- Denzin, Norman K. and Yvonna S. Lincoln (eds.) (1994). *Handbook of Qualitative Research*. London: Sage Publications.
- Dill, Bonnie Thorton. (1994). *Across the Boundaries of Race and Class: An Exploration of Work and Family Among Black Female Domestic Servants*. New York: Garland Publishing Inc.
- Donovan, Jenny L. (1984). "Ethnicity and Health: A Research Review", *Social Science and Medicine* 19(7) p.663-670.
- Dowie, J. (1975). "The Portfolio Approach to Health Behaviour". *Social Science and Medicine* 9 pp.619-631.
- Dyson, Michael Eric. (1996). *Race Rules: Navigating the Color Line*. Don Mills, Ontario: Addison-Wesley Publishing Company, Inc.
- Eakin, J. (1997). "Work-Related Determinants of Health Behaviour". In David S. Gochman (ed.). *Handbook of Health Behaviour Research I: Personal and Social Determinants*, pp. 337-357. New York: Plenum Press.
- Eakin J. (1992). "Leaving It Up To The Workers: Sociological Perspective on The Management of Health and Safety in Small Workplaces". *International Journal of Health Services* 22(4) pp.689-704.
- Elliott, Jean Leonard and Augie Fleras. (1992) *Unequal Relations - An Introduction to Race and Ethnic Dynamics in Canada*. Scarborough, Ontario: Prentice-Hall Canada Inc.
- Essed, Philomena. (1990). *Everyday Racism: Reports from Women of Two Cultures*. California: Hunter House Inc.
- Essed, Philomena. (1991). *Understanding Everyday Racism: An Interdisciplinary Theory*. Newbury Park: Sage Publications
- Essed, Philomena. (1997). "Racial Intimidation: Socio-political Implications of the Usage of Racist Slurs". In Stephen Harold Riggins (ed.). *The Language and Politics of Exclusion: Others in Discourse*, pp. 131-152. Thousand Oaks: Sage Publications
- Fell, D.L. and B. Black. (July 1997). "Driver Fatigue in the City". *Accident Analysis and Prevention* 29(4) pp.463-9.
- Ganster, Daniel. C. And John schaubroek. (1991). "Work Stress and Employee Health". *Journal of Management* 17(2) pp. 235-271.
- Giddens, A. (1984). *The Constitution of Society*. Oxford: Polity Press.

Gochman, David S. (1997). "Health Behaviours in Research: Definition and Diversity". In D. S. Gochman (ed.). *Handbook of Health Behaviour Research: Personal and Social Determinants*. New York: Plenum Press.

Goffman, E. (1981) *Forms of Talk*. Philadelphia: University of Pennsylvania Press.

Government of Alberta. (February 1985). *Taxi Driver Safety in Alberta. Report and Recommendations of Interdepartmental Committee of the Alberta Government*. Industrial Accident Prevention Association.

Greenberg, J. et. al. (1988). "Some Theoretical Notes and Preliminary Research Considering Derogatory Ethnic Labels". In G.S. Mitherman-Donaldson and T.A. Van Dijk (eds.). *Discourse and Discrimination*. Detroit: Wayne State University Press, pp.74-92.

Gustavsson, P., et.al. (1996). "Myocardial Infarction Among Male Bus, Taxi and Lorry Drivers in Middle Sweden", *Occupational and Environmental Medicine* 53(4) pp. 235-240.

Haas, Jack. (May, 1977). "Learning Real Feelings: A Study of High Steel Ironworkers' Reactions to Fear and Danger". *Sociology of Work and Occupations* 4(2) pp. 147-177.

Harding, Sandra. (1997). "Racial Economy of Science". In *Report of the President's Cancer Panel. The Meaning of Race in Science – Considerations for Cancer Research*. New York: National Institutes of Health, pp. A11-14.

Harvey, Aminifu R. (January 1995). "The Issue of Skin Colour in Psychotherapy with African Americans", *Families in Society, The Journal of Contemporary Human Services*, 76, pp.3-10.

Hemminki, K., et. al. (1994). "Exposure of Bus and Taxi Drivers to Urban Air Pollutants as Measured by DNA and Protein Adducts", *Toxicology Letters* 72(1-3) pp. 171-174.

Herzlich, C. (1973). *Health and Illness: A Social Psychological Analysis*. New York: Academic Press.

Jary, D. and Jary, J. (1995). *Collins Dictionary of Sociology* (2nd ed.). Glasgow: Harper Collins Publishers.

Johansson, G. et.al. (1991). "Smoking and Sedentary Behaviour as Related to Work Organization". *Social Science and Medicine*, 32(7) pp. 837-846.

Johnson, John (1978) *Taxi: True Stories from Behind the Wheel*, Toronto: MacMillan of Canada.

Johnson, Jeffrey V. (1989). "Collective Control: Strategies for Survival in The Workplace". *International Journal of Health Services*, 19(3) pp.469-480.

Johnson, Jeffrey V. (1989). "Introduction: Theoretical Developments in Psychosocial Work Environment Research". *International Journal of Health Services* 19(3) pp. 457-458.

Joppe, Marion. (1997). *Obstacles and Opportunities of Introducing an Enhanced Training Program*. Report to Board of Trade of Metropolitan Toronto Tourism Committee.

Kalimo, R. and Theo Meijman. (1987). "Psychological and Behavioural Responses to Stress at Work". In Kalimo R. et.al. (eds.). *Psychological Factors at Work and Their Relation to Health*. Geneva: World Health Organization.

Karasek, R. and T. Theorell. (1990) *Healthy Work*. New York: Basic Books.

Katz, Solomon. (1997). "The Biological Anthropology of Race". *Racial Economy of Science*". In *Report of the President's Cancer Panel, The Meaning of Race in Science – Considerations for Cancer Research*. New York: National Institutes of Health, pp. A18-21.

Kickbusch, I. (1988) "Introduction". In R. Anderson, J.K. Davis, I. Kickbusch, D.V. McQueen and J. Turner (eds.), *Health Behaviour Research and Health Promotion*, pp. 1-3. New York: Oxford University Press.

Kickbusch, I. (1988) "New Perspectives for Research in Health Behaviour". In R. Anderson, J.K. Davis, I. Kickbusch, D.V. McQueen and J. Turner (eds.), *Health Behaviour Research and Health Promotion*, pp. 237-243. New York: Oxford University Press.

Kirby, S. and Kate McKenna (1989). *Experience, Research, Social Change: Methods from the Margins*. Toronto: Garamond Press

Krieger, Nancy. (1997). "Racial Discrimination and Health: An Epidemiologist's Perspective". In *Report of the President's Cancer Panel, The Meaning of Race in Science – Considerations for Cancer Research*. New York: National Institutes of Health, pp. A32-35.

Krieger, Nancy and Mary Bassett. (1993). "The Health of Black Folk". Handing, Sandra (ed.) *The Racial Economy of Science*. Indiana U.P. Bloomington:

Lee, Gloria and John Wrench. (Nov. 1980). "Accident-Prone Immigrants: An Assumption Challenged". *Sociology* 14(4) pp. 551-566.

Lee, Gloria and John Wrench. (Nov. 1982). "Piecework and Industrial Accidents: Two Contemporary Case Studies". *Sociology* 16(4) pp.512-525.

Levi, Lennart. (1987). "Definition and the Conceptual Aspects of Health in Relation to Work". In Kalimo R. et.al. (eds.). *Psychological Factors at Work and Their Relation to Health*. Geneva: World Health Organization.

Lillie-Blanton, M. and T. Laviest. (1996) "Race/Ethnicity, The Social Environment and Health", *Social Science and Medicine* 43(1) pp. 83-91.

Lincoln, Y.S. and E. G. Guba (1985). *Naturalistic Inquiry*. Newbury Park, London: Sage.

Liss, G.M. and C.A. Craig. (1990). "Homicide in the Workplace in Ontario: Occupations at Risk and Limitations of Existing Data Sources", *Canadian Journal of Public Health* 81(1) pp. 10-15.

Lofland, John and Lyn Lofland. (1984). *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis*. California: Wadsworth Publishing Company.

- London Drivers' Conference. (1997). *From the Driver's Seat: A Report on Risk Factors Compiled by The London Drivers' Conference to the City Task Force on Taxi Safety*. www.winnipeg.freenet.mb.ca/taxi/londsaft.html.
- Lopez, Ian. F. Haney. (1995). "The Social Construction of Race" in R. Delgado (ed.) *Critical Race Theory: The Cutting Edge*, pp. 192-202. Philadelphia: Temple University Press
- Manley, Gerald H. (September/October, 1998) "Letters to the Editor", *Cab Connection*, 1(5) p.4.
- Mason, David. (Oct. 1982). "Race Relations, Group Formation and Power: A Framework for Analysis", *Ethnic and Racial Studies*, 5(4) pp. 421-439.
- Marosi, Richard. (1996). *One of the Most Dangerous Jobs in New York: Gypsy Cab Driver*. www.winnipeg.freenet.mb.ca/taxi/marosi.html.
- May, Tim. (1987). *Social Research: Issues, Methods and Process* (2nd ed.). Philadelphia: Open University Press.
- Mayhew, C. (1999-in press). "Occupational Violence: A Case Study of The Taxi Industry". In Claire Mayhew and Chris L. Peterson (eds.). *Occupational Health and Safety in Australia: Industry and Public Sector Small Business*. pp. 127-139. St. Leonards, NSW: Allen & Unwin.
- McArthur, Keith. (August 11, 1997). "Taxi Plates: A Sizzling Commodity", *The Globe and Mail*.
- McCall, George J. and J.C. Simmons. (1966). *Identities and Interactions*. New York: Free Press.
- McCord, C. and H.P. Freeman. (1994). "Excess Mortality in Harlem" in Conrad and Kern (eds). *The Sociology of Health and Illness: Critical Perspectives* (4th ed.). New York: St. Martin's Press.
- McDonald and Doyle. (1981). *The Stresses of Work*. Don Mills, Ontario: Nelson Canada Ltd.
- McIntosh, Peggy. (Winter 1990). "White Privilege: Unpacking the Invisible Knapsack", *Independent School*. pp.31-36.
- McKague, Ormond. (ed.) (1991). *Racism in Canada*. Saskatchewan: Fifth House Publishers.
- Miles, Matthew, B. And A. Michael Huberman. (1994). *Qualitative Data Analysis: An Expanded Sourcebook*. London: Sage Publications.
- Miles, R. and R. Torres. (1996). "Does Race Matter? Transatlantic Perspectives on Racism after Race Relations" in V. Amit-Talai and C. Knowles (eds.) *Re-situating Identities: The Politics of Race, Ethnicity and Culture*, pp. 1-18. Peterborough, Ontario: Broadview Press.
- Mullen, K. (1982). "A Question of Balance: Health Behaviour and Work Context among Male Glaswegians. *Sociology of Health and Illness* 14(1) pp. 73-97).
- Myrdal, Gunnar. (1964). *An American Dilemma: Volume 1. The Negro in a White Nation*, Toronto: McGraw-Hill Book Company.

National Institute for Occupational Safety and Health. (May, 1995). *Preventing Homicide in the Workplace*. Publication No. 93-109 www.winnipeg.freenet.mb.ca/taxi/homicide.html.

Nelkin, D. and M.S. Brown. (1984). *Workers at Risk*. Chicago: University of Chicago Press.

Noack H. (1988). "The Role of Socio-Structural Factors in Health Behaviour". In R. Anderson, J.K. Davis, I. Kickbusch, D.V. McQueen and J. Turner (eds.). *Health Behaviour Research and Health Promotion*. pp.53-68. New York: Oxford University Press.

Omi, W. and H. Winant (1993). "On The Theoretical Concept of Race" in C. McCarthy and W. Crichlow (eds.). *Race, Identity and Representation in Education*. New York: Routledge. pp.3-10.

Outlaw, Preida Hopkins. (Oct-Dec. 1993). "Stress and Coping: The Influence of Racism on the Cognitive Appraisal Processing of African Americans", *Issues in Mental Health Nursing*, (14)4 pp. 399-409.

Percel, Tamas. (1979). "The Role of Experience on the Job in Modifying the Structure of Relations Between Man and Work". *Szociologia* 3. pp. 303-309.

Quinlan, Michael. (July, 1988). "Psychological and Sociological Approaches to the Study of Occupational Illness: A Critical Review". *ANZJS* 24(2) pp. 189-207.

Rafnsson, V. and Gunnarsdóttir. (1991). "Mortality Among Professional Drivers", *Scandinavian Journal of Work, Environment and Health* 17(5) pp. 312-317.

Rakowski, W. (1986). "Preventive Health Behaviour and Health Maintenance Practice". In Dean, Kathryn, et.al. (eds.). *Self Care and Health in Old Age: Health and Health Behaviour Implications for Policy and Practice*. pp. 94-129. London: Croom Helm.

Ratcliffe, John W. and Amalia Gonzalez-de Valle (1988). "Rigor in Health-related Research: Toward and Expanded Conceptualization", *International Journal of Health Services* 18(3) pp. 361-392.

Rayner, S. (1986). "Management of Radiation Hazards in Hospitals: Plural Rationalities in a single institution. *Social Studies of Science* 16, pp.573-591.

Reed-Flora, R. and Thomas Lang. (1982). *Health Behaviours*. New York: West Publishing Company.

Reid, John D., Everett S. Lee, Davor Jedlicka and Yongsock Shin, (1977). "Trends in Black Health". *Phylon* 38(2) pp. 105-116.

Report of the Task Force on Health and Work. (September 1997). Board of Health, City of Toronto Public Health. 277 Victoria Street, 6th floor. (416) 392-7451.

Ritzer, George. (1992). *Classical Sociological Theory*. Toronto: McGraw-Hill, Inc.

Robinson, J.C. (1984). "Racial Inequality and Occupation-related Injury". *Millbank Memorial Fund Quarterly/Health and Society* 62(4) pp. 568-575.

- Robinson, J.C. (1988). "Hazardous Occupations within the Job Hierarchy". *Industrial Relations* 27(2).
- Rushing, Beth and Annette Schwabe. (1995). "The Health Effects of Work and Family Role Characteristics: Gender and Race Comparisons". *Sex Roles* 33 (1/2) pp. 59-75.
- Russell, Raymond. (August 1983). "Class Formation in the Workplace: The Role of Sources of Income". *Work and Occupations* 10(3) pp. 349-372.
- Sakai, K. and Y. Takahashi. (1975). "Driving and Subsidiary Behaviour of Taxi Drivers Working Alternate-Day Shifts", *Journal of Human Ergology* 4(2) pp.115-127.
- Saunders, Vetta L. (June 1996). "Perceived Experiences of Racism as Stressful Life Events", *Community Mental Health Journal* 32(3) pp.223-233.
- Schatzman, Leonard and Anselm L. Strauss. (1973). *Field Research Strategies for Natural Sociology*. Englewood Cliffs, New Jersey: Prentice Hall, Inc.
- Schmidt, Emerson P. (1937). *Man and Society: A Substantive Introduction to the Social Sciences*, Englewood Cliffs, New Jersey: Prentice Hall.
- Shain, Martin. *Work, Employment and Mental Health: Implications for Quality of Life*, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario M5S 2S1.
- Silverman, D.T., et. al. (1986). "Motor Exhaust-related Occupations and Bladder Cancer", *Cancer Research* 46(4) Part 2. pp. 2113-2116.
- Smaje, Chris. (1996). The Ethnic Patterning of Health: New Directions for Theory and Research", *Sociology of Health and Illness* 18(2) pp. 139-171.
- Small, Stephen. (1994). *Racialized Barriers: The Black Experience in the United States and England in the 1980s*, New York: Routledge.
- Spears, J. and Bruce DeMara (November 27, 1988). "Taxi Reforms: Clean Up Cars, Train Drivers". Toronto Star.
- Spradley, J.P. (1979). *The Ethnographic Interview*. New York: Holt Rinehart and Winston.
- Stenning, Philip C. (1996). *Fare Game, Fare Cop: Victimization of, and Policing by, Tax Drivers in Three Canadian Cities*. Research, Statistics and Evaluation Directorate, Department of Justice Canada
- Strauss, Anselm L. (1987). *Qualitative Analysis for Social Scientists*. New York: Cambridge University Press.
- Strauss, Anselm and Juliet Corbin. (1990). *Basics of Qualitative Research – Grounded Theory Procedures and Techniques*. London: Sage Publications.
- Talan, Jamie. (March 21, 1998). "Racism Bad for Health Expert Says", *The Toronto Star*.
- The Toronto Taxi Taskforce Workshop, July 6, 1998.

Thomas, Melvin Edward and Michael Hughes. (Dec. 1986). "The Continuing Significant of Race: A Study of Race, Class and Quality of Life in America", *American Sociological Review* (51)6 pp. 830-841.

Thomas, Dorothy and Dan Shimski. (October 1996). *Taxicab Leasing and Related Matters*. Report of the By-law Subcommittee, The Municipality of Metropolitan Toronto.

Wagener, D.K. and D.W. Winn. (1991). "Injuries in Working Populations: Black-White Differences". *American Journal of Public Health*. 82(11).

Wallace, Ruth A. and Alison Wolf. (1991). *Contemporary Sociological Theory, Continuing the Classical Tradition*. (3rd.ed.) Englewood Cliffs, New Jersey: Prentice Hall.

Weber, M. (1946). *From Max Weber: Essays in Sociology*. (H.H. Gerth, trans.). New York: Oxford University Press.

Whiteley, Andrew (January, 1998) "Up Close with Jim Bell", *Cab Connection*, 1(1) pp.16-20.

Williams, David R. and Chiquita Collins. (1995). "U.S. Socioeconomic and Racial Differences in Health: Patterns and Explanations", *Annual Review Sociology*, (21) pp.349-386.

Williams, David R. (1996). "Race/Ethnicity and Socioeconomic Status: Measurement and Methodological Issues", *International Journal of Health Services*, 26(3) pp. 483-505.

Winant, Howard. (1994). "Racial Formation and Hegemony: Global and Local Implications". in A. Rattansi and S. Westwood (eds.) *Racism, Modernity and Identity*. London: Polity Press. pp.266-289.

Zayed, et. al (1996) "Exposure of Taxi Drivers and Office Workers to Total and Respirable Manganese in an Urban Environment", *American Industrial Hygiene Association Journal* 57(4) pp.376-380.

APPENDIX A

INTERVIEW GUIDE

Introduction....

information about the project and its purpose
 ask permission to tape - consent form (signature)
 explain "off the record" choice by turning off audio-tape

General life situation:

Tell me a little about yourself, your family

Probe: How long in Canada (if immigrant)

What prompted decision to come
 what kind of work did you do before
 what was your first job in Canada

what prompted decision to leave

what prompted you to get into the taxi business

how/when did you get into the business – how long have you been driving
 education level, (non) immigrant?

What are your financial arrangements (leasing, rent, driver-owner, etc.)

Do you have a night driver (if lessor)

Tell me about being a taxi driver

Probe: Walk me through a day of work

how many hours do you usually work in a shift?

How do you feel at the end of a shift

How do you get customers

Probe: new dispatching system? who dispatches? do you know him/her (ever met him/her)

Where are you physically during your shift

What do you do while waiting for customers

Who are your clients (e.g. regular clients such as business people?)

What's the best part about being a taxi driver?

What the worst part about being a taxi driver?

Probe: problems encountered on the job

relationships with clients, police, co-workers, etc.

why do you stay

what do you see yourself doing in 5, 10 years

What's it like being a black taxi driver/driver of colour?

How do you think your work affects your health?

Is there anything else you would like to talk about that we have not covered in this interview?

If respondents do not talk about what health or race means to him, ask at end of interview...

CONSENT LETTER

_____, 1998

I understand that I am being asked to grant an interview to Marcia Facey, a graduate student in the Department of Public Health Sciences at the University of Toronto. The purpose of the interview is to talk about what it is like to be a taxi driver, my thoughts and feelings about the kind of work I do and about health and safety issues.

I understand the interview will last approximately 45-60 minutes, will be held at a place and time convenient for me and that I will be paid a fee of \$25. The information I provide will be seen only by Ms. Facey and her supervisors. The information gathered will be used in a report on the work and health of taxi drivers, which is part of the requirement for Ms. Facey's Masters Degree Program. The interview will be audiotaped but my name or other identifying information will not be recorded. I understand that parts of the final report may be published and that it may contain direct quotes taken from my interview. However, my name will not appear in any reports of this study and the information will not be presented in ways that might reveal my identity. I understand also that summaries of the report will be available to me if I request it.

I agree to participate in this study with the understanding that I can withdraw at any time and that I may choose not to answer questions I don't want to. I may choose at any time during the interview to have the tape turned off. I may call Ms. Facey at (416) 978-1316 or her supervisor, Professor Joan Eakin, at (416) 978-8502 if I have questions or concerns about the study.

Willing to be interviewed _____
(signature of participant)

Willing to be taped _____
(signature of participant)

(Date)

WANTED:
TAXI DRIVERS OF COLOUR
WILLING TO PARTICIPATE IN A
STUDY ON HEALTH AND WORK

I AM A STUDENT IN THE DEPARTMENT OF PUBLIC HEALTH SCIENCES AT THE UNIVERSITY OF TORONTO. I AM CONDUCTING A STUDY ON THE WORK AND HEALTH EXPERIENCES OF VISIBLE MINORITY TAXICAB DRIVERS. I WISH TO INTERVIEW DRIVERS WHO ARE OF ASIAN-INDIAN, AFRO-CARIBBEAN OR AFRICAN HERITAGE. INTERVIEWS WILL TAKE 45-60 MINUTES AND DRIVERS WILL BE PAID A FEE OF \$25 FOR THEIR TIME.

INTERVIEWS WILL BE STRICTLY CONFIDENTIAL.

IF YOU ARE A DRIVER WITH 2 OR MORE YEARS OF FULL-TIME EXPERIENCE AND YOU WISH TO SHARE YOUR EXPERIENCES IN THE TAXI DRIVING BUSINESS, PLEASE CONTACT MARCIA FACEY AT (416) 978-1316. PLEASE LEAVE A MESSAGE INDICATING YOUR NAME, A PHONE NUMBER AND THE BEST TIME TO REACH YOU.

THANK YOU.

APPENDIX E

Contact Summary Sheet

Date _____

Name _____

Phone # _____

What were the main issues or themes in this interview?**What information did I get/not get on each of the questions?****Salient, interesting, illuminating issues in this interview?****Questions to consider for the next interview**

INDUSTRY CONTACTS

APPENDIX F

<i>Name</i>	<i>Role</i>	<i>Telephone #</i>	<i>Company and Title</i>	<i>Contacted</i>	<i>Notes</i>

CONTACT SHEET

Date

<i>Name</i>	<i>Role</i>	<i>Nationality</i>	<i>Telephone #</i>	<i>Contact Time</i>	<i>Interview Date</i>	<i>Interviewed</i>	<i>Notes</i>