

# International Journal of Human Sciences Research

## A LOOK AT THE MENTAL HEALTH OF TELEMARKETING WORKERS

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**Abstract:** The present study sought to understand the occupation/work as being central in the life of the human being and which, in turn, has a relevant factor in the construction of identities and social insertion of the same, but there is not always satisfaction in the exercise of the profession, the which can often trigger from dissatisfaction to emotional exhaustion. Burnout syndrome is also referred to as physical and emotional exhaustion syndrome caused by professional stress and is one of the items described in this text. Therefore, this article sought to collect data to identify a possible relationship between the weariness of the individual in the exercise of the profession and emotional disorders such as depression and emotional exhaustion. Using a descriptive survey study methodology, of a quantitative nature, in this project we will analyze the possible symptoms associated with depression and exhaustion, due to psychosocial ergonomic factors present in the work environment of call center/telemarketing operators. analysis of Dass-21 inventories, Maslach Inventory Burnout scale, Structured Interview SRQ-20 (Self-Reporting Questionnaire) that were applied to call center/telemarketing operators in a medium-sized city in the interior of São Paulo. Through the data obtained, it was possible to verify that social factors such as age, marital status, recognition at work, satisfaction and remuneration can interfere in the choice of a second occupation and can contribute to the appearance of symptoms of exhaustion mentioned above, which end up interfering in the index of removal of professionals from their work bringing consequent damage to all, not only financial but also in quality of service provided, quality of life among other factors.

**Keywords:** Burnout syndrome. Depression. Telemarketers. Ergonomics.

## INTRODUCTION

According to item 1.1.2 of annex II – Work in Teleservice / Telemarketing, of NR-17 (Regulatory Norm 17 – Ergonomics): remotely through voice and/or electronic messages, with the simultaneous use of hearing/listening equipment and telephone speech and computerized or manual data processing systems. (Brazil, 2007). This type of work employs call center workers, the “call centers”, whose objective is to effect sales of products and/or services, carry out collections and/or renegotiate debts, receive complaints and/or suggestions through the SAC (Customer Service), among other purposes. During the performance of their professional activities, these workers are exposed to various environmental risks, risks which, according to Ordinance No. 25 of December 29, 1994, of the Ministry of Labor, “are classified into physical, chemical, biological, ergonomic and accidents. These are environmental risks that can cause accidents at work.” (Brazil, 1994). Accident at work which, according to article 19 of Law nº 8.213/91, is defined as: Accident at work is what occurs due to the exercise of work at the service of the company or the exercise of work by the insured persons referred to in item VII of art. 11 of this law, causing bodily injury or functional disturbance that causes death or loss or reduction, permanent or temporary, of the ability to work. (Brazil, 1991). In the present study, the exposure of the possible triggering of occupational mental illnesses due to exposure to ergonomic risk was analyzed, highlighting here that, according to law 8.213/91, article 20, item 1, item “a” “occupational diseases or occupational diseases are equivalent to accidents at work, as defined in the previous paragraph” (Brasil, 1991). Occupational diseases are those acquired or triggered due to special conditions in which work is carried out and directly related to it. For a better understanding of the illness process,

it is important to emphasize the definition of health and quality of life, which, according to the W.H.O. (World Health Organization), where it initially defined “health as a complete state of physical, mental and and social, and not merely the absence of disease or infirmity” (W.H.O, 1946). As for the quality of life, it is defined as: The individual’s perception of their insertion in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Involving spiritual, physical, mental, psychological and emotional well-being, in addition to social relationships, such as family and friends, and also health, education, housing, basic sanitation and other life circumstances. (W.H.O. 1995). According to ABRATA (Brazilian Association of Families, Friends and People with Affective Disorders) “Mental illnesses are health conditions that involve changes in emotion, thinking or behavior (or a combination thereof)” (ABRATA, 2018), and complements that “Mental illnesses are associated with distress and / or problems functioning in social, work or family activities” (ABRATA, 2018). When it is found that the worker has changes in his health and quality of life, related to psychological changes triggered in the work environment, these cases can be classified as the triggering of a mental illness at work. In the context of environmental risks and the triggering of mental illnesses, ergonomic risk is related here, initially the definition of ergonomics is highlighted, which, according to the Scientific Council of the International Ergonomics Association in San Diego, USA, 2000, validated the definition of Ergonomics, as follows: Ergonomics (or Human Factors) is the scientific discipline that deals with understanding the interactions between human beings and other elements of a system, and the profession that applies theories, principles, data and methods

to designs that aim to optimize the good -human being and the global performance of the systems. Practitioners of Ergonomics, Ergonomists, contribute to the planning, design and evaluation of tasks, jobs, products, environments and systems to make them compatible with people’s needs, abilities and limitations. (IEA, 200). Ergonomic risks, on the other hand, are factors that affect this mutual adjustment, such as physical exertion, weight lifting, inadequate posture, rigid productivity control, stress situation, pressure for productivity, long hours, monotony and repetitiveness, imposition of intense routine, and psychosocial factors. The European Agency for Safety and Health at Work characterizes as psychosocial risks those: They result from deficiencies in the design, organization and management of work, as well as from a problematic social context of work, which can have negative effects on a psychological, physical and such as work-related stress, burnout or depression. (EU-OSHA, 2017) The same organization brings as examples of psychosocial ergonomic risks “excessive workloads; psychological or sexual harassment; contradictory requirements and lack of clarity in the definition of functions; etc”. (EU-OSHA, 2017). Depression or depressive disorder, cited in the above definition, is classified by the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition), as: A common disorder involving depressed mood and/or almost complete loss of interest or pleasure in activities that were previously appreciated; somatic (eg, weight change, sleep disorders) and cognitive (eg, difficulty concentrating) manifestations are common. (APA, 2013). Professional burnout or Burnout Syndrome, according to the virtual glossary “Health from A to Z” of the Ministry of Health, “is an emotional disorder with symptoms of extreme exhaustion, stress and physical exhaustion

resulting from exhausting work situations, which demand a lot of competitiveness or responsibility” (Brasil 2011). Being that the main cause of development of the disease is precisely the excess of work. The present study aimed to analyze possible symptoms associated with depression and exhaustion, due to psychosocial ergonomic factors present in the work environments of call center/telemarketing operators, having as analysis group one hundred workers who work in the function in the city of São José do Rio Preto, state of São Paulo/Brazil.

## METHODOLOGY

This study is a descriptive, quantitative survey. The results were collected through a structured interview previously prepared by the researchers, and scales for evaluating symptoms of Burnout syndrome, anxiety, depression and stress that were described below and are attached to this study. The data were transcribed into Excel tables in a standardized way for the elaboration of the analysis in a quantitative way with non-parametric statistical tests. Employees over the age of eighteen who have been working as telemarketing operators at the company for at least six months participated in the survey. Participants who had a clinical history of previous mental disorders were excluded. The sample size used was a convenience sample, in view of the study design, in which one hundred individuals were included.

## DEVELOPMENT

3.1 Instruments Used The structured interview was composed of fourteen questions that identified data about the research participant's daily life, as well as possible indicators of personal and professional achievement. The DASS-21 scale is a set of three subscales, Likert-type (psychometric response scale), four points, self-response.

Each subscale is composed of seven items, intended to assess the emotional states of depression, anxiety and stress. The participant is asked to indicate in each statement which alternative best describes him/her during the last week. The alternatives contain four possible responses of severity or frequency organized on a scale from zero to three points. The depression subscale assesses symptoms such as inertia; anhedonia; dysphoria; lack of interest/involvement; self depreciation; devaluation of life and discouragement. The anxiety subscale assesses signs of arousal from the autonomic nervous system; musculoskeletal effects; situational anxiety; subjective experiences of anxiety. And the last subscale of this instrument is stress, which assesses difficulty in relaxing; nervous excitement; easy disturbance/agitation; irritability/overreaction and impatience. The Maslach Inventory Burnout scale. It is a seven-point Likert-type scale with twenty-two questions, nine of which assess emotional exhaustion, five depersonalization and eight professional fulfillment. The Burnout inventory, one of the most well-known instruments for research with different professionals, was translated into Portuguese and validated in 1995, obtaining a Cronbach's alpha of 0.86 in the subscale of emotional exhaustion, 0.69 in depersonalization and 0.76 in professional achievement. The SRQ is a questionnaire for identifying signs of psychiatric disorders at the primary care level, developed by HARDING et al. (1980) and validated in Brazil by MARI & WILLIAMS (1986). It consists of twenty-four questions subdivided into two sections: the first with twenty questions designed to detect “neurotic” disorders, and the second with four questions to detect “psychotic” disorders. For this study, the cut-off point allowed obtaining two groups: on the one hand, individuals with a higher probability of having a psychiatric condition and, on the other, a group with a

higher probability of not having one. Data collection took place after approval of the project by the Research Ethics Committee of the União das Faculdades dos Grandes Lagos (UNILAGO).

## DATA INTERPRETATION

After data tabulation and research analysis, factors that may be related to each other are highlighted, such as elements that trigger mental illness on the part of the analyzed workers who work in telemarketing/telemarketing, as discussed below. It was identified that 23% of the study participants reported having a family income of one minimum wage, and 25% reported having a family income of up to two minimum wages. Added to this information is the fact that 17% of respondents are married or living as married couples, that is, they have a family composition greater than one person. In this context, according to the Union of Telemarketing Workers (SINTRATEL), through its Collective Bargaining Agreement 2019 (the same year in which the research was carried out), established in its economic clauses, item 3) Salary Readjustment, sub-item Wage Floors, item “a”: For employees working 180 (one hundred and eighty) hours a month, it is established that the floor of R\$ 977.00 (nine hundred and seventy-seven reais), from the previous collective agreement, will be readjusted to R\$ 1,016.08 (one thousand and sixteen reais and eight cents), effective from January 2019. (SINTRATEL, 2018) Using the same period as a reference, according to DIEESE (Inter-Union Department of Statistics and Socioeconomic Studies), in January 2019, an “income of BRL 3,960.57 was needed to cover the expenses of a worker and his family with food, housing, health, education, clothing, hygiene, transportation, leisure and social security” (DIEESE, 2019). This budget deficit between the family income

received and the income needed to meet family expenses, may be one of the reasons why 14% of respondents combine a second job with their work in call center/telemarketing services, not being identified whether this The second professional performance has the same work characteristics mentioned above in the introduction to this study. The fact is that the work of call center/telemarketing workers has a limited workload in terms of their professional work, according to NR 17, Annex II, item 5.3 “The working time in effective call center/telemarketing activity is a maximum of 06 (six) hours a day, including breaks, without prejudice to remuneration.”(BRASIL 2007). This reduced workload is reinforced by the TST (Superior Labor Court) in its Review Appeal RR 2266-95.2012.5.03.0012, presenting as the objective of this limitation a “way to compensate for the wear and tear of these workers, preserving their physical health and mental throughout the provision of services.” (BRASIL, 2017). To the extent that workers, who are already exposed to psychosocial ergonomic risks due to the nature of their activities, expose themselves to an overload of work by taking on a second professional shift, they may be even more exposed to elements that can cause mental illness. Possible causes that may contribute to the onset of mental pathologies such as depression and Burnout Syndrome are also identified in the survey, such as: 18% of survey participants responded “They do not feel encouraged to face new challenges at work”; 19% of the survey participants answered “I don’t like working in the call center/telemarketing area, professionally”; 25% of the survey participants answered “I don’t have the autonomy to organize the routine of my work activities”; 27% of the survey participants answered “There is no mutual respect (on an equal basis) for the professionals who are part of it”; 27% of survey participants responded



“They are not encouraged to expose what they think in their work environment”; 27% of the survey participants answered “That their immediate superior does not remove difficulties and obstacles in their activities”; 45% of the survey participants answered “That when they conclude their workdays in this company, they are not able to disconnect completely from it”. After applying the DASS 21 scale, it was identified that 19% of the analyzed workers have symptoms related to a possible diagnosis of depression and, according to the Maslach scale, 28% of the population sample indicate symptoms related to a possible diagnosis of exhaustion or Burnout Syndrome.

## CONCLUSION

With the present study, it was possible to identify that there is a direct relationship between possible causes of depression and emotional exhaustion and ergonomic aspects of the work environment of call center operators and socioeconomic factors demonstrated in the research data. The more people dependent on the salary, the greater the chance of the individual seeking a second paid occupation, causing the worker not to comply with the NR 17 standard, which says about the need to limit the workday of six hours a day, to help his physical and emotional recovery. Professional exhaustion or Burnout Syndrome, as seen earlier in the study, as it is a disorder with symptoms of exhaustion, stress and exhaustion linked to work circumstances, which may end up occurring due to the accumulation of work and function. Thus bringing a significant increase in the number of removals of workers in the function, causing damage to the worker, to the company and to the State, but in addition to the financial losses verified there are health and psychological damages as it was possible to verify in the study. Therefore, this work indicates the

importance of taking care of the quality of life of call center/telemarketing operators in the exercise of the profession and not just financial issues, being extremely important to develop actions to improve the data obtained through the study carried out.

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