



LABOR LAW AND ORGANIZATIONAL ERGONOMICS: PREVENTION OF MORAL HARASSMENT AND BURNOUT SYNDROME BY CONTRIBUTION OF KARASEK'S DEMAND-CONTROL MODEL

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Abstract

This article aims to discuss the contribution of Karasek's demand-control model to the prevention of moral harassment and burnout syndrome, from a multidisciplinary perspective. The methodology adopted is a theoretical-bibliographical research, from a legal perspective. Organizational ergonomics can transform toxic organizational climate and culture. Burnout syndrome is a disorder related to conflicts at work, characterized by emotional exhaustion, depersonalization and low personal achievement. Moral harassment consists of psychological abuse that occurs through words, gestures or behaviors, with the objective of humiliating, embarrassing or disqualifying a person or a group at work. Karasek's demand-control model assesses psychosocial risk at work. It was found that the ergonomist must be impartial towards the company under investigation, although this condition is difficult when the health and safety service itself performs the required ergonomic activities, considering that Brazil does not guarantee professional independence and autonomy of the employer provided for in art. 10 of Convention 161 of the International Labor Organization. It was concluded that the good faith use of Karasek's demand-control model has the potential to contribute to the prevention of moral harassment and burnout syndrome. The ergonomist must guide workers and managers on the relevance of knowledge of the three dimensions of the aforementioned model, to guarantee the human dignity of workers and the creation of a healthy work environment.

Keywords: Occupational Risk Prevention Law. Workers' health. Organizational ergonomics. Burnout syndrome. Moral harassment.

1. INTRODUCTION

The modern world of work has been plagued by a *boom* in cases of work-related mental disorders, including *burnout* syndrome, which can develop as a result of moral harassment.

Labor law has among its purposes, the legal protection of the mental health of the worker, due to the recognition of the fundamental right of the worker to work in a healthy work environment. To this end, the domain of organizational ergonomics is relevant to transform this environment, avoiding mental illness. This article aims to discuss the contribution of Karasek's

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demand-control model in the prevention of bullying and *burnout syndrome*, from a multidisciplinary perspective.

The methodology adopted is a theoretical-bibliographic research, from a legal perspective.

2. LEGAL PROTECTION OF WORKERS' MENTAL HEALTH

The Constitution of the Republic of 1988 (CR/88) provides in article 7, item XXII that:

These are the rights of urban and rural workers, in addition to others aimed at improving their social condition: reduction of risks inherent to work, through health, hygiene and safety standards. (BRAZIL, 1988)

The aforementioned item is applied to all workers regardless of the legal regime of the employment relationship, therefore also to statutory public servants, the latter by commandment of article 39, paragraph 3 of CR/88.

Resende (2020) recognizes that:

Occupational Safety and Medicine is a scientific segment linked to Labor Law, whose scope is to establish measures to protect the safety and health of workers. It is, in fact, multidisciplinary content, covering several areas of knowledge, such as Labor Law itself, Constitutional Law, Social Security Law, Environmental Law, Medicine, Engineering, Architecture, among others. (RESENDE, 2020, p. 959)

From the above, the occupational health, hygiene and safety standards defined in the Federal Constitution have a multidisciplinary aspect, involving professionals from different areas. And, this protection is not restricted to the physical field, and the protection of the mental health of workers must be safeguarded.

Convention 161 of the International Labor Organization (ILO), ratified in Brazil, determines that occupational health services must provide advice in the area of ergonomics and collaborate in the dissemination of information, training and education in the field of ergonomics. (BRAZIL, 2019)

The Consolidation of Labor Laws (CLT) has a specific chapter with legal provisions regarding occupational safety and medicine, having been exiguous in terms of ergonomics,



defining in article 200 that complementary provisions should be carried out through the Regulatory Standards. (BRAZIL, 1943).

Thus, Regulatory Standard 17 (NR 17) specifies details on ergonomics, focusing on the adaptation of working conditions to the psychophysiological characteristics of workers. Item 17.6 establishes that "the organization of work must be appropriate to the psychophysiological characteristics of the workers and to the nature of the work to be performed", as well as defines that the organization of work must consider, at least, the production standards, the operating mode, the time requirement, the determination of the time content, the pace of work, the content of the tasks. (BRAZIL, 2018)

Despite the already incompleteness of NR-17 regarding the minimum positive criteria, not even these are satisfactorily respected. Employers hardly have the practice of spontaneously seeking better ergonomic conditions for workers. To this end, the State intervenes legally, through the legal system, determining imperatively that companies are obliged to respect a minimum content of Ergonomics standards.

In this context, organizational ergonomics tends to be despised, due to the lack of knowledge of its power to transform the toxic organizational climate and culture.

Soares (2019) asserts that:

The employee's repeated attempt is to promote a stifling of work-related mental disorders, due to the fear of presenting new cases in other workers. In fact, in these situations, what can happen is that the *iceberg* of mental disorders emerges, evidencing the mental suffering of workers. And the company tries with colossal power to keep this *iceberg* submerged, to remove the evidence of the causal or concausal nexus, through silence, omission, fraud and clandenism, when it should invest effectively in programs to prevent mental disorders and quality of life programs, immediately providing support to cases of mental illness at work, to avoid catastrophes. In this trajectory, workers take time to seek psychological and psychiatric treatment and aggravate their mental condition, as the company's medical service does not support them [...]. (SOARES, 2019, p. 448).

Thus, some companies adopt as an organizational culture the dichotomy between seduction and fear, perpetuating work-related mental disorders and denying the occupational nexus. The practice of moral harassment has been institutionalized, in a veiled way to the world outside the company, causing the development of *burnout syndrome*.

In the next chapter, it is discussed how Karasek's demand-control model can contribute to the prevention of bullying and *burnout syndrome*.



3. CONTRIBUTION OF THE KARASEK DEMAND-CONTROL MODEL TO THE PREVENTION OF BULLYING AND *BURNOUT SYNDROME*

Burnout syndrome is a disorder defined in the International Classification of Diseases (ICD-10) by code Z73.0, and is also part of List B of Annex II of the Social Security Regulation, having a recognized nexus with ICD-10 Z56.3 (arduous work rhythm) and Z56.6 (other work-related physical and mental difficulties). (BRAZIL, 1999)

This syndrome is related to conflicts at work, characterized by emotional exhaustion, depersonalization, and low personal fulfillment. Meleiro, *et. al.* (2018, p. 609) states that "for this reason, health promotion measures in the workplace play a significant role in prevention."

These are the main symptoms of *burnout syndrome*, according to Moraes (2014)

- Psychosomatic: migraines, headaches, insomnia, gastritis and ulcers, diarrhea, asthma attacks, palpitations, hypertension, higher frequency of infections, muscle and/or neck pain, allergies, suspension of the menstrual cycle in women.
- Behavioral: absenteeism, isolation, violence, drug addiction, inability to relax, sudden mood swings, risky behavior.
- Emotional: signs of impatience, affective detachment, feeling of loneliness and alienation, irritability, anxiety, difficulty concentrating, feeling of helplessness, desire to quit work, decreased involvement at work, low self-esteem, doubts about one's own ability.
- Defensive: involve denial of emotions, irony, selective attention, hostility, apathy, and distrust. (MORAES, 2014, p. 100)

Moral harassment, on the other hand, is conceptualized as:

An abusive, intentional, frequent and repeated conduct that occurs in the work environment and that manifests itself through words, gestures, behaviors or in written form that aims to diminish, humiliate, embarrass or disqualify a person or a group. [...] The phenomenon can occur in a subtle, disingenuous and not openly declared way. (Ebserh, 2020, p. 3)

Despite the inaccuracies of the concept above, with regard to defining the notion of "work environment", which is currently diffuse through social networks and telework; As well as the redundancy of the terms "frequent" and "repeated", it is possible to highlight that moral harassment is a psychological abuse.

It is worth alerting, for all organizations, that it is not enough to have insufficient dissemination of a simple booklet to combat moral harassment, which cannot even become



known to the entirety of workers, and the company must adopt real and effective measures for this purpose, actually curbing situations of moral harassment, instead of covering it up.

And one of the ways to combat moral harassment is the good faith use of Karasek's demand-control model.

In this regard, Alves *et. al.* (2015) point out that:

Of the existing theoretical models to assess psychosocial stress in the workplace, the demand-control model proposed by Robert Karasek in 1979 has been the most widely used in several countries. (ALVES, et. al., 2015, p. 209)

Falzon and Sauvagnac (2007) clarify that Karasek's demand-control model (Fig. 1):

distinguishes three dimensions characterizing the work situation:

- the psychological demand: this refers to the intensity, speed, quantity of work, temporal constraint, interruptions, contradictions in demands;
- the latitude of decisions: this depends, on the one hand, on the autonomy of decision and, on the other, on the possibility of making use of their competences and developing new competences;
- social support at work: this dimension depends on the recognition of their work by the hierarchy and the support of colleagues. (FALZON; SAUVAGNAC, 2007, p. 148).

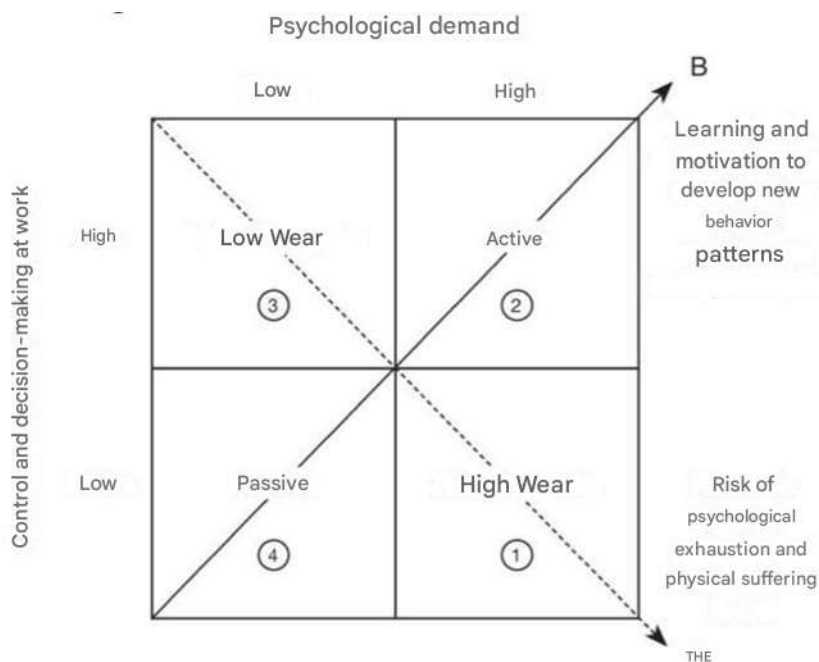


Figure 1. Karasek's Demand-Control Model (SOARES, 2019, p. 435).



Falzon and Sauvagnac (2007, p. 148) continue that "situations of high psychological demand and low latitude of decisions are defined as generating stress, which the lack of social support can aggravate."

Corrêa and Boletti (2015) states that:

A key point of organizational ergonomics is to diagnose how workers evaluate their work environment. Capturing, treating and analyzing the representations that individuals make of their work context can be a differential, to a certain extent a central requirement, for the adoption of changes aimed at promoting well-being at work, efficiency and effectiveness of production processes. Still, it is an effective way to understand the root of ergonomic problems, which are often related to organizational culture. [...] **A premise of organizational ergonomic analysis is the understanding that employee behavior and performance depend on how much the situation favors or interferes with the objectives of their tasks.** (CORRÊA; BOLETTI, 2015, p. 19, emphasis added)

From the excerpt above, it is clear that the occupational health and safety team must listen to how workers evaluate their work environment, ensuring confidentiality so that responses are not conditioned by fear of retaliation.

In this sense, Kroemer and Grandjean (2007, p. 167) point out that:

The measurement of stress at work should be focused on the psychological state of the individual. A first step is then to ask the person about their individual emotional experiences in relation to the situation at work. This means using subjective data dependent on the subject's state. (KROEMER; GRANDJEAN, 2007, p. 167, emphasis added)

The ergonomist must be impartial to the company under investigation. Certainly, this condition is made difficult when the occupational health and safety service itself performs the required ergonomic activities, considering that Brazil does not enforce the guarantee of professional independence and autonomy of the employer provided for in article 10 of ILO Convention 161.

Guérin, *et al.* (2001) deal with that:

What interests the ergonomist is not the work activity itself. Understanding it better is only justified if it allows the transformation of work, which often implies access to a critical reading of the company's operation. This reading takes on a particular character. (GUÉRIN, *et al.*, 2001, p. 37)

And, in order to transform the work, it is necessary to develop an expedient with technical quality and impartiality, to be able to carry out the aforementioned critical reading of the company's operation.



Sznelwar (2015) warns that:

The inclusion of the psychic issues of work in the concerns of ergonomics can be seen as a very complicated and poorly defined process. [...] In addition, these problems can be treated from different approaches arising from very different theories. (p. 47)

In view of the above, it is required that the ergonomist has specialized knowledge in mental health when entering into the psychic issues of work organization. Also, it must define the theory adopted, so that it is possible to substantiate the results of the work. Unfortunately, there are health programs in companies that deny psychosocial risks, with the disguised purpose of protection in lawsuits involving compensation for occupational diseases.

There is an organizational myopia that does not see the benefits of organizational ergonomics for the health not only of workers, but of the company itself; as the reduction of occupational diseases generates a favorable environment for business.

According to Karasek's demand-control model, work with low decision latitude generates a passive or high-wear condition. And, this reality can happen even in higher-level professionals, such as doctors, who may have violated their professional autonomy.

Ergonomic evaluation should seek active work, generating learning and motivation for the worker, as well as guiding the importance of social support at work, with the promotion of a friendly work environment and recognition by managers.

4. CONCLUSION

Workers have recognized by the Federal Constitution the fundamental right to reduce the risks inherent to work, through occupational health, hygiene and safety standards; with the State and employers as the recipient of this benefit.

Work-related mental disorders, including burnout syndrome, can be developed due to a toxic work environment, with a deleterious organizational climate and culture, such as what occurs in companies that have institutionalized, even if veiledly, the practice of moral harassment.

It is concluded that the good faith use of Karasek's demand-control model has the power to contribute to the prevention of moral harassment and *burnout* syndrome. The ergonomist must ensure impartiality in his relationship with the company and aim to achieve active work for workers, guiding them and managers on the relevance of knowledge of the three dimensions of the designated model; to ensure the human dignity of workers and the formation of a healthy work environment.



REFERENCES

- ALVES, Márcia Guimarães de Mello *et al.* Modelo demanda-controle de estresse no trabalho: considerações sobre diferentes formas de operacionalizar a variável de exposição. **Cad. Saúde Pública**, Rio de Janeiro, v. 31, n. 1, p. 208-212, Jan. 2015.
- BRASIL. Constituição da República Federativa do Brasil. **Diário Oficial da União**, Brasília, 5 out. 1988.
- BRASIL. Decreto n. 10.088, de 5 de novembro de 2019. Consolida atos normativos editados pelo Poder Executivo Federal que dispõem sobre a promulgação de convenções e recomendações da Organização Internacional do Trabalho - OIT ratificadas pela República Federativa do Brasil. **Diário Oficial da União**, Brasília, 6 nov. 2020.
- BRASIL. Decreto n. 3.048, de 6 de maio de 1999. Aprova o Regulamento da Previdência Social, e dá outras providências. **Diário Oficial da União**, Brasília, 7 maio 1999.
- BRASIL. Decreto-Lei n. 5.452, de 1 de maio de 1943. Aprova a Consolidação das Leis do Trabalho. **Diário Oficial da União**, Rio de Janeiro, 9 ago 1943.
- BRASIL. Ministério da Economia. **Norma Regulamentadora 17: Ergonomia**. 2018. Disponível em: https://enit.trabalho.gov.br/portal/images/Arquivos_SST/SST_NR/NR-17.pdf. Acesso em: 11 jul. 2020.
- CORRÊA, Vanderlei de Moraes; BOLETTI, Rosana Rosner. **Ergonomia: fundamentos e aplicações**. Porto Alegre: Bookman, 2015.
- EMPRESA BRASILEIRA DE SERVIÇOS HOSPITALARES. **Assédio moral: como prevenir e combater**. 2020. Disponível em: <http://www.ebserh.gov.br/sites/default/files/inline-files/10022020%20cartilha%20assédio%20moral%20compressed.pdf>. Acesso em 11 jul. 2020.
- FALZON, Piere; SAUVAGNAC, Catherine. Carga de trabalho e estresse. In: FALZON, Pierra. **Ergonomia**. São Paulo: Blucher, 2007.
- GUÉRIN, F. *et al.* **Compreender o trabalho para transformá-lo: a prática da ergonomia**. São Paulo: Blucher: Fundação Vanzolini, 2001.
- KROEMER, K. H. E.; GRANDJEAN, E. **Manual de Ergonomia: adaptando o trabalho ao homem**. 5 ed. Porto Alegre: Bookman, 2007, cap. 12.



MELEIRO, Alexandrina Maria Augusto da Silva, et.al. **Síndrome de Burnout**. In: MELEIRO, Alexandrina Maria Augusto da Silva. **Psiquiatria: estudos fundamentais**. Rio de Janeiro: Guanabara Koogan, 2018.

MORAES, Márcia Vilma Gonçalves de. **Princípios ergonômicos**. São Paulo: Érica, 2014.

RESENDE, Ricardo. **Direito do Trabalho**. Rio de Janeiro: Forense, 2020. SOARES, Saulo Cerqueira de Aguiar. **Direito da Prevenção de Riscos Ocupacionais**. Rio de Janeiro: Lumen Juris, 2019.

SZNELWAR, Laerte Idal. **Quando trabalhar é ser protagonista e o protagonismo do trabalho**. São Paulo: Blucher, 2015.

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