



BIOPSYCHOSOCIAL WELL-BEING AND THE MEANING OF WORK: THE NEED FOR INTERDISCIPLINARY PUBLIC POLICIES

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Abstract

This article sought to investigate how interdisciplinary public policies can help implement the World Health Organization's concept of biopsychosocial health and reinforce the meaning of work for those who carry it out. In this sense, this study aimed to relate the term Decent Work, presented by the International Labor Organization, the definition of "sustainable work", and its association with biopsychosocial well-being in favor of treatment and prevention through public policies based on the framework of work psychodynamics. With regard to the justification for this work, there has been an increase in labor claims seeking recognition of psychological suffering and mental illness due to working conditions, coupled with a claim for moral compensation, in addition to the recognition of Burnout Syndrome as an occupational disease by the World Health Organization. The methodology used includes a bibliographical review focused on the approaches of Law, Psychodynamics of Work and Ergonomics. In the end, it was possible to connect the terminologies, as well as identifying that all of them are aimed at adequate working conditions to prevent operators from losing the meaning of their work or making it precarious to the detriment of production.

Keywords: health, biopsychosocial well-being, public policy.

1. INTRODUCTION

First, before any analysis, it should be noted that "it is clear that one cannot calculate the human cost in suffering and pain. In fact, much of this cost is invisible" (WHO, 2002, p. 3). It is in this context that the "WHO World Report on Violence and Health 2002" states that public health is utilitarian, focusing on solving problems and conditions that have repercussions on health in the best way for the largest number of people, based on interdisciplinary public policies (WHO, 2002). For this reason, the approach of this work will contemplate interdisciplinarity, addressing Law, Psychodynamics of Work and Ergonomics.

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Thus, we will make a brief analysis of the terminologies "work", "task", "activity" from the perspective of Ergonomics and Psychodynamics of work, corroborating with "Decent Work" (ILO, 1999), "Sustainable Work" (Sznclwar et al., 2011, p. 137), "Biopsychosocial Well-being" (WHO, 1946) in view of the recognition of the Burnout Syndrome as an occupational disease (WHO, 2022), arising from the Law. Later, we will explain how a disease is configured as occupational in Brazilian labor legislation. Finally, we will associate interdisciplinary public policies, encouraged by the World Health Organization and the International Labor Organization, with the perspective of the Psychodynamics of Work, adopting Cristophe Dejours as a theoretical framework, as well as some terminologies specific to this area.

Regarding the justification for this project, Marcelo Furtado Vidal (2011, p. 148) warns that labor complaints aiming at the recognition of psychic suffering and mental illnesses to working conditions cumulated with a request for moral compensation are becoming more frequent. Therefore, the topic addressed is extremely relevant to encompass these recurring conflicts in the Judiciary and bring reflections to assist in these cases.

In relation to the objectives of this study, we seek to relate the position of the WHO and the ILO combined for interdisciplinary public policies in the work environment with the contribution of the Psychodynamics of work and Law. Among the specific objectives are to understand what an occupational disease is in the light of the CLT (Consolidation of Labor Laws) and to identify the importance of interdisciplinary public policies based on the Psychodynamics of work and Law.

2. METHODOLOGY

The methodology used was a brief documentary analysis of the "World Health Report: Mental Health: New Conception, New Hope" (WHO, 2001), and "World Report on Violence and Health" (WHO 2002), and "World Mental Health Report: Transforming Mental Health for All" (WHO 2022). In addition, this study carried out a literature review bringing the terms "work", "activity" and "task" to Ergonomics, as well as "Decent Work" (ILO, 1999) and "sustainable work" (Sznclwar et al., 2011, p. 137) from the perspective of Christophe Dejours.

3. RESULTS AND DISCUSSIONS



3.1. The analysis of the terminologies of Ergonomics and Law in the theme of work

Faced with the hyper-specialization of knowledge as a result of the capitalist, institutional interests that permeate science, science "reduced scientific knowledge to crumbs", implying the impossibility of "thinking scientifically about the individual, man, society" (Morin, 2005, p. 119). At the same time, institutions and their capitalist interests, through their mechanisms of control and coercive power, impact the way of thinking, because "[...] the individual does not understand his purpose or his world of operation" (Berger & Luckmann, 2004, p. 87).

Finally, the proposal of the "new transdisciplinarity" brought by Morin (2005, p.138) considers the need for dialogue between scientific knowledge in order to ensure the autonomy of the disciplines, but enabling dialogue between them, distinguishing them without separating them. Thus, through the paradigm of complexity, this communication associated with reality is capable of curbing reductionist simplification, promoting the analysis of the phenomenon/object of research in its entirety. Therefore, in order to a global analysis of work and workers, a dialogue between Law, Ergonomics and the Psychodynamics of Work will be carried out.

In this way, Ergonomics presents us with some fundamental concepts for a better understanding of this theme. The first is the binomial task and activity, considering that Ergonomics, through activity, considers the variabilities of workers and in the work environment. The task arises in the investigation of transforming work into norms for the sake of better productivity and execution, enabling means to measure productivity (analysis of workers' gestures, time, and means of production), but ignores variabilities (Alonso, 2023, p. 297). At the same time, the activity encompasses variabilities in its analysis, as it considers the subject and his biological, physiological, psychic, cognitive, and social means in the face of the task prescribed by his superior (Jackson Filho & Garrigou, 2023, p. 30). Finally, the variability, in the context of Ergonomics, is: "The variations that occur during work activities differ between what is expected from the prescribed work and what actually happens in real work" (Messias, 2023, p. 342).

That said, work consists of the clash between real work, observation of the worker in activity, and the prescribed work, which the superior demands, thinking that it is the best form of production through protocols, procedures, and lists (Ferreira, 2023, p. 319). It is added that all work mobilizes the worker's body and intelligence, even the most repeated and boring work, so such can be the contrast between real work and prescribed work, which challenges the work that appears to be given (Ferreira, 2023, p. 319).



From the perspective of the Psychodynamics of work, Christophe Dejours (2012, p. 24) warns that work goes beyond the social-wage relationship, employment and social production activity, as it is the "fact of working" (gestures, know-how, reflecting, feeling, thinking, inventing, among others). From this perspective, "work is to win, to fill the gap between what is prescribed and what is effective", since the prescribed work suffers from external changes (breakdowns, unforeseen events, organizational inconsistencies, among others) and work consists of analyzing the task and the activity, so that the worker adds new prescriptions or reanalyzes them when they are not able to perform the designated objective (Dejours, 2012, p. 25).

From 1944 to 1968, according to Christophe Dejours (1992, p. 21), this is the period of the "history of workers' health" in which labor exploitation falls on the body. Today, the author believes that the target is not directly the body itself, but rather the harmfulness to mental health provided by work. Thus, labor complaints, a priori, were only a matter of survival (submission to excessive working hours, for example) in favor of physical health. However, the mental suffering caused by poor organization in the work environment in which "[...] the division of labor, the content of the task (to the extent that it derives from it), the hierarchical system, the modalities of command, the power relations, the questions of responsibility, etc." have gained more and more prominence (Dejours, 1992, p. 25).

The author adds that the two essential sufferings of the worker are dissatisfaction and anxiety. Workers constantly experience the feeling of robotization and shame for becoming mere workers, abandoning their creativity and intelligence, generating a lack of interest in work and a depressive experience, as previously mentioned (Dejours, 1992). From this perspective, Theodor Ludwig Wiesengrund Adorno & Max Horkheimer (2014, p. 37) add that: "But since pleasure, under the millennial pressure of work, has learned to hate itself, it remains, in totalitarian emancipation, vulgar and mutilated, by virtue of its self-contempt."

Faced with this panorama, the International Labor Organization, in 1999, brought the definition of Decent Work. This definition, given by the Director-General of the ILO, Juan Somavia, at the 87th Meeting of the International Labour Conference, was synonymous with productive work corroborated with the protection of rights and sufficient work so that everyone had full access to opportunities without disrespect for social norms and democratic dialogue (ILO, 1999). This time, Decent Work is composed of pillars: "fundamental rights, quality employment, social protection and social dialogue as a means of expressing democracy" (Beltramelli Neto & Voltani, 2019, p. 2). It should be noted that, as a result of the second pillar (quality employment), the "creation of new jobs" is sought, a measure understood as a premise



for the full social, economic and personal development of the individual" (Beltramelli Neto & Voltani, 2018, p. 134).

On the other hand, "sustainable work" encompasses "(...) work performed in a given production process (...)", making sustainable development an integrator of environmental, economic, social and labor issues, focusing on the evaluation of organizational alignments and work in this sustainable perspective (Sznclwar et al., 2011, p. 137). Unlike the labor protection intentions of the International Labor Organization, this definition arose from a context of "competitive strategy and socio-environmental responsibility" (Sznclwar et al., 2011, p. 139), and work is essential to produce sustainably, but the concern for sustainability falls only on the final product.

Therefore, Sznclwar et al. (2011) warn that there is a concern with the environmental dimension of production, but focusing on the social dimension of the labor process, its difficulties and its impacts on the worker, going beyond mere social engagement as a sustainable action, is essential to create new processes and improve the treatment of work and the worker in order to make work sustainable.

Thus, the WHO's biopsychosocial concept of health corroborates the concern with the worker in his or her integrity, according to the terms Decent Work and "sustainable work", in which it is "a state of complete physical, mental and social well-being, and does not consist only in the absence of disease or infirmity" (WHO, 1946). Thus, it is possible to assess that this concept is concerned with ensuring mental health because it is part of the individual's health and values interdisciplinary public policies to achieve this purpose, as will be explained below.

In addition to this concept of health, the WHO also brought its position in relation to workplace violence. This type of violence is structural, going beyond the individual, due to social, economic, cultural and organizational causes (WHO, 2002, p. 18) affecting the family and the community with job loss, reduced productivity, higher crime rates and premature mortality (WHO, 2001, p. 24-25). Thus, the results showed that in the work environment, according to the World Report on Violence and Health (WHO, 2002, p. 17), actions against violence are divided into local levels (small-scale programs, work and cooperation commissions), national levels (cooperation between unions and employers through ministries of labor) and global levels (WHO).

These measures are essential to prevent the impacts of violence at work: there are those that generate direct costs (work accidents, illnesses, disability), indirect costs (reduced productivity and qualities) and more intangible costs (violating the organization's image, less



creativity and loyalty). The WHO reported in 2022 that each year about 12 billion working days are lost due to depression and anxiety (WHO, 2022). Among working-age adults, it is highlighted by the WHO that about 15% of them suffer from some mental disorder (WHO, 2022). In Brazil, according to the TST (TST, 2021), after analyzing data from the Special Secretariat for Social Security and Labor, records were broken in the granting of sickness benefit and disability retirement by the National Institute of Social Security (INSS), due to mental and behavioral disorders¹.

3.2. The configuration of occupational disease in Brazil and the Burnout Syndrome

In this sense, in Brazil, for an event to be considered in the labor aspect as a work accident or equivalent situation, certain elements must be present. The concept of work accident is provided for in the *caput* of Article 19 of Law 8.213/91, which defines it as one that occurs due to the exercise of work in the service of a company or a domestic employer, or of the insured workers listed in item VII of Article 11 of the same Law, which causes a bodily injury or functional disturbance, resulting in the death of the worker or in the loss or reduction of his functional capacity, permanently or temporarily. Articles 20 and 21 of Law 8.213/91 present the situations that are equated to work accidents, such as occupational disease, also called occupational disease by doctrine and jurisprudence. Among these possible occupational diseases that are equivalent to an occupational accident, there are work-related mental and behavioral disorders (TMCRT).

Mental health is an important element within the world of work. The National Council of Justice presented what it considers to be the concept of "mental health" in the document released under the name of "Mental health and work in the Judiciary" (CNJ, 2019, p. 5) which consists of "[...] ability to achieve cognitive, behavioral and emotional well-being [...]".

As a result of this scenario and the search for biopsychosocial well-being, in 2019 there was a relevant advance in the study of work-related mental and behavioral disorders, since Burnout Syndrome was expressly included as an occupational disease in the 11th revision of the International Classification of Diseases (WHO, 2019), described as "*chronic work stress that has not been successfully managed*" (PAHO, 2022).

¹ 576 thousand social security leaves were found, representing an increase of 26% compared to 2019, when there was no Coronavirus pandemic. Regarding sick pay, the concession increased from 213.2 thousand in 2019 to 285.2 thousand in 2020, an increase of 33.7%. The TST stressed the importance of seeking a joint solution to the mental disorders resulting from the pandemic.



Therefore, as a consequence of this review, the World Health Organization (WHO) has expressed itself in the sense that Burnout Syndrome must necessarily be recognized as an occupational disease, and cannot be attributed to events in other areas of the worker's life (WHO, 2019).

From the perspective of the Brazilian Labor Courts, the Superior Labor Court (TST) found that the year 2020 was marked by difficult times for workers due to the Covid-19 Pandemic (TST, 2021). Adapting to the *home office*, work overload, concern about their health and that of their families, as well as uncertainties about their professional future, among other factors, contributed to the worsening of workers' mental disorders (TST, 2021)².

Data from the Federal Council of Nursing (COFEN, 2022) indicate that depression and anxiety increased in Brazil after the beginning of the Covid-19 pandemic, and it was even suggested that the country would be experiencing a mental health pandemic. e) In view of the above, the WHO defends that these workers should be treated, either in the hospital or community modality, divided into "housing networks, vocational rehabilitation, employment and social support constitute all aspects of psychosocial rehabilitation" (WHO, 2001).

3.3. Work and public policies: the need for interdisciplinary public policies

It is in this context that the "WHO World Report on Violence and Health" (2002, p. 19) encompasses the active collaboration of labor organizations to develop policies and programs, legal support and government guidance, recommended prevention practices, improvements in the work environment, more training and support for those affected. In this sense, public health aims at the health and well-being of all, creating safe and healthy global communities, and professionals in this area can develop national plans and policies in partnership with other sectors through the allocation of the necessary resources.

² "We went through difficult times in 2020. In a year marked by the pandemic and the need for social isolation, many workers had major changes in their routine. The work, carried out in the company of colleagues and with the presence and guidance of bosses, became, in many cases, performed at home. Those who continued to work in person had to live with anxiety and fear of the new virus. For many, there was still the loss of jobs and income." Retrieved June 04, 2023, from https://www.tst.jus.br/noticias/-/asset_publisher/89Dk/content/id/27270562/pop_up.



Thus, for the organization and through the data obtained, public health is able to provide a global response to violence. That said, the WHO has listed three means to prevent violence: primary prevention (preventing violence from happening), secondary prevention (immediate responses to violence) and tertiary prevention (long-term responses, such as rehabilitation and reintegration) and three types of interventions to solve this problem: universal interventions (approach to a group or general population), selected (focused on vulnerable people) and indicated (those with violent behavior) (WHO, 2002, p. 15-16).

In addition, for the protection of mental health, the 2022 "World Mental Health Report: Transforming Mental Health for All" makes several recommendations for action, grouped into three "pathways to transformation" to accelerate the implementation of this "Comprehensive Plan of Action on Mental Health 2013–2030": deepen the value and commitment we place on mental health, reorganize the environments that influence mental health (homes, communities, schools, workplaces, health services) and reinforce mental health care by changing the places, modalities, and people who offer and receive services (WHO, 2022, p. 249). This concern with mental health is based on "[...] public health, human rights and socioeconomic development" (WHO, 2022, p. 16).

Another issue is the interdisciplinarity of public policy. Morin (2005, p. 20) reinforces the mutual interference between science, the State, technology and society, rejecting disciplinary institutionalization: "[...] Science is at the heart of society and, although quite distinct from that society, it is inseparable from it, which means that all sciences, including physical and biological sciences, are social."

As a result, the WHO guidelines were put into practice at the National Seminar on Mental Health and Work (2008). This event was composed of several professionals and institutions in the health area and recognized the need to develop "a permanent network of integration and articulation of people and institutions that develop activities related to Mental Health and work" (Nardi & Ramminger, 2012, p. 384). Thus, the Interinstitutional Forum on Mental Health and Work was created with the purpose of promoting interdisciplinary and interinstitutional public policies for workers' mental health care to assist them from prevention to rehabilitation (Nardi & Ramminger, 2012). Therefore, it is not a partial view of the object, but an analysis of it as a whole, providing cooperation between the areas for the evaluation of the phenomenon of work in its interdisciplinarity.



4. CONCLUSION

In view of the above, it was possible to understand how an interdisciplinary analysis, approaching the terminologies "work", "task", "activity" from the perspective of Ergonomics and Psychodynamics of work, corroborating with "Decent Work" (ILO, 1999), "Sustainable Work" (Sznclwar et al., 2011, p. 137), and "Biopsychosocial Well-being" (WHO, 1946) demonstrate that work is a multifaceted phenomenon. Therefore, in order to cover it, we dialogue with Law, the Psychodynamics of Work and Ergonomics, proving the recommendations of the WHO and the ILO for the promotion of efficient public policies.

Thus, we explain how a disease is configured as occupational in Brazilian labor legislation, delving into mental occupational diseases through the survey of some data from the TST and COFEN, in addition to the recognition of Burnout Syndrome as an occupational disease (WHO, 2022). Finally, this research demonstrated the concern of the ILO and WHO on this theme in the dissemination of public policies in the prevention and fight against mental occupational diseases, considering the contributions of Ergonomics and Psychodynamics of Work.

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