

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 report 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

Firstly, before any analysis, it is worth highlighting that "it is clear that the human cost in suffering and pain cannot be calculated. In reality, much of this cost is invisible" (WHO, 2002, p. 3). It is in this context that the "2002 MS World Report on Violence and Health" states that public health is utilitarian, focusing on solving problems and conditions that impact health in the best way for the greatest number of people, the from interdisciplinary public policies (WHO, 2002). For this reason, the approach of this work will include interdisciplinarity, addressing Law, Psychodynamics of Work and Ergonomics .

Therefore, 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

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well-being” (WHO, 1946) in view of the recognition of *Burnout Syndrome* as an occupational disease (WHO, 2022), arising from the Law. Later, we will explain how a disease is classified as occupational in Brazilian labor legislation. Finally, we will associate interdisciplinary public policies, encouraged by the World Health and International Labor Organizations, with the perspective of 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 seeking recognition of psychological suffering and mental illnesses and working conditions combined with requests for moral compensation are becoming more frequent. Therefore, the topic addressed is extremely relevant to cover 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 positioning of the WHO and the ILO combined for interdisciplinary public policies in the workplace with the contribution of Psychodynamics of work and Law. Among the specific objectives are understanding what an occupational disease is in light of the CLT (Consolidation of Labor Laws) and identifying 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 Health Report Mental: Transforming mental health for all” (WHO 2022). Furthermore, 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 DISCUSSION

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



Finally, the proposal for 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 complexity paradigm, this communication associated with reality is capable of curbing reductionist simplification, promoting the analysis of the phenomenon/research object in its entirety. Therefore, in order to achieve a global analysis of work and workers, a dialogue will be carried out between Law, Ergonomics and Work Psychodynamics.

In this way, Ergonomics presents us with some fundamental concepts to better understand this topic. The first concerns the binomial task and activity, considering that Ergonomics, through activity, considers the variability of workers and the work environment. The task arises from the investigation of transforming work into standards in favor of better productivity and execution, enabling means to measure productivity (analysis of workers' gestures, time and means of production), but ignoring variability (Alonso, 2023, p. 297). At the same time, the activity encompasses the 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, variability, in the context of Ergonomics, is: “The variations that occur during work Activities differ between what is expected from 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 prescribed work, what the superior demands, thinking it is the best form of production through protocols, procedures and lists (Ferreira, 2023, p. 319). It should be added that all work mobilizes the worker's body and intelligence, even the most repeated and boring work, which is why the contrast between real work and prescribed work can be so great, 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-salary relationship, employment and social production activity, as it is about the “fact of working” (gestures, knowledge- do, reflect, feel, think, invent, among others). From this perspective, “working is winning, filling the gap between the prescribed and the effective”, since the prescribed work suffers from external changes (breakdowns, unforeseen events, organizational inconsistencies, among others) and working consists of analyzing the task and the activity, so that the worker can add new prescriptions or



reanalyze them when they are not capable of executing the designated objective (Dejours, 2012, p. 25).

From 1944 to 1968, according to Christophe Dejours (1992, p. 21), this is the period in the "history of workers' health" in which labor exploitation falls on the body. Today, the author believes that the target is not it is directly the body itself, but rather the harm to mental health caused by work. In this way, labor complaints, a priori, were only a matter of survival (submission to excessive working hours, for example) in favor of health. physical health. However, mental suffering caused by poor organization in the workplace 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, power relations, issues of responsibility, etc." has gained increasing prominence (Dejours, 1992, p. 25).

The author adds that the two essential sufferings of workers are dissatisfaction and anxiety. Workers constantly experience a 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 as pleasure, under the age-old pressure of work, learned to hate itself, it remains, in totalitarian emancipation, vulgar and mutilated, by virtue of his self-contempt."

Given this panorama, the International Labor Organization, in 1999, introduced the definition of Decent Work. This definition, given by the Director-General of the ILO, Juan Somavia, at the 87th Meeting of the International Labor Conference, was synonymous with productive work supported by the protection of rights and sufficient work for everyone to have full access to opportunities without disrespecting social norms. and democratic dialogue (ILO, 1999). This time, Decent Work is made up of pillars: "fundamental rights, quality employment, social protection and social dialogue as a means of expressing democracy" (Beltramelli Neto & Voltani, 2019, p. 2). It is worth noting that, as a result of the second pillar (quality employment), the aim is to "create new jobs, 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" covers "(...) work carried out in a given production process (...)", making sustainable development an integrator of environmental, economic, social and labor issues, focusing on about evaluating organizational alignments and working in this sustainable perspective (Sznelwar et al., 2011, p. 137). Unlike the labor



protection intentions of the International Labor Organization, this definition emerged from a context of “competitive strategy and socio-environmental responsibility” (Sznalwar et al., 2011, p. 139), with work being essential to produce sustainably, but the concern for sustainability lies only in the final product.

Therefore, Sznalwar et al. (2011) warn that there is concern about the environmental dimension of production, but focusing on the social dimension of the work 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 workers in order to make work sustainable.

Thus, the WHO's biopsychosocial concept of health corroborates the concern for the worker in his 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 merely in the absence of disease or infirmity” (WHO, 1946). In this way, it is possible to verify that this concept is concerned with ensuring mental health because it comprises the individual's health and values interdisciplinary public policies to achieve this purpose, as will be explained below.

In addition to this health concept, 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 the loss of employment, reduced productivity, higher crime rates and premature mortality (WHO, 2001, p. 24-25). This time, the results demonstrated that in the workplace, according to the World Report on Violence and Health (WHO, 2002, p. 17), actions against violence are divided at the local level (small-scale programs, work committees and cooperation), at national level (cooperation between unions and employers through ministries of labor) and at global level (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 quality) and more intangible costs (violating the organization's image, less creativity and loyalty). The WHO reported in 2022 that each year around 12 billion workdays are lost due to depression and anxiety (WHO, 2022). Among adults of working age, it is highlighted by the WHO that around 15% of these 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 disorders and behavioral ⁴.

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

In this sense, in Brazil, for an event to be considered in the labor aspect as an accident at work or similar situation, certain elements must be present. The concept of work accident is set out in the caput of Article 19 of Law 8,213/91, which defines it as one that occurs due to the performance of work in the service of a company or a domestic employer, or of the insured workers listed in section VII of Article 11 of the same Law, which causes bodily injury or functional disturbance, resulting in the death of the worker or the loss or reduction of their functional capacity, permanently or temporarily. Articles 20 and 21 of Law 8,213/91 present situations that are equated to an accident at work, such as occupational disease, also called occupational disease by doctrine and jurisprudence. Among these possible occupational diseases that are equivalent to an accident at work, we find 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 “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 significant advance in the study of work-related mental and behavioral disorders, as *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). Therefore, as a consequence of this review, the World Health Organization (WHO) stated 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 Court, 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 working from home, work overload, concern for your

⁴576 thousand social security absences were found, representing an increase of 26% compared to 2019, when there was no Coronavirus pandemic. In relation to sickness benefit, the grant increased from 213.2 thousand in 2019 to 285.2 thousand in 2020, an increase of 33.7%. The TST highlighted the importance of seeking a joint solution to mental disorders resulting from the pandemic.



health and that of your family, as well as uncertainty about your professional future, among other factors, contributed to the worsening of workers' mental disorders (TST, 2021)⁵.

Data from the Federal Nursing Council (COFEN, 2022) indicate that depression and anxiety increased in Brazil after the start of the Covid-19 pandemic, with it even being suggested that the country was experiencing a mental health pandemic. e) In view of the above, the WHO advocates that these workers be treated, whether in hospital or community mode, divided into “housing networks, professional 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 work organizations to develop policies and programs, legal support and government guidelines, recommended health practices, prevention, 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 necessary resources.

Thus, for the organization and through the data obtained, public health is capable of providing a global response to violence. That said, the WHO 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 (approaching a group or population in general), selected (focused on vulnerable people) and indicated (to those with violent behavior) (WHO, 2002, p. 15-16).

Furthermore, 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 “Plan of Integral Mental Health Action 2013–2030”: deepen the value and commitment we give to

⁵“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, began, in many cases, to be carried out 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 on June 4, 2023, from https://www.tst.jus.br/noticias/-/asset_publisher/89Dk/content/id/27270562/pop_up.



mental health, reorganize the environments that influence mental health (homes, communities, schools, workplaces, health services) and reinforce attention to mental health 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 this society, is inseparable from it, this means that all sciences, including physical and biological ones, are social”.

As a result, WHO guidelines were put into practice at the National Seminar on Mental Health and Work (2008). This event was made up of several health professionals and institutions 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 mental health care for workers to assist them from prevention to rehabilitation (Nardi & Ramminger, 2012). Therefore, this is not a partial view of the object, but an analysis of it as a whole, providing cooperation between areas for the evaluation of the phenomenon of work in its interdisciplinarity.

4. CONCLUSION

In view of the above, it was possible to understand it as an interdisciplinary analysis, addressing the terminologies “work”, “task”, “activity” from the perspective of Ergonomics and Psychodynamics of work, corroborating with “Decent Work” (ILO, 1999), “ Sustainable work” (Sznelwar 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, Work Psychodynamics and Ergonomics, confirming 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 deeper into mental occupational illnesses by surveying some data from the TST and COFEN, in addition to recognizing Burnout Syndrome *as* an occupational disease (WHO, 2022). Finally, this research demonstrated the concern of the ILO and WHO on this



topic in the dissemination of public policies to prevent and combat mental occupational illnesses, considering the contributions of Ergonomics and Work Psychodynamics.

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