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

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Summary

This article aims to discuss the contribution of Karasek's demand-control model in preventing bullying and burnout syndrome, from a multidisciplinary perspective. The methodology adopted is theoretical-bibliographical research, from a legal perspective. Organizational ergonomics can transform a toxic organizational climate and culture. Burnout syndrome is a disorder related to conflicts at work, characterized by emotional exhaustion, depersonalization and low personal fulfillment. Moral harassment consists of psychological abuse that occurs through words, gestures or behavior, with the aim of humiliating, embarrassing or disqualifying a person or group at work. Karasek's demand-control model assesses psychosocial risk at work. It was found that the ergonomist must have impartiality towards the company investigated, although this condition is made difficult when the occupational health and safety service itself carries out the required ergonomic activities, considering that Brazil does not guarantee professional independence and autonomy of the employer provided for in art. 10 of the 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 bullying and burnout syndrome. The ergonomist must guide workers and managers on the relevance of knowledge of the three dimensions of the indicated model, to guarantee the human dignity of workers and the formation of a healthy work environment.

Keywords: Law of Occupational Risk Prevention, Worker's 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 be developed as a result of bullying. Among its purposes, labor law has the legal protection of workers' mental health, due to the

recognition of workers' fundamental rights.

work in a healthy work environment. To this end, mastering organizational ergonomics is relevant to transforming this environment, avoiding mental illness. This article aims to discuss the contribution of Karasek's demand-control model in preventing bullying and burnout syndrome, from a multidisciplinary perspective.

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

2. LEGAL PROTECTION FOR WORKERS' MENTAL HEALTH

The Constitution of the Republic of 1988 (CR/88) provides in art. 7th, inc. XXII that:

These are the rights of urban and rural workers, in addition to others that aim to improve their social condition: reducing the risks inherent to work, through health, hygiene and safety standards. (BRAZIL, 1988)

The aforementioned section is applied to all workers regardless of the legal regime of the employment relationship, and therefore also to statutory public servants, the latter as mandated by art. 39, §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 worker health and safety. 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 workers' mental health must be protected.

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 safety and occupational medicine, having been limited in terms of ergonomics, defining in art. 200 that complementary provisions should be made through the Regulatory Standards. (BRAZIL, 1943).

Thus, Regulatory Standard 17 (NR 17) specifies details on ergonomics, focusing on adapting 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 the nature of the work to be performed", as well as defining 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 rarely have the practice of seeking better ergonomic conditions for workers in a

spontaneous. To this end, the State intervenes legally, through the legal system, imperatively determining that companies are obliged to respect a minimum content of Ergonomics standards.

At this juncture, organizational ergonomics tends to be neglected, due to the lack of knowledge of its power in transforming the toxic organizational climate and culture. Soares (2019) asserts that:

The employee's repeated attempt is to promote a suppression of work-related mental disorders, due to fear of new cases occurring in other workers. In fact, in these situations what can happen is that the iceberg of mental disorders emerges, highlighting 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 link, through silence, omission, fraud and clandestineness, when it should invest effectively in programs to prevent mental disorders and quality of life programs, giving immediate support for cases of mental illness at work, to avoid catastrophes. Along these lines, workers delay in seeking psychological and psychiatric treatment and worsen their mental condition, as the company's medical service does not support them [...]. (SOARES, 2019, p. 448).

In this way, some companies adopt the dichotomy between seduction and fear as their organizational culture, perpetuating work-related mental disorders and denying the occupational connection. The practice of moral harassment has been institutionalized, in a veiled way to the world outside the company, causing the development of burnout syndrome. The next chapter discusses 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 included in List B of Annex II of the Social Security Regulations, having a recognized link with ICD-10 Z56.3 (harsh work rhythm) and Z56.6 (other physical and mental difficulties related to work). (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 have 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, increased 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 changes in mood, risky behavior.
- - Emotional: signs of impatience, emotional distance, feeling of loneliness and alienation, irritability, anxiety, difficulty concentrating, feeling of impotence, desire to leave the job, decreased involvement in 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 is conceptualized as:

Abusive, intentional, frequent and repeated conduct that occurs in the workplace and that manifests itself through words, gestures, behaviors or in writing that aims to diminish, humiliate, embarrass or disqualify a person or group. [...] The phenomenon can occur in a subtle, covert way and not openly declared. (Ebsers, 2020, p. 3)

Despite the inaccuracies of the above concept, in terms of defining the notion of "work environment", which is currently diffused through social networks and teleworking; as well as

the redundancy of the terms “frequent” and “repeated”, it is possible to highlight that moral harassment is psychological abuse.

It is worth warning, for all organizations, that the insufficient dissemination of a simple booklet to combat moral harassment is not enough, which cannot even reach the knowledge of the entirety of workers, and the company must adopt real and effective measures for this purpose, restraining fact about situations of moral harassment, instead of covering it up.

And one of the ways to combat bullying 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 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:

- psychological demand: this refers to the intensity, speed, amount of work, time constraints, interruptions, contradictions in demands;
- decision latitude: this depends, on the one hand, on decision-making autonomy and, on the other, on the possibility of making use of one's skills and developing new skills;
- social support at work: this dimension depends on the recognition of your work by the hierarchy and the support of colleagues. (FALZON; SAUVAGNAC, 2007, p. 148).

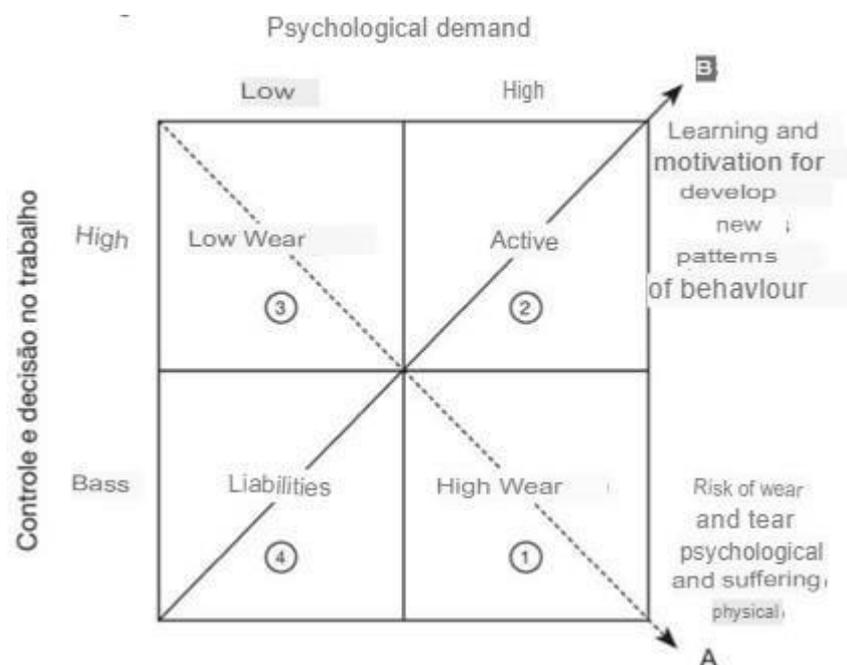


Figure 1. Karasek's Demand-Control Model (SOARES, 2019, p. 435).

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

Corrêa and Boletti (2015) states that:

A key point of organizational ergonomics is diagnosing how workers

evaluate their work environment. Capturing, treating and analyzing the representations that individuals make of their work context can be a differentiator, to a certain extent a central requirement, for the adoption of changes that aim to promote well-being at work, the efficiency and effectiveness of processes productive. Furthermore, 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) highlight that:

Measuring work stress should be focused on the individual's psychological state. 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 towards the company being investigated. This condition is certainly made difficult when the occupational health and safety service itself carries out the required ergonomic activities, given that Brazil does not implement the guarantee of professional independence and employer autonomy provided for in art. 10 of ILO Convention 161.

Guérin, et al. (2001) state 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 functioning. This reading takes on a particular character. (GUÉRIN, et al., 2001, p. 37)

And, to be able to transform the work, it is necessary to develop a file with technical quality and impartiality, to be able to carry out the aforementioned critical reading of the company's functioning.

Sznelwar (2015) warns that:

The inclusion of psychological issues at work in ergonomic concerns can be seen as a very complicated and poorly defined process. [...] Furthermore, these problems can be addressed using different approaches originating from very different theories. (p. 47)

In view of the above, the ergonomist is required to have specialized knowledge in mental health when delving into the psychological issues of work organization. Furthermore, the adopted theory must be defined, 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 legal proceedings involving compensation for occupational illness.

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, jobs with low decision latitude generate a passive or high-stress condition. And, this reality can even happen to higher-education professionals, such as doctors, who may have violated their professional autonomy.

The ergonomic assessment must 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 recipients of this benefit.

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

It is concluded that the good faith use of Karasek's demand-control model has the potential to contribute to the prevention of bullying and burnout syndrome. The ergonomist must guarantee 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 guarantee the human dignity of workers and the creation of a healthy work environment.

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