

## PRECARIOUSNESS AND WORKER'S HEALTH: AN OUTLOOK ON DECENT WORK AND THE PARADOXES IN PROFESSIONAL REHABILITATION

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**ABSTRACT.** In the Brazilian context is advancing a political and economic agenda guided by the prescription of fiscal austerity that contrasts with the principles of Welfare State. The effects of these changes, on the horizon of the neoliberal advance, expand the social precariousness and work faces by restricting protective public policies, supported by the Social Security Constitution. Thus, we aim to understand if, from the Decent Work and Worker's Health assumptions, the work precariousness process and the increasing vulnerability of workers in the context of current political and economic austerity. To dimension this scenario, we started from an analysis of the general economic situation to reach the Professional Rehabilitation Program of Social Security. The theoretical-methodological path was based on a theoretical-bibliographical study of qualitative epistemology through the collection of materials as reference works, current national legislation, public policies and international organizations guidelines. The interpretation of information is focused on three areas: Public and Worker's Health field, Decent Work field and Social Security field, highlighting the Professional Rehabilitation. This debate led to the identification of the vulnerability process of Brazilian workers, the citizenship weakening, depredation of work social meaning, the destitution of the social rights achieved and experienced paradoxes in public services in the dismantling of Social Security.

**Keywords:** Precariousness; worker's health; decent work.

## PRECARIZAÇÃO E SAÚDE DO TRABALHADOR: UM OLHAR A PARTIR DO TRABALHO DECENTE E OS PARADOXOS NA REABILITAÇÃO PROFISSIONAL

**RESUMO.** Na conjuntura brasileira está avançando uma agenda político-econômica pautada pelo receituário da austeridade fiscal que se contrapõe com os princípios do estado de bem-estar social. Os efeitos dessas mudanças, no horizonte do avanço neoliberal, ampliam as faces da precarização social e do trabalho ao restringir políticas públicas protetivas, amparadas no texto constitucional da seguridade social. Dessa forma, nosso objetivo se constitui em compreender, a partir dos pressupostos do trabalho decente e da saúde do trabalhador, o processo de precarização do trabalho e a vulnerabilização do/a trabalhador/a na conjuntura de austeridade política e econômica atual. Para dimensionar esse cenário, partimos de uma análise da

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conjuntura geral até chegar ao Programa de Reabilitação Profissional da Previdência Social. O percurso teórico-metodológico assentou-se em um estudo teórico-bibliográfico, de epistemologia qualitativa, por meio do levantamento de materiais como obras de referências, legislações nacionais vigentes, políticas públicas e orientações de órgãos internacionais. A interpretação das informações centrou-se em três eixos: o campo da saúde coletiva e saúde do trabalhador; o campo do trabalho decente; e o campo da seguridade social com destaque para a reabilitação profissional. Este debate propiciou identificar o processo de vulnerabilização dos/as trabalhadores/as brasileiros/as, a fragilização da cidadania, a depredação do sentido social do trabalho, a destituição de direitos sociais conquistados e os paradoxos vividos em serviços públicos no desmonte da seguridade social.

**Palavras-chave:** Precarização; saúde do trabalhador; trabalho decente.

## **PRECARIZACIÓN Y SALUD DEL TRABAJADOR: UNA MIRADA A PARTIR DEL TRABAJO DECENTE Y LA PARADOJA EN LA REHABILITACIÓN PROFESIONAL**

**RESUMEN.** En la coyuntura brasileña está avanzando una agenda político-económica pautada por el recetario de la austeridad fiscal que se contrapone con los principios del Estado de Bienestar Social. Los efectos de esos cambios, en el horizonte del avance neoliberal, amplían las caras de la precarización social y del trabajo al restringir políticas públicas protectoras, amparadas en el texto constitucional de la Seguridad Social. De esa forma, nuestro objetivo se constituye en comprender, a partir de los presupuestos del Trabajo Decente y de la Salud del Trabajador, el proceso de precarización del trabajo y la vulneración del/de la trabajador/a en la coyuntura de austeridad política y económica actual. Para dimensionar ese escenario, partimos de un análisis de la coyuntura general hasta llegar al Programa de Rehabilitación Profesional de la Previdencia Social. El recorrido teórico-metodológico se asentó en un estudio teórico-bibliográfico, de epistemología cualitativa, por medio del levantamiento de materiales como obras referencias, legislaciones nacionales vigentes, políticas públicas y orientaciones de órganos internacionales. La interpretación de las informaciones se centró en tres ejes: el campo de la Salud Colectiva y Salud del Trabajador; el campo del Trabajo Decente; y el campo de la Seguridad Social con destaque para la Rehabilitación Profesional. Este debate propició identificar el proceso de vulneración de los/las trabajadores/as brasileños/as, el debilitamiento de la ciudadanía, la depredación del sentido social del trabajo, la destitución de derechos sociales conquistados y la paradoja vivida en servicios públicos en el desmonte de la Seguridad Social.

**Palabras clave:** Precarización; salud del trabajador; trabajo decente.

### **Introduction**

#### **The dramatic scenario of socio-economic changes**

The destitution of protective social rights, which aims at regulating the relation between capital and work, achieved by the working class and the whole society, directly

affects work experience, citizenship and health conditions. Consequently, the precariousness and Worker's Health (WH) raises intense concern when there is as north the incessant search for work that promotes health, dignity and life. This concern is accentuated in contemporary times through the increase of the exploration, exclusion and dispossession processes of the worker, reaching appalling characteristics in the current neoliberal drive<sup>3</sup>.

Seligmann-Silva (2012), weaving a reading of the present situation marked by a conjunction of crises, puts into focus as the precariousness set produces the precariousness of human existence. This crisis association packaged by economic, political and social instability underway have directly affected the health-disease process and the various expressions of suffering, including the aggravation of its impact on mental health. For the author, assessing the crisis and precariousness requires to dimension the degradations that reach ethics, environment, society, the world of work and health.

Meanwhile, Krein and Oliveira (2019, p. 129) firmly expose that changes in labor laws and the Brazilian social protection system directly reach the work conditions that, in turn, restrict the possibilities of existence, affecting the present and the future of those who struggle to survive

The logic to deconstruct or to mitigate the rights and social protection system tends to expose the worker to a higher vulnerability condition, either by submitting him to an intensification of the dynamics of market competition, making him accept occupations and working conditions more precarious and even without rights, as the case of supposed self-employment; or diffculting the access to the security system through a dignified retirement, being assisted by the public health system, accessing to benefits due to being away involuntary from the labor market or having the right to unemployment insurance. Added to this, the weakening of public institutions, which are responsible for ensuring the effectiveness of rights and social protection.

Given this, what are we terming as precariousness? We are going beyond the juridical and legal sphere by not restricting ourselves to the terms that designate the formal work contractual modalities (regulated). The phenomenon of precariousness as it is extensive, intensive and diffuse affects those who are inside and outside the labor market. The very terminology refers to an increasing vulnerability, inadequacy, fragility and weakness experienced in economic and psychosocial terms.

Identifying precariousness facets, the determinants and conditions of the health-disease process were consulted. They lead us to analyze the social, economic, cultural, ethnic/racial, psychological and behavioral factors, which interfere in health and constitute a risk to the population. This theoretical-conceptual input from the Public Health allows explicating the Health Social Determinants (HSD) that weaken or strengthen the existence, denouncing not only a political and economic conjuncture that sustain them but announcing other ways of life that do not deny the human dimension in and out of work (Buss & Pellegrini Filho, 2007).

We are living a historical moment in which the social reason for work is called into question before the ascending precariousness process in progress, which erodes the meaning of work and its social function. According to Dejours (2006), neoliberal economic

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<sup>3</sup> From 2008 there is a rise of restrictive measures that suppress the achieved progress with the social policies of universal scope when applied, affecting the social development of nations. This is because its prescription is antagonistic to the Welfare State, since the central paradigms of neoliberalism are statereduction and services privatization following the principle of the superiority of the free market for the use of resources; individualismoverlapping; and freedom at the expense of equality (Vieira, Santos, Ocké-Reis, & Rodrigues, 2018).

reason overlapped on the dimensions of life profoundly transforming the world of work, which has not only changed its management methods but also gradually refuted the rights of workers and their social achievements. The brutality in labor relations is in the midst of an economic war that is not content with individual sacrifices but imposes collective sacrifices in the name of economic reason. Such a war remains itself naturalized and banalized in human behavior by widespread social injustice.

Given this brief description, our aim is to understand, from Decent Work and Worker's Health assumptions, the precariousness of the work process and the increasing vulnerability of workers in the political and economic austerity at the current moment.

## **Paths taken**

Addressing this issue raised in this theoretical study, the method used was the analysis of works references to the area as well as national regulations and guidelines from international organizations. This route is based on qualitative epistemology (González Rey, 2005), which seeks to produce knowledge about a multi-determined reality, where subjectivity is not dissociated from the subject and socio-cultural forms of organization. This epistemology is founded on three principles of methodological consequences that underlie our analysis: knowledge is a constructive-interpretative production; it has interactive character, and it assumes the meaning of uniqueness as a legitimate level of production of knowledge. Thus, it is possible to perform an investigative incursion without operating divisions that seek to loosen the psychosocial nature of the phenomenon, whether in its economic and/or political bias- which facilitates the construction of information and knowledge through an interpretive process of progressive complexity of theoretical elaboration on the object in the scene.

In this perspective, the bibliographic material has been presented and discussed from three central areas that cross the theoretical and conceptual contribution of this study: Public and Worker's Health field, Decent Work field and Social Security field, highlighting the Professional Rehabilitation.

This path provided an opportunity to deepen the analysis of the psychosocial resonances of the fiscal austerity policy, contrary to the Rule of Law when restricting the scope of protective and universalistic national social security policies, and naming the faces of the current precariousness that generate irreconcilable paradoxes with the principles of Worker's Health and Decent Work.

## **Discussions**

### **On the policy of fiscal austerity and the precariousness faces of work in Brazil**

The economic policy of austerity is a mode adopted by the Brazilian government consisting of progressive public budget cuts through a neoliberal agenda in which the private capital is privileged to the detriment of social policies. Brazil has effected this ultra-neoliberal policy since 2014, more aggressively in the last three years (example: Labor Reform, Unrestricted Outsourcing, new tax regime with 'Expenditure Caps', Welfare reform) with the prerogative of adjusting public accounts and recovering the economy. However, these budget cuts make an incisive withdrawal of resources from policies that promote rights and social protection, not touching in privileged strata of society - which tends to deepen further

the crisis by widening the social inequity and inequality, degrades social welfare, leads to loss of income and social benefit cuts and increases unemployment. The consequences of austerity, in this scenario, lead to worsening living conditions since this conjunction of crises tends to aggravate the situation of population life and health<sup>4</sup>, particularly those in higher socioeconomic vulnerability (Ribeiro et al., 2018; Vieira et al., 2018).

The reforms that have been implemented by the current government, supported by the obsession of reducing the 'fiscal deficit', represent a radical break with the precepts of the Citizen Constitution of 1988. They make it impossible for the realization of fundamental social rights such as health, education, welfare, social assistance and essential protection for workers - reaching retirement, elderly, adult and youth.

In this current scenario, strangulation of the set of social policies and protective services is also noticed, such as the tripod of Social Security. This tripod is guaranteed by the Brazilian Constitution of 1988, which affirms that health is a right of all as well as the Social Welfare of contributory character and the Social Assistance to those who need it (Constituição..., 1988).

It is important to highlight that the subtraction of protective social rights drives to occupational harmfulness when profoundly transform the relations of power, organization and working conditions, leaving the worker more vulnerable in the work context, having legal and regulatory frameworks suppressed, besides the very turnover and professional instability. This tends to increase the risk and harms present in work processes - favoring the occurrence of accidents, illnesses and vulnerability.

In a recent report, the International Labor Organization - ILO<sup>5</sup>, mentioned by Nitahara (2016), shows that Brazil ranks the fourth in the world with more accidents, being only behind China, India and Indonesia. This assumes that there are at least 700,000 work-related accidents every year. A brief consultation in the Labor Safety and Health Digital Observatory (which has the cooperation of the Public Ministry of Labor (MPT) with the ILO in the monitoring of data in the light of Decent Work) allows noting that in the period from 2012 to 2019 there were over 4.7 million of accidents registered with and without Work Accident Communication (CAT). Given these data, it is estimated the occurrence of an accident every 49 seconds. In turn, the accident deaths reported brings the number of 17,220- estimating a death in accidents every 3h43min. (Ministério Público do Trabalho [MPT] & Organização Internacional do Trabalho [OIT], 2019a).

It is also observed, based on data extracted from the Brazilian Slave Labor Digital Observatory, the amount of 45,028 workers rescued from slavery in the country between 2003 and 2018 (MPT & OIT, 2019b).

Added to this national panorama, there is the rising unemployment rate (unemployed population), of 12.7% reaching 13.4 million people - second the results of the Continuous

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<sup>4</sup> Vieira et al. (2018), when seeking evidence of the impacts of the economic policy of austerity and its consequences for health and social indicators, identifies that associated with job loss there is the increase of mental health diseases, with a higher prevalence of depression and anxiety, especially in the most vulnerable social groups. In addition, the increase in suicide rates, reduction in health perception as good, an increase of chronic non-transmissible and infectious diseases, increased of consumption of alcohol and other drugs and loss of access to services by socioeconomic difficulties were stated. This suggests conducting studies in the Brazilian case to establish health indicators and population inequality markers to assess the impacts of these fiscal austerity measures, especially in the Social Security, involving SUS (Unified Health System), Social Welfare and Assistance and Education.

<sup>5</sup> The ILO was founded in 1919, has its headquarters in Geneva / Switzerland, and aims to promote social justice. It tries national development strategies, with a view to reducing poverty, as well, it appears as the only United Nations agency that has a tripartite structure, in which representatives of governments, organizations of employers and workers from various countries participate equally of the decisions and preparation of guidelines in several instances.

National Household Sample Survey (Continuous PNAD) for the quarter ended in March 2019, conducted by the Instituto Brasileiro de Geografia e Estatística [IBGE]. The number of discouraged people (which also includes the underutilization of the labor force) concerns who have given up looking for work, got high, reaching 4.8 million. In essence, the highest number since the start of the historical series of Continuous PNAD, started on the 1st quarter of 2012, when discouraged totaled 1.9 million (IBGE, 2019).

Although these data are alarming still prevails a high underreporting index. Duarte (2016) points out that to note these data, though necessary, is not sufficient if effective and systematic action through public policies is not carried out. It is essential to understand through a process of listening, dialogue and reception of Brazilian countless, the genesis of the problems that result in weaken, sicken and kill people every day in the exercise of their work. We are dealing with phenomena that go beyond the statistical universe, for not surrender exclusively to the numerical coding, but require a complete and interpretive construction as they refer to the sphere of experience, the lived, the action senses and their meanings in the singular and collective field.

The experience of this reality resonates negatively upon mental health, for the general precariousness focuses on life itself, culminating in the stability loss, security loss and helplessness experience that goes beyond the social and finance universe. This is expressed in the experience of fear, humiliation, diffuse suffering, distrust and loss of sociability ties within and outside of work (Dejours, 2006; Seligmann-Silva, 2012).

It is highlighted today the exponential growth of not only physical fatigue but mainly in the mental health of this worker. With the increase of technology, new forms of employment point to an intensification and responsibility/culpability for the activities. New psychopathologies related to work are created, among them the *burnout*, 'work addicts' and 'presenteeism', responses to productivity, excellence, high-performance productivity, before all announced precariousness.

In this hostile horizon, returning to the principles of Decent Work in Brazil is a way that will help us to nominate, in a social and political-economic field, the struggle for fundamental working conditions in terms of health, safety and dignity. In the case of Brazil, it is necessary to expose the contradictions present in the formation of the government agenda and its construction as a public policy governed by the terms of Decent Work. We are dealing in a new process entered under social rights, particularly in the areas of labor and employment, which barely reached and has suffered intense deconstitution.

The Decent Work guidelines general terms, according to the ILO, would be to build a set of actions "[...] able to overcome poverty, reduce social inequality and contribute to the expansion of citizenship and the guarantee of democratic governance" (Monteiro, 2013, p. 139).

The relevance of this concept to the Brazilian labor panorama is essential because more than generating jobs, it is necessary to overcome the inequities - once referred to as one of the unequal countries in the world. As an example, a recent report by Oxfam Brasil (2017) brings some data focusing the productive activity.

People who receive a minimum wage would have to work 19 years to match a month in the average income of the 0.1% richest of the population. [...] Considering the 2015 figures, the last year of Pnad, six out of 10 people have an average household income per capita of up to R \$ 792.00 per month. In fact, 80% of the population - 165 million Brazilian men and women - living with an income per capita less than two minimum wages Oxfam Brasil, 2017, p. 6).

Accordingly, the concept of Decent Work is not just to denounce the precariousness affecting the Brazilian population, but also the need to build, through public policies and from the State, the promotion of human rights, citizenship and social justice for generating of jobs and income. It also brings the challenge of asserting the right to / for work and its central importance in poverty reduction strategies and social inequality, in the growth, development and strengthening of democratic governance of the country. Thus, it should be more than a concept, a paradigm that points to an action strategy (Monteiro, 2013).

When we look at the public policy of our country, especially for health, we have the Worker's Health and Security National Policy (PNSTT) (Portaria nº 1.823..., 2012), competing to the Unified Health System (SUS) to perform actions in WH. On the horizon of Public Health, this policy is to ensure constitutional rights with the development of comprehensive care actions, with emphasis on surveillance, aimed at promoting and protecting the workers' health and reducing morbidity and mortality due to the development of models and production processes. From this perspective, DW presupposes the guarantee of ethical relationships in the workplace, to live in healthy and safe working environments, recognition of the right of workers to health, information, participation and free expression.

In times of citizenship subtraction repossess the concept of Decent Work reinforces a fight previously started in the WHfield that intends the materialization, in the daily labor, of existing public policies, such as PNSTT and the other social and protective rights conquered by Brazilian society. Meanwhile, the WH can not be dissociated from the Brazilian Sanitary Reform Movement that generated the SUS. With this move, a universal Public Health design for Brazilian society began to be built, in which the WH takes part: "The Worker's Health is part of the broader concept of public health by supplementing it with its specific features and requirements" (Brasil, 2005, p. 50).

### **In search of a contrast: Decent Work characterization, the inclusion of Brazil in this commitment and repercussions upon mental health**

The concept of Decent Work was launched by ILO in 1999, despite the Universal Declaration of Human Rights (Organização das Nações Unidas [ONU], 2009) already contemplating the right to work, to just and favorable functional conditions, to the right to equal pay for equal work performed, remuneration to ensure the worker an existence compatible with human dignity, to organize himself in unions, to paid vacations, among other conditions. In this line, the concept of Decent Work search achieve four strategic objectives: 1) the promotion of rights at work; 2) the creation of more and better jobs; 3) the extension of social protection; 4) the strengthening of social dialogue.

The intent established by the ILO was to capture the convergence of different dimensions to achieve a dignified and decent work with quality employment promotion with respect for fundamental rights at work, with adequate social and right protection to the representation and the participation in social dialogue processes. Thus, any deficiency in any of these dimensions leads to a lesser or greater degree, to decent work deficit (Organização Internacional do Trabalho [OIT], 2018).

In June 2003, Brazil assumed the commitment to the promotion of this concept with the signing of the memorandum of understanding enabled the launch of the National Decent Work Agenda. However, even with this formal advancement in the field of national and international institutions, to Monteiro (2013), the country lacks a government agenda that has solid pillars to support the principles of Decent Work as a public policy, as it prevails

economic ideas to the detriment of social and protective rights. That is, speech and private interests have permeated and superimposed government interests and the legislation itself that symbolizes the collective and public interest.

These economists, privatists and patronage barriers hinder the achievement not only of the postulates of Decent Work but from the very citizenship. By preventing access to social protection, understood as a fundamental right that confers to be a membership in the society, the social pact of protection governed by constitutional principles, with Social Security, is put at risk (Fleury, 2009).

The ILO has also produced studies with the intent to scale the most severe problems affecting workers on every continent, to examine intraregional differences and to warn on the importance of adopting national policy agendas directed to promote Decent Work and the fight against discrimination. In Latin America, as a product of such a mobilization, it was proposed in 2006 a democratic agenda to plant commitments and to guide the actions of national governments from 2006 to 2015, called *Trabalho decente nas Américas: uma agenda hemisférica*, with parameters of reduction on deficits in Decent Work in its various dimensions (OIT, 2006).

Over 2016 and 2017, a series of events called Tripartite National Dialogues, promoted with national partners by ILO in Brazil on the future of work, were especially for meaningful dialogues and reflections of researchers and workers national representatives, employers and government bodies responsible for the regulation, supervision and labor protection. The reflections permeated by positions presented as the work process has been directed in the global socio-economic system, highlighting among the dialogues, the working conditions in global supply chains, the fourth industrial revolution (Industry 4.0), slave labor and other topics. In shaping the work absorbed into global chains, product design starts in the industrialized countries and the production moves to countries where labor is the cheapest, such as Brazil and other Latin American countries, Asia and Eastern Europe (OIT, 2018).

Allied to the above productive configurations, according to Departamento Intersindical de Estatística e Estudos Socioeconômicos [DIEESE] (2018), the economic crisis has increased the unemployment rates; consequently, it demanded an increase in the number of Brazilians seeking alternative work on their own, with less secure jobs, in less-skilled jobs and with the wage of 33% less than received by who was longer in that position in the occupation.

Thus, it was emphasized in the Tripartite National Dialogues, that the fight against inequality and the search for better and more inclusive labor ways are linked to a social pact regarding the promotion of Decent Work and guarantee of adequate income. This social pact requires spaces for dialogue and consensus formation on the values and society's expectations of great social and economic transitions in the current time (OIT, 2018) fundamentally.

Seligmann-Silva (2012) has been already announced to us this scenario marked by poor connections, poor health and loss of 'being'. The social crisis intensified fear, insecurity, distrust, instability and lack of protection. Overwhelmed by perverse management practices, many of them marked by the capture of the subjectivity and manipulative; individualism, competitiveness and isolation have been exacerbated. The suffering and illnesses related to work, especially to mental disorders, are marked by violence at work (moral, organizational and sexual harassment), by the poorly characterized sufferings and various forms of malaise, medicalization, excessive use of alcohol and other drugs in addition to the exhaustion and discouragement.



Giving visibility to suffering and mental illness related to the social field is challenging, requiring that all professional (especially the health system) be alert for notification of injuries not only of workers with formal links but also of those in the informal economy and unemployment, ensuring more effectively the knowledge of the health and work situation of the Brazilian people. Moreover, it is urgent to build actions by public policies in WH, which can assist in intra and intersectoral view act with the prevention, care and rehabilitation of sickening workers. It is already highlighted, as Seligmann-Silva (2012), the challenge of professional rehabilitation and labor re-enter, including the psychosocial dimension, which can recover and reintegrate the worker into the social life. For this path, it is necessary to include mental health affected by precarious working conditions and to develop actions and policies that, besides treating, they can effectively prevent and promote health.

### **(Dis)agreements between Worker's Health Public Policy and Decent Work: the Professional Rehabilitation Program**

The question is: would the Professional Rehabilitation Program (PRP) and the Decent Work (DW) be a possible or utopian relationship? A reflection on the relationship between PRP and DW allows bringing to the scene the worker who fell ill or had an accident, but, according to an assessment of medical from the National Social Security Institute (INSS), still has work capacity, but not being able to return to his previous work activity, needing to go through a professional rehabilitation process to enable him to a new profession. Under these conditions, he enters the PRP, which according to the definition

It is 'the educational or reeducational assistance and for adaptation or professional readaptation', established under the generic name of 'qualification and professional rehabilitation (PR)' [emphasis added]. It aims to provide, to partial or fully disabled beneficiaries to work, on a mandatory basis, regardless of the waiting period, and to people with disabilities, the media indicated for the re-entry into the labor market and in the context in which they live (Decreto nº 3.048, 1999, art. 136, authors emphasis).

However, where does the Decent Work connect to this government program? The relationship between the PR and the DW is based on the need for increased social protection, one of the tripods of Social Security, being a goal that makes up the definition of DW, as seen previously. Discussing what DW is, Abrano (2015, p. 27) makes the following consideration about being a job that "[...] ensures social protection in the impediments to the exercise of work (unemployment, sickness, accidents, et so on.), ensures income when arriving at the time of retirement and in which the fundamental rights of workers are respected".

Deepening and specifying this connection, the National Action Plan for Employment and Decent Work (Brasil, 2010) brings direct references to RP. The Plan consists of priorities, with the description of expected results, broken down into series of goals for each of them, established for the years 2011 and 2015, as well as indicators to be used in the analysis of the result of each goal.

The priority of the plan, in line with the Decent Work National Agenda, is established as follows: "[...] to generate more and better jobs, and equal opportunity and treatment [...]", and brings us as one of the expected results the "[...] expansion and strengthening of social protection to working people and their families, especially for the most vulnerable social groups and migrant workers" (Brasil, 2010, p. 22). It is in this item that, among the various listed goals, we find that one referred directly to the RP. For the year 2011, the established

goal was “[...] the system improvement and expansion of professional rehabilitation (PR) under the Law on placement, relocation and reintegration into the labor market for graduates citizens from INSS - PRP” (Brasil, 2010, p. 22). As for indicators for this purpose, the number of people benefiting from the PRP is defined, the average time of absence and the number of institutions involved in the INSS-PRP.

Therefore, PR is embedded, at least theoretically, to the principles of DW by proposing improvement of social protection conditions aimed at recovery and reintegration of the injured or sicken workers in the labor market, in activities that comply with the specifications established as Decent Work. Let us remember that the right to participate in the RP is not universal; that is, he is entitled to workers who contributed in any way to the INSS, as formal or as autonomous workers. This point already has a contradiction; for not being universal, the purpose of focusing on the workers into more vulnerable social groups can now be put in check.

To better understand the difficulties in implementing these intentions of the National Action Plan for Employment and Decent Work, a brief history of actions and professional rehabilitation programs in Brazil, the back and forth, are going to be reported below.

RP services exist in the country since 1944. However, only in the 60s, it is enacted the Organic Law of Social Welfare, which assigned the duty to implement actions that are now borne by the government, but it becomes a legal obligation only in 1967, with the definition that the assistance will be allocated to the INPS (National Social Security Institute), after INSS. The Professional Rehabilitation Centers and Professional Rehabilitation Nucleus have been established with multidisciplinary teams both in the area of physical rehabilitation and for the professionalization of the beneficiaries. Critics of this model include a hospital-centric system tendency and disarticulation with other assistance and regulatory agencies' working conditions (Miranda, 2018).

In the 1990s, it was implemented the Professional Rehabilitation Modernization Plan, which abolished the Centers and Professional Rehabilitation Nucleus, and the service was developed by the agencies of the INSS. In 2001 the Rehabilitate Program was created, prescribing that the rehabilitation process takes place under the supervision of guiding professionals and medical experts through courses and training to be frequented by workers (Carvalho, 2018). Critics of this model are to be “[...] reductionist, compensatory, fragmented and disjointed with other public and health policies, and does not favor the real and healthy return to work” (Miranda, 2108, p. 04). We recall that in 2011 the professional rehabilitation is now part of the Worker's Health and Security National Policy, but nothing changed regarding the mode and practices already inserted.

In 2018, the Technical Manual of Procedures Area on Professional Rehabilitation, which had already undergone a refresher in 2016, pointing conceptual advances toward a comprehensive rehabilitation founded on the biopsychosocial health model, has a new update (Diretoria de Saúde do Trabalhador [DIRSAT], 2018). The former has repealed part, precisely the one composed of the theoretical foundation changes, prescribing the biomedical model now, disregarding the psychosocial aspects of workers and abolishing multidisciplinary teams. That is, comes a real setback in PRP guidelines. It is also a PRP precariousness, going totally against the guidelines stipulated by the Decent Work Plan regarding the expansion of Social Security. That is, the precariousness of work described at the beginning of the text also affects the public policy that should support the recovery and return to work process (decent) to those diseased, injured or physically disabled workers,

who in turn, they have been already facing social vulnerability caused by their condition (or non-status) of the workforce.

In a labor market increasingly demanding in terms of qualification of personnel and with working conditions more precarious and unprotected socially, Carvalho (2018) and Spielmann (2018) present research on the results of the RP. Moreover, the picture is not encouraging. The researches portray the harsh reality at the end of the program, that is, the rehabilitated workers are unprotected in search of new jobs and, with limitations both in health and the ability to work, they can get often only either precarious and temporary jobs or unemployment, and still more, being blamed for their failure. Here is a paradox, before the illness/accident the worker was entitled to Social Security, enabling participation in the PRP. The result, having needed to participate in the rehabilitation program, is a greater difficulty in achieving integration into the formal labor market, being excluded from this social protection. Here the words of Spielmann (2018, p. 112) are adopted, “[...] a Professional Rehabilitation is proving increasingly as a punishment and not a right for the worker”.

Given the historical context, by the current scenario of the RP and which is designed for the future, the challenge posed to those who are interested in the Worker's Health field is fighting for building possibilities of professional rehabilitation in which the workers' integrality and their role are taking into consideration, adopting the biopsychosocial model in the rehabilitation process and resulting in the labor reintegration through Decent Work, not precariousness.

## Final considerations

In the history of our country, the fight for Decent Work, respectful and humane, accompanies the Brazilian working class from its beginnings. Currently, to unveil the intricacies of the relationship health-disease-work characterizing the vulnerability, sickness and death framework of the Brazilian workers is a must in fiscal austerity environment. As Seligmann-Silva (2012, p. 93) states, “[...] and it becomes quite concerning to note that, throughout the domain of neoliberal thought, dissemination of ideas, concepts and attitudes contrary to an ethical that respect health as a greater value, widespread”.

The Occupational Health and Safety (OHS) as a public policy that makes up the Social Security, as a constitutional right and human right, needs to be reaffirmed at this juncture since it precedes the concept of ILO Decent Work, of which Brazil is a signatory. As the 1st National Worker's Health Conference (CNST) (Brasil, 1986) it can be seen the effort to extend the concept of workers' health beyond the occupational context, boosting the construction of an institutional field (formalized in policies, agencies, sectors and social actors in a single state health system), as well as limiting the necessary relationship with the political, social and economic factors that cross the production processes and the ways of working, shaping lifestyles.

The starting point, then, is the stories of life, health and work that give elements to discuss the clinical, organizational and epidemiological aspects as well as preventive measures and conduct indicated for each problem. This path challenges us to build with these workers, life opportunities in/at work. For this, there is no ready recipe for how to make, since the building and the conquest of these spaces are given in the proper field in touch with the work and worker reality.

Besides, there is the PNSTT (Portaria nº 1.823..., 2012), which gives us some principles turning to groups and people in a vulnerable situation. In Chapter I, Article 7, it is stated that:

The Worker's Health National Policy has to cover all workers prioritizing, however, people and groups most vulnerable, such as those embedded in activities or informal and precarious work relations, in higher-risk activities for health, subjected to harmful forms of discrimination or child labor, to overcome social and health inequalities and to seek equity at assistance.

Starting from the identification of people and vulnerable groups and to do so, it is necessary to be connected to the health system and other public policies in a territorial perspective, to proceed to the analysis of local and regional health situation - including in this planning and action - discussion with community, workers and other social actors of interest to the workers' health considering their specificities and cultural, ethnic-racial, gender and social peculiarities. There are tools for this, since the mapping of the productive activities in the Primary Care, to databases that allow situating the productive branches, the morbidity and mortality framework and their relationship to the occupation, as well as numerous tools that map the worker suffering and his working conditions.

We need to reconnect to the subject and the worker (man/woman). To review our ethical-political commitment, whether of Psychology as a science and profession, or from other areas of knowledge. To envision on who is the subject and his surroundings – having as allied the Public Health and Worker's Health – allow unveiling the ways of being- working-existing, which combine the *socius* and the subjectivity. A dialogue opened by listening, reception and care space allows the researcher, health professionals and different social actors to identify what in work goes against the body and the subjectivity. In this perspective, we have as a challenge to (re) know the workers as knowledge subjects who, taking their voice and protagonism, can confer means to labor and social transformation.

At which point, there is the task of bringing to light the workers occupational history and recognizes the relation, the causal nexus, between the injury and the developed activity, investigate when the sickness was caused/triggered and in which professional activity; build actions in prevention and health promotion, protection and rehabilitation; in addition to face the phenomenon of presenteeism. These are just a few steps to be taken and that have to be included in care and attention, assistance and health surveillance network at different levels of complexity, sectoriality and responsibility, capable of involving different social actors and institutions. A path to identify the progressive diversification of the working class, marked by different degrading ways of work due to the uneven insertion in the labor market.

How to think on Decent Work in deconstitution times from social and citizenship protection? In consecutive times of right subtraction, the course of the history of our country, embodied in people, families, communities and territories are changed. Reducing protective public policies in one of the most inequitable societies in the world is going along with the upward continuation of the systematic, unfair, unnecessary and avoidable inequalities. The austerity assumed by a plan and by a state government has materialized in insistently invisibilized and denied living conditions. Such restrictions in the labor market, experienced in the field of citizenship, rather than ensuring the integration and social inclusion, hurts the social pact, making citizenship incomplete and sometimes denied.

It is possible, though challenging, to establish new social pacts that, when revising the fiscal goals, not dissociate themselves from the inequality reducing, from the protective public policies and guarantors of universal social rights. In this path, a more humane and

sustainable economic development can be found. In the face of historical and social changes as well as labor relations, besides protecting subjects during economic and even personal crises, it is essential to provide citizenship and social belonging. For this purpose, it is also essential to recover the democratic project for the country and no-exclusive public policy. In this scenario, we long to be together and not take a long period for being in defense of life, human labor, which is the life and dignity generator.

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Received: Jun. 02, 2019  
Approved: Jan. 30, 2020

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