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The field of Worker's Health and the challenges of work today: a reflection from the perspective of Social Psychology of Work

O campo da Saúde do Trabalhador e os desafios do trabalho na atualidade: uma reflexão a partir da Psicologia Social do Trabalho

Abstract

Introduction: the field of Occupational Health (OH) was established in the 1970s and 1980s, strongly connected to labor unions. Today, neoliberal capitalism deepens social and labor precarization, supported by an ideological discourse that affects the subjectivity of workers, leading them to normalize a logic contrary to their interests and potentially detrimental to their health. **Objectives:** to discuss the challenges within the field of WH in Brazil, considering this context. **Method:** starting from the perspective of Social Psychology of Work, we reflect on aspects to consider for an engagement aligned with current demands. **Results:** the current reality calls for repositioning WH public policies, so that actions are more effective, rescuing their political essence of health promotion. We proposed three aspects: understanding and acting on the diverse labor realities of informal work; comprehending the worker's subjectivity processes in the current context; and collaborating with social movements and other forms of collective organizations. **Conclusion:** we emphasize the need to design actions that promote collective subjectivation, the protagonism of workers, the strengthening and reinvention of forms of resistance to the dismantling of their rights and situations that threaten their health.

Keywords: social psychology of work; occupational health; neoliberalism; subjectivity; health policies.

Resumo

Introdução: o campo da Saúde do Trabalhador (ST) constituiu-se nas décadas de 1970/80, tendo forte relação com sindicatos. Hoje, o capitalismo neoliberal engendra o aprofundamento da precarização social e do trabalho, sustentado por um discurso ideológico que afeta os processos de subjetivação dos trabalhadores, levando-os a naturalizar uma lógica contrária aos seus interesses e que pode afetar sua saúde. **Objetivos:** discutir os desafios para o campo da ST no Brasil, considerando tal contexto. **Método:** partindo da perspectiva da Psicologia Social do Trabalho, reflete-se sobre aspectos a considerar para uma atuação comprometida com as demandas atuais. **Resultados:** a realidade atual exige um reposicionamento das políticas públicas de ST, para que as ações sejam mais efetivas, resgatando sua essência política de promoção de saúde. Três aspectos foram propostos: conhecer e atuar sobre as diversas realidades laborais do trabalho informal; compreender os processos de subjetivação dos trabalhadores no atual contexto; e atuar em conjunto com movimentos sociais e outras formas de organizações coletivas. **Conclusão:** ressalta-se a necessidade de desenhar ações que promovam a subjetivação coletiva, o protagonismo dos trabalhadores, o fortalecimento e reinvenção de formas de resistências aos desmontes dos seus direitos e às situações que atentem contra a sua saúde.

Palavras-chave: psicologia social do trabalho; saúde do trabalhador; neoliberalismo; subjetividade; políticas de saúde.



Introduction

The intense process of deregulation of labor rights, the increase in informality, the hyper-flexibilization, and the precarization of work generate insecurity, loss of meaning in activities, difficulties for collective organization, and harm to workers' health. Nevertheless, individuals, subjected to such conditions, are ever more frequently reproducing neoliberal discourses that goes against their own interests, thereby naturalizing labor relations that negatively affect their lives and health¹. This reality currently poses a major challenge to public policies for Occupational Health.

In light of this context, this essay aims to discuss the challenges faced by the field of Occupational Health in Brazil and, from the perspective of Social Psychology of Work (SPW), reflect on some aspects that must be considered for an approach that is committed to current demands.

Thus, we will begin by presenting our standpoint, SPW and the conception of subjectivity that will be used in the discussion that follows. We will then contextualize Occupational Health and its main influences in understanding processes of subjectification. Finally, we will reflect on the challenges of work in the current context, which requires us to rethink ways to protect workers' health and rights.

Social Psychology of work and the understanding of subjectivity

We start from the perspective of SPW, which aligns with the sociological branch of social psychology, aiming to understand the social determinants from various types of work relationships and their implications for workers². Work is understood “in its materiality and historicity, which requires considering power relations within the social division of labor and in values, ideologies—understood here in the Marxist sense—as well as the conditions and peculiarities of contemporary capitalism”³ (p. 13).

Notably, SPW departs from the managerial approach often associated with the relationship between psychology and work. It focuses on various labor configurations that are rarely the subject of research and/or intervention by other psychological approaches. Examples include different expressions of work in the rural context, various forms of activities falling under urban informal labor, Solidarity Economy, and unemployment⁴.

Work is a central category of analysis in this approach, with its “gaze directed simultaneously at the macro and micro; at the singular and the general; at the individual and the collective; at the subjective and objective; at the material and symbolic world”³ (p. 15). The SPW takes shape as a critical approach, and its research and interventions can adopt different theoretical foundations. According to Coutinho and Oliveira⁵, a focus on the daily work practices, processes of meaning-making, and worker identities are some important tools.

We also consider it important to clarify the understanding of ‘subjectivity’ adopted in this article, since it is a polysemic concept rarely defined and essential in the arguments we seek to develop. We draw from the theoretical approach of Historical-Cultural Psychology, whose main exponent is Vygotsky. Zanella⁶ highlights that its epistemological foundations “primarily derive from historical and dialectical materialism” (p. 20; our translation), in which “every person is a social being, a historical subject, a product of the social context in which they actively participate and, simultaneously, a producer of that same context” (p. 21). In this way,

There is no “mind” without society; there is no humanity without people who produce it from and with the social and historical conditions that enable its emergence and shape its development. There is no social without the individual, no self without another, no human psyche without culturally mediations, historically produced, that configure it as such⁶ (p. 11).

In this sense, we consider it more appropriate to speak of ‘processes of subjectification’ existing in the relationship between individuals and society, since it is not something static. Maheirie⁷ explains how these processes occur:

Social structures subjectify themselves and then objectify themselves in acts and in singular and collective meanings, being reproduced in different ways, materializing in a particular policy. By constituting oneself as a specific subject, a person internalizes meanings (with values, ideas) and the ideology itself present in it, in a process called subjectification. Moreover, it

*externalizes itself in a peculiar way, in a process called objectification. Therefore, being a subject means being both subjectivity and objectivity, being objectivity that subjectifies itself, subjectivity that objectifies itself, **constantly***⁷ (p. 52-3, our translation and added emphasis).

Now that this brief initial clarification has been provided, we revisit some of the main historical foundations of Occupational Health to underpin the political dimension on which we propose to reflect.

The field of Occupational Health in Brazil, the influence of the Italian workers' model, and the involvement of Psychology

Occupational Health (OH) is considered a theoretical-practical field that emerged in Brazil in the final period of the Civil-Military Dictatorship⁸, playing a significant role in defending the health of workers^d. According to Lacaz⁹, it is rooted in the understanding of health-disease as a historical, dynamic, and collective process intimately related to work situations. For the author, OH represents a field that emerged in opposition to the hegemonic views of Occupational Health and Occupational Medicine regarding the relationship between health-disease and work, positioning itself within the realm of public health and grounded in interdisciplinary theoretical and practical knowledge and in that of the workers themselves. The OH was formed with the active participation of organized labor movements and was particularly influenced by Latin American Social Medicine^e and the experience of the Italian Workers' Model (IWM), developed in the 1960s.

The IWM played a significant role in understanding workers as active subjects who possess knowledge about work, which should complement scientific knowledge. Muniz et al.¹⁰ outline the foundations of the IWM: "to know and transform; consensus validation; non-delegation; homogeneous worker group; valuing the experience and 'subjectivity' of workers; defending health in the workplace and sharing knowledge" (p. 284). Thus, the IWM valued workers' knowledge and worker subjectivity, which were collectively developed in the daily work relationship. Identifying health risks in work activities was based on dialogue between workers' knowledge and scientific knowledge, primarily aiming at collective organization toward transforming work.

This movement had a significant influence on psychology, and according to Pereira¹³, its proposal was based on:

*[...] Miller, Galanter, and Pribram's Cognitivism (Oddone, 2002/2016), considering the images constructed by workers about their work and the environment in which it is carried out; the Soviet perspective, with its view that only through interaction with others can a subject expand their understanding of themselves and the world; and Gramsci's concepts, which aim to place the subject at the intersection of individual and collective history, always considering their capacity as thinking subjects*¹³ (p. 14; our translation).

Furthermore, Pereira¹³ notes that what Ivar Oddone—the main proponent of IWM—and his group sought was the "development of a Work Psychology as a science that articulates the relationship between workers' experience, class consciousness, and psychology itself" (p. 22).

Considering these observations, we dare to state that the concept of "worker subjectivity" adopted by the IWM, although never explicitly defined by its members (at least not in the writings we had access to), is also rooted in historical-dialectical materialism, which, note, had a significant influence on the field of OH developed in Brazil⁹.

While the IWM was formed in the 1960s with the active participation of union representatives, focusing on regulated urban and industrial work, in Brazil, it was in the 1980s, with the country's redemocratization, that social movements, including labor unions, gained strength, contributing to a broad and serious debate about work situations and workers' health. Popular mobilizations were essential for including various social rights in the Federal

d For more details about the history and other characteristics of Worker's Health, see, among others, Lacaz⁹, Muniz et al.¹⁰, Nardi¹¹.

e It has become an important field of knowledge and practice in Latin America, understanding the health-disease relationship as a social process, enabling an analysis of the historicity of social, physiological, and psychological determinants for each human collective¹².

Constitution¹⁴, such as the proposals that led to the Unified Health System (SUS), which included the health of workers. Inspired by the IWM, grounded in the labor movement, and involving health professionals with politically engaged practices aimed at “overcoming power relations and raising workers’ awareness”⁹ (p. 762), the field of OH was established in the country.

Based on these premises, actions in OH public policies are based on a three-pronged approach, including assistance to workers injured or made ill by work, surveillance (inspection) in workplaces for prevention, and health promotion activities⁸. This last type of action was never clearly defined but perhaps falls most within the political sphere, including formative activities, participation in various forums, and the encouragement of workers’ organization in defense of health in the workplace.

The creation of the National Network for Comprehensive Workers’ Health Care (RENAST)^f in 2002¹⁶ played an important role in expanding and consolidating OH within SUS. However, the insertion of many professionals who did not have an ideological connection with this policy and the dismantling of the Health System in recent years may have contributed to OH actions becoming more bureaucratic in many places, limited to assistance and workplace inspections conducted solely by professionals, losing the political and participatory dimension that characterized its origins.

Similar to the IWM, psychology also played a role in developing WH in Brazil. Many of the early worker health programs within public health included psychology professionals in their teams, with psychologists also being integrated into organizations associated with labor unions⁸. These professionals did not identify with organizational psychology^{gg} and did not limit themselves to traditional clinical practice. Sato, Lacaz and Bernardo⁸ emphasize that for the OH field, “uncovering the mediations between work and subjectivity also matters. From this perspective, psychology appropriates the study of work and health-disease relationships”^{hh} (p. 283). Sato and Bernardo¹⁹ describe some of the activities of psychology professionals within public services and union advisory roles, which, in that early period, primarily focused on workers with formal labor contracts.

In summary, the experiences of the IWM, the emergence of WH in Brazil, and the role of psychology in these fields occurred in historical and local contexts characterized by stronger class-based unions. As such, they were formed with a strong connection to labor unions, primarily focusing on workers with formal employment relationships.

However, considering the profound transformations in the world of work in recent decades, Yves Clot²⁰, referring to the IWM, states that it was “a context of a social movement that today’s generations undoubtedly have difficulty imagining” (p. 139). Thus, how is work characterized in the present day? And what are the challenges that this context presents for OH?

Current challenges: loss of labor rights and ideological discourses

As Sato⁴ explains, “what emerges as the realities of work in Brazil is a complex, heterogeneous, and unequal image” (p. 151), and furthermore, “to conceive public policies aimed at ensuring social protection, it is essential to understand this reality and find ways to engage with its inherent logic” (p. 161). This heterogeneity of work realities, which falls under what is commonly referred to as the “informal economy,” has always characterized Brazil and all of Latin America. Employment regulated by legislation, or “formal” work, rarely exceeded 50% of the working population in the country²¹. Despite this, informal work was often viewed as temporary or exceptional, particularly during times of crisis.

f National Network of Health Information and Practices of the Unified Health System (SUS), aiming to support the care, surveillance, and promotion of Worker Health¹⁵.

g To differentiate between Organizational Psychology and Social Psychology of Work, see Bernardo et al.17.

h The involvement of psychology professionals in Occupational Health had a significant role in shaping the perspective of SPT, as stated by Esteves, Bernardo, and Sato¹⁸.

However, in recent years, workers' rights and, consequently, their health protection, have been eroded, with a significant milestone being the "Labor Reform" of 2017²². This reform was justified by the alleged obsolescence of existing labor legislation and the need to make legally prescribed forms of employment flexible to create new jobs²³.

As a result, precariousness has intensified, accompanied by an ideological discourse aimed at making workers, even in the face of significant loss of rights, extol the supposed freedom and autonomy of being 'entrepreneurs' and 'their own bosses.' These changes not only occur in the legal and material realms but also impact the subjective processes of workers.

In 2010, well before the changes in labor legislation, Franco, Druck, and Seligmann-Silva²⁴ discussed the social precarization of work in neoliberalism, stating that it involves, among other factors, the deterioration of labor conditions, the weakening of contractual relationships, and the promotion of individualism and competitiveness. Druck²⁵ labels this scenario as the "neoliberal tragedy," which, according to her, has been unfolding for decades in capitalist societies and became more evident in Brazil in recent years.

Antunes¹ uses the term "service proletariat" to refer to the vast population that secures their survival with so-called autonomous activities, which have seen significant expansion in recent years. According to the author, the discourse of entrepreneurship disguises the precarious work situation and causes workers to lose their class reference. In contemporary times, among the various expressions of labor precarization, a type of labor relationship driven by information and communication technologies (ICTs) has emerged, especially evident in the "new proletariat of the digital age," including the so-called 'gig workers.'

'Gig work,' as discussed by Abílio²⁶, does not offer any employment or social protection. Workers have a supposed 'partnership' with the applications companies. However, this partnership is highly asymmetrical, since the practices of control, management, and organization of work remain in the hands of the company, whereas labor costs and risks have been shifted to the worker²⁷.

The most well-known workers in this condition are delivery and ride-sharing drivers, but millions of professionals in various fields now offer their labor in digital platforms. We believe that the characteristics and discourse accompanying this model clearly exemplify the configurations of current work and their subjective implications.

The idea of 'entrepreneurship' sustains this logic, even though, as argued by Uchôa-de-Oliveira²⁸, objectively, these workers cannot be considered entrepreneurs since they lack the opportunity to exercise innovation or creativity in their work, make decisions about how to perform it, or determine the value to be charged for their services. They only have the freedom to handle the intensity of their activity.

This type of labor relationship—which exacerbates competitiveness, individualism, domination, deregulation, and, consequently, worker fatigue—would have been considered completely irregular and inappropriate a few decades ago, but it has now become normalized in society. After all, who has never used Uber's service or ordered a meal through iFood? Or, who has never passively watched a news report praising the initiative of people working 15 or 16 hours straight to make a living?

But how did we transition from a scenario where formal employment was an ideal sought after by many workers to one in which informality is normalized? How did the discourse that undermines collective organization and glorifies situations that may harm workers' health become so common? According to Chauí²⁹, this is related to neoliberalism and the accompanying ideology, "which praises the fragmented, the ephemeral, and the contingent, considers modern ideas of rationality and history as totalitarian myths, replacing them with praise for the immediate, the here and now, and extols solitary narcissistic intimacy" (p. 50).

Dardot and Laval³⁰, drawing on sociology and Lacanian psychoanalysis, argue that to succeed in the neoliberal configuration, capitalism needed to promote changes in individuals across all aspects of life, creating what they call "neoliberal subjectivity." This subjectivity "must be fully engaged in the activity it is required to perform" (p. 327). In this context, they continue, it is not always easy to recognize the "progressive change in human relationships, the transformation of everyday practices induced by the new economy, the subjective effects of new social relationships in the market space, and new political relationships in the space of sovereignty" (p. 322). Thus, the corporate model

becomes the general model governing society, even in the education of children, with an emphasis on attitudes favoring individualism and competition.

In line with Foucault, these authors agree that since the beginning of industrialization, capitalism has carried out a disciplinary action. However, for them, discipline did not manifest via the training of bodies but by the “management of minds,” a type of management intensified by neoliberalism. The neoliberal subject thus feels like the owner of ‘human capital,’ capital that they must accumulate with informed choices, matured from responsible cost-benefit calculations. Life outcomes result from a series of decisions and efforts that depend solely on the individual and do not imply any compensation in case of failure, except as provided for in optional private insurance contracts. The distribution of economic resources and social positions is seen exclusively as the consequence of successful or unsuccessful paths of personal achievement³⁰ (p. 346).

In summary, if the objective scenario of unemployment and social and labor precarization has serious implications for workers’ health³¹, the ideological discourse accompanying it expresses severe social and political problems that isolate workers, affect their processes of subjectivation, and further threaten their health, especially their mental health.

Furthermore, the lack of recognition of workers who are outside the formal labor market—whether unemployed, gig workers, or those engaged in other forms of informal work—has led to their relative invisibility, consequently hindering their inclusion in OH public policies, which, as previously discussed, have primarily focused on workers in formal employment.

Recognizing this legion of workers and the subjective processes engendered by neoliberal capitalism should be on the agenda of OH public policies to have any impact in the current work context. In this regard, we believe that the perspective of Social Psychology of Work may contribute toward the repositioning of practices within this field, helping to rethink actions aimed at protecting the health of the working class.

For public policies in Occupational Health committed to the current work scenario

While Dardot and Laval³⁰ present a pessimistic view when addressing how neoliberal society inaugurates a new type of rationality that organizes the actions and thoughts of individuals, they also provide a clue for addressing this scenario by asserting that “the new reason of the world is not an inevitable fate that subjugates humanity” (p. 401). In this sense, they emphasize that individual subjectivation is connected to collective subjectivation, and therefore, “the invention of new forms of life can only be a collective invention” (p. 401) via cooperation.

From this perspective, within the realm of work, resistance to current hardships and the erosion of health involves a resurgence of strengthening collective organization, encouraging the protagonism of workers in various contexts, and fostering their critical consciousnessⁱⁱ. Therefore, to combat individualistic discourse, reclaiming the ethical-political position present in the origins of Occupational Health is urgent, seeking to recognize the new and complex forms of work organization and investing in the strengthening of formative actions that go beyond purely assistentialist and technicist activities, which seem to prevail today.

Undoubtedly, this is not a simple task to achieve. However, considering what has been discussed in the previous sections and the perspective of Social Psychology of Work (SPW), we understand that for Occupational Health (OH) public policies to be more effective today, rethinking the proposed actions is necessary, revisiting the foundational principles of this field, considering the current configuration of neoliberalism in Brazil.

ⁱ In line with the theoretical framework adopted in this article, when we talk about consciousness we are not just referring to rational processes. We must also take into account its incessant and intense relationships in the dynamics of life, with language, thought, memory, emotions, etc. For Clot³², for example, it should be understood as “a particular modality of experience” (p. 136) that is always dynamic, in which “intellect and affect are intertwined” (p. 136; our translation).

Thus, without claiming to offer a definitive course of action, we highlight three premises that can contribute to this reflection: (1) an approach to the diverse realities that make up the world of work today; (2) a discussion of the implications for workers' subjectivation processes in different contexts and the underlying effects on their lives and health; and (3) collaboration with a kaleidoscope of collective organizations that persist in the face of current prevailing ideologies, including traditional trade unions and associations and various social movements that exist or may emerge.

These three premises are inherently interconnected, but let us examine each of them in more detail:

In item (1), as mentioned earlier, we provided arguments for the need for OH to broaden its focus to encompass the various forms of work, considering actions that include unprotected work, historically rendered invisible, now normalized and carried out by a significant portion of Brazilians.

Typically, informal workers are accommodated within the assistance activities of the Brazilian Unified Health System (SUS), and in some places, they are included in epidemiological data. However, they are not usually considered in the planning and daily practice of health services, such as workplace surveillance actions, given that both health and labor legislation are oriented towards formal employment. We believe that with this population, changing the focus of actions is essential, with great potential for formative activities, not in the sense of conducting technical courses but in the sense of political education as proposed by Paulo Freire³³. Such activities must be planned and conducted with the participation of workers, constituting a praxis aimed at autonomy and the development of critical awareness of the aspects that characterize the work-health-disease process. This enables workers to question and transform their reality. To this end, the OH services involved must be acquainted with the prevalent work reality in their vicinity and its macro and microsocial determinants and should seek to involve informal workers in the planning and development of their activities.

In item (2), closely related to the previous one, we assess that, no matter how complex and challenging the polysemy of work is today, OH public policies need to consider the implications of neoliberal ideologies on the subjectivation processes of workers, since they hinder collective organization and use technologies to mask capital's control over labor.

The concept of subjectivation processes, presented earlier, contributes to understanding the individual as both a product and a producer of society. In this sense, any action in OH should consider capital's efforts to maintain "neoliberal subjectivity"³⁰ and seek possibilities to counter it. Thus, the formative actions discussed above, with a political character in which workers play an active role, should be grounded in the power to transform contexts and dialectical processes of subjectivation and the development of critical consciousness, possible in the relationship with others. They should also consider that meanings are produced and redefined in the individual's relationship with their reality.

Item (3) concerns working in collaboration with workers' collectives. While trade union movements were essential for securing rights throughout the 20th century, including those related to health¹⁸, in the present day, despite remaining active, they rarely manage to encompass informal workers and often suffer various attacks aimed at making them less combative. This reality, coupled with the propagation of meritocratic and individualistic ideologies, demands the strengthening of ethical-political commitment and the establishment of networks and alliances among different social actors committed to democratic principles and willing to fight for the dignity and health of workers.

Therefore, in addition to collaborating with trade unions, OH should engage with various other initiatives and social movements that organize collectively, whether they are local, urban, or rural associations—such as the Landless Workers' Movement (MST), Homeless Workers' Movement (MTST), Solidarity and Popular Economy worker organizations—associations of workers from specific groups, such as delivery drivers' and gig workers' movements, academic groups, etc. The OH can also contribute to form new collectives. We believe that bonds and actions carried out *with*, rather than *for*, workers would enable the conquest of transformative institutional spaces in OH, where workers are political protagonists capable of, with the support of other agents, influencing and changing the realities of work.

In this regard, even considering the complexity of the current context, we can revisit the origins of OH and the practice principles advocated by professionals who participated in the Italian Workers' Model. Clot²⁰ states that the work psychology adopted in this movement did not seek to replace "the old specialist with the 'good' psychologist or the 'good' doctor as the spokesperson for workers" (p. 144). Instead, specialists should be able to support workers in understanding the harmful aspects of their work and to support new forms of collective organization.

Final remarks

Far from offering ready-made solutions, in this essay, we start from the perspective of Social Psychology of Work (SPW) to emphasize the importance of understanding the everyday life of unprotected work, focusing on the subjective dimensions characterizing it today. We also emphasize the need to strengthen formative and reflective actions that promote collective subjectivation, the protagonism of the working class, and the strengthening and reinvention of forms of resistance to the dismantling of workers' rights and situations that threaten their health.

We believe that the outlined premises can contribute to recovering the political, participatory, and health-promoting essence inherent in OH public policies, in their real dimension of guaranteeing the rights of Brazilian workers to health in the complex current reality. On the other hand, we are also aware that this is not a simple task. Therefore, rather than offering a fixed course of action, we aim to highlight aspects that we believe should be the subject of reflection, both in the formulation of health policies and in the actions of professionals committed to the principles of OH.

Finally, we emphasize that we should not be naive and overlook the fact that the neoliberal logic tends to affect a large part of our society, including many of the professionals involved in OH policies, who often find themselves subject to leaders who are not interested in fostering the development of questioning workers. Considering that we are in a period of federal management that values social policies, perhaps an important task of the Ministry of Health in this initial phase is to promote reflective activities with healthcare professionals themselves, especially those from the Reference Centers for Workers' Health – CEREST, in the same direction proposed above. In other words, offering healthcare workers activities that go beyond technical courses and events focused solely on technical aspects is important, embracing the political character of education. This should consider the complexity that constitutes work in Brazil today while not losing sight of the principles that underlie the field of OH. Thus, we can strengthen the ethical-political commitment of these professionals to the working population.

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In the Essay “**The field of Worker's Health and the challenges of work today: a reflection from the perspective of Social Psychology of Work**”, with DOI: <https://doi.org/10.1590/2317-6369/40322en2023v48edcinq5>, published on *Revista Brasileira de Saúde Ocupacional*, 48:edcinq5, the following corrections are required:

In the page 1/10, in “How to cite (Vancouver)”

Where it reads:

The field of Occupational Health and the challenges of work today: a reflection from the perspective of Social Psychology of Work.

It should be read:

The field of Worker's Health and the challenges of work today: a reflection from the perspective of Social Psychology of Work.

Where it reads:

Rev bras saúde ocup

It should be read:

Rev Bras Saúde Ocup

In the page 2/10, in “Introduction”

Where it reads:

Occupational Health

It should be read:

Worker's Health (WH)

In the page 3/10, in the first paragraph

Where it reads:

Occupational Health

It should be read:

WH



In the page 3/10, in subtitle

Where it reads:

The field of Occupational Health in Brazil, the influence of the Italian workers' model, and the involvement of Psychology

It should be read:

The field of Worker's Health in Brazil, the influence of the Italian workers' model, and the involvement of Psychology

In the page 3/10, in the first paragraph after the subtitle

Where it reads:

Occupational Health (OH)

It should be read:

Worker's Health (WH)

In the pages 3, 4, 6, 7, 8, in the text

Where it reads:

OH

It should be read:

WH

In the page 4/10, in the footnote, letter h

Where it reads:

The involvement of psychology professionals in Occupational Health had a significant role in shaping the perspective of SPT, as stated by Esteves, Bernardo, and Sato¹⁸.

It should be read:

The involvement of psychology professionals in Worker's Health had a significant role in shaping the perspective of SPW, as stated by Esteves, Bernardo, and Sato¹⁸.

In the page 6/10, in subtitle

Where it reads:

For public policies in Occupational Health committed to the current work scenario

It should be read:

For public policies in Worker's Health committed to the current work scenario

In the page 6/10, in the sixth and seventh paragraphs

Where it reads:

Occupational Health (OH)

It should be read:

WH

In the page 9/10, in Reference 10

Where it reads:

Rev Bras Saú Ocup

It should be read:

Rev Bras Saúde Ocup