



Revista Brasileira de Saúde Ocupacional

ISSN: 0303-7657

ISSN: 2317-6369

Fundação Jorge Duprat Figueiredo de Segurança e  
Medicina do Trabalho - FUNDACENTRO

Sociedade neoliberal, saúde e segurança no trabalho  
Revista Brasileira de Saúde Ocupacional, vol. 48, 2023, pp. 1-3  
Fundação Jorge Duprat Figueiredo de Segurança e Medicina do Trabalho - FUNDACENTRO

DOI: <https://doi.org/10.1590/2317-6369/00123pt2023v48edcinq1>

Available in: <https://www.redalyc.org/articulo.oa?id=100575190007>

- How to cite
- Complete issue
- More information about this article
- Journal's webpage in [redalyc.org](https://www.redalyc.org)

 [redalyc.org](https://www.redalyc.org)

Scientific Information System Redalyc  
Network of Scientific Journals from Latin America and the Caribbean, Spain and  
Portugal

Project academic non-profit, developed under the open access initiative

Ada Ávila Assunção<sup>a\*</sup> <https://orcid.org/0000-0003-2123-0422>Eduardo Algranti<sup>b\*</sup> <https://orcid.org/0000-0002-6908-7242>José Marçal Jackson Filho<sup>c\*</sup> <https://orcid.org/0000-0002-4944-5217>

<sup>a</sup> Universidade Federal de Minas Gerais, Faculdade de Medicina. Belo Horizonte, MG, Brazil.

<sup>b</sup> Fundação Jorge Duprat Figueiredo de Segurança e Medicina do Trabalho, Centro Técnico Nacional. São Paulo, SP, Brazil.

<sup>c</sup> Fundação Jorge Duprat Figueiredo de Segurança e Medicina do Trabalho, Escritório Avançado do Paraná. Curitiba, PR, Brazil.

\* Editors-in-Chief

**Contact:**

Ada Ávila Assunção

**E-mail:**

adavila@medicina.ufmg.br

**How to cite (Vancouver):**

Neoliberal society, safety and health at work. Rev bras saúde ocup [Internet]. 2023;48:edcinq1. Available from: <https://doi.org/10.1590/2317-6369/00123en2023v48edcinq1>

## Neoliberal society, safety and health at work

### Sociedade neoliberal, saúde e segurança no trabalho

Consistent evidence has countered the widespread idea about the inexorability of suffering, illness or death in work-related circumstances. Getting infected by respiratory viruses or injured by sharp instruments while providing healthcare; developing nodules in vocal folds when the voice is a work tool in schools or communication companies; walking with difficulty due to the progression of neuropathies related to exposure to pesticides applied in agriculture; quitting a job as a driver due to trauma after an armed robbery episode; and even losing one's life buried in the rubble of mining rocks, among many other situations, are avoidable events because they are predictable<sup>1</sup>.

There is substantial evidence of association between these events and unhealthy and unsafe work environments. It is known that individuals die younger or have worse health according to the conditions under which they work<sup>2</sup>. Handling of chemical substances, noisy machinery and equipment, excessive demands, and autonomy restriction increase the prevalence of physical and psychological symptoms<sup>3</sup>.

In recent years, people have been forced to work more hours a day, even though they are inserted into processes with high technological increment<sup>4</sup>. The self-employed workers' universe has expanded, sometimes they are linked to more than one company, sometimes hired to perform services through mobile applications (Apps) programmed by algorithms<sup>5</sup>. Inscribed in the scenario of labor deregulation, under Labor Law<sup>6</sup>, this type of digital production has not eliminated occupational unsafety. Instead of having their income and consumption expanded and more autonomy in their labor tasks, the majority of those who depend on work to survive, faced low income, overload, and social humiliation<sup>7</sup>.

The introduction of new tools, products, and other forms of work has generated new problems without solving the old ones. Therefore, it is not sustainable to solely attribute suffering, illness, and death to deficiencies in the incorporation of technology. On the contrary, the causal and related processes of this problem are the result of economic rationality, "the new reason of the world," according to Dardot and Laval<sup>8</sup>.

*Neo* (new), *liberal* (free from government intervention) – neoliberalism – refers to the macroeconomic doctrine that extends the premises of classical liberalism of the seventeenth and eighteenth centuries, as developed by Jeremy Bentham, John Stuart Mill, and Adam Smith. In brief, the preservation of individual freedom in a free society, from the neoliberal perspective, requires a competitive market without government impediments. In the 1940s, the Austrian Friedrich von Hayek argued that governments should not interfere with markets, claiming that the economy is too complex to be controlled<sup>9</sup>. These authors considered these principles fundamental to achieve human well-being and progress, underlie the 1990s "Washington Consensus": a historical milestone of neoliberal society<sup>10</sup>.

Almost 40 years of policies based on neoliberal ideals led to the economic crisis of 2008. Recession and austerity programs deepened social inequalities, including health inequalities, in most countries<sup>11,12</sup>.



Starting in the 1970s, in the context of competition and the struggle for markets, broad productive restructuring and progressive replacement of typical employment by other types of labor contracts were put into practice. In recent decades, deindustrialization, which characterizes the global economy under financial capital's supremacy, intensified this trend. The number of atypical jobs and unemployment rates generated a widespread perception of insecurity, whose relationship with worse health outcomes has been evidenced<sup>13-15</sup>.

While expressing a kind of rupture with the Fordist model, productive restructuring was the capitalist strategy to reduce costs and ensure domination through the reconfiguration of the labor management model<sup>10</sup>. The principles of the initiative and responsibility embedded into the workers underlie the domination format consistent with neoliberal thinking, effectively driving labor intensification. The consequences, instead of the satisfaction and expansion of leisure time promised by Hayek's followers, were the growing exposure to more or less veiled forms of intimidation, violence in the work environment<sup>16</sup>, and gender segregation in the occupational structure<sup>17</sup>. In short, the diminishing room for political action, once labor unions' actions had been weakened and the responsibility to produce more, in shorter time and with improved quality, was transferred to workers, have added new layers to the current stage of capitalist accumulation<sup>11,12</sup>.

In Brazil, pension, union, and labor reforms were implemented. In terms of the latter, under Law No. 13,467 of July 13, 2017<sup>18</sup>, the so-called "labour deregulation" altered or revoked more than one hundred articles and paragraphs of the 1943 Consolidation of Labor Laws (CLT), in addition to others that were created. Employers were authorized, for example, to work out different arrangements in employees' time organization. Modifications of key definitions in the field of contractual relationships, such as the bank of hours, as well as the expansion of the duration of partial workdays, have been introduced and regulated<sup>6,19</sup>.

Investigations based on knowledge of the produced changes are desirable. The neoliberal doctrine is not a self-sufficient and monolithic entity. However, it is important to remember that adverse health outcomes have already been observed in this context, which are the results of inequality and insecurity<sup>20</sup>. It becomes a challenge to think about when, where, and how the economic, political, and cultural vectors intersect to produce health outcomes.

Celebrating its 50 years of existence, the *Revista Brasileira de Saúde Ocupacional* will continue to foster debates in the face of rapid and intense changes in work and employment. Efforts will be expanded to publish results on the impact, intervention, formulation, and evaluation of public policies focused on the workers' health promotion.

## References

1. GBD 2016 Occupational Risk Factors Collaborators. Global and regional burden of disease and injury in 2016 arising from occupational exposures: a systematic analysis for the Global Burden of Disease Study 2016. *Occup Environ Med*. 2020;77(3):133-41.
2. Marmot M. Social determinants of health inequalities. *Lancet*. 2005;365(9464):1099-104.
3. Assunção AA. Invisibilidade social das doenças profissionais no Brasil (1919-2019). *Ciênc Saúde Coletiva*. 2022; 27(4):1423-33.
4. Vanroelen C, Levecque K, Moors G, Gadeyne S, Louckx F. The structuring of occupational stressors in a Post-Fordist work environment. Moving beyond traditional accounts of demand, control and support. *Soc Sci Med*. 2009;68(6):1082-90.
5. Bajwa U, Gastaldo D, Di Ruggiero E, Knorr L. The health of workers in the global gig economy. *Global Health*. 2018;14(1):124.
6. Filgueiras VA, Pedreira SC. Trabalho descartável: as mudanças nas formas de contratação introduzidas pelas reformas trabalhistas no mundo. *Cadernos do CEAS: Rev Crítica Humanidades*. 2019;248:578-7.
7. Delgado GN, Amorim, HS. O perigo de naturalização da legislação trabalhista de emergência na pandemia. Jota [Internet]. 6 jul 2020 [cited 2023 Feb 5]. Available from: <https://www.jota.info/opiniao-e-analise/artigos/o-perigo-de-naturalizacao-da-legislacao-trabalhista-de-emergencia-na-pandemia-06072020>
8. Dardot P, Laval C. A nova razão do mundo: ensaio sobre a sociedade neoliberal. São Paulo: Boitempo; 2016.
9. Labonté R, Stuckler D. The rise of neoliberalism: how bad economics imperils health and what to do about it. *J Epidemiol Community Health*. 2016;70(3):312-8.
10. Harvey D. Neo-liberalism as creative destruction. *Geografiska Annaler: Series B, Human Geography*. 2006;88(2):145-58.

11. Souza LEPE, Barros RD, Barreto ML, Katikireddi SV, Hone TV, Sousa RP, et al. The potential impact of austerity on attainment of the Sustainable Development Goals in Brazil. *BMJ Global Health*. 2019;4(5):e001661.
12. Coburn D. Income inequality, social cohesion and the health status of populations: the role of neo-liberalism. *Soc Sci Med*. 2000;51(1):135-46.
13. Assunção AA, França EB. Anos de vida perdidos por DCNT atribuídos aos riscos ocupacionais no Brasil: estudo GBD 2016. *Rev Saúde Pública*. 2020;54.
14. Cheng GHL, Chan KS. Who suffers more from job insecurity? A meta-analytic review. *Appl Psycho*. 2008;57(2):272-303.
15. Virtanen M, Nyberg ST, Batty GD, Jokela M, Heikkilä K, Fransson EI, et al. Perceived job insecurity as a risk factor for incident coronary heart disease: systematic review and meta-analysis. *BMJ*. 2013;347:f4746.
16. Sverke M, Hellgren J, Näswall K. No security: a meta-analysis and review of job insecurity and its consequences. *J Occup Health Psychol*. 2002;7(3):242-64.
17. Leone ET. Os impactos do crescimento econômico com inclusão social na participação das mulheres no mercado de trabalho. In: Leone ET, Krein JD, Teixeira MO, organizadores. *Mundo do trabalho das mulheres: ampliar direitos e promover a igualdade*. São Paulo: Secretaria de Políticas do Trabalho e Autonomia Econômica das Mulheres; Campinas: Unicamp; 2017. p. 13-38.
18. Brasil. Lei n.º 13.467, de 13 de julho de 2017. *Diário Oficial da União* [Internet]. 2017 Jun 14 [cited 2023 Feb 20];1:134 Available from: [https://www.planalto.gov.br/ccivil\\_03/\\_Ato2015-2018/2017/Lei/L13467.htm](https://www.planalto.gov.br/ccivil_03/_Ato2015-2018/2017/Lei/L13467.htm)
19. Pereira SS, Oliveira IF. Contrato intermitente e a desproteção social do trabalho. *Rev ABET*. 2020;19(1):33-47.
20. Schrecker T. Neoliberalism and health: the linkages and the dangers. *Soc Compass*. 2016;10(10):952-71.