Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

The update of NR-1 and psychosocial risk management: integration with NR-17 in the promotion of health and ergonomics at work

A atualização da NR-1 e a gestão de riscos psicossociais: integração com a NR-17 na promoção da saúde e ergonomia no trabalho

La actualización de la NR-1 y la gestión de riesgos psicosociales: integración con la NR-17 en la promoción de la salud y la ergonomía en el trabajo

Claudia Noleto Maciel Luz
Karina Donizete Martins
Lidiane Rodriguez da Rocha
Mírian Carvalho Lopes
Raimundo Nonato Casé de Brito
Roberto Mauro Guarda
Virgílio Ricardo Coelho Meirelles

Abstract:
This article analyzes the update of Brazilian Regulatory Standard No. 1 (NR-1), emphasizing the explicit inclusion of work-related psychosocial risk factors in Occupational Risk Management and its integration with Regulatory Standard No. 17 (NR-17). This qualitative, exploratory and descriptive study draws on a narrative literature review and documentary analysis. The discussion indicates that excessive demands, low autonomy, interpersonal conflict and insufficient organizational support may impair workers' health. Integrating both standards allows ergonomic assessment to inform occupational risk identification, assessment and control. Effective prevention requires interventions targeting work organization, worker participation and continuous monitoring, rather than individual psychological care alone.

Keywords:
psychosocial risks; occupational health; ergonomics; mental health; occupational risk management.

Resumo:
Este artigo analisa a atualização da Norma Regulamentadora nº 1 (NR-1), com ênfase na inclusão expressa dos fatores de risco psicossociais relacionados ao trabalho no Gerenciamento de Riscos Ocupacionais (GRO) e em sua articulação com a Norma Regulamentadora nº 17 (NR-17). Trata-se de uma pesquisa qualitativa, exploratória e descritiva, fundamentada em revisão narrativa da literatura e análise documental. A discussão evidencia que demandas excessivas, baixa autonomia, conflitos e insuficiência de apoio organizacional podem comprometer a saúde dos trabalhadores. A integração entre as normas permite incorporar a avaliação ergonômica ao processo de identificação, avaliação e controle dos riscos ocupacionais. Conclui-se que a efetividade das medidas preventivas depende de intervenções na organização do trabalho, da participação dos trabalhadores e do monitoramento contínuo, não se restringindo ao atendimento psicológico individual.

Palavras-chave:
riscos psicossociais; saúde do trabalhador; ergonomia; saúde mental; gerenciamento de riscos ocupacionais.

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

Resumen:
Este artículo analiza la actualización de la Norma Reguladora N° 1 (NR-1), con énfasis en la inclusión expresa de factores de riesgo psicosocial relacionados con el trabajo en Gestión de Riesgos Ocupacionales (GRO) y su articulación con el Reglamento N° 17 (NR-17). Se trata de una investigación cualitativa, exploratoria y descriptiva, basada en la revisión de la literatura narrativa y el análisis documental. La discusión muestra que las demandas excesivas, la baja autonomía, los conflictos y el insuficiente apoyo organizativo pueden comprometer la salud de los trabajadores. La integración entre los estándares nos permite incorporar la evaluación ergonómica en el proceso de identificación, evaluación y control de riesgos ocupacionales. Se concluye que la eficacia de las medidas preventivas depende de las intervenciones en la organización del trabajo, la participación de los trabajadores y el seguimiento continuo, no limitado a la atención psicológica individual.

Palabras clave:
riesgos psicosociales; salud ocupacional; ergonomía; salud mental; gestión de riesgos ocupacionales.

1 Introduction

Health and safety at work are fundamental dimensions of social protection and organizational management. The transformations in production processes, the intensification of demands and changes in labor relations require a preventive approach that considers, in addition to physical, chemical and biological hazards, ergonomic and psychosocial working conditions. Vieira and Santos (2024) emphasize the need to understand these factors in relation to the concrete conditions of work organization, avoiding reducing illness to individual responsibility.

In Brazil, the SEPRT Ordinance No. 6,730/2020 established the writing of NR-1 that structured Occupational Risk Management (GRO) and the Risk Management Program (PGR). Subsequently, the Ordinance MTE no 1.419/2024 expressly included psychosocial risk factors related to work within the scope of the GRO, with the validity of the new wording of chapter 1.5 from May 26, 2026, after the extension established in 2025 (Brasil, 2020, 2024, 2026).

The NR-17 complements this process by establishing parameters for the adequacy of working conditions to the psychophysiological characteristics of workers. Ergonomics comprises physical, cognitive and organizational dimensions, allowing to analyze both jobs as demands and management processes (Iida; Buarque, 2016).

In this context, the following question is formulated: how can the integration between NR-1 and NR-17 contribute to the prevention of psychosocial risks and the promotion of mental health at work? The general objective is to analyze this normative articulation, identifying risk factors, assessment instruments and possibilities of organizational intervention.

The social relevance of the research stems from the need to recognize work as a constitutive dimension of health, and not just as a source of income. The organization of activities can offer opportunities for learning, recognition and cooperation, but also produce situations of wear when the requirements do not find correspondence in available resources.

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

This ambivalence, discussed by Dejours (1997), allows us to understand why prevention should not be limited to identifying symptoms or offering individual care.

The specific contribution of this study is to bring together the psychological discussion about suffering and recognition of management instruments provided for in regulatory standards. This approach allows us to examine the transition from recognizing a problem to defining verifiable preventive measures. To this end, three specific objectives are considered: to characterize psychosocial factors related to work; discuss the complementarity between NR-1 and NR-17 instruments; and propose criteria for monitoring interventions, without confusing analytical propositions with field research results.

2 Methodology

The research is characterized as qualitative, exploratory and descriptive, of a bibliographic and documentary nature. The narrative review is adopted, based on books, scientific articles and institutional documents published between 1990 and 2026. The original manuscript informs queries to SciELO and Google Scholar. The bibliographic update incorporated five publications located in SciELO, from 2023 to 2026, selected for their relevance to psychosocial assessment, work organization and workers' health.

The analysis was organized into three axes: psychosocial factors and illness; normative articulation and ergonomic evaluation; and preventive interventions. Official sources were prioritized for the interpretation of norms and scientific studies to discuss the effects and possibilities of prevention. Since there is no complete record of the original search strategies, the number of studies retrieved or the selection stages, the research is not characterized as a systematic review and does not intend to exhaust the literature. No primary data were produced.

The interpretation of documentary sources distinguished the normative obligation from technical recommendations and empirical evidence. The standards establish management and evaluation parameters, but do not demonstrate, by themselves, the effectiveness of an intervention. Empirical studies, in turn, offer evidence situated in certain professional groups and institutional contexts. The articulation of these sources allows us to formulate reasoned recommendations without assigning to the legislation results that still depend on research.

In the reading of complementary publications, the object of study, the design, the investigated population and the relevance of the findings for the thematic axes were considered. Cross-sectional studies were interpreted as evidence of association; longitudinal studies, such as contributions to understanding changes over time; and reviews, such as syntheses of the investigated dimensions. No meta-analysis or formal risk of bias were performed. The discussion presents an interpretative synthesis, whose scope is conditioned to the selected sources.

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

3 Results and discussion

3.1 Psychosocial factors and worker health

Psychosocial risk factors arise from characteristics of planning, management and work relations that can produce health problems. Among them are requirements incompatible with available resources, excessive goals, low autonomy, prolonged journeys and relationships marked by hostility or lack of support. The identification of these conditions should consider the activity effectively carried out and the context in which it occurs (Brasil, 2026).

The psychodynamics of work offers fundamentals to understand the relationship between suffering, autonomy and recognition. Dejours (1997) highlights the tension between the prescribed organization of work and the subjective needs of workers. The impossibility of mobilizing skills and participating in decisions can intensify suffering, although the consequences depend on concrete working conditions and collective coping strategies.

In a cross-sectional study with 112 workers from the Family Health Strategy in Palmas, Tocantins, Borges et al. (2023) identified negative correlations between burnout dimensions and quality of life indicators at work. For its design, the study does not allow to establish causality, but points out the relevance of investigating the organizational context in preventing professional exhaustion.

Martinez et al. (2026), in a longitudinal study with workers followed between 2020 and 2023, identified greater exposure of health professionals to emotional demands and threats of violence, without observing reduction of work ability in the groups accompanied. These results reinforce the need to consider the diversity of exposures and avoid assuming that all factors produce the same outcomes.

The review of Silva and Tolfo (2026), which gathered 95 studies on hospital care professionals, identified recurrent conditions of exposure related to workload, institutional support and autonomy. The outcomes described included manifestations of psychological distress and sleep disorders. Although relevant, the findings of the hospital sector should not be automatically generalized to other economic activities.

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

3.1.1 Work organization and exposure mechanisms

The distinction between risk factor, exposure and aggravation is fundamental for occupational management. A goal incompatible with the available time is a potentially harmful condition; exposure corresponds to the experience of workers submitted to this condition; and the aggravation represents a possible outcome. The existence of the factor does not mean that all workers will develop the same clinical manifestation. This differentiation guides the investigation of working conditions, avoiding using the presence of a diagnosis as a requirement to initiate prevention (Brasil, 2026; Vieira; Santos, 2024).

The analysis of demands must consider simultaneously intensity, duration, frequency and possibility of recovery. A high period of effort can be managed when there are resources, predictability and adequate intervals. However, when the requirement becomes persistent and accompanied by interruptions, lack of staff or absence of autonomy, the ability to reorganize the activity can be compromised. Ergonomics contributes to identify these incompatibilities by examining the relationship between task requirements and human characteristics (Iida; Buarque, 2016).

Autonomy does not correspond to the absence of rules or responsibilities. It refers to the possibility of participating in decisions that affect the execution of the work, adjust procedures in the face of unforeseen events and communicate difficulties without fear of punishment. From the perspective of psychodynamics at work, recognition of competences and peer cooperation are relevant elements for the elaboration of suffering and for the construction of meaning in professional activity (Dejours, 1997).

The relational dimension also deserves attention. Occasional conflicts should not be automatically classified as harassment, but repeated practices of humiliation, isolation and disqualification require research and institutional response. The analysis should contemplate the conditions that favor the occurrence of these practices, such as not transparent criteria for evaluation, excessive competition and lack of reliable communication channels. The preventive focus should fall on the organization and its practices, not on the culpability of exposed people (Vieira; Santos, 2024).

3.1.2 Scientific evidence and limits of interpretation

The results of Borges et al. (2023) are particularly relevant to the discussion on health services, as they approximate the quality of life at work to the dimensions of professional exhaustion. However, the association observed does not allow to conclude that a single organizational condition is responsible for burnout. Prevention requires a joint examination of the care requirements, team relationships and the conditions available for the accomplishment of care.

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

The contribution of Martinez et al. (2026) adds a temporal dimension to the discussion. The coexistence of relevant psychosocial exposures with the absence of reduction observed in work ability demonstrates that indicators are not interchangeable. A group can maintain its functional capacity even in the face of adverse conditions. Thus, the maintenance of performance is not sufficient evidence that exposure is controlled.

The review of Silva and Tolfo (2026) allows to relate the hospital working conditions to the institutional responses adopted. The diversity of practices described reinforces the need to distinguish actions aimed at assisting workers from those aimed at modifying exposure sources. Assistance can be indispensable for people in suffering, but collective prevention requires examining the processes that contribute to the recurrence of the problem.

Together, these publications support a contextualized reading of mental health at work. They do not authorize universal estimates of prevalence or causal conclusions applicable to all sectors. The diversity of activities, instruments and designs recommends that the findings be used as subsidies for identifying problems and formulating hypotheses, and not as substitutes for evaluating the concrete conditions of each organization.

3.2 Integration between NR-1 and NR-17

The GRO is a continuous process of occupational risk management, while the PGR formalizes the elements necessary for its implementation when required. The update of NR-1 includes psychosocial factors related to work among the risks associated with ergonomic factors. The norm also reinforces the participation of workers in the stages of identification, evaluation and prevention (Brasil, 2024).

The NR-17 offers complementary tools for the analysis of work situations: Preliminary Ergonomic Assessment (AEP) and, in the hypotheses provided for in the norm, the Ergonomic Analysis of Work (AET). The first supports the identification of hazards and risk assessment; the second allows to deepen situations that require specific research. The results should dialogue with the risk inventory and planning of preventive measures (Brasil, 2022, 2026).

Santos et al. (2024), in a scope review on the evaluation of psychosocial aspects of work in Brazil, systematize dimensions present in literature and normative documents. The diversity of dimensions highlights the need to select instruments compatible with the activity and to interpret the results in the light of working conditions, instead of adopting decontextualized measures.

Psychosocial assessment is not confused with individual clinical diagnosis, psychological examination of selection or investigation of employees' personality. Its object is the exposure associated with work. Interviews, activity observation and questionnaires can be combined according to the complexity of the situation, preserving confidentiality and ensuring

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

effective participation. The isolated application of questionnaires does not demonstrate, by itself, the implementation of management (Brasil, 2026).

3.2.1 From ergonomic evaluation to risk inventory

The integration between standards can be understood as a flow of information. The initial identification of working situations allows recognizing tasks, exposed groups and potentially harmful conditions. The ergonomic evaluation deepens the understanding of these situations and offers subsidies to characterize the risks. The inventory consolidates the relevant information, while the action plan organizes the measures to be adopted and their monitoring (Brasil, 2022, 2024, 2026).

AEP should consider the real activity, which does not always coincide with formal prescriptions. In a service, for example, the written procedure can predict a stable sequence of tasks, while practice involves interruptions, simultaneous demands and decisions under pressure. The observation of these differences is important to identify cognitive and organizational requirements that would not be recognized only by the description of the position (Iida; Buarque, 2016).

When the preliminary evaluation is not sufficient or another hypothesis foreseen in NR-17 is present, the AET enables further analysis. Its realization must seek to understand the determinants of the situation and subsidize recommendations compatible with the activity. The research should not be reduced to the application of a standardized scale, because the interpretation of the results depends on the understanding of the context and the conditions in which the tasks are performed (Brasil, 2022; Santos et al., 2024).

The inventory should allow to identify the situation analyzed, the hazards, exposed groups and existing measures, according to the applicable requirements. The risk classification needs to be consistent with the criteria adopted by the organization. The use of numerical categories does not eliminate the need to justify the evaluation: the frequency of a demand, the possibility of serious consequences and the effectiveness of controls are elements that should be examined in a contextualized way.

The participation of workers contributes to recognize aspects that are not visible in administrative records. However, the consultation does not transfer to employees responsibility for solving risks. It is up to the organization to structure the management process and ensure conditions for the implementation of preventive measures, observing the responsibilities provided for in the standards (Brasil, 2024, 2026).

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

3.3 Prevention and intervention strategies

The normative integration requires that the identified factors are evaluated and that the prevention measures have responsible, deadlines and follow-up. Faced with overload, for example, it is pertinent to examine the distribution of tasks, resources and team sizing. When there are conflicts or harassment, prevention, reception and verification procedures should be considered, with protection against retaliations. These measures should result from the evaluation of real work situations.

Vieira and Santos (2024) problematize approaches that shift to the individual the responsibility for harmful working conditions. In this sense, resilience programs and psychological care can complement prevention, but do not replace changes in management practices, autonomy and labor demands.

Silva and Tolfo (2026) identified, in the hospital context, a transition from emergency responses to more structured organizational strategies, but pointed out gaps in assessing their effectiveness. Thus, the intervention should incorporate process and result indicators, such as the execution of the action plan, the collective perception of working conditions and the evolution of the identified exposures, without attributing automatic causality to the deviation variations.

The integrated performance of health and safety professionals, managers and workers can favor the understanding of demands and implementation of measures. Monitoring should include face-to-face, remote and hybrid modalities, when applicable. Organizational benefits, such as reduction of withdrawals or performance improvement, are possible results, not guaranteed by simple documentary compliance.

3.4 Intervention planning and monitoring

The elaboration of the action plan must establish an explicit relationship between the identified factor and the proposed measure. If the evaluation indicates overload associated with the unequal distribution of tasks, the response must examine the distribution, the dimensioning of teams and available resources. A lecture on stress management, although it can offer useful information, does not necessarily change the source of exposure. This distinction is consistent with the criticism of the individualization of risks presented by Vieira and Santos (2024).

Primary prevention is directed to the conditions that lead to exposure. Secondary prevention seeks to recognize early signs of wear and offer support resources. Attention to people who already have injuries is another necessary dimension, including adequate reception and monitoring. These strategies are complementary, but not equivalent: the

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

provision of clinical care does not dispense with the revision of organizational conditions that can contribute to suffering.

In operational terms, it is recommended that each measure be accompanied by responsible, deadline, necessary resources and verification criteria. The evaluation of its execution must distinguish the administrative conclusion from the effective change in activity. For example, the revision of a demand distribution procedure can only be considered satisfactory after verifying if there was a change in the identified conditions and if new problems have arisen in the work process.

The indicators can be organized into three dimensions: process, exposure and outcome. The process indicators allow monitoring the execution of actions; exposure verify changes in working conditions; and outcome follow health manifestations and other relevant results. This distinction avoids interpreting a reduction of withdrawals as an isolated proof of success, because the use of licenses also depends on access to assistance, institutional practices and registration conditions (Silva; Tolfo, 2026).

Confidentiality is essential for the quality of assessment. Clinical information and individual reports should not circulate indiscriminately among managers. The communication of the collective results must preserve the identity of the participants, especially in small teams, in which the combination of information can allow indirect identification. Data protection favors participation and reduces the risk of punitive use of assessment instruments.

3.5 Applicability in different occupational contexts

The integrated application of the standards requires recognizing the diversity of work situations. In health services, emotional demands, exposure to situations of violence and the need for quick decisions can coexist with resource limitations. The studies of Borges et al. (2023), Martinez et al. (2026) and Silva and Tolfo (2026) offer subsidies to investigate these conditions, without assuming that all care units present the same risk profile.

In administrative activities, the analysis can prioritize frequent interruptions, simultaneous demands, clarity of attributions and predictability of demands. In remote or hybrid work, it is also pertinent to examine the availability of resources, the limits of the journey and communication mechanisms. These examples constitute analytical applications of ergonomic principles, and not empirical results obtained by the present study (Iida; Buarque, 2016; Brasil, 2022).

In industrial activities, the organization of shifts, repeatability and production requirements can interact with the physical conditions of the station. The rigid separation between physical and psychosocial factors may hinder the understanding of the activity, as temporal pressure can influence the adoption of postures, the possibility of pauses and the

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

necessary attention to the safe execution of tasks. The evaluation should therefore consider the interactions between different risk factors.

The interdisciplinary action is relevant in this process. Psychology professionals can contribute to the understanding of work relations and to the construction of listening strategies; ergonomics and safety professionals can support the assessment of situations and the implementation of controls; and managers must ensure resources and conditions for changes. The definition of attributions must respect the professional competences and the applicable normative requirements, without assuming that a single professional category is sufficient to conduct all stages.

The comparison between contexts shows that standardization should focus on the quality of the management process, and not on the imposition of identical solutions. Instruments and measures need to be selected according to the characteristics of the activity, as suggested by Santos et al. (2024). The contextual adaptation is, therefore, a condition for the formal compliance with the rules to translate into effective prevention.

4 Final considerations

The analysis shows that the updating of NR-1 strengthens the preventive approach by explaining psychosocial risk factors related to work in occupational management. The articulation with NR-17 allows the approximation of risk management to concrete analysis of conditions and work organization.

Prevention requires recognizing that psychological distress may be related to excessive demands, insufficient resources, low autonomy and adverse labor relations. The organizational response should prioritize the control of exposures, with participation of workers, ergonomic evaluation and monitoring of measures, without reducing the problem to individual characteristics.

As a limitation, the narrative review does not allow to estimate the magnitude of the effects or ensure exhaustive coverage of scientific production. It is recommended that future research investigate the application of standards in different sectors, with designs capable of evaluating the effectiveness of interventions and their effects on workers' health.

References

BORGES, Marta Maria Souza et al. Qualidade de vida no trabalho e Burnout em trabalhadores da estratégia saúde da família. Revista Gaúcha de Enfermagem, v. 44, e20220279, 2023. DOI: https://doi.org/10.1590/1983-1447.2023.20220279.pt.

BRASIL. Ministério da Economia. Portaria SEPRT nº 6.730, de 9 de março de 2020. Aprova a nova redação da NR-1. Diário Oficial da União, Brasília, DF, 12 mar. 2020.

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.

Ano VII, v.1 2026 | submissão: 14/11/2026 | aceito: 21/11/2026 | publicação: 26/11/2026

BRASIL. Ministério do Trabalho e Previdência. Norma Regulamentadora nº 17: ergonomia. Brasília, DF, 2022. Disponível em: https://www.gov.br/trabalho-eemprego/pt-br/acesso-a-informacao/participacao-social/conselhos-e-orgaoscolegiados/comissao-tripartite-partitaria-permanente/normasregulamentadora/normas-regulamentadoras-vigentes/norma-regulamentadora-no- 17-nr-17. Acesso em: 24 nov. 2026.

BRASIL. Ministério do Trabalho e Emprego. Portaria MTE nº 1.419, de 27 de agosto de 2024. Aprova nova redação do capítulo 1.5 e altera o Anexo I da NR-1. Brasília, DF: MTE, 2024.

BRASIL. Ministério do Trabalho e Emprego. Norma Regulamentadora nº 1: disposições gerais e gerenciamento de riscos ocupacionais. Brasília, DF: MTE, 2026. Disponível em: https://www.gov.br/trabalho-e-emprego/pt-br/acesso-ainformacao/participacao-social/conselhos-e-orgaos-colegiados/comissao-tripartitepartitaria-permanente/normas-regulamentadora/normas-regulamentadorasvigentes/nr-1. Acesso em: 24 nov. 2026.

DEJOURS, Christophe. A loucura do trabalho: estudo de psicopatologia do trabalho. 5. ed. São Paulo: Cortez-Oboré, 1997.

IIDA, Itiro; BUARQUE, Lia. Ergonomia: projeto e produção. 3. ed. São Paulo: Blucher, 2016.

MARTINEZ, Carolina Luciane Nogueira et al. Riscos psicossociais e capacidade para o trabalho em trabalhadores da saúde ao longo da pandemia de covid-19: estudo longitudinal com acompanhamento, Brasil, 2020-2023. Epidemiologia e Serviços de Saúde, v. 35, e20240798, 2026. DOI: https://doi.org/10.1590/S2237- 96222026v35e20240798.pt.

SANTOS, Caroline Castro de Assis et al. Avaliação dos aspectos psicossociais do trabalho no Brasil no contexto da saúde do trabalhador: uma revisão de escopo. Revista Brasileira de Saúde Ocupacional, v. 49, e9, 2024. DOI: https://doi.org/10.1590/2317-6369/38122pt2024v49e9.

SILVA, Milena Garcia da; TOLFO, Suzana da Rosa. Fatores de risco psicossociais, impactos na saúde mental e mapeamento de práticas interventivas no trabalho de profissionais assistenciais em unidades hospitalares: revisão de escopo. Revista Brasileira de Saúde Ocupacional, v. 51, e17, 2026. DOI: https://doi.org/10.1590/2317-6369/24825pt2026v51e17.

VIEIRA, Carlos Eduardo Carrusca; SANTOS, Nayara Cristina Teixeira. Fatores de risco psicossociais relacionados ao trabalho: uma análise contemporânea. Revista Brasileira de Saúde Ocupacional, v. 49, edsmsubj1, 2024. DOI: https://doi.org/10.1590/2317-6369/35222pt2024v49edsmsubj1.

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CreativeCommons Attribution, que permite uso, distribuição e reprodução em qualquer meio, sem restrições desde que o trabalho original seja corretamente citado.