

Ergonomics in remote work

Ergonomía en el trabajo remoto

A ergonomia no trabalho remoto

Tricia Bogossian¹

ORCID: 0000-0002-3580-3618

¹Universidade Santa Úrsula. Rio de Janeiro, Brazil.

How to cite this article:

Bogossian T. Ergonomics in remote work. Glob Acad Nurs. 2022;3(Sup.3):e298. https://dx.doi.org/10.5935/2675-5602.20200298

Corresponding author:

Tricia Bogossian E-mail:

tricia.bogossian@hotmail.com

Chief Editor: Caroliny dos Santos Guimarães da Fonseca Executive Editor: Kátia dos Santos Armada de Oliveira

Submission: 05-28-2022 **Approval:** 08-19-2022

Abstract

The present study seeks to reflect on ergonomics with remote work, highlighting some of the main characteristics related to the use of ergonomics in work routines. Its general objective is to characterize and analyze the occupational activity from the worker's ergonomic point of view. The specific objectives are: to identify and describe the importance and procedures that must be adopted in ergonomics; analyze and identify adverse conditions and good practices at work from the perspective of health and safety at work and describe how ergonomics can be inserted in remote work. For greater stability of the contents presented, a reflection study was carried out from a literature review, based on works published over the last 20 years to consolidate how ergonomics can be something fundamental within the work environment.

Descriptors: Ergonomics; Work; Remote; Occupational Health; Collective Health.

Resumén

El presente estudio busca reflexionar sobre la ergonomía con el trabajo a distancia, destacando algunas de las principales características relacionadas con el uso de la ergonomía en las rutinas de trabajo. Su objetivo general es caracterizar y analizar la actividad laboral desde el punto de vista ergonómico del trabajador. Los objetivos específicos son: identificar y describir la importancia y los procedimientos que se deben adoptar en ergonomía; analizar e identificar condiciones adversas y buenas prácticas en el trabajo desde la perspectiva de la seguridad y salud en el trabajo y describir cómo la ergonomía puede insertarse junto con el trabajo remoto. Para mayor estabilidad de los contenidos presentados, se realizó un estudio de reflexión a partir de una revisión bibliográfica, a partir de trabajos publicados durante los últimos 20 años, con el fin de consolidar cómo la ergonomía puede ser algo fundamental dentro del ambiente laboral.

Descriptores: Ergonomía; Trabajo; Remoto; Salud del Trabajador; Salud Pública.

Resumo

O estudo apresentado busca refletir sobre a ergonomia junto ao trabalho remoto, destacando algumas das principais características relacionadas à utilização da ergonomia junto às rotinas do trabalho. O mesmo tem por objetivo geral caracterizar e analisar a atividade ocupacional do ponto de vista ergonômico do trabalhador. Já os objetivos específicos são: identificar e descrever a importância e os procedimentos que devem ser adotados na ergonomia; analisar e identificar as condições adversas e as boas práticas no trabalho sob a ótica da saúde e segurança do trabalho e descrever como a ergonomia pode ser inserida junto ao trabalho remoto. Para uma maior estabilidade dos conteúdos apresentados, realizou-se um estudo de reflexão a partir de uma revisão de literatura, com base em obras publicadas ao longo dos últimos 20 anos, a fim de consolidar como a ergonomia pode ser algo fundamental dentro do ambiente de trabalho.

Descritores: Ergonomia; Trabalho; Remoto; Saúde do Trabalhador; Saúde Coletiva.



Introduction

Ergonomics is the science that studies the efficiency of people in their workplace, in addition to planning what could be done to make them more productive. In simple terms, an ergonomic study is conducted to determine if an employee is working at his full capacity under the working conditions offered to him. If the study concludes that productivity would increase and the employee would benefit from a change in supplies, such as a chair, table, mouse, monitor, gym, etc.; necessary changes must be carried out to ensure that the employee does not suffer any harm and is able to achieve maximum productivity¹.

The general objective of this work is to characterize and analyze the occupational activity from the worker's ergonomic point of view. The specific objectives are: to identify and describe the importance and procedures that must be adopted in ergonomics; analyze and identify adverse conditions and good practices at work from the perspective of health and safety at work and describe how ergonomics can be inserted in remote work.

The psychodynamics of work and ergonomics speak and defend complementary ideas, important for the study of the work context. Ergonomics contributes to the bias towards adapting work to man. In this way, it favors the transformation and recovery of workers' health. Psychodynamics, in turn, contributes through the study of mediation strategies for the re-signification of suffering at work^{1,2}.

Methodology

Para obter uma maior estabilidade quanto aos contents presented, a reflection study was carried out based on a literature review, highlighting the main concepts and analyzes of renowned authors in the field of occupational health. It was based on works published over the last 20 years, understanding and measuring some of the most relevant aspects of ergonomics.

The present study was carried out in the period between February and May 2022.

The study presents its relevance from the moment that the new coronavirus pandemic brought about a general reinvention of all ways of working, studying, living. Even with the reduced epidemiological curve, that is, ending the apex of the waves suffered, the changes made in the work and education processes remained. Much is said about the mental health of workers in the pandemic, however, ergonomics is one of the aspects to be evaluated to guarantee the safety and quality of work, study and life of those involved³.

Results and Discussion

Worker's health in the face of the new coronavírus

The right to health is a fundamental right that aims to guarantee life. This is a social right, which corresponds to mandatory provisional practices from the perspective of the State, of care and observance of the citizen^{4,5}.

In Brazil, universal health care is provided by the Unified Health System (SUS), established by Law No.

8080/1990, in order to comply with the provisions of Art. 196 of the Federal Constitution of 1988, which provides that health, in addition to being a right for all, is also a duty of the State^{6,7}.

By expressly making health a social right, the Constitution considered these rights as "positive benefits provided by the State directly or indirectly, set out in constitutional norms, which provide better living conditions for the weakest, tending to equalize unequal social situations"8:286-287.

The CRFB/88 provides that it is the duty of the State to guarantee the right to health by making use of social and economic policies with a view to reducing the risk of diseases and other injuries. For this reason, universal access to health services must be given on an equal basis, putting into practice the actions and providing the services that are necessary for the protection, promotion and recovery of the user's health⁷.

Having presented these brief notions about the right to health, the new coronavirus pandemic is contextualized before moving on to the analysis of the increase in risk factors for workers' health.

It is known that from March 11, 2020, when the World Health Organization (WHO) announced a global pandemic caused by the new coronavirus (SARS-CoV-2), an unprecedented historical period has been experienced. The disease grew rapidly in all countries, regardless of their economic power, causing chaos in public health and loss of life; unprotecting formal workers and throwing informal ones into misery.

It should be noted that the outbreak of the new coronavirus, which started in China in December 2019, arrived in Brazil at the beginning of the year and claimed its first victim in March, whose infection resulted from a trip abroad. However, the second victim, a domestic worker, contracted the disease in the exercise of her work, which implies that the environment and working conditions became the locus of disease dissemination. This brings enormous challenges to market segments that develop essential services and continue to operate in person. For essential services, pursuant to Art. 3, § 1 of Decree No. 10,282/20 means "those essential to meet the urgent needs of the community, thus considered those that, if not met, endanger the survival, health or safety of the population" of the community of the population" of the population" of the community of the population" of the population.

The biggest challenge in facing the pandemic was the maintenance of essential activities and the protection of the worker's health, requiring concentrated efforts from the employer and the employee, as well as from the State, with a view to defining, implementing and supervising safety measures. Certainly, no society or industry was prepared for the economic and social collapse resulting from the pandemic. Not even Labor Law was prepared to deal with this new socioeconomic reality.

In this context, the International Labor Organization (ILO) has recommended social dialogue between governments, employers and workers, in order to review their pacts and reach an acceptable level of solution for the pandemic, with the preservation of the greatest asset that is life. human. In turn, the Union has regulated formal labor



Bogossian T

relations through Provisional Measures; while entities and institutions have dictated protocols and recommendations to professionals, aimed at adopting preventive measures.

On the other hand, precarious work situations are reported every day, especially in the health area, in which professionals have direct contact and perform very high-risk procedures on patients. In this sense, trade unions and the Public Prosecutor's Office have received complaints for noncompliance with protective measures, neglected by employers. And in the Brazilian scenario, green and yellow have turned brown, and the biggest pandemic seems to be the political crisis, given the neglect of authorities and the head of the Executive Branch, to the thousands of deaths of victims of COVID-19. The actions taken by government officials, not infrequently, the result of political divergences, added to attempts to manipulate COVID-19 numbers (infected and deaths), reports of overbilling and misappropriation of public funds, demonstrate this neglect; while the population pays with its own life for the lack of ethical commitment of those who have the duty to guarantee their rights^{3,10}.

Meanwhile, several branches of activity that include the so-called essential services, including the retail sector, have managed to adopt measures to maintain the distance between the worker and the public they serve, minimizing the risks of contamination. In contrast, the health segment whose professionals are more vulnerable due to the high risk of infection, protective measures tend to compose a list of recommendations that are not always met. Among the factors pointed out by the Federal Council of Nursing (COFEN), which contribute to the infection of thousands of professionals, are the lack of PPE, the failure to immediately leave those professionals belonging to the risk group and the lack of adequate training. This shows the degree of professional appreciation, as well as the disrespect for the right to life, safety and health of those who fight to save the lives of thousands of Brazilians¹¹.

But the problems do not stop there. It's not just health professionals who suffer the catastrophic effects of the pandemic. A large number of workers have been injured. Thus, from January to May 2020, according to data from the Superior Labor Court (TST), the Labor Court - including all Brazilian labor courts and courts – received almost 8 million lawsuits. In addition, due to social isolation, many companies closed their doors and fired employees. For this reason, 22.9% of the total number of lawsuits in the Labor Court are to collect severance payments owed by employers¹².

Not even the USA, the greatest economic power in the world, was immune to the effects of COVID-19. According to the Department of Labor of this country, from 24 to 30.05.2020, 1.9 million people filed for unemployment insurance. Since the end of March, more than 42 million Americans have lost their jobs¹³.

The picture, in general, is not encouraging and the impacts of the crisis on the labor market are historical. But, if nothing really will be like before, at least two points need to be urgently placed as priorities: the revaluation of employment protection policies and the improvement of social protection systems.

Increased risk factors for workers' health

Of all activities considered essential, those related to health expose workers to greater risks than the rest of the population. In normal work situations, in addition to physical, chemical and biological risks, they are more exposed to psychosocial risks, understood as those resulting from "deficiencies in the conception, organization and management of work, as well as the social context of problematic work [...]"14:70.

Thus, most of these risks are related to interactions between work content and precarious working conditions, poor management and communication practices, lack of support for carrying out tasks, making rational decisions with scarce resources, aggression from patients' relatives, among many others.

In this context, risks of accidents with biological fluids, high levels of stress and anxiety can lead to temporary or permanent physical or mental disabilities. A study carried out before the pandemic "shows that mental and behavioral disorders appear as the fifth most common occurrence in nursing workers" 15:680. With the pandemic crisis, the tendency is to increase the number of occurrences.

A recent survey carried out by the Associação Paulista de Medicina (APM) in May of this year, shows that "86.6% of the physicians interviewed have the perception that their colleagues are apprehensive, depressed, dissatisfied and angry"16.

Undoubtedly, in the pandemic period, especially health professionals who are on the front lines of the fight against COVID-19, have increased risk factors given the conditions and labor relations, most of the time precarious. In addition to the risks of contracting the disease, there are factors resulting from the pandemic that have an impact on workers' health, such as long and exhausting working hours, fatigue and high levels of stress; lack of rest, inadequate sleep and use of psychoactive drugs; lack of PPE and failure to use standard measures; risk denial, as a way of dealing with fear and anxiety in direct contact with patients on a large scale; discrimination and psychological violence 17,18.

In this sense, the preservation of workers' physical and mental health depends on factors beyond their control, which tend to increase stress and worsen clinical conditions, causing illness and absence from work^{17,18}.

Protective measures and their effectiveness

As scientific data and concrete cases show, the new coronavirus proliferates very quickly, causing a high number of deaths and leading the health systems of several countries, such as Brazil, to collapse. Aware of this global scenario and concerned about the health and safety of workers, international organizations have been taking a stand to issue measures and recommendations aimed at reducing the risks of contamination and protecting workers.

In this wake, Occupational Safely and Health (OSHA) made a great contribution by classifying risks according to the occupation of workers into four categories, namely: a) very high exposure risk group, in which professionals work with a high contact potential in confirmed or suspected cases of coronavirus, collecting specimens, performing



authorities and scientific publications about COVID-19 to guide their conduct and decisions "21.

medical procedures, laboratory tests or autopsy; b) high risk of exposure, referring to support professionals who work in contact with confirmed or suspected COVID-19 patients, transporting patients, preparing bodies for cremation or burial; c) medium exposure risk group in which the work requires close contact (less than two meters) with people who may be infected, such as those who work in retail trade, cleaning staff; and low risk group that includes employees who do not require contact with suspected cases¹⁹.

In general, this classification has been based on recommendations to companies and unions, in a succinct way, but which are decisive for controlling the proliferation of the new coronavirus. Joint Technical Note 02, of March 13, 2020 – PGT/CODEMAT/CONAP of the Public Ministry of Labor -, brought recommendations for security measures to be adopted by companies from different sectors, among which stand out:

"PROVIDE washbasins with water and soap and sanitizers (70% alcohol or others suitable for the activity); ADOPT measures that imply changes in the work routine, for example, a flexible working hours policy [...] ESTABLISH a flexible working hours policy for workers to care for sick family members or those in a situation of vulnerability to infection by the coronavirus and for them to comply quarantine and other guidelines from health services [...] FOLLOW the contingency plans recommended by local authorities in cases of epidemics, such as: allowing absence from work, organizing the work process to increase the distance between people and reduce the required workforce, allow remote work; ADOPT other measures recommended by local authorities, in order to protect vulnerable groups and mitigate community transmission; WARN the managers of service provision contracts, when outsourced services are provided, regarding the responsibility of the contracted company to adopt all the necessary means to raise awareness and prevent its workers about the risks of contagion of the new coronavirus (SARS-COV-2) and the obligation to notify the contracting company when a worker is diagnosed with the disease (COVID-19)″²⁰.

It can therefore be said that the MPT has adopted an active role in disclosing guidelines to the company and workers and in overseeing the implementation of measures, in order to obtain greater effectiveness in the control of preventive actions. In addition to propositional measures, the MPT has dealt with complaints from workers against companies that fail to comply with decrees by municipal and state authorities aimed at containing the spread of the pandemic²⁰.

The National Association of Occupational Medicine (ANAMT) released on March 16, 2020, the ANAMT Recommendation No. 1/2020 containing guidelines for occupational physicians, in order to strictly follow safety measures and prepare guidelines accordingly with sanitary norms that must be adopted by the companies. Among the recommendations, the following stand out:

"[...] the clinical screening service for workers who, during the service, have flu-like symptoms; providing the necessary assistance at the primary care level, so as not to overload the health system; establish, together with managers, guidelines for cases with flu symptoms; remove the worker who has symptoms of COVID-19; to suspend its activities in the event that there are no adequate safety conditions for the care of workers with flu-like symptoms; stay up to date on the recommendations of health

In turn, the National Health Council, through Technical Opinion No. 128/2020, which provides for the physical and psychological protection of health professionals in the face of the new coronavirus pandemic, brought several protective measures to combat the coronavirus, of which it is worth highlighting: adequate training in the management and treatment of infected people; effective practices to combat the spread of the virus; use PPE suitable for the risks to which workers are exposed; measures for identifying and managing risks in employee exposure; guarantee of diagnostic and therapeutic support services, among others²².

With regard to mental health care, in addition to access to specialized services, the report provides for work management actions aimed at the overload produced by the pandemic:

"a) in terms of workload; b) in terms of the stigma and segregation that the disease produces in sick people and in those who provide care; c) in relation to the imaginaries that are mobilized by news about the progress of the pandemic and by false news disseminated by different sources; d) in relation to the interference that the pandemic produces in the family and social life of workers; e) in relation to the consequences of social distancing and isolation of workers, as well as the losses of close people and family members that will also happen to health workers; f) in relation to the uncertainties that the current moment produces in those who deal with clinical decisions mediated by knowledge that changes very quickly and by fake news that spread rumors and generate insecurity and interpersonal violence; among other aspects"²².

As for the organization of work, the Technical Opinion advises that mental health should be a constant, urgent and essential concern, following the WHO guidelines aimed at the health of workers, and the promotion of a healthy work environment. In this context, it is extremely important to monitor overload and work-related stress; adopt procedures for self-assessment of health and isolation when the employee is sick; and raise the level of trust among the team. The greater the confidence in the information conveyed and in individual and collective protection, the greater the safety climate for the development of work and the lesser the impact on physical and mental health ^{17,18,22}.

Finally, it is worth highlighting Joint Ordinance No. 20, of the Ministry of Economy/Special Secretariat for Social Security and Labor, of June 18, 2020, which establishes a list of preventive measures, for controlling and reducing the risks of transmitting the new coronavirus. Among the measures are: prevention and early identification guidelines, as well as removals of workers with signs and symptoms of COVID-19; promotion of vaccination and laboratory testing; hand hygiene and respiratory etiquette; hygiene, ventilation and disinfection of environments; risk group workers; Personal protective equipment; cafeterias, locker rooms, transportation provided by the company and measures to resume activities²³.

There is an extensive list of recommendations and norms in force in the pandemic scenario, seeking to mitigate



the risks of contamination and safeguard the health of the employee. However, its effectiveness has to be questioned. In practice, there is a large gap between such recommendations and the factual reality of many work environments. Thus, it can be said that the effectiveness of the recommendations and protection measures are intrinsically related to the ethical issues that place the dignity of the human person at the center of the pandemic.

Telecommuting in the pandemic

Teleworking was endorsed by Law n.º 13.467/17, Art.75-B, recently partially modified by the already revoked Provisional Measure n.º 927/2020, proposed and published by the current President of the Republic, Mr. Jair Messias Bolsonaro, with the aim of making this form of work adjustment unilateral, previously only allowed through a bilateral agreement of will, either through a main employment contract or through a contractual amendment. However, this MP expired on July 19, 2020 because it was not voted in time by the Federal Senate²⁴.

Based on this, it can be said that teleworking was of enormous importance for the development, advancement and impulse of forms of work in Brazil, starting to provide greater legal certainty to guarantee the minimum fundamental rights within society, especially within of the labor sector, being predominantly used during the pandemic period due to COVID-19, increasing the occurrence of moral harassment, especially due to the violation of the right to disconnect.

This concern with the right to rest continued to expand with the new coronavirus pandemic, in which a significant number of people began to carry out their activities at home. Also, authors²⁵ point out that the right to disconnect is intrinsically related to the fundamental rights related to health, hygiene and safety at work, in addition to the right to have a limited working day, the right to rest, vacations, protection against diseases and accidents at work and the right to privacy and privacy.

The worker who fulfills exhausting working hours is more susceptible to being victimized by accidents at work. This is due to fatigue and occupational stress that arise as a result of excessive work. There is even talk of burnout syndrome, an illness arising from the absence of obstacles to the connection established between employees and the company, a hypothesis in which they are completely exhausted, without energy to carry out any activities properly^{11,18,26}.

The right to adequate rest, therefore, directly affects the health of the worker and the safety of the work environment, reducing the risks inherent to this and safeguarding an environment conducive to regulating the development of activities, without compromising the psychophysical health of the worker²⁷.

That said, the right to disconnect is also based on the right to mitigate work-related risks, through the adoption of health, hygiene and safety standards, since only with disconnection can workers recover from fatigue caused by work activities. Thus, both your health and your safety will be protected by reducing the chances of accidents at work.

From the foregoing, it is observed that companies must implement preventive measures against moral harassment aimed not only at workers who carry out their work in person, but also those who perform telework and, in this context, it is recommended that ergonomics be applied.

Ergonomics and remote work

Unfortunately, in many workplaces, ergonomic analyzes are neglected, resulting in employees who develop long-term back pain, carpal tunnel syndrome, neck pain, vision problems, among other comorbidities, which lead to absence from work and early retirement. There are many benefits of working in an ergonomic environment, the main ones being: reducing costs, increasing productivity, increasing employee satisfaction and improving the quality of life at work¹.

The more ergonomic the work environment, the lower the absenteeism and number of claims a company faces. Providing employees with a comfortable workspace reduces the risk of occupational illnesses while still making the employee feel valued by the company.

The acceptable rate of absenteeism would be approximately 1.0%, however some work activities, such as the civil construction sector, absenteeism rates reach very high levels, around 3 to 4%. In companies whose employee absenteeism rate exceeds 5%, it is important to recognize that something is misaligned, with repercussions on costs due to the need to hire more labor, the costs of stopped machinery, orders placed on hold and dissatisfied customers²⁸.

The aim is, through research, to encourage reflection and the possible transformation of a work context that possibly makes you sick, considering that ergonomics is essential to minimize problems arising from professional activity due to ergonomic issues.

According to data released by Social Security, in the 1st quarter of 2016 approximately 24,000 leaves were recorded, which on average makes 269 workers on leave every day (one leave per minute) due to back problems²⁹.

The concept of ergonomics was introduced in 1948 due to the American space capsule project, when man tried to adapt any type of machine or environment to human characteristics..

"As a result of the discomfort experienced by the astronauts in the first prototype of the space capsule, there was a need to replan the time and means for the trip to space. Consequently, the anthropometric assessment began, based on the idea that the fundamental thing is not to adapt man to work, but on the contrary, to seek to adapt working conditions to the human being "30-90".

The Associação Brasileira de Ergonomia (ABERGO) delimits ergonomics as the study of the relationship between people and technology, organizations and the environment to implement interventions and projects that aim to improve, in an integrated and not dissociated way, safety, comfort, the well-being and effectiveness of human activities².



According to a researcher¹, the term Ergonomics originates from the Greek words ergon (work) and nomos (rules, norms).

"This term was adopted in the main European countries, where the International Ergonomics Association (IEA) was founded, which currently represents associations from 40 countries, with a total of 19,000 members." 31:1.

By another researcher, ergonomics can be defined:

"[...] as an anthropocentric scientific approach that is based on interdisciplinary knowledge of the human sciences to, on the one hand, make products and technologies compatible with the characteristics of users and, on the other hand, humanize the sociotechnical context of work, adapting it o both the objectives of the subject and/or group, as well as the demands of the tasks"^{2:21}.

It is a scientific branch that studies the relationship between workers and the Context of Production of Goods and Services (CPBS). It aims at action and transformation, in addition to the point of view that work should be adapted to man and not man to work. It is seen, therefore, as a device for transforming the situation and restoring workers' health. And this happens through the analysis of concrete work situations, the visible, manifest, observable, and the search for individual and collective operative mediation strategies².

Ergonomics studies several aspects: body posture and movement (sitting, standing, pushing, pulling and lifting

weights), environmental factors (noise, vibration, light, climate, chemical agents), information (by the following staff. The information captured (visual, auditory and other senses), controls, relationships between dials and controls, as well as roles and tasks (appropriate tasks, interesting roles). The right combination of these factors allows us to design safe, healthy, comfortable and efficient environments at work and in daily life²⁸.

Conclusion

Work safety procedures and systems have become an essential component of the activities promoted in the business market, since they grant workers greater security within the business environment and make the activities promoted by them safer over time. Something that can still motivate workers to carry out their activities.

Through safety programs and equipment, companies seek to promote employee safety and prevent them from taking unnecessary risks, always checking which equipment can provide greater assistance to employees in terms of safety and efficiency of their activity..

Some scholars and researchers consider that legislation, programs and safety procedures are a response of the legislative power to the needs presented by workers, as well as a way to minimize the large numbers of accidents at work caused by the lack of safety instruments within productive or business routines.

References

- 1. Grandjean E. Manual de Ergonomia: adaptando o trabalho ao homem. 4. ed. Porto Alegre: Bookman; 2018.
- Ferreira MC. A ergonomia da atividade se interessa pela qualidade de vida no trabalho? Reflexões empíricas e teóricas. Cadernos de Psicologia Social do Trabalho [Internet]. 2018 [acesso em 22 set 2022];11(1):83-99. Disponível em: http://pepsic.bvsalud.org/scielo.php?pid=S1516-37172008000100007&script=sci_abstract
- Silva WBH, Côrtes EMP, Marta CB, Francisco MTR, Silva PO, Santos RM, Ferreira MA, Neves MP, Lima TA, Machado PRF. Reinvenção das ligas acadêmicas em período de pandemia e interrupção das aulas presenciais. Glob Acad Nurs. 2020;1(3):e51. https://dx.doi.org/10.5935/2675-5602.20200051
- 4. Sarlet IW, Figueiredo MF. Reserva do possível, mínimo existencial e direito à saúde: algumas aproximações. In: SARLET, Ingo Wolfgang; TIMM, Luciano Benetti (Orgs.). Direitos fundamentais: orçamento e "reserva do possível". Porto Alegre: Livr. do Advogado; 2013.
- 5. Barroso LR. Da falta de efetividade à judicialização excessiva: Direito à saúde, fornecimento gratuito de medicamentos e parâmetros para a atuação judicial. In: TOLEDO, Cláudia (org.). Direitos Sociais em Debate. Rio de Janeiro: Elsevier; 2013.
- 6. Brasil. Lei 8080 de 19 de setembro de 1990, Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Brasília (DF): Planalto; 1990.
- 7. Brasil. Constituição 1988. Constituição da República Federativa do Brasil. Brasília (DF): Senado; 1988.
- 8. Silva SFG. Saneamento básico como um direito fundamental do cidadão. Dourados: Universidade Estadual de Mato Grosso do Sul; 2018.
- 9. Brasil. Decreto n.º 10.282, de 20 de março de 2020. Regulamenta a Lei n.º 13.979, de 6 de fevereiro de 2020, para definir os serviços públicos e as atividades essenciais. Brasília (DF): Planalto; 2020.
- 10. Marta CB, Silva WBH, Côrtes EMP, Machado TO, Francisco MTR, Silva PO, Santos RM, Ferreira MA, Behring LPB, Neves MP. Telemonitoramento: análise da percepção dos acadêmicos de enfermagem frente à pandemia da COVID-19. Glob Acad Nurs. 2020;1(3):e52. https://dx.doi.org/10.5935/2675-5602.20200052
- 11. Silva RR, Silva LA, Oliveira ES, Silva Junior MD, Silva MVG, Ribeiro AA. Carga psicossocial e Síndrome de Burnout em profissionais de saúde no combate à pandemia de COVID-19. Glob Acad Nurs. 2021;2(Spe.2):e118. https://dx.doi.org/10.5935/2675-5602.20200118
- 12. Máximo W. Trabalhadores autônomos foram mais prejudicados por pandemia em 2020. Agência Brasil [Internet]. 2021 [acesso em 22 set 2022]. Disponível em: https://agenciabrasil.ebc.com.br/economia/noticia/2021-04/trabalhadores-autonomos-foram-mais-prejudicados-por-pandemia-em-2020
- 13. Canovas LS, Nascimento PA, Souza ER, Perez LR, Santos ITS, Hernandes VR. A nova economia e seus efeitos durante e pós pandemia. Faculdades dos Grandes Lagos; 2021.



- 14. Teixeira JRB, et al. Associação entre aspectos psicossociais do trabalho e qualidade de vida de mototaxistas. Cadernos de Saúde Pública. 2015;31(1). http://dx.doi.org/10.1590/0102-311x00214313
- 15. Bernardes CL, Vasconcelos LHS, Silva SM, Baptista PCP, Felli VEA, Putisglione M, Munhoz R, Coa TF. Agravos à saúde dos trabalhadores de enfermagem em uma instituição pública de ensino. Rev Esc Enferm USP. 2014;48(4):676-82. DOI: 10.1590/S0080-623420140000400015
- 16. Collucci C. Só 15% dos médicos brasileiros se dizem capazes de atender pacientes com coronavírus, aponta pesquisa. Folha de São Paulo [Internet]. 2020 [acesso em 22 set 2022]. Disponível em: https://www1.folha.uol.com.br/equilibrioesaude/2020/04/so-15-dos-medicos-brasileiros-se-dizem-capazes-de-lidar-com-coronavirus-aponta-pesquisa.shtml
- 17. Teixeira CFS, Soares CM, Souza EA, Lisboa ES, Pinto ICM, Andrade LR, Espiridião. A saúde dos profissionais de saúde no enfrentamento da pandemia de COVID-19. Ciênc. Saúde coletiva. 2020;25(9). https://doi.org/10.1590/1413-81232020259.19562020
- 18. Lentz GNS, Batista EA, Zanon J, Silva LF. As implicações emocionais na saúde dos enfermeiros durante a pandemia do SARS-CoV-2. Glob Acad Nurs. 2021;2(1):e80. https://dx.doi.org/10.5935/2675-5602.20200080
- 19. Escola Nacional de Saúde Pública Sérgio Arouca. Rede de informação sobre a exposição ao agente SARS-CoV-2 no trabalho lança primeiro informe. Escola Nacional de Saúde Pública Sérgio Arouca/ Fiocruz [Internet]; 2020 [acesso em 12 set 2022]. Disponível em: https://informe.ensp.fiocruz.br/noticias/48916
- 20. Ministério Público do Trabalho (BR). Nota Técnica Conjunta n.º 02/2020 PGT/CODEMAT/CONAP. Nota Técnica para a atuação dos membros do Ministério Público do Trabalho em face da declaração de pandemia da doença infecciosa (COVID 19) do novo coronavírus, declarada pela Organização Mundial de Saúde OMS [Internet]. Brasília (DF): PGT/CODEMAT/CONAP; 2020 [acesso em 22 set 2022]. Disponível em: https://mpt.mp.br/pgt/noticias/nota-tecnica-conjunta-02-2020-pgt-codemat-conap-1.pdf
- 21. Associação Nacional de Medicina do Trabalho (ANAMT). Recomendação n.º 0001, de 16 de março de 2020. Dispõe sobre o atendimento aos trabalhadores com sintomas gripais [Internet]. Brasília (DF): ANAMT; 2020 [acesso em 25 set 2022]. Disponível em: https://www.anamt.org.br/portal/wp-content/uploads/2020/03/RECOMENDACAO 1 ANAMT 2020 v1.pdf
- 22. Conselho Nacional de Saúde (BR). Recomendação n.º 020, de 07 de abril de 2020. Recomenda a observância do Parecer Técnico nº 128/2020, que dispõe sobre as orientações ao trabalho/atuação dos trabalhadores e trabalhadoras, no âmbito dos serviços de saúde, durante a Emergência em Saúde Pública de Importância Nacional em decorrência Doença por Coronavírus COVID-19 [Internet]. Brasília (DF): CNS; 2020 [acesso em 15 set 2022]. Disponível em: https://conselho.saude.gov.br/recomendacoes-cns/1103-recomendac-a-o-no-020-de-07-de-abril-de-2020
- 23. Ministério da Saúde (BR). Portaria Conjunta MS/SEPRT n.º 20, de 18 de junho de 2020. Estabelece as medidas a serem observadas visando à proteção, controle e mitigação dos riscos de transmissão da COVID-19 nos ambientes de trabalho (orientações gerais) [Internet]. Brasília (DF): MS/SEPRT; 2020 [acesso em 15 set 2022]. Disponível em: https://www.legisweb.com.br/legislacao/?id=397143
- 24. Brasil. Medida Provisória n.º 927, de 22 de março de 2020. Dispõe sobre as medidas trabalhistas para enfrentamento do estado de calamidade pública reconhecido pelo Decreto Legislativo n.º 6, de 20 de março de 2020, e da emergência de saúde pública de importância internacional decorrente do coronavírus (COVID-19), e dá outras providências [Internet]. Brasília (DF): Planalto; 2020 [acesso em 16 set 2022]. Disponível em: https://www.in.gov.br/en/web/dou/-/medida-provisoria-n-927-de-22-de-marco-de-2020-249098775
- 25. Almeida DFV, Colnago LMR. O teletrabalho, o direito à desconexão do ambiente de trabalho e os possíveis meios de inibição da prática. Revista de Direito do Trabalho [Internet]. 2016 [acesso em 14 set 2022];169(42),:113-126. Disponível em: https://juslaboris.tst.jus.br/handle/20.500.12178/93846
- 26. Dallegrave Neto JÁ. O teletrabalho: importância, conceito e implicações jurídicas. Revista Fórum Trabalhista [Internet]. 2013 [acesso em 15 set 2022];2(5). Disponível em: https://juslaboris.tst.jus.br/handle/20.500.12178/93895
- 27. Leão AJL, Pereira MJB, Oliveira TS. A flexibilização do tempo mínimo do intervalo intrajornada e a violação ao direito fundamental à redução dos riscos inerentes ao trabalho. Revista Jurídica do Nordeste Mineiro [Internet]. 2020 [acesso em 14 set 2022];2. Disponível em: https://revistas.unipacto.com.br/storage/publicacoes/2020/468_a_flexibilizacao_do_tempo_minimo_do_intervalo_intrajornada_e_a_vio laca.pdf
- 28. Masculo FS, Vidal MC. Ergonomia: trabalho adequado e eficiente. Rio de Janeiro: Elsevier Brasil; 2013.
- 29. Minardi FF. Meio Ambiente do Trabalho. Curitiba: Juruá Editora; 2010.
- 30. Mendes AR, Leite NL. Ginástica Laboral: Princípios e aplicações práticas. Barueri: Manole; 2004.
- 31. Dul J, Weerdmeester B. Ergonomia prática. São Paulo: Edgard Blücher; 2004.

