



CASE STUDY

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PSYCHOSOCIAL RISKS IN THE PERFORMANCE OF THE MEMBERS OF THE PUBLIC PROSECUTION SERVICE OF THE STATE OF PARÁ

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ARTICLE INFO

Article History:

Received 14th October, 2019
Received in revised form
20th November, 2019
Accepted 21st December, 2019
Published online 29th January, 2020

Key Words:

Work; Occupational health; Mental health;
Depression; Psychosocial risks.

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ABSTRACT

The reasons why people seek medical and psychological care, temporary leaving their job functions, require attention by the institution's managing body, and the descriptive knowledge of such problems is an important step for coping with them, according to the data presented on the members of the *Ministério Público Estadual* (Brazilian Government Agency for Law Enforcement and Prosecution of Crimes at State level), which shows prevalence of women being cared for and of the 41-60 years old age group, with possible evidence of psychosocial risks at work.

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Citation: Marilze Ribeiro Bitar and Freitas-Rosário, H. R. M. 2020. "Psychosocial risks in the performance of the members of the public prosecution service of the state of Pará", *International Journal of Development Research*, 10, (01), 33224-33226.

INTRODUCTION

The members of the *Ministério Público do Estado do Pará* (Public Prosecution Service of the State of Pará) have at their disposal medical, dental and psychological care, provided by professionals working in the Dental Medical Department of the institution. The case study was conducted in order to find out if the data obtained from the Department regarding medical and psychological consultations could be related to the number of days of absence from work, considering the absenteeism data from medical certificates (sick notes). In the Department, medical specialties such as cardiology, pediatrics and gynecology are available. As for the psychological support, it occurs through clinical consultation, considering the spontaneous demand of interested members, or even the medical referral. The case study considered the *Procuradores de Justiça* (Appellate Prosecutor or Attorneys) and *Promotores de Justiça* (State Prosecutors) of the Public Prosecution Service of the State of Pará (MPPA), cared for at the Dental Medical Department (DMO), from 2013 to 2018. The research is exploratory and descriptive, based on data collection on the situation of the medical and psychological care, and absenteeism observed in the functional performance of members of the MPPA, using a quantitative approach through descriptive statistical analysis.

The data presented refer to the amount of medical care provided (Figure a), psychological care (Figure b) and data on absenteeism (Figure c). Absenteeism refers to the days of absence from work, with the issuance of a medical certificate or "sick note". Analyzing the medical care provided, shown in Figure a, and presented by gender, age, number of members who received medical care and number of care provided, year by year, it can be observed that the majority of patients is female, except for 2017, which presented an insignificant difference (83 women and 84 men). The age group that concentrates the largest number of people who received medical care, in both sexes, is 41 to 60 years of age. The year in which the largest number of patients occurred was 2014, with 106 female members being cared for, and 2015, with 93 male members. Analyzing the psychological care provided, shown in Figure b, and presented by gender, age, number of members cared for and number of care provided, year by year, it can be observed that the largest number of people cared for is female, except for 2015, with a slight difference of 7 women and 11 men. The age group that concentrates the largest number of people cared for, in both sexes, is 41 to 60 years of age. The year in which the highest number of consultations occurred was 2013, with 12 female members, and 2015, with 11 male members. Regarding the data on absenteeism, shown in Figure c, and presented by sex, age, number of members

Figure a. Number of members (Attorneys and Prosecutors) who sought medical attention in relation to the number of consultations, from 2013 to 2018, divided by gender

Gender		2013		2014		2015		2016		2017		2018	
		N. of Members	N. of medical care	N. of Members	N. of medical care	N. of Members	N. of medical care	N. of Members	N. of medical care	N. of Members	N. of medical care	N. of Members	N. of medical care
Female	0-20	-	-	-	-	-	-	-	-	-	-	-	-
	21-40	26	73	25	81	24	68	13	30	13	30	12	21
	41-60	52	217	60	257	54	223	59	198	48	178	55	206
	+60	17	104	21	134	20	155	21	160	22	137	25	141
	Total	95	394	106	472	98	446	93	388	83	345	92	368
Male	0-20	-	-	-	-	-	-	-	-	-	-	-	-
	21-40	14	51	10	47	18	41	12	35	11	35	8	27
	41-60	57	255	59	208	56	222	54	234	57	237	51	266
	+60	13	100	17	141	19	128	16	95	16	109	24	110
	Total	84	406	86	396	93	391	82	364	84	381	83	403
Total		179	800	192	868	191	837	175	752	167	726	175	771

Source: Prepared by the authors (2019), based on data provided by the Department of Dental Medicine - DMO

Note: Conventional signal used: (-) There were no recorded cases.

Figure b. Number of members (Attorneys and Prosecutors) who sought psychological care in relation to the number of consultations, from 2013 to 2018, divided by gender

Gender		2013		2014		2015		2016		2017		2018	
		N. of Members	N. of medical care	N. of Members	N. of medical care	N. of Members	N. of medical care	N. of Members	N. of medical care	N. of Members	N. of medical care	N. of Members	N. of medical care
Female	0-20	-	-	-	-	-	-	-	-	-	-	-	-
	21-40	3	40	3	48	2	35	2	30	1	9	1	8
	41-60	7	125	4	124	4	102	6	149	8	150	8	123
	+60	2	22	1	15	1	11	1	15	1	17	1	15
	Total	12	187	8	187	7	148	9	194	10	176	10	146
Male	0-20	-	-	-	-	-	-	-	-	-	-	-	-
	21-40	-	-	1	19	-	-	-	-	1	3	1	4
	41-60	6	87	6	90	10	92	5	37	5	57	7	104
	+60	-	-	-	-	1	2	1	1	-	-	1	11
	Total	6	87	7	109	11	94	6	38	6	60	9	119
Total		18	274	15	296	18	242	15	232	16	236	19	265

Source: Prepared by the authors (2019), based on data provided by the Department of Dental Medicine - DMO

Note: Conventional signal used: (-) There were no recorded cases.

Figure c. Absenteeism of members (Attorneys and Prosecutors), in relation to the number of certificates and days of absence, from 2013 to 2018, divided by gender

Sexo / Faixa etária		2013			2014			2015			2016			2017			2018		
		Qt. Membros	Qt. Atestados	Qt. Dias ausentes	Qt. Membros	Qt. Atestados	Qt. Dias ausentes	Qt. Membros	Qt. Atestados	Qt. Dias ausentes	Qt. Membros	Qt. Atestados	Qt. Dias ausentes	Qt. Membros	Qt. Atestados	Qt. Dias ausentes	Qt. Membros	Qt. Atestados	Qt. Dias ausentes
Feminino	0-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	21-40	43	134	2341	37	121	2243	32	105	1734	32	91	1297	35	122	1060	36	107	713
	41-60	38	107	922	34	122	635	42	120	918	45	113	1016	46	157	1378	58	169	1583
	+60	4	4	16	6	8	77	7	9	76	6	10	124	9	19	373	4	10	89
	Total	85	245	3279	77	251	2955	81	234	2728	83	214	2437	90	298	2811	98	286	2385
Masculino	0-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	21-40	17	46	849	14	38	1039	18	33	388	21	53	668	19	38	350	30	51	586
	41-60	32	81	726	25	53	505	28	51	507	29	49	454	35	72	846	31	78	841
	+60	5	10	44	3	7	0	5	8	50	4	8	87	5	12	271	4	10	148
	Total	54	137	1619	42	98	1544	51	92	945	54	110	1209	59	122	1467	65	139	1575
Total		139	382	4898	119	349	4499	132	326	3673	137	324	3646	149	420	4278	163	425	3960

Source: Prepared by the authors (2019), based on data provided by the Department of Dental Medicine - DMO

Note: Conventional signal used: (-) There were no recorded cases.

cared for, number of medical certificates (sick notes) issued and number of days of absence from work, year by year, it can be observed that the largest number of people cared for in every year is female, making a significant difference. The age group that concentrates the largest number of medical certificates issued is 41 to 60 years of age in both sexes, except for 2013, in which there was a higher number of certificates issued in the age group of 21 to 40 years, for women. The year in which the highest number of certificates was issued was 2017, with 298 certificates for 90 female members, and 2018, with 139 certificates issued for 65 male members. When observing the number of days of absence from work, the total amount, year by year, is significant, with the year of 2013 having the highest number (4,898 days), and 2016 having the lowest, yet very significant number of days (3,646 days), considering female and male members. These numbers are equivalent to about 13 years of non-exercised activity, with remuneration. Such absences, however, cannot be named or even classified by us according to the International Classification of Diseases and Related Health Problems (ICD 10), considering that the motivation for seeking care and the issuance of the medical certificates (sick notes) is unknown to us. However, research already conducted, such as the work by Corrêa and Rodrigues (2017, p. 66), refer to the ever-increasing worldwide index of development of mental disorders among workers, indicating that there is a prevalence of depressive conditions in sick leave, based on data provided by the World Health Organization (WHO). The main psychosocial risks of work can be referred to as stress, burnout, bullying, sexual harassment, bullying, precarious employment, alienation, interpersonal conflict, discrimination, segregation, demotivation, cognitive and emotional exhaustion, musculoskeletal injuries and interference with personal and family life (NETO, 2015). By way of example, the consequences can be perceived from absenteeism, prolonged sick leave, sadness, depression, and cardiovascular, digestive, respiratory and muscle problems (NETO, 2015).

Depression is a mental disorder whose symptoms can be described as persistent sadness and loss of interest in ordinary activities, with the consequent inability to perform them for fourteen days or more (WHO, 2017). Other symptoms include "loss of energy, changes in appetite; sleeping more or less than you are used to; anxiety; reduced concentration; indecision; restlessness; feelings of worthlessness, guilt or hopelessness; and thoughts of self-harm or suicide" (WHO, 2017). Other health risks are also associated with depression, such as the use of chemicals and diseases like diabetes and heart disease, and it is possible to observe that people with this condition are more likely to develop the depressive disorder (WHO, 2017). According to WHO (2017; 2018), around 300 (three hundred) million people of various ages suffer from depression disorder, which is considered the leading cause of disability worldwide. Depressive disorder affects more women than men, although it is not possible to discriminate age, race or personal history, and causes suffering and dysfunction in their social environment, whether at work, home or school (WHO, 2017; 2018). Depression is considered by WHO (2018) to be a rising disorder in the world, along with other mental disorders, and its most effective coping has been carried out since 2013, when the "Mental Health Action Plan 2013-2020" was approved by the World Health Assembly, advocating comprehensive and coordinated care for mental disorders at the national level (WHO, 2013). The elaboration and publication of the Plan of Action aimed at ensuring the

commitment of all WHO Member States to create specific measures to improve mental health and contribute to the achievement of a set of global goals to achieve a better quality of life and health. The Plan of Action placed special emphasis on the protection of human rights, the strengthening and empowerment of civil society, centralizing and strengthening community-based attention (WHO, 2013). The establishment of clinics in communities is one of the premises of facing the problem, aiming to universalize medical care, as well as to guarantee universal health coverage, since the index of people with mental health care, throughout the life, is of one out of ten people, according to the 2017 Mental Health Atlas (WHO, 2018). The Pan American Health Organization (PAHO) report, "The Burden of Mental Disorders in the Region of the Americas, 2018," details strategies that can be implemented by countries in order to respond more consistently to the ills of mental disorders. It turns out that "while mental disorders account for more than a third of the total number of disabilities in the Americas, investments fall far short of what is needed to address their burden on public health" (PAHO, 2018). Neto (2015, p. 2) highlights that the psychosocial risks of work are little known or described, but there is always someone who has something to say about the subject, although little can "evaluate and intervene on the phenomenon". He also states that due to its low visibility, the phenomenon tends to be undervalued and even neglected (NETO, 2015). Thus, it is necessary to talk about the management of psychosocial risks that may be linked to the activity of Prosecutors in the Public Prosecution Service of the State of Pará (MPPA), within the labor context, from the study and evidence of the main risk factors underlying their functional performance, with particular attention required to the performance of female members, aged 41 to 60 years.

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