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ARTICLES

Occupational risk management and the new NR-1 as a strategy for psychosocial risk prevention: a focus on mental health and quality of life at work

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Abstract

This study aimed to analyze how the new version of Regulatory Standard No. 1 (NR-1) and Occupational Risk Management (GRO) can be used as psychosocial prevention strategies, focusing on the promotion of psychological well-being and quality of work life. This was an integrative literature review guided by the PICO strategy, with a survey conducted in the SciELO, Web of Science, and Google Scholar databases. Descriptors such as "quality of work life", "mental health", "psychosocial", "NR-1", and "occupational risk management" were used, combined with the Boolean operators AND and OR. Inclusion criteria encompassed full, free articles in Portuguese, authored by Brazilians and published in the first half of 2025. Results indicated that although the new NR-1 represents a normative advancement by recognizing psychosocial factors as part of occupational safety, its adoption in Brazilian organizations remains limited. Key barriers include a shortage of qualified professionals, institutional resistance to treating psychological well-being as an organizational responsibility, and the absence of standardized instruments both to manage the inclusion of psychosocial risk factors and to audit such factors. Therefore, the new NR-1 should be applied by organizations in an integrated and multidimensional manner, going beyond mere legal compliance. Implementing the standard requires companies to develop technical capabilities to identify, assess, and monitor risks related to psychological well-being, incorporating these aspects as priorities in internal policies and daily practices. Moreover, a cultural shift is necessary to value active listening to workers and recognition of subjective experiences, as well as the use of data to guide concrete interventions, avoiding bureaucratic or reductionist approaches that overlook the complexity of work-related suffering. Despite existing challenges, effective application of the new NR-1 represents an opportunity to transform occupational health management, promoting more humanized work environments, provided it is accompanied by technical training, cultural change, and greater interdisciplinary coordination.

Keywords: regulatory standard, occupational health, occupational safety, quality management system.

Gestão dos riscos no ambiente de trabalho e a nova NR-1 como estratégia de prevenção psicossocial: um enfoque sobre a saúde mental e a qualidade de vida no trabalho

Resumo

O objetivo desta pesquisa foi analisar como a nova versão da Norma Regulamentadora n.º 1 (NR-1) e a Gestão dos Riscos no Ambiente de Trabalho (GRO) podem ser utilizados como estratégias de prevenção psicossocial, com foco na promoção do bem-estar psicológico e na qualidade de vida no trabalho. Tratou-se de uma revisão integrativa de literatura, a qual foi orientada pela estratégia PICO, com levantamento realizado nas bases Scientific Electronic Library Online (SciELO), Web of Science e Google Acadêmico. Para o levantamento dos artigos, foram utilizados descritores como "qualidade de vida no trabalho", "saúde mental", "psicossocial", "NR-1" e "gerenciamento de riscos ocupacionais", combinados pelos operadores booleanos AND e OR. Os critérios de inclusão abrangeram artigos completos, gratuitos, em português, de autoria brasileira e publicados no primeiro semestre de 2025. Os resultados apontaram que, embora a nova NR-1 represente um avanço normativo ao reconhecer os fatores psicossociais como parte da segurança ocupacional, sua adoção nas organizações no Brasil ainda é limitada. Entre os principais entraves, destacam-se a escassez de profissionais capacitados, a resistência institucional em tratar o bem-estar psicológico como responsabilidade organizacional e a ausência de instrumentos padronizados tanto para gerir a inclusão dos fatores psicossociais de risco quanto para auditar tais fatores. Assim, a nova NR-1 deve ser aplicada pelas organizações de forma integrada e multidimensional, indo além do simples cumprimento legal. A implementação da norma exige que as empresas desenvolvam capacidades técnicas para identificar, avaliar e monitorar riscos relacionados ao bem-estar psicológico, incorporando esses aspectos como prioridades nas políticas internas e nas práticas diárias. Além disso, é necessária uma mudança cultural que valorize a escuta ativa dos trabalhadores e o reconhecimento das experiências subjetivas, bem como uma utilização dos dados para orientar intervenções concretas, evitando abordagens burocráticas ou reducionistas que desconsiderem a complexidade do sofrimento laboral. Assim, apesar dos desafios existentes, a efetiva aplicação da nova NR-1 representa uma oportunidade para transformar a gestão da saúde ocupacional, promovendo ambientes laborais mais humanizados, desde que acompanhada de capacitação técnica, mudança cultural e maior articulação interdisciplinar.

Palavras-chave: norma regulamentadora, saúde ocupacional, segurança do trabalho, sistema de gestão da qualidade.

Gestión de los riesgos en el entorno laboral y la nueva NR-1 como estrategia de prevención psicosocial: un enfoque sobre la salud mental y la calidad de vida en el trabajo

Resumen

Este estudio tuvo como objetivo analizar cómo la nueva versión de la Norma Reguladora n.º 1 (NR-1) y la Gestión de Riesgos Ocupacionales (GRO) pueden utilizarse como estrategias de prevención psicosocial, con énfasis en la promoción del bienestar psicológico y de la calidad de vida en el trabajo. Se realizó una revisión integradora de la literatura, orientada por la estrategia PICO, mediante una búsqueda en las bases de datos SciELO, Web of Science y Google Académico. Se utilizaron los descriptores "calidad de vida en el trabajo", "salud mental", "psicosocial", "NR-1" y "gestión de riesgos ocupacionales", combinados con los operadores booleanos AND y OR. Los criterios de inclusión contemplaron artículos completos, de acceso gratuito, en portugués, de autoría brasileña y publicados durante el primer semestre de 2025. Los resultados demostraron que, aunque la nueva NR-1 representa un avance normativo al reconocer los factores psicosociales como parte de la seguridad laboral, su implementación en las organizaciones brasileñas aún es limitada. Entre los principales obstáculos se encuentran la escasez de profesionales capacitados, la resistencia institucional a reconocer el bienestar psicológico como una responsabilidad organizacional y la falta de instrumentos estandarizados tanto para gestionar la inclusión de los factores de riesgo psicosocial como para auditar dichos factores. Así, la nueva NR-1 debe aplicarse de manera integrada y multidimensional, superando el mero cumplimiento legal. Su implementación exige que las organizaciones desarrollen capacidades técnicas para identificar, evaluar y monitorear los riesgos relacionados con el bienestar psicológico, incorporándolos como prioridades en las políticas institucionales y en las prácticas cotidianas. Asimismo, es necesario promover un cambio cultural que valore la escucha activa de los trabajadores, el reconocimiento de las experiencias subjetivas y el uso de los datos para orientar intervenciones concretas, evitando enfoques burocráticos o reduccionistas que ignoren la complejidad del sufrimiento relacionado con el trabajo. A pesar de los desafíos existentes, la aplicación efectiva de la nueva NR-1 constituye una oportunidad para transformar la gestión de la salud ocupacional y promover entornos laborales más humanizados, siempre que esté acompañada de capacitación técnica, cambio cultural y una mayor articulación interdisciplinaria.

Palabras clave: norma reguladora, salud ocupacional, seguridad en el trabajo, sistema de gestión de la calidad.

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INTRODUCTION

Over recent decades, psychological well-being has been gaining increasing prominence globally, particularly due to the rise in cases of anxiety, depression, stress and burnout. Such disorders not only affect people's psychological well-being but also have implications in the social, family and professional spheres (Paula et al., 2022).

According to Oliveira (2024), psychological well-being is influenced by working conditions, interpersonal relationships, emotional demands, the organisation of tasks and institutional support. Consequently, organisational environments characterised by excessive demands, unachievable targets, workplace bullying, job insecurity and the invisibility of emotional demands contribute to the emergence or worsening of mental health problems.

In this regard, Gaulejac (2007) emphasises that psychological problems are not merely the result of individual characteristics, but structural consequences of contemporary management practices. According to the author, organisational environments characterised by excessive targets, internal competitiveness, rigid hierarchies and constant pressure to deliver results transform management itself into an agent of collective ill-health, constituting a 'social ill'. Consequently, workers' mental distress must be understood as a reflection of organisational conditions and the way in which demands and responsibilities are distributed, highlighting the need for interventions that promote individual health and structural changes in work culture and organisation.

As indicated by data from the World Health Organisation's Mental Health Report, in 2022 mental disorders were one of the main causes of absence from work and loss of productivity, thus highlighting the need for public and organisational policies aimed at promoting psychological well-being (Organização Pan-Americana da Saúde & Organização Mundial da Saúde, 2022). Furthermore, according to the data published in the aforementioned report, absences from work due to symptoms arising from psychosocial factors result in an estimated loss of approximately 1 trillion dollars to the global economy, as they directly affect individual and collective performance, compromising the efficiency of organisations and placing a strain on healthcare systems.

Psychosocial factors in the workplace constitute, according to Baruki (2018), a set of conditions that interlink psychological and social dimensions, significantly influencing workers' mental health and quality of life. The psychological component refers to individual responses to work demands, including stress, emotional pressure and coping ability, whilst the social component encompasses interpersonal relationships, organisational culture, institutional norms and the support provided by the organisation. A comprehensive understanding of these factors contributes to the development of preventive and management strategies, highlighting that psychological distress at work is not limited to individual issues, but arises from the complex interaction between the worker and organisational structures.

Growing concern for psychological wellbeing at work has driven changes to occupational health and safety regulations in Brazil. In this regard, particular note should be made of the update to Regulatory Standard No. 1 (RS-1), which sets out the general guidelines for occupational health and safety management. The new version of the regulation, whose full implementation in organisations has been postponed until 2026, formally includes psychosocial risk factors within the scope of Occupational Risk Management (ORM). With this update, companies are now required to identify, assess and control psychosocial factors that may compromise the psychological well-being of their workers.

The new RS-1 sets out guidelines for organisations to adopt a systematic approach to identifying, assessing and controlling all occupational risks, thereby promoting integrated management of workers' health and safety. By making ORM mandatory, the standard recognises that factors such as workplace overload, interpersonal conflicts, lack of recognition, work-life imbalance, stress, harassment, isolation, symbolic violence, and emotional and professional overload must also be treated as potential causes of work-related ill health.

In this regard, the ORM serves as a tool for the prevention of psychosocial risk factors, providing technical and legal foundations for organisations to identify the elements that compromise the psychological well-being of their employees and to adopt corrective and preventive measures.

Against this backdrop, the aim of this research was to analyse how the new version of Regulatory Standard No. 1 and Occupational Risk Management can be utilised as psychosocial prevention strategies, with a focus on promoting psychological wellbeing and improving quality of life at work.

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METHODOLOGY

This study was conducted through an integrative literature review, focusing on the inclusion of psychosocial risk factors in the ORM, as well as their relationship with psychological well-being and quality of life at work.

To formulate the research question and define the search parameters, the PICO strategy was used. The acronym PICO stands for: P (population) = Brazilian workers; I (intervention) = adoption of the new RS-1 and the ORM with a focus on psychosocial risk factors; C (comparison) = absence of preventive measures aimed at psychological well-being; O (outcome) = promotion of psychological well-being and healthy conditions in the workplace. The research question guiding this review was: "What scientific evidence is available on the new RS-1 and the ORM as psychosocial prevention strategies in the workplace in Brazil?".

The search for scientific articles was conducted in the Scientific Electronic Library Online (SciELO), Web of Science and Google Scholar databases. The search strings were developed by combining keywords related to the research topic. Thus, the following terms were used: 'RS-1', 'Occupational Risk Management', 'ORM', 'psychosocial risk factors', 'psychological well-being at work', 'healthy conditions in the workplace' and 'psychosocial prevention'.

To refine the results, Boolean operators such as AND and OR were used, enabling the formation of combinations such as: "new version of Regulatory Standard No. 1" AND "ORM" AND "psychosocial risk factors", "psychological well-being at work" AND "quality of life", amongst others. The inclusion criteria were limited to full-text scientific articles of Brazilian origin, available free of charge in their entirety, written in Portuguese and published in the first half of 2025.

Data analysis involved a thorough review of the titles, abstracts and, subsequently, the full text of the selected articles, in order to verify whether they met the established eligibility criteria. Only studies that directly addressed the new RS-1, ORM, psychosocial risk factors and the impacts on psychological well-being and healthy conditions in the workplace were included. Duplicate studies or those that did not meet the criteria were excluded.

Subsequently, the eligible articles were organised into a spreadsheet containing information for analysis, such as author, year, journal, study objective, methodological approach, main results and conclusions. Based on this organisation, a qualitative synthesis of the findings was carried out in order to identify patterns, gaps and theoretical contributions regarding the role of the new RS-1 and ORM in the prevention of psychosocial risk factors in the workplace.

RESULTS AND DATA ANALYSIS

Following the application of the eligibility criteria and analysis of the collected material, five scientific articles were selected to form the corpus of this integrative review. The studies met the established requirements, addressing the implementation of the new RS-1, the integration of occupational risk management with an emphasis on psychosocial risk factors and their implications for psychological well-being, as well as the promotion of healthy conditions in the workplace, as shown in Table 1.

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Table 1
Articles included in the integrative review

Author	Objective	Methodology	Main findings
Alves & Medeiros (2025)	To analyse the application of the new RS-1 in the context of occupational mental health.	Literature review	• RS-1 represents a step forward by including psychosocial risks in the ORM. • There are difficulties in practical implementation, such as: a lack of training, resistance from companies and the absence of standardised tools. • Organisations that prioritise mental health find it easier to comply, reaping benefits such as reduced absenteeism and greater employee engagement.
Meneses (2025)	To analyse the effects of the new RS-1 on mental health in Brazilian companies at different organisational levels.	Documentary analysis, case study and literature review	• MTE Ministerial Order No. 1,419/2024 made it mandatory to address psychosocial risks in the PGR. • Impact identified at the micro (interpersonal relations), meso (internal management) and macro (regulation) levels. • Micro and small enterprises face technical difficulties. • Over 540,000 sick leave cases due to mental health conditions were recorded by the National Social Security Institute (INSS) in 2025. • RS-1 is seen as a pathway to prevention and a culture of care.
Trotta et al. (2025)	To analyse the sociodemographic and epidemiological profile and work-related psychosocial factors in a company in the ceramics sector, taking into account the new RS-1.	A cross-sectional, exploratory and descriptive study	• 84.56% of respondents rated their health as good/excellent (average 7.89/10). • Most frequently cited stressors: control (20.23 per cent), support from management (15.40 per cent) and workload (13.0⁴ per cent). • Positive factors outweighed negative ones: 66.50% reported satisfaction versus . 12.05% average for stressors. • This confirms the relevance of RS-1 as a strategic tool for promoting mental health.
Lucca et al. (2025)	To critically reflect on the approach to psychosocial factors in the RS-1 Risk Management Programme.	Opinion piece (critical analysis)	• The application of RS-1 remains limited and centred on quantitative approaches. • Proposes the use of mixed methodologies (questionnaires + interviews). • It is necessary to integrate risk management into structured and participatory programmes. • Suggests epidemiological surveillance and inclusive organisational practices to promote healthy environments.
Pereira (2025)	To discuss workers' health from the perspective of the Historical-Cultural Clinic in relation to RS-1.	Opinion piece	• Highlights the historical-cultural approach to understanding the psychosocial reality. • Advocates for an integrated and multidisciplinary approach. • Reinforces the importance of RS-1 for safer and healthier organisational environments.

Source: Research data.

The results presented in the five studies highlight a new landscape in the field of occupational safety, with the inclusion of psychosocial factors in occupational risk management through the new RS-1, which has made it mandatory to consider aspects related to psychological well-being as an essential part of occupational health and safety management. This regulatory guideline is unanimously recognised by the authors as a necessary step forward, given the rising incidence of mental health conditions in the workplace. The studies also concur in highlighting practical limitations to its implementation, particularly regarding technical training, organisational cultural resistance and the lack of appropriate methodologies.

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This crisis scenario is corroborated by Meneses's (2025) research, which shows, using data from the INSS, that there were more than 540,000 sick leave cases related to mental health disorders in 2025 – an indication of the need for integrated organisational policies. These are, therefore, the consequences of a working model which, over time, has become increasingly intense, precarious and demanding, worsening in the face of recent social and economic transformations, which place new pressures on workers.

Corroborating these findings, studies such as that by Trotta et al. (2025) help to illustrate this reality by presenting a survey of 570 workers at a company in the ceramics sector, where, although 84.56% reported having good or excellent health, the quantitative data indicate significant levels of occupational stress. The main stressors identified were a lack of control over work (20.23%), low support from management (15.40%) and high task demands (13.04%), demonstrating that perceptions of health can mask adverse psychosocial conditions in the workplace. In other words, psychosocial risks are present at work, even when the subjective perception of health is apparently positive.

The need for such a standard stem from the realisation that psychosocial risks, long neglected in occupational health and safety practices, have a direct impact on productivity, motivation and, above all, workers' mental health. In a context where conditions such as anxiety, depression and burnout syndrome rank among the main causes of sick leave, it is essential that risk management goes beyond the physical conditions of the workplace. By making these factors mandatory, the new RS-1 proposes a more preventive approach, capable of promoting workplaces that take mental health into account.

Alves and Medeiros (2025) emphasise that RS-1 represents an important regulatory milestone by addressing psychosocial risk factors, but a challenge to its effective implementation stems from structural shortcomings within organisations, such as a shortage of professionals trained to identify, assess and monitor such risks. This observation is echoed by Meneses (2025), who deepens the analysis by examining the impacts of the standard at three organisational levels: micro, meso and macro. At the micro level, there are difficulties in translating legal requirements into day-to-day practices; at the meso level, internal policies do not always prioritise psychological well-being; finally, at the macro level, the economic context itself limits investment in this area.

Thus, it is evident that the recent revision of RS-1, by incorporating psychosocial factors as elements in occupational risk management, represents a regulatory advance, but also faces obstacles. This is because many companies still lack an adequate structure to deal with this new demand, particularly with regard to training professionals capable of identifying and monitoring issues such as stress, harassment, work overload and mental distress in the workplace. The gap between the content of the standard and the day-to-day reality of organisations demonstrates that regulation, on its own, is not sufficient to bring about concrete changes, requiring both a technical and cultural overhaul of occupational health and safety practices.

Furthermore, barriers to implementation manifest themselves at different levels. In the day-to-day work of teams, it is common to encounter difficulties in translating legal provisions into practical actions, highlighting a gap between rhetoric and implementation. At the institutional level, many organisations have yet to incorporate psychological wellbeing as a priority into their internal policies, which undermines the effectiveness of the proposed measures. At the macro level, economic and structural issues limit the investment required for robust mental health programmes, reinforcing the idea that the effectiveness of the standard depends on a broader transformation, involving not only regulation but also organisational commitment and qualified technical support.

Lucca et al. (2025) criticise the superficial manner in which psychosocial factors have been addressed in the implementation of RS-1. The authors highlight the prevalence of purely quantitative approaches that fail to capture the complexity of psychological distress at work. In this regard, they advocate the use of mixed-methods approaches – combining questionnaires with interviews – as a means of gaining a more accurate understanding of workers' psychosocial reality. This argument complements the findings of Alves and Medeiros (2025) and Meneses (2025), who also highlight the need for greater sensitivity and technical expertise in the interpretation of psychosocial data.

Complementarily, Trotta et al. (2025) offer a more direct empirical perspective. The authors observe that, despite the predominance of positive factors in the workplace, stressors such as a lack of control, a low perception of support from management and high demands persist as critical factors. The research shows that, even in contexts where indicators of subjective health are positive, psychosocial risk factors still require managerial attention. This reinforces the idea that RS-1 can serve as a tool to bolster health promotion, provided that the data collected are used as a basis for effective, rather than merely bureaucratic, actions.

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The finding that psychosocial risk factors persist even in environments considered to be positive suggests that workplace health promotion requires more than one-off assessments or the mere presence of favourable indicators. RS-1, by providing for the analysis of these factors, can play a strategic role in creating healthier working environments. However, for this to happen, the data collected through these assessments must not be treated as mere administrative formalities, but rather as relevant inputs for decision-making. The collection of information must be accompanied by a critical and proactive approach, capable to transform assessments into concrete interventions aimed at collective well-being.

Methodological critique is explored in greater depth in the proposal by Pereira (2025), who bases her analysis on the Historical-Cultural Clinic perspective. The author argues that psychosocial risk factors must be understood within a historical and subjective context, taking into account the meanings that workers attribute to their work. The approach advocated by the author emphasises broader professional engagement and interdisciplinary dialogue, highlighting that the adoption of RS-1 requires not only technical tools but also a shift in management culture and active listening to workers' experiences.

Analysing psychosocial factors from the perspective of historicity and subjectivity broadens the traditional scope of technical approaches. When it is understood that risks in the workplace are not limited to objective and measurable elements, but are also linked to the meanings that workers construct in relation to their activities, the need for more sensitive and dialogical practices emerges. This implies recognising that suffering or well-being at work is directly related to the way in which the individual positions themselves in relation to work demands, interpersonal relationships and their perception of recognition. Thus, the management of psychosocial risks comes to require skilled listening and institutional spaces that welcome workers' voices.

The Historical-Cultural Clinical perspective also challenges traditional management models, which often prioritise standardisation and control at the expense the complexity of human experiences. The implementation of RS-1, in this sense, cannot be restricted to the application of formal tools, but requires a transformation in management practices, based on valuing workers' knowledge and the integration of different areas of knowledge. By including the individual and their life journey as central elements of the analysis, this approach reinforces the idea that promoting health at work also means promoting meaning, a sense of belonging and recognition.

However, in presenting the case study of Caliandra Saúde Mental, Meneses (2025) highlights that some organisations are already able to transform legal requirements into a culture of care, going beyond mere regulatory compliance. This positive experience is consistent with the findings of Alves and Medeiros (2025), who also point out that companies with organisational management that is sensitive to psychological well-being are more successful in adapting to RS-1. The results of these studies highlight the understanding that the standard should not be viewed merely as a legal obligation, but as an opportunity for the ethical and preventive restructuring of work environments.

Across all studies, there is a consensus that psychosocial risk factors are not merely measurable variables, but complex phenomena, shaped by subjectivities, interpersonal relationships, organisational demands and social structures. Consequently, the effectiveness of RS-1 depends on multisectoral and interdisciplinary strategies capable of aligning legal requirements with the specific characteristics of each organisational context. Thus, the standard, on its own, does not solve the problem, but it can serve as a starting point for a significant transformation in the development of care.

The authors also agree on the need for investment in training. Alves and Medeiros (2025) and Meneses (2025) emphasise that a lack of technical training prevents the proper identification and management of psychosocial risk factors. Lucca et al. (2025), however, go further and assert that a lack of qualifications leads to dangerous oversimplifications, such as the medicalisation of workplace suffering or holding individual workers responsible for symptoms arising from adverse organisational conditions.

The findings show that, without adequate technical training, professionals responsible for managing psychosocial risks tend to adopt simplistic strategies that disregard the complexity of workplace distress. Consequently, this can lead to misguided practices, such as the excessive use of medical diagnoses and pharmacological treatments to address symptoms that actually stem from organisational factors. Such an approach not only masks the true cause of the problems but also shifts the responsibility for ill health onto the individual, ignoring the role of institutional structures and dynamics. Investment in critical and multidisciplinary training is therefore essential for understanding psychological distress at work as the result of complex interactions between the work environment, relationships and job demands.

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Furthermore, a lack of training has a direct impact on the effectiveness of occupational health and safety policies, as it prevents the development of preventive strategies that are consistent with workers' realities. By neglecting the importance of training, institutions run the risk of perpetuating authoritarian management practices, characterised by a lack of listening and a lack of appreciation for professionals' experience. Thus, the analysis suggests that training managers and technical staff with a broader understanding of psychosocial factors is a prerequisite for the humanisation of working relationships and for the promotion of healthier and more sustainable working environments, and not merely an operational necessity.

It is worth noting that the studies present methodological differences between the authors. Whilst Trotta et al. (2025) rely on quantitative empirical research, using standardised questionnaires (HSE-it and Bradley Curve), Pereira (2025) opts for a more qualitative and interpretative analysis of the psychosocial reality. This methodological difference enriches the debate by demonstrating that the management of psychosocial risk factors must take into account both objective data and subjective dimensions of the work experience.

In the study by Trotta et al. (2025), the methodology employed was quantitative, cross-sectional, descriptive and exploratory in nature, based on a standardised questionnaire: the Health and Safety Executive – Management Standard Indicator Tool (HSE-MS-IT). This instrument, validated in Brazil by Lucca (2017), was administered to workers across different manufacturing units. The structured questionnaire, comprising 35 items, assessed 7 psychosocial dimensions of work – demands, control, managerial support, peer support, relationships, job roles and change – using a Likert-type scale. Data collection took place via Google Forms and interviews, and the data were analysed using descriptive statistics and significance tests. The approach taken is that of the objective measurement of psychosocial risks, with data tabulated in spreadsheets, enabling comparative analyses between variables.

Conversely, the approach proposed by Pereira (2025) is based on a qualitative and interpretative analysis of the worker's psychosocial reality, grounded in Historical-Cultural Psychology. The study emphasises the central importance of listening and the subjective interpretation of the meanings attributed by workers to their work experiences. Unlike standardised models, this perspective seeks to identify, understand and address psychosocial risks in accordance with the workers' accounts, experiences and social contexts. To this end, the study proposes the use of open-ended interviews, systematic observations and interpretative tools that take into account the subject's sociocultural background, their working relationships and their active role in the process of transforming working conditions. This approach values the uniqueness of subjective experience, enabling a critical and broader interpretation of reality, in line with the principles of RS-1 and advances in occupational risk management.

Based on these aspects, there is a clear need for dialogue between quantitative and qualitative approaches in the application of Regulatory Standard No. 1. Whilst standardised forms, such as the HSE-MS-IT, provide measurable data that is easily replicable and facilitates statistical comparisons, they may lack depth regarding the contextual and emotional specifics of the work experience. On the other hand, qualitative analysis – albeit more subjective – enables a more comprehensive understanding of the origins of psychological distress at work, identifying aspects not captured by closed-ended scales, such as the meaning of work, ethical conflicts, symbolic pressures and the emotions involved.

The implementation of RS-1 requires that the management of psychosocial factors in the workplace should not be limited solely to the measurement of objective indicators, but should also incorporate active listening and the active involvement of workers. As highlighted by Lucca et al. (2025), the adoption of mixed-methods approaches – which combine the statistical precision of questionnaires with the interpretative depth of interviews – is the most appropriate approach to ensuring more effective, ethical and humanised risk management. Thus, combining these approaches allows for a more comprehensive assessment, which underpins the development of policies and actions that genuinely promote mental health, prevent ill health and transform the psychosocial reality within organisations.

This is because the quantitative approach, by providing standardised and measurable data, enables the identification of general trends and supports the formulation of policies based on objective evidence; however, it can oversimplify the complexities of human experiences, failing to capture the emotional, cultural and contextual nuances of the workplace. On the other hand, the qualitative perspective deepens our understanding of these subjective dimensions, revealing personal meanings and relational dynamics that elude quantification; at the same time, it faces limitations in generalising results, is subject to interpretative biases and may struggle to directly influence public policies that require concrete numerical evidence.

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In proposing a multi-level analysis of the effects of RS-1, Meneses (2025) highlights that the resistance of micro and small enterprises to its adoption stems from a lack of technical and financial support. The data obtained contrasts with the case of Caliandra Saúde Mental, presented as an exception. The divergence here lies not in the principles of the regulation, but in the practical capacity of organisations to meet the legal requirements, which points to the need for public policies offering support and incentives.

The lack of standardised tools for assessing psychosocial risk factors, highlighted by Alves and Medeiros (2025) and Lucca et al. (2025), also emerges as a limitation that hinders the implementation of the standard. In the same vein, Pereira (2025) proposes an initial questionnaire as a mapping tool, but acknowledges that the effectiveness of this type of instrument depends on the quality of the analysis and the use of the data for concrete interventions.

The strategic use of RS-1 as an instrument for cultural transformation is another point highlighted. According to Meneses (2025), formal compliance with the standard does not guarantee real change, but it can be a first step towards building psychologically safe environments. The authors Alves and Medeiros (2025) reinforce this idea by showing that companies already committed to psychological wellbeing exhibit better indicators of compliance with the standard, revealing that the prior organisational context directly influences the effectiveness of RS-1. Furthermore, all the authors point out, either directly or indirectly, that the standard in question comes at a time of crisis in the psychological wellbeing of Brazilian workers.

In this regard, the challenge, according to Meneses (2025), goes beyond mere compliance with the standard, requiring a rethinking of occupational health management. To this end, the authors suggest practices such as active listening, worker involvement in risk management, epidemiological surveillance, initiatives to promote wellbeing, and the use of mixed methodologies for both evaluations. Such practices, if incorporated in a critical and participatory manner, can give real meaning to the standard and promote lasting change.

Thus, the studies reveal that the new RS-1 provides a powerful regulatory framework for addressing psychosocial risk factors at work. However, its effectiveness depends on overcoming technical, cultural and methodological barriers. The standard is not an end in itself, but a means to broader and more profound change in labour relations, management practices and workers' psychological wellbeing. The interconnection between the studies highlights that the success of RS-1 depends on building an organisational culture committed to care, dialogue and shared responsibility for working conditions. The desired transformation requires political will, technical capacity-building, institutional investment and, above all, an approach centred on the human being as the subject of work and organisational policy.

FINAL CONSIDERATIONS

Based on the data and analyses presented throughout this study, it is concluded that the update to Regulatory Standard No. 1, which came into full force in organisations in May 2026, represents a regulatory advance by mandatorily incorporating psychosocial risk factors into the scope of Occupational Risk Management. This change demonstrates official recognition of the importance of psychological wellbeing in the workplace, integrating it into occupational health and safety prevention strategies. The study achieved its objective by analysing the effects of this update, highlighting how RS-1 and the ORM can be used as psychosocial prevention strategies, with a focus on promoting psychological wellbeing and improving quality of life at work.

Despite the innovation brought about by the standard, its implementation in companies still faces considerable obstacles. These include the lack of professionals trained to identify and monitor psychosocial risk factors, the absence of standardised methodologies for the qualitative and quantitative assessment of these factors and, above all, the cultural resistance of many organisations to recognising psychological well-being as an institutional responsibility. In many cases, a reductionist and stigmatising view of psychological distress still prevails, hindering the establishment of preventive and support practices.

On the other hand, the results also showed that companies which have already adopted an approach centred on psychosocial care find it easier to adapt to the new RS-1 standard. In these organisations, it is observed that compliance with legal requirements contributes to the establishment of a broader culture of prevention, with positive effects on the internal environment of the organisations, absenteeism rates and staff engagement.

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The results also highlight that the mere application of quantitative assessment tools is not sufficient to capture the complexity of psychosocial factors in the workplace. It is therefore essential to adopt mixed methodological approaches that combine objective data with active listening and a subjective understanding of work experiences. Furthermore, the interdisciplinary involvement of various occupational health and safety professionals, combined with the active participation of the workers themselves, proves essential to the success of any management programme focused on psychological well-being.

It has also been found that the effectiveness of RS-1 is directly related to organisations' ability to interpret and apply the standard in a critical and contextualised manner. Companies that view psychological wellbeing as a strategic asset, rather than merely a legal obligation, tend to implement measures that are more effective, sustainable and integrated into their organisational culture. In this regard, the standard should be understood as a tool for institutional transformation, capable of catalysing profound changes in labour relations and in occupational health management structures.

Against this backdrop, it is recommended that future measures be geared towards strengthening organisations' technical capacity through continuous training programmes, with a specific focus on the identification, assessment and mitigation of psychosocial risk factors. Furthermore, it is essential to develop validated, accessible assessment tools that are sensitive to different workplace realities, enabling more accurate diagnoses and more effective interventions. Public policies providing technical and financial incentives, particularly aimed at micro and small enterprises, are also essential to ensure equity in the application of RS-1 throughout the country.

Finally, it is important to highlight the need to promote a broader cultural shift, involving managers, workers and public policy-makers, in order to consolidate a systemic and humanised approach to psychological well-being at work. Strengthening participatory practices, investing in mental health as a strategy for productivity and sustainability, and fostering collaboration amongst the various stakeholders involved in promoting psychologically safe environments are key to ensuring that the new RS-1 truly achieves its full effectiveness and social relevance.

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RESEARCH DATA AVAILABILITY

The data underpinning the results of this study are presented in full in the manuscript.

CONFLICT OF INTEREST

There are no conflicts of interest of a financial, personal, academic or institutional nature relating to the conduct of this study.

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