

The formation of the Occupational Therapist for health care management: a study in curricular bases

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Abstract: Introduction: Occupational Therapy encompasses several fields besides health and engages in a broader bio psychosocial approach. Understanding its complexity, the contributions are evident in participation with the multidisciplinary teams, as well as the joints in the level of health care management. Objective: From this perspective, it was aimed to meet among the Occupational Therapy courses of federal public universities, which are the contents that are available for occupational therapist training, so that it can act in the area. Method: The research is a documentary study conducted by analysis of the Political Pedagogical Projects, Curricular Grade and Emendations of Federal IES. Results: were found 27 IES of the public school system that are registered in MEC and out of these, 10 were analyzed in this research. According to the Political Pedagogical Project of the analyzed courses in this study, those institutions that apply the contents relating to Public Health Policy, Public Health and Health System, there is more emphasis to these than to the contents involving the principles of basic health services management. Conclusion: it was concluded that the contents related to the management of health services are poorly studied in most federal public universities that participated in this research, which is equivalent to less than 2% of the total workload of the courses.

Keywords: *Occupational Therapy, Training, Education, Management.*

A formação do Terapeuta Ocupacional para gestão de serviços de saúde: um estudo em bases curriculares

Resumo: Introdução: A Terapia Ocupacional abrange vários campos além da saúde e envolve uma abordagem biopsicossocial mais ampla. Entendendo sua complexidade, ficam evidentes suas contribuições na participação junto às equipes multiprofissionais, assim como nas articulações no nível de gestão de serviços de saúde. Objetivo: Partindo desta perspectiva, objetivou-se conhecer, entre os cursos de Terapia Ocupacional das instituições de ensino superiores públicas federais, quais conteúdos são disponibilizados para formação do terapeuta ocupacional, para que ele atue na área. Método: A pesquisa trata de um estudo documental realizado através da análise dos Projetos Político-Pedagógicos, Grade Curricular e Ementários das IES Federais. Resultados: Foram encontradas 27 IES da rede pública de ensino cadastradas no MEC e, destas, 10 foram analisadas nesta pesquisa. De acordo com o Projeto Político-Pedagógico dos cursos analisados neste estudo, naquelas instituições em que aplicam os conteúdos referentes às Políticas de Saúde Pública, Saúde Coletiva e o SUS, percebe-se maior ênfase a esses do que aos conteúdos que envolvem os princípios básicos da gestão de serviços de saúde. Conclusão: Conclui-se que os conteúdos referentes à gestão de serviços de saúde são pouco estudados nas instituições que participaram desta pesquisa, o que equivale a menos de 2% da carga horária total dos cursos.

Palavras-chave: *Terapia Ocupacional, Formação, Ensino, Gestão.*

1 Introduction

From its long historical process, the Occupational Therapy has acquired attributions and ended up encompassing other fields besides Health Sciences, such as the Humanities and Social Sciences. In the exercise of its practice, it is confronted daily with situations that require communicational and organizational competencies inside and outside the establishments. This reality implies not only a dynamic articulation between the elements of the team but a constant challenge to reaffirm and expand the professional exercise.

According to Haddad et al. (2006), regarding the health professional training, it is the responsibility of the Ministry of Education, under the legal aspects, to define professional training policies, regulate and evaluate the conditions of their offer, as well as the quality of such training. Moreover, the Ministry of Health, among other actions, has to order the formation of human resources in the health area.

Therefore, the articulation of these two Ministries is due to Interministerial Ordinance N° 2,118 on November 3, 2005, which specifically establishes technical cooperation between the Ministries of Education and Health for the training and development of health professionals. As Dias-Sobrinho (2000, p. 70) comments on the theme:

Educational processes, basically the production and reproduction of cultural knowledge and values in general and human formation centered on the promotion of citizenship, are processes aimed at the construction of new types of society, with better and more just conditions of life. The essential nature of the university is inescapably educational since all the social processes of human formation are all educational and all stages and variations of the forms and contents of learning, acquisition, and construction of attitudes, knowledge, and values.

Resolution 6, dated February 19, 2002, establishes National Curricular Guidelines for the Undergraduate Course in Occupational Therapy and, in its Article 4, item V, the training of the occupational therapist aims to provide the professional with the knowledge required to general managerial and management skills and abilities, and they should be able to take initiatives, manage and administer both the workforce and the physical and material resources and information, just as they should be

able to be entrepreneurs, managers, employees or leaders in the health team (BRASIL, 2002).

Thus, health management is a set of management principles that consists of decision-making, planning, organization, coordination, monitoring, evaluation of health programs, services, and activities.

Thus, the aim of this course is to know what contents are available for training in health services management in the Occupational Therapy courses, considering that “[...] the professional can and should be able to work in an integrated manner with the top management or compose the it” (CRUZ; SOUZA; EMMEL, 2014, p. 331).

The exercise of the top management or intermediate management referred here is close to the concept of Maximiano (2006), defining the role of management as a protagonist in the process of administering with necessary competencies the performance of the decision-making function - planning, controlling, exchange and information process (communication), and according to Robbins (2002), forming a network of contacts, generating negotiation and politics in the organization, among other conceptual, human and technical needs. This network of contacts is specifically related to the possession of attitudes and capacities whose purpose is to obtain appropriate results for the functioning of an institution or organization.

Thus, it is understood that the professional training of the occupational therapist should foster the development of these skills to compose competencies for the management function. Thus, it is believed that it is necessary that concepts and techniques are contained in the program.

2 Method

This study is characterized by a qualitative research based on the documentary analysis. For Creswell (2010), a documentary research seeks to understand the meaning given by individuals to the social or human problems typical of qualitative research, as well as using instruments that contain numerical data, observing the relationships between variables.

In a documentary research, “[...] the analysis and interpretation are contained in the same movement: looking closely at the research data” (CRESWELL, 2010, p. 68), that is, they are inseparable and require a meticulous discussion of its results.

In the production of knowledge in the schools, it is necessary to “[...] seek to know the field where we are treading, and to foresee which directions

this profession called Occupational Therapy is proposing to us” (MEDEIROS, 2000, 62).

Through the official website of the Ministry of Education (MEC), e-MEC, which maintains Higher Education Institutions and registered courses, the names of the registered federal public universities that offer and the Occupational Therapy undergraduate courses are active are identified. Subsequently, the Political-Pedagogical Project was collected from the course available in the virtual environment of each higher education institution, the school program, and the menu, when they existed.

When searching for complementary information and not contained in the site of each institution, an e-mail was used to contact the course coordination, in a period of 30 days, dividing into two steps: 1st step: sending the first e-mail to the institutions; 2nd step: Resend the e-mail to the institution that did not respond to the first e-mail. The institution that did not respond to the e-mail in the time established to supplement the information was excluded from this research, as well as those that did not present the subject or its content in the Political-Pedagogical Project.

During the research, there was difficulty in accessing the information of the program, menu, addresses and especially the Political-Pedagogical Project of the Occupational Therapy course in the websites of most institutions. Most of the information was loose, and some exchanged, like the description of the course and the problems in directing several tabs and links; the lack of updating of the information in the e-MEC (for example, course coordinator name, telephone numbers and address are not the same on the HEI website); the lack of updates on the websites and pages of each HEI.

When consulting the e-MEC virtual environment, the website of the Ministry of Education (MEC), there were 125 undergraduate institutions in Occupational Therapy, of which 27 are from the public-school system. Only the content of 10 HEIs of the 14 federal public institutions with the Occupational Therapy course active in the e-MEC website was analyzed, according to the inclusion and exclusion criteria of this research.

The study addressed the following aspects in its discussion: description of the course age in the institutions; location of HEI; total duration of the course; total course hours; applicability, content, credit hours and the period of the subject encompassing the management of health services and related areas.

For this study, approval was not required by the Ethics Committee, since the source was secondary data of free access.

3 Results and Discussion

Like most countries, Brazil is a capitalist country, where labor demands arise from the need of the market attributed to health professions. Another relevant point is the quality of the training of professionals to act mainly in the management of health services. For many years, the practice of management was linked to the “hegemony” of the medical profession, but today this picture is differentiated with the entry of other health professionals, such as Nurses, Physiotherapists, Occupational Therapists, among others in this area.

In addition to these assignments, we agree with Gremaud et al. (2004) that the demands of the modern sector of the economy require a set of variables from education that interfere in its composition, such as wage differential, the probability of success in the modern sector, the private direct cost of education, indirect cost or opportunity cost of education.

Brazilian conditions force universities to be more dynamic. However,

[...] The same university institution that assimilates the culture of innovation advances research and offers original society contributions in multiple areas of knowledge, blocks the formation of its students on the same basis (SPELLER; ROBL; MENEGHEL, 2012, p. 118).

The university must seek integration and avoid the imbalance that nowadays favors the sciences and technologies. This may mean that many institutions should temporarily prioritize the social sciences, arts, and humanities, not because they should be considered more important, but rather to be socially recognized once again as human productions of indisputable value in the construction of history (DIAS-SOBRINHO, 2000, p. 29).

As shown in Table 1, in the federal public higher education institutions registered in the MEC, 27 of the 125 undergraduate teaching institutions are from the public network and 14 are active. One of them is in the Midwest region (Brasília-DF), one in the North (Belém-PA), three in the Northeast (Lagarto-SE, João Pessoa -PB and Recife-PE), six

Table 1. Federal Public Higher Education Institutions registered in MEC.

IES	LOCATION / REGION	AGE OF THE COURSE AT HEI	CREDIT HOUR	DURATION
UFES	SOUTHEAST	5 years	4220 hours	8 semesters
UFMG	SOUTHEAST	35 years	3210 hours	8 semesters
UFPA	NORTH	3 years	4050 hours	10 semesters
UFPB	NORTHEAST	5 years	3450 hours	8 semesters
UFPE	NORTH EAST	46 years	3600 hours	8 semesters
UFPEL	SOUTH	4 years	5000 hours	10 semesters
UFPR	SOUTH	13 years	3915 hours	9 semesters
UFRJ	SOUTHEAST	5 years	3570 hours	8 semesters
UFS	NORTHEAST	3 years	4000 hours	10 semesters
UFSCAR	SOUTHEAST	36 years	4300 hours	10 semesters
UFSM	SOUTH	5 years	4090 hours	8 semesters
UFTM	SOUTHEAST	8 years	3830 hours	8 semesters
UnB	MIDWEST	6 years	4000 hours	8 semesters
UNIFESP	SOUTHEAST	8 years	4420 hours	8 semesters

Source: E-MEC (BRASIL, 2007c).

from the Southeast (São Carlos-SP, Belo Horizonte-MG, Vitória- ES, Rio de Janeiro-RJ, Santos-SP, Uberaba-MG), three from the South (Curitiba-PR, Santa Maria- RS and Pelotas-RS).

The Occupational Therapy courses working for the longest time are the Federal University of Pernambuco (UFPE) with 46 years; the Federal University of São Carlos (UFSCar), 36 years; and the Federal University of Minas Gerais (UFMG), with 35 years. The youngest are the Federal University of Sergipe (UFS), with 3 years; the Federal University of Pará (UFPA), with 3 years; And the Federal University of Pelotas (UFPEL), with 4 years. The others have 5 to 13 years of operation, reaffirming that the profession is new in Brazil, considering the federal HEIs.

The largest credit hours of the courses are at the Federal University of Pelotas (UFPEL), with 5000 hours; Federal University of São Paulo (UNIFESP), with 4420 hours and Federal University of São Carlos (UFSCar), with 4300 hours. The smaller ones are at the Federal University of Minas Gerais (UFMG), with 3210 hours; the Federal University of Paraíba (UFPB), with 3450 hours; and the Federal University of Rio de Janeiro (UFRJ), with 3570 hours. The others are between 3600 hours and 4220 hours. The duration of the courses is 8 semesters in nine institutions; one institution with 9 semesters and another four with 10 semesters of duration.

According to Resolution CNE/CES 6 (BRASIL, 2002), which establishes National Curricular Guidelines for the Undergraduate Course in Occupational Therapy, in its Article 13 on the structure of the Undergraduate Course, is read “[...] curricular

contents may be diversified, but balanced knowledge of different areas must be ensured”. Considering the data of Table 1, they corroborate with the affirmation of Gremaud et al. (2004, p. 503) as:

Although affected by many factors outside of the market, the amount of education received by an individual be largely determined by the forces of supply and demand, as well as by any other good or service.

In the curricular basis of the Occupational Therapist training in Brazil, we can find basic knowledge about Administration and Management, concerning the knowledge of planning and management of health services. These principles include, for example, evaluation, planning, an organization of human resources, leadership techniques, methods of production and coordination of people, among others.

As indicated in Table 2, there are the institutions analyzed with the respective subjects on health services management, their applicability and credit hours.

The names of the subjects vary from each institution (Occupational Therapy in Health Management, Health Services Management, Public Management, Introduction to Public Health, Health Entrepreneurship, Management Processes and Occupational Therapy, Policy, Organization and Systems Management, Services And Health, Social and Educational Programs, Administration, Planning, Management in Occupational Therapy and Integrated Clinical Practice: Analysis of Demands and Needs in Health). Most of them are obligatory; only UFMG presented two subjects as optional and,

besides an obligatory subject, UFPE has in another subject as optional.

Regarding the period, the subjects are arranged in the middle of the program, at the beginning of the course (UFS 3rd and 4th period, UFPE, 3rd, UFRJ, 3rd and UFTM in the 4th period), while others at the end of the 7th period, UNB, 6th, UNIFESP, 6th, UFPA, 5th, UFES in the 5th period), while in the UFMG are presented as optional.

The 30 credit hours is found in three institutions (UFMG, UFRJ, and UFTM); two institutions with 45 credit hours: UFES and UFPE; four with 60 credit hours: UnB, UFS, UFPE and UFSM; and the highest credit hour equivalent to 80 hours was in

UNIFESP. Only the UFPA did not specify the hours of the subject in its Political-Pedagogical Project.

Regarding the organization of the courses and their diversities, we understand that they follow the current guidelines, as general and specific curricular components, mainly optional, interdisciplinary nature of the initial training cycles, the non-specialized modular structure and the organization by training levels.

As indicated in Table 3, it can be seen the percentage variation of the credit hours of the subject that involves the management of health services between 0.84% and 1.8%, that is, generally a considerably small credit hour for this subject.

Table 2. Subjects, applicability and credit hours.

IES	NAME OF THE SUBJECT	APPLICABILITY AND PERIOD	CREDIT HOURS
UnB	Occupational Therapy in Health Management	6 th period/obligatory	60h
UFS	Policy, Organization and Systems Management, Health, Social and Educational Services and Programs.	II cycle*/obligatory	60h
UFPA	Public Management and Business	5 th period/obligatory	-
UFES	Occupational Therapy and Health Services Management	5 th period/obligatory	45h
UFMG	Health Entrepreneurship	OPTATIVA	30h
	Management Processes and Occupational Therapy	OPTATIVA	30h
UFPE	Introduction to Public Health	3 th period/ obrigatória	45h
	Entrepreneurship	OPTATIVA	60h
UFSM	Management in Health Services	7 th period/obligatory	60h
UFRJ	Administration, Planning, Management in OT, Physiotherapy and Speech Therapy.	3 th period/obligatory	30h
UNIFESP	Integrated Clinical Practice: Demands Analysis and Health Needs	6 th período/ obligatory	80h
UFTM	Health Services Management	4 th Period/obligatory	30h

* The term cycle is equivalent to an annual period, so one cycle refers to two periods. Thus, the cycle II indicates the 3rd and the 4th periods in the HEI.

Table 3. Percentage ratio of the subject with the course credit hours.

IES	TOTAL CREDIT HOURS OF THE COURSE	HOURS OF THE SPECIFIC SUBJECT	RELATION BETWEEN THE TOTAL/SESPECIFIC CREDIT HOURS
UnB	4000h	60h	1.5%
UFS	4000h	60h	1.5%
UFPA	4050 h	-	-
UFES	4220h	45h	1.06%
UFMG	3210h	30h	0.93%
		30h	0.93%
UFPE	3600h	45h	1.25%
		60h	1.66%
UFSM	4090h	60h	1.46%
UFRJ	3570h	30h	0.84%
UNIFESP	4420h	80h	1.8%
UFTM	3830h	30h	0.78%

For De Carlo et al. (2009), both knowledge and management skills are not yet systematically consolidated, but they are in a “trial and error” process in the professional practice.

In a similar research conducted by Cruz, Souza and Emmel (2014), the objective was to investigate the training of occupational therapists for the management practice, using a questionnaire of open and closed questions, with a sample of 278 therapists of different institutions in Brazil. The result showed that about 38% (106) of the participants stated that they had content about management in their undergraduate degree; 70% (194) of the professionals believed that management is essential in the training of the occupational therapist, but 86% (n=239) of professionals reported difficulties in the knowledge of management content in their training for professional practice. On the area of greatest importance for management, they pointed out the strategic and organizational planning with 93% (259) of the respondents. In the content on less important management, 57% (156) pointed to marketing and fiscal control. It should be noted that:

Marketing is an organizational function that encompasses a set of strategies and processes that communicate, create, add value and manage relationships with clients, benefiting those who use it (organization) and its clientele (MENDES et al., 2011 apud CRUZ; SOUZA; EMMEL, 2014, p. 314).

Thus, it is a complex and schematic study that arises from a set of pre-elaborated ideas by the needs of a given demand. Moreover, in fact, many professionals are unaware of these meanings.

The planning implies the quantitative estimation of needs, how is done traditionally and unsuccessfully and, above all, the determination of competencies and profiles of the workforce, being very important its articulation with the process of educational formation and development, based on the professional competencies (BRASIL, 2007a, p. 268).

The health services have a system that “[...] converge the individual, the collective, the biological, the social, the quantitative and the qualitative” (FURTADO, 2007, p. 14). Therefore, it is understood that establishments, organizations, clinics, hospitals, and other require high investments in human resources and technologies to meet all health demands.

Besides these investments, organizational performance and legal configuration, optimization of resources or increased administrative efficiency, strategic planning, redistribution of roles and

responsibilities of States and Municipalities, decentralization, modernization, quality, logistics, financial and budgetary management as well as human resources may be the way to solve some of the problems in public health management (MALIK; MOTTA, 2007).

Brazil is a country of continental dimensions, and for this reason, it has been led to build a health system operated by a federative triad (Union, States, and Municipalities). This subdivision took place through the 1988 Constitution, which guaranteed the right to health for all citizens. Also, they have the participation of society in the elaboration of public policies through the Health Councils, regulated by Law nº 8,142 (BRASIL, 1990).

According to Brasil (2007a), the Ministry of Health started to ensure the formulation and control of national health policies and to be the co-financier of its system. On the other hand, the Union began to maintain the integrity of the basic and doctrinal principles of the SUS, defining national priorities based on the health needs of the population and tracking their results, participating in the financing and ensuring interpersonal equity in this whole process.

The managerial model changes in public health reflect in the strategies of health education for the association and implementation of subjects related to Policies, Programs, Collective Health, Public Health and Human Resources and all the SUS legislation.

Understanding that

[...] the management of the network involves the definition of a management institutionality and the use of shared programming and monitoring technologies of SUS (BRASIL, 2007b, p. 256).

In other words, the need for System of knowing the system itself and this system being self-managed, as the relations of equipment and health workforce are closely linked to the local demand and its administrative structure.

The work management in SUS is part of the work management in the Public Administration in general, and it is related to the world political and economic context. It can be understood by three main axes: (1) the change in the state model, which changes from a provider model to a regulatory model; (2) productive restructuring, which brings new forms of labor relationships and (3) technological incorporation, which introduces

new practices and new work processes (BRASIL, 2007a, p. 262).

It is worth noting that, regarding the level of attention, “[...] the procedures of Primary Health Care are less complex than those considered of medium and high complexity, but less technologically dense, but very complex” (BRASIL, 2007a, p. 254).

For Brazil, the configuration of the new model of health care was also due to the epidemiological situation, in the increase of chronic diseases linked to demographic changes, in patterns and habits of consumption from the individual to the collective (BRASIL, 2007b). All this configuration took place strongly in the post-industrial period, in the 1980s and 1990s, in which the changes in planning and qualification of skilled labor and the worker were highlighted. For Nogueira and Almeida (2004), in this period, the transitions in the work world were marked, organizing their space, structure and also their way of functioning.

The dynamism imposed by the contemporary world has changed the ways of employment contracts, for example, outsourcing health with the hiring of companies, cooperatives, agencies, among others for the provision of services including health and the organization and administration of scientific production in universities.

Table 4 describes the main contents regarding the management of health services presented in each institution.

The main themes and/or contents addressed in the Political-Pedagogical Project of each institution were: General Concepts of Planning and Administration of Health Services (in all the institutions); Organization of Health Services (UnB, UFS, UFPE, UFSM, UNIFESP and UFTM); Management of Services and Human Resources in Occupational Therapy (UnB, UFS, UFPA, UFES, UFSM, UFRJ and UFTM); Policies of Public Health, Collective Health and SUS (UnB, UFS, UFES, UFPE, UFRJ UFSM and UNIFESP); And Entrepreneurship in Health, Finance and Marketing (UFPA, UFMG, UFPE and UFTM).

Almeida Filho (2007) criticizes the program model adopted in the courses of the Brazilian public universities, in which the student immediately receives a fixed subjects program, to be compulsorily followed, disciplinarily, from the beginning to the end of a course. From this perspective, it is observed a standardized structure in the program of most HEIs according to minimum requirements of MEC and the internal norms of each institution that promotes education. Thus, this situation inhibits the learner in knowing other fields of knowledge and alienates him to a subject adopted in teaching.

According to the Political-Pedagogical Project of the courses analyzed in the study, those institutions applying the contents related to the Public Health, Public Health and SUS Policies, have a greater emphasis on these than on the contents that

Table 4. Main contents addressed in the subjects.

CONTENTS OF THE SUBJECTS	UnB	UFS	UFPA	UFES	UFMG	UFPE	UFSM	UFRJ	UNIFESP	UFTM
General Concepts of Planning and Administration of Health Services.	X	X	X	X	X	X	X	X	X	X
Organization of Health services.	X	X				X	X		X	X
Management of Services and Human Resources In Therapy Occupational.	X	X	X	X			X	X		X
Public Health Policy, Health, Collective and the SUS.	X	X		X		X	X	X	X	
Business In Health, Finance and Marketing.			X		X	X				X

Note: The information not complete in the above table refers to the non-identification of the contents of the subjects in the Political-Pedagogical Project of each HEI.

involve the basic principles of Management of health services.

In the health sector, planning is the instrument that can improve performance, optimizing production and increasing the effectiveness and efficiency of systems in the development of health protection, promotion, recovery, and rehabilitation (TANCREDI et al., 1998, p. 13-14).

As planning is important to the occupational therapist or any other health professional, it is feasible for their training to understand what is entrepreneurship for Dornelas (2008), as the ability to add value, to know how to identify opportunities, of people and processes together, leading to the transformation of a whole set of ideas.

Regarding the training of professionals and human resources, more specifically the Brazilian health system, it was pointed out by the final report of the XI National Health Conference (BRASIL, 2002, p. 44 apud DE CARLO et al., 2009) that:

There is the absence of the school in the processes of training, requalification and qualification of Human Resources for the new reality and management models. This lack of professional qualification discourages and exhausts physically and emotionally, leading to difficulties in relationships and preventing the cohesion of health teams and results in the execution of tasks without planning, requiring a policy of continuing education for professionals.

In fact, between the production of knowledge and a search for a universal Occupational Therapy, there is a concern of those who want to equate the different, producing a stereotype of a man, and submitting it to the same order. Moreover, it reflects the belief that science and the scientist are neutral (MEDEIROS, 2000, p. 66).

The curricular components of the courses are defined autonomously by each HEI, but to enable the professional occupational therapist to develop the skills and abilities necessary for the management. Thus, it will enable the professional capacity of insertion in the world of the management of health services.

This research sought not only to explore the training for the management and planning area, but also to emphasize the compatibility with Resolution CNE/CES 6 (BRASIL, 2002), regarding the importance of acquiring skills and competencies

of the aptitude to take leadership positions to take initiatives of management places with an entrepreneurial vision, allowing not a conclusion, much less a solution, but rather the opening for new discussions on the subject.

4 Conclusion

Universities have an important role in building knowledge and training professionals for the job market. In them, there are contradictions and at the same time relationships and discussions that permeate the elaboration of the curricular program of their courses, which are reflections of the organization of work, and by the other forces of social control as the power of the state, for example.

In this sense, starting from institutional autonomy, we understand that the multiplicity of knowledge presented by each educational institution should not be questioned. However, after completing the study, it is evident that the contents related to the management of health services are little studied in most public universities in Brazil, considering that this professional should have them in their training and preparation to deal directly with the individual and the collective.

Analyzing the programs of the courses and seeking the coherence and consistency of what is intended to guide the profile of the students in the space and place of the occupational therapist of the management of health services, mainly SUS, it is evident that there are little credit hours for the content, and little diversity to the topics addressed.

Understanding that it is necessary to know the health system and that this results in the qualification of the professional for its corresponding labor market, it is essential to equip the professionals in their training with skills and competencies to perform the activities related to the area and the regulators of this system, whether public or private.

The low credit hours are not characterized as a privilege of the courses studied here, or even the content or the health services management in their programs, since, according to Almeida Filho (2013), most graduates in the area of Health in Brazil reveals little commitment to aspects of health management, maintaining the hegemony of criticism as an inefficient management, as it has been referred and referenced in serious problems faced by the Unified Health System (SUS).

Finally, based on the Curricular Guidelines for Occupational Therapy through Resolution

CNE/CES 6, of February 19, 2002 (BRASIL, 2002), and with the results obtained in this work, there is a need to expand knowledge about management and planning in health, considering that the labor market demands the basic knowledge to train its professionals. With this, this research provided elucidate new discussions about the contents of the Pedagogical Projects of the Courses of each higher education institution.

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Author's Contributions

Rafael Souza Santos: responsible for the data collection. Sandra Aiache Menta: research adviser. Both authors are responsible for the design of the study, the analysis carried out, the writing of the text. All authors approved the final version of the text.