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Original Article

Analysis of the occupational therapist's activities as a professional adviser in the professional rehabilitation service of the National Institute of Social Security (INSS)

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Abstract: Introduction: The INSS Professional Rehabilitation Service (PR) underwent several changes, especially those that occurred with the creation of the SUS and the withdrawal of any kind of health care from the institute. In 2008, with the revitalization of the service, several occupational therapists joined the institution, but remained a model of action without focusing on health care and without valuing the professional specificity. This form of intervention has been causing discussions about the work of these professionals, implied by the lack of literature that bases their interventions and strengthens the maintenance of their professional identity within this new scenario. Objective: To investigate the relationship between Occupational Therapy and the role played by occupational therapists in the INSS PR service. Method: Qualitative research of the exploratory type, being observed the performance of an occupational therapist of the Executive Management Recife/PE, Responsible for Professional Orientation. Results: It was verified that in the INSS, the occupational therapist employs many specificities of its profession, which are related to: objective (emancipation of the individual and insertion on work activity), object (human doing, occupational performance), instrument (analysis of the labor activity and workstation). In addition, it was noticed that the social security context exerts some limitations in the occupational therapeutic action, within the scope of the institutional norms of management and of conducting the professional doing in the RP. Conclusion: Relationships between Occupational Therapy and function of Responsible for Professional Orientation of INSS were established, indicating ways for a practice based on the theoretical bases of the profession. It is recommended to conduct researches in the area that analyze the performance of this professional and the impact of their interventions in the replacement of INSS policyholders in the labor market.

Keywords: *Occupational Therapy, Professional Rehabilitation, Social Security, Professional Orientation.*

Análise sobre a atuação do terapeuta ocupacional como orientador profissional no serviço de reabilitação profissional do Instituto Nacional do Seguro Social (INSS)

Resumo: Introdução: O Serviço de Reabilitação Profissional (RP) do INSS sofreu várias mudanças, destacando-se aquelas que ocorreram com a criação do SUS e a retirada de qualquer tipo de assistência à saúde do instituto. Em 2008, com a revitalização do serviço, vários terapeutas ocupacionais ingressaram na instituição, mas permaneceu um modelo

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de atuação sem focar a assistência à saúde e sem valorizar a especificidade profissional. Essa forma de intervenção vem causando discussões quanto a atuação desses profissionais, implicadas pela falta de literatura que embase suas intervenções e fortaleça a manutenção de sua identidade profissional dentro desse novo cenário. Objetivo: Investigar a relação existente entre a terapia ocupacional e a função desempenhada pelos terapeutas ocupacionais no serviço de Reabilitação Profissional do INSS. Método: Pesquisa qualitativa, do tipo exploratória, sendo observada a atuação de uma terapeuta ocupacional da Gerência Executiva Recife/PE, Responsável pela Orientação Profissional. Resultados: Verificou-se que, no INSS, o terapeuta ocupacional emprega muitas especificidades de sua profissão, quais sejam relacionadas a: objetivo (emancipação do sujeito e inserção em atividade de trabalho), objeto (fazer humano, desempenho ocupacional), instrumento (análise da atividade laboral e do posto de trabalho). Além disso, percebeu-se que o contexto previdenciário exerce algumas limitações na atuação terapêutica ocupacional, no âmbito das normas institucionais de gestão e de condução do fazer profissional na RP. Conclusão: Foram estabelecidas relações entre a terapia ocupacional e a função de Responsável pela Orientação Profissional do INSS, indicando caminhos para uma prática sustentada nas bases teóricas da profissão. Recomenda-se a realização de pesquisas na área que analisem a atuação desse profissional e o impacto de suas intervenções na recolocação de segurados do INSS no mercado de trabalho.

Palavras-chave: *Terapia Ocupacional, Reabilitação Profissional, Previdência Social, Orientação Profissional.*

1 Introduction

The Brazilian Social Security has the Professional Rehabilitation (PR) service to minimize the social and economic consequences caused by the high numbers of sick leave and work accidents. This social security service:

> [...] aims to provide the means of re-education or vocational and social rehabilitation for insurance disabled people who are partially or totally incapacitated for work, regardless their need, and for people with disabilities enabling them to participate in the labor market and context in which they live [...]. These insured people are qualified for a new function/activity and may be considered fit to re-enter the labor market or incapacitated for the performance of the professional activity (BRASIL, 2010).

The INSS PR Service underwent several changes, especially those that occurred with the creation of SUS and the withdrawal of any kind of healthcare from the institute. It was necessary to rethink the Service's operational model to meet the new proposal set forth in Law 8213/1990 and Decree 3048/1999, which materialized with the proposal of the Reabilita Program, in the early 2000s. In 2008, with the proposal of Revitalization of the Service, several occupational therapists entered the institution but remained a model of action without focusing on health care and without valuing the professional specificity.

This form of intervention has been causing discussions about the work of these professionals, by the lack of literature that bases their interventions and strengthens the maintenance of their professional identity within this new scenario.

At the same time, to regulate these actions, occupational therapy class entities have developed legal instruments. Resolution 366 of May 20, 2009, and amended by Resolution 371/2009 provides for the recognition of Specialties and Areas of Practice of the professional occupational therapist, and recognizes as its own and private the professional the area of performance "Occupational Performance and Social Security" related to the specialty in Social Contexts (CONSELHO..., 2009).

In this context, the research sought to investigate the relationship between occupational therapy and the role played by occupational therapists in the Professional Rehabilitation Service of the INSS.

2 Method

2.1 Research characteristics

This is a qualitative research of the exploratory type that, according to Gil (2002), focuses on identifying the subjective aspects of social acts.

2.2 Ethical considerations

This research was approved by the Research Ethics Committee of the Health Science Center/Federal University of Pernambuco, CCA AE 00866512.7.0000.5208, in compliance with the requirements established in Resolution 196 of

October 10, 1996, of the Ministry of Health, related to the development of scientific research involving human beings. Participants were informed and signed the Informed Consent Form.

2.3 Location and research participants

The research was developed in the Professional Rehabilitation Service (SRP) of the INSS in the Executive Management of Recife/PE, focusing exclusively on the work of the occupational therapist who guides and monitors the professional programming of the service, that is, the role of Responsible for Professional Guidance (ROP). During the research period, three occupational therapists performed this role. However, only one participant was selected based on the availability of the service during the period of data collection.

The SRP assists the insured people of 18 Social Security Agencies, with 51 employees, along with 26 social security analysts, such as occupational therapists.

2.4 Instruments for collecting and analyzing data

Data were collected during 05 (five) meetings with the occupational therapist from March 26 to April 9, 2012, lasting 4 hours each, through interview and observation of their work with insured people enrolled in the program of PR. Observations occurred in the reserved room of the occupational therapist, both in weekly shifts (morning and afternoon), selected for the convenience of the researcher and availability of the therapist's schedule.

A semi-structured observation script was used, based on the basic literature of occupational therapy (CANIGLIA, 2005; HAGEDORN, 2001), consisting of the following points:

- Occupational therapy process: evaluation of information, definition of the goal/intervention plan, establishment of objectives and actions employed;
- Theoretical Models;
- Methodology and Foundations of the profession: activity analysis, evaluation resources, ergonomics, life history, interests and skills test, practical project, orientation and interview technique.

The meetings were still recorded in a field diary at the same moment of observation, and then, it was transcribed.

The data collected were transcribed and organized with the help of Microsoft Office Word (2007 version) and analyzed through thematic analysis with the identification of categories.

The categories of analysis/discussion generated, based on the observation script were: Object, objective and patients of occupational therapy and ROP; Occupational therapy process and its relation with the Professional Guidance function; Theoretical fundamentals of occupational therapy and its use in occupational guidance; Methodology of occupational therapy and its relation with professional orientation; Context of professional orientation and limits of action for occupational therapy, discussed below.

During the analysis of the data, the results of the observations were confronted mainly through the specific literature on occupational therapy, including the resolutions of the Federal Council of Physical Therapy and Occupational Therapy (COFFITO), the Manual that guides the actions of the Professional Rehabilitation Service INSS and other texts of the literature area.

3 Results and Discussion

3.1 Object, goal and patients of occupational therapy and professional counselor

The main points that characterize a profession are objective, patient, an object of work and instrument (SOARES, 2007).

According to the definition elaborated by the Occupational Therapy course of the Department of Physical Therapy, Speech and Hearing Therapy and Occupational Therapy of the School of Medicine of the University of São Paulo in 1997, occupational therapy:

> It is an area of knowledge and intervention in health, education and in the social sphere, bringing together technologies oriented towards the emancipation and autonomy of people who, for reasons related to specific temporary problems, such as physical, sensorial, mental, psychological and/or social, or difficulty of insertion or participation in social life (WORLD..., 2003).

From this definition, it is understood that occupational therapy aims at emancipation and autonomy as objectives and with the adult patients, the constant focus on their interventions is the insertion of men into the world of work (WATANABE; NICOLAU, 2001). These authors cite interventions aimed at rehabilitation and re-education, social promotion, among others to reach these goals in the area of worker health. These objectives were also observed within the context of INSS, since the purpose of RP, and consequently of ROP, is to (re) insert these workers into a non-addictive work, either by adapting the origin function to the subject's condition, or by finding a new occupation that makes sense to him and does not aggravate his state of health. It is also worth mentioning that within this field, the occupational therapy is also linked to intervention with a social focus, because the process of worker's wear and tear in their work also has a social character, and there is a commitment of the ROP in the achievement of the right to work of these insured people who were excluded from it (WATANABE; NICOLAU, 2001).

Besides this congruence between the objectives of occupational therapy and this professional in the ROP function, there is also a relationship with the patient assisted. Occupational therapy assists people with weaknesses and disabilities that cause difficulty or impediment in the accomplishment of their daily occupations, such as the Labor and Productive Activities, which include the vocational activities, that is, those activities linked to work (NEISTADT; CREPEAU, 2010). Correspondingly, ROPs treat insured people who are away from work with a partial incapacity for normal work activity.

After discussing the objective and target patient of both roles, and understanding work object[1] as being the aspect in which a profession focuses its action, treatment, research, and study, it is considered that the role of the occupational therapist in the function of ROP it is also linked to the same specifications when the object of occupational therapy is mentioned, that is, according to Soares (2007) and Caniglia (2005), action, human doing, activity, praxis health and occupational performance.

Corroborating this statement regarding the object of occupational therapy within the area of Worker's Health, Watanabe and Nicolau (2001, p. 160) say that the profession "[...] intervenes on or by action, attitude, doing, product, that is, about the relation of the worker and his work".

Another point that characterizes and even differentiates a profession is the instrument, that is, the methodology used (SOARES, 2007).

Some of the resources most used by the occupational therapist, within the guidance of professional guidance, are the same as Watanabe and Nicolau (2001), considering the main ones within occupational therapy in Worker's Health: the evaluation and analysis of work activity.

According to the authors mentioned above the most mentioned and linked instrument to the identification of the profession for occupational therapy is the use of directed activities, that is, the use of "middle activities" (DE CARLO; BARTALOTTI, 2001; SOARES, 2007). However, Caniglia (2005) argues that the activity in occupational therapy is only one of the means and not the only means of intervention, being in this context and in the context of Social Security, considered as "end-activity".

On this subject, other relational points will be discussed later in the item "Methodology and Fundamentals of Occupational Therapy and its relationship with Professional Guidance".

3.2 Occupational therapy process and its relationship with the professional guidance function

The process of occupational therapy is the name given to the sequence of actions developed in the intervention with the individual (HAGEDORN, 2001). It is a process that contains a basic format used by all the health professions, but when applied by an occupational therapist, it becomes proper to the profession, because, besides the application of this "simple" sequence, it is used to combination of professional experiences, knowledge, skills, and values of a specific training.

It involves the following steps: gathering information about the patients, their situation and their problems; evaluation of this information; set goals for therapy; establish priorities for action; choose a required action, implement it and evaluate the results. The process in practice is dynamic and there is space, between or during each stage, to evaluate relevant information and decide on interventions and interrupt or modify them, if necessary (HAGEDORN, 2001).

Next, the steps taken by the occupational therapist as a professional counselor will be discussed.

a. First service

The first service is defined as "patient contract, professional and the payer for the services", which establishes the promise of therapeutic services and where the patients establish their expectations (NEISTADT, 2010).

In the professional orientation, there is the presentation and explanation about what the Professional Rehabilitation Program is and the contract is signed on what will be the ROP, INSS and insured roles within the PR process. The service is intended to guide the insured people for their rights and legal duties in relation to participation in the Program. The first contact usually begins with presentations, orientations, and explanations about the services of the therapist and the program (SUMSION, 2003).

b. Screening

At the time of screening, the occupational therapist should evaluate, either independently or as a team member, to ascertain whether or not the patient would benefit from their interventions (EARLY, 2005).

According to the Technical Manual of Procedures of the INSS (BRASIL, 2005), one of the stages is the evaluation of the work potential, which consists of a screening, a physical evaluation performed by the medical expert and a socio-professional evaluation by a training server rehabilitation and related areas. At this time, specific evaluations of physical therapy and occupational therapy may be requested.

Thus, at the first moment, after the evaluation of the socio-professional data by the ROP, it is identified if the insured person would benefit from the Program to return to the labor market. Based on the evaluation of socio-professional issues, if it is identified that the insured patient does not have the potential to satisfactorily fulfill the program, the professional declares that the worker will not benefit from the Program.

At this point, it should be pointed out that the Manual of Procedures for Professional Rehabilitation of the INSS recommends that the conclusion of the evaluation of the work potential be done jointly, that is, the medical expert and ROP should obtain a consensus regarding the referral of the worker to the PRP. However, in cases where opinions differ, the INSS legitimates the expert to make the final decision as to the eligibility or not of the worker to comply with the PR.

This situation sometimes becomes an impediment to professional autonomy within the institution, since the organization understands and confers on the expert the final decision on the working life of the workers. In the case of a unilateral decision, there is an obstacle to teamwork.

c. Collecting information (Assessment Resources)

The evaluation process in occupational therapy focuses on the patient's occupational problems and it uses clinical reasoning, communication construction (therapist-patient relationship) and activity analysis. Occupational therapists gather information regarding areas, components, and contexts of occupational performance (NEISTADT, 2010).

The author states that before an evaluation in occupational therapy, it is important the medical record be analyzed, since there may be diverse information on diagnosis, clinical and social conditions. However, it will not inform the patient's singularities as an active subject. For this reason, the occupational therapist should not indicate a treatment only through the medical records, so it is necessary to increase the evaluation process with the interviews.

Regarding the PR Program assistance, the information relevant to the process is collected through interviews with the insured patient, not included in a protocol standardized by the institution. It is up to the professional to choose the method that is most appropriate for seizing the information about the patient's history (insured). The medical record is another means to obtain information from previous evaluations of other professionals of the team, including mainly the evaluation of the work potential. This was observed in the context of this research, because it was seen that the worker may have been evaluated, at the time of his eligibility by a professional for the PRP and at the time of the orientation stage be accompanied by another.

The area of performance analyzed in detail by the ROP is the productive one (work), and since it is the RP of the INSS, it is understood that all the insured people present are far from work, with a compromise in the performance of this activity.

The physical and cognitive performance components are also evaluated, addressing the insured's person potentials and contraindications, considering the diagnosis of the disease to establish a new role, whose activities demands are compatible with the worker's remaining abilities, if not return to the same job.

Also, socio-occupational aspects are considered, such as age and education level since considering the current labor market, people of advanced age and/or low education level are less likely to compete equally in the formal employment.

The individual and family incomes are analyzed, since the new role to be performed must provide the worker with a standard of living equivalent to the one before the incapacity and, in the case of the family provider, to ensure the conditions for maintaining the subsistence of all who are cared.

To the relevance of the survey of the professional history, it is understood that people who have few professional experiences, or very long professional experiences in a single area, have difficulty adapting to new functions and, consequently, low competition in the labor market.

In this research, it was verified that the occupational therapist who acted as ROP performed the historical professional survey of the insured with the same meaning that Caniglia (2005, p.159) describing the historical survey of the patient. About this, this same author says:

The Occupational or Historical History of Praxic Life is a procedure used by the occupational therapist to investigate possible meaningful activities, objects of achievement and life projects in the daily life of the individual. The occupational therapist investigates tastes, aptitudes, preferences, abilities, facilities, and possibilities within the life and routine of the patient. It investigates familiarity and affinity with the duties; assessing the quality of the individual's relationship with his or her own doing. It investigates what are the daily activities and how they are organized. Occupational History investigates the past and the present and looks at the present and the future. It is an evaluative and therapeutic procedure, at the same time, and it does not present a predetermined period for execution.

This procedure helps the ROP to propose and identify with the insured people the most appropriate function, according to its uniqueness. However, it is in disagreement with what happened in the ROP interviews interviewed, in the little time spent on this activity. This was probably due to the context of high demand and fast attendance. Ideally, patient time should be respected, even if it requires several sessions (CANIGLIA, 2005).

The type of benefit is also considered important, since it directs some procedures to be carried out in the PR Program, since insured people for the benefit of illness or accident at work have a relationship with the company and stability of 01 (one) year, choice of the new role, many times, simpler and more focused on functions already existing in the company.

Besides the objective questions, the worker's wishes, his life history, interests, profile as worker and subject are also interesting, as well as if he already has some idea about the new role where he should be rehabilitated.

It is possible to notice a great similarity in the evaluative behavior mentioned above with several components of a report of Caniglia (2005, p.145) on the use of types of evaluation or tests that can evaluate the human doing (object of the professional orientation as well), such as the "Staff (person-centered)":

> The tests are usually qualitative. The emphasis is on the person, contextualized in his particular universe. The characteristics of the person, his environment and situation are evaluated. Open questionnaires, interviewing, free practice, profiling of people, testing of areas of interest, skills and abilities, research on talents and vocations, occupational history, life history, [...] evaluation of motivation, [...] qualitative observation with doing, performance and competence evaluation, investigation of life projects and significant activities, collection of routine tasks [...]. The treatment is planned considering the individuality, peculiarity, special issues and all possible variables of the patient's context. The personal habits and values, tastes and preferences of the individual, socioeconomic and cultural environment are considered [...].

Besides these issues observed and found in the literature, the Technical Assistance Handbook in the area of Professional Rehabilitation (BRASIL, 2005) describes that one of the roles to be performed by ROP is the Evaluation of Labor Potential. However, due to a particularity of the Executive Management in Recife/PE, some professionals only perform the role of evaluating the work potential, while others develop only the role of professional orientation. Thus, when the insured patient arrives at the professional orientation, the evaluation of the work potential (physical and socio-professional evaluation) has already been carried out.

It can be understood that this separation of roles fragments the process of follow-up of return to work of these policyholders, considering that it is not always the evaluator who discusses with the worker his possibilities of returning to work.

Corroborating Caniglia (2005), it is believed that the work process of the occupational therapist should not be fragmented, because the professional maintains an integral and contextualizing view.

Despite this, it is important to emphasize that occupational therapists have a great deal of familiarity in understanding the reflection that occupational limitations cause in the performance of activities as a whole, including work activities, as well as in evaluating the work environment where the insured will establish their contacts and use their capabilities. This reasoning is called "activity analysis", which also occurs in the first moments, as it assists in the definition of eligibility for PRP.

d. Identification of the problem (Evaluation of the Information) and Selection of the solution (establishment of the goals)

In occupational therapy, after the collection of relevant information, the identification of the problems is performed. The "problem" means identifying the needs of the patient and the areas of intervention of the occupational therapist (HAGEDORN, 2001).

In the ROP role, the identified problems are thought around some positions, such as: Is the insured person physically and socio-professionally able to be rehabilitated professionally? In what role can he be rehabilitated? After being included in the training courses, could he be included in the job market? The goals to be achieved and the solution of problems are linked to the search for the answer to these questions.

In this sense, the goal sought by the ROP for the insured person to reach the goal of return to work is that he can be referred to a new role compatible with his residual abilities, does not disrespect his contraindication and still meets his expectations and interests of work.

e. Identifying the desired result (Goal Setting)

This stage of the occupational therapy process relates that after identification of the "undesired state", the "desired state" is specified. The retired insured person cannot return to the same work activity under the same conditions that made him/her sick, even after adaptations by the company, which would represent an undesired result. In this condition, it is necessary to identify the new role to be glimpsed, so he returns to the labor market (desired result).

For occupational therapy, the objectives of the intervention should never be imposed, and the definition of the desired state should be established according to a negotiation between the professional and the patient (HAGEDORN, 2001; SUMSION, 2003). In this sense, and according to the Rehabilita Manual, the choice of the new role must be performed consciously and together with the insured patient. During the selection of a new role, the ROP tries to maximize the interest of the insured person with the offerings of training courses by institutions agreed to INSS, such as the Municipality of Recife, and the real possibility of reinsertion in the market of the job. This moment is named in the social security context as "Approach".

However, as legally in the PRP, if the insured person meets the physical, psychological and socio-professional conditions for the program, and therefore he is considered eligible, and does not want to participate in this program, this is a refusal, and the benefit is terminated. Thus, even if the insured patient does not want to be rehabilitated or does not agree with the possibilities available to the rehabilitation, the program must be fulfilled. Therefore, it can happen that the result desired by the ROP is not the same as the one desired by the insured person: this can glimpse a job adapted to his needs, the desired job that motivates or even ambitioning the retirement.

f. Development and implementation of a plan of action (Actions)

It is the moment when the solution is implemented to reach the pre-established objective (HAGEDORN, 2001). The ROP relies on the various actions of its skills to achieve the insured person's discharge. Thus, he must know his work potential, the ideal conditions for the exercise of professions and the particularities of the labor market. After the Approach, the professional qualification of the subject is thought, and then the planning stage and the professional preparation, through courses and training available in the community (BRASIL, 2005).

Caniglia (2005) states that referrals in occupational therapy are constant behaviors during treatments. Patients are advised to seek out services and vocational courses. The same author complements that to perform the referrals properly, the therapist must consider the motivation, skills, and limitations of the patient.

All these behaviors listed in the practice of the occupational therapist are also adopted by the ROP of the INSS when making the referrals to the

courses and training of institutions associated with the INSS, whose courses are usually those offered by the City of Recife.

In agreement with what also happens in professional orientation, Caniglia (2005) affirms that the therapist continues to accompany the patients on their performance and performing (re) referrals, if necessary.

The action plan does not only concern what the therapist should or should not do but also includes actions undertaken by the patient or others (HAGEDORN, 2001).

Thus, the insured person must carry out the courses and training to which he was referred with appropriate commitment.

Bregalda and Lopes (2011) list a series of occupational therapy interventions that are developed in the field of PR in INSS, in the Executive Management in Jundiaí-SP, and that could also be observed within the context of Executive Management in Recife/PE, such as: the insured person´s initial understanding of his situation, perceptions, and expectations; information to the insured person as to his real situation; "empowerment", orientation, follow-up and construction of actions that enable professional rehabilitation; and monitoring of the insured patient during the qualification.

The Manual adds other actions, such as: guiding the insured person according to the legislation, institution rules and the Professional Rehabilitation Program (PRP); guiding and leading the insured person to the conscious choice of the activity to be exercised in the labor market; together with the medical expert, defining the compatibility of the new role to be exercised; planning the PRP; guiding and directing the insured person to the professional program in the community, as well as monitoring his development; visiting to businesses and jobs to analyze and monitor development, and redirecting, if necessary, the program; performing, with the medical expert, reassessments for follow-up, redirection and shutdown of the program; and some bureaucratic functions (BRASIL, 2005).

When choosing a new role with the insured person, the ROP adopts the identification of the interests of the insured person as actions and what the necessary qualification to act in this new role.

On this subject, Neistadt (2010) reports that it is important to identify the interests of the patient because it is understood that the occupations that the person chooses to do have a meaning for the subject.

Caniglia (2005) states that the development of practical projects is commonplace in the practices of the occupational therapist. Therefore, this professional is based on the construction of life projects related to the significant activities, the accomplishment of the subject in the scope of domestic, work and play. Consistent with this professional practice, there is the action of the occupational therapist who acts as ROP in the place where the research was performed.

g. Evaluation of Results (High)

Regarding the discharge process, Sumsion (2003) clarifies that this period may vary according to the institution's policies.

In the technical procedures of supervision in occupational therapy, it is explained that the discharge of the Institution "[...] is indicated in the team discussions, clinical meetings or similar, in which the patient of the institution where is planned and registered is inserted [...]" (PARÂMETROS..., 2011, p. 5).

In the Executive Management Recife/PE, the discharge of the PR has two moments: the discharge defined by the ROP, which corresponds to the moment in which the courses and training for the new role are satisfactorily closed, and the high medical expert, in which the medical expert issues an opinion claiming that the worker is able to return to the labor market by performing the function for which he has been rehabilitated.

In the observed practice, this occurred in disagreement with the literature, including with the Manual Reabilita (BRASIL, 2005), since even if there is a team responsible for the PRP of the insured person, and this establishes the moment of discharge, the discharge process often does not occur jointly with case discussions at meetings or similar procedures. The moment of discharge occurred vertically, in which each professional established, only from the aspects of his responsibility, the discharge of the insured.

3.3 Theoretical fundamentals of occupational therapy and its use in occupational guidance

Understanding the wide range of models and approaches used in occupational therapy (CANIGLIA, 2005), and the lack of consensus regarding the use of terms (HAGEDORN, 2001), this study proposed to survey only some theoretical foundations of occupational therapy, where the

influences on attendance in professional orientation are more evident, making clear that a more detailed discussion about the use or not of other models of occupational therapy in Professional Rehabilitation would be deserved.

According to Caniglia (2005), professionals often mix approaches in the course of their practices. In agreement with this statement, during the observations, it was identified that the occupational therapist observed in this research does not follow the influence of only one, but that the focus of his interventions uses the assumptions of more than one theoretical referential.

Below, some theoretical foundations that are constantly studied and used in the practice of occupational therapists, in several areas, and that could also be identified in the observations will be listed.

a. Human Occupation Model (MOH)

The MOH allows the therapist to think about a person's occupational behavior and occupational dysfunction related to the interaction of the volition, habit, and mind-brain-body performance subsystems, as well as to include the influence of the environment on the occupation (KIELHOFNER; BARRET, 2010). These concepts adopted by the Model on the influence on the individual's occupational performance are similar to the aspects invested by ROP in their care. However, due to the organizational context that surrounds the PRP, these subsystems are considered with a certain hierarchy, beginning with the capabilities, followed by the habits and roles, and lastly the motivations of the insured patient.

b. Humanist Applied Reference Framework

The term used to describe the practice of occupational therapy through theories from outside the profession is Applied Reference Picture (HAGEDORN, 2001).

This reference has the basis of humanism and originated the customer-centric approach, as well as being "quite holistic" (HAGEDORN, 2001). In line with what happens in professional orientation, where this professional acts as a facilitator, this theoretical approach prioritizes the worker to direct his choices in the decision making that have meanings for him, and to accept his responsibilities. There is a process of development of self-valorization, capacity to explore thoughts, perceptions, and experiences (HAGEDORN, 2001). In the context of PR, it is closely linked to the fact that sometimes the insured person actually sees himself as disabled, unable to perform any activity. The understanding of this fact goes beyond the physical components, necessary for the ROP to have a global view of that individual.

Hagedorn (2001) says that the occupational therapist can make the choices for the patient, but should seek to act according to the patient's point of view. This assertion is relevant when it comes to occupational guidance interventions due to the social security context, since, in the cases observed, this type of action was often the main approach, since many policyholders do not express an interest in returning to work, since they aim to attested to the inability to return to work, to then acquire the retirement benefit. At this point, it should be emphasized that this desire of the worker often comes from the feeling of incapacity and the fear of not finding space in the labor market, in face of its current health condition. However, in these situations, it is understood that the monitoring of the program tends to be more prescriptive than participative, reinforcing that the ideal, in fact, is for the insured patient to participate actively in the whole process of his own PR.

Corroborating this information, in a survey where interviews with occupational therapists of the INSS PR sector of the INSS agencies of the states of Pernambuco and Paraíba were conducted, it was observed that, although most of the interviewees did not identify the use of occupational therapy in their practices, it was perceived through their discourses that most of the interviewees used the biopsychosocial approach and the patient-centered approach (GOMES, 2010).

c. Holistic approach

The occupational therapist is an unparalleled professional in the worker health area, due also to the way he perceives individuals globally (SIQUEIRA et al., 1996, cited by LANCMAN; GHIRARDI, 2002). Corroborating the authors mentioned, Watanabe and Gonçalves (2004) say that the professionals who work in the area of worker health are based on the holistic metamodel.

In the holistic paradigm, each part that involves the individual cannot be considered in isolation (HAGEDORN, 2001). In the INSS organizational context, it was observed that the evaluations and the attention given to the insured person approach the holistic paradigm, since they use instruments that

include the physical, individual and socio-professional aspects. However, despite this scope of the instrument, it was found in this research that the conclusions of the evaluations and the conduction of the Professional Rehabilitation Program were more aligned to the reductionist paradigm, that is, the vision of the service was often reductionist, given privilege to the physical aspect of the labor capacity and in the possibilities of accomplishing another work activity. This is because, as mentioned previously, it was up to the medical expert to make the final decision as to the eligibility or not of the worker to comply with the PR, and the conclusions gave greater weight to the physical dimension of the workers.

However, it should be mentioned that when observing the practice of occupational therapists in the institution, despite these circumstances, it was found that each insured person is considered broadly, a biopsychosocial being, endowed with feelings, thoughts, and perceptions, which are understood in the process of listening. This is what has learned from a ROP report in the observation that it makes clear that, although there are many points in common, "each case is a case and there is no a single procedure".

In this sense, for occupational therapy,

> [...] each patient, worker or company is a unique case, independent of the problematic or pathology presented, and it is not possible to generalize [...] (WATANABE; GONÇALVES, 2004, p. 19).

Another indispensable factor for the reception with attention in the individuality of the subject is the qualified listener of the workers, which is included as one of the premises of the occupational therapist in this area, enabling the professional to know the work from the perspective of the workers (WATANABE; NICOLAU, 2001; LANCMAN; GHIRARDI, 2002).

To investigate the labor activities, the positions and the relationships of the work (activity and insured people); know the determinants of the workload; to favor the worker the self-knowledge as professional were actions carried out by the ROP interviewed. This professional maintained an active listening and promoted to the insured patient´s reflections or clarifications on their remaining capacities because sometimes the injured person becomes incapacitated for any activity. In this way, the therapist gives the workers the knowledge about their desires and their current possibilities; clarification of rights and duties, not only those related to the PRP, but also rights as a citizen in general; awareness of the role and responsibilities of the PRP; and relationship of interdependence in the conflicts and the search for solution, considering that the process of professional orientation must occur with the insured (WATANABE; NICOLAU, 2001).

3.4 Occupational therapy methodology and its relation to professional orientation

Caniglia (2005) states that methodology is all means including approaches, tools, instruments, and techniques used to achieve the object. She also says that these procedures can vary greatly depending on the context of action, that is the area, the institution and the forms of care. Thus, many differences are found between the best known and applied procedures in occupational therapy and those applied in professional orientation. Below, although some have already been presented throughout the text, the procedures of the occupational therapy practice that were identified in the process of professional guidance will be identified separately.

a. Analysis of human activity

For Guimarães and Falcão (2004), the specificity of the occupational therapist is given by the knowledge of the activities and the experience of analyzing them.

Analyzing the activities is to break them down, observing them with minutiae (PEDRAL; BASTOS, 2008). Also, Francisco (2008) argues that the activity analysis allows the occupational therapist to know the activity in its details.

Thus, the analysis of activities allows identifying if certain labor tasks are contraindicated or can be adapted to the conditions of the worker if it has some limitation or pathology, an essential action in cases of professional rehabilitation (WATANABE; GONÇALVES, 2004).

In this sense, the interviewed occupational therapist, as ROP, performed the analysis of activities at some moments within the PR process. First, at the time of the verification, the insured person is observed to see if he is eligible or not to comply with the Professional Rehabilitation Program. At this stage, the ROP surveys the contraindications and residual skills and socio-professional characteristics, making a cross-referencing of these aspects with the

survey of possible activities compatible with the particularities of the insured person.

Similar to this, there is the identification of cognitive, sensory, psychosocial, and physical abilities. Basically through this type of analysis, whether the function originally exercised may or may not be compatible with the insured person´s physical contraindications is identified.

The second time the ROP performs the activity analysis is in the "approach" phase, in the choice of the new role. The insured patient expresses his wishes and interests. However, the ROP must indicate and advise only those activities that are compatible with the new reality of the insured patient's performance. Thus, the occupational therapist uses his knowledge about the demands of an activity, that is, uses the technique of activity analysis.

This corroborates Trombly's statements (2005, p. 262) that one of the reasons the occupational therapist analyzes an activity is to know "[...] whether the patient can be expected to perform the activity [...]".

b. Workplace Analysis (APT)

There was no APT during the observation period of this research, but it is worth mentioning it as one of the procedures also present in the reality of occupational therapy, since there have been records in the literature about this intervention performed by occupational therapists in the INSS ROP role (CABRAL et al., 2012; PEREIRA; CABRAL, 2010).

The activity analysis already incorporated by the occupational therapist is also used by ergonomists and is of great importance in the business context. When analyzing the work activity, the occupational therapist can know the content of the task, its implications, specific requirements and its effects on the person (WATANABE; GONÇALVES, 2004).

The APT, in the context of the INSS, occurs mainly in cases where there is diversity between the insured patient´s speech and the prescribed activities in a certain role. Or, when there is a divergence of opinions between medical experts and ROP on the indication. Therefore, in RP, APT is performed with the objective of confirming, through the observation of the actual work, the compatibility between the insured person and a certain role (CABRAL et al., 2012; PEREIRA; CABRAL, 2010).

In this sense, the APT developed by the interviewed professional was related to the ergonomic view of the occupational therapy, which works according to the Anglo-Saxon current. In this chain, the action is directly focused on the workers already injured (NUNES, 2007).

Occupational Therapy on Anglo-Saxon Influence:

> [...] is dedicated to the analysis, diagnosis, placement and replacement at work from the perspective of the physical abilities of occupational performance, through the evaluation of the functional capacity and adaptation of the work to the needs of the worker in the process of reintegration in the productive activities [...] (KAREN, 1999 apud NUNES, 2007, p. 278).

c. Elaboration of practice projects

> The occupational therapist deals with difficulties and limitations, but also with skills and aptitudes. The limitations are often small, sometimes they are greater to the point of causing radical changes in the individual's life plans (CANIGLIA, 2005, p.95).

ROP insured patients are workers who for some reason, sudden or not, have limitations to continue to perform their former role, but still have sufficient skills so new projects, different from what was intended, can be planned.

The development, replacement, and adaptation of life projects are a widely used resource in occupational therapy. The therapist acts as a "manager", investigating the most significant projects, which meets the expectations and the reality of the subject, seeking to make the patient realize it (CANIGLIA, 2005).

In the context of this research, the practical project developed by the insured person and qualified by the occupational therapist, as ROP, is to learn a new job.

Regarding the reinsertion of the rehabilitated in the labor market, Lancman (2004) says that in this problem it is up to the professional to overcome the reductionist view, limited to the scope of the clinic, and to transcend the knowledge, arriving at the understanding of the labor market and the necessary mechanisms for the return to work.

The work of the occupational therapist, as ROP in the PR sector, develops on the assumption that faced with the great competition for entry into the labor market, only the analysis of physical, cognitive and psychological capacity will not be enough. Therefore, socio-occupational and personal aspects, adaptations in environments and workplaces, should be considered when introducing and guiding the

worker in the PR process, which provide elements, together with an understanding of the labor market, to define the PRP.

3.5 Context of professional orientation and limits of action for occupational therapy

Some aspects related to the social security context where the occupational therapist attends, in the function of ROP, exert a limitation on the possibilities of the therapeutic action of this professional. These limiting points concern the institutional norms of management and conduction of the professional doing in PR.

The courses conducted by the insured person to receive professional training, guide the process of choosing the new roles. However, the courses provided by the INSS, through contracted institutions, are limited to some functions and do not always respond to the demands brought by the insured person. Therefore, the survey of new roles is carried out together with the existing courses, and those identified are those that are compatible with the contraindications of the insured person and representative in the formal labor market.

All these questions end up making small the range of courses to be available. This reality was also found in the state of São Paulo, among 46.2% of the occupational therapists in the PR sector interviewed (BREGALDA, 2012).

Another limiting point identified was the service bureaucracy, since reports and other procedures must be formulated, besides the various information systems that must be fed, so there is no optimization in the time available for many services. Also, some of them are configured only for passing on specific information, referring to contacts with companies or about courses and certificates.

Besides these issues, one of the main issues to be considered is the desire for retirement, due to the convenience brought by the benefit (BREGALDA, 2012). This is reflected in such a way that often the insured person fulfills the program of professional orientation without participating in an active way of the steps. The insured person thinks that if he does not contribute or does not show interest and motivation for the PRP, retirement can happen. On this, the occupational therapist stated that "[...] sometimes the insured patient wants retirement so he does not want another role, he has potential, but he shows no other role".

Because of the strong desire to obtain the continuous benefit, that is, the retirement, the care provided from occupational therapy in the social context is differentiated of other contexts and interventions in health and education, for example. This was evidenced in a conversation between the observed professional and another occupational therapist who also works as the professional counselor of the service:

> [...] the will of the insured person is different from the will of the patient. One wants to be well, has a lot of motivation, and the other wants the safety of the benefit, mainly because with a limitation, the insured person is no longer as competitive in the job market, and even with the quotas that give greater security to get a job, they do not feel safe. So, even if they have a job out, the security of the benefit makes them not want what the RP asks for. Even because, here, there is the tip of the system, there is the end of all attempts at retirement.

Therefore, the moment when the ROP and the insured person should define a new function is, for the professional, one of the most critical moments, as in many times the insured is exclusively for retirement.

4 Conclusion

We know that each professional, despite having the same training opts for methods, instruments and peculiar approaches appropriate to the context, but also to their beliefs. However, although the observations were limited to the care of an occupational therapist who performs the role of ROP, the proposed objective could be fulfilled because relationships were established and analyzed between occupational therapy and the role of the Professional Guidance Officer. This relationship may indicate a path to a practice based on the theoretical basis of the profession and encourage research in the area that analyzes the performance of this professional and the impact of his interventions on the replacement of INSS policyholders in the labor market.

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Author's Contributions

Etiene Cerutti contributed to the design of the text, research and organization of the sources, data analysis and writing of the text. Vanessa Sousa contributed to the analysis and organization of data and sources and the final review of the text. Manoela Tereza contributed with the coordination of work, the organization of data and sources and the final review of the text. Ana Karina Pessoa contributed with the orientation of the work, analysis of results, organization of data and sources and final review of the text. All authors approved the final version of the text.

Notes

[1] Caniglia (2005) states that the professional object is unique and immutable. The areas of action and the means and resources of the interventions are changed, but the object of work will always be the same. Also, she states that it is unique to a particular profession, so different professions may work with the same object of study but never with the same professional object. She emphases that the role of professional advisor in which this study is delineated, was made from the work of an occupational therapist, so the term "object of work" was maintained and not "object of study".