

Original Article

The INSS professional rehabilitation program and the reinsertion of workers into the job market¹

O programa de reabilitação profissional do INSS e a reinserção do trabalhador no mercado de trabalho

Geovana de Souza Henrique dos Santos^a , Roseli Esquerdo Lopes^a 

^aUniversidade Federal de São Carlos – UFSCar, São Carlos, SP, Brasil.

How to cite: Santos, G. S. H., & Lopes, R. E. (2021). The INSS professional rehabilitation program and the reinsertion of workers into the job market. *Cadernos Brasileiros de Terapia Ocupacional*, 29, e2100. <https://doi.org/10.1590/2526-8910.ctoAO2100>

Abstract

Introduction: In Brazil, public assistance to workers affected by diseases or accidents, unable to practice their profession, but with residual work potential, is provided by the National Social Security Institute (INSS), through the Professional Rehabilitation Program (PRP). **Objective:** The general purpose of this research was to understand the PRP's contribution to the reinsertion of the worker into the labor market. **Method:** It is a case study, documentary, cross-sectional and descriptive, which had as a data source 592 medical records of workers referred to the PRP of an INSS Agency of the Southeast region of Brazil, from 2007 to 2012, from which they were extracted sociodemographic, academic and professional data, as well as interviews with eight rehabilitated users. **Results:** The results showed that 48.5% of the insured persons were eligible, 34% considered rehabilitated and 49.02% were employed. The respondents did not point out a direct relationship between the PRP and their reinsertion in the market, but stated that the resources used were important to achieve, if not a job, at least personal and professional recognition. Although the employability rate of the rehabilitated workers is satisfactory compared to those found in studies of developed countries and with less unequal societies, this apparatus has not yet become an effective ally of the Brazilian worker. **Conclusion:** It is essential that the INSS and rehabilitated professionals have a more active stance in the rehabilitation process. The

¹This article is part of a master's dissertation titled, "The Occupational Rehabilitation Program of the Brazilian National Social Security Institute and the reinsertion of workers in the job market: A case study", developed along the line of research, "Social Networks and Vulnerability", of the Postgraduate Program in Occupational Therapy of the Federal University of São Carlos, Brazil.

* The research has already been presented at the XIV Brazilian Congress of Occupational Therapy.

** The article is original, is not under analysis in any other scientific communication vehicle and has not been published in another scientific journal in whole or in part.

Received on May 13, 2020; 1st Revision on June 29, 2020; 2nd Revision on Sept. 22, 2020; Accepted on Nov. 13, 2020.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

promotion of intersectoral actions that seek to articulate the public policies related to the area and that encompass the complexity of the process of return to work should be considered.

Keywords: Rehabilitation, Vocational, Social Security, *Instituto Nacional do Seguro Social*, Employment, Supported, Return to Work.

Resumo

Introdução: No Brasil, a assistência pública voltada aos trabalhadores acometidos por doenças ou acidentes, incapazes de exercerem sua profissão, mas com potencial laborativo residual, é prestada pelo Instituto Nacional do Seguro Social (INSS), por meio do Programa de Reabilitação Profissional (PRP). **Objetivo:** Compreender a contribuição do PRP na reinserção do trabalhador no mercado de trabalho.

Método: Trata-se de um estudo de caso, documental, transversal e descritivo, que teve como fonte de dados 592 prontuários de trabalhadores encaminhados ao PRP de uma Agência do INSS da região Sudeste do Brasil, no período de 2007 a 2012, dos quais foram extraídos dados sociodemográficos, acadêmicos e profissionais, além de entrevistas com oito usuários reabilitados. **Resultados:** Os resultados apontaram que, dentre os segurados encaminhados ao Programa, 48,5% foram elegíveis, 34% considerados reabilitados e, destes, 49,02% estavam empregados. Os entrevistados não apontaram relação direta entre o PRP e sua reinserção no mercado, mas afirmaram que os recursos utilizados foram importantes para conquistarem, senão um emprego, ao menos reconhecimento pessoal e profissional. Apesar da taxa de empregabilidade dos trabalhadores reabilitados ser satisfatória em comparação com aqueles encontrados em estudos de países desenvolvidos e com sociedades menos desiguais, esse aparato ainda não se tornou um aliado efetivo do trabalhador brasileiro. **Conclusão:** É essencial que os profissionais do INSS e reabilitados tenham uma postura mais ativa no processo reabilitatório. Deve-se considerar a promoção de ações intersectoriais que busquem articular as políticas públicas relativas à área e que abarquem a complexidade do processo de retorno ao trabalho.

Palavras-chave: Reabilitação Profissional, Previdência Social, Instituto Nacional do Seguro Social, Readaptação ao Emprego, Retorno ao Trabalho.

Introduction

Work is the act of production by humans. It is through work that humans become social beings, which is necessary for our existence and distinguishes us from non-human forms (Antunes, 2011). According to Castel (2010, p. 578), “[...] work continues to be a reference not only economically but also psychologically, culturally, and symbolically, as demonstrated by the reactions of those who do not have it”.

In a capitalist society, the labor force has become the only property of a large portion of workers. Workers’ health has transformed into a quality that, upon meeting workers’ needs, plays a key role in the interests of capital by enabling greater productivity and

consumption. Thus, a large number of productive workers means a large reserve army that would remain in idle, precarious employment (Soares, 1991).

Technical progress and capital accumulation have created and broadened this reserve of workers, who, being chronically distanced from the productive system, participate in the productive process only during peaks of accumulation. This contingency includes individuals with sickness, those with disabilities, those who are victims of the industry, and those who are considered too old, which implies, all those who do not fit the cumulative profile (Soares, 1991).

The emergence of some kind of social protection to workers that attempt to minimize their suffering from situations that make them vulnerable and that regulate work conditions are related to industrialization and are seen as a form of self-defense against capitalism (Fleury, 1994). The development of Brazil's social protection system was based on the country's historical development, arising from its colonial experience. Historically, workers were responsible for their survival and access to goods; in addition, social services were marked by inequality, heterogeneity, and fragmentation (Yazbek, 2012).

Social security in Brazil, which protects the majority of workers in the private sector, is administered by the state, even though it emerged as an initiative of the workers themselves. This system became structured and linked to the protection of formal work and a set of philanthropic initiatives on the part of civil society (Batich, 2004; Yazbek, 2012).

The National Social Security Institute (NSSI) makes benefits available to the contributors to the system linked through the formal job market (Soares, 2001). According to Fleury (1994), this system includes retirement funds, pensions, benefits for continued service, and other sporadic funds, such as maternity leave, reclusion leave, and sick leave, to ensure the protection of workers and their families in situations of risk, namely, old age, accidents, and disease.

Occupational rehabilitation is another benefit offered by the NSSI and is the topic of this article. The practice of occupational rehabilitation in Brazil dates back to 1943 and was instituted as part of retirement and pension funds and institutions, which were the seeds of the Brazilian social security system (Soares, 1991). The term was coined in 1960 and "[...] is seen as a public response to the issue of disability" (Takahashi & Iguti, 2008, p. 2662).

Vocational rehabilitation is (re)educative assistance and occupational (re)adaptation aimed at providing those who are "[...] partially or completely incapacitated for work, in a mandatory nature, independently of need, and persons with disabilities the means indicated for the return to the job market and the context in which they live" with social security insurance (Brasil, 2010).

Referral to the Occupational Rehabilitation Program (ORP) through the NSSI is performed by the institute's medical experts, and consultation with the potential beneficiary (i.e., worker) is done by the ORP team at the social services office closest to the residence of the employee. This service is provided preferably by a multidisciplinary team consisting of medical experts and professionals in social services, psychology, occupational therapy, physical therapy, sociology, or other fields related to the occupational rehabilitation process (Brasil, 2010).

After verifying the insured's eligibility for the ORP, they are guided toward workplace training, vocational courses, or prosthetization. The employee's company is contacted, to request their redeployment, and referral to courses or training in the community occurs with the jobless user, with another form of membership to the Institute, or in case it is impossible to change jobs within the company (Instituto Nacional do Seguro Social, 2011).

The rehabilitation process ends when the worker satisfactorily concludes the training or the vocational course or is fitted with the prosthetic. Then, a certificate is issued to the worker and the worker's social security benefit payments are ceased, as the worker is considered to be rehabilitated and capable of returning to the job market (Brasil, 2010; Instituto Nacional do Seguro Social, 2011).

The certificate that is given to each worker indicates the new function for which the rehabilitated worker was professionally trained without exerting a negative impact on the exercise of another function for which the worker judges himself trained (Brasil, 2010; Instituto Nacional do Seguro Social, 2011). The certificate can be used in accordance with the worker's interest in any business in the country, regardless of the position, to apply for special positions reserved for individuals with disabilities or those rehabilitated by the NSSI.

According to Brazilian legislation, businesses with 100 or more employees must fill 2-5% of their positions with individuals with disabilities and those rehabilitated by the NSSI. The aim of this law is to ensure positions for rehabilitated workers in the job market. However, no other laws or fiscal incentives encourage the investment of businesses in the creation of positions for such workers (Brasil, 1991).

In this context, the research presented here is inserted, which had as general objective of our study is to understand the contribution of the ORP of the NSSI in the return of workers into the job market in Brazil. The following are this study's specific objectives: identify the profile of the population of workers sent to the ORP from a social security agency in southeastern Brazil between 2007 and 2012; outline the professional profiles of the individuals eligible for the ORP; investigate the ORP's means to reinsert workers into the job market; and characterize how the ORP affects the return of workers into the job market as per the opinions of the workers.

Authors' considerations

This study was completed in 2015, but its continued relevance in 2020 is highlighted, thus justifying its publication. The PRP is still being conducted by the INSS with a main focus on the process of reinsertion of taxpayer workers incapable of exercising their professions in the labor market, which is the field of action of occupational therapists and other professionals in occupational health.

In the past four years, this service has been emptied for several reasons, with emphasis on factors that are daily observed in the execution of actions, namely: - the "Labor Reforms" of 2016, changes in the laws that regulate employment and working conditions in Brazil, which worsened labor conditions and made workers more vulnerable; - changes in the operationalization of the PRP (Brasil, 2018); - political repercussions on the management of this autarchy, since the impeachment in August 2016 throughout the federal governments to the present time, that placed the INSS in

the spotlight for its [in]efficiency in restricting access to the pensions requested by Brazilian workers and their families in the face of the threats materialized by the 2019 Social Welfare Reform - a theme that remains in various media, or yet, in this context, for not prioritizing the execution of its services because of guidelines focused on cost savings, such as maintaining Social Security disability benefits; - the daily challenge to foster dialogue with Federal Medical Experts, who have no longer been in the INSS staff since 2019 and are the initial link of workers to the PRP, as well as for the maintenance of this program in the INSS; - the COVID-19 pandemic, in 2020, with mass unemployment and unprecedented problems, still ongoing.

With difficulties at various levels, depending on the region of the country where the professional rehabilitation of beneficiaries is carried out, the process of reintegrating workers under rehabilitation into the labor market and the context in which they live remains challenging. While not the focus of this study, we are certain that the empirical considerations described in the previous paragraph, in spite of not being the result of methodical investigation, provide the necessary resources to defend the pertinence and relevance of the discussions and analyses brought about throughout this article, precisely in its data, which, despite the time of their collection, reflect an intensified gravity.

We understand that the present study, even with the limits of its historical outline, contributes to the individuals involved in the professional rehabilitation process. Certainly, there is need to update the theme, with new research that covers the current moment and guidelines, Nevertheless, knowing the dynamics of the past can support a comprehensive analysis from more realistic perspectives about the INSS-PRP in Brazil today.

Methods

Literature review, type of study and empirical approach

First, a literature review on the subject was conducted between May 2013 and May 2014, with the term “Occupational Rehabilitation Program” associated to “INSS,” and “National Social Security Institute”; Brazilian studies mostly approaching the NSSI’s Occupational Rehabilitation Program were considered as inclusion criterion.

Latin-American and Caribbean databases in the health sciences were consulted, including the Scientific Electronic Library Online and the Bank of Theses and Dissertations of the organization regulating graduate schools in Brazil. Twenty-six studies were selected; books and other works related to the research topic were also used. It is pointed out that the search turned to the national literature, given the specific focus of research in the Brazilian context.

This was a cross-sectional, descriptive study, that aimed at describing the variables and analyzing their incidence and relationships in a given day; consequently, the data collection occurred within a single period of time and encompassed all workers’ records submitted to the ORP at the NSSI office selected for this study, until the moment the data collection began. Because the study was also descriptive, it focused on investigating the incidence and values of the variables, therefore adopting a comprehensive research approach (Sampieri et al., 2006).

Still, this study was a case study because it focused on a single NSSI office within the vast NSSI network. However, this study was also documentary research because it used closed records as data sources, that is, written documents constituting so-called primary sources collected after the occurrence of the phenomenon and that had not yet been analyzed (Lakatos & Marconi, 2002).

Place of study and ethical research procedures

The scope of this research was the ORP at a social security office in the Southeast region of Brazil, one of the most developed regions of the country. The main city covered by the office in question, according to the 2010 census, has an estimated population of 318,813 inhabitants. Furthermore, it lists fourth with respect to the higher Human Development Index of the state. In 2012, it had fourth largest contribution to the GDP of the Brazilian agribusiness. While the economy is diverse, the services sector - credited with improved financial movements- followed by the industry, are fundamental to its economy (Instituto Brasileiro de Geografia e Estatística, 2014). As you can see, it is a city with considerable economic and human resources.

The study was authorized by the manager of the institute and approved by the appropriate Research Ethics Committee, under the Opinion N°. 386.931/2013. The participants were asked if they were willing to participate in the study interviews, and those who agreed to do so signed an informed consent form, finalizing the agreement between each participant and the researchers. A confidentiality commitment was made regarding the names of the subjects involved and the location of the Agency's headquarters. There was still the compromise with the presentation of the results of research to all those who agreed to cooperate, which actually turned out to happen in a meeting with the management of the institution.

Sample selection

The study used workers' records submitted to the ORP office of the Agency, in the period of 2007, the year when the active file of the Program started, in 2012, since data collection began in 2013. It was found that during this period, 676 people were referred to the ORP assigned by the NSSI office. After the manual screening of all records, 592 participants were selected. The inclusion criterion defined the cases closed until December 31, 2012, and the exclusion criterion was ongoing program participation at the time of the study (i.e., users who were still participating in the program at the time of the study were excluded).

The workers' records were divided into four groups; however, in this study, only three were included, since one group, which included the records of 264 employees not eligible for the program, for whom the reasons for their ineligibility were subject to another publication². The first group encompassed all 592 processes, which were

²In this study, the following were the reasons for the non-inclusion of workers in the ORP: "Possibility of returning to work" (46.97% of cases), "Impossibility of returning to work" (29.55%), "Undefined labor potential" (15.15%), "Temporary ineligibility" (4.55%), "Transference of benefit" (2.27%), "Self-rehabilitated worker" (1.14%), and "No justification" (0.38%) (Santos & Lopes, 2015).

extracted from sociodemographic data, scholars' and professionals' opinions, the participants' work leave history, and the ORP team's final assessment of the work potential of the employee. It was found that among these 592 processes, 300 people were deemed eligible for the ORP, and from these, the second group was identified and divided further into two subgroups: a) 198 users who did not complete the ORP as recommended by the institute, being investigated the reason for the non-conclusion; and b) 102 users who completed the ORP as recommended by the NSSI, for whom the funds used in the rehabilitation process were verified together with their employment status in 2014.

The third group was composed of eight users considered rehabilitated by the institute, having been invited to participate in the research by giving an interview on the contribution of the ORP to their reintegration into the job market. The interviews were conducted in 2014 at the interviewees' place of choice, recorded in audio, with consent of the subjects, and transcribed.

To select these subjects, the main criterion used was the type of resource employed by the ORP team to rehabilitate them, because such resources influence the employee's reintegration. For each type of resource used, we interviewed two people who had been rehabilitated. The resource types were 1) vocational courses and training, 2) prosthetization, and 3) workplace training/readjustment. Another criterion used in the selection of the participants was the date of program termination, prioritizing the selection of people rehabilitated more recently, since they could remember their experiences in the rehabilitation process more easily.

Resources used for data sources

A single chart was created for collecting data from workers' files in the first and second groups to standardize the procedure. This instrument was divided into two parts: I - records of all users referred to the program, and II - records of users eligible for the program, which was further divided into two subcategories. The first subcategory was for users who did not complete the program as recommended, and the second was for users believed to have been rehabilitated by the institute. From the first group, sociodemographic data, scholars' and professionals' opinions, the participants' work leave history, and the ORP team's final assessment of the work potential of the employee were extracted.

Regarding the users' profession, as they were very diverse, it was decided to group them using the National Classification of Economic Activities (Brasil, 2014). The diagnoses were grouped by the International Classification of Diseases and Related Health Problems 10th Revision (ICD-10).

Information on the employment status of people deemed rehabilitated, obtained between March 5 and 6, 2014, were extracted from the operating systems of the NSSI - the National Registry of Social Information and Administration System Benefits for Disability. We verified whether workers either had been employed or receiving social security benefits. For interviews with the rehabilitated subjects comprising the third group, a semi-structured script was drafted covering thematic units that would lead to an understanding of the contribution of the program to the goal of reinserting workers into the job market.

Data analysis

During the data analysis, we adopted a mixed approach that features both quantitative and qualitative aspects, with a view to highlight standards and refine research questions in the data interpretation process using numeric, statistical patterns consistent with a comprehensive approach to data analysis. The discussion was subdivided between the data from the medical records, which are basically statistical, and the reports of the interviews, which are more descriptive and qualitative. Information from records was tabulated, grouped into thematic categories to facilitate the analysis, and referenced in the systematic literature review.

The interviews, carried out in 2014, at the place of choice of the subjects, recorded in audio totaling 4 hours and 31 minutes, transcribed in 101 pages, were read exhaustively, highlighting the central points and forming categories, with responses within each one were grouped according to the resource used in the rehabilitation process.

Results

Profile of workers sent to the Occupational Rehabilitation Program and Resources used in the rehabilitation process

It was found that 76.52% of workers sent to ORP were male, 61.15% were aged between 30 and 44 years, 62% were married or in were in a steady relationship, 69% had children, and nearly 15% had some type of disability. The majority (42%) did not finish elementary school.

The “transport, storage, and mail” classification, which had the highest incidence at 24.83%, mainly covered truck drivers and longshoremen, while the “processing industry” classification, which had an incidence of 18.24%, often encompassed operators of production lines and general services.

Among the workers sent to the ORP, 74.5% were affiliated with the NSSI as employees, while 15.37% were unemployed. However, 22% were comprised of the accident sickness cover, a benefit granted in cases of affliction with diseases related to the occupation or the workplace. A total of 33.11% of the workers had injuries due to external causes (codes S and T), 32.43% suffered from adverse conditions of the musculoskeletal system and connective tissues (code M), and 10.81% suffered from adverse conditions of the nervous system (code G).

It was also found that 25% of people were away from work between one and two years; 18.6% up to six months; 17% from six months to one year. The value of the social security benefit, in 43.92% of the cases, corresponded to the value of one to two minimum wages, followed by 20.95% with up to one salary. In the opinions issued by the team that performed the service, we found that fewer than half the workers (48.48%) were eligible for the ORP, 2.2% were referred directly for prosthetization, 17.06% were assessed as not requiring the ORP, and 13.34% were classified as “Permanently ineligible,” suggesting their disability retirement; a summary of the team’s assessments are provided in Figure 1.

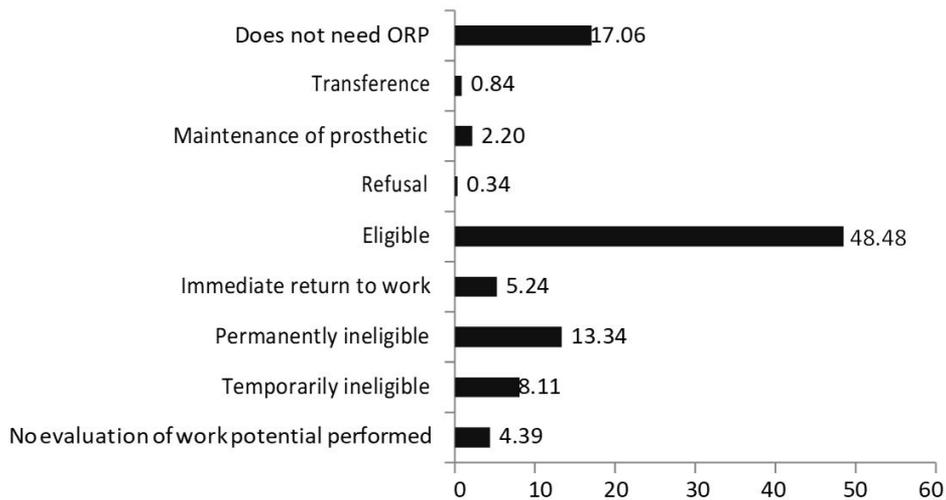


Figure 1. Official assessments of occupational rehabilitation team based on codes on social security form (in %).

No resource was used by 46.34% of the workers in the program; these individuals, who were not included in this study, did not use resources because they did not finish the ORP as recommended by the NSSI. For 53.66%, three types of resources were used, which could also be associated: prosthetization; vocational and training courses; and workplace training at the user's company. In the case of prosthesis, 5.33% of the eligible people received prostheses and, of these, 50% received lower limb prostheses, 43.75% hearing aids and 6.25% upper limb prostheses.

As for the courses, 23.33% of the users were offered and 25% underwent training in a new role at the contracting company. It is noteworthy that the majority of companies, 41.67%, did not offer a new role to the assisted worker, noting, however, in 15.33% of the cases, training in the workplace was not possible because the user was no longer an employee. In 4.67% of the cases, the program team did not request the workers' reintegration in their companies, and in 4% of the cases, the team could not find the workers' companies.

Occupational profile of workers in the Occupational Rehabilitation Program

Users considered rehabilitated by the INSS totaled 34% of those eligible (48.48%); 49.02% of the people rehabilitated were employed or were working independently and paid fees to the NSSI, while 26.47% were "without an employment relationship". The results of our analysis also indicate that 15.68% of the rehabilitated individuals were on leave from work and receiving benefits and 8.82% were retired because of disability, based on the NSSI's decision or a judicial decision (Figure 2).

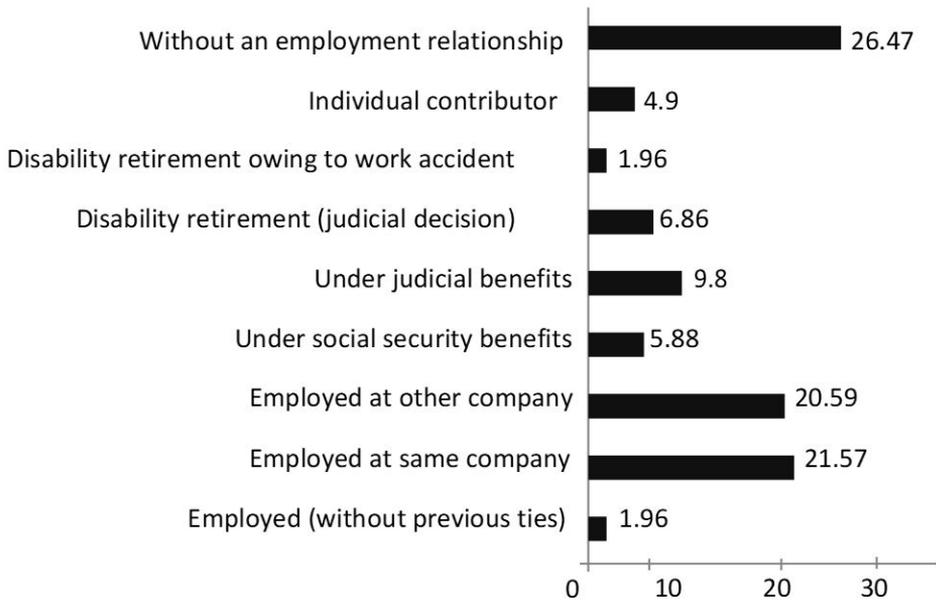


Figure 2. Employment status of rehabilitated workers in the Occupational Rehabilitation Program (in %).

With regard 66% of people who did not complete the ORP as recommended by the NSSI office, sought in final opinions drawn up by the team the reasons that led to their non-conclusion. Categories were created for the team’s main justifications - “Absence of return to work,” “Possibility of return to work,” “No compliance program,” and “Other” - by aggregating those with lower incidence. The latter added the justifications with less incidence, which are: “Medical Intercurrence”, “Discharge Request”, “Transfer of Benefit”, “Disinterest in the Program” and “Impossibility of Contracting Course”.

Contribution of the Occupational Rehabilitation Program from the standpoint of rehabilitated workers

Working life and ORP history

Subject 1 (S1) was a motorcycle taxi driver who had a lower limb amputated because of a work accident. He was referred to the ORP to be prosthetized. Subject 2 (S2) had been working at his company for 29 years as a truck driver transporting sugar cane when he developed a panic disorder and had to go on leave from work. During the ORP, he received training at his workplace and was reinserted into the job market as a janitor in a plant nursery. Subject 3 (S3) had been a freelance worker for 15 years, working as a longshoreman who loaded and unloaded goods. He did not finish elementary school. He was involved in an accident that caused intervertebral disc displacements. In addition, after being recommended and deemed eligible for the ORP, he took a vocational course to be able to work as a building electrician. The six-month course was compatible with his low education level, and he was deemed rehabilitated after he finished it. The fourth interview (S4) had been working as a cleaner when she developed

cardiac arrhythmia, which prevented her from performing her work duties. She went on leave with support from the NSSI and took the initiative to continue her schooling. She was approved through a selection process for a vocational course in pharmacy at a public state university. She had been doing the course when, during a medical expertise test, she reported the fact. Later, she was referred to the ORP. She was found eligible for and remained in the program until she finished the course.

Subject 5 (S5), a teacher had a graduate degree and she said she had a lower limb amputated owing to a stroke caused by vascular disease. She was referred to the program only for prosthetization.

Subject 6 (S6) had been working as a production line operator when he developed back pain, which guaranteed him a one-year stability at work according to the current legislation. However, despite the stability advantage, his workplace did not offer him a new position. Thus, he did a vocational environmental science course, and he finished the ORP.

Subject 7 (S7) had been working in rural services but had worked as a carpenter for 28 years. He said he suffered a fracture in his femur from a motorcycle accident unrelated to work. His company was not found, and he undertook vocational training to be able to work as a sugar cane harvester operator. Subject 8 (S8) had been working as an electrical appliances and furniture carrier. He said he had developed dorsalgia from work, but the NSSI did not recognize the causal link between this condition and his work. The company trained him in the role of administrative sales assistant and he studied Basic Computer Science, paid INSS, and considered rehabilitated and able to exercise the new function.

The contribution of the ORP to the job search and work leave duration

Three of the subjects (S1, S5, and S8) indicated that the ORP had a positive contribution; in contrast, four of them (S2, S3, S6, and S7) had a negative opinion, that is, the ORP did not mean they would find a job in the formal market; one of them (S4) did not attribute such responsibility of return into the job market to the program, but rather to herself. Everyone had difficulty in articulating a response with a plausible and enlightening justification on the topic.

The majority of the interviewees (S2, S4, S6, S7, and S8) pointed out the need for coordination between the NSSI's ORP and the companies so that the rehabilitated workers are referred to internships or jobs.

About the time away from work, most subjects (S1, S2, S3, S4, S6, and S8) believed that work leave time influences return to work. To S1, her five-year work leave caused her to miss out on a great deal of her youth, a period of time she could have used to undertake training or aspire for higher job positions in her company. S2, S4 and S8 point out that companies reject them, given the illness, the process of removal by the INSS and professional rehabilitation, in addition to thinking (the companies) that this would lead to an unsatisfactory performance in the service. S5 and S7, however, disagreed with the other subjects. They stated that the work leave time did not influence their return to work. S5 said during his work leave, he took vocational courses and did some off jobs so as not to be idle, that is, he believed that a person active in the search for qualification would not have difficulties in returning to the job market.

The contribution of the resources used in the rehabilitation process and finding a job

The vocational courses done by S4 and S6 and the training completed by S3 and S7 were not enough to maintain their rehabilitation at work or guarantee a position in the formal job market. The diploma, as the interviewees referred to the certification of the ORP, was not a guarantee of employment, especially because they faced limitations in their work capacity, hindering possibilities of their working in a new area in which they had no experience. Furthermore, they did not have practical training, with the time needed to generate learning.

A prosthetic (an individual resource) ensured the worker's ability to independently perform professional activities but did not ensure employment. In some cases, it was important to combine this with another resource. The two interviewees who received prosthetics, S1 and S5, praised the quality of the apparatus but criticized the delay in receiving the apparatus.

In the cases of two interviewees - S2 and S8 - training in the workplace proved to be ineffective for learning a new profession and in ensuring a job. In the situations reported in this study, the rehabilitated workers did not remain in the position agreed upon with the NSSI, and were dismissed from work a few months after their return.

On the job search, S1 and S5, who received prostheses, had no difficulties finding a job after finishing the program. The first subject (S1) explained that he found a job quickly because of networking. The second one (S5) said she had excellent qualifications because of her graduate diploma, and she had the chance to return to her original profession shortly after being rehabilitated. The rehabilitated workers who took in-company training, S2 and S8, indicated that before the absence from work, they had no difficulties finding a job. After having gotten sick, however, they experienced a lack of opportunities in the job market. S3 and S7, who did vocational courses, had difficulties from the outset to return to the job market since after they finished the vocational courses. They were in and out of the informal job market. One of them was working in the area he had trained for, while the other had to return to his original profession despite not having a satisfactory health condition.

S4 and S6, who also finished vocational courses, were employed. The first one was employed in the area she had trained for, and the second in another area. S4 pointed out that after finishing the course, she was unemployed for almost a year until she found a job in the area for which she had been rehabilitated. She remained in that job despite the temporary work leave at the time of interview. S6 reported difficulties finding employment all his life, which he thought was due to his low education level. He was not transferred by the company to a role compatible with the vocational course he had done. Nevertheless, he remained in that company. He emphasized the need for the NSSI to intervene in companies' decisions after people complete the program to guarantee that those people would work in the area in which they had trained. Regarding the use of special vacancies, reserved for people with disabilities or rehabilitated, only S1 and S5, who had a physical disability, occupied these vacancies in their bond companies.

Discussion

Findings from the participants' NSSI records

We noticed a predominance of men in the ORP, which corroborates the data in other studies, reflecting social and power inequality between genders in employment.

Arguably, men have easier access to the formal job market. On the other hand, there was a trend of more illnesses or accidents in the male population, perhaps because they usually perform activities requiring greater strength and physical exertion (Takahashi & Canesqui, 2003). The majority of users, composed of young adults, are in their most productive phase in life and have greater exposure to adverse labor conditions, which may lead to disease or accident at work. Falling ill or having an accident at this stage of life is linked to the fact that living and work conditions in Brazil cause disabilities that are not “[...] just a result of the natural aging process of the population” (Takahashi & Canesqui, 2003; Takahashi et al., 2010).

A low level of schooling is an obstacle to the adaptation of workers in modern work positions, which require qualification. Thus, insufficient education can lead to job loss following an adverse health condition or an accident. Moreover, individuals with low levels of schooling commonly find less-specialized occupations, which can lead to greater exposure to ergonomic stress and health problems (Gurgel, 2003; Abreu & Ribeiro, 2010). The professions of workers referred to the ORP require physical capacity and strength; in general, they do not require education or greater intellectual competence. These workers are more prone to accidents and illnesses, since performing these activities require ergonomically exhausting positions, intense efforts, and a significant amount of repetitive and exhaustive work.

Most NSSI users are employed, as verified from the data obtained from records, mostly by private companies that have to pay NSSI taxes. The significant incidence of unemployed people indicates that currently, social security is an important source of income redistribution sought by sick or injured employees. The unemployed view social security benefits as a source of wealth (Soares, 1991; Fleury, 1994). These workers' stipends are very low. The poorest workers perform higher-risk activities and are more exposed to accidents (Gurgel, 2003).

The greater the time that the employees remain in benefit, away from work, without being integrated with the ORP, the greater the difficulty in returning to work (Vacaro & Pedroso, 2011). This means that early referral, soon after stabilizing of the disease, can be an important factor in the successful return to work.

Codes S and T, which had a greater incidence among the participants in this study, correspond, in general, to fractures, dislocations, injuries, amputations, wounds, and smashing of parts of the body, as well as burns, poisoning, and various sequelae. They are related, as observed during the daily experience of one of the authors in the service, to traffic accidents, which are very common, and work and domestic accidents.

Code M concerns health problems such as arthritis, arthrosis, arthropathy, coxartrose, gonarthrosis, spondylopathies, dorsalgia, synovitis, tenosynovitis, and others. Although few diagnoses are recognized as acquired at work, they are commonly related to professional activities, which require greater exposure to ergonomic hazards and intense physical load. Code G, in the case of the ORP in this study, covers people with epilepsy and hemiplegia. It is noted in the literature that work-related musculoskeletal disorders has a high prevalence in absences from work, even with the increase in preventive and inspection actions at work (Ziliotto & Berti, 2013).

The social security codes reported by the program's team of professionals in the potential work assessments of users referred to the ORP indicated that less than half of them were eligible and a considerable portion of them did not join the program. In

addition, they were still subject to the team's assessment of potential work, which is based on a social security form with items listed by the state. According to studies on the topic (Svajger & Piskur, 2016; Finger et al., 2016), the International Classification of Functioning, Disability and Health (ICF) has been widely used in recent years as a reference in vocational rehabilitation, and there are projects to expand the model with specific classifications. In this sense, the use of the ICF in the NSSI's ORP may have comprised the complexity of the potential work assessment, thus making it less excluding. The use of the ICF as an evaluative resource, which changes the perspective of disability to functionality, meets what is recommended by the World Health Organization (Ziliotto & Berti, 2013); in this sense, the use of this tool in the PRP of the INSS perhaps encompassed the complexity of assessing work potential and made it less exclusive.

The employees eligible for the program used three types of resources in their occupational rehabilitation. In the internal rules of the Program (Instituto Nacional do Seguro Social, 2011), these resources are not so specified, and there is no classification; the elaboration was made by the authors based on the data from the medical records. We found that the quality of prosthetics offered by the NSSI was compatible with the users' needs, providing them with the necessary technological support for return into the job market. The main obstacle to access to prosthetics, besides the need of contributing to the system, is the lack of awareness of this benefit and delays in purchase and delivery. The process of purchasing prostheses, which lasts up to a year or more, appears to be consistent with Farias' findings (Farias, 2013), which indicated 16.9 months of waiting during the entire process. This delay could be associated with bureaucratic demands, causing a relevant increase in the length of stay of these users in the ORP.

Regarding vocational courses, it is possible that users choose the course with which they identify. However, in practical terms, their choice is limited by the courses provided by partner institutions and the community, that is, external factors outside their control. According to Bernardo (2006), the vocational courses offered in the program is limited; the workers undergoing rehabilitation face difficulties in adapting their choice to the course available in the catalogue, and they say that they do not have the last word in the courses they take. In most cases, a worker takes a course in an entirely new area, that is, in an area in which he or she has no experience. Thus, the rehabilitated worker is still viewed as a beginner in the job market.

As to training, we found that a large portion of companies - virtually half of them (41.67%) - did not offer a new role to the worker, which may indicate a lack of employer accountability on the employee's sickness or accident injury. There are several reasons that make re-adaptation infeasible. Among them is the lack of compatible roles for rehabilitated workers and specific legislation that requires companies to foster change of roles, which are associated with the lack of a specific program for rehabilitated workers, reckless disregard of such workers, and unpreparedness to attend to professionals on work leave. Furthermore, many companies are small, and therefore, do not have to fulfill the required a minimum number of vacancies for people with disabilities or are rehabilitated (Bregalda & Lopes, 2016; Vacaro & Pedroso, 2011).

According to Simonelli et al. (2010), a weakness of the ORP team with regard to negotiating new job positions with companies is a lack of knowledge of existing risks in

the work process, which results in a lower number of workers placed in the proposed new roles. The lack of communication between the NSSI and companies often leads to the laying off of workers who have undergone occupational rehabilitation or a return to a medical exam, which makes the rehabilitation process ineffective.

Despite these obstacles, Vacaro & Pedroso (2011) found that individuals who were rehabilitated by the ORP and were employed and re-adapted in their original companies achieved better results. However, according to Maeno & Vilela (2010), re-adapted workers with labor restrictions often become second-class employees.

In this study, the rate of employability of rehabilitated workers (49.02%) appears to be satisfactory because it encompassed almost the half of them. However, the percentage of employees who were investigated in this study shows a limitation. It does not demonstrate whether they had access to job market opportunities through ORP resources or through their own job search strategies. Another limitation of this study is that being employed and an NSSI taxpayer do not mean that the employment is suitable to worker's limitations or that it is in the area in which he or she was rehabilitated. The rate of rehabilitated "Without and Employment Relationship", who are not INSS contributors, is not necessarily "unemployed" or "without work", since they may be linked to other social security systems or even to the informal labor market, which could increase the employability rate of these former PRP users.

To Soares (1991), the concern if the rehabilitated was rehabilitated or not, if he actually found a steady job, has become personal issues, but did not become issues in the State and society in Brazil. Vacaro & Pedroso (2011) verified that 29.4% of the rehabilitated workers returned to work after completing a year of occupational rehabilitation with the NSSI. Nonetheless, the return to work rate in the international literature shows a percentage between 40% and 70% (Bartilotti et al., 2009; Ahlgren et al., 2007).

In a study conducted in Sweden that sought to evaluate the effectiveness of an ORP found a return to work rate of 41.7% two years after completion of the program. Workers with greater chances of returning to work were young, aged between 16 and 29 years, were employees various industries, and had little time off work (Ahlgren et al., 2007).

One of the main reasons for dismissal of someone undergoing rehabilitation was "Impossibility of Returning to Work." Its inclusion in the ORP represents an attempt of re-adaptation in the workplace, and, when it is not viable, the team suggested retirement due to disability. On the other hand, one reason for dismissal that appeared frequently was "Possibility of return to work," which refers to when, despite the inevitability of re-adaptation in the workplace, the worker was considered able to return to work without the need to continue in the ORP. This worker profile included those who already had vocational education or a college degree, deemed appropriate to limitation presented, compatible work experience, or capability to return to the same role and performing activities considered appropriate given the worker's limitations.

The team also cited "Not complying to program" as a sound reason for dismissing someone from the rehabilitation program, referring to when the user left the program, refused to start the program, is infrequent, uninterested in the program, failed the recommended vocational course or did not fully commit to the training, or was deemed unfit by the company. On most occasions, these instances were considered "passive

refusal” of the ORP (Brasil, 2010), and consequently, the worker’s benefit payments were suspended in compliance with the ORP’s internal rules. It is a very delicate and difficult situation, both for the worker and the team. The suspension of benefit payments may result in serious financial difficulties for the worker. Besides, it exposes the civil servant in charge of the case to potential backlash. He sends out the document requesting suspension to the responsible department and informs the user of the decision. Bernardo (2006) stated that the rehabilitation process is founded on granting stipends, which become the main source of income for the worker and his family.

In this study, we noted that the ORP’s internal instructions and standards - the Technical Manual of the Area Procedures, personnel’s procedures at visits, and the language used in reports, everything “forces” the eligible employee to undergo ORP, without his effective involvement in decisions that pertain to the process. On the other hand, professional rehabilitation could become a benefit, and not continue as a program requiring that the employee must “submit” and “meet” the rehabilitation process. Those are necessary conditions for granting stipends (Brasil, 2010), in an authoritarian and, ironically, punitive logic.

Workers, who constitute the weakest link in the capitalist production process in an increasingly competitive, exclusive, and flexible job market that sets adrift innumerable individuals who do not meet the imposed standards, need the intermediation of the state in the conflicts and contradictions that exist between the two forces (Castel, 2010; Maeno et al., 2009).

Interview findings

Each interviewee had a peculiar story and followed a different path in the PRP, but they had in common the fact that they were away from work, receiving the social security benefit. The interviews with the rehabilitated workers revealed the difficulty they experienced finding a position in the formal job market. They indicated that the ORP did not contribute effectively to the goal of gaining employment. This means that the government did not effectively promote the return of employees who had a disabling sequel by the time the ORP certificate was issued.

The interviewees reported that none of the resources used in the ORP helped them learn about an occupation. Despite their different criticisms of the ORP and the fact that the majority of them did not establish a direct relationship between the program and their return into the job market, they reported that the ORP and its resources were played a significant role in their lives and in their return to work. While the association was not direct, it was clear that the courses they took and prosthetics they received played important roles in their professional lives by giving them at least personal and professional recognition, if not a job.

The state is supposed to play “[...] the role of taking the place of guardian of the law, and legal and social regulator to foster citizenship” (Maeno et al., 2009, p. 58). It is necessary that social security “incorporates the concept of excellence his character, in fact, public,” with clear guidelines on the implementation of public policies and the extensive participation of society in decision making (Maeno & Vilela, 2010, p. 96).

Unemployment “[...] certainly is, today, the most serious social risk, which has destabilizing, de-socializing effects more disastrous to the sufferer”. The state refuses to

explicitly guarantee work for each employee, and for employers, it remains advantageous to act as if free access to work is the same as the right to work (Castel, 2010, p. 584).

Although there is an affirmative action law in Brazil guaranteeing special job vacancies for people with disabilities or rehabilitated by the NSSI, there are no laws or even tax incentives for companies to invest in appropriate jobs for which to hire this kind of worker. According to Gurgel (2003), there is no appropriate supervision of compliance with the law, and many companies simply choose to pay the negligible fine.

The job market tends to discriminate against those who have functional limitations, and there is a belief that a healthy human body is a productive machine that meets standards of efficiency. People who experienced accidents and illnesses have limitations; they suffer from their differences and have difficulties accessing the job market. Employers show hesitance when they consider hiring a disabled person (Gurgel, 2003; Farias, 2013).

The lack of training contributes more to unemployment than the lack of jobs does, and thus, promoting education and training is necessary to help workers meet the requirements of available jobs. These are necessary but not sufficient conditions. The elevation of the level of training should continue to be a social aim, but not everyone is qualified and competent. The likely non-employability of qualified people must be taken into account (Castel, 2010).

The majority of the workers interviewed pointed out that falling ill and going on leave, especially for a long period, may weaken their defense strategies in the face of adversity brought by the new reality. As stated by Vacaro & Pedroso (2011), the length of stay in the program is inversely proportional to the successful return of the rehabilitated person to work. The longer a worker receives a stipend, the harder it is for him or her to find work.

The work process has become a way of making a living. Thus, the workforce equates work to a commodity, for which the goal is the production of goods - “[...] what should be the human way of one’s accomplishments is limited to the only possibility of the disenfranchised” (Antunes, 2011, p. 145). Workers become dissatisfied when they start to loathe the job. A worker degrades himself or herself; he does not recognize himself in the job and denies himself (Antunes, 2011).

Conclusion

It is believed that this study produced results that reflect the profile of people who are assisted in the Professional Rehabilitation Program of the other Social Security Agencies in the Southeast of Brazil, the most economically relevant region in Brazil (Instituto Brasileiro de Geografia e Estatística, 2014). Of the 592 people referred to the PRP, slightly less than half were eligible, that is, the Program follows an exclusive logic, along the lines of private insurance, which aims to reduce costs and not to grant benefits. For the above mentioned reasons, the Occupational Rehabilitation Program (ORP) follows an excluding Social Security logic in Brazil, within a private insurance framework, reducing costs, but not granting stipends. Workers’ access to the ORP is restricted. In addition, the program is also based on medical expert reports, which do not lead to effective worker rehabilitation. Moreover, they do not consider the user as an active participant in the rehabilitation process. He would make use of it to receive

stipends unlawfully. In practical terms, professional rehabilitation is a right that has not been an effective ally of the workers.

Nevertheless, despite all the difficulties mentioned by the participants in this study, workers who finished the ORP had an apparent success rate (49.02%) in getting a job. Brazil is a country that continues to have problems of underdevelopment of its productive structure, with a high rate of unemployment, inequality, and concentration of income. The rehabilitated workers' employability rate is satisfactory and promising in comparison with those found in studies from developed countries (Bartilotti et al., 2009; Ahlgren et al., 2007). This is verified in comparison with more egalitarian, democratic societies that are concerned about social welfare.

The responses of the rehabilitated workers who participated in this study yielded key points that provide support for the need to improve the ORP. The need for coordination with companies and control of such companies by the state in guaranteeing internship and/or employment in the area in which the subjects were rehabilitated must be highlighted. It is also essential to mobilize the professionals who provide care, since they can collaborate in the process of monitoring working conditions, complying with legislation, and, ultimately, preventing risks in the workplace. This, if the objective is, in fact, to provide a richer and more effective service, which covers the real needs of the worker and the complexities arising from the process of returning to work.

Acknowledgements

To the Graduate Program in Occupational Therapy at the Federal University of São Carlos, which made the English version of this article possible.

References

- Abreu, A. T. J. B., & Ribeiro, C. A. B. (2010). Prevalência de lombalgia em trabalhadores submetidos ao Programa de Reabilitação Profissional do Instituto Nacional do Seguro Social (INSS). *Acta Fisiátrica*, 17(4), 148-152.
- Ahlgren, A., Bergtoth, A., Ekhokm, J., & Schüldt, K. (2007). Work resumption after vocational rehabilitation: a follow-up two years after completed rehabilitation. *Work*, 28(4), 343-354.
- Antunes, R. (2011). *Adeus ao trabalho? Ensaio sobre as metamorfoses e a centralidade no mundo do trabalho*. São Paulo: Cortez.
- Bartilotti, C. B., Andrade, P. R., Varandas, J. M., Ferreira, P. C. G., & Cabral, C. (2009). Programa de Reabilitação Ampliada (PRA): uma abordagem multidimensional do processo de reabilitação profissional. *Acta Fisiátrica*, 16(2), 66-75.
- Batich, M. (2004). Previdência do trabalhador: uma trajetória inesperada. *São Paulo em Perspectiva*, 18(3), 33-40.
- Bernardo, L. D. (2006). *Os significados do trabalho e da reabilitação profissional para o trabalhador incapacitado para o exercício da profissão habitual* (Dissertação de mestrado). Faculdade de Medicina, Universidade Federal de Minas Gerais, Belo Horizonte.
- Brasil. (1991). Lei nº 8.213, de 24 de julho de 1991. Dispõe sobre os Planos de Benefícios da Previdência Social e dá outras providências. *Diário Oficial [da] República Federativa do Brasil*, Brasília, seção 1, p. 14809.

- Brasil. (2010). Decreto nº 3.048, de 06 de maio de 1999. Capítulo V: da habilitação e da reabilitação profissional. *Diário Oficial [da] República Federativa do Brasil*, Brasília.
- Brasil. (2018). *Manual Técnico de Procedimentos da Área de Reabilitação Profissional*. Brasília: INSS.
- Brasil. (2014). *Classificação nacional de atividades econômicas*. Recuperado em 1 de agosto de 2014, de <http://subcomissaoacnae.fazenda.pr.gov.br/modules/conteudo/conteudo.php?conteudo=1>
- Bregalda, M. M., & Lopes, R. E. (2016). A reabilitação profissional no INSS: caminhos da terapia ocupacional. *Saúde e Sociedade*, 25(2), 479-493.
- Castel, R. (2010). *As metamorfoses da questão social: uma crônica do salário*. Petrópolis: Vozes.
- Farias, S. H. (2013). *Estudo dos trabalhadores vítimas de acidentes de trabalho grave participantes do Programa de Reabilitação Profissional do Instituto Nacional de Seguridade Social de Campinas, usuários de órtese e prótese* (Dissertação de mestrado). Faculdade de Ciências Médicas, Universidade Estadual de Campinas, Campinas.
- Finger, M., De Bie, R., Selb, M., & Escorpizo, R. (2016). An examination of concepts in vocational rehabilitation that could not be linked to the ICF based on an analysis of secondary data. *Work*, 53(4), 775-792.
- Fleury, S. (1994). *Estado sem cidadãos: seguridade social na América Latina*. Rio de Janeiro: FIOCRUZ.
- Gurgel, M. E. P. (2003). *A reabilitação profissional: um programa de reinserção do acidentado no mercado de trabalho* (Dissertação de mestrado). Universidade Federal de Pernambuco, Recife.
- Instituto Brasileiro de Geografia e Estatística – IBGE. (2014). *Cidades*. Recuperado em 3 de novembro de 2014, de <http://www.ibge.gov.br>
- Instituto Nacional do Seguro Social – INSS. (2011). *Manual técnico de procedimentos da área de reabilitação profissional*. Brasília: INSS.
- Lakatos, E. M., & Marconi, M. A. (2002). *Técnicas de pesquisa*. São Paulo: Atlas.
- Maeno, M., & Vilela, R. A. G. (2010). Reabilitação profissional no Brasil: elementos para a construção de uma política pública. *Revista Brasileira de Saúde Ocupacional*, 35(121), 87-99.
- Maeno, M., Takahashi, M. A. C., & Lima, M. A. G. (2009). Reabilitação Profissional como política de inclusão social. *Acta Fisiátrica*, 16(2), 53-58.
- Sampieri, R. H., Collado, C. F., & Lucio, M. P. B. (2006). *Metodologia de pesquisa*. São Paulo: McGraw Hill.
- Santos, G. S. H., & Lopes, R. E. (2015). A (in)elegibilidade de trabalhadores encaminhados ao Programa de Reabilitação Profissional do INSS. *Revista Katálysis*, 18(2), 151-161.
- Simonelli, A. P., Camarotto, J. A., Bravo, E. S., & Vilela, R. A. G. (2010). Proposta de articulação entre abordagens metodológicas para melhoria do processo de reabilitação profissional. *Revista Brasileira de Saúde Ocupacional*, 35(121), 64-73.
- Soares, L. B. T. (1991). *Terapia ocupacional: lógica do capital ou do trabalho*. São Paulo: Hucitec.
- Soares, L. T. (2001). *Ajuste neoliberal e desajuste social na América Latina*. Rio de Janeiro: Vozes.
- Svajger, A., & Piskur, B. (2016). The clinical utility of the Canadian Occupational Performance Measure in vocational rehabilitation: a qualitative study among occupational therapists in Slovenia. *Work*, 54(1), 223-233.
- Takahashi, M. A. B. C., & Iguti, A. M. (2008). As mudanças nas práticas de reabilitação profissional da previdência social no Brasil: modernização ou enfraquecimento da proteção Social? *Cadernos de Saúde Pública*, 24(11), 2661-2670.
- Takahashi, M. A. C., & Canesqui, A. M. (2003). Pesquisa avaliativa em reabilitação profissional: a efetividade de um serviço em desconstrução. *Cadernos de Saúde Pública*, 19(5), 1473-1483.
- Takahashi, M., Kato, M., & Leite, R. A. O. (2010). Incapacidade, reabilitação profissional e saúde do trabalhador: velhas questões, novas abordagens. *Revista Brasileira de Saúde Ocupacional*, 35(121), 7-9.

Vacaro, J. E., & Pedroso, F. S. (2011). Desempenho dos segurados no serviço de reabilitação do Instituto Nacional de Seguridade Social. *Acta Fisiatrica*, 18(4), 200-205.

Yazbek, M. C. (2012). Pobreza no Brasil contemporâneo e formas de seu enfrentamento. *Serviço Social & Sociedade*, (110), 288-322. <http://dx.doi.org/10.1590/S0101-66282012000200005>.

Ziliotto, D. M., & Berti, A. R. (2013). Reabilitação profissional para trabalhadores com deficiência: reflexões a partir do estado da arte. *Saúde e Sociedade*, 22(3), 736-750.

Author's Contributions

Geovana de Souza Henrique dos Santos, under the guidance of Roseli Esquerdo Lopes, carried out the research from which this text arises; both contributed to the conception, writing and revision of the text. All authors approved the final version of the text.

Funding Source

Coordination for the Improvement of Higher Education Personnel - CAPES - Code 001.

Corresponding author

Geovana de Souza Henrique dos Santos
e-mail: geovana_shs@yahoo.com.br

Section editor

Profª. Dra. Ana Paula Malfitano