

Original Article

# The role of occupational therapy in primary health care: perspectives from professors and students

*O papel da terapia ocupacional na atenção primária à saúde: perspectivas de docentes e estudantes da área*

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## **Abstract**

The objective of this research was to understand how perspectives of Brazilian professors and students on the role of occupational therapy in Primary Health Care (PHC). This is an exploratory study with a qualitative methodology, data provided through semi-structured interviews with 17 documents and nine conversation circles with the participation of 67 students. The thematic analysis revealed two categories: 1 - The contributions of occupational therapy for Primary Health Care and 2 - The specific role of occupational therapy in Primary Health Care. The contributions and the role of occupational therapy encompass the provision of comprehensive care, the understanding of daily life, and the promotion of participation in activities in different areas of the lives of the people assisted. However, occupational therapy can still be further explored so that it is possible to systematize the most detailed and in-depth way as practices in PHC.

**Keywords:** Health Human Resource Training. Unified Health System. Teaching.

## **Resumo**

O objetivo desta pesquisa foi compreender as perspectivas de docentes e estudantes brasileiros sobre o papel da terapia ocupacional na Atenção Primária à Saúde (APS). Trata-se de estudo de caráter exploratório e com metodologia qualitativa realizado por meio de entrevistas semi-estruturadas com 17 docentes e de nove rodas de conversa com a participação de 67 estudantes. A análise temática revelou duas categorias: 1- Contribuições da terapia ocupacional para a Atenção Primária à Saúde; e 2- O papel específico da terapia ocupacional na Atenção Primária à Saúde, que se traduzem em oferta de cuidado integral, compreensão ampliada do contexto

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territorial, do cotidiano e ações dirigidas à promoção da participação nas atividades em diversas áreas da vida das pessoas atendidas. No entanto, a terapia ocupacional na Atenção Primária à Saúde necessita ser ainda mais explorada para que seja possível sistematizar e aprofundar o desenvolvimento de suas práticas na APS.

**Palavras-chave:** Formação Profissional em Saúde. Sistema Único de Saúde. Ensino.

## **Introduction**

Primary Health Care (PHC) started to have more relevance in Brazil from the influences of Alma-Ata on the level of comprehensive and integral care, the Health Reform and, in the 1990s, when the Brazilian government established the Unified Health System (*SUS – Sistema Único de Saúde*) and adopted the Family Health Strategy (FHS). The FHS was thought of as a proposal for the reorganization of the PHC, to expand universal access to health, through actions of promotion, prevention of diseases and injuries and health recovery, strengthening family and community guidance in geographically delimited territories, and promoting care coordination, with articulation between the network of health services and other sectors (Fausto et al., 2017; Starfield, 2002).

However, even with the epidemiologically complex demands in PHC, the diversity of peoples, and the vast Brazilian territory, recent political measures have harmed the strengthening of PHC in Brazil, making it more selective, less interprofessional, and with the main focus on individual care procedures by medical professionals.

In Brazil, since the late 1970s, occupational therapists are working in PHC in Basic Units and Health Centers (*UBS – Unidade Básica de Saúde*) (Rocha & Souza, 2011), but only from 2008 onwards, the presence of occupational therapists in the PHC services to compose the recently implemented Family Health Support Centers – FHSC, which are teams that offer clinical-assistance matrix support and technical-pedagogical support to the FHS teams.

There are also already several experiences reported in the training of occupational therapists in PHC (Silva & Oliver, 2017; Silva & Oliver, 2016). In the last decade, there has also been the insertion of occupational therapists in teams of Home Care, Street Clinic, and Prison Primary Care (Brasil, 2017; Silva & Oliver, 2017).

The relevance of investigating the perspectives of professors and students involved with PHC is due to the increased insertion of occupational therapists in PHC in Brazil and the evidence pointed out in different countries about the need for training and practice of occupational therapy at this level of health care (Donnelly et al., 2014; Killian et al., 2015; Silva & Oliver, 2017).

The study on the perspectives of occupational therapy professors and students regarding the role of their professional area in PHC is relevant, as a PHC model with expanded teams improves the population's health indicators (Macinko et al., 2009; Starfield, 2002).

Therefore, this research aimed to understand the perspectives of Brazilian professors and students on the role of occupational therapy in PHC.

## Methodology

This study presents part of the results of a master's research in Occupational Therapy on the "Graduated Training of Occupational Therapists for Care in PHC in the State of São Paulo" (Silva, 2016).

This is an exploratory study, carried out through a qualitative approach (Sampieri et al., 2013), with the participation of 17 professors with experience of practice and teaching in occupational therapy at the PHC and 67 final-year undergraduate students who studied occupational therapy in PHC.

## Participants

In 2015, there were 43 occupational therapy courses in Brazil. We identified that the state of São Paulo had one of the oldest courses and the largest number of courses in operation in the country (14 courses - equivalent to 32.55%), which, to some extent, indicates the relevance of investigating this context (Brasil, 2015; Palm, 2012). The 14 courses (five public and nine private) were invited to participate in the research through telephone and email contacts with their coordinators. Faculty and students from nine courses accepted to participate, five from public institutions and four from private institutions.

The nine participating courses issued written authorizations and facilitated the researcher's contact with the faculty responsible for teaching in PHC and with the final year undergraduate students. Through e-mail, we invited the professors, 17 of whom participated and are characterized in Table 1.

**Table 1.** Professors of Occupational Therapy courses.

| Faculty (Participant) | Gender | Age (Years old) | Post-graduation                         | Teaching time (years) |
|-----------------------|--------|-----------------|---|-----------------------|
| Professor 1           | Female | 47              | Ph.D. in Preventive Medicine            | 1                     |
| Professor 2           | Female | 51              | Ph.D. in Psychology                     | 5                     |
| Professor 3           | Female | 32              | Ph.D. in Public Health                  | <1                    |
| Professor 4           | Female | 36              | Ph.D. in Public Health                  | 10                    |
| Professor 5           | Female | 44              | Ph.D. in Public Health                  | <1                    |
| Professor 6           | Female | 57              | Ph.D. in Social Psychology              | 31                    |
| Professor 7           | Female | 53              | Ph.D. in Public Health                  | 29                    |
| Professor 8           | Female | 53              | Ph.D. in Production Engineering         | 10                    |
| Professor 9           | Female | 35              | Ph.D. in Education                      | 2                     |
| Professor 10          | Female | 27              | Ph.D. in Special Education              | 1                     |
| Professor 11          | Female | 32              | Specialist in Education                 | 6                     |
| Professor 12          | Female | 37              | Specialist in Human Resource Management | 7                     |
| Professor 13          | Female | 31              | Specialist in Assistive Technology      | 3                     |
| Professor 14          | Female | 35              | Master in Health Psychology             | 2                     |
| Professor 15          | Female | 53              | Ph.D. in Philosophy of Education        | 17                    |
| Professor 16          | Female | 29              | Master in Public Health                 | 1                     |
| Professor 17          | Female | 57              | Ph.D. in Medicine                       | 13                    |

**Source:** Elaborated by the authors. Data from 2015.

We invited to participate in the study, final-year undergraduate students from nine different courses. Of them, 67 accepted the invitation and are characterized in Table 2, which resulted in a Conversation Circle in each of the courses participating in the research.

**Table 2.** Final-year undergraduate students.

| <b>Conversation Circle</b>   | <b>Gender (Participants)</b> | <b>Average age of students</b> |
|------------------------------|------------------------------|--------------------------------|
| Conversation Circle 1        | 7 women<br>1 man             | 23 years old                   |
| Conversation Circle 2        | 6 women                      | 23 years old                   |
| Conversation Circle 3        | 4 women<br>2 men             | 23 years old                   |
| Conversation Circle 4        | 8 women                      | 24 years old                   |
| Conversation Circle 5        | 7 women<br>1 man             | 21 years old                   |
| Conversation Circle 6        | 9 women                      | 26 years old                   |
| Conversation Circle 7        | 8 women                      | 24 years old                   |
| Conversation Circle 8        | 6 women                      | 23 years old                   |
| Conversation Circle 9        | 8 women                      | 23 years old                   |
| <b>Total of participants</b> | 67                           | 23 years old                   |

**Source:** Elaborated by the authors. Data from 2015.

## **Data collection**

Fieldwork was carried out between April and October 2015. All participants were informed about the purpose of the research and the ethical and methodological procedures for data collection. The study was carried out in nine courses located in nine different cities in the State of São Paulo, Brazil.

We carried out semi-structured interviews with professors and conversation circles with students.

The researchers developed the guiding scripts of the semi-structured interviews and conversation circles and, later, submitted to the evaluation of seven experts who voluntarily participated in the study: five higher education professors with research experience in PHC and two occupational therapists who worked in PHC.

## **Instruments for data collection**

### **Interviews**

The interviews with 17 professors totaled 11 hours and 26 minutes, were recorded with a voice recorder and transcribed in full. The Interview Guide with the professor responsible for teaching the PHC consisted of ten questions, which addressed: 1- the professional training trajectory of the professors and their insertion in the PHC; 2- the

teaching-learning methodologies adopted; 3- the teaching, assistance, and research activities developed; 4- institutional support to ensure training in PHC; 5- the identification of territorial and community services where practical training activities take place; 6- the management modality of the city's PHC services; 7- those responsible for monitoring students in the field of PHC practice; 8- the concept of care used by occupational therapists in PHC; 9- the challenges of training in PHC; 10- the changes and/or adjustments necessary to ensure a qualified training of occupational therapists in PHC.

### **Conversation circles**

The nine conversation circles with the participation of 67 students were recorded using a voice recorder and a video camera, in a total of 10 hours and 34 minutes. The *Conversation Circles for Final-Year Undergraduate Students* consisted of six guiding questions and sought to understand, through interaction between students: 1- the concepts used in Primary Health Care; 2- the subjects related to PHC that were attended; 3- the activities and experiences they developed in PHC services during training; 4- concepts about the care provided by occupational therapists in PHC; 5- the evaluation of training for PHC; 6- the challenges and necessary changes for teaching this field.

### **Data Analysis**

The audios of the Interviews and Conversations Circles were transcribed in full. Then, we applied thematic analysis procedures proposed by Braun & Clarke (2006). All data were organized and reviewed, and the transcripts were read and re-read; initial data encoding; a grouping of codes into relevant themes; these themes were reviewed by the third author of the article, who did not participate in data collection; the themes were defined and named; and, finally, there was the interpretation and analysis of data.

After applying the analysis, two categories were reached: 1- The contributions of occupational therapy to PHC; and 2- The specific role of occupational therapy in PHC.

There was no conflict of interest between researchers and research participants.

### **Ethical Considerations**

The research was approved by the Research Ethics Committee of the Federal University of São Carlos, Brazil. The identity of the participants was preserved and instead of their names, numerical codes were chosen. All participants formally agreed with the proposal through an Informed Consent Form (ICF).

## Results

### Professors' perspectives

#### Contributions of occupational therapy to primary health care

The professors pointed out different perspectives that promote contributions, approaches and reveal the potential of occupational therapy to qualify PHC. These perspectives are anchored in the assumptions of the expanded PHC, such as comprehensiveness, equity, access, intersectoriality, and care in a health care network.

These characteristics can be observed in the speeches about these contributions to a comprehensive PHC and health care based on comprehensiveness.

*articulation of actions [in PHC] has to be within the context of what occupational therapy has in terms of know-how to contribute. So, I can make an orthosis for you at the same time I am dealing with the dynamics within the family, thinking about your inclusion within the work in the same way that I can be articulating this together with the team. [...] When you are there in primary care you go to the house and see the story [...] So I think occupational therapy has enormous potential in primary care [...] the whole world is saying - the solution is to strengthen primary care (Professor 6 – Course 3).*

*Occupational therapy has this perspective of completeness and of being able to make and carry out the proposal of Primary Care, of taking the focus off the disease, of seeing this person beyond the disease [...] seeing the potential (Professor 16 - Course 9).*

The professors recognize that both PHC and occupational therapy are guided by comprehensive care, to meet health needs, promote and expanding the autonomy of people and communities, making them progressively less dependent on PHC services.

*The Occupational Therapist is a professional who can greatly transform the logic of the [PHC service] because most professionals want to look at the disease, and then we institutionalize people within [the PHC service]. For example, [PHC service] that promotes walking groups, why do they need to be permanent? Is it not necessary to provoke autonomy in the subjects? [...] (Professor 15 – Course 9).*

*I think that occupational therapy is very provocative in this field [of PHC] [...] it comes to look much more at the issue of making these people have autonomy, independence, and that they are also responsible for their care (Professor 16 – Course 9).*

The professors recognize the potential of PHC to promote equity in care, justifying that occupational therapy could increase the provision of care to people with disabilities and psychological distress, a clientele rarely seen in PHC. Likewise, access to occupational therapy services is also expanded to populations frequently assisted by

PHC, for example, people with non-communicable chronic diseases (Systemic Arterial Hypertension, musculoskeletal disorders, Diabetes) and even the general population, in promotion, prevention, and rehabilitation actions offered by occupational therapists

*Occupational therapy care in PHC is to think about cases of mental health, physical dysfunction, people in a more glaring situation of exclusion, the elderly person [...] Another thing is how occupational therapy goes talk about the disorders or problems prevalent in PHC: such as diabetes, hypertension, pregnancy, prenatal care, infectious diseases, etc. Or not, are we not going to dialogue in Primary Care with these issues? (Professor 3 – Course 2).*

*The fact that you have an occupational therapist in PHC does not mean, for example, care for people with disabilities or mental disorders, on the contrary, in the general discussion of Primary Care, care for everyone, not a hierarchy of populations, these people are again from outside [...] (Professor 4 – Course 2).*

People assisted by the Occupational Therapy in PHC can be simultaneously monitored by several services that contribute to the resolution of their needs through intersectoral care and articulated in networks, requiring from all professionals, including the occupational therapist, skills for collaborative and interprofessional work.

*For the nature of the work that Occupational Therapists do, care in PHC has to go through an intersectoral and network perspective [...] because the population they are looking at is usually in an interface with different themes, with different problematic, with different areas [...] (Professor 4 – Course 2).*

### **The specific role of the occupational therapy in Primary Health Care**

The professors point out that the concept of daily life can support the comprehensive care of occupational therapy in PHC. Based on this, it is possible to contextualize the participation of people in their activities in different areas of life and create strategies to protect risk factors for different pathologies, in addition to promoting social participation. In this sense, everyday life is broadly understood as the context in which occupations take place.

*In the specific care of the occupational therapist [...] look at the areas of performance, at the daily occupations that this individual can, or that he has difficulty, or that he is unable to perform [...] as much as his condition implies in daily life, in the tasks he performs, in the occupations he has [...] in addition to thinking about the roles of family members, the social support network such as the neighborhood, the use of equipment in the community, or even outside it, for greater social participation (Professor 8 – Course 4).*

*I think occupational therapy in PHC, I think a lot about the word every day, I think that when we are here in PHC, we look at the daily life of this population and where it is, suddenly, the risk factor that will develop a problem in the future that will stop there at the rehabilitation clinics, then it can be depression,*

*Alzheimer's, a cerebrovascular accident, a situation of chemical dependency, accidents, burns [...] (Professor 10 – Course 6).*

The professors report the generalist nature of the occupational therapist's role in PHC, being a professional with varied skills, having expertise in the promotion of significant activities/occupations, in the management of assistive technology, and also with skills of a more relational character with families and communities, and collaborative and articulated work in networks.

*At OT, I made a handicraft group for women, instead of putting them in the psychotherapy group, I put them in the coexistence group and doing things, encouraging them to discover potential, women to return to the labor market, to think about their occupations, more significant occupations for women from the periphery who are only taking care of the house and children (Professor 1 – Course 1).*

*So I think the occupational therapist's care [in PHC] is: [...] if I need an adapted chair, a postural adjustment in a wheelchair, I'll have to know how to do it; If I need to manage family relationship situations, I have to know how to do it; If I need to interfere, an intersectoral articulation so that inclusion occurs at school, I have to know how to do it [...] (Professor 6 – Course 3).*

The professors also consider the importance of the various possibilities of action and of not focusing interventions on pathologies and dysfunctions, but on identifying the needs of the patients, which must be evaluated in the meetings, seeking to understand how people build their daily lives and engage in their occupations.

*Occupational therapists can provide individual care, group care, intervention in the community, intervention in the environment, intervention in territories, in the city, promotion actions, prevention, intersectoriality, well, I think there is a lot (Professor 3 - Course 2).*

*What is the occupational therapist able to produce and create actions [in PHC] that are not just the expansion of diagnosis of the disease? (Professor 4 – Course 2).*

## **Student's perspectives**

### **Contributions of occupational therapy to Primary Health Care**

In general, the students identified contributions and proximity of occupational therapy practices with PHC, as we observed in the speeches about the importance of comprehensive health care, the understanding of the social context, the possibility of expanding access to occupational therapists by different populations due to the general nature of the interventions, and to the intersectoral and health care network care.

*A very integral view, looking at the territory and looking at where everything is inside (Conversation Circle 1, Course 1).*

*Looking at the social context in PHC and this integrating it into health [...] (Conversation Circle 4, Course 4);*

The students reported their engagement in care actions for people with motor and sensory disabilities, people with psychological distress, and people with chronic pathologies, reiterating the importance and recognizing the varied experiences of a generalist, intersectoral care, and the organization of the network.

*One issue of the course was to train a general Occupational Therapist [...] (Conversation Circle 3, Course 3).*

*The great asset of Occupational Therapy, [in PHC], is that it is not just a health profession, Occupational Therapy is a profession that operates in education, in the social sphere. It moves between these three areas [...] (Conversation Circle 5, Course 5).*

*We see the importance of intersectoral articulation because we see the need to talk to the service network [...] (Conversation Circle 3, Course 3).*

### **The specific role of Occupational Therapy in Primary Health Care**

As for the specificity of occupational therapy, the students point out that the role of PHC aims to facilitate, recognize and promote the participation of individuals in daily occupations and in the territories in which they live, promote greater participation of people in different social contexts, and community and enhance their skills based on interventions in this daily life.

*Occupational therapy works with daily life, considering what the people do, what they want to do and what they didn't do [...] we have to see their life story, the way the person does a certain activity, what that activity means to the person (Conversation Circle 1, Course 1).*

*The occupational therapist may be organizing the daily life [...] he is a professional, we perceived in the PHC discussions, that we had a potential, which is from our training, which is to look at the daily life of this patient, regardless of having any condition disease-related or not (Conversation Circle 2, Course 2).*

*[...] when we say "I'm going to do some care" in primary care, the person already necessarily thinks about the technique, what the procedure is, but I think it will be "any action" that enhances the subject's participation in the life, through the enhancement of their skills, whether social, physical, affective, cognitive [...] (Conversation Circle 8, Course 8).*

*The occupational therapist seeks to look at the difficulties of insertion in occupations and the possible strategies to improve these difficulties, thinking about*

*all dimensions of the human being: physical, emotional, mental, social, and spiritual (Conversation Circle 4, Course 4).*

Students expressed several possibilities of actions and approaches to occupational therapy in PHC, with emphasis on group care and focusing on disease prevention, health promotion, and education, in addition to actions at home.

*We can work with guidance, with lectures, with physical activity groups, groups of pregnant women, groups of hypertensive and depressive patients, family guidance, therapeutic groups, work activities, I think that primary care has everything to do with Occupational Therapy [...] (Conversation Circle 7, Course 7).*

*I think that groups are an important tool for this practice in primary care because sometimes this territory has demands that are repeated and that can be elaborated in groups (Conversation Circle 3, Course 3).*

*Occupational Therapy has contributions, not only in promotion and prevention, but also in the care of those people who have injuries, and who are often at home, without other follow-ups (Conversation Circle 2, Course 2).*

*Home visits also help to understand how the patient lives at home, their interpersonal relationships, which can be modified, both in the physical and social space (Conversation Circle 4, Course 4).*

## **Discussion**

In the world scenario, in different health systems, PHC has stood out as a government strategy aimed at improving health conditions by expanding the population's access to health services, and this fact was highlighted by the professors.

Researchers from different countries who investigated occupational therapy in PHC indicate a trend in the profession towards this level of health care. However, they point out that few studies have addressed the specific contributions and evidence of their practices (Donnelly et al., 2016; Bolt et al., 2019; Silva & Oliver, 2019).

Even with the inclusion of occupational therapy in PHC, the specific contributions about what it does and/or what could be performed by occupational therapists in this context of practice still need to be evident (Metzler et al., 2012; Andrade & Falcão, 2017) – to strengthen the training and performance of professionals. Thus, the systematization and details of what is done would be strategic, so that better communication about occupational therapy for the PHC teams and the population about the scope and objectives of occupational therapy at this level of care is possible (Andrade & Falcão, 2017; Donnelly et al., 2013).

In this sense, the perspectives of professors and students expose the contributions and role of occupational therapy for PHC, as they design interventions based on the comprehensiveness of health care, considered an essential factor for more effective practices, including the monitoring of people without a diagnosed illness.

The term comprehensive care is present in the discourse and guidelines of international organizations linked to PHC and health promotion programs (Fracolli et al., 2011), and consists of one of the essential attributes of PHC alongside others, such as attention to first contact, longitudinal and coordination of care. We also need to consider derived attributes such as family and community orientation and cultural competence (Starfield, 2002).

Comprehensive care in health can take on different meanings, including the guarantee of provision of preventive, curative, and rehabilitative care practices to assist different people in a health system (Silva et al., 2017; Fracolli et al., 2011). A comprehensive and expanded practice opens up to other aspects that are not directly linked to pathologies, but also considers issues related to subjectivity and the social contexts in which people live, as highlighted by the students. In this sense, the importance of territorial and community actions is affirmed as part of the guidelines for professional training in PHC, as these characteristics contribute to the strengthening of comprehensiveness at this level of care.

Due to the characteristic of PHC of being the preferred gateway to health care for the population, sometimes this level of care requires other supports and assistance to produce resoluteness, which was pointed out by professors and students as the dimension of intersectoral care and in the health care network, as being important for the work of occupational therapy in PHC. Thus, Avelar & Malfitano (2018) assess that the integration of networks and intersectorality need to be built in practice to favor comprehensive attention to needs and the construction of actions that respond adequately to the problems of a given territory and population.

Regarding the specific role of occupational therapy in PHC, both professors and students emphasized the relevance of understanding everyday life as a requirement for planning interventions aimed at the performance and occupational participation of the people assisted, which is present in Hasselkus reflections (Hasselkus, 2018, 2006) by stating that everyday occupations are present in all times and places of our lives and that the understanding of the meaning of everyday occupations can define the practice of occupational therapy.

In Brazil, occupational therapy researchers are interested in the concept of everyday life adopted by authors of philosophy, such as Lukács, Heller, and Certeau. These influences have supported the following understanding:

Occupational therapy is interested in the activities performed by the individuals, and these activities are performed daily, in everyday life. From these activities, people relate to each other, participate in the productive process of society, experience the culture of which they are a part, and become who they are (Salles & Matsukura, 2015, p. 266).

Galheigo (2003) argues that daily life bears the mark of the person's uniqueness, it is shaped from the life story, needs, values, beliefs, and affections of the individuals. This happens in such a way that, when we realize the uniqueness of a certain person's daily life, we also have access to aspects of their collectivity, their networks of sociability, and the meanings attributed to the activities they carry out.

Thus, it is clear that making efforts to understand everyday life as a theoretical-conceptual and practical contribution (Galheigo, 2020) can be a strong feature for the role of occupational therapy in Brazilian PHC, as the activities are developed in a unique life context, which reflect sociocultural, territorial and historical aspects (Galheigo, 2003).

Having the idea of comprehensive care and the concept of daily life as the basis for the development of the specific role of occupational therapy in PHC, the professors and students presented different possibilities for action. This is in line with the findings of the literature review by Cabral & Bregalda (2017), who synthesized and identified the practices of Brazilian occupational therapists in PHC. In this review, actions shared with other PHC professionals were described, such as those in health education; articulation in networks and with other services (intersectoriality); team meetings; community actions; home care; group approaches, and therapeutic workshops.

Another significant aspect presented in the aforementioned study was the practice of matrix support by occupational therapists to the reference teams of the Family Health Strategy (FHS) - who contribute from their specific knowledge so that the teams can respond in a more qualified way to the needs of people assisted through interprofessional practices (Cabral & Bregalda, 2017).

The specific role of occupational therapy in PHC is linked to the way occupational therapists approach activities and occupations in their different modalities of interventions, which still needs further details (Jacinto et al., 2017).

The professors and students attribute to the profession the role of promoting the subject's participation in different areas of their life, taking into account the social and territorial context and the daily lives of the people they monitor. To fulfill this specific role, professionals must be based on specific knowledge and skills of occupational therapy (Metzler et al., 2012), on the essential attributes and derivatives of PHC (Starfield, 2002), and interprofessional practice.

Experiences in Canada point to a discreet insertion of occupational therapy in PHC, with interventions related to the prevention of falls in the elderly population, the promotion of mobility, cognitive-perceptual screening, and safety at home being reported more frequently in services, in community spaces, and households (Donnelly et al., 2016). Canadian occupational therapists use the term function as the goal of their practices. What matters most is being able to perform the activities they need or those they want to perform, giving less relevance to the clinical diagnosis and the pathology presented by the patients (Donnelly et al., 2014).

In a study carried out in Norway, the small number of occupational therapists who work from the perspective of health promotion was identified and when occupational therapists carry out this practice, the approach with individuals predominates and not at a systemic and social level. Although the practice of health promotion is not yet widespread, the authors identified that the key concepts in occupational therapy for health promotion are meaningful occupation and participation (Holmberg & Ringsberg, 2014).

In the Brazilian reality, occupational therapists working in PHC have developed a **wide range of practices** [profile: generalist, interprofessional, specific, and person-based] in interface with PHC attributes and aimed at all stages of the life cycle. These practices include the prevention of diseases and injuries, health promotion and education, matrix

support (clinical-care and technical-pedagogical) - being developed through individual, family, group, network, intersectoral and territorial care - which can contribute to positive results of PHC indicators and comprehensive health care for the population (Silva, 2020).

Regarding the profile of the patients assisted by occupational therapy in PHC, the interviewed professors expressed the following dilemma: should they prioritize interventions with the general population assisted in PHC services or prioritize attention to the most vulnerable populations and those in situations of greater isolation at home, for example, people with psychiatric diagnoses and people with disabilities, reduced mobility and/or restriction in activities and social participation? The answer to this dilemma is a path to be built, so that the practices of occupational therapists in PHC seek to improve health conditions and the production of life, reducing social inequities and situations of suffering and illness in different population groups, who have difficulties in participating in everyday life.

This dilemma may be related to different trajectories of occupational therapy insertion in PHC in Brazil, which probably in its beginning reproduced the logic of work in specialized services. But, also, we should consider the small number of occupational therapists in the country, just under 20,000 professionals, and the existence of only 32 active courses in 2018. Therefore, the few occupational therapists working in PHC end up working in regions of greater social vulnerability and are more demanded by PHC teams to assist people with disabilities and/or mental suffering.

On the other hand, the national literature indicates that occupational therapy in PHC in Brazil has directed its actions to different populations, of all age groups, such as people with mental health needs, people with disabilities, people with chronic diseases, people in situations of social vulnerability, and caring for families, informal caregivers, and professionals from the PHC teams (Jacinto et al., 2017).

This fact differs from the reality of the Canadian context, where occupational therapy services in PHC are more directed to adults and the elderly population (Donnelly et al., 2016), as well as to people with complex chronic pathologies, who present a significant restriction on occupations and participation (Donnelly et al., 2014).

The understanding of different perspectives (professors and students) that constitute the graduate training of occupational therapists for PHC, in dialogue with the literature in the area, demonstrated paths already constituted of problematization and systematization of the area in teaching. The findings of this study contribute to the dialogue in the area and a pertinent and contextualized insertion of the profession at this level of health care.

## **Final Considerations**

The perspectives presented by professors and students (even if they had differences in the elaboration of speeches) indicate characteristics of the role of occupational therapy for PHC. It is possible to recognize the relevance of these contributions to the growing consolidation of the profession at this level of health care. However, there are still paths to be followed and challenges to be faced to build greater detail on the role of occupational therapy in PHC.

Recognizing the importance of the notion of comprehensive and expanded care, the concept of daily life as a context for carrying out occupations, the variety of practices performed, and the diversity and complexity of the health and living conditions of populations assisted by occupational therapists in the Brazilian context can contribute to deepening the debate and exchange in Brazil, regionally (Latin America) and with experiences from other countries, even considering the diversity of organization and attributions of the PHC in the different health systems in the countries.

This research contributes to the constitution of the role of occupational therapy in PHC, at the same time as it encourages the deepening of the understanding of practices to enable a relevant and coherent theoretical-methodological foundation both for the expansion of these practices and for the formation of future professionals.

### Research limitations

This is exploratory research to show aspects of theoretical and practical training in PHC services, through the perspectives of professors and students who develop teaching and learning activities in PHC in nine courses in the state area of São Paulo, Brazil.

The research was limited to the reality of nine Brazilian courses, which does not allow generalizations but suggests a reflection on the challenges to be faced by occupational therapy in PHC.

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#### **Author's contributions**

Rodrigo Alves dos Santos Silva was responsible for the design of the text, performed the data collection, organization, and analysis of the data, and worked on the writing and review of the text. Stella Maris Nicolau wrote and reviewed the data analysis. Fátima Corrêa Oliver was responsible for guiding the research, reviewing data analysis, writing and reviewing the text. All authors approved the final version of the article.

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