

Original Article

Theoretical-practical knowledge of occupational therapy in public management: what do the professionals say?

Saberes teórico-práticos da terapia ocupacional na gestão pública: o que dizem as profissionais?

Luany Vitória Gomes de Godoy^a , Pamela Cristina Bianchi^a 

^aUniversidade Federal de São Paulo - Unifesp, Santos, SP, Brasil.

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Abstract

Introduction: Occupational therapists have assumed active roles in the management and organization of public facilities. Given this scenario, it becomes essential to recognize the knowledge and skills necessary for the development of this practice, promoting a more in-depth debate within the field.

Objective: This study aims to identify if, and in what way, the theoretical and practical knowledge of occupational therapy in Brazil contributes to performance in public management positions, based on a survey of professionals in the State of São Paulo. **Method:** This is a qualitative study conducted over a period of one year.

As a research instrument, a questionnaire via Google Forms was applied to identify occupational therapists working in management positions in the State of São Paulo, collecting data on their training and experience in management roles. Eighteen occupational therapists participated in the research. **Results:** The analysis of the results indicated knowledge of public policies as essential content for working in these positions; similarly, the absence of specific management disciplines during undergraduate studies was indicated. The participants unanimously stated that being an occupational therapist contributes to their practice in management positions within the public sector. Similarly, all highlighted in their accounts the influence of occupational therapy's theoretical and practical knowledge on their management performance, such as: the use of activity analysis, holistic approach, and group therapy. **Conclusion:** It is hoped that this research will contribute to occupational therapy, strengthening its relationship with management and promoting the recognition of the field's theoretical and practical knowledge.

Keywords: Occupational Therapy, Health Management, Professional Practice, Personnel Management.

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Resumo

Introdução: Terapeutas ocupacionais têm assumido papéis ativos na gestão e organização de equipamentos públicos. Diante desse cenário, torna-se essencial reconhecer os conhecimentos e habilidades necessários para o desenvolvimento dessa prática, promovendo um debate mais aprofundado para o campo. **Objetivo:** Este estudo tem como objetivo identificar se, e de que maneira, os saberes teórico-práticos da terapia ocupacional no Brasil contribuem para a atuação em cargos de gestão pública, a partir de um levantamento de profissionais no Estado de São Paulo. **Método:** Trata-se de um estudo qualitativo realizado em um período de um ano. Como instrumento de pesquisa, foi aplicado um questionário via *Google forms* para identificação de terapeutas ocupacionais que atuam em cargos de gestão no Estado de São Paulo, com recolhimento de dados sobre sua formação e experiências em cargos de gestão. Participaram da pesquisa 18 terapeutas ocupacionais. **Resultados:** A análise dos resultados apontou o conhecimento sobre políticas públicas como conteúdo essencial para a atuação nestes cargos; da mesma forma, foi indicada a ausência de disciplinas específicas de gestão durante a graduação. As participantes foram unânimes ao afirmar que ser terapeuta ocupacional contribui para a prática em cargos de gestão na esfera pública. Da mesma forma, todas destacaram em seus relatos a influência dos saberes teórico-práticos da terapia ocupacional em sua atuação na gestão, como: o uso da análise da atividade, a integralidade e a abordagem grupal. **Conclusão:** Espera-se que esta pesquisa traga contribuições para a terapia ocupacional, fortalecendo sua relação com a gestão e promovendo o reconhecimento dos saberes teórico-práticos do campo.

Palavras-chave: Terapia Ocupacional, Gestão em Saúde, Prática Profissional, Gestão de Recursos Humanos.

Introduction

Occupational therapists have taken on active roles in the management and organization of public facilities, especially within the scope of the Unified Health System (SUS) and the Unified Social Assistance System (SUAS). In light of this scenario, it becomes essential to recognize the knowledge and skills necessary for the development of this practice, promoting a more in-depth debate within the field (Cruz et al., 2014; Furlan & Oliveira, 2017; Cordeiro, 2018). This study aims to identify whether, and in what ways, the theoretical-practical knowledge of occupational therapy in Brazil contributes to performance in public management positions.

The academic institutionalization of Brazilian Occupational Therapy took place with the creation of the program at the Rehabilitation School of Rio de Janeiro (ERRJ) in 1956, as a result of the consequences of the poliomyelitis epidemic that the country was facing at the time. In the following year, the National Rehabilitation Institute (INAR), of the Hospital das Clínicas of the University of São Paulo (USP), also began to offer the program (Reis & Lopes, 2018). During this period, there was no encouragement for the development of scientific research and for the production and dissemination of specific knowledge in the field within the country. The period was marked by the influence of studies, books, and technical procedures originating from countries of the Global North, with the importation of bibliographic materials and faculty from other countries (Francisco, 1988).

The late 1970s and early 1980s were emblematic for the field in Brazil. Named by Léa Soares (1991) as the “identity crisis of the profession,” the moment contributed to

the critical reflection of Brazilian occupational therapists, driving a closer relationship with academia and the production of knowledge contextualized within the local reality. Contact with thinkers such as Marx, Foucault, Goffman, Freire, Basaglia, and other authors from the Human and Social Sciences favored a new way of thinking about occupational therapy, beyond the profession as a technique, as a stimulus for new academic productions with historical and epistemological research. Thus, the readings, publications, and reflections of the period influenced resistance movements and the subsequent professional practice (Francisco, 1988; Soares, 1991).

The country was mobilizing toward redemocratization, and several theoretical-epistemological and practical changes marked the period, such as the Psychiatric Reform and the Health Reform. In addition, in 1988, the Constitution of the Federative Republic of Brazil was promulgated. From 1990 onward, several laws regulating and underpinning public policies were consolidated, such as the Organic Health Law, the Organic Law of Social Assistance (LOAS), the Law of Guidelines and Bases of Education, and the Statute of the Child and Adolescent (ECA), among others (Brasil, 1988).

In occupational therapy, the late 1990s are marked by discussions on the “fields of legitimacy” (Mângia, 1998, p. 8) of occupational therapist practice, which sought to understand the needs of each population served and how to meet demands through available public policies (Galheigo, 1999). In this sense, within academia, the idea of “multiple occupational therapies” (Mângia, 1998, p. 11) began to be defended, recognizing the plurality of issues and the need for multi-referential discussions.

In line with this, Lima (1999, p. 45) refers to an occupational therapy with an “identity made of differences,” in which the understanding of the individuals and groups followed must be aligned with reflection on the macrostructural context. Galheigo (1999), in turn, advocated for an “interdisciplinary and critical know-how,” with citizenship and ethical-political commitment as guiding principles of professional action. The focus was on the development of transformative actions and emancipatory practices for and with individuals and collectives, aiming at autonomy, social participation, as well as the weaving and strengthening of support networks (Galheigo et al., 2018).

The 2000s and 2010s, in turn, were marked by the development of research specific to and for occupational therapy, since during this period social programs were created that enabled greater access to higher education, such as the Support Program for the Restructuring and Expansion Plans of Federal Universities (REUNI), in 2007, and the creation of graduate programs in three universities in the state of São Paulo after 2010. There was a progressive increase in academic production (Lopes et al., 2016), and after 2006 there was greater diversity in publications regarding practice in public health services, social assistance, and cultural facilities (Galheigo et al., 2018).

Public management and occupational therapy

The term *management*, used as a synonym for administration, refers to the way of planning, organizing, directing, and controlling the use of organizational resources and skills with a goal (Chiavenato, 2006). Considering specific aspects of public systems, Santos (2014) presents the concept of public management as

The planning, organization, direction, and control of public goods and interests, acting in accordance with administrative principles, aiming at the common good through its models delimited in time and space (Santos, 2014).

In Brazil, examples of governance systems that rely on public management for their organization are the Unified Health System (SUS) and the Unified Social Assistance System (SUAS), both of which have facilities with occupational therapists working in both service provision and management.

The management of SUS, for example, is decentralized, which strengthens shared action among the three levels of government (Municipality, State, and Union). For this purpose, municipalities have management models compatible with their responsibilities, involving different actors, from popular participation to management by the health secretariat, with the main objective of implementing health policies (Souza, 2002). The management of SUAS is based on the same principle of decentralization, legitimizing articulation and technical support between state and municipal management of social assistance services, as well as differentiating three axes in municipal management according to levels of protection with a view to intersectoral and intergovernmental solutions.

Regarding the responsibilities of the managerial position, Chiavenato (2009) indicates that the professional must work with forecasting, planning, allocation of resources, development of organizational skills and competencies, encouragement and energizing of objectives, as well as monitoring, following up, evaluating, and making decisions according to demand. Considering that occupational therapists have multiple competencies, such as activity/occupation/daily life analysis, development of autonomy, encouragement of social participation, group management (Ferriotti, 2017), and the possibility of dialogue between different fields (Morrison Jara, 2017), it is considered relevant to analyze their performance in management positions.

The article by Cruz et al. (2014) presents the results of a study that sought, through occupational therapists' reports, to understand how management training occurs. The results indicate that the professionals occupy a participatory role in management, justifying this based on the occupational therapy curriculum proposed by the Ministry of Education (MEC), which should enable the exercise of the profession not only in service provision but also in managing these services. The authors consider it important to conduct research presenting individual experiences of therapists in managerial positions, given that there are few studies in occupational therapy related to management.

Similarly, the research by Furlan & Oliveira (2017), on the performance of occupational therapists in the management of primary healthcare, explains that the participatory and democratic management model facilitated the inclusion of more occupational therapists in this role, as these positions were commonly occupied by nurses and doctors. The authors also highlight that knowledge of SUS guidelines and occupational therapy expertise, such as group work skills, favors expanded practice and makes the work of occupational therapists in this scenario visible.

In this sense, it is believed that research on the relationship between theoretical-practical knowledge of occupational therapy and public management is relevant to contribute to discussion on the topic in the field and to strengthen the work of these professionals in public management. Accordingly, the present study aims to answer the following questions: Are there therapists working in public management positions in the State of São Paulo? If so, which positions do these individuals occupy? And, furthermore, does the theoretical-practical knowledge produced by Brazilian occupational therapy contribute to practice in public management positions?

Methodological Procedures

For the development of the research, a qualitative approach was used, since it allows the study of relationships, representations, perceptions, and opinions about how subjects live, think, and feel, potentially contributing with important results regarding the research process (Minayo, 2013).

As a research instrument, a questionnaire via Google Forms was applied to identify occupational therapists working in management positions in the State of São Paulo, collecting data on their education and including open-ended questions for free reporting on the management experience. The questionnaire was subdivided into identification information, such as name, age, year of graduation, and time in a management position; and questions regarding the theoretical and practical knowledge of occupational therapy that contribute to the exercise of public management.

The form was widely disseminated on social media such as Instagram, Facebook, WhatsApp, Telegram, and LinkedIn, aiming to reach professionals in various locations in the State of São Paulo, and remained open for one and a half months, between September and October 2024, with weekly reminders posted on social media.

The inclusion criteria for the research were: i) occupational therapists who have been working in public management positions for at least six months; ii) occupational therapists who have previously held public management positions for more than six months, even if at the time of the study they are in other occupations; iii) professionals working in the State of São Paulo. Responses from professionals working in private management or who have been practicing for less than six months were not considered.

After approval by the Research Ethics Committee on Human Beings of the Federal University of São Paulo, with CAAE 79714324.6.0000.5505, the Free and Informed Consent Form was made available at the beginning of the questionnaire, requiring confirmation of agreement to proceed with answering the questions.

Data analysis was carried out in three stages, inspired by Thematic Analysis (Minayo, 2013): i) identification of professionals working in management positions in the State of São Paulo and categorization of their areas of activity; ii) based on the responses obtained from open-ended questions, an analysis and review of the research hypotheses and objectives were conducted, categorizing similar responses into thematic groups; iii) finally, the results were analyzed, correlating the information found with theoretical references from the fields of occupational therapy and public management (Minayo, 2013).

Results and Discussion

The questionnaire was answered by 30 professionals. Of these, 18 met the established criteria. Regarding those who did not meet the criteria, eleven were not occupational therapists and/or did not hold public management positions in the State of São Paulo, and one worked in public management in the Federal District.

Participant profile

To understand who the occupational therapist-managers are, the questionnaire included some general identification questions. Regarding gender identity, 16 identified as cisgender women, one as cisgender men, and one preferred not to answer. Regarding self-identification of race and ethnicity, 15 professionals self-identified as white, two self-identified as mixed-race, and one preferred not to say. Regarding age range, nine are between 40 and 49 years old, six between 30 and 39 years old, two between 50 and 59 years old, and one is over 60 years old.

There is a prevalence of female and white occupational therapists in management positions. The study “Gender Statistics: Social Indicators of Women in Brazil,” developed by the Brazilian Institute of Geography and Statistics (IBGE), indicated that women have a greater presence in positions linked to the areas of education, human health, and social services, representing approximately 69% in these sectors (Instituto Brasileiro de Geografia e Estatística, 2022), areas in which there is a greater presence of occupational therapy professionals. Information on the participants’ profile is illustrated in Table 1.

Table 1. Participant profile.

	Gender	Color/ Ethnicity	Age	Location	Postgraduate studies	Field of work	Years of experience in management
<i>OT 1</i>	Female	White	30 - 39	State capital	Ongoing training in Public Management, Mental Health, and Neurology.	Hospital; Childhood; Mental Health	3
<i>OT 2</i>	Female	White	40 - 49	Interior of the state	Professional qualification completed	Rehabilitation	1
<i>OT 3</i>	Female	White	30 - 39	Interior of the state	Professional qualification completed	Management; Childhood; Rehabilitation	5
<i>OT 4</i>	Female	Brown	40 - 49	State capital	Professional qualification completed; Specialization in Healthcare Network Management	Mental health	15
<i>OT 5</i>	Female	White	40 - 49	State capital	Specialization in Health Network Management; Specialization in Health Services Management	Childhood and Mental Health	12
<i>OT 6</i>	Female	White	40 - 49	Interior of the state	Professional qualification in Public Management	Rehabilitation and Mental Health	6
<i>OT 7</i>	Female	White	30 - 39	State capital	Professional qualification in Mental Health in the Brazilian Public Health System (SUS); Master's Degree in Health Sciences	Mental health	8
<i>OT 8</i>	Female	White	50 - 59	State capital	Professional qualification in Mental health	Mental health	15
<i>OT 9</i>	Female	White	50 - 59	State capital	Specialization in Psychiatry; Specialization in Public Policy	Management	32
<i>OT 10</i>	Female	White	30 - 39	State capital	Specialization in Psychopathology and Health	Management and Mental Health	7
<i>OT 11</i>	Male	White	40 - 49	State capital	Professional Master's degree in Mental Health; Academic Master's degree in Public Health	Social Security	1
<i>OT 12</i>	Preferred not to answer.	Preferred not to answer	40 - 49	State capital	Specialization in Public Health; Master's degree in Primary Care	Culture; Management; Mental Health and Work	3

Source: Own authorship.

Table 1. Continued...

	Gender	Color/ Ethnicity	Age	Location	Postgraduate studies	Field of work	Years of experience in management
OT 13	Female	White	Over 60	Interior of the state	Professional qualification, specialization, or residency in progress.	Social Field	8
OT 14	Female	White	30 - 39	State capital	Postgraduate degree in gerontology; Specialization in health management; Academic master's degree related to management and gerontology.	Gerontology and Rehabilitation	9
OT 15	Female	White	40 - 49	Interior of the state	Specialization in Public Health; Specialization in Mental Health Management	Management and Mental Health	3
OT 16	Female	White	40 - 49	Interior of the state	Specialization in MBA in Health Management	Primary Health Care	7
OT 17	Female	Brown	30 - 39	Interior of the state	Master's Degree in Public Health, Health Policies and Management	Health Regulation	3
OT 18	Female	White	40 - 49	Interior of the state	Professional Master's degree on socio-educational measures	Social Field	12

Source: Own authorship.

Regarding the workplace, ten professionals responded that they work in the city of São Paulo, the state capital. The other cities were mentioned once each: Caçapava, Campinas, Indaiatuba, Jacareí, Jundiá, Pirassununga, Rio Claro, São José do Rio Pardo, and Valinhos. It is worth noting that this was an open-ended question that could include more than one answer, since occupational therapists may have more than one job. The information is illustrated in Figure 1.

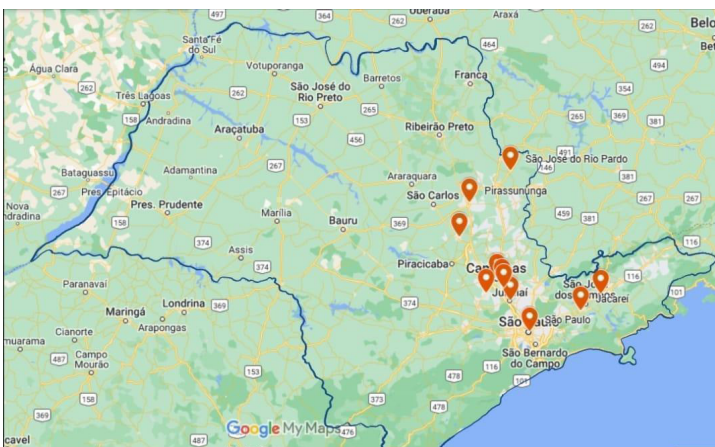


Figure 1. Map of cities in the state of São Paulo with occupational therapists in public management positions.

Source: Own authorship.

The map visualization allows us to analyze that the professionals participating in the study are located in the geographic regions of São Paulo, Campinas, São José dos Campos, and Araraquara. There is a noticeable absence of respondents, mainly in the western region of the state, in locations such as Araçatuba, Assis, Marília, Presidente Prudente, and Bauru, despite the existence of the course at the São Paulo State University (UNESP) in Marília. However, the information still aligns with the availability of courses in the state, as there is a concentration of courses in the southeastern and central regions of the state.

Training

Through the questions in this section, we sought to understand the training of occupational therapist-managers, especially regarding knowledge related to public policies and management.

Regarding the subjects taken during their undergraduate studies, 17 professionals had classes on public policies (PP). In relation to the form and location of PP content in the curriculum, the responses indicated: i) specific occupational therapy subjects related to policies for people with disabilities and mental health; ii) courses on Public Health and the Unified Health System (SUS), with information on principles, guidelines and legislation, care models and network devices, documents and ordinances of the Ministry of Health; iii) courses on the National Social Assistance Policy, with content on the 1988 Federal Constitution; iv) participation during graduation in Health Councils and Health Conferences. Three participants pointed to mandatory internships in Public Health services as learning spaces about public policies and the SUS. One participant also pointed out teachings related to administration, policies and management focused on the public sector during the specific PP course.

Regarding management courses, only three participants responded that they had this experience during their undergraduate studies. Regarding the content offered, the professionals pointed out: i) planning and management in occupational therapy services; ii) institutional analysis; iii) management models in health services. In one of the responses, the participant points out that her knowledge about management was built through participation in an Academic Week in 1997, which generated a significant awakening of her interest in this aspect of professional practice.

Specific teaching about management is not present in all Brazilian universities that have occupational therapy courses (Menta & Santos, 2017). According to Cruz et al. (2014), knowledge about the field of management and management strategies has been increasingly requested in professional practice in occupational therapy. In their study, the authors pointed out that, although there was no unanimous opinion that the topic of management is essential in training, most participants reported having difficulties with specific knowledge about management in professional practice, indicating that there are some gaps in this topic in training (Cruz et al., 2014). Similarly, the participants in our study indicated that they received a vast amount of content about PP, but few reported the same regarding specific content about management.

In response to the question about the influence of knowledge related to Public Policy and/or management on professional performance as a manager, we received 14 responses. Of these, 12 indicated that there was, in fact, an influence. The participants highlighted that knowledge about the Brazilian Unified Health System (SUS) and its potential sparked an interest in working as occupational therapists within this system, as well as the use of public policies as a way to defend the relevance of occupational therapy in public services. They also mentioned feeling prepared to work in the SUS after graduation, with knowledge of the main legislation and an understanding that professional practice should involve the implementation of public policies in municipalities.

Yes. Having this conceptual foundation in Public Health and Collective Health was essential to having the desire to work in the SUS and the commitment to act as an Occupational Therapist in the pursuit of constant improvement of this public policy, in addition to identifying and defending the importance of Occupational Therapy in public services (OT 16).

Most participants indicated that understanding the SUS (Brazilian Unified Health System) from an administrative perspective is essential for good service management and for understanding work processes in the public health network. An interesting contribution was an account of her involvement with the Academic Center of Occupational Therapy and the Association of Occupational Therapists of São Paulo (ABRATO), which encouraged her involvement in different aspects of management and in decision-making bodies. This path led her to become an advisor in social control and to represent ABRATO on the National Health Council, in the Ministry of Health, being the first occupational therapist to occupy this management space in the SUS.

Beatriz Moura and Wagner Oda (Comunidade de Práticas em Terapia Ocupacional, 2020), in a chat organized by the university extension Community of Practice in Occupational Therapy of the Federal University of São Paulo (UNIFESP), available as a video on the YouTube social network, talked about their experiences as managers and reflected that the knowledge about PP (Productive Practice) offered in undergraduate courses is of great importance to management practice. According to the professionals, the history of occupational therapy in Brazil is intertwined with the history of the Psychiatric and Sanitary Reforms, which fostered an approach to this knowledge, as well as a professional practice focused on the promotion and guarantee of rights. The content assimilated in the training provides a basis for the representation of managers in network meetings, in assemblies and management councils, in conferences and municipal councils, as well as in the execution of the PP linked to the municipalities and the Ministry of Health (Comunidade de Práticas em Terapia Ocupacional, 2020).

Two professionals, however, said that the content offered in the undergraduate course did not influence their practice in public management and that they needed to seek knowledge after graduation, through courses, postgraduate studies and their own professional practice.

Regarding continuing education, 14 professionals indicated that they had completed “improvement, specialization or residency,” one participant at the time of responding was “in progress with improvement, specialization or residency,” but did not specify which course it was. Among the specializations pursued, six indicated courses related to the field of management, three of which were offered by the Oswaldo Cruz Foundation (Fiocruz), a reference in the field of Brazilian public health. Five professionals completed master’s degrees, three of which described themes related to management, one in Collective Health, Policies and Management in Health, one related to management and gerontology, and one on the role of management in socio-educational¹ measures. Three participants do not have postgraduate degrees.

It is noted, therefore, that subjects and content on PP contributed to knowledge about the functioning of the public health system, as well as the role of the occupational therapist in the services. Thus, when assuming public management positions, the professionals already had some theoretical knowledge about the equipment, the network, and the importance of professional commitment in these spaces.

¹ It is important to point out that it was possible to select more than one item on the questionnaire; therefore, in some topics, the number of responses exceeded the number of participants.

Professional experience

Different fields of work were presented by the professionals: mental health (11 indications), rehabilitation (7), primary health care (5), management (5), childhood (5), social field (4), culture (1), teaching (1), education (1), gerontology (1) and hospital (1), as shown in Figure 2.

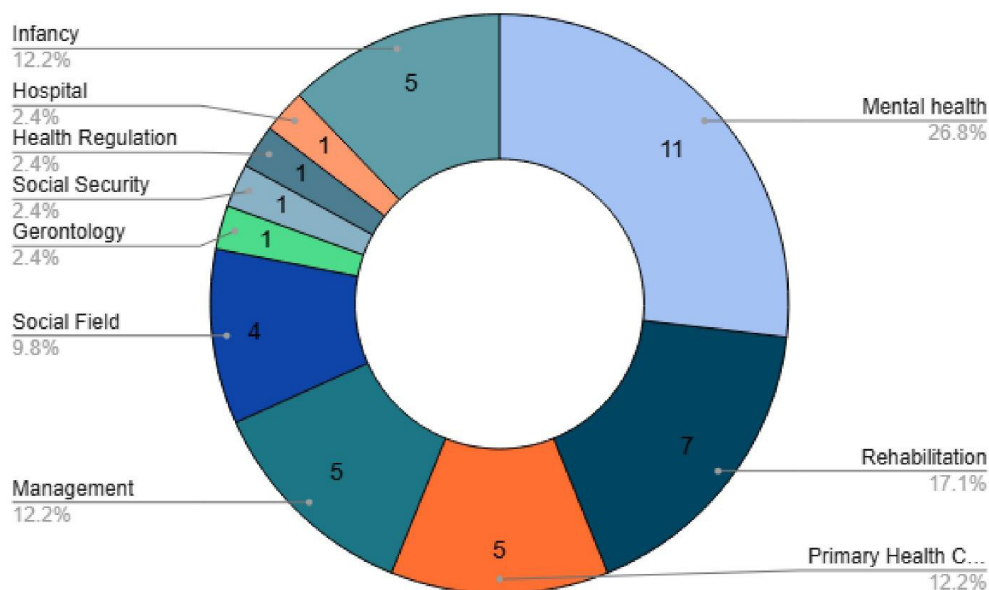


Figure 2. Fields of work. Source: Own authorship.

Regarding operational facilities, the Psychosocial Care Center (CAPS) appeared eight times in its different classifications such as child and adolescent, alcohol and drugs, and in its various levels of care such as II and III; Therapeutic Residential Services (SRTs) appeared three times; and the Municipal Mental Health Coordination appeared once. Physical rehabilitation services, such as the Specialized Rehabilitation Center (CER) and the physiotherapy and occupational therapy service, were mentioned twice. The primary care services mentioned were the Basic Health Unit (UBS) and the Primary Care Directorate, one mention each. The Regional Health Coordination appeared twice, as did the Technical Health Supervision. Other facilities, such as the Autism Clinic, the Community and Cooperative Center (CECCO), the Municipal Department of Social Assistance, the Elderly Reference Center, Health Regulation, Socio-educational Measures, and the National Institute of Social Security (INSS), were mentioned only once.

Regarding employment status, twelve declared that they were statutory employees, that is, a public position providing services to the State and to entities of the direct or indirect Public Administration, and the other three indicated a CLT (Consolidation of Labor Laws) contract. None of the participants indicated a fixed-term contract, a commissioned position, or service providers as a Legal Entity.

As for the length of time in public management positions, there was a significant variation, between one and 32 years of experience, as illustrated in Table 1, already mentioned. The areas of activity with the most experience were: Health Supervision and Health Coordination, Mental Health, and Socio-educational Measures. The areas with professionals with less experience were: Rehabilitation and Social Security.

Finally, among the tasks and demands of the management position most cited, the professionals indicated: organization and planning of team meetings (12), coordination with other services in the network (9), and coordination of the intersectoral network (5). Coordination of teams of different sizes and locations, people management, technical coordination, administrative organization of the service, and conflict management among employees were mentioned four times. Technical support in case discussions at team meetings, responses and follow-up from the ombudsman, and the construction of a work plan for the health unit were reported three times.

Table 2 presents detailed information regarding the demands and tasks of the management position, which were categorized into: Teamwork Management, Intersectoral Articulation, Intrasectoral Articulation, Matrixing, People Management/Human Resources (HR), Continuing Education, Ombudsman, Administration, Project Development and Execution, Preparation of Reports and Official Documents, Representations, Public Policies, and others. Although the central point of the study is not the demands and tasks, we believe it is pertinent to present the information as a demonstration of the complexity of the tasks and the great difference between each of its fronts.

Table 2. Demands and tasks of the professional manager, with the number of times they were mentioned in the responses.

Teamwork Management
Organization and planning of team meetings (12)
Coordination of teams of different sizes and locations (4)
Management of conflicts between employees (4)
Technical support in case discussions in team meetings (3)
Encouraging the team for external actions in the territory (1)
Articulation of teams and between teams (1)
Technical support of the team Technical and administrative coordination of the multidisciplinary team (1)
Supervision of care processes ensuring the management of crisis situations and the strengthening of the team (1)
Support to professionals to respond to judicial demands (1)
Referral to doctors of the Mais Médicos Program (1)
Coordination of CAPS workshop facilitators (1)
Building consensus within the team (1)
Promoting and monitoring team performance (1)
Semiannual planning with the team related to activities and goals of the territory (1)
Linking professionals to teams for accreditation with the Ministry of Health (1)
Intersectoral Coordination
Articulation of the intersectoral network (Education, Sport, Culture, Social, Transport, Environment and Transport) (7)
Construction and maintenance of the Assistance Network (1)
Articulation with the justice system (1)
Intrasectoral Coordination
Coordination with other services in the health network (9)
Attempt to coordinate the Orthotics, Prosthetics and Mobility Aids (OPM) network in the service (1)
Coordination with other departments of the municipal health department (1)
Discussion about the care flow (1)
Matrixing
Matrixing meetings with the network (5)
Case referrals (1)

Source: Own authorship.

Table 2. Continued...

Teamwork Management
People Management/Human Resources (HR)
Employee Management (4)
Technical coordination and administrative organization of the service: reworking of the consent form, internal regulations (4)
Individual feedback from the professional (2)
Handling ethical issues of employees, interns and Residents (1)
Management of work processes (1)
Application of disciplinary measures, when necessary (1)
HR administration and professional information (1)
Organization of vacations and work schedules for the team (1)
Human Resources: hiring request (1)
Definition of professional duties (1)
Lifelong Education
On-the-job training (2)
Team training (2)
Participation in events, fairs and congresses (2)
Participation in Rehabilitation, Mental Health, Culture forums (2)
Organization of the play course and supervision (1)
Organization of courses (1)
Continuing education for teams and the network (1)
Ombudsman
Responses and Follow-up from the Ombudsman (3)
Administration
Monitoring of results and demands (3)
Formulation of the list of materials and technical descriptions (1)
Monitoring of management contracts by Social Health Organizations (1)
Management of administrative processes (1)
Budget management (1)
Service management (1)
Accreditation of teams and adjustments to avoid loss of financial resources (1)
Control of service goals (1)
Production data and materials management (1)
Supervision of contracts with accredited physicians (1)
Monitoring and planning of rehabilitation partners (1)
Planning and organization of service activities (1)
Annual planning (1)
Strategic planning (1)
Responses to audits (1)
Supervision of security, cleaning, alarm, consumables and food (1)
Management of municipal assistance (1)

Source: Own authorship.

Table 2. Continued...

Teamwork Management
Development and execution of projects
Construction of institutional projects for the service (1)
Contribution to municipal projects (1)
Discussions and projects with the Department of Culture (1)
Preparation of Reports and Official Documents
Construction of a health unit work plan (3)
Management reports (1)
Production of preliminary technical studies of all services/acquisitions (1)
Protocol guidelines (1)
Annual reports (1)
Participation in the construction of Guiding Documents for services (1)
Monitoring reports (1)
Representations
Coordination of actions of the Psychosocial Care Network (RAPS) (3)
Participation in assembly and management council (2)
Coordination of management processes with the Health Secretariat (1)
Management meetings for activity coordination (1)
Meetings with Regional Health Departments (DRS) and Epidemiological Surveillance Group (GVE) for regional and intermunicipal articulations (1)
Participation in Municipal Councils (Social Assistance, Children and Adolescents, Elderly) (1)
Participation in internal and external management meetings (1)
Participation in municipal, state and national mental health conferences (1)
Organization and participation in CECCO meetings (1)
Institutional representation in Brazil and abroad (1)
Public Policies
Monitoring of guidelines from the Municipal Health Department (1)
Implementation of public policies established by the Ministry of Health (1)
Coordination of social/educational/assistance programs for children, families and the elderly (1)
Participation in the implementation of municipal public policies (psychosocial care network, care network for people in hoarding situations) (1)
Technical Performance
Coordination of the waiting list (1)
Assistance support (1)
Deliberations/decision-making (1)
Hiring of consultants and relationship with international organizations (1)
Coordination of workshops (1)
Coordination of Working Groups (1)
Support and monitoring of demands from partner health units (1)
Identification of weaknesses in the health system and advice for improvement proposals (1)
Monitoring of mental health services in the northern zone of São Paulo (1)

Source: Own authorship.

Occupational therapy knowledge in public management practice

To understand the association between the theoretical and practical knowledge of occupational therapy and performance in public management positions, participants were asked if they believed that being an occupational therapist contributed to their management practice. All 18 participants responded affirmatively and indicated that understanding daily routines, activity analysis, collaborative work, and teamwork assist in planning and organizing service demands, as well as in problem-solving, interpersonal, intersectoral, and intrasectoral relationships. According to the participants, knowledge from the field of occupational therapy favors the recognition of potential, active listening, and welcoming in management practice, making it possible to understand work processes and direct demands to professionals and the team, so that they can carry out actions collectively.

Yes, because it is a profession that offers analytical practices on everyday processes, it offers an intersectoral analysis that recognizes what needs to be organized and enhanced within a group (OT 4).

Yes. In the sensitivity to welcome and deal with the diversity of people and believe in the potential of each individual, as well as thinking about the wholeness: of the subjects, the services, and the work in the territory (OT 12).

Regarding the authors who assist and/or are references for practice in the field of management, the following were cited: Maria de Lourdes Feriotti (3), Marysia Mara Rodrigues Do Prado de Carlo (2), Fernanda Nicácio (2) and Junia Cordeiro (2); other authors, such as Ana Paula Malfitano, Elizabeth Mângia, Jô Benetton and Sandra Galheigo, were mentioned once. In general, it was possible to identify five lines of publication and activity of the cited authors, namely: i) theoretical foundations; ii) political participation; iii) mental health; iv) social field; and v) health management and health marketing. This is probably due to the number of professionals managing facilities in the area of mental health (11) and in the social field (4), as well as the use of the foundations in their practice and professional political exercise.

According to Cordeiro (2018), training in occupational therapy offers resources, skills, and competencies to manage, plan, and implement projects in both the private sector and public facilities. Therefore, the professionals were asked if they used concepts and/or theories from the field to support their management practice. Sixteen participants answered affirmatively.

In an open-ended question, we sought to explore how the concepts and/or theories of occupational therapy contributed to their practice as managers. The responses highlighted: the analysis of the activity considering the singularities and the social and cultural contexts (5); the integral vision of the human being and care (4); group management and administration (2); guarantee of rights (2); welcoming (1); active listening (1); the relationship between subject and doing (1); doing together (1); among other points. It is also noted that specific concepts from some areas of practice were presented, such as Subject-centered practice (2) and Assistive technologies (2), which may be linked to the participation of five managers in rehabilitation services in the study. Although some of the concepts mentioned, such as comprehensive care, guaranteeing rights, active listening, and welcoming, are not specific to occupational therapy, they are part of the multiple frameworks that underpin the profession's technical practice. Figure 3 presents the word cloud with the concepts presented.



Figure 3. Word cloud with concepts and theories from occupational therapy and/or other frameworks that contribute to practice as a manager, according to the participants.

According to Castro et al. (2004), activity analysis is the means by which the processes related to carrying out an activity are interpreted, considering prior experiences, the sociocultural context, and the physical, cognitive, emotional, social, and cultural skills of the subject for its performance. According to the authors, the analysis should be done in two stages: the study of the activity, seeking to understand the knowledge and resources for carrying out this activity, and the analysis of the subject in activity (Castro et al., 2004).

It is considered that this specific knowledge of occupational therapy contributes to the practice of public management in identifying the demands and the steps necessary for their realization. As shown in Table 2, managers are responsible for team meetings, people management, technical coordination, and administrative organization of the service, among many other activities in which this analytical knowledge can be useful.

Yes, with a holistic view but with the ability to break down the parts! Ease in interpersonal relationships, welcoming attitude, etc. (OT 6).

Similarly, analyzing the subject in action allows tasks to be directed to professionals considering their knowledge, experiences, potential, and technical skills. Beatriz Moura (Comunidade de Práticas em Terapia Ocupacional, 2020) indicated that the theoretical and practical knowledge of occupational therapy, based on human action and collaborative work, permeates management practice, since it is possible to assign the demand to the professional who will carry it out and indicate how to do it alone and/or as part of a team. One participant emphasizes that the analysis makes it possible to recognize what needs to be organized and enhanced in a group setting with the team.

The fact that our practice involves “doing together” gives us comfort in playing a horizontal leadership role, which promotes teamwork and cohesion in work relationships (OT 5).

The professionals also highlighted that a holistic view of care contributes to interpersonal relationships, welcoming, valuing active listening, and understanding the wholeness of individuals, services, and work within the community.

Yes, I believe that my training in occupational therapy has given me a more holistic perspective on care. Instead of focusing on the care of the disease, in practice, in addition to the concern for making management a collective effort with the various workers and users, there is the issue of trying to look at users as a whole, beyond the disease, also including the effort to discuss stigmas, coordinate services (and not reduce care to a specific service). Furthermore, there is a concern for the well-being of workers and the activities they perform (OT 15).

Comprehensiveness is a well-known topic among health professionals, mainly due to its prominent role as one of the doctrinal principles of the Unified Health System (SUS). For the SUS, it constitutes an articulated and continuous set of actions and services that provide the assistance and care required for each case at all levels of complexity of the system, both individually and collectively (Brasil, 1990).

According to Kalichman & Ayres (2016, p. 2), the bases of comprehensive care are:

[...] non-fragmentation of health care, respect for individuals and their rights, attention to the specific needs of individuals and communities, pursuit of rich and creative intersubjective interactions, interaction between the technical and practical knowledge of various individuals, and the articulation of different professionals, services, and sectors related to the construction of health.

The comprehensiveness of care appears as a common characteristic between the health system and the work of occupational therapists, due to the development of the profession from a holistic approach, with actions focused on social demands that go beyond medical-organicist principles (Malfitano & Ferreira, 2011). As reflected in the responses, the use of this knowledge in management practice stems from the plurality of demands involving users, professionals, and other resources in the network and/or the municipality. Therefore, they base their work on comprehensiveness, in order to understand the whole and direct actions to the actors involved and necessary for the provision of comprehensive care, as well as to consider referrals to other services and sectors.

In healthcare management, this can be reflected in the promotion of policies that humanize care, ensuring that practices are flexible and adapted to the needs of each patient. Occupational therapy also interacts with public health. Occupational therapy, like public health, values comprehensiveness in healthcare (OT 15).

Experience in group management was mentioned as a skill that contributes to multidisciplinary work, organization, planning, project development, and problem-solving, aspects that strengthen performance in management activities.

The group approach, a resource widely used in occupational therapy practice, allows for an understanding of the group's dynamics and the promotion of a safe and welcoming environment (Ballarin, 2007). As presented by the participants, experience in group work leads to effective and assertive actions in directing teamwork and coordinating multidisciplinary work. In the dialogue within the occupational therapy community of practice, Beatriz Moura (Comunidade de Práticas em Terapia Ocupacional, 2020) emphasizes that the ease of thinking and deciding together contributes to a democratic exercise, something that assists in managing the team and the service.

In management, I develop work plans that meet the needs of the organization and public health policies, taking into account the profile and available resources of the team. Therapeutic practice has taught me to be a facilitator, both in developing the autonomy of individuals and in promoting a collaborative work environment. As a manager, I apply this same sensitivity, fostering dialogue, continuous learning, and the co-construction of solutions, which generates more effective results and an engaged team (OT 17).

By assuming the role of group coordinator, the occupational therapist in a management position is able to guide the dynamics and interaction of group members. In this sense, it becomes possible to organize and plan team meetings for services and intersectoral collaborations, coordinate a multidisciplinary team and liaise with other resources, manage internal conflicts, and provide technical support in discussions based on this expertise.

I have always been involved in technical roles where I could directly apply my knowledge, skills, and competencies as an occupational therapist in a management role. These skills have made me excellent in: Group management; Interpreting the physical and emotional aspects of people; Conflict management; Organizing routines and teamwork practices, evaluating and directing actions according to the strengths of each team member. These are just a few examples (OT 11).

In the section dedicated to experience reports, the occupational therapist-managers highlighted that the expanded perspective of care, centered on the individual beyond the illness, permeates their management practice. This perspective goes beyond the traditional biomedical model, considering the social determinants of health in individual and group care, as well as family and community relationships, directly impacting their management performance and contributing to encouraging teams to promote a care approach guided by a holistic perspective.

I observe that Occupational Therapy brings a differential to the broader, person-centered approach to care, encompassing much more than just the illness, but also their context, potential, desires, and dreams, understanding the value of the Individualized Therapeutic Project (ITP) built together with the user. My role in management is directly related to this, encouraging the team to care from this perspective, from individual care to groups and in the community (OT 7).

Another action related to occupational therapy was the promotion of autonomy and independence, which goes beyond the coordination of multidisciplinary teams, by focusing on directing certain activities according to the profiles of the professionals. According to the participants, the knowledge gained from occupational therapy strengthens the ongoing education processes of the teams, since the managers are able to foster dialogue, the construction of solutions and learning based on the perspective of comprehensiveness and focused on daily life, allowing them to think about care for these teams and users.

Final Considerations

The research made it possible to identify occupational therapist-managers who have worked or are currently working in the State of São Paulo. The predominant presence of female professionals who self-identified as white demonstrates and reaffirms gender and ethnic-racial issues that permeate the sphere of care and professional practice.

The participants unanimously stated that being an occupational therapist contributes to practice in management positions in the public sector. Similarly, all highlighted in their accounts the influence of the theoretical and practical knowledge of Brazilian occupational therapy on their management performance, such as: the use of activity analysis to understand the actions and referrals necessary to solve demands; the “doing” and “doing-together” that facilitate the recognition of the potential and technical skills of the team’s professionals, and contribute to democratic professional practice; the comprehensiveness of care, although not specific to occupational therapy, contributes to the understanding of demands and possibilities for resolution, involving the care and/or assistance network; and the group approach, which favors the management and conduct of teamwork. The research demonstrated that, although some professionals did not receive specific training to work in public management positions, some knowledge contributed to occupying these positions, from an approach to general knowledge of public policies, about the SUS (Unified Health System) and SUAS (Unified Social Assistance System), to the specific fundamentals of Brazilian occupational therapy, which guide practices towards a comprehensive perspective, understanding of demands, and directing actions for the teams.

We point out as relevant, however, the expansion of the pedagogical projects of occupational therapy courses with subjects and content that focus on management and basic knowledge about management, strategic and organizational planning.

Regarding the limitations of the study, we understand that the use of the online form is effective and expands the reach of potential participants. However, the resource makes closer and more dialogical contact with the participants impossible. In addition, the time required for completion and the amount of information requested may have been factors that discouraged the participation of more occupational therapists involved in management. We recommend that further research be conducted on performance in public management positions, such as an analysis of management practice in different regions of Brazil, with a view to analyzing the socio-political and cultural differences of the locations and backgrounds; or the management performance of occupational therapists in private services in the country.

Finally, it is hoped that this research will contribute to occupational therapy, strengthening its relationship with management and promoting the recognition of the theoretical and practical knowledge of the field.

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Authors' contributions

Both authors were responsible for the conception, organization, drafting of the final text, and approved the final version.

Data Availability

The data supporting the results of this study are available from the corresponding author upon request.

Corresponding author

Pamela Cristina Bianchi

e-mail: pamela.bianchi@unifesp.br

Section editor

Profª. Dra. Adriana Miranda Pimentel