

# Return to work in the perspective of occupational therapists': facilitators and barriers\*

## O retorno ao trabalho na perspectiva de terapeutas ocupacionais: facilitadores e barreiras

Talita Naiara Rossi da Silva<sup>1</sup>, Gisele Beatriz de Oliveira Alves<sup>2</sup>,  
Marcella Guimarães Assis<sup>3</sup>

<http://dx.doi.org/10.11606/issn.2238-6149.v27i2p116-122>

Silva TNR, Alves GBO, Assis MG. Return to work in the perspective of occupational therapists': facilitators and barriers. *Rev Ter Ocup Univ São Paulo*. 2016 May-Aug.;27(2):116-22.

**ABSTRACT:** This study aims to understand the perceptions of occupational therapists in relation to facilitators and barriers to return to work. It is based on a qualitative approach. Five occupational therapists who work at the National Institute of Social Security in the metropolitan region of Belo Horizonte have participated. Data were collected through an on-line questionnaire. The responses were analyzed from the content analysis, from which three thematic categories emerged: Insured persons: personal and inter-relational aspects; Enterprises and Social Security: organizational factors and human resources; and Public Policies: training and hiring workers. The results showed between the facilitators for the return to work the workers' motivation, qualification, integration between Social Security and the companies, and the policies that support training. As barriers, the restricted professional experiences, the disarticulation between the Social Security areas, the lack of interest of companies to adapt work situations, and the discontinuity of resources for professional rehabilitation were revealed. The return to work is a multifactorial process and requires the performance of different social actors in the transformation of work to empower facilitators and change barriers.

**KEYWORDS:** Occupational health; Return to work; Occupational therapy; Social security.

Silva TNR, Alves GBO, Assis MG. O retorno ao trabalho na perspectiva de terapeutas ocupacionais: facilitadores e barreiras. *Rev Ter Ocup Univ São Paulo*. 2016 maio-ago.;27(2):116-22.

**RESUMO:** Este estudo tem como objetivo compreender as percepções dos terapeutas ocupacionais em relação aos fatores facilitadores e as barreiras para o retorno ao trabalho. Fundamentase na abordagem qualitativa. Participaram cinco terapeutas ocupacionais que atuam no Instituto Nacional de Seguro Social da Região Metropolitana de Belo Horizonte. A coleta de dados foi realizada por meio de questionário online. As respostas foram analisadas a partir da análise de conteúdo da qual emergiram três categorias temáticas: Segurados: aspectos pessoais e inter-relacionais; Empresas e INSS: fatores organizacionais e recursos humanos; e Políticas Públicas: capacitação e contratação de trabalhadores. Os resultados apontaram entre os facilitadores para o retorno ao trabalho a motivação dos trabalhadores, a qualificação, a integração entre INSS e as empresas, e as políticas que apoiam a capacitação. Como barreiras foram reveladas as experiências profissionais restritas, a desarticulação entre as áreas do INSS, o desinteresse das empresas para adaptar situações de trabalho e a descontinuidade dos recursos para a Reabilitação Profissional. O retorno ao trabalho é um processo multifatorial e requer a atuação de diferentes atores sociais na transformação do trabalho para potencializar os facilitadores e modificar as barreiras.

**DESCRITORES:** Saúde do trabalhador; Retorno ao trabalho; Terapia ocupacional; Previdência social.

\*The article is the result of the research project entitled *The process of return to work for workers under Social Security leave: the occupational therapists' perspective*.

1. Occupational Therapist. Assistant Professor of the Occupational Therapy Department at the Universidade Federal de Minas Gerais. E-mail: [talitarossi@ufmg.br](mailto:talitarossi@ufmg.br)
2. Occupational Therapist. Assistant Professor of the Occupational Therapy Department at the Universidade Federal de Minas Gerais. E-mail: [giseleal@effto.ufmg.br](mailto:giseleal@effto.ufmg.br)
3. Occupational Therapist. Full Professor of the Occupational Therapy Department at the Universidade Federal de Minas Gerais. E-mail: [mga@ufmg.br](mailto:mga@ufmg.br)

**Corresponding address:** Universidade Federal de Minas Gerais – Escola de Educação Física, Fisioterapia e Terapia Ocupacional – Departamento de Terapia Ocupacional. Avenida Presidente Antônio Carlos, 6627, Campus Pampulha – Belo Horizonte, MG. CEP: 31270-901.

## INTRODUCTION

Work is an object of study for several disciplines, it is complex, multidimensional, and involves an abstract notion and a variety of unique experiences. To the ergonomics, work is an activity performed by men and women that measured the relationship between the individual and the society<sup>1</sup>. According to Tersac and Maggi<sup>1</sup> work is a terminated action that occurs in a context structured by devices, rules, and regulations. These authors point out that work has been understood less as a given reality, since it requires the collective mobilization of the subjects to obtain the results.

Guérin et al.<sup>2</sup> understand work as the unit formed by working conditions, the work activity, and the results of the work, which do not exist independently from each other. The work is not simply the implementation of requirements, and involves the action of subjects to manage the contradictions that reveal themselves in the relationship between the personal and the socio-economic dimensions of the work.

In the last four decades, socioeconomic context transformations changed the lives of individuals both inside and outside of work. In the current context, the intensification of work activities, physical and mental overload, time pressure, results management, the high accountability, and the lack of recognition of workers are pointed out. The resulting imbalances between the demands of companies to employees, and the resources and the conditions they offer, contribute to the formation of stressful situations that lead to diverse forms of illness and accidents at work<sup>3</sup>. Thus, they pose challenges to the Professional Rehabilitation<sup>4</sup>.

Professional rehabilitation, according to Bregalda and Lopes<sup>5</sup>, is a “field of study, production of knowledge, and development of propositions and actions that refer to the processes of return to work for individuals who, for a variety of reasons, require interventions for the resumption of their professional lives” (p. 294). The authors emphasize the technical/political, collective/individual character of interventions.

In Brazil, according to Decree n° 3048/1999<sup>6</sup>, professional rehabilitation is a function of the Ministry of Social Security, held by the National Social Security Institute (INSS), and “aims to provide either partially or wholly disabled beneficiaries to the work, in mandatory character, regardless of need, and to people with disabilities, the means indicated for re-entry into the labor market and in the context in which they live”.

Professional rehabilitation is developed by means of the assessment of the labor potential of the insured<sup>(1)</sup>, guidance and monitoring of professional programming, liaison with the community partnerships, and agreements aimed at re-entry into the labor market and fixation research on the labor market (Art. 137)<sup>6</sup>. The team of professional rehabilitation is composed of doctors and professional counselors, including physiotherapists, occupational therapists, educators, psychologists, sociologists, social workers, and others<sup>4</sup>.

According to the Social Security data in the period of 2011 to 2013<sup>7</sup> 2,152,524 work-related accidents were recorded<sup>(2)</sup> that resulted in temporary and permanent disabilities. From that total, 157,980 insured have been forwarded to Professional Rehabilitation. After the initial evaluation, 11,440 insured have returned to their work activities, 32,740 were considered ineligible, and 96,797 were considered eligible for Professional Rehabilitation. In the same period the state of Minas Gerais has registered 232,865 work accidents, of which 13,351 insured were registered in the Professional Rehabilitation. After the initial evaluation, 846 insured have returned to work, 2,775 were considered ineligible, and 8,498 were considered eligible for Rehabilitation. Among the insured registered in the Professional Rehabilitation, 61% were considered eligible nationally, and 63% in the State of Minas Gerais, which signals, on the one hand, a high percentage of referrals to rehabilitation and, on the other, the need to meet the outcomes regarding the return to work.

The definition of return to work is not consensual, and there are different conceptual models<sup>8</sup>. Young et al.<sup>9</sup> define the return to work as a phenomenon that covers both the process and the results related. Regarding the process, the authors indicate different phases: 1) off work due to the discovery of a functional condition; 2) re-entry

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(1) Insured: term that refers to the workers that contribute to Social Security and who are beneficiaries of the Social Security.

(2) Social Security<sup>7</sup> considers as work accidents occupational disease and work disease; accident tied to work that, although it was not the only cause, contributed directly to the occurrence of the injury; certain accidents suffered by the insured on site and during business hours; the illness from accidental contamination of the employee in the exercise of their activity; and the accident suffered in the service of the company or on the path between the residence and workplace of the insured and vice versa.

from work on the same activity/previous location related to the injury or other; 3) performance maintenance, the worker can perform the activity according to the expected goals, and; 4) work advancement, when the worker has a consistent performance and seeks to advance in the responsibilities, qualifications and career. The route of each worker between these phases is not linear. This model shows that the return to work is a dynamic and multifactorial phenomenon<sup>10</sup> and requires the coordination of actions from different social actors<sup>11</sup>.

The leave from work can lead to resizing the participation of the individual in the activities and roles performed daily<sup>12</sup>. The occupational therapist can contribute to the return to work through the prevention of new diseases, evaluation, and monitoring of the worker and the work situation<sup>13</sup>.

From the perspective of occupational therapists, the main barriers to return to work, identified from the performance in Social Security agencies in the State of São Paulo, are: fear of dismissal after the return to the company or termination of the period of stability, low schooling, long leave periods, the convenience brought by receiving the benefit, and the lack of motivation to get professional training in other areas<sup>5</sup>.

The analysis of medical records of workers attended in a Reference Center in Occupational Health (CRST, *Centro de Referência em Saúde do Trabalhador*), in the city of São Paulo, revealed as barriers the functional limitations and obstacles experienced at the companies, social security, and health services, and as facilitators, support, individual attitudes and relationships with health professionals<sup>4</sup>.

Considering the need to expand the knowledge about the return to work, this study aims at understanding the perceptions of occupational therapists, professional counselors in Social Security in the metropolitan region of Belo Horizonte, in relation to facilitators and barriers to the return of the insured to work.

## METHOD

The study was based in the quantitative methodology<sup>14</sup>. With the participation of occupational therapists from Social Security agencies operating in the metropolitan region of Belo Horizonte<sup>(3)</sup>, according to the list provided by the Regional Superintendence.

In the period between April and August, 2015, telephone contact with the 10 professionals was made. The participation was voluntary and set after the presentation of the project and agreement registered in the informed consent form.

An on-line questionnaire developed by the researchers was used for data collection. Its respective link was sent to the participants of the study via email. The questionnaire addressed open questions related to the following themes: return of insured persons to work, performance of occupational therapists/counselors in professional rehabilitation, facilitating and barrier factors observed by these professionals besides demographic data, such as age, education, and practice time on Social Security institutions.

Data collected were analysed using thematic content analysis<sup>16</sup>, which consisted of three steps: floating and exploratory text readings, material exploration, and formation of analytical categories and processing of results and interpretation.

The research project was approved by the Research Ethics Committee involving Human Beings of the Universidade Federal de Minas Gerais (Opinion 963,492 of February 25, 2015).

## RESULTS

The results firstly present the characteristics of the population studied, and then the analytical categories.

### Population Characteristics

Of the 10 occupational therapists contacted, one did not have interest in participating in the study. Thus, the questionnaires were sent to nine professionals, of which five returned after 30 days as previously agreed.

The participants were between the ages of 30 and 36 years old, three were women, with an average time of nine years of training in Occupational Therapy. The participants worked for Social Security as Professional Counselors/Social Security Analysts placed in Professional Rehabilitation. They were allocated in three of the four Executive Managements of the region and, on average, performed their jobs for six years.

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(3) The services provided by the Social Security structure in decentralized units which include the Regional Superintendencies, the Executive Management, Social Security agencies, Public Prosecutors' Offices, Auditing and Regional Internal Affairs<sup>15</sup>. The Metropolitan Area of Belo Horizonte includes 34 cities linked to four Executive Management Offices (Divinópolis, Contagem, Ouro Preto, and Belo Horizonte).

### **Facilitators and barriers in returning to work**

From the reports analysis, three analytical categories have emerged: Insured persons: personal and inter-relational aspects; Enterprises and Social Security: organizational factors and human resources; and Public Policies: training and hiring workers.

#### **Insured: personal and inter-relational aspects**

Participants pointed facilitating factors for returning to work relating to the personal aspects of the insured. Among them, these stand out: the “*Worker motivation and a positive experience of the process of illness/accident*” (E5, female sex); high education level “*Education that extends the possibilities of insertion in professional qualifications*” (E2, male sex) and professional training “*Taking courses and previous knowledge as computers-related content, which is a requirement in the labor market*” (E5, female sex).

Other facilitators emphasized were: the existence of good relationship between insured and the company of origin; the existence of employment with large company and that has quota for the disabled and rehabilitated from Social Security, and young workers.

Barriers indicated were “*Lodging, especially in cases of long benefits*” (E5, female sex) and little diversified labor experiences, that is of the insured with “*Restricted and one-dimensional professional history*” (E2, male sex).

In addition to those, the occupational therapists mentioned: the labor link with third party companies and small businesses; the relationship pervaded by conflicts between the insured and the company of origin; advanced age of the insured; characteristics of the illness, for example, the health condition and the severity of the clinical developments; non-acceptance by the insured of his disability; very high education level, and lack of knowledge in computer science.

#### **Companies and Social Security: organizational factors and human resources**

Facilitators of return to work included the “*Integration between teams of Social Security, companies, and other entities*” and “*Partnerships [of Social Security] with companies for professional training in service*” (E3, male sex); the investment of the Social Security workers “*Commitment of the public workers in executing the Professional Rehabilitation Program*” (E1, female sex) and integration between the different areas of Social

Security “*Possibility of discussion of the cases between the social-professional and medical areas*” (E1, female sex).

On the other hand, the participants stressed that the lack of articulation between the areas, regarding interdisciplinarity, was a barrier to return to work since it leads to the centralization of the decisions “*Prevalence of medical opinion to the detriment of other areas*” (E1, female sex).

The performance of Managers in relation to resources for Professional Rehabilitation was characterized as a facilitator when the “*Good administrative operation of local Management that allows the existence of contracts to purchase courses, orthoses and prostheses*” (E2, male sex) occurs, or as a barrier when there is a lack of “*good organization in the area of contracting courses*” (E2, male sex).

Other barriers identified were the difficulty for the establishment of partnerships with companies and training services “*Difficulty in forwarding the insured to professional training courses*” (E1, female sex); companies that are not committed to the adaptation of jobs and with the rehabilitation of workers; and, finally, the enforcement of legislation that favors the return to work.

#### **Public Policies: training and hiring workers**

Occupational therapists considered public policy as facilitators and highlighted the Law nº 8213 of 1991, Welfare Benefit Plans – Quotas Act. The participants even pointed out the “*National Program of Access to Technical Education in Employment (PRONATEC) and legal provision for the supply of resources to the fulfillment of the Professional Rehabilitation Program*” (E1, female sex). It is worth mentioning that they have emphasized the need to ensure compliance with these policies “*Constant surveillance of the Ministry of Labor (Quotas Act)*” (E3, male sex).

Another facilitator indicated was the kind of benefit awarded as a result of the establishment of the causal link of accident/illness with the work that can facilitate the return to the activities “*The benefit [accident aid] is paid as a form of compensation in the light of the accident and, therefore, does not prevent the citizen to continue working*” (E1, female sex).

On the other hand, the barriers are related to not provisioning the resources for Professional Rehabilitation “*Discontinuity of the resources supply for Rehabilitation*” (E3, male sex); and the “*Difficulty in closing contracts and agreements for the purchase of professional training courses*” (E1, female sex). The delay for the provisioning of services in the area of health was also highlighted

*“Long time that the insured remain waiting for healthcare procedures”* (E1, female sex).

The participants also indicated that *“The characteristics of the region, particularly a labor market with good supply of jobs and diversity of production sections”* (E2, male sex) can be facilitators of the return to work. On the other hand, the absence of these characteristics can be considered as a barrier.

Occupational therapists suggested strategies for confronting the barriers to improve the return to work: recovery, expansion and qualification of the multiprofessional teams; preparation of best quality assessment tools; establishment of covenants at the national level to facilitate local partnerships; greater dissemination of professional rehabilitation for society; continuous application of existing legislation; improving Interministerial Relations (Social Security, health, education and work) and; greater technical and political investment on professional rehabilitation.

## DISCUSSION

As the return to work is a multifactorial phenomenon, the facilitators and barriers listed in the three analytical categories will be discussed in an integrated way.

The most mentioned facilitators by occupational therapists were the qualification and young age of the insured, link to a company that has quota for persons with disabilities and/or rehabilitated professionals, action of public servers of Professional Rehabilitation and the Executive Managers in hiring training courses and, finally, public policies. Among these, the literature confirms that the qualification favors a successful outcome in the return to work as it widens employment opportunities and their change<sup>10</sup>, that young workers are more likely to return to their activities<sup>11</sup>, and that the performance of the public workers are facilitators of the return to work<sup>17</sup>.

In relation to public policy, participants indicated the payment of the accident-aid benefit, which is also referred to among the facilitators by Cabral et al.<sup>10</sup>. However, participants indicated the need for effective action and intersectoral joint surveillance to ensure the implementation of the policies.

The account of occupational therapists indicated that the motivation of workers acts as a facilitator, however, when it is absent, it becomes a barrier. Adding to the lack of motivation, the lack of interest of companies in transforming work situations is an issue. Saldanha et al.<sup>11</sup> emphasize that this absence of changes to the job and in the organization of the work hinders the return, the

permanence of the worker and makes them face a new risk of leave. The study of Cestari and Carlotto<sup>17</sup> described the existence of companies that readmit the employee only to comply with legal requirements. In some situations there is no concern about the compatibility of the functions and the current restrictions of the employee or they are left aside in the productive process<sup>4,17</sup>. Besides, for workers who have been away from work for reasons related to that, the condition of the return sets up a standoff between a desire to return to work and the exposure to the same situation that led to the leave<sup>4</sup>. According to Cabral et al.<sup>10</sup>, work change programs favor the re-adaptation of the worker, both in timeliness and stay at work.

It is worthy pointing out that the analysis of the workplace and the activities to be performed by the worker are foreseen in the tasks of professional counselors. However, in practice, the company linked to the leave is required to provide information about the job offered and performing the employee's forwarding for an internship, but there is no careful review of the real situation<sup>18</sup>, which is distant from the prescribed regarding the need for managing job variabilities<sup>2</sup>.

The participation of different organizations and social actors, with different experiences and perspectives is crucial to the return to work<sup>10,11</sup>. However the results of this study pointed to the lack of coordination between Social Security, companies and the insured, and the centralization of decisions of some professionals, giving the insulated actors the condition of dealing with a complex problem. Toldrá et al.<sup>4</sup> have highlighted the division of assignments between experts and professional counselors in the Social Security, which contributed to the weakening of the multiprofessional teams.

Regarding working teams, participants signaled the need for their “recovery, expansion and qualification.” This strategy must be guided by the perspective of interdisciplinarity, and seek for the construction of spaces to allow for dialog and legitimize the involvement of stakeholders in the development of collective actions. Thus, occupational therapists can contribute to the return to work, incorporating the perspective of the activity in the understanding of individuals and productive situations<sup>13</sup>. The perception of the worker on leave as to their capacity and the importance and the meaning attributed to work by them should be considered, once it influences their return to work<sup>3,10</sup>.

Among the barriers that make it difficult to return to work, the occupational therapists pointed to the low level of education and restricted professional experiences, results supported by other studies<sup>4,5</sup>, the relationship pervaded

by conflicts between the worker and the related company, the difficulty in establishing partnerships for training and in-service training, the discontinuity of the resources for Professional Rehabilitation and the delay for the provisioning of services in the area of health. According to Toldrá et al.<sup>4</sup>, that delay can be attributed to the disconnection between the social security and health services.

This study presented as a limit the scope related to a Metropolitan Region, and as a strong point the use of qualitative methodology that made it possible to broaden the understanding, from the perspective of occupational

therapists/professional counselors on the facilitating factors and the barriers for the return to work.

## FINAL REMARKS

Whereas the return to work is a dynamic and multifactorial phenomenon, this study points out how challenging the actions of different social actors such as the social security system, the healthcare system, companies and insured to develop actions that strengthen the facilitators, modify the barriers and transform the current scenario of return and stay at work.

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Received: 10/30/2015

Accepted: 04/18/2016