Theories and practices of return and permanence at work: elements for the performance of occupational therapists

ORIGINAL ARTICLE

Teorias e práticas de retorno e permanência no trabalho: elementos para a atuação dos terapeutas ocupacionais

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ABSTRACT: The Work is one of the determining factors in the health-sickness process, and is also the central element in the construction of health and identity of individuals. Thus, both its objective aspects, such as working conditions, and the subjective and relational ones, related to the organization of work, are important for the construction of return-to-work programs that are really effective and combine the need for production of goods and services for the construction of the workers' health. Dialoguing with the national and international literature, the aim of this article is to contribute to the debate about the aspects related to return and permanence and to create elements of reflection to the practices and theories of the Occupational Therapy in this field.

KEYWORDS: Occupational therapy; Return to work; Occupational health services; Occupational health; Health; Work.

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RESUMO: O trabalho é um dos aspectos determinantes dos processos saúde e doença, além de constituir-se como elemento central na construção da saúde e da identidade dos indivíduos. Dessa forma, tanto seus aspectos objetivos, como as condições de trabalho, tanto os subjetivos e relacionais, ligados à organização do trabalho constituem-se como pontos importantes de ancoragem para construção de programas de retorno ao trabalho que sejam realmente efetivos e aliem a necessidade da produção de bens e serviços à construção da saúde dos trabalhadores. A partir de um diálogo com a literatura nacional e internacional busca-se nesse artigo contribuir com o debate acerca dos aspectos relacionados ao retorno e a permanecia no trabalho e criar elementos de reflexão para as práticas e teorias da Terapia Ocupacional nesse campo de atuação.

DESCRITORES*:* Terapia ocupacional; Saúde e Trabalho; Retorno ao trabalho; Serviços de Saúde do trabalhador; Saúde do trabalhador; Saúde; Trabalho.

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INTRODUCTION

In Brazil, the practice of Occupational Therapy in the area "work and health" is related to the creation of the profession. Since then, over the years, the practices have changed in accordance with the transformations of public policies, which went from occupational medicine, to occupational health, and, finally, to the worker's health[1].

It is worth mentioning the complex character of the worker's health, which necessarily requires the engagement of multidisciplinary staffs in the development of practices whether of prevention, assistance, rehabilitation or return-to-work nature. For Occupational Therapy, such a multidisciplinarity occurs simultaneously by the relationship with the knowledges from different areas, such as public health, ergonomics, social psychology, social work, and psychodynamics of work, which progressively began to integrate the curricula of undergraduate and graduate courses in Brazil[2].

Thus, occupational therapists expanded their field of practice by acting equally to promote the workers' health and to prevent work-related illness from direct interventions in working situations[2]. This approach happens mainly in the fields of the Workers' Health Surveillance and vocational Rehabilitation, with emphasis on the aspects of return and permanence[2,3] in work as steps of this process.

Another important aspect is that, despite Occupational Therapy in the workers' health field propose specific actions and develop unique theories and practices, the relationship between health and work is across any and all practice on occupational therapy and, therefore, many of the aspects covered in this area contribute to the set of practices developed in Occupational Therapy. This means considering the importance of the work and its influence in all areas of life, i.e., to understand its centrality in the social and psychic organization of individuals, in determining the quality of life and leisure.

We believe that further reflection and debate among occupational therapists is crucial so that we can improve our practices, whether in terms of theory or methodology.

In this article, we highlight specifically the aspects related to return and permanence, for we consider these one of the most fragile steps of public policies in the worker's health[5]. In addition, return and permanence are a promising field of practice for occupational therapists, considering: the increasing integration of occupational therapists in the vocational rehabilitation program of the National Social Security Institute (INSS) as a result of the significant number of people who leave work annually (Statistical Yearbook of INSS[6]) and; the specificity of this professional whose main object of study and intervention is the *action of doing*, fundamental aspect in determining the health-sickness process.

To this end, we sought contributions on the topic in the international and national literature to serve as the basis for the development of reflections and practices of occupational therapists in this field.

CONTRIBUTIONS TO THE DEBATE IN THE RETURN AND PERMANENCE FIELD

The centrality of work

The concept of work is complex and its meaning varies over time and from one society to another. In addition, the definition of work is multidimensional and convenes different disciplines in such a way that none of them have the monopoly of "work" as object[4,7,8].

The new technologies, the transformations in the organization and in the modes of production, in the form of bonds and pertainment, work assessment, etc. have promoted profound changes in the work and in the relations that result from it. These changes directly influence the way of working, the profiles under strain and illness at work, increasing the leaves of absence and hindering the return-to-work process. In addition, concerns about the costs of these illnesses have been occurring both for the productive or social security system, and for the workers themselves. Sustainable development, based on a greater social, economic, and environmental equity, which includes a healthy, dignified, and sustainable practice for those who work, gains space in the current debate.

Many authors discuss the centrality of work in the social world, its importance in individual-society relations and the constitution of the individual and, despite treating this centrality in different ways, they all agree on the importance of the work on the constitution of the individual[7,9,10,11].

Work is more than working or searching for remuneration. There is also the social recognition for the work, i.e., work as factor of relevance, of participation, and of access to certain social rights.

Work has a psychic function, as a strong foundation of the subject's constitution and of its network of meanings. Processes such as recognition, gratification, mobilization of intelligence, in addition to being related

to the completion of work, are linked to the constitution of identity and subjectivity[4,7,8].

The current changes in the world of work and in its relationships impact the lives of individuals who are forced to live with market logic and laws that are in constant transformation, creating a situation of instability and threat, which is experienced as an inevitable evil of modern times, attributed to the target, the economy, the market, or to systemic relations. Similarly, the precarious work conditions, the processes of exclusion, the overload of those who remain have been causing illness and distancing from the job a major portion of workers in active age.

If work leads to suffering and illness, it also can become a source of pleasure and psychosocial development for the individual. Thus, it is clear that both work and its relationships can never be taken as a space of subjective or social neutrality and that it is also recognized as a privileged locus of social integration. Work allows one to share experiences with others and get involved in activities that go beyond the individual interest, acquiring social status and professional and social identity, involving the individual in a larger number of social networks.

As demonstrated by the ergonomics, with the lag and unpredictability between prescribed work (task) and actual work (activity) in any organization, people need to adapt, create, and even break certain guidelines provided by manuals, standards, and by the managers regarding the way of working[12].

This process is essential so that the work can happen. People need to share, reinterpret the guidelines and the prescribed organization, reinvent collectively new ways of working and, for this to occur, cooperation is essential[4,7,8]. Therefore, the staffs need to make time and space to discuss, deliberate, confront the different ways of completing the job and how each one reinterprets the prescriptions. This space allows different members of a staff or of a collective to come to an agreement and reach a common understanding of the orders and rules and of a single procedure. That is what Dejours[7] called intelligence in the plural form. For the author, this deliberation space is structured as public space, which makes the work an important space to exercise democracy. For him, "work is the activity expressed by men and women to perform what still is not prescribed by the organization of work"[4].

Work is a central element in the constitution of health, identity, and the main link between individuals and society, i.e., to understand the importance of the work and its effects on the psyche means giving visibility to subjective aspects involved in the act of working. Work means thinking, coping, acting, and facing the world. The suffering engendered by the work is inherent to this process of identity confrontation and it will not be necessarily pathological, but the opposite, it may be factor of growth and psychic development depending on the conditions that the worker has to overcome. Work can promote the psychic balance, the identification with the activity performed, the self-perception, because it is an essential way of searching for meaning. Finally, work is a central element in the construction of health. This reinforces the idea that the concept of health must be understood as a process that continues throughout life, and that is related to the possibilities the subject has to act in the world, i.e., the possibilities that each one has to construct their life, in the social environment and collectives where they live[4,7,8].

In this sense, the inclusion, the processes of leave of absence and exclusion of work, and the need for practices that ensure return and permanence are crucial for individuals as a factor of pertainment and social participation and of psychic development.

Illness, leave of absence, and return-to-work processes

The finding of the deleterious effects of work on health and their effects on the growth of illnesses, on the increasing number of leaves of absence, and on the difficulties of return and permanence shows the importance of reflections and promotion of public policies. It is necessary to perceive the aspects of prevention and promotion of health, the illnesses related to work, and the possibilities of treatment, rehabilitation, return, and permanence as inseparable aspects[3,4,5,13,14].

In Brazil, the number of illnesses and leaves of absence related to work has increased recently, due to new processes of organization and working conditions. Many of these processes are associated with precarious working conditions, reduction of the number of workers, and new standards of work assessment, in particular the one of individual performance[15].

In general, most of the leaves of absence occur due to physical issues (musculoskeletal problems), psychic disorders, and work-related accidents[6].

High numbers of leaves of absence are a warning sign for the identification of work situations that may cause illness and for the need of changes aiming to prevent

new illnesses and in support of the return as an effective and lasting process[16].

The dynamics of illnesses, leaves of absence, and returns to work is directly related to the work itself and with its relationships. Even when the work is not the main factor of illness or of leave of absence, its organization and its actors are crucial in the processes of return and permanence[5].

Therefore, several factors influence and hinder the processes of return and permanence at work. Among the best known are those related to the harms and health restrictions, to the duration of the absence, and to the occurrence of successive leaves of absence. However, the aspects that stand out are the ones that caused or exacerbated the health problem of workers and that are not transformed to accommodate those returning to work, favoring thus the difficulties of permanence and new situations for leave of absence[17].

We highlight, in this context, both objective aspects of the work, such as material conditions, as well as the organizational ones, such as: the division of tasks and of people in a given production process, the hierarchical structure, working and break times, the rhythms, demands of quality, and productivity. We also emphasize the subjective and relational aspects, that is, the processes of interaction among peers and among peers and managers[12].

The overall operation of work situations and the complexity of subjective and relational aspects arising from the need for integration between the actors have been disregarded in cases of return, generating solutions and partial/improvised actions to handle everyday life activities. These processes, combined with the lack of return and permanence support programs, culminate in new leaves of absence, in the disunion of returning workers, in resignation, and early retirements, turning return-to-work processes into exclusion processes[5,18,19,20].

In this sense, the leave of absence, the return, and the permanence need to transcend a numerical perspective, i.e., it is not only about the division between work quantity and number of workers.

To construct **return and permanence programs** that are really effective and combine the need for production of goods and services for the construction of the workers' health, a broader understanding of these elements is necessary. Such understanding encompasses: the pathogenic effects of work on people, and the illness of a worker as a sign that a particular situation can affect the health of other people, the possible interference of a peer's leave of absence on the entire staff, and how the worker returns, more than performing certain tasks again, he will need to (re)compose a collective work, among others[5,21].

Return and permanence processes: notes from the literature

From the perspective of the (re)integration of workers in the return process and, consequently, of permanence at work, it is considered essential the systematization of effective action proposals that can facilitate this process. National and international studies have questioned some of these aspects.

When returning to work, workers must return to their origin function or to one compatible with their health condition and labor capacity. The success or failure of this process depends on several aspects, including: policies and organization of work, interpersonal relationships (e.g., resistance from colleagues to receive the worker), ability to work (ability-to-work assessment at that particular moment and the existence or not of labor constraint), vocational training (lack of capacity and training for the development of another function), rapid obsolescence of jobs (by technological changes or changes in market demands). All these aspects are necessary for the completion of work and may interfere positively or negatively on the possibility of receiving those who are returning[5,22,23,24].

It also depends on how the return is conducted by the institution, with the participation or not of health services and of the worker himself[21,25,26]. These aspects show that the success of return and permanence programs is related to the involvement of several agencies, fields, professionals, and social actors, which should direct their actions toward a common and collectively predefined objective.

Studies indicate that the greater the need for social interaction in work environments, the greater the staff gives importance to welcoming the workers. Furthermore, the duration of the leave of absence weakens the relationships among peers and the processes of cooperation, hindering even more the return and permanence processes[27,28].

Both long- and short-term leaves of absence, as well as the workers who return with restrictions, i.e., with limited working capacity for the development of certain activities, undermine the planning of the work that needs to be reorganized to facilitate the development of the same volume of activities. However, more than a

division of task more or less equitable, the main point is cooperation, the possibilities of the staffs to understand the processes of illness and return and thus turn them into processes of health promotion and illness prevention. The creation of strategies that encourage the perception of distributive justice, i.e., the existence of equity in the distribution of tasks between the set of workers is essential. Peers can accept a differentiated distribution (created by the need to accommodate an employee with restriction) if the restrictions are perceived as necessary or fair[17].

Companies do not guarantee the replacement of people on leave of absence or with labor constraints, which are accounted for in the sizing of the staff. This situation, combined with production targets, impacts the other workers, who assume a greater number of tasks, usually those that cause greater overhead, hindering the labor reintegration process, the solidarity bonding, and the cooperation with those who return[21,29,30].

Durand et al.[31] warn the lack of room for maneuver of the institutional contexts, the standardization of the ways of working, and the lack of autonomy that the worker has to develop in different ways to achieve production targets. In general, the work processes are determined by two factors: the characteristics of the worker (for example, the ability to work) and the demands of the job and the means and conditions offered for task performance. Although the concept of room for maneuver is widely studied in ergonomics, it has not been used in the reintegration of workers with labor constraint, in the reorganization of the staffs, or in the sustainability of the work[12].

The planning of returning to work should be recognized as a fragile social process and must ensure no damage or overload of peers. The necessary support offered by them is related to the sense of justice regarding the division of task and instrumental resources. However, this trial is relativized depending on the degree of empathy they have with the worker with restrictions and on the understanding of the working relationships with illnesses[17,32].

Thus, the cooperation and the solidarity of the staffs are essential for the processes of return and permanence. We consider, in this context, the return to work and, overall, the permanence, as a process that can favor the relations of the whole staff, as there is the possibility to rethink the work situation and, consequently, the transformations possible. It is clear the need to outstand the peers' influence on this process, since they are fundamental to the sustainability of the worker[22,23].

The interrelationship among organizational and relational aspects, as well as the return to work, composes a dynamic and interactive process in which the return generates relational and organizational transformations, which impact directly the possibilities of return and permanence. In addition, the absence of specialized professionals who manage these processes and of return-to-work programs and methodological-theoretical models that apply to the Brazilian reality are configured as one of the factors that make it difficult and even impede these processes on the national scene.

Several studies have proposed models and suggestions to assist the reintegration of workers who were on a leave of absence, emphasizing the importance for peers to accommodate the returning colleagues[17,22,23,24]. Among the aspects described in these models and return programs, precocious actions must be taken, because the sooner they are deployed, the more successful they will be.

In addition, the actions should focus both on organizational and relational aspects; they must change some paradigms focusing, for example, on the capabilities of returning workers rather than on their restrictions and on the confluence between vocational rehabilitation actions with the prevention of new situations of the kind.

In short, for the processes of return and permanence to succeed, all the elements that compose the labor status should be considered as key factors. In other words, managers, peers, work (its content, organization, and conditions) as well as the worker and the company's organizational structure. Changes in the organization of work (including possible ergonomic adjustments) and positive social relations among peers are a decisive factor in the success of these processes[17].

Understanding the real work, the conditions, and its organization, as well as the relational aspects of team work and the different hierarchical levels are essential and indissociable elements to ensure the quality of the service provided and, at the same time, the workers' health, including the processes of return and permanence[17].

Regarding possible labor limitations of those who return, one must consider that experience and working time develop intelligence and skills over the years. Thus, the aging at work and loss of skills may be compensated with the development of more refined skills, of experience, know-how. As the work is not based on a single relation with the task, but from a relationship that is also collective, older workers and workers with any

labor constraints may become useful for their function in the staff[7].

If the company is organized based on rigid targets established per hour, or day, or with lean frameworks in which the impossibility of a worker to develop certain activity does not leave room for maneuver for the staff to reorganize their work and not prioritize groups working cooperatively, the practice of those involved with the vocational rehabilitation and return to work will have their action greatly reduced.

The follow-up return-to-work processes, although individual, presume organizational changes. They imply the involvement of directors of companies, human resource, health, and security departments with the health of workers and their permanence. Thus, besides individual interventions, the programs involve an integrated process of health in the work environment that considers the complexity of the human being and the need to act not only with the worker but also collectively. It is necessary for the implementation of the program to change the culture of companies and their values and targets concerning the support to people and to leaves of absence and return-to-work management practices[21].

FINAL CONSIDERATIONS: OCCUPATIONAL THERAPY PRACTICE IN THE RETURN AND PERMANENCE FIELD

The return and, above all, the permanence of those who fell ill or suffered work-related accidents should be the end of the vocational rehabilitation process[3], but, in practice, it is one of the most overlooked issues. There is also the difficulty in guaranteeing the rights of the worker so that when returning to work, he will not be fired or "on the bench", turning his return into a late exclusion process.

The return and permanence will only occur if we consider the factors that caused the illness and the need to change them. They are different stages of the same continuous and unique process: to return to work, know where the illness process began, and intervene to prevent new illnesses. It also means acting in the company, in the human resources and workers' health departments to create a culture and a synergy that transforms return-to-work programs in prevention to the health of workers.

The difficulty of inserting in the world of work people who, for several reasons, are on leave of absence of this social space is an old concern of Occupational Therapists, who started, more recently, to create staffs in the Departments of Occupational Health and in Specialized Services in Safety Engineering and Occupational Medicine (SESMT) of companies and have been collaborating to prevent illnesses and to promote health in the work environment.

These interventions prevent leaves of absence or early retirements and assist in the perception of risk of accidents or illnesses, based on, for example, the development of return-to-work programs, focusing on relocating individuals with labor constraints due to the processes of strain or illness. They are based on the concepts brought by the International Classification of Functioning, Disability and Health (ICF) to, after a complex and unique evaluation, contribute in the compatibility and dialogue between people's health conditions and work demands.

Furthermore, the international literature suggests, at the stage of leave of absence and clinical recovery, the presence of a manager who accompanies the worker since the leave until the return-to-work and permanence processes, dialoguing with the several actors involved in the process (different hierarchical levels of the company, peers, managers, INSS, etc). We believe that these actions constitute a field still little explored in the national context, however, we highlight that Occupational Therapists are professionals with a unique profile to occupy this area in Brazil.

We are facing a complex and innovative field. We believe that there is still much to be developed both theoretically and methodologically. For us, occupational therapists, it is a challenge to consider the complexity of the issues presented in the occupational therapy interventions in the field of workers' health. However, we believe that only through our performance in this area and through the reflection raised we can move forward.

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