



ANALYSIS OF THE PROFESSIONAL REHABILITATION PROGRAM OF THE SOCIAL INSTITUTE: CONTRIBUTIONS OF ERGONOMICS

Elisa Silva Borges
Gabriel Silva Ferreira Ferreira
Taynilo Barbosa Justino Alves
Marina Gregghi Sticca

Universidade de São Paulo

Summary

Ergonomics' object of study is the world of work and human-environment interactions, which makes it possible to understand behaviors and their meanings to transform work. The objective of this article was to use the Ergonomic Work Analysis to carry out a diagnosis of the Professional Rehabilitation Program of the National Social Security Institute, aiming to develop intervention proposals to improve the services offered to insured people, in addition to planning the insertion of the organizational psychologist and work on the Program. For this, a demand analysis was carried out, through informal conversations with the entire team; analysis of the technical, economic and organizational environment, through the analysis of formal documents from the Institute and semi-structured interviews with the team; analysis of activities and work situations, carried out by surveying service statistics, document analysis, global and systematic observations, semi-structured interviews with the team and policyholders. The psychology intervention proposals were made based on systematic analysis, in which different points of view were integrated. For the public who have been on the waiting list for a long time, Welcoming actions were proposed, which consist of getting to know the insured person better, holding an information group and applying the Work Ability Index. For those already in the Program, actions were suggested to monitor the insured person's progress, as well as the formation of Vocational Guidance and Training Needs Assessment groups. At the macro level, it was proposed to articulate the different actors in Health, Work and Social Security.

KEY WORDS: ergonomics, professional rehabilitation, AET, demand.

INTRODUCTION AND OBJECTIVE

According to the definition of the International Ergonomics Association (2000), ergonomics can be defined as “the systems-oriented discipline that encompasses all aspects of human activity”. For Béguin (2006), the term ergonomics means labor laws, with work being considered an activity with a purpose.

The knowledge generated by the discipline is obtained through Ergonomic Work Analysis (AET), which has as its guiding thread the work activity and the search for understanding human actions situated in a given context. For Guérin et. al. (2001, p. 58) “work activity is the organizing and structuring element of behaviors in work situations. It is a response to constraints determined externally to the worker and at the same time it is capable of transforming him”.

AET constructs its meanings through the point of view of activity, its central element of understanding the world of work and individual-environment interaction (FERREIRA, 2003).

Through the analysis of real work situations, we seek to learn from the situation how man actually behaves to perform the activity. The objective of ergonomics is to observe and understand behaviors and their meanings as broadly as possible in order to transform work. Work activity has results on people, their health and physical integrity and on production, and the quality of products and work productivity can be assessed (FIALHO; SANTOS, 1995).

The objective of the work was to use the Ergonomic Work Analysis to carry out a diagnosis of the Professional Rehabilitation Program of the Social Security Institute, in order to propose recommendations and interventions, aimed at the inclusion of psychologists in the program and to improve the services offered to insured people. .

METHODOLOGY

Data collection and analysis procedures

An adaptation of the Ergonomic Activity Analysis Method suggested by Wisner (1994) was carried out. The following steps were performed: 1). Demand analysis; which aimed to understand the nature of the questions proposed by the institution, delimiting the object of study and analysis to be carried out. The demand for ergonomics is social, as there are several actors involved, with different, even contradictory, views, which justifies the need for it to be properly analyzed. The formulation of the demand made it possible to establish possibilities and limits of action, as well as to define the techniques that would be used; 2) Technical, economic and organizational analysis, whose focus was to gather information about the organization, the Professional Rehabilitation Program, and its articulation with demand; 3) Analysis of activities and work situations, and return of results, which aimed to characterize the activities carried out by professionals within the Program. Validating the results with the actors is characterized as an essential step to return information to those who provided it; correct and complete the work performed; and 4)- Preparation of Recommendations/Intervention Proposal.

Demand analysis

The work began based on a socially established demand. The initial formulation of the demand is placed in terms of problems to be solved isolated from the context. According to Abrahão et al. (2009) demand analysis aims to: formalize the different information; better understand the nature of the issues and the specific problems of employees; establish the starting point for subsequent phases; assess the scope of the problems raised; and identify the different logics about the same problem. In short, demand analysis makes it possible to reformulate and prioritize the different problems presented, articulate them and even highlight new issues.

In analyzing the demand, informal conversations were carried out with the organization's coordinator and team professionals - medical experts, social workers and occupational therapists.

Analysis of the Technical, Economic and Organizational Environment

The analysis in question consisted of:

A). document analysis, which aimed to collect information on official organizational charts, legislation and Technical Manual of Procedures.

B). interviews with the Technical Responsible (RT) of Professional Rehabilitation and the team to compare what was prescribed in the official documents with the work actually carried out in assisting the insured. To this end, the main problems in the rehabilitation program were identified, based on the vision of each team member. In this way, it was possible to identify how the implementation of the Professional Rehabilitation service occurred; collect information regarding the services provided; identify the processes and their interrelationships with the development of the actions planned for the program; and point out difficulties and successes in implementing the Program.

Analysis of activities and work situations

The objectives of this stage were: to identify the activities carried out by each team member; indicate the interrelationships between them and compare them with the job description in its entirety, in order to detail the team's occupational duties and responsibilities. The techniques used to analyze the activity were: a). an analysis of documents and service statistics; B). global and systematic observations; and c). individual semi-structured interviews with the team, made up of advisors and experts, and interviews with users.

Recommendations/Intervention Proposal

The recommendations/intervention proposals are the result of the previously mentioned analysis process and aimed to establish interrelationships between the problem situation and the organization; establish global determinations on program management policy, personnel management and work organization. According to Abrahão et al. (2009) provides support for the decision-making process, regarding the planning and operationalization of necessary transformations in the work situation. The suggested phases enabled a systemic analysis, which integrated different points of view, in order to propose more integrated actions.

RESULTS

Demand Analysis

Demands were identified in relation to the Professional Rehabilitation Program, such as mandatory participation in the program, which is one of the factors why policyholders do not show interest in participating. Another factor identified for its possible association with resistance to the Program by the insured is the long time in which they receive the benefit, with the amount received being incorporated into the insured's family income, in addition to the fact that the benefit received may be greater than the salary perspective of the insured person in a possible job.

Social problems were also evident. Among them, those arising from the inefficiency of public services, which are linked to social security, especially the area of health (disarticulation of health units), education (low education level of insured people) and justice (delay in legal processes), as well as the region's economic situation, which is in crisis, with impacts on job creation.

Difficulties were also identified in relation to the structure offered for care, which makes it difficult to offer adequate conditions for carrying out the activities foreseen in the Program, including providing care to users who are hampered due to the scarcity of rooms for care.

In addition, difficulties relating to the administrative service were also cited, such as bureaucracy in filling out documents, lack of integrated computerized system and frequent team meetings to discuss cases.

Due to these difficulties, it was decided to carry out a more in-depth analysis of the functioning of the Professional Rehabilitation Program.

Analysis of the technical, economic and organizational environment

The Ministry of Social Security is responsible for professional rehabilitation, providing rehabilitation actions and assessment of working capacity, for the purposes of granting social security benefits. Thus, despite involving a health policy, the distinction between Health Care Units and Social Security Agencies is fundamental. This is because the latter do not provide for the execution of outpatient activities, but assessments and monitoring relevant to the nature of an insurance company, in addition to complementary actions to health care, aiming to guarantee the well-being of policyholders.

In order to comply with the National Occupational Safety and Health Policy (PNSST), social security established the Occupational Health Directorate in 2009, responsible for articulating Professional Rehabilitation services, understood as:

“educational or re-educational assistance and professional adaptation or re-adaptation, established under the generic name of professional qualification and rehabilitation, aiming to provide beneficiaries who are partially or totally unable to work, on a mandatory basis, regardless of need, and to people with disabilities, the means indicated for re-entry into the job market and in the context in which they live” (art. 89 of Law 8213/91 and art. 136 of Decree n.3 3048/99).

Qualification, in this case, would be the “action of training the individual to develop work activities, observing aptitudes, interests and experiences”, and professional readaptation would be “making the individual capable of resuming professional activities, providing means of adaptation to the function(s) compatible with its limitations”. The description of Rehabilitation in the decree reinforces the “means” to achieve re-entry into the job market, therefore it is not a final objective that the insured necessarily re-enter the job market, but that they have access to the means for this purpose.

In the context of INSS, Rehabilitation is operationalized according to the basic functions of: a) assessment of working potential; b) guidance and monitoring of the professional program; c) articulation with the community for partnerships, agreements and others and d) research to establish the job market.

The team is made up of: Technical Responsible for Professional Rehabilitation (RT), directly responsible for coordinating the work of professional advisors and medical experts; Responsible for Professional Guidance; and the Medical Expert.

The formalization of activities is imperative in Vocational Rehabilitation, with the reference document being the “Technical Manual of Procedures for the Vocational

Rehabilitation Area” (Brasil, 2011). This Manual standardizes the work processes with regard to the organization of the routine, the execution of activities, the training and training necessary for each position and the operationalization of results.

The Institute is organized through a highly specialized regimental structure. The Professional Rehabilitation sector diagnosed is at the base of the pyramid, at the Executive Management level. In this position, decision-making power over tasks is limited by vertical control and horizontally related processes, hindering the team's agility in identifying and proposing solutions at the institutional level, such as the composition of the staff, the obligation for the insured to go through Program, standardization of activities, among others.

Analysis of activities and work situations

Prescribed vs. Actual

In relation to the Program, there was a lack of technical meetings and information groups, both initiatives recommended by the institution's documents relating to the program. The difficulties in implementing both initiatives are shown in Table 1.

	Prescribed	Real
Technical Meetings	The Manual recommends meetings of the Vocational Rehabilitation technical team, which works in PHC, and the technical team that works with the SST. It is up to the head of the SST or the Technical Manager to convene this meeting every quarter. The Manual suggests: dissemination of standards and legislation, technical discussion of cases, analysis of the physical goal of professional rehabilitation at GEX, budgetary resources, agreements and agreements with professional courses, evaluation and discussion of the results of the Attachment Research, reports and others matters relevant to the PR service.	There are difficulties in holding team meetings due to the high demand for attendance, in addition to this practice not being part of the institutional culture, and when it occurs, it is frowned upon by co-workers who view the meetings as “not work”. This contributes to the difficulty of discussing cases in a meeting, the time spent by professionals in filling out numerous forms, in addition to excessive charging for institutional targets, which should prevent the PRP queue from growing.
Information Group Meetings	After eligibility for the PRP, the insured must go through the Information Group (IG). The objective of carrying out the GI is to provide information to policyholders about the program, maintenance of benefits and services. The Manual suggests the participation of a maximum of 16 insured people and a maximum	An attempt was made to create an informative group with 40 policyholders, but due to the high number of people and the difficulties in working out the particularities of each case, the groups were suspended.

	duration of 2 hours. Monthly GI data is compiled in the Professional Rehabilitation Statistical Bulletin (BERP).	
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Table 1. Prescribed x Actual in relation to the Vocational Rehabilitation Program.

Variability

It was verified that there is great variability in the profile of users served, which requires a repertoire of technical skills from professionals allocated to the Program to deal with each case, so that they can evaluate the insured, verifying their working potential, and issue an opinion conclusive technical. Difficulties were reported in relation to the decision-making process, mainly due to the need to indicate the possibilities that policyholders should follow, after analyzes carried out by the team, a decision that must be taken jointly by the professionals who work in the Program.

Clientele	Defined in order of priority. Preference is given to those insured receiving sickness, accident or social security benefits; followed by insured people without a waiting period for social security sickness benefit, those with disabilities; by disability retirement; special retirement, due to contribution time or age that, in work activity, has reduced functional capacity, as a result of illness or accident of any other nature or cause; the dependent of the insured and finally people with disabilities (PwD). Referral to professional rehabilitation is mandatory and is carried out by the INSS Medical Expertise. If the insured person expresses his/her desire to enter the PRP, even if he/she is able to return to work, work in another role or retire, through his/her own request or request from the company, he/she may participate in the PRP.
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Table 2. Variability in relation to the clientele served.

Regulation of Activity and Operating Mode

It was found that team members develop different operational methods to regulate their work activity, aiming to meet the demands imposed by the organization, mainly in relation to goals and the number of services that should be carried out. Professional counselors reported difficulties in relation to bureaucratic aspects and case management. The experts reported difficulties in meeting the goals, due to the need to fill out manual documentation after each service. They reported feeling pressured to meet the goals, even compromising what they considered necessary assistance to prepare the technical report as required by the organization.

Recommendations/Intervention Proposal

A proposal was drawn up to resolve the problems identified from the AET, which became a Pilot Project for the psychologist to work in the service. The long period that the insured person spends in line and the need to identify the insured's difficulties in joining the Rehabilitation Program were central factors in the preparation of the proposal. With these points in focus, two moments were created where intervention by the Psychologist could help resolve such problems.

Initially, Psychological Reception will receive the insured person who has been waiting a long time in line, with the aim of getting to know better who this person is and what the subjective issues brought about by the disease are, in addition to their perspectives and

potential. To assist in the process, the resumption of the Information Group is of fundamental importance, as there is a need to provide information to the insured. The inclusion of the Work Ability Index (WCI) was suggested to compare the results before and after the PRP, aiming to analyze, with concrete data, the impact of the PRP on the insured's working potential.

The second role of Psychology will be Psychological Monitoring, which will include 3 actions: monitoring the progress of the insured person in the PRP, vocational guidance for insured people who need to change roles with difficulties in making a new professional choice, and surveying the need for training and qualification.

Solving problems in a macro environment, such as better coordination between the Ministries of Labor, Health and Pensions, were also considered as possible actions for the project. Although they have not been operationalized.

CONCLUSION

It was found that, based on the adoption of AET's methodological assumptions, it is possible to identify the difficulties present in the Professional Rehabilitation Program, as well as propose interventions and recommendations to deal with such problems.

The Professional Rehabilitation Program presents organizational challenges, such as infrastructure problems, with physical space, and an insufficient number of employees to reduce the waiting time for insured people for the Program, after they have been considered fit to return to work. This makes adherence to the Program smaller and reintegration into the job market more difficult, mainly because there are a large number of insured people with low education and qualifications, a reflection of the disarticulation of public policies on education, work and health, which is part of the country's history. .

Furthermore, the bureaucratic culture and rigidity in hierarchical relationships at the INSS is a factor that reduces the regulatory power of employees involved in the PRP, reducing the effectiveness of their work. There are still macrostructural issues, such as growing unemployment, lack of preventive policies for work-related illnesses, factors that affect the results of the PRP. These are challenges that professionals working in the area must consider, both in their professional areas and when proposing new scientific research.

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