

# INSS Vocational Rehabilitation: a narrative literature review

## *Reabilitação profissional do INSS: uma revisão narrativa da literatura*

Marcos Vinícius Cunha Cavalcante<sup>1</sup>, Rosé Colom Toldrá<sup>2</sup>

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**ABSTRACT: Introduction:** Vocational Rehabilitation (VR) is a service provided by the Brazilian Social-Security Institute (INSS) that offers professional education or readaptation for insured workers away from work, due to accidents or illness, to return to work activities. **Objective:** to explore and analyze publications on VR and the return of workers to the labor market. **Methodology:** A narrative literature review was conducted in June 2023, in the SciELO and LILACS databases and manual search in Brazilian journals on Occupational Therapy from January 2018 to June 2023. **Results:** In total, 12 articles related to the VR process were identified, subdivided into five themes focused on transformations and changes in the VR program, divergence between the program and worker needs, sociodemographic profile of workers, resources for professional training and mental health of workers. **Conclusions:** The VR program influences the personal and professional lives of workers. The historical changes in VR indicate a dismantling of the program and interfere with resuming working. The worker's limitations and sociodemographic implications have effects on the conduct and eligibility of the program and maintenance of employability. Courses as resources for training are an institutional challenge to meet the worker's needs.

**KEYWORDS:** Occupational Therapy; Vocational Rehabilitation; Back to work; Worker's health.

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**RESUMO: Introdução:** A Reabilitação Profissional (RP) é um serviço prestado pelo Instituto Nacional do Seguro Social (INSS) que oferece educação ou readaptação profissional para trabalhadores segurados afastados do trabalho, por acidentes de trabalho ou doença, para retorno as atividades laborais. **Objetivo:** explorar e analisar as publicações sobre a RP e retorno de trabalhadores ao mercado de trabalho. **Metodologia:** Revisão narrativa da literatura realizada em junho de 2023, nas bases de dados SciELO, LILACS e busca manual nos periódicos nacionais de Terapia Ocupacional de janeiro de 2018 a junho de 2023. **Resultados:** Identificados 12 artigos relacionados ao processo de RP, subdivididos em 5 temáticas voltadas as transformações e mudanças no programa de RP, divergência do programa com as necessidades do trabalhador, perfil sociodemográfico dos trabalhadores, recursos para capacitação profissional e saúde mental dos trabalhadores. **Conclusões:** O programa de RP influencia na vida pessoal e profissional dos trabalhadores. As mudanças históricas da RP indicam um desmonte do programa e interferem no retorno ao trabalho. As limitações do trabalhador e as implicações sociodemográficas têm efeitos na condução e elegibilidade do programa e na manutenção da empregabilidade. Cursos como recursos para capacitação são um desafio institucional para atender às necessidades do trabalhador.

**PALAVRAS-CHAVE:** Terapia Ocupacional; Reabilitação Profissional; Retorno ao Trabalho; Saúde do Trabalhador.

1. Brazilian Social-Security Institute (INSS), INSS Social Security Agency, São Paulo, SP, Brazil. <https://orcid.org/0009-0003-8547-1038>. Email: mvcunhac@hotmail.com / marcos.cunha@usp.br

2. University of São Paulo, School of Medicine, Department of Physical Therapy, Speech Therapy and Occupational Therapy, São Paulo, SP, Brazil. Zip Code. 05360-160. <http://orcid.org/0000-0001-9181-1519>. Email: rosetoldra@usp.br

**Corresponding address:** Marcos Vinícius Cunha Cavalcante. University of São Paulo, School of Medicine, Department of Physical Therapy, Speech Therapy and Occupational Therapy. Rua Cipotânea, 51. Cidade Universitária, Butantã, São Paulo, SP Brazil. Zip Code. 05360-160. Email: marcos.cunha@usp.br/mvcunhac@hotmail.com.

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## INTRODUCTION

The Brazilian Social-Security Institute (INSS) was created in 1990 by merging the Financial Administration of Social Security and Assistance (IAPAS) and the National Social Security Institute (INPS) as a federal agency linked to the Ministry of Social Security and Assistance (MPAS)<sup>1</sup>.

Workers who are Social Security contributors and are on leave due to illness, accident or health problems must seek social security protection from INSS, as provided for in Law No. 8,213, of June 24, 1991, through the various programs, services and benefits offered by INSS to citizens to meet various demands, whether for retirement issues, illnesses, occupational accidents, among others<sup>2</sup>.

Among the services provided by INSS is Vocational Rehabilitation (VR) which offers insured workers education or vocational rehabilitation so that they can return to work<sup>3</sup> and seeks to

“provide beneficiaries who are partially or totally incapacitated for work, on a mandatory basis regardless of need, and people with disabilities with the means to re-enter the labor market and the context in which they live”<sup>3</sup>. (p.8)

To enjoy the right to VR, the insured person’s health problems must be incapacitating for the original work activity but allow it to be executed with adaptations or in other roles. Thus, INSS is obliged to provide VR services to workers on leave<sup>4</sup>.

VR is a complex process that involves several aspects related to occupational health, field in which aptitudes, capacities, and competencies for work are fundamental elements, which go beyond the presence of pathologies and functional limitation<sup>5</sup>.

In the dynamics of the INSS services, the purpose of assessing incapacity for work is to identify the need for continued leave and maintenance of social security benefits to compensate for workers’ loss of earnings. Social security benefits include sickness benefit, accident benefit, and disability retirement pension<sup>4</sup>.

When it comes to incapacity for work, with the possibility of referral to VP and development of the Vocational Rehabilitation Program (VRP), the following must be considered as mandatory requirements: the insured person must have been affected by an illness or suffered an accident; be unable to perform their original work activity, even after injury stabilization and treatment; be in good mental and social condition to begin the rehabilitation process<sup>4</sup>.

According to the literature and current regulations, VRP begins when the user is on leave, with sequelae or

stabilized injuries that interfere with their daily life and prevent them from returning to work. VRP referral at INSS is performed by a medical expert, after assessment of work capacity, to the VRP team of professionals<sup>3,6</sup>.

According to INSS regulations, in addition to a medical expert the team includes Social Security Analysts with training in Social Work, Psychology, Occupational Therapy, Sociology, Physical Therapy, or related areas, called reference professionals mainly responsible for VRP social and professional assessment and monitoring<sup>3</sup>.

Among their basic attributions, reference professionals focus on reintegrating workers into a professional activity that guarantees their subsistence by adapting the original work activity or developing a new role that does not aggravate their current health condition and provides a meaningful reintegration into the labor market<sup>7,8</sup>.

Workers selected for VRP cannot return to work activities under the same conditions that made them ill, and it is necessary to identify a compatible job to return to the labor market. Reference professionals seek to act in accordance with the worker’s objectives so they can experience, reframe reality and resume their ability to work, in a practical and dynamic process to understand the influence of work limitations in performing work activities<sup>7,9</sup>.

Given the social and economic relevance of this topic and its repercussion on workers’ life, greater knowledge is needed about the existing studies on INSS’ VR service. Hence, this article explores and analyzes publications on VR and return to work.

## METHODOLOGICAL PROCEDURES

This is a narrative literature review on VR and return to work considering the national experience in the past 5 years. Narrative review is an approach indicated to establish relations with previous productions, identify recurring themes and point out new perspectives for theoretical consolidation of a field of knowledge<sup>10</sup>. Study period ranged from January 2018 to June 2023.

Bibliographic search was performed in June 2023 on the SciELO and LILACS databases, with manual search in the following Occupational Therapy journals: Occupational Therapy Journal of the University of São Paulo (*Revista de Terapia Ocupacional da Universidade de São Paulo*), Interinstitutional Brazilian Journal of Occupational Therapy (*Revista Interinstitutional Brasileira de Terapia Ocupacional*) and Brazilian Journal of Occupational Therapy (*Cadernos Brasileiros de Terapia Ocupacional*).

Article search employed the following descriptors: Occupational Therapy; Vocational Rehabilitation; Return to Work; Occupational Health, all combined with each other using the Boolean operator AND. ‘Vocational Rehabilitation’ and ‘Return to Work’ were used separately for search refinement.

Data search in specific Occupational Therapy journals is important to identify the field’s scientific production on vocational rehabilitation and its maintenance as a descriptor.

Inclusion criteria consisted of a) articles published between January 2018 and June 2023, b) in Brazilian Portuguese, c) that addressed vocational rehabilitation. Exclusion criteria encompassed a) articles not discussing vocational rehabilitation, b) articles published prior to January 2018, c) articles published in other languages, and d) literature review articles.

Article survey and initial selection involved reading the titles, keywords and abstracts. Selected studies were organized in an Excel spreadsheet with the following information: title, authors, year of publication, journal, objective, themes and main conclusions.

Content analysis was conducted based on thematic categories for a broader perspective on the topic studied by highlighting significant and relevant terms and expressions according to the occurrence and relevance observed in the articles<sup>11</sup>.

## RESULTS AND DISCUSSION

Search on the SciELO and LILACS databases and manual search in national occupational therapy journals using the selection criteria, filters, and combination of descriptors yielded 470 articles (Table 1).

**Table 1** – Articles found using the descriptors in occupational therapy databases and journals. São Paulo, 2023.

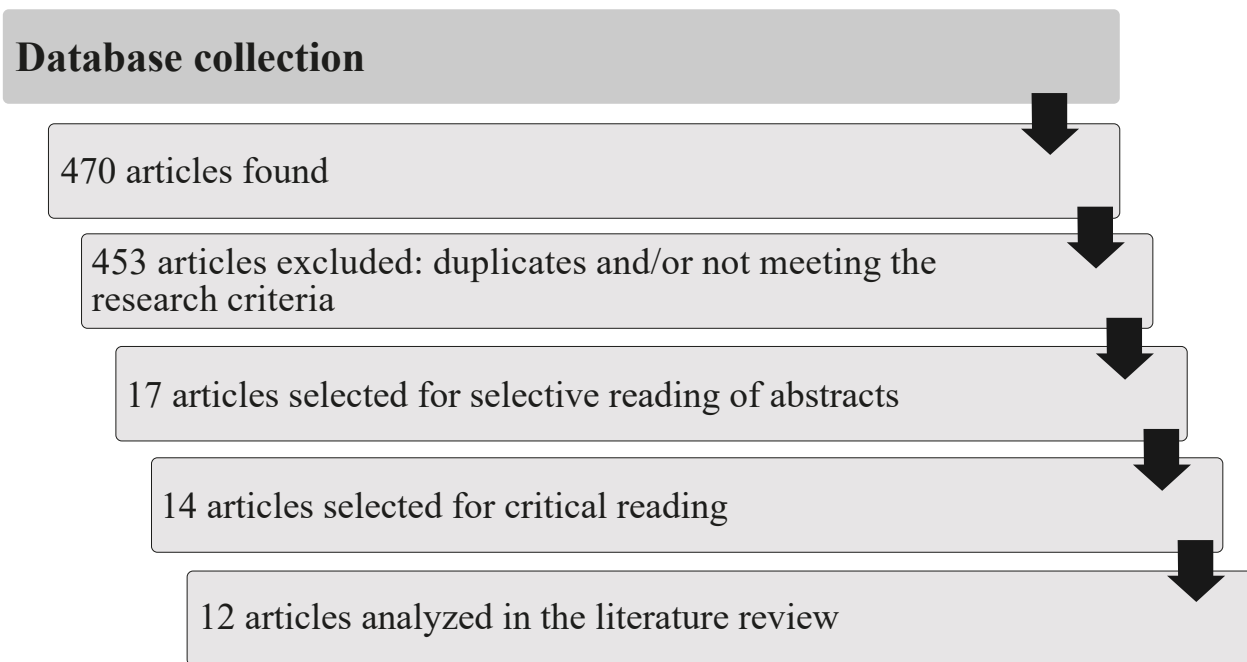
	SciELO	LILACS	Rev. TO USP	RevisbraTO	Cad Bras TO	TOTAL
Vocational rehabilitation	49	06	08	21	22	106
Vocational rehabilitation <i>and</i> occupational therapy	08	23	03	21	19	74
Vocational rehabilitation <i>and</i> return to work	01	13	02	05	02	23
Vocational rehabilitation <i>and</i> occupational health	01	61	04	06	04	76
Vocational rehabilitation <i>and</i> occupational therapy <i>and</i> return to work	01	–	–	05	02	08
Occupational therapy <i>and</i> return to work	01	–	–	06	08	15
Vocational rehabilitation <i>and</i> occupational therapy <i>and</i> occupational health	–	02	–	06	04	12
Vocational rehabilitation <i>and</i> return to work <i>and</i> occupational health	–	10	01	05	01	17
Occupational therapy <i>and</i> return to work <i>and</i> occupational health	–	05	–	05	03	13
Return to work	29	–	82	06	09	126
<b>TOTAL:</b>	<b>90</b>	<b>120</b>	<b>100</b>	<b>86</b>	<b>74</b>	<b>470</b>

Source: Authors (2023).

Legend: Rev. TO USP (Occupational Therapy Journal of the University of São Paulo); RevisbraTO (Interinstitutional Brazilian Journal of Occupational Therapy); Cad Bras TO (Brazilian Journal of Occupational Therapy).

Figure 1 illustrates the data collection process for article selection. In total, 12 articles were selected to compose this review.

Chart 1 presents information on the title, authors, journal, year of publication, objective/subject of the analyzed articles, identified by the reference number throughout the text.



**Figure 1** – Flowchart of the narrative literature review process. São Paulo, 2023.

Source: Authors (2023).

**Chart 1** – Articles included in the literature review. São Paulo, 2023.

Ref. No.	Title	Authors	Journal / Year	Objective / Subject
12	Profile of the worker received vocational rehabilitation of INSS: a case analysis.	Santos, A. M. B. P.; Betanho, C.; Lopes, J. E. F.; Paulo, R. R. D.	Arquivos de Ciências da Saúde da UNIPAR / 2023	To analyze the basic profile of workers assisted by the INSS vocational rehabilitation service in Uberlândia, Minas Gerais.
13	Challenges of the vocational rehabilitation developed by the Brazilian Social Security Institute (INSS): a cultural-historical approach.	Tessarro, M. T. V.; Querol, M., A. P.; Almeida, I. M.	Revista Brasileira de Saúde Ocupacional / 2022	To investigate how the transformations taken place in the provision of the INSS VR service affected work activity and how the VR service is facing the consequent issues.
14	Recent changes in the Brazilian Social Security Institute's professional rehabilitation program.	Kulaitis, F.; Silva, K. C.	Trabalho, Educação e Saúde / 2022	To analyze the transformations that have taken place in the Vocational Rehabilitation Program of the Brazilian Social Security Institute since 2009.

*Continuation*

**Chart 1** – Articles included in the literature review. São Paulo, 2023.

Ref. No.	Title	Authors	Journal / Year	Objective / Subject
15	The INSS professional rehabilitation program and the reinsertion of workers into the job market.	Santos, G. S. H.; Lopes, R. E.	Cadernos Bras. de Terapia Ocupacional / 2021	To understand VRP's contribution to reintegrating workers into the labor market
16	Mental health and work: professional rehabilitation and psychology contributions	Rumin, C. R.; Guedes, J.; Schmidt, M. L. G.	Psicologia: Ciência e Profissão / 2021	To examine the interlocution between work and the determinants of suffering in the mental health/disease process from the perspective of the Psychodynamics of Work.
17	Precariousness and workers' health: an outlook on decent work and the paradoxes in professional rehabilitation	Duarte, D. A.; Luz, M. L. S.; Liboni, M. T. L.; Soldara, L.M.	Psicologia em Estudo / 2020	To understand, based on the assumptions of decent work and occupational health, the work precariousness process and the vulnerability of workers in the context of current political and economic austerity.
18	Rural context and professional rehabilitation in a region of the Ribeira Valley	Zavarizzi, C. P.; Simas, J. M. M.; Santos, L. F.; Alencar, M. C. B.	Saúde em Debate / 2019	To investigate the sociodemographic, work and health profile of workers in Registro, São Paulo, and to identify the barriers and facilitators in the INSS VR process of insured persons.
19	Which people with traumatic paraplegia return to work?	Calliga, M. C. N. S.; Porto, L. A.	Ciência e Saúde Coletiva / 2019	To investigate the factors that affect the return to work of individuals with traumatic paraplegia and to characterize post-injury work
20	Perception of the workers inserted in the professional rehabilitation of the National Institute of Social Security: does the work organization get sick?	Souza, A. D. S.; Queiróz, M. F. F.	Saúde em Debate / 2018	To understand the perception of workers on vocational rehabilitation about work and the condition of illness in relation to work organization, gender, and occupational health.
21	Aspects of the current workers' rehabilitation scenario in Brazil: strides and setbacks	Miranda, C. B.	Cadernos de Saúde Pública / 2018	To discuss the INSS VRP current scenario, present the strides in the underlying theoretical premises and the concerns of VR in the face of recent measures that reinforce the biomedical basis and the compensatory policy that led the program over the years.

*Continuation*

**Chart 1** – Articles included in the literature review. São Paulo, 2023.

Ref. No.	Title	Authors	Journal / Year	Objective / Subject
22	Group of INSS insured workers with back pain: a necessary psychological support	Alencar, M. C. B.;Stamato, M. I. C.	Revista Interinstitucional de Psicologia / 2018	To strengthen the importance of interdisciplinary actions and Psychology in processes of Professional Rehabilitation and Rehabilitation Programs during the period of return to work.
23	Workers undergoing professional rehabilitation: perceptions about the Occupational Therapy group intervention	Figueiredo, M. O.;Silva, L. R.; Daidone, V.; Magalhães, L.	Rev Ter Ocup Univ São Paulo / 2018	To verify the perception of workers undergoing vocational rehabilitation in an Occupational Therapy group intervention .

Source: Authors (2023).

The analysis of articles identified content directly or indirectly related to the INSS VR process

which were subdivided into five thematic categories (Table 2).

**Table 2** – Thematic categories identified in the literature review. São Paulo, 2023.

Order	Thematic category	No.	Frequency (%)
1 <sup>st</sup>	Transformations and changes in the Vocational Rehabilitation service	8	(66.66%)
2 <sup>nd</sup>	VRP requirements and limitations of workers on leave	3	(25.00%)
3 <sup>rd</sup>	Implications of workers’ sociodemographic aspects in the VRP	7	(58.33%)
4 <sup>th</sup>	VRP provision of courses as a resource for professional training	4	(33.33%)
5 <sup>th</sup>	Mental health in the Vocational Rehabilitation process	5	(41.66%)

Source: Authors (2023).

Regarding the first thematic category, **transformations and changes in the Vocational Rehabilitation service** (articles 12, 13, 14, 15, 17, 18, 21 and 23), the authors analyze the history of vocational rehabilitation at INSS and its socioeconomic and political changes, which led to a reduced staff, interference in professional autonomy regarding VR operationalization and its procedures, and the development of a reductionist program model and reintegration into the labor market.

A time frame was established for the changes in VR models. In the 1940s to 1960s, the VR process developed by the Retirement and Pension Funds (CAPs) and the Retirement and Pension Institutes (IAPs) was restricted to the urban salaried class aiming at professional readaptation and return to work of the injured worker. The creation of the INPS, in the 1960s, and the establishment of Vocational Rehabilitation

Centers (CRPs), in the 1970s and 1980s, expanded the formation of Vocational Rehabilitation Branches (NRPs) responsible for providing therapeutic and vocational assistance to workers on sick leave<sup>13,21</sup>.

With the promulgation of the 1988 Federal Constitution and the creation of the Unified Health System (SUS) in 1990, the latter assumed responsibility for conducting health actions, including Occupational Health and excluding VR. Law 8,213/91 led to changes in the services’ organization and creation of the INSS to implement public policies related to social security, including VR as a tool for (re)integrating workers into the labor market.<sup>21</sup>.

In 1990, the multi-professional VR teams made up of physicians, social workers, psychologists, occupational therapists and sociologists were abolished to reduce public spending and replaced by reduced teams composed of

medical experts, social security technicians and social security analysts with training in various areas (Occupational Therapy, Social Work, Psychology, Physical therapy, among others). These professionals now work under the name of vocational counselors, monitoring the VRP. In the same period, following implementation of the Rehabilitation Modernization Plan, the CRPs and NRPs were abolished and the service began to be developed at INSS agencies<sup>13,17,21</sup>.

In 2001, the Reabilita Program, which is part of the National Occupational Safety and Health Policy (PNSST), was regulated, and vocational counselors and medical experts became responsible for conducting VP by means of training courses and professional training for the purpose of returning to work. This VR model comes to be considered as a reductionist and fragmented one since it develops without articulation with other public health policies, nor does it favor a return to healthy work that is closer to workers' reality<sup>13,17</sup>.

Unlike the previous editions of 2011 and 2013, which followed the biomedical model, the 2016 edition of the Technical Manual of Procedures for Vocational Rehabilitation advanced towards constructing and developing a comprehensive rehabilitation based on the biopsychosocial model of health. It broadens the concepts of functionality and incapacity for work, introduces territorial approaches and designs a multi-professional program that values the specificity of the VR team professionals' technical training, now considered responsible for vocational counseling. It considers the integrality of occupational health, which includes workers' daily life, independence and family relationships as important aspects for understanding and conducting the VRP stages and analyzing the return to work.<sup>12,13,14</sup>

(Re)updating of the 2018 edition of the Technical Manual of Procedures for Vocational Rehabilitation returns to a predominant biomedical model, constituting a setback in the field of occupational health. The medical expert assumes a central and decisive role in assessing work potential and eligibility for compliance with the VRP, excluding joint assessment with other team professionals to define the conduct of the program stages, in addition to the increased difficulty in communication to discuss cases given that medical experts no longer belong to the INSS staff and will become federal medical experts as of 2019<sup>17,21</sup>.

The changes in the VR service, especially those that took place in 2018, indicate a regression towards the biomedical model with dismantling of the VRP, opposing the guarantee of social security and, therefore, a challenge in the current and future scenario for constructing possibilities for a VR that considers integrality and the protagonism of workers for a dignified professional reintegration<sup>21</sup>.

The second theme, **VRP requirements and limitations of workers on leave**, appears in three articles (18, 20 and 22) and shows a profile of workers on leave in which the male gender, low schooling level, older age, low income, manual work activity, and restricted professional experience predominate in most cases, thus characterizing workers with barriers regarding the criteria for VRP eligibility and adherence. Hence, these studies show a discrepancy between the service offered by the program and the profile of workers on leave.

All articles highlighted the difficulties workers face to fit in their previous work activities due to the illness processes, mainly musculoskeletal, orthopedic, and physical injuries caused by their manual jobs and physical effort.

In addition to the limits due to injuries and physical injuries, fear and apprehension of returning to work are associated to these workers' condition given their low education, older age, and demand from the professional market, which are incompatible with workers' profile. Such conditions can interfere from the social security point of view in conducting the VRP and from the labor point of view in maintaining employment after returning to work, affecting workers' ability to support their families<sup>18,20</sup>.

We stress the prevalence of withdrawal from the male gender and its relationship with social meaning arising from sexism as men are considered as family providers, which reflects on their concerns and fear of dismissal when returning to work due to sequelae and functional problems<sup>20</sup>.

Workers point out their leave from work as traumatic as their employers and co-workers deem their painful symptoms invisible and consider as aggravating factors toward their leave from the organization of work and its intense routines, physical demands without adequate equipment, the need to continue working even if clinically incapacitated, and the prevailing ideology in society of blaming workers as responsible for their illness. Other factors associated with absences from work include excess of overtime to maintain employment and increase remuneration and the lack of protection of labor rights by employers' new means of control and coercion<sup>20,22</sup>.

Other authors point out that, workers permanence in a profession for many years generates an affective and nostalgic feeling toward said work activity as it belongs to their identity and can thus hinder their interest and expectations for professional reintegration<sup>24</sup> in professional activities unlike their previous one.

In addition to the loss of their previous professional activity, workers on leave experience the apprehension of loss of social protection, one of the main barriers that

reflects in the VRP<sup>25</sup>. Thus, we emphasize the importance of recognizing workers' experiences, limitations, and potential and of stimulating the improvement of education and offering professional training compatible with their interests and experience toward their adequate return to work and guarantee of subsistence.

**In the third category, implications of workers' sociodemographic aspects in the VRP**, seven articles (12, 13, 15, 18, 19, 20, and 22) highlighted how the sick leave diagnoses, education, and gender, affect program evaluation and compliance.

The authors offer less information on professional activity, using it, when mentioned, to characterize workers who perform manual and physical effort activities<sup>18</sup> or to focus on specific groups of workers<sup>22</sup>. Thus, workers' leave in three studies occurs due to a predominance of musculoskeletal diseases, neurological injuries, and mental disorders<sup>15,19,20</sup> according to the International Classification of Diseases and Related Health Problems.

The theme analyzed by the articles shows a significant number of disabled workers on leave due to work accidents, placing Brazil as the country with the fourth highest prevalence of work accidents worldwide, totaling about 700 thousand accidents per year (without considering other types of sick leave)<sup>26</sup>.

Workers' sociodemographic profile, functional losses, skills, ability and motivation to work, and the existence of a family and social support network help to analyze the resources in the rehabilitation process. Such information is necessary to increase education; conduct training courses; develop professional training; grant prostheses and auxiliary means of locomotion; and ensure accessibility to the workplace<sup>12,18</sup>.

The articles show that male workers configure most clients in the program and associate this aspect to a reflection on the organization of work and the responsibility that falls on supporting their families. Incomplete elementary school, complete elementary school, and incomplete high school education mainly occur in rural workers, who lacked the opportunity to continue their studies due to family support or accessibility difficulties<sup>13,18,20</sup>.

Schooling is mainly discussed in four articles (13, 15, 18, 19). Some authors point to schooling as a criterion for eligibility to the VRP and report the administrative difficulties of municipalities in implementing effective actions for the VR process. Workers with low education are associated to an obstacle to employability in view of the modernization of jobs, which requires training since reduced education is associated with less specialized professions.

Moreover, the resources toward rehabilitation in a new role stem from training courses and/or professional training for a higher trained role, which requires education above elementary school as it favors a greater chance of returning to formal, successful work with higher remuneration. Professional training can take place in the workplace or in partner institutions by technical cooperation agreements. However, high school education or higher occur less often in policy holders participating in VR<sup>16,19</sup>.

Low education is one of the determining factors for permanence in the VRP. Santos and Lopes<sup>27</sup> showed that about 42% of the workers referred to rehabilitation failed to complete elementary school, which hinders their readaptation in bonding companies or the completion of a professional training/qualification course since more and more workplaces require a higher level of education, requiring complete elementary education as the minimum professional training.

This determines the importance of improving education and the need to improve the training process and professional rehabilitation of workers for their return to work and better remuneration. A study<sup>15</sup> highlighted workers who increased their education during the VRP, enabling them to take technical and professional training courses and/or professional training and return to work in better trained functions, confirming that increasing education is a social objective for qualified employability.

Regarding the education of rural workers<sup>18</sup>, a study reported that 50% had incomplete elementary school, whereas those who had completed high school totaled 22%. The place of residence influences access to education as a greater number of workers with high school education reside in urban areas—corroborating territorial interference<sup>19</sup>—when compared with workers in rural areas.

The fourth theme, **VRP provision of courses as a resource for professional training**, occurs more clearly in four articles (13, 15, 18, and 20) and is associated with one of the main stages and resources to fulfill the VRP and obtain return to work. In many cases, the completion of training courses is effective due to the lack of professional qualification and the low education of workers. Also, the low availability of specific courses<sup>13,15,18</sup> and the difficulty of territorial access<sup>18</sup> are pointed out as barriers to professional training.

In situations in which it is impossible to readapt workers to the linking company, studies associate the indication of courses as the main professional training strategy in the VRP to dismantle the service<sup>13,20</sup> as the development of the program is restricted to courses that are available in the community (other agencies, public entities,

and non-governmental organizations). Thus, such courses receive public funds outside the INSS due to the lack of financial resources of the institution, limiting the purchase of more specific courses to workers' demands.

Studies consider that courses are often incompatible with workers' skills, education, and professional interest, resulting in worker incompatibility and dissatisfaction and showing the ineffectiveness of current rehabilitation as it fails to guarantee reintegration and permanence at work after the VRP<sup>13,15,18</sup>.

An article found<sup>15</sup> that 23.33% of the workers eligible to the VRP underwent training courses, especially for those the linking company of whom failed to offer professional training. In it, workers reported, after improving their education, taking training courses as a means of professional amelioration, whereas others took complementary courses to the professional training by the company, confirming professional training courses as resources available by VR to fulfill the program and obtain return to work<sup>15</sup>.

In view of professional training courses as one of the main resources for the VRP and return to work, the INSS must manage the acquisition and funding of courses that meet the needs and interests of workers in professional functions/activities according to the offer of the labor market to facilitate employability.

As for the fifth theme, **mental health in the vocational rehabilitation process**, five articles (16, 18, 20, 22, and 23) showed that psychological suffering receives less attention than physical suffering. The non-recognition of work-related psychological distress during the clinical evaluation and the administrative difficulty of the INSS in establishing a comprehensive look at insured workers contribute to this scenario. The articles found the need to build spaces for reflection and care to acknowledge the suffering due to the involuntary rupture of previous professional activities by developing groups for psychological, occupational, therapeutic, and motivational support to develop the VRP<sup>22,23</sup>.

In view of the changes in the world of work and the restructuring of the INSS, the authors consider that VR must consider the suffering generated by the fear and apprehension of losing the meaning of work and returning to the professional market. Thus, they point out that the VR has an important role in helping workers' return based on the relationships established with them, from welcoming to stimulating individual strategies during VR<sup>18,23</sup>.

Workers on leave due to excessive physical and psychological strain can worsen their clinical picture and render their return to work impossible, generating a feeling of impotence and failure, as reported in the groups, and thus

apprehension in executing VR<sup>22</sup>. According to the authors, groups favor the exchange of experiences and promote social interactions between workers and the opening of a look at new possibilities since group interventions can create a space for sharing reflections, feelings, and information and further the demands of workers to construct intervention strategies.

In line with this, group spaces are recognized as a possibility of therapeutic actions, in which professionals break the reproduction of the biomedical model and social exclusion and can act as agents of reflection on the social reality of workers<sup>23</sup>. The authors also point out that the development of activities and group dynamics can explore communication, relaxation, and self-criticism skills, decreasing feelings and behaviors unfavorable to mental health, which are important to develop VR and return to work.

## CONCLUSIONS

This literature review identified different aspects linked to VRP development, seen as workers on leave who seek VR is a complex issue that involves different personal and professional life dimensions.

The historical changes in VR, while contributing to its implementation in public policies as tools for reintroducing workers in the professional market, also point to changes in its structure and dismantling.

VRP requirements, advanced age, low schooling level, the limitations of the worker on leave and type of professional activity are challenges for program eligibility and development, as well as for maintaining the benefit and employability when returning to work given the market demands for skilled labor.

Despite being one of VRP's main strategies, the provision of courses as resources for professional training often fails to consider the profile of the worker on leave—most of them have a low schooling level which hinders taking courses for more qualified roles and acquiring courses that meet the workers' needs for satisfactory fulfillment of the VRP.

Mental health in the VR process remains invisible, given the lack of a comprehensive regard that considers both aspects of physical and psychological suffering based on group approaches that favor spaces for exchange and reflecting on how to conduct VRP and return to work.

Study limitations include the databases used and the short period analyzed. Future studies should expand the databases and consider a longer period. We expect this study will contribute to expand knowledge about the possibilities professional rehabilitation.

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