


Characterization of occupational therapy's labor market in Sergipe State

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Abstract: Introduction: Occupational Therapy in Brazil is a profession inserted in the areas of health, social and education. In Sergipe, the participation of this professional in the labor market is a challenge, due to the reduced number of occupational therapists in the state. Objective: To characterize the labor market of occupational therapists in Sergipe and to comprehend the perception of professionals in this market. Method: This is a cross-sectional study involving 25 occupational therapists registered in the occupation council, using a semi-structured questionnaire. The descriptive analysis used tabulation in Microsoft Excel worksheet, and the qualitative analysis was performed through the analysis of the speech and identification of the words and key ideas. Results: The labor market of Occupational Therapy in Sergipe is growing despite insertion challenges in the state. Mental health is the main area of work for occupational therapists in Sergipe. Although a significant number of professionals are satisfied with the conditions and infrastructure offered to them, the greatest difficulties cited are related to inadequate physical space and lack of materials. Conclusion: Offering better working conditions, better organizing the occupation council and training new professionals can contribute to greater knowledge and valorization of occupational therapy in the state of Sergipe.

Keywords: *Occupational Therapyn, Labor Market, Sergipe.*

Caracterização do mercado de trabalho da terapia ocupacional no Estado de Sergipe

Resumo: Introdução: A Terapia Ocupacional, no Brasil, é uma profissão inserida nas áreas da saúde, do campo social e da educação. Em Sergipe, observou-se que a inserção desse profissional no mercado de trabalho é um desafio, em virtude do número reduzido de terapeutas ocupacionais no estado. Objetivo: Caracterizar o mercado de trabalho dos terapeutas ocupacionais em Sergipe e compreender a percepção dos profissionais neste mercado. Método: Trata-se de um estudo transversal do qual participaram 25 terapeutas ocupacionais, registrados no conselho da categoria. Foi aplicado um questionário semiestruturado. Os dados foram analisados de forma descritiva, através de tabulação em planilha do Microsoft Excel, e de forma qualitativa, através da análise do discurso e da identificação das palavras e ideias-chave das respostas. Resultados: O mercado de trabalho da Terapia Ocupacional em Sergipe está em crescimento, embora a profissão encontre desafios de inserção no estado. A saúde mental é a área na qual os terapeutas ocupacionais de Sergipe mais encontram trabalho. Embora uma parcela significativa dos profissionais esteja satisfeita com as condições e a infraestrutura oferecidas a eles, as maiores dificuldades citadas estão relacionadas ao espaço físico inadequado e à falta de materiais. Conclusão: O oferecimento de melhores condições de trabalho, a organização da categoria profissional e a formação de novos profissionais podem contribuir para maior conhecimento e valorização da Terapia Ocupacional no Estado de Sergipe.

Palavras-chave: *Terapia Ocupacional, Mercado de Trabalho, Sergipe.*

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1 Introduction

Occupational Therapy and, consequently, its labor market, are social practices linked to the historical context and it has been transformed over the years. These changes and ruptures reflect the cultural, political, ideological and socioeconomic context in which the profession is inserted. According to Medeiros (2003), the path of a profession and the path it takes depends on its roles and the social functions performed by its professionals, besides to its theoretical constructions, the practices used and the way of the different convictions of man and society that support the elaboration of the construction of their knowledge. Thus, trying to understand Occupational Therapy and its labor market in a linear way, it is a reductionist because

[...] it is necessary to understand the different characteristics that it has assumed and continues to assume, and the different contexts in which these forms are manifested (MEDEIROS, 2003, p. 38).

In this sense, Cavalcante, Tavares, and Bezerra (2008) propose an analysis of the labor market of Occupational Therapy under a critical view at the capitalist economic system, in its liberal aspect. According to these authors, the transformations generated by capitalism influence on the profession, both in the labor market and in the demands imposed on professionals. Bezerra, Tavares and Cavalcante (2009) corroborate with this perspective and affirm that the analysis of the Occupational Therapy labor market must not lose observing the political and social scenario that is taking place in Brazil, since it directly affects the profession because the resulting social changes have their effects on the world of work and can reach the working class through changes in their market. According to Medeiros (2003, p. 39):

Occupational Therapy as a profession is the result of the division of social classes, with the consequent specializations of human labor in capitalist societies, and the tendency of fragmented compartmentalization of knowledge.

The historical development of the profession in Brazil together with the country's political and economic events shows that the expansion or retraction of its labor market is conditioned by the treatment given by the Brazilian state to social policies in the different historical contexts (BEZERRA, 2011). In the second half of the 1970s, for example, due to the decline of the world capitalist economy, health care expenditures including in Brazil were reduced, with

cuts in the services offered. These measures had an impact on the labor market of all health professions, increasing pressure for occupational therapists to become more pragmatic and to develop more effective and competent practices (LOPES, 1991).

In the 1980s, discussions began on community services and more preventive and health maintenance actions, and not just in rehabilitation. These governmental actions favored the reduction of public expenditures based on preventive measures, which led to the need for new community and health services and, consequently, an increase in the number of students and professionals in the area (LOPES, 1991).

In the 1990s and early 2000s, the economic and political crisis in Brazil together with the processes of neoliberalism and globalization that marked the Brazilian scenario at that time led to a reduction of the stable labor market in the state sphere. In this context, the non-profit and non-governmental organizations appeared that together make up the so-called "third sector" sustained by voluntary participation, giving continuity to the traditional practices of charity and philanthropy. The partnerships with the state took place at that time, so it financed some institutions. However, this state funding was precarious to sustain them and they ended up resorting to volunteering to survive (MONTAÑO, 2007), for example, the non-governmental organizations (NGOs), associations and philanthropic institutions (BEZERRA; TAVARES; CAVALCANTE, 2009). With the opening of this third sector, contrary to what its proponents preach, the labor market did not meet the need to hire professionals and social policies at the state level, hampering its development, especially in the health area (MONTAÑO, 2007).

However, together with this context, Occupational Therapy has incorporated new attributions, no longer being a specific profession of physical or mental rehabilitation, centered in the biomedical model, to resume the occupational dimension of the subject, incorporating new focuses of action that are related to social, legal, and educational aspects, as well as management and consulting activities (BEZERRA, 2011). In this sense, the new spaces of action of occupational therapists are emerging, increasing the possibilities of insertion of this professional in the labor market and, at the same time, imposing new challenges to these professionals.

Lancman (1998) believes that, in the very near future, some professions may be extinguished, others will be born, but most of them will need to transform to survive. For this author, Occupational Therapy is a profession that in the future will be the

set of practices that its professionals can produce, expanding its object of attention and subsidizing its actions in theoretical references that attend to its transformations and that place it in an important place on other professions.

In this scenario of political and economic transformations in Brazil, and with the new challenges faced by Occupational Therapy, the labor market for this profession in the state of Sergipe is another challenge. The only undergraduate course in this state was implemented in 2011 at the Federal University of Sergipe on the campus of Lagarto, located in the interior of the state, forming its first class in 2015. In this way, the number of occupational therapists in Sergipe is still reduced. According to a survey conducted in the first semester of 2017, in the National Register of Health Establishments of Brazil (CNES) (BRASIL, 2017), it was verified that there are only 42 professionals. Although it is a small number of professionals, the implementation of the course in the state has contributed to the local growth of the profession, as well as to a greater insertion of these professionals into the labor market.

From all this information, two questions are pointed out: "In a scenario whose insertion of the occupational therapist in the labor market is under development, what will be the challenges faced by these professionals?" and "Will the labor market Occupational Therapy in Sergipe has been following the transformations of the profession and has modified its scenario of action?"

Therefore, it is necessary to characterize the labor market of Occupational Therapy in this state, aiming to identify their specificities and needs, to know the perception of professionals working in this market and to direct future actions in this area.

2 Method

2.1 Research subjects

This is a cross-sectional study selecting Occupational Therapy professionals working in Sergipe state labor market, who registered in the Regional Council of Physical Therapy and Occupational Therapy of the 7th Region (CREFITO 7). The sample was selected for convenience through contact with these occupational therapists through telephone, email, and social networking. Participants who refused to complete the survey procedures were excluded from the sample. There were 25 of the 36 questionnaires distributed who returned with the answers, being the final sample of the study.

2.2 Instrument

As a data collection instrument, a semi-structured questionnaire containing 16 questions was used. Eight of them were closed questions, containing options for answers, and eight of them were semi-open questions. This questionnaire addressed questions related to the characteristics of the interviewee's work and the interviewees' opinion on Sergipe labor market.

2.3 Data collection procedures

This research was approved by the Ethics Committee of the Federal University of Sergipe through the number CAAE: 55900316.4.0000.5546. A meeting was scheduled with each of the selected participants to clarify the research objectives and obtain their consent, signing the Informed Consent Term (TCLE).

Data collection was performed by the researchers responsible, individually, in a single meeting with each participant, at a date, time and place of greatest convenience for them. The data collection period was from May to June 2017. The meetings lasted from twenty minutes to one hour. The researchers explained the research objectives and then delivered the questionnaire to the participant, who replied in writing and returned it to the researchers. Some participants delivered the questionnaire on the same day of the meeting, for others, the researchers return to get the questionnaire.

2.4 Data analysis

The data were analyzed in a descriptive way, through tabulation in Microsoft Excel for Windows worksheet. For the analysis of the discursive questions, strategies of the technique of discourse analysis were chosen, choosing the keywords and key ideas of the participants' answers.

3 Results and Discussion

In the interviewees, 80% of women and 20% of men were found. This feminine predominance is due to the historical constitution of some professions. According to Carvalho (2010, p. 17):

Nursing and Occupational Therapy combined domestic skills and other benevolent tendencies, attributed to women, with the technical experience gained through specialized training. These professions answered to the expectations of progressive women wishing to enter the labor market.

Regarding the type of employment relationship or occupational situation of the occupational therapists in Sergipe, it was observed that 28% of the participants are part of the statutory regime; 24% have a temporary contract; 20% are part of the bargaining regime; 16% are service providers; 4% were identified as microentrepreneur individuals (own microenterprise), and 11% did not want to report it. It was also verified that 12% of the participants are postgraduate students inserted in practices in multiprofessional residences. Some participants reported having more than one employment relationship. Regarding the nature of the institution in which they operate, 26% of the participants work in the municipal public sector; 26% in the federal public sector; 24% in the private sector; 6% in the third sector; 6% are self-employed; 3% work in the state public sector, and 9% in other sectors.

Despite the current context of political and economic crisis that Brazil has been experiencing, with the increasingly rare public tenders, and the constant resignations in some of the employers' sectors, among the interviewees, 28% work in a statutory regime, which guarantees them stability and financial security. At the same time, 20% work under a temporary contract and the self-employed, who are self-employed and without a formal contract. According to Bezerra, Tavares, and Cavalcante (2009), these types of ties indicate a high level of precariousness in labor relationships, since they do not guarantee the worker's rights recognized by law. These professionals experience precarious forms of work, outside the state orbit, due to the neoliberal context imposed for the various professional categories inserted in the labor market in the contemporary world. That is, this precariousness also affects other professionals and not only occupational therapists.

Regarding the area of occupational therapists, Figure 1 shows that 23% of the interviewees work in Mental Health; 20% in Child and Adolescent Health; 18% in the Healthcare area; 13% of professionals work in Gerontology; 10% in Education; 8% in Basic Care; 5% Trauma-Orthopedic Rehabilitation, and 3% in Social Area.

The results showed that Mental Health is the area that most absorbs occupational therapists in Sergipe. One of these reasons may be due to the CAPS (Psychosocial Care Centers) existing in some municipalities in the state of Sergipe, which must comply with Ordinance 336 of the Ministry of Health, in February 19, 2002, which requires municipalities with a population between 20,000 and 70,000 inhabitants to provide psychosocial care services with the minimum technical team

comprising three professionals from the following categories: psychologist, social worker, occupational therapist, pedagogue or other professional needed for the therapeutic project (BRASIL, 2002). Although it is not mandatory to include the occupational therapist in the CAPS team, there is recognition of this professional in this area, which contributes to their insertion in the labor market.

This study showed still incipient insertion of occupational therapists in the state of Sergipe in the social area (Figure 1), an area that has emerged as a possible labor market for these professionals, especially after the publication in 2011 of National Council of Social Assistance (CNAS). In its second article, this resolution included the occupational therapist as one of the professionals who can compose the assistance teams of the Unified Social Assistance System (SUAS), considering the need for structuring and composition, based on local specificities and particularities. regional, territory and patient needs, with the purpose of improving and qualifying the social assistance services. This same resolution refers in its third article that the occupational therapist can also compose the management of SUAS (BRASIL, 2011). However, unlike mental health, Occupational Therapy is still building its practice and seeking recognition in this area, which may explain the low rate of professionals working in the social area in Sergipe.

This study demonstrated that 10% of the professionals are inserted in the education area. In this area, the occupational therapist goes beyond rehabilitation issues and considers diversity and social inclusion, and the school not only as a learning space for formal education but a space of social interactions in which individuals with disabilities must be inserted.

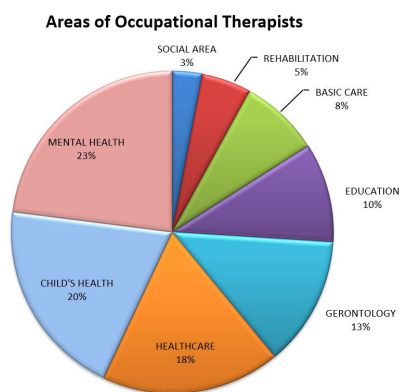


Figure 1. Areas of work of the occupational therapist in Sergipe.

Although it is an area where Occupational Therapy has been gaining space in recent years, there is still no regulation that subsidizes professionals, which undermines professional consolidation in this area (AMADOR, 2006).

It is also possible to observe that the labor market in Sergipe already absorbs professionals in other areas of activity, such as the health care area, the health area of children and adolescents, gerontology, rehabilitation, and basic care. Bezerra, Tavares and Cavalcante (2009) affirm that the opening and consolidation of the Occupational Therapy work market in Brazil are in line with the breadth of areas that this profession can encompass, as well as with the political actions that professionals achieve from recognition of their work in each of their areas of activity. Thus, the more professionals are able to absorb the demands of the labor fields, the greater the chances of guaranteeing professional actions at the level of legislation.

Regarding the years of work in the labor market as an occupational therapist, 48% of respondents worked less than one (1) year; 40% for more than five (5) years; 8% work between one and two years; 4%, from two to five years. The large percentage of professionals who have worked for less than a year can be explained by the fact that the only undergraduate course in Occupational Therapy in the state of Sergipe had its first class in 2015. Professionals who have worked for more than five years have had their training in other Brazilian states.

Eighty percent of the interviewees exercise Occupational Therapy as their only occupational activity and 20% of the participants report having another activity besides Occupational Therapy. It is noteworthy that 52% of professionals have no other employment relationship, but 48% of therapists have. Regarding the weekly workload, it was observed that 40% of the participants worked for more than 44 hours per week; 40% work from 20 hours to 30 hours a week; 8% work between 40 and 44 hours; 8% work 20 hours per week, and 4% from 30 to 39 hours (Figure 2).

Regarding the professional salary, it was possible to perceive that 36% of the professionals interviewed receive from 3 to 5 minimum wages; 32%, from 1 to 3 minimum wages; 16% reported receiving between 5 and 7 minimum wages, and another 16% of the therapists interviewed reported receiving between 7 and 9 minimum wages (Figure 3). The professionals who work in the federal network are those who earn better wages, between 5 and 9 minimum wages; the self-employed come next with between 5 and 7 minimum wages; the

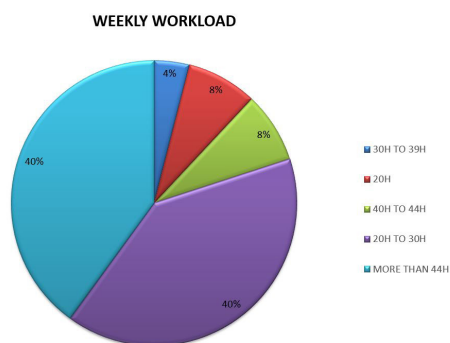


Figure 2. Weekly workload of the Occupational Therapists of Sergipe.

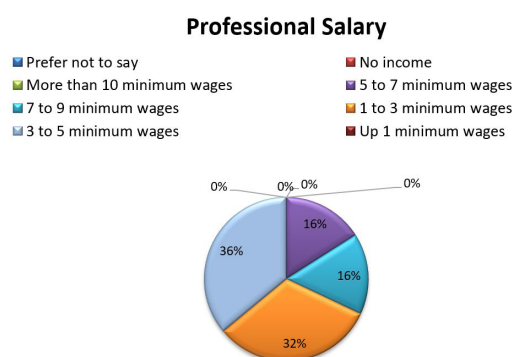


Figure 3. Salary of occupational therapists in Sergipe.

professionals who work in the state sector receive between 3 and 7 minimum wages; those in the municipal sector get between 3 and 5 minimum wages; those who work in the private sector get between 3 and 5 minimum wages, and those in the third sector get between 1 and 3 minimum wages. Some professionals reported working in more than one place as a means of increasing wage income, as can be seen in the keywords: “add income”; “low wages”; “complementary income” and “make more money”, and in the speech of some professionals:

I work in 3 places to add income (Mark).

I work in more than one place, due to low paid wages (Carla).

Another factor is the financial issue, to supplement the income (Jessica).

To earn more money and meet the demand (Helena).

Similar results were found in the study by Bezerra, Tavares and Cavalcante (2009), who found that the occupational therapist is not valued professionally,

having to undergo an excessive workload to increase the salary range and improve his life condition. Regarding the level of satisfaction with professional choice, 64% are satisfied; 20% are indifferent; 12% reported being very satisfied, and 4% were dissatisfied. It was noted that a significant number of professionals are satisfied with the professional choice, and this satisfaction is presented through the keywords identified in the speeches: "satisfaction", "pleasurable", "absorbed". Some comments presented in the questionnaires are:

I consider myself satisfied with my professional area since I work with people that I like and with a good demand of patients (Fernanda).

I feel satisfaction in exercising that profession, being able to help the other and being recognized for it, but I still see prejudice in the recognition in some places (Laura).

Despite the low valuation, the work of Occupational Therapy is pleasant for those who work and those who receive care (Ariane).

Being from Recife/PE and resident in the state for 3 years, I realize that I was absorbed by the labor market of this state in a timely manner and with good prospects (Alana).

Concerning satisfaction with the material conditions and the work infrastructure offered, 44% of the therapists interviewed answered that they are satisfied. The following keywords were identified: "adapted environment", "favorable conditions", "satisfactory and good". The excerpts below illustrate the opinion of the interviewees on this topic:

The environment is adapted and corresponds to the needs of an occupational therapy care with a focus on the corresponding public (Sara).

My conditions and infrastructure are favorable and satisfactory (Véronica).

The working conditions and infrastructure in the institutions that work are good (Ana).

Although most of the professionals are satisfied with their working conditions and infrastructure, 36% are dissatisfied. This dissatisfaction is observed in the discourses:

Depending on the workplace, there is a shortage or precariousness in using some resources for adequate care (Camila).

There is lack of structure and sometimes lack of knowledge of the role of the occupational therapist in the several areas (Manoel).

Lack of structure: physical space and lack of resources (Pedro).

When analyzing the main difficulties that the interviewees face in the daily work, they stated that the consumption material is insufficient (27%) and the physical space to perform the work is inadequate (25%), and these difficulties are presented predominantly by the public sector and the third sector. However, some private sector respondents also said they need to buy some consumer materials to develop their interventions. It was found that 18% of professionals, especially those working in private institutions, reported that there is a strong collection of results. Other difficulties, such as professional disputes in the workplace (8%), lack of knowledge of other professionals about Occupational Therapy (8%), difficulty in moving to the workplace (8%) and lack of professional autonomy (6%) were also pointed out by professionals from the public, private and third sectors.

Therefore, it is observed that the greatest challenges faced by Occupational Therapy professionals in the Sergipe state labor market are concentrated in the inadequate physical structure of workplaces and in the absence of material resources. These challenges can be contextualized also in the current political and economic crisis that Brazil is experiencing, with a reduction in investments in health, education and social assistance, which interferes with the transfer of resources needed to carry out professional activities in the institutions.

Based on the majority of the respondents, there were vacancies for occupational therapists in Sergipe, since 52% of respondents indicated that there are job offers for Occupational Therapy professionals in the region or city where they live (Figure 4).

Also, 52% of the participating occupational therapists considered that Sergipe's job market is growing. The analysis of the discourse corroborates these statements. The keywords "good", "favorable", "marketplace", "demand and work", "professional need", "expanding field", "professional search", "best", "open", "Vast field", "there are vacancies", "field of action".

The research conducted by Magalhães, Oliveira, and Azevedo (2008) apud Carvalho (2010) demonstrated the insufficiency of occupational therapists in the Unified Health System (SUS). The authors report a deficit of more than forty thousand occupational

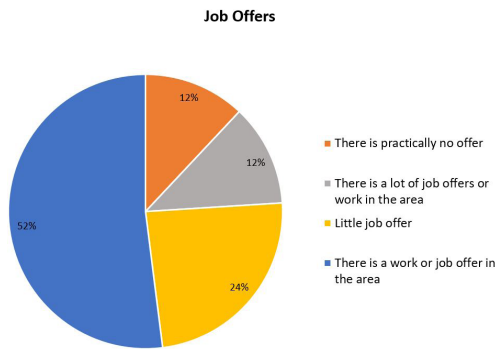


Figure 4. Job offers for Occupational therapists in Sergipe.

therapists in this sector. The legal support for the inclusion of this professional in SUS assistance teams, especially in mental health has contributed to the increase of demands by occupational therapists in the labor market and can constitute an important ally for the opening of vacancies in the state of Sergipe.

Despite this, 44% of the participants considered the Occupational Therapy job market in Sergipe to be regular. Some speeches of the therapists had as keywords: “difficulty to divulge”, “better working conditions and appreciation”; “Therapist not inserted” and “little appreciation”.

The difficulty of spreading the profession and the lack of knowledge of the profession creates a barrier between the occupational therapist and the labor market (Paula).

Entering new spaces with better conditions of work and valuation. People do not know O.T. (Lara).

Locations where occupational therapists are not inserted.

Low valuation, collection by result (Maria).

The professionals also highlighted the lack of knowledge of the profession, perhaps because there are still few professionals in the state. In the opinion of the participants:

The profession is little spread, the market need professionals (Manoel).

Unknown profession, lack of appreciation and working conditions for the professional (Ana Clara).

Market is open in the office and at home. In the public service, the professional finds difficulty (Cristiane).

The statements of Mângia and Almeida (2003) corroborate with the opinion of some professionals since the authors report that the category of Occupational Therapy professionals is small in number of professionals when compared to other health professions. However, Bezerra, Tavares, and Cavalcante (2009) point out that affirmation and professional consolidation are a process that demands time. In the United States, where the profession is already a century old, Occupational Therapy is considered one of the best professions in the labor market, while in Brazil it is still young and has an open and rising market. In Sergipe, the profession is even younger, considering that there was no undergraduate course until 2011. Thus, it is expected that new professionals will contribute to the opening, insertion, and consolidation of occupational therapists in the state.

4 Conclusion

The results of this study suggest that the labor market of Occupational Therapy in Sergipe is growing, especially after the first classes in the state. However, the profession is advancing with challenges to be overcome, such as the need to work on more than one job to supplement income. Mental health is the area in which occupational therapists in Sergipe find work most. Although a significant number of professionals are satisfied with the conditions and infrastructure offered to them, there are still the difficulties faced in the daily work, which are mainly related to inadequate physical space and lack of materials, which demonstrates the lack of investment of workplaces in the profession. However, despite these difficulties, most of the occupational therapists interviewed are satisfied with the chosen profession.

The offer of better working conditions to occupational therapists in Sergipe will contribute to greater knowledge and appreciation of the profession in the state. For this, the organization and representativeness of the professional category is shown as an interesting strategy; after all, the consolidation of professions also takes place through social struggles. It is expected that the training of new professionals will also contribute to this assertion, as they occupy spaces and build their struggles in the labor market.

References

- AMADOR, T. D. *Terapia ocupacional na educação escolar de Sorocaba*. 2006. 112 f. Dissertação (Mestrado em Educação) – Universidade de Sorocaba, Sorocaba, 2006.
- BEZERRA, W. C. O. Estado brasileiro e o ataque neoliberal: algumas reflexões para a terapia ocupacional. *Cadernos de Terapia Ocupacional da UFSCar*, São Carlos, v. 19, n. 2, p. 239-248, 2011.
- BEZERRA, W. C.; TAVARES, M. M. F.; CAVALCANTE, G. M. M. O mercado de trabalho da terapia ocupacional em Maceió-AL no contexto contemporâneo de crise do capital. *Revista de Terapia Ocupacional da Universidade de São Paulo*, São Paulo, v. 20, n. 2, p. 75-84, 2009. <http://dx.doi.org/10.11606/issn.2238-6149.v20i2p75-84>.
- BRASIL. Portaria nº 336 de 19 de fevereiro de 2002. Estabelece que os Centros de Atenção Psicossocial poderão constituir-se nas seguintes modalidades de serviços: CAPS I, CAPS II e CAPS III, definidos por ordem crescente de porte/complexidade e abrangência populacional. *Diário Oficial [da] República Federativa do Brasil*, Brasília, DF, 19 fev. 2002. Disponível em: <<http://bv.saude.gov.br/bvs/susdelegis/gm/2002/port033619022002.html>>. Acesso em: 29 jun. 2016.
- BRASIL. Resolução nº 17 de 20 de junho de 2011. Ratificar a equipe de referência definida pela Norma Operacional Básica de Recursos Humanos do Sistema Único de Assistência Social – NOB-RH/SUAS e Reconhecer as categorias profissionais de nível superior para atender as especificidades dos serviços socioassistenciais e das funções essenciais de gestão do Sistema Único de Assistência Social – SUAS. *Diário Oficial [da] República Federativa do Brasil*, Brasília, DF, 21 jun. 2011. Disponível em: <http://www.mds.gov.br/webarquivos/legislacao/assistencia_social/resolucoes/2011/RESOLUCAO%20No%2017%20DE%2020%20DE%20JUNHO%20DE%202011%20.pdf>. Acesso em: 12 ago. 2018.
- BRASIL. Ministério da Saúde. Cadastro Nacional de Estabelecimentos de Saúde Informações em Saúde – CNES. *Redes assistenciais/profissionais de terapia ocupacional geradas a partir dos dados*. Brasília: DATASUS. Disponível em: <<http://cnes2.datasus.gov.br>>. Acesso em: 1 mar. 2017.
- CARVALHO, C. R. A. *A atuação dos terapeutas ocupacionais em unidades públicas de saúde da cidade do Rio de Janeiro*. 2010. 82 f. Dissertação (Mestrado em Saúde Pública) – Escola Nacional de Saúde Pública Sergio Arouca, Rio de Janeiro, 2010.
- CAVALCANTE, G. M. M.; TAVARES, M. M. F.; BEZERRA, W. C. Terapia ocupacional e capitalismo: articulação histórica e conexões para a compreensão da profissão. *Revista de Terapia Ocupacional da Universidade de São Paulo*, São Paulo, v. 19, n. 1, p. 29-33, 2008. <http://dx.doi.org/10.11606/issn.2238-6149.v19i1p29-33>.
- LANCMAN, S. A influência da capacitação dos terapeutas ocupacionais no processo de constituição da profissão no Brasil. *Cadernos de Terapia Ocupacional da UFSCar*, São Carlos, v. 7, n. 2, p. 49-57, 1998.
- LOPES, R. E. *A formação do terapeuta ocupacional*. O currículo: histórico e propostas alternativas. 1991. 215 f. Dissertação (Mestrado em Educação e Ciências Humanas) – Universidade Federal de São Carlos, São Carlos, 1991.
- MÂNGIA, E. F.; ALMEIDA, M. C. Terapia ocupacional: validação, emancipação do campo profissional e exercício de cidadania. *Revista de Terapia Ocupacional da Universidade de São Paulo*, São Paulo, v. 14, n. 2, p. 1-1, 2003. <http://dx.doi.org/10.11606/issn.2238-6149.v14i2pi-i>.
- MEDEIROS, M. H. R. *Terapia ocupacional: um enfoque epistemológico e social*. São Paulo: Edufscar Hucitec, 2003.
- MONTAÑO, C. *Terceiro setor e questão social: crítica ao padrão emergente de intervenção social*. São Paulo: Cortez, 2007.

Author's Contributions

Ana Maria Menezes de Souza and Renilton da Silva Santos fully and equally participated in all phases of the article. Maíra Ferreira do Amaral and Raphaela Schiassi Hernandes Genezini accompanied and guided the work in all the phases, examined the texts and presented their considerations, inserted comments, corrected it and wrote the abstract in English. All authors approved the final version of the text.