

Identification of service demand and Occupational Therapy service implementation in a university hospital

Miryam Bonadiu Pelosi, Janaína Santos Nascimento

Departamento de Terapia Ocupacional, Universidade Federal do Rio de Janeiro – UFRJ, Rio de Janeiro, RJ, Brazil.

Abstract: Introduction: The occupational therapist acts as a promoter of health and quality of occupational life in the hospital context. To implement the Occupational Therapy Service in a hospital, it may need to adopt and articulate different strategies. Objective: To characterize the main requests and therapeutic services developed by the Occupational Therapy residents during the demand analysis process to implement the service. Method: This is a quantitative and qualitative research approach. We analyzed 151 assessment requests received for the Occupational Therapy service of patients treated at a university hospital, from June 2012 to June 2013. Data were submitted to descriptive and content analysis. Results: During the study period, the Occupational Therapy developed actions involving hospitalized patients, their caregivers, and staff. Patients referred for care were aged between 14 and 88 years and had difficulties mainly related to emotional regulation and the hospitalization process. The service was provided through individual and group approaches, and among them, the most requested were welcoming and orientation to the patient, family, caregivers and professional. Conclusion: The results of this study add knowledge to the factors related to the demand analysis for of Occupational Therapy and reinforce the need for these professionals focus their attention on the requirements essential to implement the services.

Keywords: *Occupational Therapy, Activities of Daily Living, Hospital Care.*

Identificação de demandas para atendimento e implantação do serviço de Terapia Ocupacional em um hospital universitário

Resumo: Introdução: No contexto hospitalar, o terapeuta ocupacional atua como promotor da saúde e da qualidade da vida ocupacional. Para que o serviço de Terapia Ocupacional seja criado em um hospital, pode ser necessário adotar e articular diferentes estratégias. Objetivo: Caracterizar tanto as principais solicitações como os atendimentos terapêuticos, desenvolvidos pelas residentes de Terapia Ocupacional no processo de análise de demanda para a implantação do serviço. Método: Pesquisa com abordagem quanti-qualitativa. Analisaram-se 151 pedidos de avaliação recebidos para o atendimento de Terapia Ocupacional dos pacientes atendidos em um hospital universitário, no período de junho de 2012 a junho de 2013. Foram realizadas as análises de conteúdo e descritiva. Resultados: No decorrer do período deste estudo, a Terapia Ocupacional desenvolveu ações que envolveram os pacientes hospitalizados, os seus cuidadores e a equipe. Os pacientes encaminhados para o atendimento tinham idade entre 14 e 88 anos, e apresentavam dificuldades principalmente relacionadas à regulação emocional e ao processo de hospitalização. Os atendimentos foram feitos por meio de abordagens individuais e em grupo; dentre esses atendimentos, os mais efetuados foram de acolhimento e orientação para o paciente, familiar, o cuidador e o profissional. Conclusão: Os resultados deste estudo agregam conhecimento aos fatores relacionados à análise da demanda para atuação da Terapia Ocupacional hospitalar e reforçam a necessidade de esses profissionais atentarem para os requisitos imprescindíveis à implantação de serviços.

Palavras-chave: *Terapia Ocupacional, Atividades Cotidianas, Assistência Hospitalar.*

Corresponding author: Miryam Bonadiu Pelosi, Coordination of Occupational Therapy Course, Rua Prof. Rodolpho Paulo Rocco, s/n, Prédio do Centro de Ciências da Saúde, Bloco K, Sala 17, Cidade Universitária, CEP 21910-590, Ilha do Fundão, Rio de Janeiro, RJ, Brazil, e-mail: miryam.pelosi@gmail.com

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1 Introduction

The hospital routine has the permanence of conditions characterized by rules and pre-established schedules and care directed to the treatment of a disease. In this context, the possible activities to be performed, such as bathing, toileting, and eating are organized in rigid routines that contribute to the individual's loss of control over their lives and respect for their wishes (ANGELI; LUVIZARO; GALHEIGO, 2012).

Furthermore, factors relating to limitations or prior disabilities to the hospitalization process, caused by the disease and its consequences, and the restrictions and the care required in their treatment, influence occupational performance in the hospital environment (SILVEIRA; JOAQUIM; CRUZ, 2012; SANTOS; DE CARLO, 2013).

It is noteworthy that the hospitals are places with common characteristics. Many of them have infirmaries and Collective Intensive Care Centers, no lockers to store belongings of the patient or equipment restriction, so the hospital is a very different place from the home environment.

Therefore, many factors can influence the occupational performance of the individual and their occupational roles reinforcing the need for an occupational therapist in the hospital setting as a team member.

For the occupational therapist, the active involvement of individuals in occupations promotes, facilitates, supports and favors the maintenance of health, welfare and development activities that the patients consider essential in their life (AMERICAN..., 2014).

In this sense, the occupational therapist in the hospital acts as a promoter of health and quality of occupational life - both during and after hospitalization (DE CARLO et al., 2006) - and uses selected occupations and activities therapeutically as primary methods of intervention in the whole process (AMERICAN..., 2014). The work of this professional also includes the attention of formal and informal caregivers, the care team and the hospital.

From a literature review on the work of occupational therapists in the hospital, Santos and De Carlo (2013) found that the professionals in this area enable experiences for patients and their families, promoting the coping of hospitalization and illness through the healthy activities and the redemption or the discovery of new skills and abilities, and creating conditions for the maintenance of everyday life.

To work in this context, the occupational therapist needs the technical-scientific knowledge and cultural

history of the environment in which his work is inserted (SANTOS; DE CARLO, 2013). Also, the different spaces and hospital programs, and aspects related to the characteristics of the disease process and hospitalization should be considered, such as knowledge about the disease and its complications, emotional and social implications, and coping strategies (DE CARLO et al., 2006). This knowledge enables the professional design and implement sensitive and appropriate action strategies that address the needs of people assisted (GALHEIGO; ANGELI, 2008).

Also, it is important to have an Occupational Therapy and professionals of the area promoting the analysis of demand and the development of a therapeutic-occupational program. A study conducted by occupational therapists at the University of São Paulo described the importance of this process for the implementation of service and stressed the need for enhancement of their role in the hospital context (DE CARLO et al., 2006).

2 Assistance Demands Identification and Implementation of the Occupational Therapy Service in a University Hospital

The university hospital, place of this research, is one of the service areas of a federal university in the Southeast of the country, having the work of Occupational Therapy driven by the beginning of the course in Occupational Therapy in 2009, by the Multidisciplinary Integrated Residence in Health - which released two places for this professional in 2011 - and by research and extension projects conducted by professors of the course, starting in the same year.

The physical structure of this hospital consists of 13 floors, and it has several clinics, such as Cardiology Clinic, Intensive Care Centers, Pain and Palliative Care Clinic, Medicine Clinic, Geriatrics, Oncology/Hematology, Neurology, Orthopedics, among others. It is a hospital assisting young people from 14 years old and adults.

Until this study, the acting area of the Occupational Therapy was little known by the other hospital professionals, as well as the various sectors and services existing in the hospital were also unfamiliar to residents and their preceptors. For this reason, the intervention and teaching-learning spaces of the Occupational Therapy had to be conquered by the residents and their supervisors; that is the

three effective professors of the Department of Occupational Therapy at the University who worked in the hospital context.

At first, there was a field study in different hospital places aiming at the show the Occupational Therapy, analyze the demands, establish partnerships and set goals and criteria for the development of care, in addition to disclosing the profession, its acting area and its role in the hospital context. Before the professional assistance, there were speeches and leaflets distributed to the teams. Moreover, the contact of the area residents was fixed in the murals of each clinical.

The Occupational Therapy assistance was through the request and/or receiving an evaluation application asked by the physician responsible for the patient. This dynamic of referring patients, based on the biomedical model that characterized the micropolitical of the hospital, at various times, delay the work of the Occupational Therapy, even when residents identified the need for therapeutic and occupational care, they had to ask for a medical opinion to starting work.

In other hospitals, the work of the Occupational Therapy in the infirmary also starts from the inter-consultations requests. However, these referrals could come from many health professionals such as physiotherapists, nurses, speech therapists, psychologists or even occupational therapists, and not just doctors (MARTINS et al., 2009; PENGU, 2012).

At first, the applications for the evaluation of the Occupational Therapy were set in the murals of clinical or left in the stands of the receptions of the different sectors. The lack of an Occupational Therapy reference place hinders the reply to requests for the evaluation, causing the loss or late response to some opinions.

The preceptors fixed acrylic holders in different clinics labeled "Evaluation requests for Occupational Therapy" to minimize the problem and residents then began a careful search in these locations.

As there was not contracted occupational therapists, the four residents received requests for the evaluation of the entire hospital, and the preceptors had to reconcile the supervision of residents with other academic activities of the Occupational Therapy Graduation Course.

The residents assisted young patients and adults affected by different pathologies and hospitalized in several units or infirmaries. The cases follow-up time ranged from short hospitalizations and long hospitalizations, aggravated by social problems such as the absence of a family member to be responsible

for the discharge or the lack of conditions to continue the treatment at their home.

It is noteworthy that the introduction of the Occupational Therapy service, from the Residency Program and with the support of Occupational Therapy professors, this work in the hospital was starting.

In 2011, the Occupational Therapy team managed to get its symbol included in ProntiHU, an electronic medical record system, to enable it to respond to requests for evaluation referred to the area and to record the developments of the assistance. Before, the answers were carried out in space for all health professionals, hindering the location of developments in Occupational Therapy.

At the same year, with several professional possibilities of action in this hospital, there was the regulatory process of the Occupational Therapy service ended in 2016.

In 2012, an assistance waiting room in the hospital ground was conquered, alongside other specialty clinics. In 2014, there was the call for competition for hiring five occupational therapists to the Department of Occupational Therapy and a professional was called in the university hospital in the following year. Currently, this hospital is an important training field for students of the undergraduate course of Occupational Therapy, under the supervision of the professors.

Many strategies have been used to the service implementation in this area, including the service demand analysis in Occupational Therapy in the hospital context.

The aim of this study was to characterize the main requests and therapeutic assistance developed by the Occupational Therapy residents in the demand analysis process for the implementation of the service, from medical referrals.

3 Method

This is a quantitative and qualitative research with a retrospective approach¹, developed in a university hospital in the southeast of the country.

For the study purposes, the sample was 151 evaluation requests received for the Occupational Therapy service from June 2012 to June 2013. Of them, 43 were excluded because they were not answered because of death or discharge of the patients before the possibility of the answer or by the inability to meet the hospital demand with the available resident staff. Therefore, there were 108 evaluation requests evaluated.

The assistance was conducted by four residents of Occupational Therapy, two of the first year of residence and the other from the second year, supervised by professors of the Occupational Therapy course.

Patients' data were obtained from the analysis of medical, occupational therapy evaluation requests referred to residents from the responses to these requests and their developments.

It is noteworthy that the information in those applications was: document preparation date; location of the patient; the name of the doctor who requested it and the reason, and the response of the occupational therapist to whom the request was sent.

For the evaluation of the documents, the content analysis organized in three stages was used: pre-analysis, material exploration, and treatment of results involving inference and interpretation (BARDIN, 2009). From this analysis, categories were related to the main difficulties presented by the patients, as well as the responses of occupational therapists to requests and actions.

Later, the database was elaborated in Excel® spreadsheet with double entry categories. For the data analysis, the database was imported into the software Statistical Package for The Social Sciences - SPSS, version 17.0. Finally, the data were submitted to descriptive statistics, using relative frequencies for the categorical variables and measures of central tendency (mean or median) for numeric variables.

The project was approved by the Ethics Committee in Research with Human Beings of HUCFF/UFRJ, under the Protocol 66/2011.

4 Results and Discussion

4.1 The profile of patients seen by the occupational therapists

In this study, the population referred for the Occupational Therapy Assistance consists of people aged 14 to 88 years old, the mean age of 54.6 years old, with approximately 90% (N=96) of the sample being more than 30 years old. The most representative group was the elderly over 60 years old, with 46% (N=50) of the sample, corroborating a research carried out in a unit of Niterói - RJ, where the results pointed to a higher percentage of elderly hospitalizations in the range age 70 to 79 years old (TENÓRIO; CAMACHO, 2015).

This may be related to the changes and the decline in multiple systems resulting from the interaction of physiological mechanisms of natural aging and its association with the emergence of multi-morbidity,

contributing to the loss of adaptive capacity and a greater chance of deficits in health (ESQUENAZI; SILVA; GUIMARÃES, 2014).

As to gender, 54% (N=58) of the evaluation requests were related to referrals of female patients and 46% (N=50) were male. Similar results were found in research conducted in a hospital of Montes Claros-MG (RABELO et al., 2010) and in a hospital in the city of Niterói-RJ, where most patients were female (TENÓRIO; CAMACHO, 2015). This can be justified because the Brazilian population is most women (50.77%) and the main users of the Unified Health System (SUS) (BRASIL, 2011).

Most Occupational Therapy assistance occurred in the Oncology/Hematology infirmary with 29% (N=32), the Medical Clinic with 28% (N=30), and Cardiology with 21% (N=23).

A study of a review of the actions of occupational therapists with adults and the elderly from 1990 to 2006 showed that the performance of these professionals was mainly happening in Medical Clinics infirmaries (Cardiology, Endocrinology, Gastroenterology, Geriatrics, Neurology, Nephrology, Oncology, Pulmonology and Rheumatology), in the Surgical and Infectious Diseases Clinic (GALHEIGO, 2007).

Regarding the most often pathologies in evaluation requests, there was heart disease with 37% (N=40) as the highest percentages, followed by oncological and hematological with 29% (N=31), and neurological with 11% (N=12). Respiratory problems, infectious diseases, and rheumatology, were also highlighted with 3% each (N=3). The population with more than one of these diseases represented 14% (N=15).

Similar to the data obtained in this study, other studies have found that the performance of Occupational Therapy, in general, has occurred with patients suffering from various diseases, regardless the problem is acute, chronic or in exacerbation phase or the acute of a chronic disease (BORGESA; LEONIA; COUTINO, 2012; DE CARLO et al., 2006).

4.2 Main difficulties presented by patients

From the analysis of the responses of the evaluation requests referred to Occupational Therapy residents, the following categories were organized: difficulties related to the hospitalization process; perceptual and sensory abilities; praxical and motor skills; emotional adjustment; cognitive abilities; social and communication skills. The main obstacles were related to emotional aspects with 70% (N=76), and

the hospitalization process with 65% (N=70). It is noteworthy that, very often, professionals responded to evaluation requests signaling more of a labor demand to be performed.

The main factors reported by patients among the emotional difficulties were social isolation; dependency; feelings of fear; discomfort; anguish; concerns, and doubts, enhanced when they were unaware or had no clarity of their diagnosis, the problems related to it or the length of stay. These issues were raised by patients through changes in mood and behavior, problems of interaction, participation in treatment and performance of occupations.

Regarding the hospital procedure, the patients reported difficulties in dealing with: the removal and change of their occupational roles; barriers to participation in meaningful occupations; the loss of the reference of their space, and the loss of control over their lives and their desires.

Santos and De Carlo (2013) highlight that the hospital treatment has very different characteristics of the patients' routine causing a break in their daily life and family involved in their care.

Despite all hospitalized patients living with such a situation, it is noteworthy that some of them could provide coping strategies to deal with the difficulties imposed by the hospital and the disease. The difficulties most observed in this study were: the searching for staying active during the hospitalization and strategies related to religion, spirituality and personal beliefs.

4.3 Characterization of the Occupational Therapy assistance in the hospital

From the analysis of the documents related to occupational therapy assistance, the resources most used by professionals and/or requested by patients were organized into categories: reception and guidance for the patient, family, caregivers and the professional with 82% (N=88); leisure activities involving the ability to listen to music, read, paint, play and talk about different topics, such as soap operas and sports with 67% (N=72); spiritual comfort with 63% (N=68); supporting the daily activities and organization of the occupational routine with 55% (N=59), and resources and strategies to promote Alternative Communication with 35% (N=37).

During the reported assistance through individual and group approaches, the Occupational Therapy developed actions with hospitalized patients, their formal or informal caregivers, and the staff.

The main objectives of the occupational therapists were: to train, to guide, to adapt and/or to develop strategies improving the performance of activities; to rescue pleasurable activities of the patient's context; to assist and equip the patient in the preparation and completion of life projects; to work the grief from the search reconstruction of meanings; to develop actions of an interdisciplinary nature together with other professionals involved in the care, for example, in the communication of bad news.

The procedures performed in the clinics with most assistance were: guidance and hosting; rescue of activities that had meaning and value to the patient; the ambiance and humanization actions; functional activities; pre-surgical and post-surgical preparation, and guidance to discharge programming.

It is noteworthy that the developed follow-ups considered the preferences and desires of patients, but also their therapeutic needs; the age; the alert level; the clinical and psychosocial situation of the patient at the time of intervention; their skills; the requirements and the necessary care for the prevention and control of hospital infections.

Guidance to patients and family included structuring and organization of the patient's routine as well as simplification, adaptation and training activities in which they had difficulties.

Regarding the spiritual comfort, the actions involved the creation of spaces for discussion of different ways of relating with oneself, with others, with nature, with God and the universe, plus the ability to perform activities such as prayers, reading holy books and activities to supplement or look for words that were related to issues of patient's religion.

Support assistance included orthosis and objects adapted for positioning and/or promoting functional/occupational independence.

As for the Alternative Communication, the actions had the facilitation of oral and written communication, using low-tech resources such as communication boards and clipboards to write, and high-tech resources, such as communicators, tablets, computers and the use of mobile phones and social networks to communicate with family and friends.

In a study of 34 occupational therapists who worked in hospitals in Salvador, it was found that the main interventions were related to the assessment and guidance in the hospital, the use of Assistive Technology, of training of Activities of Daily Living (ADLs) and cognitive intervention (BORGESA; LEONIA; COUTINO, 2012).

There were also moments of attention offered to health professionals to improve the quality of

interaction between staff and patients, and creating the opportunity for leisure, relaxation and a listening space to issues related to the act of caring. Among these actions, it was highlighted the group of "Caring for the caregivers," created together with the psychology of the nursing staff, with weekly frequency. A welcoming space was organized for the exchange of knowledge and mutual support, in which professionals could bring issues inherent in the act of caring, their limitations, and difficulties caused by the affections and dislikes developed with patients and by the grief caused by the losses experienced at work.

Thus, it was found that the performance of Occupational Therapy enabled benefits for the occupational routine of treated patients and professionals, contributing to improved quality of life and occupational performance.

5 Conclusion

The demand analysis of Occupational Therapy service at the hospital had as a starting point to multi-residence and support of undergraduate professors in the Occupational Therapy, responsible for the supervision and development of research and extension projects in the hospital context area.

The main difficulties in this process were related to unfamiliarity with the acting area of the Occupational Therapy by other professionals and students from the hospital. Also, because reciprocally, the various sectors and existing services at the hospital are also unfamiliar to Occupational Therapy residents and their preceptors.

Thus, for its implementation and a possible analysis of this demand, there was the need for a field study in different hospital spaces; the presentation of the profession and service objectives carried out by occupational therapist to clinical teams; dissemination through leaflets, and the inclusion of occupational therapist in team meetings to assist in the routing process, analysis and maintenance of demand.

After evaluating the documents that recorded the Occupational Therapy assistance, it was possible to list the repertoire of activities and resources more used as an occupational therapist working instruments in service implementation in this university hospital.

The results of this study add knowledge to the factors related to the analysis of the demand for performance of occupational therapy and reinforce the need for these professionals be aware of the requirements essential to the deployment of services.

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