

**Interventions of occupational therapy with hospitalized patient: experience report**  
**Intervenções da terapia ocupacional com paciente hospitalizada: relato de experiência**  
**Intervenciones de la terapia ocupacional con paciente hospitalizado: relato de experiencia**

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This study aimed to discuss occupational therapy activities developed with a patient admitted in a University hospital, of a city in the State of São Paulo in Brazil. This is a descriptive study, characterized as an experience report, whose interventions were performed by a trainee in the last year of Occupational Therapy course, with teaching and assistance supervision. The clinical observations, supervisions and records gathered, helped in the analysis process. The patient presented problems caused by Diabetes Mellitus that led to cardiac surgery and bilateral visual impairment. The reception was the guiding axis of the first contacts with the patient, later we perform the assessment and planned the interventions. The interventions were directed to the guidelines, ADLs training and performance of adapted and significant activities. The patient gained autonomy and the strategies employed in the occupational therapy process were powerful for their recovery process.

**Descriptors:** Occupational therapy, Hospital care, Activities of daily living.

Este trabalho teve por objetivo discorrer sobre a atuação terapêutica ocupacional desenvolvida com paciente internada em hospital universitário, de um município do interior do Estado de São Paulo. Trata-se de um estudo descritivo, caracterizado como um relato de experiência, cujas intervenções foram realizadas por estagiário do último ano da Faculdade de Terapia Ocupacional, sob supervisão docente e assistencial. As observações clínicas, supervisões e os registros dos atendimentos realizados subsidiaram a análise do processo vivenciado. A paciente apresentava problemas decorrentes de Diabetes Mellitus que levaram a cirurgia cardíaca e à deficiência visual bilateral. O acolhimento, foi eixo norteador dos primeiros contatos com a paciente, posteriormente procedeu-se a avaliação e o planejamento das intervenções. As intervenções dirigiram-se as orientações, treinamento de AVDs e a realização de atividades adaptadas e significativas. A paciente ganhou autonomia e as estratégias empregadas no processo terapêutico ocupacional foram potentes para o seu processo de recuperação.

**Descritores:** Terapia ocupacional; Assistência hospitalar; Atividades cotidianas.

El objetivo de este trabajo fue discurrir sobre la actuación terapéutica ocupacional realizada con una paciente internada en un hospital universitario, de un municipio del interior del Estado de São Paulo. Se trata de estudio descriptivo, caracterizado como un relato de experiencia, cuyas intervenciones fueron realizadas por un pasante del último año de la Facultad de Terapia Ocupacional, bajo supervisión docente y asistencial. Las observaciones clínicas, supervisiones y registros de las consultas realizadas subsidiaron el análisis del proceso vivenciado. La paciente presentaba problemas decurrentes de Diabetes Mellitus que llevaron a cirugía cardíaca y a deficiencia visual bilateral. La recepción fue guía en los primeros contactos con la paciente, posteriormente se realizó evaluación y planificación de las intervenciones. Las intervenciones fueron dirigidas a orientaciones, entrenamiento de AVDs y realización de actividades adaptadas y significativas. la paciente ganó autonomía y las estrategias empleadas en el proceso terapéutico ocupacional fueron potentes para su proceso de recuperación.

**Descritores:** Terapia ocupacional; Asistencia hospitalaria; Actividades cotidianas.

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## INTRODUÇÃO

Some studies<sup>1,2</sup> point out the transformations that have occurred throughout the role development of the occupational therapist in hospitals. Such changes reflect in part, those that occurred within the hospital itself.

In this sense, we understand that in the past the hospital had the function of taking care of chronic and long staying patients while nowadays it is directed to the health care and health services that favors the treatment of both acute and chronic cases, diagnosis, planning and treatment, besides actions that prevent harms to health, configured as a complex social organization that brings together multiple professional knowledge, in addition to numerous and diverse technologies<sup>3,4</sup>.

Within Brazilian Occupational Therapy, this new configuration also demanded hospital professionals to reflect on their practices, to make them more concise and systematized, articulating the theoretical-practical knowledge, agility in clinical reasoning and in the implementation and monitoring of occupational therapeutic processes<sup>5</sup>.

Under this perspective, this new assistance parameters resulting from the adoption of the specialty of occupational therapy in hospital contexts<sup>6-8</sup>, and the perspective established by Ordinance No. 3,390/20139 which sets out the duties of the hospital system in the Health Care Network (RAS) and the Unified Health System (SUS), we can see the need to deepen the discussions on interventions and professional practices.

In general, working in hospital contexts, occupational therapists seek to minimize the impact of hospitalization on the daily life of the patient, encouraging more adaptive ways in relation to the routine and the hospital environment, offering full care and guide to their families, preventing functional limitations and assisting the professional staff in the therapeutic management<sup>2,5</sup>.

A recent integrative study of literature review addressed the benefits of therapeutic-occupational treatment in the hospital,

showing that the performance of this professional with the patients admitted, provides better levels of functionality and quality of life, promoting the rescue of their everyday life impacted by the illness and the situation of hospitalization<sup>10</sup>.

The production of knowledge in hospital contexts is not sufficiently directed to investigations that prove the effectiveness of the actions developed by the occupational therapist, as they address primarily, experience reports<sup>10</sup>.

In turn, experience reports contribute, among other things “to greater recognition of the need and importance of the occupational therapist in the composition of hospital health teams”<sup>10</sup>.

Thus, with the purpose of contributing to the discussions and thinking in the field of this specialty, this work aims to discuss the occupational therapeutic performance developed with a patient in a Middle Complexity University Hospital, located in a city of São Paulo state.

## METHOD

It is an experience report, which seeks to present a set of actions related to experience, in a professional context. It describes the occupational therapeutic interventions performed by a trainee of the last year of the Occupational Therapy course with a patient hospitalized in the clinical care ward of a private university hospital, of medium complexity, located in a city of the state of São Paulo.

The Hospital has 310 active beds, of which 201 are intended to SUS. Its structure comprises eight units of hospitalization, distributed by blocks, with human and material resources structure, and physical space.

The entire process of monitoring and intervention of the patient by the trainee was supervised by the teacher in charge of the subject -Supervised Therapeutic Practice VII (SPT VII) and by the occupational therapist assistant of the Unit.

The assistance occurred in the first semester of 2017 and each appointment was recorded in reports in the “online” electronic

chart. In this way, the clinical observations, the discussions arising from the joint supervision and the records of the assistance carried out subsidized the elaboration of this work.

## RESULTS

In the first attendances performed with "Paula" (fictitious name), the guiding axis of the intervention was the reception. She was 67 years old, she was single and had lived with type II *Diabetes Mellitus* for many years. Complications caused by the diabetic condition resulted in heart problems, which led to surgery and bilateral visual impairment, acquired five months before her admission.

Paula reported to have been an independent woman, as she was able to perform all domestic, leisure, social and labor activities without anyone's help. She was a single mother at the age of 16 and has since worked autonomously-without employment relationship or in companies in the production area.

She said that all her work was to support his son; today, adult and married. After the visual impairment she had to adapt herself to the new routine, which included living in her son's and daughter-in-law's house, and stop doing the things that were extremely significant to her, such as: sewing, painting, crochet and crafts in general, since she was unable to accomplish them, due to her new condition. She said that after losing vision, her leisure activities were just listening to TV and radio.

### Evaluating some demands

In subsequent attendances, a more detailed occupational therapeutic evaluation was done, aiming at planning the intervention.

The evaluation of the parameters and the clinical condition of Paula; the conduction of a semi structured interview, whose questions addressed the areas of occupation and the significant activities for the patient, added to the clinical observation and the data obtained in the first meetings, allowed to identify relevant changes in her performance.

The evaluation showed that Paula needed help to get up, sit, walk around and put

on the clothes, because she felt tired when making small efforts, due to her cardiorespiratory condition, as well as anxiety.

She expressed her concern about the workload that she would give to her family, due to her medical condition that made her depend on help to perform some activities of daily life. Despite expressing she was able to move in the house and being adapted regarding mobility at home, in the hospital environment her mobility was restricted to bed, not only because her cardio-respiratory condition, but also because her visual impairment.

The evaluation enabled to build a contingency plan together, attended by the patient and the team, whose objectives, methods of intervention and priorities were outlined considering the context and the entire uniqueness involved in the process, i.e. her personal interests, her potential and the meaning that the proposed activities had to Paula.

The main objectives were: to improve the quality of life, maintaining the maximum level of autonomy and independence of Paula in the performance of daily activities.

### Interventions implementation

It work on guidelines regarding positioning in bed, the importance of position change and how to do so, the performance of activities of daily life (ADLs), training diaphragmatic breathing, among others. Orientation and training sessions followed to work on breathing, postures suitable to perform each task, adaptations of activities avoiding unnecessary steps, time and materials management, reorganization of the routine, inter alia.

Gradually, it was possible to perceive the improvement of the patient as to the activities implementation, so it follows a stage to undertake short walks in the internal and external areas of the hospital. These strolls stimulated Paula to communicate with others and gain greater autonomy.

In this stage, Paula proved to be more lively and participatory, a relevant aspect to propose craft activities, significant to her. In

this context, painting a picture was suggested. The picture was adapted and after the choice of the design, their outlines and drawings were made in high relief, so that Paula could identify them by the touch of her hands.

It followed the preparatory work for the hospital discharge. This included orientation to the patient and their family, meeting the technical team of the outpatient segment and assessing the feasibility and/or the possibility of insertion into specialized service (Pro-vision Institute).

## DISCUSSION

The guiding axis of interventions with Paula in the first contacts was the reception, understood here as one of the guidelines of greatest ethics/aesthetics/politics relevance of the National Policy of Humanization of the SUS<sup>11</sup>.

In this sense, the action of "being with" or "close" was necessary, once Paula was hospitalized and expressed her anxiety about her condition.

Active listening and welcoming in meetings assumed that the reception is related to the professional's attitude in accepting the demands of the patient, considering their pains, ways to live and feel the life.

This attitude implies the health professional qualified listening and the ability of relating the demands evaluated to the possibility of response<sup>11</sup>. Such conduct enabled to know better her life story.

In addition, from the first contacts with Paula, it was possible to establish a relation of empathy which is characterized as a fundamental attitude to the physical and mental well-being of the subjects involved in a relationship. The empathy refers to the ability to put yourself in the place of others, seizing the experiences from the perspective of the other subject of the relationship<sup>12</sup>, which favored the gradual establishment of an environment of trust, important for the involvement and collaboration of the patient in the process of treatment<sup>12,13</sup>.

As to her clinical condition, it is understood that the Type II *Diabetes Mellitus* is a disease characterized by endocrine

disorders that involve the metabolism of glucose regulated by the action of insulin produced by the pancreas, causing acute and chronic complications<sup>14</sup>.

Some studies<sup>15,16</sup> emphasize that the late start of diabetic treatment can result in the development of cardiovascular diseases, retinopathies, neuropathies, cerebrovascular disease, hypertension, susceptibility to infections and periodontal diseases. In the case of Paula, such complications led to hospitalization and a clinical condition requiring specific interventions of the professionals' team that assist her.

The relevance of the evaluation performed in the process of monitoring Paula (semi structured interview - with emphasis in the areas of occupation and in meaningful activities for the patient, added to the clinical observation) stands out since AOTA<sup>17</sup> points out that:

*"various methods are used during the evaluation process to analyze the customer, environment or contexts, occupation or activity and occupational performance" (p. 15).*

Evaluation is a crucial step to plan the interventions, since various authors consider the aspects described in the intervention plan as fundamental to follow the occupational therapy process<sup>18,19</sup>.

The search for greater independence and autonomy, the improvement of quality of life and the involvement of Paula in meaningful activities constituted the target of these interventions<sup>19,20</sup>.

The interventions directed to the energy saving are ranked initially as relevant<sup>18,21,22</sup>. The energy conservation interventions involve the use of techniques that aim to reduce the energy use during the implementation of the activities, reducing the sensation of effort, dyspnea and fatigue and increasing the functionality in performing the task.

Regarding the art craft activity proposed in interventions - paint a picture, it was found that Paula was moved when faced to the picture, thrilled with the new possibilities of interaction and action, she had initial difficulty to identify the shapes, but

during the visits we worked her perception, logical reasoning and understanding through the tactile stimulus, together with the activities of motor stimulation.

In the face of these possibilities, Paula managed to look beyond the limitations caused by the vulnerability of the condition and saw other ways to produce health. As the appointments take place, Paula's response to the process was positive, resulting in the increase of her independence in daily activities in the hospital, the decrease in her level of anxiety, engagement in the activities proposed, greater social participation and integration with the environment.

When discharged from hospital, Paula showed greater engagement in her everyday life even with the limitations arising from her condition, she managed to realize new opportunities to engage and other ways to produce her own health.

## CONCLUSION

The contact and the monitoring process of Paula enabled to think and discuss aspects related to offer humanized, ethical, and integral care.

The experience with the patient, together with the spaces of supervision and the discussions that emerged from the subject SPT VII, allowed the experience of a meaningful teaching-learning process, relevant to the education of the future professional.

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#### CONTRIBUTIONS

**Maria Luisa Gazabim Simões Ballarin** was responsible for the study design, data analysis and writing. **Danilo de Faria Moreira** collected data and contributed to write the preliminar text. **Gisele Brides Prieto Casacio**, **Liana Maura Naked Tannus**, **Célia Emília de Freitas Alves Amaral Moreira** e **Fátima Brasileiro** contributed to data analysis and discussion, theoretical base and review.

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