

On the purposes of people's occupations in palliative oncology care in a hospital context

Sobre os propósitos das ocupações de pessoas em cuidados paliativos oncológicos em um contexto hospitalar

Sobre los propósitos de las ocupaciones de personas en cuidados paliativos oncológicos en el ámbito hospitalario

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This is a qualitative research conducted in 2019 in the city of Belém, in the state of Pará. It aims to understand the purposes of people's occupations in palliative oncology care in a hospital context. The methods applied were: open interview with each participant and the Palliative Performance Scale. Data interpretation was performed with the assumptions of content analysis. 17 people participated, of which 13 were women. In the Palliative Performance Scale, the most prevalent score was 50 (41%). All people interviewed attributed purpose to their occupations, of which personal satisfaction and feeling healthy were the main focus before hospitalization. In hospitalization, occupational purposes became health recovery and survival/subsistence, an issue that proved lacking. Participants were able to express feelings, life stories, thoughts and habits. The occupation for individuals in a palliative context directly reflects on their quality of life, and the valorization of occupational aspects is directly associated with the relief of suffering.

Descriptors: Medical oncology; Palliative care; Activities of daily living.

Esta é uma pesquisa qualitativa realizada em 2019 em Belém do Pará, tendo como objetivo compreender os propósitos das ocupações de pessoas em cuidados paliativos oncológicos em um contexto hospitalar. Aplicou-se: entrevista aberta com cada participante e a Escala de Performance Paliativa. A interpretação de dados foi realizada por meio dos pressupostos da análise de conteúdo. Participaram 17 pessoas, das quais 13 eram mulheres. Na Escala de Performance Paliativa verificou-se prevalência da pontuação em 50 (41%). Todas as pessoas entrevistadas atribuíram propósito às suas ocupações, das quais antes da hospitalização, voltava-se à satisfação pessoal e a sentir-se saudáveis. Já na hospitalização, os propósitos ocupacionais passaram a ser de recuperação da saúde e sobrevivência/subsistência, questão que mostrou-se como lacuna. As pessoas participantes puderam exteriorizar sentimentos, histórias de vida, pensamentos e hábitos. A ocupação para o indivíduo em contexto paliativo reflete diretamente na sua qualidade de vida, e a valorização dos aspectos ocupacionais está diretamente associada ao alívio do sofrimento.

Descritores: Oncologia; Cuidados paliativos; Atividades cotidianas.

Esta es una investigación cualitativa realizada en 2019 en Belém do Pará, con el objetivo de comprender los propósitos de las ocupaciones de personas en cuidados paliativos oncológicos en un contexto hospitalario. Se aplicó: entrevista abierta con cada participante y la Escala Funcional Paliativa. La interpretación de los datos se realizó mediante los supuestos del análisis de contenido. Participaron 17 personas, 13 de las cuales eran mujeres. En la Escala Funcional Paliativa hubo una prevalencia de puntuación en 50 (41%). Todas las personas entrevistadas atribuyeron un propósito a sus ocupaciones, de las cuales, antes de la hospitalización, volvía a la satisfacción personal y a sentirse saludables. En la hospitalización, los propósitos ocupacionales pasaron a ser la recuperación de la salud y la supervivencia/subsistencia, cuestión que resultó ser una laguna. Los participantes fueron capaces de exteriorizar sentimientos, historias de vida, pensamientos y hábitos. La ocupación para el individuo en un contexto paliativo se refleja directamente en su calidad de vida, y la valorización de los aspectos ocupacionales está directamente asociada al alivio del sufrimiento.

Descripciones: Oncología médica; Cuidados paliativos; Actividades cotidianas.

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INTRODUCTION

In view of the increase in chronic non-communicable diseases (NCDs), cancer stands out, as it has been considered a worldwide public health problem¹.

Receiving the diagnosis of a disease such as cancer can trigger a series of changes that affect the daily life of those who come to live with this condition. Limitations related to work activities, sleep and rest and other types of restrictions can be caused by pain due to interventions these people are subjected to².

Suffering from a chronic, serious, progressive and degenerative disease can raise reflections in the individual about their own finitude. This process involving the final stage of life can awaken different sensations and reactions according to their experiences. When death presents itself as a possibility, feelings of surprise and shock may materialize initially, which usually occurs through a diagnosis of a poor prognosis³.

The condition of risk of imminent death is complex and capable of raising cultural, ethical, moral and values issues. Feelings such as fear, anguish, pain, despair and suffering are commonly experienced. The difficulties of people in palliative treatment, family and health team that witness and deal with the process of death and dying are present. Cancer, as a chronic disease, often leads the affected person to be included in palliative care, as well as in the process of finitude of life⁴.

The updated definition of palliative care was released in 2018 and was developed by the International Association for Hospice & Palliative Care (IAHPC), which establishes a close link with the World Health Organization (WHO) and included members from 88 countries through of an extensive project⁵. Thus, palliative care consists of:

“active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers.”⁵

In the mid-twentieth century, this new type of assistance was adopted by nurse and social worker Cicely Saunders, founder of St. Christopher's Hospice in 1967, a pioneer in offering clinical care to people with chronic diseases and pain control. From Saunders' initiative, palliative care begins to gain worldwide recognition⁶.

Palliative care and its approach aims to provide a better quality of life throughout the course of the disease, starting at the time of diagnosis, if necessary, in order to optimize the existence, despite the possible adverse consequences of what is considered to be a chronic and evolutionary disease⁷.

In view of the delicate condition of chronic illness and hospitalization, as in neoplasms, many disruptions related to everyday occupations can be observed, which are usually interrupted and limited due to pain and other symptoms. Occupations are limited to treatment, which is highlighted in the daily lives of people with oncological diseases and their families, in addition to negative feelings such as anguish and concerns⁸.

With the onset of illness due to cancer and hospitalizations, interruptions and changes related to daily work routines and social bonds are observed, which in turn lose space to a routine of waiting for exams, medications and medical interventions, and in these circumstances, daily life it is restructured according to the treatment⁸.

Such changes in routine and daily relationships are capable of generating negative effects in treatment, along with issues of dependency, pain and fear of death. However, the offer of a multiprofessional support network, which promotes humanization and has the family as an ally, can mitigate such losses⁹.

In the case of occupation, it is believed that the human being is an occupational being¹⁰. Occupation Science arises in the academic context aiming at the study of the person as an occupational being, and according to this perspective, occupation consists of daily activities that fill the time in its course and can obtain recognition in the cultural scope. The direction of this

science is to conceive inputs aimed at understanding participation in occupations that have form, sense and meaning¹¹.

The form of the occupations concerns their concrete factors that are subject to observation. When the occupation can exert some influence in areas of life such as development, health and quality of life, it has its purpose. Occupational meaning, on the other hand, implies subjective experience when performed, which gives rise to personal, cultural and social values¹².

Purpose is considered one of the fundamental characteristics of the occupation¹³, thus, the importance of developing studies that seek to analyze the purpose of the occupations and their consequences, in this case, of people in oncological palliative care, is emphasized, since this phenomenon is little studied and, notably Occupational Therapy in palliative care, suggesting the need for further studies¹⁴.

The relevance of addressing the purposes in this work was built by the fact that it is something inherent to every human being, and of extreme potential for transformations both individual, to the point of influencing health awareness and perception, as a collective, being able to boost the functioning of an entire society.

In the case of people undergoing palliative oncology care, such purposes may be relevant in a more complex way, since the panorama of finitude and its possible interlacing are included, which manifestations, regardless of form, would be able to build and expand identities and possibilities. Therefore, this research aims to understand the purposes of occupations of people in palliative oncology care in a hospital context.

METHOD

This is a qualitative study developed in two clinics that offer palliative oncology care at a reference oncology hospital in the Northern region of Brazil, which institution welcomes demand arising from primary, outpatient and hospital care, and is entirely destined to the Unified Health System (SUS).

People were recruited for palliative cancer care; admitted to a referral oncology hospital in clinics that offer palliative care; of both genders aged 18 years or older and affected by any types of neoplasms. In this research, the participants were given fictitious names to preserve their identities.

Data collection took place in July and August 2019, with an average duration of 15 to 20 minutes per interview, which took place at the patient's bedside, respecting their right to privacy. This stage started after the presentation, reading and signing of the ICF to the participants. Then, the interview protocol was applied, which has two divisions: the first with sociodemographic data of the participants, which included items such as date of birth, educational level, profession, marital status, including the Palliative Performance Scale - PPS), an instrument validated and applied in the context of palliative care to obtain indications about the functionality in self-care¹⁵, and that in this study was only intended to present the score of each participant at the time of data collection.

The second part had the following questions: 1) *Tell me about your day in relation to your chores/occupations before you were here at the hospital. How were they?*; 2) *Was there any purpose in these chores/occupations before your hospitalization?*; 3) *Tell me about your day in relation to your chores/occupations here at the hospital*; 4) *What is the purpose of these chores/occupations for you?* 5) *Is there anything else you would like to comment on?* 6) *How was it for you to participate in this research?*

The data were analyzed according to the assumptions of content analysis¹⁶, defined as a set of communication investigation procedures in which systematic techniques are employed, as well as the description of the content of messages that are captured through interviews or observed by the researcher. For a better data analysis procedure, there are three phases: 1) pre-analysis, 2) material exploration and 3) treatment of results, inference and interpretation.

The referred study was submitted to the Ethics Committee in Research Involving Human Beings according to the precepts of Resolution No. 466/2012 of the National Health Council - CNS according to the standards of Research Involving Human Beings, and approved under opinion 3.377.986/2019 and CAAE 08961319.2.0000.5550. All respondents participated in the research by signing the Free and Informed Consent Term (ICF).

RESULTS

The present study evaluated data from 17 people hospitalized in a palliative oncology care clinic, whose ages varied between 24 and 80 years, 13 (76.47%) participants were female and 4 (23, 53%) were male, 2 (11.76%) were single, 13 (76.47%) were married, 1 (5.88%) was widowed and 1 (5.88%) was divorced. Regarding their educational level, 1 (5.88%) declared themselves illiterate, 9 (52.94%) had incomplete elementary education, 2 (11.76%) had incomplete high school and 5 (29.41%) had complete high school education. Regarding religion, 7 (41.18%) were Catholics, 9 (52.94%) were Evangelicals, and 1 (5.88%) did not define their religion. Only 5 (29.41%) were retired.

Table I shows the age range of each participant, their profession before hospitalization and the individual score on the Palliative Performance Scale (PPS), which in turn, varied between 40 and 90 with a prevalence of 50 (41% of participants).

Table 1. Participants according to occupational profile and palliative performance. Belém – PA, 2019.

Fictitious names	Age	Profession	Scale of Palliative Performance in %
Marcela	53	Craftswoman	50
Vitória	70	Farmer	40
Pedro	72	Self-employed	80
Henrique	55	Sales representative	50
Rosa	80	Farmer	80
Daniel	76	Administrator/Manager/ Businessman	60
Denise	58	Singer	50
Joana	50	General Services Assistant	50
Liz	32	Maid	50
Luana	57	Maid	90
Júlia	35	Cook	50
Alice	46	Housewife	40
Jasmim	24	Nanny	60
Sara	56	Craftswoman	50
Ester	57	Housewife	60
Clara	58	Elderly caregiver	40
Elias	60	Driver	40

As for such occupations, it was observed that these filled the day-to-day and were focused on laboral activities, household chores, taking care of children and spouses, religious activities, leisure activities, voluntary work, according to the following reports:

I was busy doing my things, tidying up my stuff, fixing my house, cleaning my stuff... (Rosa)

I worked as drivers, I had a job, so, let's say, sometimes even social when I was off duty [...] I sometimes gave children with toys, I dressed as Santa Claus in December... understand? So, everything was a social activity, apart from the work we did in the city. (Elias)

[...] I take care of the house, husband... I had my business, I worked at church, I was with young people, so I had a lot of things, it was all day long, I went to the market, I shopped, made food... everything a housewife does, I still went to the gym, right? And there are times when I also go for a walk, and it was very busy, I didn't go to bed before midnight. (Alice)

I was doing crafts, making necklace, always decorating something, right? On a daily basis when I finished cooking, I went there to the living room, doing crafts and talking to people, like that... that's all I did... (Sara)

The occupations were referred to in a unique way, as certainly each had their own way of managing and executing them in different contexts. It is believed that the situation of illness

and the impossibility of carrying out daily occupations as before, may be a factor that has influenced the person to perceive and reflect on the occupations considered “commonplace”.

Asked about the purpose(s) of the occupations they performed before illness and hospitalization, a significant portion of interviewees attributed this purpose to personal satisfaction, suggesting that there were feelings of pleasure and well-being in engaging in occupations performed in the absence of cancer, or that the perception of this sensation emerged or became more intense after illness and hospitalization. Although the reported occupations are considered common, it was noticed through the reports that they are attributed great sentimental value and desire to resume them.

Look, the purpose of my occupations at my house was that, generally, I did what I liked, generally, sometimes, I would paint a picture, my hobby is painting... it is painting, reading and assembling furniture. I always liked to do these things, when I was healthy[...]. (Joana)

[...] it brings joy, right? ...to my life... encouragement... taking care of all this gives me joy, an encouragement in everything, and "being" like this is difficult but "being" good, it brings great joy to be able to help someone, to be able to do something for someone, right, and this is my life, right...? (Denise)

Ah, it is very pleasant, very pleasant indeed, I felt very good, I felt that it occupied my mind, I felt that I was being useful [...], the meaning is satisfaction. (Henrique)

With regard to the purposes of the occupations of the participants performed prior to hospitalization, it is inferred that the occupations performed at home and in the community had the purpose of establishing and validating the state of general well-being, that is, through the occupations the participants felt become healthier.

Good performance and purposeful engagement in daily activities of interest were directed towards a preserved state and feeling of health, suggesting that the performance of occupations outside the hospital environment had the purpose of providing the achievement and maintenance of health, although it is also possible that this perception has manifested itself or expanded in the face of illness:

It was very important... you have a healthy life, you go out, go, come back and walk, arrive at your house, work, come and take care of your house, your husband, your children, your dog, your family ...this is all pleasant in your life, right...? (Clara)

Oh yes, because I was already... I had the purpose that I could get around, you know, I could walk, then I would happily go to the fair, go to the supermarket, [...] and it was all like that, the things that I did, it was a very important occupation for me ... (Marcela)

For me, doctor... I... since when I was well, that I... I worked at a family home, I didn't feel almost invalid for not doing this... for not doing what I did, I I didn't stop at home... (Vitória)

It was observed that, for the interviewees, the reports referring to their occupational forms while they were hospitalized turned mostly to basic self-care activities of daily living, such as rest, food and hygiene, as well as therapeutic procedures that they were part of the hospital routine and also ended up being incorporated into the routine of these people:

Brush your teeth early, take a shower, then I go to hemodialysis, do hemodialysis, then I come, I arrive, there I am, during the day, that's all... food... so that's all my stuff here... change clothes, take a shower, change clothes... I just do it too... (Pedro)

[...] the first thing we have is... if we wake up, do the hygiene, we have to, for example, the hemodialysis time is set, we will have to go up to do the hemodialysis, go down, do a certain cleanness again to be able to get dressed, understand? We get dressed then, and then we... come, have lunch and sleep, lie down and sleep until dinner time comes, to have dinner waiting for the night, [...] so that we can sleep peacefully, that we sleep in peace, in tranquility, that's how... it's the day... (Elias)

Here at the hospital I just eat, shower, sleep, have exams... these are my occupations here... (Jasmin)

For hospitalized people with cancer, often just performing basic activities of daily living may not be enough to guarantee and offer health and quality of life.

It was observed by Denise and Luana's reports that both aspire to enrich their daily lives through occupations that go beyond the basic activities of daily living that they perform in the hospital. In this context, other forms of care can be offered, encompassing the recovery and valorization of occupations that may be more restricted, such as work and leisure, extending even to caregivers:

[...] I'm not busy with anything, I want to get up from that bed and really occupy myself, do something, right? That it is very difficult, you are there in bed, in a sick bed for so long... it is too difficult, but I really want to get up and continue my life... my life, right...?! (Denise)

I think so, that there should be, like, a... I can't explain... a name, like, but there should be some things, like... that... like, some activities for us to move more, like that, so to speak, whoever was able, right...? Who could move more... (Luana)

When analyzing the existence or not of the purpose of occupations performed in a hospital environment for people who are in palliative care, it was noted that all or a large part of occupations developed are aimed at recovery.

The desire and hope for recovery was evident, despite the participants receiving exclusive palliative care, that is, considered people who would no longer benefit from disease-modifying treatment, due to the progression of the disease itself and the conditions of the person's body. to tolerate therapy:

My improvements... I'm dying to get well and get out of here, go back to my home, go back to my life, my son... with my family... (Liz)

[...] I need to be fed to be able to recover quickly, right? Then there's hygiene, which is also important, right? For health... hygiene is very important for health [...]. (Luana)

Oh yes, my occupations now have a strong motivation in my life because I am dedicating myself to my recovery, which is why I want to practice more every day, which is for me to evolve and get out of here. (Julia)

Through the participants' reports, it was possible to identify the existence of occupations carried out in a hospital environment, with the purpose of basic need for survival and subsistence. The contents show a limited occupational repertoire, since the term "occupations" has been reduced to activities of daily living, considered basic and fundamental for the maintenance of human beings:

For me the purpose is general, right? Because I need these occupations to be able to maintain myself, so for me the purpose is this, it is general... that it is necessary that these occupations here inside the hospital... (Daniel)

Well, first it is essential, it is the treatment... this is the treatment, I have to do it and there are also rules, right? You have to follow schedules here, right...? That at home we do it our way, but here we have to comply with the rules, that's it. (Alice)

It is important, right...?! Important purpose, very important because we depend on it, on these things, right? For us to spend our daily lives, but it's a little sad too, just living like this, you know... (Marcela)

DISCUSSION

Daily occupations cannot be taken for granted, it can prevent their complexity, beauty and subtlety from being noticed. Occupations provided with purposes and carried out with a certain intentionality, are part of the life of the human being almost entirely. Furthermore, there are those occupations carried out unconsciously and which transcend being¹⁷.

During adulthood, the most frequent purposes attributed to occupations are linked mainly to the satisfaction of personal and family needs, as well as to the consolidation of life projects¹⁸, this finding corroborates the reports of the interviewees of the present study, especially regarding the occupations performed before the illness and hospitalization, because work activities, domestic chores, taking care of children and spouses, religious activities, leisure activities, voluntary work modes of occupation for which values and purposes of personal satisfaction were attributed.

The purpose attributed to human occupations is complex, as its construction is influenced by several factors that must be considered, such as context, culture, individual and social dynamics, history, gender, participation, among others¹⁹. From this perspective, the occupational purposes of the people interviewed represent such a multidiversity, expressed through reports: the elements (cultural, personal) that combine and result in different configurations and perceptions of occupational purposes for each person.

The power of the occupations to integrate with the purposes and meanings, does not imply that these attributes come solely or are determined by the nature of the occupation in question, but that the occupation is constituted as an action for which the person builds their purposes and meanings, as there is a construction of itself in this action²⁰. This conception is corroborated in the present study, since different purposes attributed to similar occupations

were observed, and different occupations that have purposes with a similar central idea, agreeing, then, that the construction of occupational purposes mainly concerns the subjective aspects of the person than just the characteristic of the occupation.

With regard to occupation and personal satisfaction, evidence from a study showed the association between occupational roles, the importance assigned to it and the level of satisfaction regarding quality of life²¹. The satisfaction related to such roles with their respective relevance can influence the reduction of negative emotions, just as the level of relevance of the roles is positively related to the level of satisfaction and quality of life²¹.

It is believed that the purposes are associated with the reasons that lead to choosing and performing an occupation, as well as with emotional aspects such as feelings of joy and happiness and the satisfaction achieved. Purposeful occupations also imply offering possibilities; the chance to connect with the past, present and future; its usefulness for carrying out life projects; the feeling of being productive and satisfied with their own needs; the recalling and appreciation of the home and the culture to which it belongs¹⁸.

With regard to the occupational purpose of feeling healthy, it appears that the relationship between health and occupation has its origins since antiquity, with records in Egypt and in the Greek-Roman civilization²². Since then, the occupation is recognized for being essential to health and well-being, and provides purpose for life²³.

The importance of carrying out a purposeful occupation comes to light in view of the evidence that points to its direct association with health and how it is determined by occupational aspects²⁴. Given this, it becomes pertinent to reflect on whether the reality of the occupational repertoire of people in hospitalized palliative care is enough to provide them with a better perception of health. Some reports indicate the need for the Occupational Therapist's attention regarding occupations that have personal purposes and potential to promote health, and that are, in addition to those normally practiced in the hospital routine.

A previous study on determinants of self-perceived health²⁵, found that women have a greater tendency to refer to their own health as being good, however the inclusion of the variable chronic diseases and functional capacity had a direct impact on this effect to be highlighted. A hypothesis to justify these findings points to the control of the symptoms of chronic diseases, which came to favor the feeling of feeling healthy.

Women had a good perception of pre-illness health to the detriment of their current health status. In the control of symptoms of chronic disease (one of the principles of palliative care), it is possible that self-perceived health remains at satisfactory levels or has the smallest possible decline²⁵.

The insertion of a person in an oncological hospital context can lead them to experience ambivalent relationships focused on the different meanings of this environment. The moment of hospitalization can provoke an internal search for self-strengthening and the ability to re-elaborate. However, it may be common for feelings of depersonalization and aspects of invasive procedures routines to be translated into suffering²³. The hospitalized person is subject to passivity due to the lack of control over their time, restricted places and limited contact with their socio-family environment²⁶.

Performing an occupation allows people to build and reconstruct their stories and make their lives come true, and despite certain daily activities, even if they are not so appreciated (as there may be in the daily lives of people in palliative care in a hospital), they are fundamental, because they can function as a starting point for other occupations and what is reflected²⁷.

The ability to engage in occupations considered significant for those who practice it and in the context in which the person is, implies a sense of achievement, pleasure and belonging, that is, the conditions of well-being and health can be positively favored by the occupations²⁸. Considering the scores in the PPS, it can be inferred that it would be possible to engage them in occupations during hospitalization, with the appropriate adaptations. However, a careful

evaluation is necessary to propose therapeutic occupations, with purpose and that promote health.

Regarding the occupational purpose of health recovery, within the principles of palliative care, a broader horizon of therapeutic possibilities suitable for an individual is envisaged. When referring to the person to whom exclusive palliative care is directed, that is, to whom the curative treatment no longer reaches, it is considered that the relief of symptoms and the promotion of a better quality of life until the moment of death, are the therapeutic target²⁹.

For people who experience the real possibility of approaching finitude and for those around them, the processes of human death and dying are capable of providing them with intense experiences. The occupation can make possible and give vent to the dynamics of human relationships at the moments when death is approached or mourning is experienced. Death linked to occupation implies aspects about the location that this event may occur in an occupation cycle³⁰. In this study, aspects related to death and dying were not explicitly addressed and, as it is considered a complex and delicate subject, just one meeting may not have been enough to provide such questions.

People who experience the process of dying may need to consolidate their occupational roles and how they relate to their surroundings³⁰. Occupations have ceased to be understood as mere actions performed by individual experience to be valued within a dynamic and complex relationship in the context in which they are carried out, this implies that as the context is modified, there is also a need to modify habits, so that the person creates functional responses in the face of adversity, but for this, the ability to critically assess the situation is necessary to then seek a creative resolution that the circumstances demand²⁸.

The existential healing process, which development goes beyond biological healing, deals with the health-disease process, which is possible to consider with people who have a profile for exclusive palliative care²³.

With regard to the occupational purpose of survival and subsistence, the occupational nature of human beings is instinctive, since, from the very beginning, it allows the survival of species along with the health of people and they get involved in purposeful occupations during life, in a way almost permanent. Occupations have three functions: providing immediate bodily needs for sustenance, self-care and shelter; develop skills, social structures and technologies aimed at safety and superiority over predators and the environment; exercise capacities to allow the maintenance and development of the organism²⁰.

This investigation showed that hospitalized people receiving palliative care have a purpose to live with, although finitude may seem more likely at this stage of life, which points to the need for greater attention on how such occupations in the hospital context they are succeeded and/or impaired to understand their dynamics and how they can be increasingly optimized, so that a purpose is always found in them. It is believed that the present moment of life of the people interviewed may have contributed to the content of the reported considerations and that the occupations that were developed, still influence the lives of these people up to the present, as well as their purposes.

The purpose increasingly shows itself as a fundamental element to characterize a truly human occupation and even, inseparable to have a better understanding of them and inevitable due to the tendency of occupational impoverishment in contemporary society²³.

CONCLUSION

The occupations performed before hospitalization were focused on laboral activities, household chores, taking care of children and spouses, religious activities, leisure activities and voluntary work, and received the purposes of personal satisfaction and feeling healthy. During hospitalization, their occupations predominantly consisted of basic self-care activities as well as hospital therapeutic procedures, and these occupations were attributed the purposes of health recovery and the need for survival and subsistence.

In the hospital context, changes in the occupational aspects of hospitalized people can be revealed, for this reason it is necessary that the hospital institution develops an increasingly sensitive, flexible and welcoming posture to the problems of this nature, because the occupations performed there (or the absence of some of them) by people in palliative care, relate to their desires, hopes, efforts, fears that directly affect their quality of life and health.

This research, when dealing with occupational purposes, helps to expand a field of knowledge that there is still a great need for more research and recognition of its importance, because occupation is a phenomenon common to all human beings, however the purposes for which they are aimed, concerns the essence of each one.

The occupational universe of every human being directly reflects on their quality of life, and the valuation of occupational aspects is directly associated with the relief of suffering, in addition, the therapeutic valuation contained in occupations and how to use them, for their effectiveness, must to be considered in the purposes built by each person, that is, the purposes now come to be seen as conditions for a meaningful and therapeutic occupation.

The present study has as limitations the fact that it reflects the reality of people in hospitalized palliative cancer care in the Northern region of Brazil, specifically only in a state and place. Furthermore, qualitative design prevents generalizations. In turn, it presents a reality that needs to be further explored, but at the same time it expands the thematic occupations in palliative care.

REFERENCES

1. Calmon MV, Musso MAA, Dell'Antonio LR, Zandonade E, Amorim MHC, Miotto MHMB. Impact of oral health problems on the quality of life of women with breast cancer. RGO [Internet]. 2019 [cited in 01 Aug 2020]; 67:1-10. DOI: <https://doi.org/10.1590/1981-86372019000393680>
2. Silva MRO. O sentido atribuído à experiência da comunicação do diagnóstico de câncer nos discursos de pessoas idosas sob a ótica do pensamento de Merleau-Ponty e Heidegger [Internet]. [dissertação]. Manaus: Universidade Federal do Amazonas; 2018 [cited in 18 Jan 2021]. 90p. Available from: https://tede.ufam.edu.br/bitstream/tede/6810/6/Disserta%c3%a7%c3%a3o_MarcioSilva_PGSI
3. Dantas MMF, Amazonas MCLA. A experiência do adoecer: os cuidados paliativos diante da impossibilidade da cura. Rev Esc Enferm USP [Internet]. 2016 [cited in 24 Sep 2018]; 50(Supl 6):47-53. Available from: https://www.scielo.br/pdf/reeusp/v50nspe/pt_0080-6234-reeusp-50-esp-0047.pdf
4. Brandão Neto MG. A vivência hospitalar na concepção de pacientes oncológicos: sentidos nos discursos à luz da análise existencial de Viktor Frankl [Internet]. [dissertação]. Manaus: Universidade Federal do Amazonas; 2017 [cited in 18 Jan 2021]. 106p. Available from: https://tede.ufam.edu.br/bitstream/tede/6141/5/Disserta%c3%a7%c3%a3o_Manoel%20G.%20Brand%c3%a3o%20Neto.pdf
5. Justino ET, Kasper M, Santos KS, Quaglio RC, Fortuna CM. Palliative care in primary health care: scoping review. Rev Latinoam Enferm. [Internet]. 2020 [cited in 31 July 2020]; 28:1-11. DOI: <http://dx.doi.org/10.1590/1518-8345.3858.3324>
6. Góis CC, Silva LD, Araújo LAR, Fernandes M, Santos MFN, Silva SS. Cuidados paliativos: conhecendo e disseminando o trabalho do assistente social no campo dos cuidados paliativos [Internet]. In: XVI Congresso Brasileiro de Assistentes Sociais; 2019; Brasília. Brasília, DF: CFESS, CRESS-DF, ABEPSS, ENESSO; 2019 [cited in 18 Jan 2021]. p. 01-10. Available from: <https://broseguini.bonino.com.br/ojs/index.php/CBAS/article/view/493>
7. Sociedade Brasileira de Pediatria, Departamento Científico de Medicina da Dor e Cuidados Paliativos. Cuidados paliativos pediátricos: o que são e qual sua importância? Cuidando da criança em todos os momentos. Doc Cient. [Internet]. 2017 [cited in 18 Jan 2021]; 1:1-9.

Available from: https://www.sbp.com.br/fileadmin/user_upload/2017/03/Medicina-da-Dor-Cuidados-Paliativos.pdf

8. Carvalho JF. Processos imaginativos de uma paciente com câncer sobre cuidados paliativos [Internet]. [dissertação]. Recife: Universidade Federal de Pernambuco; 2019 [cited in 18 Jan 2021]. 93p. Available from: <https://repositorio.ufpe.br/bitstream/123456789/34451/1/DISSERTA%c3%87%c3%830%20Josene%20Ferreira%20Carvalho.pdf>
9. Sabino G, Lopes IR, Cardoso JFP, Silva JLT, Soares MRZ. Reflexões sobre a atuação humanizada em pacientes em tratamento de câncer [Internet]. In: XII Simpósio de humanização em saúde: ressignificando o direito ao cuidado; 2019; Londrina. Londrina, PR: UEL; 2019 [cited in 18 Jan 2021]. p. 33-4. Available from: https://www.researchgate.net/publication/343599878_Reflexoes_sobre_a_atuacao_humanizada_em_pacientes_em_tratamento_de_cancer
10. Stewart KE, Du Mont J, Polatajko HJ. Applying an occupational perspective to women's experiences of life after sexual assault: a narrative review. *J Occup Sci*. [Internet]. 2019 [cited in 01 Aug 2020]; 26(4):546-58. DOI: <https://doi.org/10.1080/14427591.2018.1516159>
11. Pinho ACC, Silva VSM, Souza AM, Corrêa VAC. Sobre a forma de ocupar-se de cuidar de pessoas sob cuidados paliativos. *Cad Bras Ter Ocup*. [Internet]. 2019 [cited in 02 Aug 2020]; 27(1):118-26. DOI: <https://doi.org/10.4322/2526-8910.ctoA01654>
12. Larson E, Wood W, Clarck F. Ciência ocupacional: desarrollo de la ocupación através de una disciplina acadêmica. In: Crepeau EB, Cohn ES, Schell BAB., organizadores. Willard & Spackman: terapia ocupacional. 10ed. Buenos Aires: Medica Panamericana; 2005. p. 16-26.
13. Costa EF, Oliveira LSM, Corrêa VAC, Folha OAAC. Ciência ocupacional e terapia ocupacional: algumas reflexões. *Rev Interinst Bras Ter Ocup*. [Internet]. 2017 [cited in 02 Aug 2020]; 1(Supl 5):650-63. Available from: <https://revistas.ufrj.br/index.php/ribto/article/view/9687>
14. Baltazar HMC, Pestana SCC, Santana MRR. Contributo da intervenção da terapia ocupacional nos cuidados paliativos. *Cad Bras Ter Ocup*. [Internet]. 2016 [cited in 30 June 2018]; 24(Supl 2):261-73. Available from: <http://www.cadernosdeto.ufscar.br/index.php/cadernos/article/view/1335>
15. Castôr KS, Moura EC, Pereira EC, Alves DC, Ribeiro TS, Leal PC. Cuidados paliativos: perfil com olhar biopsicossocial dentre pacientes oncológicos. *BrJP* [Internet]. 2019 [cited in 02 Aug 2020]; 2(1):49-54. DOI: <https://doi.org/10.5935/2595-0118.20190010>
16. Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011. 229p.
17. Wilcock AA. The occupational brain: a theory of human nature. *J Occup Sci*. [Internet]. 1995 [cited in 20 Dec 2019]; 2(Supl 1):68-72. Available from: <https://www.tandfonline.com/doi/abs/10.1080/14427591.1995.9686397>
18. Reed K, Hocking C, Smythe L. The interconnected meanings of occupation: the call, being-with, possibilities. *J Occup Sci*. [Internet]. 2010 [cited in 18 Dec 2019]; 17(Supl 3):140-9. Available from: <https://www.tandfonline.com/doi/abs/10.1080/14427591.2010.9686688>
19. Mogollón J. Sentido y significado de las ocupaciones de las mujeres del Cabildo Indígena de Suba. *Perspectivas desde Terapia Ocupacional*. *Rev Ocup Hum*. [Internet]. 2016 [cited in 22 Dec 2019]; 16(1):32-43. DOI: <https://doi.org/10.25214/25907816.14>
20. Trujillo AR, Camacho LHS, Ferrer LC, Esquivel EIP, Vizcaya SXR, Sarmiento JJU, et al. Ocupación: sentido, realización y libertad: diálogos ocupacionales en torno al sujeto, la sociedade y el medio ambiente. Bogotá: Editorial Universidad Nacional de Colombia; 2011. 162p.
21. Ohnishi N, Kataoka T, Okamura H. Relationships between roles and mental states and role functional QOL in breast cancer outpatients. *JPN J Clin Oncol*. [Internet]. 2011 [cited in 20 Nov 2019]; 41(9):1112-8. DOI: <https://doi.org/10.1093/jjco/hyr104>
22. Rosen GA. A evolução da medicina social. In: Nunes ED, organizador. *Medicina social: aspectos históricos e teóricos*. 3ed. São Paulo: Global; 1983. p. 26-82.

23. Silva AA. A compreensão da experiência do adoecer pela perspectiva de pessoas com câncer hospitalizadas: um olhar fenomenológico existencial [Internet]. [dissertação]. Recife: Universidade Católica de Pernambuco; 2015 [cited in 18 Jan 2021]. 88p. Available from: http://tede2.unicap.br:8080/bitstream/tede/227/1/aline_agustinho_silva.pdf
24. Law M. The environment: a focus for occupational therapy. *Can J Occup Ther.* [Internet]. 1991 [cited in 29 Dec 2019]; 58(4):171-9. DOI: <https://doi.org/10.1177/000841749105800404>
25. Alves LC, Rodrigues RN. Determinantes da autopercepção de saúde entre idosos do Município de São Paulo, Brasil. *Rev Panam Salud Pública* [Internet]. 2005 [cited in 06 Dec 2019]; 17(Supl 5-6):333-41. Available from: <https://www.scielo.org/article/rpsp/2005.v17n5-6/333-341/>
26. Angeli AAC, Luvizaro NA, Galheigo SM. O cotidiano, o lúdico e as redes relacionais: a arte de cuidar em terapia ocupacional no hospital. *Interface Comum Saúde Educ.* [Internet]. 2012 [cited in 26 Oct 2019]; 16(Supl 40):261-72. Available from: <https://www.scielo.org/pdf/icse/2012.v16n40/261-272>
27. Maturana H, Porsksen B. *Del ser al hacer: los orígenes de la biología del conocer.* Santiago: Granica; 2008. 240p.
28. Polanco Cerón N. Transaccionalismo: la ciencia de la ocupación y la actitud pragmática. *Rev Chil Ter Ocup.* [Internet]. 2019 [cited in 24 Oct 2019]; 18(Supl 1):159-62. Available from: <https://revistas.uchile.cl/index.php/RTO/article/view/53688>
29. Cezar VS, Castilho RK, Reys KZ, Rabin EG, Waterkemper R. Educação permanente em cuidados paliativos: uma proposta de pesquisa-ação. *Rev Pesqui. (Univ. Fed. Estado Rio J., Online).* [Internet]. 2019 [cited in 31 Oct 2019]; 11(Supl 2):324-32. Available from: <http://ciberindex.com/index.php/ps/article/view/P112010>
30. Pollard N. Is dying an occupation? *J Occup Sci.* [Internet]. 2006 [cited in 19 Dec 2019]; 13(2-3):149-52. DOI: <https://doi.org/10.1080/14427591.2006.9726508>

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CONTRIBUTIONS

Ana Catarina das Neves Chagas contributed to the design, collection, analysis, interpretation and writing. **Luísa Sousa Monteiro Oliveira** and **Vanessa do Socorro Mendes da Silva** participated in the review. **Victor Augusto Cavaleiro Corrêa** was responsible for the discussion and review.

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