

Original Article

# Aspects of the occupational therapist's performance in the hospital context in the first year of the COVID-19 pandemic<sup>1</sup>

## *Aspectos da atuação do terapeuta ocupacional no contexto hospitalar no primeiro ano da pandemia de COVID-19*

Regina Helena Vitale Torkomian Joaquim<sup>a</sup> , Lucas Ramon Santos de Souza<sup>a</sup> ,  
Danielle Ferreira de Sousa<sup>a</sup> , Vitória Hoerbe Beltrame<sup>b</sup> , Luciana Buin<sup>a</sup> ,  
Anaelena Bragança de Moraes<sup>b</sup> 

<sup>a</sup>Universidade Federal de São Carlos – UFSCar, São Carlos, SP, Brasil.

<sup>b</sup>Universidade Federal de Santa Maria – UFSM, Santa Maria, RS, Brasil.

**How to cite:** Joaquim, R. H. V. T., Souza, L. R. S., Sousa, D. F., Beltrame, V. H., Buin, L., & Moraes, A. B. (2023). Aspects of the occupational therapist's performance in the hospital context in the first year of the COVID-19 pandemic. *Cadernos Brasileiros de Terapia Ocupacional*, 31, e3364. <https://doi.org/10.1590/2526-8910.ctoAO257433642>

### Abstract

**Introduction:** The COVID-19 disease caused a pandemic, generating an overload on health services, especially in hospital institutions, due to the need for hospitalization of infected patients. Among health professionals, the occupational therapists have contributed to coping with the disease. **Objective:** To verify the performance of occupational therapists in hospital contexts in the first year of the COVID-19 pandemic. **Method:** This is a cross-sectional, exploratory, descriptive study with a quantitative approach. The research was developed using Google Forms®, with data collection through a questionnaire with open and closed questions, with occupational therapists working in hospital care as participants. Data were described and statistically analyzed using Statistica 9.1 software and Fisher's exact test. **Results:** 36 occupational therapists participated, of which 23 treated patients with COVID-19 (63.9%). Of the participants, 75% responded that they modified their intervention with the onset of the pandemic and 91.7% considered their role fundamental during this period. The percentage of therapists who consider their performance as an occupational therapist fundamental during the pandemic in the group that worked with patients with COVID-19 ( $p=0.040$ ) is significantly higher compared to the group that did not work with patients with COVID-19 (76.9%).

<sup>1</sup> The study is part of a quantitative and qualitative research, carried out with human beings, approved by the Research Ethics Committee of the Universidade Federal de São Carlos, fulfilling the ethical requirements determined by resolutions 466/2012 and 510/2016.

Received on July 3, 2022; 1<sup>st</sup> Revision on July 11, 2022; 2<sup>nd</sup> Revision on Sep. 5, 2022; Accepted on Apr. 10, 2023.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

In caring for patients with COVID-19, most occupational therapists responded that their role was specific to the scope of their profession (86.9%) and important in combating the disease (60.8%). **Conclusion:** The results bring enlightening data about the interventions of occupational therapists, leading to critical-reflective discussions about the need to appropriate a new practice in a hospital context.

**Keywords:** Occupational Therapy, COVID-19, Pandemics, Hospitals.

### Resumo

**Introdução:** A doença COVID-19 ocasionou uma pandemia, gerando sobrecarga nos serviços de saúde, principalmente nas instituições hospitalares, devido à necessidade de internação dos pacientes infectados. Dentre os profissionais da saúde, o terapeuta ocupacional tem contribuído para o enfrentamento da doença.

**Objetivo:** Verificar a atuação dos terapeutas ocupacionais em contextos hospitalares no primeiro ano da pandemia pela COVID-19. **Método:** Trata-se de um estudo transversal, exploratório, descritivo e de abordagem quantitativa. A pesquisa foi desenvolvida utilizando-se o Google Forms®, com coleta dos dados por meio de questionário com perguntas abertas e fechadas, tendo como participantes terapeutas ocupacionais atuantes na assistência em contextos hospitalares. Os dados foram descritos e analisados estatisticamente por meio do *software* Statistica 9.1 e do teste Exato de Fisher. **Resultados:** Participaram 36 terapeutas ocupacionais, destes, 23 atenderam pacientes com COVID-19 (63,9%). Dos participantes, 75% responderam que modificaram sua intervenção com o início da pandemia e 91,7% consideraram sua atuação fundamental nesse período. O percentual de terapeutas que considera a sua atuação como terapeuta ocupacional fundamental durante a pandemia no grupo que trabalhou com pacientes com COVID-19 ( $p=0,040$ ) é significativamente maior em relação ao grupo que não trabalhou com pacientes com COVID-19 (76,9%). Na atenção ao paciente com COVID-19, a maioria dos terapeutas ocupacionais respondeu que sua atuação era específica do escopo da profissão (86,9%) e importante no combate à doença (60,8%). **Conclusão:** Os resultados trazem dados esclarecedores sobre as intervenções de terapeutas ocupacionais, levando a discussões crítico-reflexivas sobre a necessidade de se apropriar de uma nova prática em contexto hospitalar.

**Palavras-chave:** Terapia Ocupacional, COVID-19, Pandemias, Hospitais.

## Introduction

The World Health Organization (WHO), in March 2020, recognized the COVID-19 outbreak as a pandemic (World Health Organization, 2020). COVID-19 has affected people, families, and communities all over the world and in different socioeconomic contexts (Silva et al., 2020b). The situation imposed by the pandemic has changed world scenarios, leading to changes in occupations, individual and collective routines, requiring a restructuring of health services and care (Silva et al., 2020b). In Brazil, control and prevention measures, at individual, environmental and community levels, have been adopted by health authorities in different administrative spheres of the federal, state and municipal government (Rôse et al., 2020).

Initially considered a viral pneumonia causing predominantly respiratory and gastrointestinal tract infections (Manfredi et al., 2021), COVID-19 presented itself as a multisystem disease, with involvement in several organs and neurological manifestations (Royal College of Occupational Therapists, 2020; Manfredi et al., 2021). Such neurological manifestations may arise during hospitalization. It is estimated that 80% of hospitalized patients are affected (Manfredi et al., 2021).

Respiratory complications caused by the infection, especially in risk groups, with previous comorbidities or poor health, lead to the threat of death and impose hospitalization on the patient with the inclusion of invasive measures. Thus, patients' self-care, work, leisure, and social activities are interrupted, leading to functional impacts on mental health, in addition to the physical impacts of the disease (Academia Nacional de Cuidados Paliativos, 2020).

Within the multidisciplinary team needed to care for patients with COVID-19 in different contexts, the role of the occupational therapist makes a relevant contribution to reducing the adverse impacts of symptoms, hospitalization, and social isolation (Carmo et al., 2020; Santos et al., 2020). According to resolution n.429 of 2013, the work of the occupational therapist in hospital contexts is developed in three areas of action: in intra-hospital care, in which occupational therapeutic interventions are planned with patients in different contexts that include inpatient units, outpatient clinics, emergency units, surgical center, intensive care units, toy library, among others; in out-of-hospital care, which encompasses the work of the occupational therapist in home care and actions with the care network; and in palliative care (Brasil, 2013).

In the context of the COVID-19 pandemic, faced with a new and life-threatening disease, it is worth emphasizing the importance of palliative care as an approach that aims to improve quality of life, prevent, and alleviate suffering, and manage problems (physical, psychosocial, and spiritual). In emergency contexts such as a pandemic, palliative care is necessary, as it helps to optimize beds and resources, in addition to promoting dignity and comfort in the face of a life-threatening illness (Florêncio et al., 2020).

Still on the work of the occupational therapist in hospital contexts, it is emphasized that the professional aims to:

[...] to the protection, promotion, prevention, recovery, rehabilitation, and Palliative Care, of the individual and the community, based on the concept of integrality and humanization of health care (Brasil, 2013).

The literature indicates that the occupational therapist can act in the pandemic scenario, whether in suspected or confirmed cases, in different lines of care, from primary care to specialized hospital care (De Carlo et al., 2020). Still, as professionals working in the patient's biopsychosocial rehabilitation, occupational therapists play a fundamental role, helping with the management and execution of activities of daily living that can become complex for hospitalized patients and with comorbidities infected by SARS-COV-2, as well as promoting mental health care actions for patients and acting in the long-term recovery of severe cases of COVID-19 (De Carlo et al., 2020).

Considering the insertion of occupational therapists in hospital contexts, the present study aimed to verify the performance of occupational therapists in hospital contexts during the first year of the COVID-19 pandemic. Specifically, to describe the profile of occupational therapists who worked in hospital contexts during the first year of the COVID-19 pandemic; to compare professional performance between occupational therapists who treated patients with COVID-19 and those who did not; to characterize the care provided by occupational therapists to patients with COVID-19 in hospital contexts.

## **Method**

This is a cross-sectional, exploratory, descriptive study with a quantitative approach. Occupational therapists who worked in hospital institutions in Brazil, during the first year of the COVID-19 pandemic, participated in the study. The following exclusion criteria were adopted: occupational therapists who were not working in hospital contexts, either because they were away from work or because they belonged to management positions.

The survey took place virtually on the free online platform *Google Forms*<sup>®</sup>. For data collection, the authors prepared a self-administered questionnaire, of a quantitative and qualitative nature, composed of 36 open and closed questions, of which, for this study, only the answers to the closed questions were used. The questions were prepared based on the researchers' experience in hospital contexts, knowledge of the literature and Resolution n. 429 of the Federal Council of Physiotherapy and Occupational Therapy, which regulates the profession specialty of occupational therapists in Hospital Contexts (Brasil, 2013).

Initially, the questionnaire sought to outline the profile of the participants, including questions such as name, e-mail, age, professional training (postgraduate), institution of work, city and state of professional activity, unit of activity and time of activity in context hospital. Then, the instrument was divided into two investigative axes. One axis was directed at questions that sought to know the performance of occupational therapists in hospital contexts and the possible transformations due to the COVID-19 pandemic. Such questions comprised themes about training to act in the pandemic, changes in interventions, the importance of occupational therapy performance, contact with the health, social assistance, and education network, and, finally, the professional's perception of their preparation to work with patients infected with COVID-19. The other axis, restricted to professionals who worked directly with patients infected by COVID-19, aimed to investigate the role of the occupational therapist in assisting the referred population, consisting of questions about the use of standardized instruments, the specificity of occupational therapy in interventions, the involvement of family members in the intervention, referral and its form to occupational therapy, participation in the multidisciplinary team meeting, and referral of patients to the health network.

Data collection took place from August to September 2020, with disclosure on the social networks *Facebook*<sup>®</sup> and *Instagram*<sup>®</sup> and in groups with potential participants through the instant messaging application, *WhatsApp*<sup>®</sup>. For the dissemination of the research, an invitation was prepared through text, containing the following information:

research title, responsible researcher, target audience, approximate response time to the questionnaire, research objective and link to access the questionnaire on *Google Forms*®.

This research complied with the attributions of Resolutions n. 466/2012 and 510/2016, in addition to the Declaration of Helsinki, with the start of data collection after approval by the Ethics Committee and Research with Human Beings of the Universidade Federal de São Carlos. Prior to the questions in the questionnaire, research participants were informed of the purpose of the study and agreed to participate, accepting the online version of the Free and Informed Consent Form.

For the treatment of the quantitative data of the present study, the *Statistica 9.1 software* was used for descriptive analysis (absolute and percentage frequencies) of Table 1 and non-parametric inferential analysis, using Fisher's exact test to evaluate the association (comparison) between categorical variables of Table 2 in the results. A significance level of 5% was considered in the tests.

## Results

36 occupational therapists participated in this study. Among these, 23 specifically assisted patients with COVID-19 in the hospital context, so the other 13 were working in a hospital context during the pandemic, however, they did not directly assist patients with COVID-19. In Table 1, the absolute frequencies and percentages of characterization of the participants are presented.

**Table 1.** Characterization of the 36 participating occupational therapists.

Variable	n	%
Biological sex		
Female	35	97.0
Male	1	3.0
Age range (Years)		
25 a 29	18	50.0
30 a 39	11	30.6
40 a 49	7	19.4
Time working in the hospital context (years)		
≤ 5	29	80.6
6 – 10	6	16.7
11 – 20	1	2.7
State of operation		
Southeast	17	47.2
South	8	22.2
Midwest	6	16.7
North East	5	13.9
Hospital area of operation		
Intra-hospital care	34	94.4
Out of hospital care	2	5.6
Attention in palliative care	14	38.9

**Table 1.** Continued...

Variable	n	%
Operating units		
Inpatient units	27	75.0
Intensive care centers	22	61.1
Semi-intensive units	7	17.4
Specialized units	7	17.4
Ambulatory	6	16.7
Urgent and emergency units	3	8.3
Toy library	2	5.6
Mental health unit	1	2.8
Works directly with patients infected by Covid-19		
Yes	23	63.9
No	13	36.1

Source: Elaborated by the authors (2022).

In the data in Table 1, it is observed that almost all participants are female. Among the participants, only one has more than 11 years of experience in the hospital context, with the majority working in hospitals for a period of less than or equal to five years and a smaller portion between six and ten years. The region of Brazil with the highest concentration of respondent occupational therapists was the Southeast region, followed by the South, Midwest, and Northeast regions. There was no participation of occupational therapists from the North of the country.

There is a significant number of professionals working in in-hospital care, some concurrently in palliative care. In addition, the actions of occupational therapists took place in hospitalization units, intensive care centers, semi-intensive units, specialized wards, outpatient clinics, urgency and emergency units, toy library and mental health unit.

Of the responding occupational therapists, 63% directly assisted people with COVID-19.

**Table 2.** Occupational therapists working in a hospital context during the pandemic

	Working in a hospital context during the pandemic (n=36)	Did not assist patients with COVID-19 (n=13)	Attended patients with COVID-19 (n=23)	p-value *
Had specialty	66.7%	76.9%	65.2%	1.000
Worked in the hospital context before the pandemic	91.7%	92.3%	91.3%	1.000
Modified their interventions with the pandemic	75.0%	61.5%	82.6%	0.235
Considered the intervention of occupational therapy as fundamental during the pandemic	91.7%	76.9%	100.0%	0.040
Received training to care for patients with COVID-19	69.4%	76.9%	65.2%	0.708
Felt prepared to care for patients with COVID-19 in the hospital context	52.7%	61.5%	82.6%	0.589

**Table 2.** Continued...

	<b>Working in a hospital context during the pandemic (n=36)</b>	<b>Did not assist patients with COVID-19 (n=13)</b>	<b>Attended patients with COVID-19 (n=23)</b>	<b>p-value *</b>
Contacted services belonging to the health, social assistance or education network to deal with the specific situation of a patient infected with COVID-19 or referring to the pandemic in general	22.2%	23.0%	21.7%	1.000

\*Fisher's exact test. Source: Elaborated by the authors (2022).

In Table 2, the participants reported having expertise in some area of expertise in the profession. It is important to point out that the number of occupational therapists with a specialty was greater in the group of occupational therapists who did not treat patients with COVID-19, compared to those who provided assistance to this population, with no relation between having specialties and caring for hospitalized patients with COVID-19 ( $p=1.000$ ).

It is possible to identify the expressive and representative number of most occupational therapists who already worked in a hospital context before the start of the pandemic and this number is similar in both groups. Still, when comparing the groups, it is clear that there is no significant difference ( $p=1.000$ ) between having worked in the hospital context before the start of the pandemic and having worked or not with patients with COVID-19.

When participants were asked if they were facing new demands for intervention as a result of the pandemic, the majority (75%) said yes, with the need to modify and adapt strategies, which was even more evident among those who worked directly with COVID-19 infected patients. However, when comparing the groups, it is noted that there is no significant association ( $p=0.235$ ) between the professionals who answered that their intervention was modified with the beginning of the pandemic in the country and the fact of working or not with patients with COVID-19, which leads to the reflection that there have been general changes in the work environment and not just in sectors directly linked to patients with the disease.

All professionals who treated patients with COVID-19 considered their work to be fundamental during the pandemic (100%), unlike the group of occupational therapists who did not treat patients with COVID-19 during the pandemic (76.9%). When analyzing the p value (0.040), it is noticed that there is a significant association when comparing the perceptions of the participants about the importance of occupational therapy in the care of patients with COVID-19.

The results showed that 69.4% of the participants received training to care for patients with COVID-19. Among them, 13 did not assist this population, although most received training (76.9%), while 23 who assisted patients infected with the disease (65.2%) received training. Thus, it is inferred that most occupational therapists in both groups were qualified to care for patients infected with COVID-19. When comparing the groups, it is identified that there is no significant association ( $p=0.708$ ) between having received training to care for the population infected by COVID-19 and working or not with COVID-19.

It is identified that there was no significant association ( $p=0.597$ ) between working in a hospital context before the pandemic and feeling prepared to care for patients with Covid-19, that is, occupational therapists who said they were prepared to care for patients with Covid-19 did not necessarily work in a hospital context before the start of the pandemic.

Still, only 21.7% of the occupational therapists who treated patients with COVID-19 made contact with the health, social assistance and/or education network to deal with some specific situation of the patient in relation to COVID-19 or the pandemic of a general form. There was no significant association ( $p=1.000$ ) between having made contact with the health, social assistance and/or education network to deal with a specific situation in the face of the pandemic and working or not working with patients with COVID-19. That is, occupational therapists who worked with patients with COVID-19 did not make more contacts with health, social assistance and/or education networks compared to professionals who did not assist people with Covid-19 in the hospital context (23%).

Table 3 presents the results regarding the questions answered by occupational therapists who treated patients with COVID-19.

**Table 3.** Characterization of the performance of occupational therapists in hospital contexts with patients with Covid-19 (n=23).

	(n=23)
Performed interventions with patients with COVID-19 specific to occupational therapy	86.9%
Carried out other interventions that they consider important in the fight against COVID-19 that are not restricted to the core of occupational therapy	60.8%
Attended patients with COVID-19 by active search	17.4%
Received referrals from patients with COVID-19 from the team	82.6%
Used standardized instruments to assess patients with COVID-19	21.7%
Family members were included in interventions with patients with COVID-19	65.2%
Referred patients with COVID-19 to services belonging to the health network outside the hospital context.	56.5%

Source: Elaborated by the authors (2022).

Among the occupational therapists who treated patients with COVID-19, 86.9% answered that the actions were specific to the occupational therapy center, 60.8% carried out interventions that they considered important in the fight against COVID-19, but which were not profession-specific.

Among the 23 participants who evaluated and treated patients with COVID-19, 17.4% treated patients through active search and 82.6% worked with patients with Covid-19 referred by the team through multi-professional meetings and consultations.

When performing the assessments and interventions, only 21.7% of the participants responded that they used standardized assessment instruments. In addition, 65.2% of professionals involved family members during interventions. Regarding the referral of patients after hospital discharge, 56.5% of the participants answered that they referred patients to health network services.

## **Discussion**

The predominance of females can be justified, historically, by the creation process of occupational therapy and by the stereotypes associated with the female figure, such as the ability to “take care” and to perform tasks that involve fine motor movements. These skills, required for the first occupational therapists, influenced the question of the female gender in the profession, reverberating to this day. Although the change in the gender stereotype has already begun, this constitutes a path to be followed, as the rooting of the female presence in the profession is still observable (Figueiredo et al., 2018).

Although the present study presents a predominance of professionals working with patients infected by COVID-19, studies have identified that occupational therapists expressed concerns about the recognition of their work and the importance of the profession in the pandemic scenario (Hoel et al., 2021). The reaffirmation of the profession in some settings, including hospitals, is already the subject of discussion both at an international and national level (Galheigo & Tessuto, 2010; Hoel et al., 2021). Among the difficulties for the consolidation of the hospital field in Brazil, occupational therapists point out that they often feel invisible and devalued in the teams, a feeling motivated by established power relations and the lack of knowledge of the profession by the other team members (Galheigo & Tessuto, 2010).

In addition, the invisibility often reported by occupational therapists, the devaluation of the professional category and the challenging power relations within health teams, factors that may influence the lack of occupational therapists on the front line in the fight against COVID-19 (Hoel et al., 2021). In addition to this scenario, other factors can aggravate this situation, such as the lack of individual work equipment (PPE) for the entire team, the reallocation of these professionals to administrative sectors or even indirect assistance to the population with COVID-19 (Delsim et al., 2020; Rôse et al., 2020; Santos et al., 2020). In view of this, it is possible to infer that the limited recognition of the professional class and even the insufficient knowledge of its practices can also justify the reason why of the 36 occupational therapists who responded, 13 of them, even working in hospitals, did not treat patients with COVID-19. It is also inferred that such factors may also be related to the restricted permission of the areas of care for patients with COVID-19 to be, as a priority, authorized for doctors, nurses and physiotherapists.

Despite this, a study carried out at the beginning of the pandemic highlighted, in view of this issue, important contributions of occupational therapy in intensive care units, which demonstrated to optimize the results and reduce the length of hospital stay through interventions, such as the early mobilization of the patient (Carmo et al., 2020). In addition, the profession is also important in the clinical outcome of patients with other respiratory diseases, such as pneumonia, reaffirming an important contribution to the care of patients with severe illness related to COVID-19, together with other professionals (Carmo et al., 2020; Robinson et al., 2021).

The results showed changes in the interventions of occupational therapists. Such changes arose due to the beginning of the pandemic, generating generalized restrictions on public health, as well as the need to implement guidelines to contain the spread of the virus, reflecting on hospital contexts and care for patients affected or not by COVID-19 (Rôse et al., 2020). Changes in hygiene, professional attire, restrictions on the use of

resources, restrictions on access for family members, among others, may explain why, for both workers (whether or not they worked on the front line), there is a common dialogue that intervention was modified with the onset of the pandemic in Brazil. It is possible to identify in the literature that even occupational therapists who did not work with patients with COVID-19 experienced changes in hospital routines and patient care (Academia Nacional de Cuidados Paliativos, 2020; Macêdo et al., 2020; Rôse et al., 2020; Santos et al., 2020; Rocha & Dittz, 2021).

With the pandemic scenario, efforts to respond to cases of infected patients and the emphasis given to frontline professionals in urgent and emergency services may influence feelings of “secondary status” or the feeling of a lesser degree of importance to professionals who do not work directly with patients with COVID-19. Professionals who offer other types of support in the hospital context may experience a lesser sense of contribution and professional relevance in the world scenario, not understanding their practice as fundamental. In this regard, it is important to highlight how essential the continuity of assistance to patients hospitalized for conditions other than COVID-19 is, and how technical and humanized assistance is essential in this pandemic period.

The lack of significant association between having or not receiving training to care for patients with COVID-19 and being prepared to care for this public may have occurred, probably, due to the fact that it is common for occupational therapists to work with health education, prevention, recovery and rehabilitation of acute and chronic patients with different pathologies in the hospital context (Pelosi & Nascimento, 2016). In addition, the fact that there are participants who work concurrently in palliative care (38.9%) and in-hospital care (94.4%) may have reflected in the professional's perception of feeling prepared to work with patients with COVID-19. Furthermore, it is possible to infer that occupational therapists in hospital contexts were already dealing with some of the demands related to the worsening of the symptoms of COVID-19, such as: dyspnea, functional changes (muscular and cognitive) and impairments in communication (Carmo et al., 2020; De Carlo et al., 2020; Delsim et al., 2020; Vasconcelos Filho et al., 2020; Muñoz-Valverde & Zujeros, 2020; Manfredi et al., 2021)

In Brazil, in addition to training offered by the Ministry of Health, training was also offered by local government agencies and hospital institutions, as reported by research participants. It should be noted that the inclusion of the occupational therapist in the training offered by the Federal Government demonstrates that it is an important and necessary professional in the composition of the multidisciplinary team to combat the pandemic (Barroso et al., 2020). It was shown that receiving training for COVID-19 positively influenced the feeling of competence, effectiveness of practice and safety in the service (Hoel et al., 2021).

Considering the percentage of participants who responded that their interventions were not specific to occupational therapy (60.8%), this can be explained by the practices of occupational therapists in hospital contexts, which are based on the concept of an expanded clinic and significantly permeate multidisciplinary work to provide comprehensive care (Aniceto & Bombarda, 2020). Still, the training of occupational therapists is based on the acquisition of skills aimed at understanding human doing, expanded perspectives between the health-disease process, the recognition of health as a right and the search for comprehensive care, which makes them a professional with a generalist, humanist, critical and reflective profile (Aniceto & Bombarda, 2020).

The performance of occupational therapy professionals in hospital contexts aims at “[...] protection, promotion, prevention, recovery, rehabilitation and palliative care, of the individual and the community, based on the concept of integrality and humanization of health care [...]” (Brasil, 2013). This broader and more complex view of the human being, commonly present in the practices of occupational therapists in hospital contexts, may be the reason why the participants considered performing interventions outside the scope of occupational therapy. This dialogues with the intervention reports and guidelines in occupational therapy published in the literature during the pandemic, which encompasses, in addition to interventions by the occupational therapy professional core, many cross-cutting health actions, such as the use of light and relational technologies for listening, welcoming, dialogue, family and team support, humanization strategies in the hospital environment, among other practices that are not exclusive to the profession, but which make up the practice of many occupational therapists in hospital contexts (Aniceto & Bombarda, 2020; De Carlo et al., 2020; Vasconcelos Filho et al., 2020; Academia Nacional de Cuidados Paliativos, 2020; Santos et al., 2020; Rocha & Dittz, 2021).

Occupational therapist assessments and interventions in hospital contexts, especially in the intensive care unit environment, are recognized as essential components for patient outcomes and satisfaction (Carmo et al., 2020). The results of the present study revealed that most patients evaluated by occupational therapists occur from referrals by the team, in contrast to the literature, which indicates the active search as one of the main forms of access to patients to carry out the care (Bombarda et al., 2016).

Regarding assessments, the literature reports that, in intensive care unit contexts, the use of scales and instruments contributes to the assessment of the patient's clinical status, functional independence, level of pain and consciousness (Carmo et al., 2020), and the use of validated instruments and protocols is essential for good care. Still, considering the components and areas of occupational performance, the use of standardized and validated scales is also recommended to measure the effectiveness of the performance (De Carlo et al., 2020). Some of the instruments and scales used in hospital contexts and that were mentioned by studies carried out during the pandemic include: Glasgow Coma Scale, Confusion Assessment Method for ICU (CAM-ICU), Functional Independence Measure (FIM) and pain assessment (Santos et al., 2020; Carmo et al., 2020; Delsim et al., 2020).

The literature highlights the importance of continuity of care provided in intensive care pediatric units and neonatal intensive care units (Silva et al., 2020a; Rocha & Dittz, 2021), pediatric wards (Silva et al., 2020a; Rocha & Dittz, 2021), telemonitoring and telerehabilitation (Vasconcelos Filho et al., 2020; Rôse et al., 2020; Silva et al., 2020a) and oncology and chemotherapy wards (Rôse et al., 2020). It is noted, therefore, that the fight against the pandemic calls, initially, the Urgent and Emergency Health Care Network (RAS), but, in addition to the services that provide assistance on the front line, other health services that can respond to the various long-term demands of the affected subjects are also needed (Barroso et al., 2020; Vasconcelos Filho et al., 2020). In this way, its organization and articulation are even more important in the current scenario.

Studies have indicated that the compromises arising from the infection, added to prolonged hospitalization, may require continuity of care after hospital discharge.

In addition to functional impairments, psychosocial impacts also highlight the importance of articulation with mental health and social assistance equipment, giving an important role to Primary Health Care (PHC), as well as specialized rehabilitation equipment, for comprehensive care (Colegio Profesional de Terapeutas Ocupacionales de la Comunidad de Madrid, 2020; De Carlo et al., 2020; Vasconcelos Filho et al., 2020).

## **Conclusion**

The COVID-19 pandemic has had a broad impact on occupational therapy practices in hospital settings. It was evident that for both workers (who worked or not on the front line) there is a common dialogue that the intervention was modified in the first year in Brazil.

The advent of the pandemic established new challenges, demands and the need to reorganize services aimed at biosecurity and reducing the transmissibility of the virus. Despite this, the participants in this study reported feeling able to face the new challenges, even when there was little specific training or ideal conditions.

The study data also draws attention to the professionals' perception of their interventions in hospital contexts with regard to the scope of occupational therapy. It is hypothesized that the biopsychosocial approach, frequent in the category's actions, results in the understanding of practices considered transversal in health, therefore, also encompassing other professional categories.

Although it was possible to highlight important aspects of the occupational therapist's performance in the first year of the pandemic, more studies are needed to understand the magnitude of the changes and to detail the process of care provided by occupational therapists to these patients during hospitalization and post-discharge, as well as like their families. One of the limitations of the study is the homogeneity of the sample of research participants, approximately half representing a single state in the country, as well as the fact that it does not cover all occupational therapists who work in hospitals in Brazil.

## **Acknowledgements**

The researchers would like to thank the professional occupational therapists who participated in this research.

## **References**

- Academia Nacional de Cuidados Paliativos – ANCP. (2020). *Terapia Ocupacional em cuidados paliativos na COVID-19*. Ribeirão Preto: ANCP. Recuperado em 14 de novembro de 2021, de <https://cuidadospaliativos.org/blog/wp-content/uploads/2020/04/TO-CP-COVID19.pdf>
- Aniceto, B., & Bombarda, T. B. (2020). Cuidado humanizado e as práticas do terapeuta ocupacional no hospital: uma revisão integrativa da literatura. *Cadernos Brasileiros de Terapia Ocupacional*, 28(2), 640-660.
- Barroso, B. I. L., Souza, M. B. C. A., Bregalda, M. M., Lancman, S., & Costa, V. B. B. (2020). A saúde do trabalhador em tempos de COVID-19: reflexões sobre saúde, segurança e terapia ocupacional. *Cadernos Brasileiros de Terapia Ocupacional*, 28(3), 1093-1102.

- Bombarda, T. B., Lanza, A. L., Santos, C. A. V., & Joaquim, R. H. V. T. (2016). Terapia Ocupacional na Unidade de Terapia Intensiva (UTI) adulto e as percepções da equipe. *Cadernos de Terapia Ocupacional da UFSCar*, 24(4), 827-835. <http://dx.doi.org/10.4322/0104-4931.ctoRE0861>.
- Brasil. Conselho Federal de Fisioterapia e Terapia Ocupacional – COFFITO. (2013, de 8 de julho). Resolução COFFITO nº 429 de 08 de julho de 2013. Reconhece e disciplina a especialidade de Terapia Ocupacional em Contextos Hospitalares, define as áreas de atuação e as competências do terapeuta ocupacional especialista em Contextos Hospitalares e dá outras providências. *Diário Oficial [da] República Federativa do Brasil*, Brasília, seção 1. Recuperado em 27 de janeiro de 2022, de <http://www.atohosp.com.br/uploads/files/20170328005352.pdf>
- Carmo, G. P., Nascimento, J. S., Santos, T. R. M., & Coelho, P. S. O. (2020). Intervenções terapêutico-ocupacionais para pacientes com COVID-19 na UTI. *Revista Interinstitucional Brasileira de Terapia Ocupacional*, 4(3), 397-415.
- Colegio Profesional de Terapeutas Ocupacionales de la Comunidad de Madrid – COPTOCAM. (2020). *Guía clínica de intervención de terapia ocupacional en pacientes con COVID-19*. Madrid: COPTOCAM. Recuperado em 18 de maio de 2022, de <https://coptocam.org/wp-content/uploads/2020/05/Gu%C3%ADa-cl%C3%ADnica-de-TO-covid-19-3.pdf>
- De Carlo, M. M. R. P., Gomes-Ferraz, C. A., Rezende, G., Buin, L., Moreira, D. J. A., Souza, K. L., Sacramento, A. M., Santos, W.A., Mendes, P. V. B., & Vendrusculo-Fangel, L. M. (2020). Diretrizes para a assistência da terapia ocupacional na pandemia da COVID-19 e perspectivas pós-pandemia. *Medicina*, 53(3), 332-369.
- Delsim, J. C., Bortolheiro, R. V., Zanot, P. S., & Victal, F. C. A. (2020). A Terapia Ocupacional facilitando a interação entre paciente e profissional da saúde na ala COVID-19. *Revista Qualidade HC*, 290-296.
- Figueiredo, M. D. O., Zambolim, M. C., Emmel, M. L. G., Fornereto, A. D. P. N., Lourenço, G. F., Joaquim, R. H. V. T., & Barba, P. D. (2018). Terapia ocupacional: uma profissão relacionada ao feminino. *História, Ciências, Saúde-Manguinhos*, 25(1), 115-126.
- Florêncio, R. S., Cestari, V. R. F., Souza, L. C., Flor, A. C., Nogueira, V. P., Moreira, T. M. M., Salvetti, M. G., & Pessoa, V. L. M. P. (2020). Cuidados paliativos no contexto da pandemia de COVID-19: desafios e contribuições. *Acta Paulista de Enfermagem*, 33, 1-9. <http://dx.doi.org/10.37689/acta-ape/2020AO01886>.
- Galheigo, S. M., & Tessuto, L. A. A. (2010). Trajetórias, percepções e inquietações de terapeutas ocupacionais do Estado de São Paulo no âmbito das práticas da terapia ocupacional no hospital. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 21(1), 23-32.
- Hoel, V., Zweck, C. V., Ledgerd, R., & World Federation of Occupational Therapists – WFOT. (2021). The impact of Covid-19 for occupational therapy: findings and recommendations of a global survey. *World Federation of Occupational Therapists Bulletin*, 77(2), 69-76.
- Macêdo, F. O. A., Lopes, K. A. P., Lopes, L. A. M. P., & Cruz, R. F. (2020). Ações e experiências de terapeutas ocupacionais no contexto de pandemia do Covid-19. *Revista Interinstitucional Brasileira de Terapia Ocupacional*, 4(3), 318-333.
- Manfredi, C., Scelzo, E., Silani, V., Ferrarese, C., & Priori, A. (2021). Neurological manifestations: an overview. In A. Priori (Ed.), *Neurology of COVID-19* (pp. 45-54). Milano: Milano University Press.
- Muñoz-Valverde, V., & Zujeros, S. M. (2020). Guía clínica de intervención de terapia ocupacional en pacientes con Covid-19. *Revista Terapia Ocupacional Galicia*, 17(2), 225-228.
- Pelosi, M. B., & Nascimento, J. N. (2016). Identificação de demandas para atendimento e implantação do serviço de terapia ocupacional em um hospital universitário. *Cadernos Brasileiros de Terapia Ocupacional*, 24(4), 715-721.
- Robinson, M. R., Koverman, B., Becker, C., Ciancio, K. E., Fisher, G., & Saake, S. (2021). Lessons learned from the COVID-19 pandemic: occupational therapy on the front line. *The American Journal of Occupational Therapy*, 75(2), 1-7.

- Rocha, A. L. S., & Dittz, E. S. (2021). As repercussões no cotidiano de mães de bebês internados na Unidade de Terapia Intensiva Neonatal no isolamento social devido à COVID-19. *Cadernos Brasileiros de Terapia Ocupacional*, 29, 1-16.
- Rôse, L. B. R., Daniel, D. C. P., Prado, K. C. G., Josué, V. F., Lucisano, R. V., Dias, L. B., Carvalho, T. F., Goia, D. N., Santos, T. C. N. M. A., & Riberto, M. (2020). Adaptação à nova realidade: reestruturação do Serviço de Terapia Ocupacional frente às necessidades da COVID-19. *Revista Qualidade HC*, 166-176.
- Royal College of Occupational Therapists – RCOT. (2020). *A quick guide for occupational therapists: Rehabilitation for people recovering from COVID-19*. Recuperado em 18 de junho de 2021, de <https://www.rcot.co.uk/sites/default/files/Quick%20guide%20for%20OTs%20People%20recovering%20from%20COVID-19.pdf>
- Santos, N., Brito, J., Nascimento, L., Belo, A., Santos, D. D., Cavalcanti, G. L., & Silva, T. (2020). Plano de ação institucional de terapeutas ocupacionais de um hospital escola de Pernambuco frente a pandemia da COVID-19. *Revista Interinstitucional Brasileira de Terapia Ocupacional*, 4(3), 389-396.
- Silva, M. R., Silva, P. C., Rabelo, H. D., & Vinhas, B. C. V. (2020a). A terapia ocupacional pediátrica brasileira diante da pandemia da COVID-19: reformulando a prática profissional. *Revista Interinstitucional Brasileira de Terapia Ocupacional*, 4(3), 422-437.
- Silva, T. N. R., van Wijk, L. B., Dutra, R. S. R., Oliveira, T. P., & Lancman, S. (2020b). Terapia ocupacional nos tempos da COVID-19: desafios para o cuidado aos trabalhadores do contexto hospitalar. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 31(1-3), 1-4.
- Vasconcelos Filho, C. R. M., Silva, S. C. L., & Dias, L. H. A. (2020). Terapia ocupacional e vigilância epidemiológica: teleconsulta de pacientes confirmados com COVID-19. *Revista Interinstitucional Brasileira de Terapia Ocupacional*, 4(6), 1004-1012.
- World Health Organization – WHO. (2020). *Mental health and psychosocial considerations during the COVID-19 outbreak*. Recuperado em 18 de junho de 2021, de <https://apps.who.int/iris/handle/10665/33149>

### **Author's Contributions**

Regina Helena Vitale Torkomian Joaquim: responsible for the conception and design of the research, from the elaboration of the project, its development and finalization; guided and revised the data collection, analysis and discussion procedures; worked on the final revision of the article. Lucas Ramon Santos de Souza: participated in the design of the project, collection and analysis of quantitative data, discussion and review of all stages of the article text. Danielle Ferreira de Sousa: participated in the design of the project, collection and analysis of quantitative data, discussion and review of all stages of the article text. Vitória Hoerbe Beltrame: participated in the design of the project, collection and analysis of quantitative data and review of all stages of the article text. Luciana Buin: participated in the design of the project, data analysis, discussion and review of all stages of the article text. Anaelena Bragança de Moraes: participated in the statistical analysis of quantitative data and final review of the article. All authors approved the final version of the text.

**Corresponding author**

Regina Helena Vitale Torkomian Joaquim  
e-mail: regin@ufscar.br

**Section editor**

Profa. Dra. Daniela Tavares Gontijo