

Review Article

Professional practices in occupational therapy, health and work: a scope review

Práticas profissionais em terapia ocupacional, saúde e trabalho: uma revisão de escopo

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Abstract

Objective: To map and characterize the state of the art of scientific productions on the practice of occupational therapy in health and work. **Method:** Scope review guided by the guidelines of the Joanna Briggs Institute and presented according to the PRISMA ScR guideline. The review protocol was registered on the OSF platform. The search for articles was conducted in five electronic databases: BVS, PubMed, Scielo, CINAHL, and Scopus, covering the period from January 2014 to March 2024. **Results:** The final sample consisted of 22 articles. The country with the highest number of publications was Canada (7), the predominant language used for manuscript writing was English (16), and most publications occurred in 2015. Regarding the practices, they mostly involve individual and group actions in the workplace and can be carried out in different contexts, such as hospitals, specialized services, public and private clinics, and the work environment. **Conclusion:** There is still a challenge regarding the contribution and identity constitution of occupational therapists working at the interface between health and work. Additionally, understanding what constitutes a model, theoretical-methodological basis, and intervention goal is crucial to avoid confusion or overlapping with the characterization of the actual practices performed.

Keywords: Occupational Therapy, Health, Work, Professional Practice.

Resumo

Objetivo: Mapear e caracterizar o estado da arte das produções científicas sobre a prática de terapia ocupacional em saúde e trabalho. **Método:** Revisão de escopo norteada pelas diretrizes do Joanna Briggs Institute e apresentada a

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partir do guideline PRISMA ScR. O protocolo de revisão foi registrado na plataforma OSF. A busca por artigos foi realizada em cinco bases de dados eletrônicas: BVS, PubMed, Scielo, CINAHL e Scopus, compreendendo o período de janeiro de 2014 a março de 2024. **Resultados:** A amostra final foi composta de 22 artigos. O país com maior número de publicações foi o Canadá (7), a língua predominante adotada para redação dos manuscritos foi a inglesa (16) e foram publicados majoritariamente no ano de 2015. Sobre as práticas, abrangem, em sua maioria, ações individuais, grupais, no ambiente laboral, e podem ser realizadas em diferentes contextos, como hospitais, serviços especializados, clínicas públicas e particulares e no ambiente de trabalho. **Conclusão:** Ainda existe um desafio no que tange à contribuição e constituição identitária de terapeutas ocupacionais que atuam na interface entre saúde e trabalho. Além disso, faz-se de suma importância a compreensão do que se configura como modelo, base teórico-metodológica e meta de intervenção para que não se confundam ou se sobreponham à caracterização das práticas de fato realizadas.

Palavras-chave: Terapia Ocupacional, Saúde, Trabalho, Prática Profissional.

Introduction

The interface between occupational therapy and the world of work has significant historical roots in Brazil, intrinsically linked to the very construction of the profession. In the country, during the 1950s, occupational therapy was primarily inserted into the field of physical rehabilitation, aiming to restore motor and biomechanical functions in individuals with disabilities. In a scenario of intense industrialization and exploitation of the workforce, the first occupational therapy interventions with workers, especially injured laborers, focused on recovering bodily structures and functions to promote a return to professional activity (Malfitano & Ferreira, 2011; Rodrigues et al., 2020; Lancman & Barros, 2022; Rodrigues & Souza, 2023).

However, important milestones, such as the approval of Law No. 3,724 in 1919, which addressed compensation for work accidents, and the Eloy Chaves Law in 1923, which marked the beginning of Social Security in Brazil, already signaled the growing concern with issues interconnecting work and health. The democratization of health, facilitated by the creation of the Unified Health System (SUS), established by Law No. 8.080/90, represented a *sine qua non* condition to favor the expansion of occupational therapy's role within Brazilian public policies (Malfitano & Ferreira, 2011; Oliver et al., 2018; Rodrigues et al., 2020; Lancman & Barros, 2022).

Worker Health was constitutionally incorporated, fostering a closer relationship between occupational therapy and disciplines such as Public Health, Ergonomics, Social and Labor Psychology, and Psychodynamics of Work. In this context, the creation of the National Network for Comprehensive Health Care for Workers (Renast) in 2002, through Ordinance No. 1,679, aimed to structure worker health care within SUS (Brasil, 2009), strengthening the Reference Centers for Worker

Health (Cerest) and proposing the development of actions from primary care. Meanwhile, the National Policy for Worker Health (PNSTT), established by Ordinance No. 1,823 in 2012, outlined the principles for action in the area, emphasizing surveillance, promotion, and protection of workers' health (Brasil, 2012, 2022; Rodrigues et al., 2020; Lancman & Barros, 2022; Rodrigues, 2023; Rodrigues & Souza, 2023).

Regarding occupational therapy specifically, Resolution No. 459 of 2015 from the Federal Council of Physiotherapy and Occupational Therapy (COFFITO) outlines the competencies of this professional in worker health, engaging in inclusive strategies, prevention, protection, and health recovery programs (Brasil, 2015).

Additionally, recent contributions from a group of contemporary authors and researchers emphasize that any professional intervention within the work field requires a broader and interdisciplinary understanding, based on the concept of the “field of action” proposed by Campos (2000). In this perspective, almost all scientific or practice fields can be considered interdisciplinary and multiprofessional spaces. The field thus appears as an area with fluid boundaries, in which each discipline and profession relies on others to support the fulfillment of their theoretical and practical functions (Campos, 2000; Silva et al., 2016; Rodrigues et al., 2020; Lancman & Barros, 2022; Rodrigues, 2023; Rodrigues & Souza, 2023).

In this context, occupational therapy, when acting in the “field of work,” considers the issues raised by the contemporary world of work, its traditional and emerging problems, and seeks to build knowledge and promote practices that engage with the complexity of this reality (Silva et al., 2016; Rodrigues et al., 2020; Lancman & Barros, 2022; Rodrigues, 2023; Rodrigues & Souza, 2023).

Thus, “acting in the field of work” may involve worker health but also encompasses other dimensions such as legal, labor, and social security aspects, professional rehabilitation in different contexts (not just in public health services), the inclusion of vulnerable and marginalized populations in the labor market, the impact of economic and social policies on workers' lives, among others (Lancman et al., 2020; Rodrigues, 2023; Rodrigues & Souza, 2023).

Therefore, it is understood that occupational therapy, as a profession seeking to promote health, well-being, and social participation through engagement in occupations (American Occupational Therapy Association, 2015), when approaching the work field, aims to develop actions that prevent work-related illnesses, promote return to work and sustainability in the labor situation, as well as the inclusion of people with disabilities in the workforce, professional rehabilitation, among other actions (Silva et al., 2016).

Even though currently positioned within practices occurring at the interface with the work field, historically, it is understood that there has been an evolution in the understanding and practice of occupational therapy in worker health specifically, from an initial approach focused on individual physical rehabilitation for return to work, to a broader perspective that considers work as a social determinant of health, articulating prevention, promotion, surveillance, and health care actions for workers, in dialogue with different knowledge fields and sectors (Silva et al., 2016; Rodrigues et al., 2020; Lancman & Barros, 2022; Rodrigues, 2023; Rodrigues & Souza, 2023).

In light of the outlined scenario, it becomes relevant to understand how the professional practices of occupational therapists working at the interface between the fields of health and work are currently happening. To this end, a scope review was conducted to answer the following guiding question: what is the state of the art of national and international scientific productions on the practice of occupational therapy in health and work in the past 10 years? The aim is to understand/recognize how professionals are building and refining their daily practice and how they are contributing to strengthening the field, teaching, research, and the very maintenance of the services where these practices are embedded.

Methodology

The scoping review was conducted according to the Joanna Briggs Institute guidelines and in line with the PRISMA-ScR guideline (Tricco et al., 2018). It was registered on the OSF platform (Center for Open Science, 2024).

Eligibility criteria

The eligibility criteria used in the article selection process were defined according to the PCC strategy – Population, Concept, and Context: 1) Population: occupational therapists; 2) Concept: occupational therapy actions in health and work; 3) Context: health services.

Quantitative, qualitative, and mixed-methods studies were included; randomized and non-randomized clinical trials; cohort studies; case-control studies; case studies; action research; and studies with ethnographic and phenomenological methodological designs. Texts published in English, Portuguese, Spanish, and French were considered. The exclusion criteria were: articles that did not specify occupational therapy practices in detail and addressed only the outcome of the action developed; review studies and conference abstracts; editorials; opinion pieces; study protocols and commentaries.

Sources of information

The search for articles was conducted using five electronic databases: BVS, PubMed, Scielo, CINAHL, and Scopus, on March 22, 2024.

Search strategy

The search strategy was developed by one of the reviewers, in partnership with a librarian from the University of São Paulo School of Medicine, using terms from DeCS (Health Sciences Descriptors) in combination with the Boolean operators AND and OR. The detailed search strategy used in the PubMed database is presented in Table 1 below:

Table 1. PubMed search strategy: DeCS terms, Boolean ordering and filters used.

DeCS terms and computers	((("Occupational Therapy" OR "Occupational Therapies" OR "Therapies, Occupational" OR "Therapy, Occupational") AND ("Occupational Health" OR "Employee Health" OR "Health, Employee" OR "Health, Occupational" OR "Occupational Safety" OR "Safety, Occupational" OR Work OR Works OR Worker OR Workers)) AND (Practice OR Practices OR Intervention OR Interventions OR Action OR Actions)) AND (Health)))
Filters	Case Reports, Classical Article, Clinical Conference, Clinical Study, Clinical Trial, Clinical Trial Protocol, Clinical Trial, Phase I, Clinical Trial, Phase II, Clinical Trial, Phase III, Clinical Trial, Phase IV, Controlled Clinical Trial, Interview, Periodical Index, Randomized Controlled Trial, from 2014 - 2023 Sort by: Most Recent

Evidence source selection

The articles found were exported to Zotero to eliminate duplicates and then to Rayyan to perform the necessary screening for their respective selection. Thus, two selection stages were conducted: 1) titles and abstracts; 2) full texts. The first and second selection stages were conducted by pairs of researchers. In both cases, conflicts were resolved by third and fourth reviewers. In the end, one of the articles was excluded after a joint discussion among three researchers. This entire process, as well as the results of the search and inclusion of articles, was outlined and presented in the results section of the PRISMA ScR flowchart.

Data acquisition

Data extraction from the selected articles after screening was performed by two independent reviewers using a tool developed by the authors, based on the JBI guidelines (Aromataris et al., 2014). The extracted data included specific details about the population, concept, context, and main findings, answering the review question. It should be noted that, during the data extraction process, one additional article was excluded after discussion with the authors because it did not meet the inclusion criteria.

Data

The variables searched for in each article included in the review were separated into two tables for better understanding. The first table contains the following data: title, author, year, country, journal, language, methodology, and objective. The second table contains more specific data for occupational therapy practice, including: population, context, initial complaint, actions, stakeholders, intervention duration, barriers/challenges, and expected results.

Summary of results

In addition to creating a summary table based on the main characteristics and findings of the articles, the studies were narrated, described, and discussed in light of contemporary references in the field.

Results

Study selection

The literature search yielded 3,140 eligible articles; 567 were excluded due to duplication. After screening, 2,521 articles were excluded because they did not meet the study's eligibility criteria. Fifty-two articles remained for full-text reading, of which 30 were eliminated: 10 articles because they were not available in full for free via the authors' VPN service and 20 because they did not meet the eligibility criteria. Therefore, 22 articles were included in this review. Figure 1 below illustrates the PRISMA ScR flowchart.

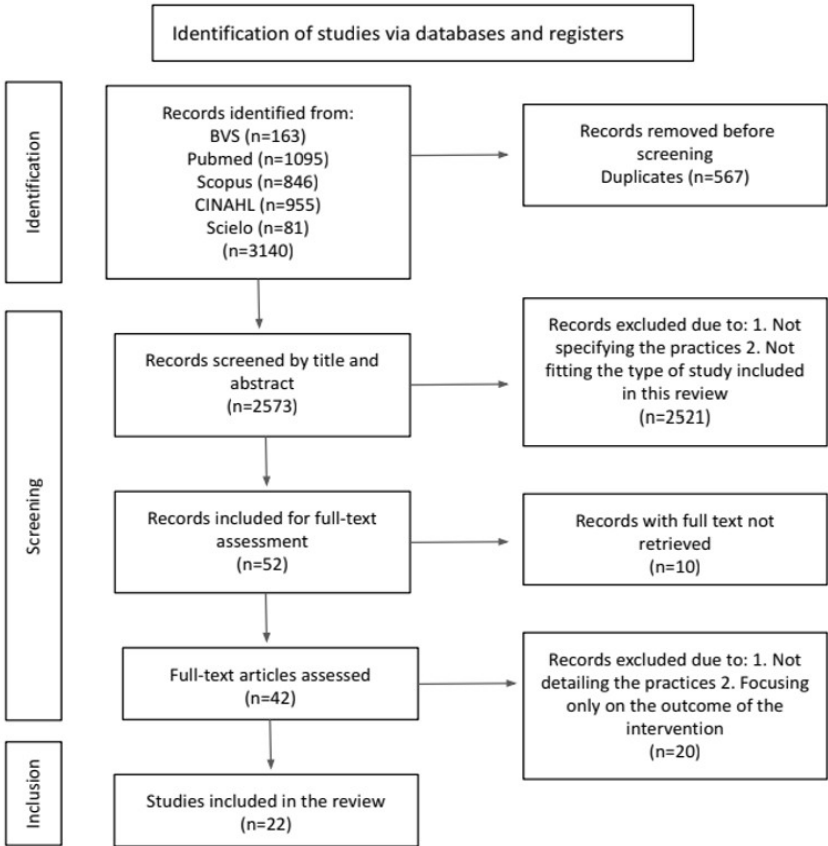


Figure 1. PRISMA.

Study characteristics

Regarding the characteristics of the articles, they were published in the following countries, in descending order of publication: Canada, 7; Brazil, 5; Australia, 2; United States, 2; Japan, 1; Belgium, 1; South Africa, 1; Zimbabwe, 1; Denmark, 1; and Switzerland, 1. The predominant language of the studies was English: 16 of the

22 studies were presented in English. Of the remaining studies, 5 were written in Portuguese and one in French.

The authors used different methodologies; a predominance of qualitative, exploratory, and descriptive studies, as well as experience reports and case studies, is noteworthy. Furthermore, the articles were mostly published in 2015, 2018, 2021, 2022, and 2023, with one study published in 2017. All this information is summarized in Table 2.

Table 2. Metadata of selected articles.

	Title	Author (Year)	Country	Periodical	Language	Methodology	Objective
1	Atividades grupais e saúde do trabalhador: uma análise terapêutica (Free translation: Group activities and workers' health: a therapeutic analysis)	Alfaia dos Santos et al. (2015)	Brazil	Cadernos Brasileiros de Terapia Ocupacional	Portuguese	Experience report, with a qualitative approach	Report the importance of group activities in workers' health as an intervention approach in Occupational Therapy
2	How do Occupational therapists assess work readiness among mental health consumers	Choudhary et al. (2015)	Canada	Occupational Therapy in Mental Health	English	Qualitative, exploratory, descriptive study	To explore the processes occupational therapists use to determine work readiness among mental health service users.
3	Occupational therapists' competencies utilised in Danish job centres	Christensen et al. (2021)	Denmark	Scandinavian Journal of Occupational Therapy	English	Exploratory qualitative mixed methods study	Explore how occupational therapists working in Danish job centers describe their own skills and what other professionals ask of them.
4	Intervenções de terapia ocupacional junto aos sujeitos afastados do trabalho por LER/DORT (Free translation: Occupational therapy interventions for individuals away from work due to RSI/WMSD)	Baracho de Alencar (2015)	Brazil	Cadernos Brasileiros de Terapia Ocupacional	Portuguese	Experience report, with a mixed approach	To report the experience of providing care during a professional internship in the Occupational Therapy course at the Federal University of São Paulo, at the Workers' Health Reference Center - CEREST, in Santos-SP, with individuals on leave from work due to RSI/WMSD.
5	Outcomes of an interdisciplinary return to work intervention including occupational therapy for mood and adjustment disorders: A single-arm clinical trial	Tanaka et al. (2023)	Japan	WORK	English	Quantitative clinical trial	To investigate the short- and long-term outcomes of an interdisciplinary return-to-work intervention, including Occupational Therapy. Furthermore, to explore the contributions of Occupational Therapy interventions to individuals who have taken medical leave due to mental health or work adjustment issues.
6	Pre-vocational therapy in mental health. Clients' desired and achieved productivity status	Rennhack et al. (2021)	Switzerland	Scandinavian Journal of Occupational Therapy	English	Quantitative study with short-term prospective design	To explore the desired and achieved productivity status among inpatients and those attending day hospitals in mental health services, who participate in pre-professional therapeutic interventions.

Table 2. Continued...

Title	Author (Year)	Country	Periodical	Language	Methodology	Objective
7 Return to work after stroke: a survey of occupational therapy practice patterns	Scott & Bondoc (2018)	USA	Occupational Therapy in Health Care	English	Descriptive, mixed methods study	To understand whether occupational therapists working with young people who have suffered a stroke are addressing the return to work and how, in addition to the professional competencies required in this professional practice, barriers and facilitators of this work
8 Work transitions after serious hand injury: Current occupational therapy practice in a middle-income country	Buchanan & van Niekerk (2022)	Australia	Australian Occupational Therapy Journal	English	Qualitative approach maximum variation sampling case study	To describe the clinical reasoning and practice of occupational therapists in maintaining and restoring the worker role in people with severe hand injuries from a developing and emerging countries perspective.
9 Workplace-based rehabilitation with garment workers: a multiple case study	Hoosain et al. (2022)	South Africa	WORK	English	Multiple case study with a quantitative approach	To determine the documented results of occupational therapy rehabilitation of seamstresses with upper limb injuries, carried out by students.
10 Habiller les travailleurs À préserver leur santé mentale: Que font les ergothérapeutes? (Free translation: Enable labor problems to maintain their mental health: What are occupational therapists doing?)	Lecours & Groleau (2022)	Canada	Canadian Journal of Occupational Therapy	French	Descriptive qualitative study	To describe the interventions carried out by occupational therapists regarding the empowerment of workers to preserve their mental health.
11 Occupational therapists' shared decision-making behaviors with patients having persistent pain in a work rehabilitation context: A cross-sectional study	Coutu et al. (2015)	Canada	Patient Education and Counseling	English	Cross-sectional study	To assess the extent of shared decision-making by occupational therapists with individuals suffering from persistent pain in the workplace, regarding deliberation on the return-to-work process.
12 Iniciativas de geração de trabalho e renda, economia solidária e terapia ocupacional: aproximações possíveis e construções necessárias. (Free translation: Job and income generation initiatives, solidarity economy and occupational therapy: possible approaches and necessary constructions)	Morato & Lussi (2015)	Brazil	Cadernos Brasileiros de Terapia Ocupacional	Portuguese	Qualitative study	Identify the challenges for developing practice in job and income generation initiatives within the mental health field; and verify how occupational therapists understand the link between solidarity economy initiatives and their respective professional practices.
13 Economia Solidária, Saúde Mental e a prática do terapeuta ocupacional: relatos de participantes de um grupo de geração de trabalho e renda. (Free translation: Solidarity Economy, Mental Health and the Practice of Occupational Therapist: Reports from Participants in a Work and Income Generation Group).	Ferro et al. (2015)	Brazil	Cadernos Brasileiros de Terapia Ocupacional	Portuguese	Experience report of a qualitative approach, based on exploratory field research	Report the experience of a 3-year internship by Occupational Therapy students from the Federal University of Paraná with the Arnaldo Gilberti Association in a work and income generation group focused on the social inclusion of people with mental disorders.

Table 2. Continued...

	Title	Author (Year)	Country	Periodical	Language	Methodology	Objective
14	Inter-sectoral work practice in Zimbabwe: Professional competencies required by occupational therapists to facilitate work participation of persons with disabilities	Mavindidze et al. (2021)	Zimbabwe	Scandinavian Journal of Occupational Therapy	English	Qualitative exploratory study	Explore what practical skills less experienced occupational therapists need to meet the work demands of people with disabilities
15	Occupational Therapy and Public Safety Personnel: Return to Work Practices and Experiences	Edgelow et al. (2023)	Canada	Canadian Journal of Occupational Therapy	English	Exploratory sequential mixed-method study	Explore therapeutic practices and personal experiences of occupational therapists working with public safety professionals who have work-related mental health issues
16	Interdisciplinary Trauma-focused Therapy and Return-to-work Support for A Police Officer with Work-related PTSD: A Case Study	Torchalla & Killoran (2022)	Canada	Journal of Contemporary Psychotherapy	English	Descriptive case study	Demonstrate how interdisciplinary trauma-focused therapy can facilitate recovery from PTSD and return to work, and highlight specific components that may be helpful in treating police officers or first responders with work-related PTSD.
17	"Today I felt like my work meant something": A pilot study on job crafting, a coaching-based intervention for people with work limitations and disabilities	Sundar & Brucker (2021)	USA	WORK	English	Pilot study of a mixed-method concurrent explanatory model	To test the effectiveness of job crafting* as an Occupational Therapy intervention strategy for workers with health conditions and impairments
18	What is the value of occupational therapy in return to work for breast cancer patients? A qualitative inquiry among experts	Désiron et al. (2015)	Belgium	European Journal of Cancer Care	English	Qualitative study	Explore expert opinion on occupational therapy interventions for return to work for people with breast cancer
19	Current occupational therapy scope of practice in the work-to-retirement transition process: An Australian study	Eagers et al. (2022)	Australia	Scandinavian Journal of Occupational Therapy	English	Qualitative descriptive study with thematic analysis	Explore: 1. the experiences and perceptions of occupational therapists working with people transitioning from work to retirement; 2. scope of practice of occupational therapy with the population transitioning from work to retirement; 3. factors that influence the current scope of practice of occupational therapists with this population
20	Workplace mental health: Current practice and support need of Ontario occupational therapists	Moll et al. (2018)	Canada	Canadian Journal of Occupational Therapy	English	Cross-sectional mixed-method study	To explore the current and potential roles of occupational therapists in mental health work in Ontario and their perceptions of the challenges they encounter, as well as their needs for practical support.
21	Taking an active role in my health and safety at work": An illustration of community occupational therapy practice in the promotion of workplace health	Lecours & Theriault (2017)	Canada	Occupational Therapy Now	English	Qualitative study	Illustrate how occupational therapists can work to ensure health promotion in the workplace

Table 2. Continued...

	Title	Author (Year)	Country	Periodical	Language	Methodology	Objective
22	Os trabalhadores do contexto hospitalar em tempos de pandemia: singularidades, travessias e potencialidades. (Free translation: Hospital workers in times of pandemic: singularities, transitions and potentialities).	Lancman et al. (2021)	Brazil	Interface – Comunicação, Saúde, Educação	Portuguese	Experience report on a qualitative approach	To present singularities, crossings and potentialities that emerged through the construction and development of the Occupational Therapy, Health and Work Program (ProTost) during the initial months of the COVID-19 pandemic in a university hospital.

*Job crafting is a proactive, capabilities-based, bottom-up approach where workers renegotiate and redefine their work tasks in meaningful and personal ways.

Regarding the practices of occupational therapists, it is noted that the demands of the populations served are organized around two predominant groups: those with issues related to mental health (9/22 - 40.9%) (Choudhary et al., 2015; Christensen et al., 2021; Tanaka et al., 2023; Rennhack et al., 2021; Lecours & Groleau, 2022; Ferro et al., 2015; Edgelow et al., 2023; Torchalla & Killoran, 2022; Moll et al., 2018), and those with physical health issues (10/22 - 45.4%) (Christensen et al., 2021; Baracho de Alencar, 2015; Scott & Bondoc, 2018; Buchanan & van Niekerk, 2022; Hoosain et al., 2022; Coutu et al., 2015; Mavindidze et al., 2021; Sundar & Brucker, 2021; Désiron et al., 2015). Both populations, characterized by demands related to mental and physical health, are represented in a balanced way in the sample. The gender breakdown and age group were not specified, although the body of publications suggests an approach focused on the economically active population.

In terms of mental health, some studies highlight specific disorders, such as mood disorders, anxiety, and psychotic disorders (Moll et al., 2018), as well as post-traumatic stress disorder resulting from various traumatic events throughout one's career (Torchalla & Killoran, 2022).

Regarding physical health, several factors were pointed out, such as pain when performing tasks, fast-paced work with few breaks, and high physical demands (Baracho de Alencar, 2015); the risk of developing upper limb disorders due to labor activities (Hoosain et al., 2022); limitations in performing tasks in the workplace due to health conditions and disabilities (Sundar & Brucker, 2021); and breast cancer that led to leave from work (Désiron et al., 2015).

In addition to the population breakdown, the main complaints highlighted by the populations served were: difficulties in interpersonal relationships (Alfaia dos Santos et al., 2015); insertion in the job market (Choudhary et al., 2015; Rennhack et al., 2021; Ferro et al., 2015); transition to retirement (Eagers et al., 2022); and lack of knowledge about health at the workplace for students in a hairdressing course (Lecours & Therriault, 2017).

Between the contexts and the practices they have achieved, they are: hospital environments, no tertiary levels, hospitals and psychiatric departments (7/22 - 31.8%)^{2,5,6,7,8,19,22}; private and public clinics (5/22 - 22.7%)^{8,10,11,16,19}; outpatient care (3/22 - 13.6%)^{2,7,10}; income generation services, associations, or initiatives (3/22 - 13.6%)^{2,12,13}; workplace or home-based services (3/22 - 13.6%)^{7,9,15}; those specific to health and work (3/22 - 13.6%)^{3,4,21}, and non-specific contexts (2/22 - 9.1%)^{16,14}. It is

also noted that some studies presented more than one service, where the actions were not specific to just one workplace^{1,7,8}.

The duration of the practice varied in each of the shared situations, with some specifying the time of each intervention and the number of sessions conducted, while other studies only mentioned the frequency of practices and the total number of meetings until the user's discharge. Thus, the minimum number of sessions was one, and the user was already fit to return to work (Christensen et al., 2021); the maximum was 172 individual appointments (Baracho de Alencar, 2015). As for the duration of a session, the shortest was 30 minutes (Alfaia dos Santos et al., 2015; Hoosain et al., 2022; Sundar & Brucker, 2021), while the longest was one full day (Tanaka et al., 2023).

Among the stakeholders involved, the following stood out: occupational therapists, users and their families, employers, and mental health professionals (psychologists and psychiatrists)^{1,2,3,4,5,6,7,8,10,11,13,14,15,16,18,19,20,21,22}. Some studies mentioned health insurance providers and other possible professionals that make up a multidisciplinary team, such as nutritionists, social workers, pharmacists, physiotherapists, and doctors – many of the texts did not specify which professionals in the multiprofessional team they were referring to, only mentioning “rehabilitation team”, for example^{3,10,11,13,19,20,22}. They also included department heads, administrative assistants, and other network services, as well as the teacher^{1,21}.

Among the barriers highlighted in the studies related to acting in this field, financial investment was mentioned as lacking (Eagers et al., 2022; Désiron et al., 2015), as well as space and materials (Mavindidze et al., 2021); a difficult dynamic with insurance and reimbursement services, and little influence over the work environment and production values (Scott & Bondoc, 2018; Rennhack et al., 2021; Lecours & Groleau, 2022).

Furthermore, the studies indicated a lack of clarity regarding the practices of occupational therapists, both on the part of the therapists themselves and the team (Morato & Lussi, 2015; Eagers et al., 2022; Désiron et al., 2015). This barrier stems from factors such as a lack of guidelines and readiness assessment models for returning to the workforce (Choudhary et al., 2015), difficulty in documenting progress (Hoosain et al., 2022), as well as the inexperience of therapists (Edgelow et al., 2023).

There is also inflexibility from the user, such as absenteeism (Baracho de Alencar, 2015), resistance to returning to the workforce, and the consequent loss of benefits (Choudhary et al., 2015), difficulty in managing work hours and rehabilitation (Hoosain et al., 2022; Edgelow et al., 2023). Additionally, the professional faces difficulties in accessing the employer, lacks support from them, and encounters resistance to teamwork, resulting in a lack of integrated care (Edgelow et al., 2023; Désiron et al., 2015; Moll et al., 2018). Some studies mentioned specific barriers arising from the population served, such as the complexity of injuries in cases of physical impairments (Buchanan & van Niekerk, 2022).

Among the expected outcomes of the interventions, the following were highlighted: return to the work environment (Scott & Bondoc, 2018) and retention measures (Christensen et al., 2021; Tanaka et al., 2023; Lecours & Groleau, 2022); improvement in the dynamics of interpersonal relationships (Alfaia dos Santos et al., 2015); promotion of productivity and self-efficacy (Rennhack et al., 2021; Sundar & Brucker, 2021); expansion of the support network and body self-perception for improving daily

life and pain management (Baracho de Alencar, 2015); reduction of unfair and illegal dismissals (Buchanan & van Niekerk, 2022); and fostering the therapist-patient relationship (Coutu et al., 2015).

It is important to note that many authors did not specify some relevant information within this study; only one of them (Baracho de Alencar, 2015) presented the full set of extracted data. The main data not presented by the studies were: duration of interventions and expected results; followed by initial complaints and barriers/challenges – the remaining data were mostly presented.

It was observed that despite being in different contexts and working with populations with different demands, some practices of occupational therapists converged and could be grouped according to the type of intervention, which varied depending on the device adopted and the number of people (individual or group) or professional environments and contexts; actions in health education; administrative work and public policies; and finally, those of an interdisciplinary nature, as shown in Table 2.

Individual interventions

Individual interventions were the most cited among the actions, making up a range of possible practices. The evaluation for readiness to return to work, referenced by two articles (Choudhary et al., 2015; Buchanan & van Niekerk, 2022), highlights the importance of analyzing the client's motivation, cognitive and interpersonal skills, and responsibility, through informal interviews. It is also necessary to analyze the user's ability to follow routines and manage their self-care (Choudhary et al., 2015), as well as assess the client's readiness to return to work (Buchanan & van Niekerk, 2022).

Christensen et al. (2021) present vocational rehabilitation as an action performed by occupational therapists, which begins with the assessment of individual descriptions of how work tasks and relevant occupations are carried out, using the proximal zone technique. Standardized tools for individual assessment can be used by the therapist. Baracho de Alencar (2015), for example, cites the "Health Assessment Questionnaire." Thus, the therapeutic plan is developed in collaboration with the user, following these steps: 1) Initial interview; 2) Assessment; 3) Identification of the problems to be solved; 4) Planning; 5) Execution; 6) Monitoring; and 7) Plan review (Tanaka et al., 2023). Rennhack et al. (2021) also highlight the development of a treatment plan in collaboration between the client and the therapist.

Another method, explained in the article by Coutu et al. (2015), is shared decision-making, which is based on 12 steps to encourage the user to make a decision, one of which is assessing with the user which approach is most appropriate for care. Furthermore, Désiron et al. (2015) uses goal setting with the client to carry out a singular rehabilitation process, linking skill assessment and work.

Professionals may apply practices for occupational balance (Tanaka et al., 2023; Buchanan & van Niekerk, 2022), interpersonal relationship practices (Tanaka et al., 2023), and routine structuring (Lecours & Groleau, 2022), aiming to optimize time. Baracho de Alencar (2015) and Edgelow et al. (2023) used body relaxation techniques, therapeutic touch, and treatment focused on coping

through meditation, relaxation, and self-regulation. Training to activate cognitive, motor, perceptual, and cognitive skills (Rennhack et al., 2021; Scott & Bondoc, 2018) related to work demands was also mentioned, in order to operate material tools (Tanaka et al., 2023).

The occupational therapist develops work activity simulations (Scott & Bondoc, 2018) and evaluates clients while performing them (Buchanan & van Niekerk, 2022). They may modify work activities (Hoosain et al., 2022), redesign jobs, and propose other practices within the work environment (Edgelow et al., 2023). Similarly, they provide job retention measures such as anticipating relapses, promoting teamwork, addressing fears (Lecours & Groleau, 2022), and facilitating performance capacity to keep older workers in the labor market (Eagers et al., 2022). The prescription of Assistive Technology is one of the therapist's actions, involving its provision and support during the adaptation period (Christensen et al., 2021; Scott & Bondoc, 2018; Buchanan & van Niekerk, 2022; Hoosain et al., 2022).

Some articles mention the development of a return-to-work plan (Torchalla & Killoran, 2022), and the need to make it feasible (Morato & Lussi, 2015; Moll et al., 2018). Edgelow et al. (2023) and Moll et al. (2018) propose cognitive work hardening as part of occupational treatment, along with connections to community resources, return-to-work planning, and graded exposure.

Mental health care related to work was mentioned in some articles, presenting therapeutic or non-therapeutic activities (Morato & Lussi, 2015), such as identifying, discriminating, and confronting triggers, in addition to visiting trauma sites; and improving functionality in areas such as self-care, leisure, and productivity, providing the necessary support to face trigger situations in the work environment (Torchalla & Killoran, 2022).

Sundar & Brucker (2021) mention Job Crafting, a process used to encourage employees to take active steps in shaping and designing their own work experiences in a personal and meaningful way. A journal is kept with scales that include levels of work engagement and job crafting behavior (Sundar & Brucker, 2021). Finally, occupational therapy intervenes in the field of retirement transition. Eagers et al. (2022) was the only one to mention practices for this moment, with vocational guidance, helping to consider the timing of retirement, reintegrating the person into meaningful activities during this process, and planning for future life.

Group interventions

Group interventions had significant contributions from the playful universe. Alfaia dos Santos et al. (2015) discuss group practices for integration among workers through reflective, playful, and recreational group dynamics, as well as relaxation techniques, body therapy, and workplace stretching. Playful activities were also addressed by Tanaka et al. (2023), involving cooking, sports, team competitions, among others; and by Baracho de Alencar (2015), who reports the use of themed groups, in which activities were carried out to facilitate the expression of expectations, desires, and feelings.

From the themes that emerged from these activities, expressive activities were carried out, including collage, drawing, films, etc. The author also presents the simulation of

BADLs and IADLs through theater, working on alternative ways to perform certain activities. There are also therapeutic groups aimed at assessment, training, and reflection on work skills, which include social skills, exchange of views and relational experiences, and reintegration (Rennhack et al., 2021).

In the universe of the solidarity economy, there is a strong presence of groups. Within group work in this context, some roles of occupational therapists were highlighted, such as: coordinating workshops, mediating relationships within the group (Ferro et al., 2015), organizing and executing the productive process, and at times participating in fairs and events for commercialization (Morato & Lussi, 2015).

Furthermore, the occupational therapist can assist in the self-organization of the group, taking on directive and structural actions such as fundraising, consolidation of partnerships, and negotiation of operations, aiming to encourage the group's self-management and the formation of individuals capable of practicing Solidarity Economy. Additionally, it is the occupational therapist's role to offer support and guidance to users, provide clarity regarding the group's objectives, and ensure everyone's participation (Ferro et al., 2015).

Workplace interventions

It is the responsibility of occupational therapists to carry out actions in the workplace or to visit these locations (Désiron et al., 2015). During the visits, professionals can assess the types of adaptations that will be necessary for the individual they are working with (Buchanan & van Niekerk, 2022); as well as return to the site where the trauma occurred together with the user, using safety behaviors (Torchalla & Killoran, 2022).

Regarding actions in the workplace, first, a visit to the work situations must be conducted in order to analyze the location and compare the job demands with the individual's abilities, with the aim of making changes/adaptations (Christensen et al., 2021; Tanaka et al., 2023). Among the possible adaptations are changes to the workstation, task modification, and assistive technology (Hoosain et al., 2022). Furthermore, Lecours & Groleau (2022) address the establishment of a supportive organizational environment for returning to work and the communication of information to other workers about the user's return, as practices within the occupational therapist's scope.

Health education

Health education has proven to be an important element in facilitating communication between work aspects and the user. Scott & Bondoc (2018) present this element through the dissemination of information about work-related services that can be accessed, while Buchanan & van Niekerk (2022) address health education in the sense of raising employer awareness regarding the health needs of their worker, negotiating with the employer for the client to engage in activities that align with their abilities, educating the client about their work activity, and conversations with individuals about life hygiene.

Lecours & Therriault (2017) present principles of energy conservation, health condition, availability of possible resources for health management, and safe work techniques.

Finally, occupational therapists create projects focused on occupational health/workers' health, as stated by Lancman et al. (2021), through the ProTost project, which seeks to develop health education actions, promote relationships among workers at different levels and aspects, understand work organization and working conditions, and their impacts on workers' health.

Multidisciplinary teamwork

It is observed that multidisciplinary teamwork was a recurring theme throughout the articles (Désiron et al., 2015) – if not directly addressed, it is implied when the authors mention the different stakeholders involved in the work process. The implementation of therapeutic groups, for example, with other professionals, can be one of the practices that reflect the contribution of occupational therapists. Baracho de Alencar (2015) exemplifies this practice through a themed group conducted by an occupational therapist and a psychologist to address work-related issues, with themes emerging throughout the discussions.

In contexts such as the Solidarity Economy, it is understood that the participation of the occupational therapist in internal organizational meetings of the initiatives, meetings of the psychosocial care network, and even meetings about the solidarity economy is part of their role – which requires partnerships with other professionals (Morato & Lussi, 2015). Occupational therapy also builds a bridge between work and health, facilitating collaboration between them (Désiron et al., 2015; Christensen et al., 2021), and in certain cases, networked work is foreseen (Morato & Lussi, 2015).

Administration and public policies

Beyond the aforementioned practices, in the field of Health and Work, it is important for the occupational therapist to have active participation in administrative activities and public policy matters. To this end, the following actions were identified: assisting individuals in understanding labor laws, their rights, and the required administrative steps, advocating on behalf of the user (Scott & Bondoc, 2018; Buchanan & van Niekerk, 2022). Thus, according to Ferro et al. (2015), it is the therapist's responsibility to work in the field of policies in order to strengthen initiatives on various fronts.

Morato & Lussi (2015) point out that, within the sphere of the solidarity economy, the therapist participates in administrative functions, internal meetings, and meetings on the solidarity economy. Furthermore, public policies were also mentioned by other studies, such as that of Moll et al. (2018).

The characterization of the identified professional practices is summarized in Table 3, below:

Table 3. Data on occupational therapy practices in Health and Work, according to studies found in the database search.

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/challenges	Expected results
1	Former inmates of the penitentiary system	Associação Polo Produtivo do Pará- Fábrica Esperança (Núcleo de Reinserção Social, Diretoria Comercial e Restaurante) Free translation: Pará Productive Center Association - Fábrica Esperança (Social Reintegration Center, Commercial Board and Restaurant)	Lack of integration among factory employees and difficulties in relationships between employees	Group activities that applied relaxation techniques, body therapy stretching, the interventions were changed to integration actions among workers, through reflective, playful and recreational group dynamics	3 weekly meetings, a total of 15 occupational therapy interventions, with an average duration of 30 to 40 minutes each intervention.	Workers, occupational therapist and department heads (administrators, administrative assistants and nutritionists; social services and psychology)	Improve the dynamics of interpersonal relationships, organizations in the work environment and consequently improve the quality of work
2	People with mental health problems who are hospitalized or receiving support in community services	Hospital settings, both outpatient and inpatient, and community mental health organization	Interest in returning to work or starting a new job	Assessment of the user's readiness for the job, based on the following factors: 1) client motivation; 2) cognitive skills; 3) interpersonal skills; 4) responsibility. Informal interviews and observation are conducted. They also assess the work and their responsibilities, assessing the work environment and availability for support or changes.	Mental health clients, occupational therapists, and the Ontario Disability Support Program	There is a lack of a structured method or guidelines for assessing whether a client's return to work is feasible. Clients who receive the benefit are inflexible about returning to work.	
3	Individuals who are on long-term medical leave due to physical disabilities, mental health issues, and social issues	Danish Employment Center	Occupations that are important to citizens are assessed using the zone of proximal development technique, as are work activities. The occupational therapist conducts workplace visits to adjust environmental demands to the individual's abilities, proposing ergonomic changes. They provide and finance assistive devices and support their use at work. They facilitate collaboration between employment centers and health centers.	One consultation and the user returns to work, with the possibility of a consultation after returning if necessary.	Citizens, occupational therapists, rehabilitation staff and employers		Return of the individual to a work environment and offer strategies for their permanence

Table 3. Continued...

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/ challenges	Expected results	
4	Subjects affected by RSI/WRM D with chronic symptoms	Occupational Health Reference Center - CEREST, in Santos-SP	Pain when performing tasks, fast pace of work, physical demands and few breaks	Individual sessions included therapeutic touch, bodywork, relaxation, postural guidance, and reflective and expressive activities through reflective therapeutic games, painting, drawing, and collages. Interdisciplinary groups were also possible, with themes emerging from conversations/ discussions. Expressive practices such as collage, drawing, film, and other activities were used. Critical situations in BADLs and IADLs were simulated through theater, providing guidance on prevention in ADLs.	172 individual sessions and 84 group sessions, divided into two thematic workshops with 10 to 13 groups per semester, each lasting an hour and a half	Users, occupational therapists, psychologists and the client's family members	Consecutive absences of patients, lack of discussion and action with multidisciplinary and interdisciplinary teams	Enable the overcoming of difficulties and discovery of new skills, pain management, improvement of body awareness, minimization of limitations in BADLs and IADLs; promote bonds and social support networks
5	Subjects with Mood Disorder (Depression, Bipolar Disorder) and Adjustment Disorder	Department of Psychiatry, Shinshu University Hospital	Group and individual sessions, such as cooking, sports activities, team competitions, challenges, and event planning and management. In individual sessions, occupational therapists conduct individual support plans, developed in collaboration with the client. Additionally, clients receive tasks using constitutive manual activities and computers, and work environment adjustments and family guidance. Assistance is provided in balancing their occupations and practicing interpersonal relationships. Training is provided to activate their functions, such as spatial perception and complex cognitive tasks.	Two programs: the first took place three times a week for the whole day, and the second took place twice a week for half a day—a total of five times a week. The duration was three months.	Multidisciplinary team (psychologist, psychiatrist, social worker and pharmacist), client, family members and occupational therapists		Return to work and job skills training	

Table 3. Continued...

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/challenges	Expected results
6 People suffering from mental illness who are hospitalized or receiving treatment at a Day Hospital	Rehabilitation program took place during hospitalization and in day hospital	Getting a job in the regular labor market, leaving your current job to find a new one, starting education or training in the regular labor market, participating in an integration measure funded by disability insurance or social assistance. Uncertainty about which job suits your skills or conditions.	Individual sessions involve discussions on various work-related topics or the application of assessments based on the Model of Human Occupation (MOHO). Therapeutic groups have different focuses and focus on assessment, training, and reflection on work-related skills, including social skills, as well as sharing insights and experiences related to reintegration. The client and therapist jointly develop a treatment plan.		Occupational therapists, client and employer	Difficulties with the security system	Improve user productivity
7 Individuals who have suffered a stroke	Acute care hospitals, inpatient rehabilitation, specialized nursing, outpatient services, home care, and consultations	Interventions based on restorative/remedial treatments of motor, perceptual, visual, and cognitive skills. Use of graduated/simulated work-based activities. Actions to inform about the impacts of stroke, recommend work environment modifications, prescribe assistive technology, and support during the adaptation period. Education about work-related services and assistance in understanding labor laws and advocating on the patient's behalf. Occupational therapists perform emotional regulation actions.			Client, family members, occupational therapists and the employer	Difficulties with the refund system	Reinsertion of the individual into the labor market

Table 3. Continued...

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/challenges	Expected results
8 People with serious injuries to their hands	Tertiary hospitals, private clinics, community rehabilitation center, secondary hospital, community clinic and rehabilitation unit		Assessment of the client's ability and readiness to return to work, simulation of the client's work, and assessment of task performance. Conducting workplace visits to assess the types of adaptations needed; prescribing assistive technologies. Educating the client about their work activity and what could exacerbate the symptoms of their injuries, involving the client and the employer. Assistance in structuring their routine. Assessment of the compatibility of the user's injury with the work task - creating solutions that minimize the impact; management of trauma associated with return to work. Negotiation with the employer. Counseling on their rights and administrative steps.		Client, employer, family and occupational therapists	Complexity of injuries	Preserve the participation of individuals, reduce unfair and illegal dismissals and return to work
9 Textile industry workers	Workplace	Risk of developing work-related upper limb disorders	Psychoeducation, cognitive behavioral therapy (CBT), workstation adaptations, task modification, assistive technology, and exercises	Three to five individual work-based rehabilitation sessions of approximately 30 minutes each over a period of 4 to 6 weeks		Conflict between work hours and rehabilitation hours, poor record-keeping practices, and lack of post-intervention evaluation	

Table 3. Continued...

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/challenges	Expected results
10 Individuals in psychological distress	Quebec private clinics, outpatient services, rehabilitation centers		Adaptations to the work environment, conveying information to people in the workplace about user feedback. Education on stress, lifestyle habits, energy conservation principles, health status, and available resources. Disarming fears, anticipating relapses, encouraging involvement in the organization, encouraging the use of support services, and promoting teamwork. Implementing coordinated actions with stakeholders, developing a partnership with the worker. Promoting occupational balance and developing communication skills. Use of diaries, presentations, verbalizations, and motivational interviews. Relaxation techniques, schedule management apps, exploring meaningful activities, integrating leisure activities into the routine, and implementing a walking program. Simulation and role-playing to develop communication skills.		Other rehabilitation professionals, occupational therapist, worker, employer, insurer	Predominance of individualized approaches in occupational therapists' practice, compensation program policies limit occupational therapists' access to work environments - little influence on the work environment and mentality/production values	Helping individuals remain in their jobs with the least impact on their mental health, maintaining the bond between the worker and their work environment, and between workers

Table 3. Continued...

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/challenges	Expected results
Working-age individuals (18-64 years), French speakers, on leave from work for 12 weeks or more due to persistent pain associated with a musculoskeletal disorder, and beginning vocational rehabilitation. Note: Individuals with specific musculoskeletal disorders, such as recent fractures, metabolic diseases, neoplasia, inflammation, or infection of the spinal column, were excluded.	Public and private clinics in Quebec, Canada		Shared decision-making consists of 12 behaviors performed by the occupational therapist: 1. Identifying and drawing attention to a problem; 2. Emphasizing that there is more than one way to address the problem; 3. Evaluating the client's preferred approach; 4. Listing the options, which may include "no action"; 5. Explaining the pros and cons of the options presented; 6. Exploring the client's expectations; 7. Exploring the client's concerns and fears; 8. Checking whether the client truly understood the information provided; 9. Providing clear opportunities for the client to ask questions; 10. Eliciting from the client the level of participation they desire; 11. Indicating the need for a decision-making stage; and 12. Indicating the need to review the decision made.		User, occupational therapist, insurer (who decides the type of rehabilitation program and provides salary replacement), employers		That shared decision-making facilitated by patient decision aids would respond to the needs of workers, and reduce the power disparity in the therapist-patient relationship.
	Ten job and income generation initiatives distributed across 5 cities in the state of São Paulo		Workshop coordinators; administrative activities; activities related to the organization and execution of the production process; and participation in trade shows and marketing events; mediating relationships within the group. Activities related to mental health care and therapeutic activities. Networking. Participating in bureaucratic activities. Partnering with other professionals. Facilitating entry into/return to the formal job market.			Structuring and executing production - involves knowledge centers that can extrapolate the theoretical framework of the occupational therapist, a process of constructing work in mental health that leads to questions and diverse opinions	

Table 3. Continued...

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/challenges	Expected results
13	Participants in a job and income generation group for 6 (six) months or more	Curitiba Income Generation Group in partnership with the Arnaldo Gilberto Association	Difficulty entering the formal capitalist labor market	Assist the group in its self-organization; promote group structuring; encourage participants to self-manage and develop individuals capable of exercising the Solidarity Economy. Occupational therapists act as mediators of the construction. Offer support and guidance to users. Ensure clarity regarding the group's objective—work—and meet its demands, while facilitating the participation of all stakeholders. The therapist's role is to work in the policy field to strengthen initiatives on different fronts.	The frequency of meetings is determined by your orders, varying from two to three times to every day of the week, with an average duration of 3-4 hours per meeting.	User, occupational therapist, family, other services in the assistance network (such as CAPS, SESC)	Income generation and strengthening of the Solidarity Economy
14	People with disabilities with work-related issues	Cross-sectoral initiative services in Zimbabwe	Interpret policies and legislation and use them coherently; understand the actions of the intersectional team and work accordingly; analyze and evaluate the performance of the user, the environment, and different processes; conduct follow-ups with the user and other stakeholders; communicate effectively; manage effectively; behave professionally and have a critical awareness, capable of self-reflection.		Family, user, employer and other sectors depending on the context in which the client is inserted	There is limited space for occupational therapists to practice and low engagement with existing market practice.	

Table 3. Continued...

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/challenges	Expected results
15	Public safety workers experiencing psychological distress	Service was offered in clients' homes, workplaces and mostly in communities	Mental health complaints related to work activities/ work environment				
			Psychoeducation, re-engagement in meaningful activities, focusing on routine and structure of daily life, teaching coping skills, and symptom management techniques. The most commonly used treatments included coping skills development, cognitive behavioral therapy (CBT), education, and exposure therapy. Occupational treatments included cognitive work strengthening, connections with community resources, education, assessed work exposure, and return-to-work planning. Coping-focused treatments included meditation, relaxation, and self-regulation strategies.		Occupational therapists, psychologists, case managers, workers, psychiatrists, employers, clinicians, nurses, social workers	Tensions regarding autonomy in setting clients' therapeutic goals and commitment to therapy; internal pressure from managers to list exposure therapy and return to work as goals, even if occupational therapists do not feel it is appropriate for the client at the time; difficulty communicating within the team and between stakeholders; stigma; lack of support from employers; COVID-19 pandemic	
16	Police officer with work-related post-traumatic stress disorder	British Columbia Compensation Council and Clinic	Experience of several traumatic events throughout my career as a police officer				
			Prolonged exposure, cognitive processing therapy, and cognitive therapy for PTSD. She also worked with education, improving functionality in areas such as self-care, leisure, and productivity, and developing and supervising a gradual return-to-work plan. She identified, discriminated, and confronted triggers, as well as visiting trauma sites while using safety behaviors. She also worked with a gradual return-to-work plan and a relapse prevention plan.	The treatment program is 8 to 12 weeks.	Occupational therapist and psychologist		
17	Workers with mental or physical health problems and impairments		Work limitations due to mental or physical health conditions and disabilities				
			Job crafting - a process by which employees take active steps in defining and designing their own work experiences in a personal and meaningful way. It occurs in three stages: 1. Task crafting, 2. Relational crafting, 3. Cognitive crafting. It is based on coaching.	One to two weeks of 20- to 30-minute activities to be completed at home and two 30- to 40-minute in-person meetings. The final phase lasts five consecutive days.			Improve self-efficacy, work engagement, organizational citizenship, and behavior development among workers with work limitations and disabilities

Table 3. Continued...

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/challenges	Expected results
18	Breast cancer patients		Bridging the gap between work and health. The occupational therapist should be part of a multidisciplinary team, conducting workplace visits and contacts with relevant stakeholders, and using goal-setting to implement unique and individualized rehabilitation, linking skills assessment and work.		Occupational therapist, physiotherapist, psychologist, physician, social worker	Organizational barriers; lack of legitimacy of the work of occupational therapists; lack of knowledge about the importance of rehabilitation for return to work; organization of the health system; lack of integrated care; complication of the administrative system; the lack of experience that occupational therapists have in this area of care; and the lack of financial support	
19	Workers in the process of transitioning to retirement	Private clinic, academy, government, community, hospital, NGO	Transition: Work to Retirement		Other healthcare professionals, client, workplace	Lack of clarity about the practice of occupational therapists and other professionals and lack of funding	
20	Workers with mental health issues in the workplace	Work impacts due to: Mood disorders (69.5%), anxiety disorders (64.2%), chronic pain (23.2%) and psychotic disorders (22.1%)	Return to work, health promotion, adaptations, recreation and cognitive functional assessment, reactivation, cognitive functioning assessment, accommodations, psychotherapy, cognitive work hardening, job coaching, training, job search, early intervention, disability case management, physical work hardening and policies		Client, health plan, employer, occupational therapist	Limited funding and training and lack of awareness of the role of Occupational Therapy; also communication between different parties	

Table 3. Continued...

Population	Context	Initial complaint	Actions	Duration time	Stakeholders	Barriers/challenges	Expected results
21	Students	Vocational training apprenticeship programs	I want resources more adapted to the reality of their profession, in order to improve the teachings they offer to students about workplace health.	Offering workshops based on the principles of prevention and health promotion in the workplace, the skills developed were: 1. Understanding how my body works and recognizing the symptoms of health problems; 2. Detecting and preventing health or safety risks at work; and 3. Maintaining my health at work	Three 60-minute workshops	Teachers, students and occupational therapists	
22	University hospital workers	University Hospital (Human Resources Department, Hospital Superintendence, Occupational Health Assistance Service, Hospital Infection Control Committee, workers and their managers)	COVID-19 pandemic	Create projects, such as ProTost, which seek to develop actions to promote health and prevent illness and absences; foster supportive relationships among workers and monitor return-to-work processes; understand, through activity analysis, aspects of work conditions and organization that could be causing deleterious effects on workers' health and lives, as well as work situations at the university hospital; and understand the relationships between coworkers and between workers and managers, fostering dialogue and listening.	In total, 52 sessions were held	Workers from different sectors of the University Hospital and occupational therapists	

Discussion

The mapping of studies on the practice of occupational therapy at the interface between the fields of health and work over the last ten years, from 2014 to 2024, demonstrates the diversity of strategies and interventions that professionals can use for the comprehensive care of users.

It is evident that the interventions found aim at assistance, health promotion, prevention of harm, and surveillance of work environments. According to the National Policy on Workers' Health, these objectives must be articulated and organized based on the development of individual, planning, and collective actions, which implies changes in work processes, multiprofessional performance, and network organization (Brasil, 2012).

After analyzing the results, it is noted that the authors, when citing occupational therapy practices, do not detail how they occur; only one article described all the aspects that were analyzed (Baracho de Alencar, 2015). In this sense, the lack of information such as the population (target of the intervention), context, initial complaint, and

purpose of the action constitutes a barrier to fully understanding the practice of occupational therapists in the field of health and work.

According to Rodrigues et al. (2020), for assessment and intervention in this field, active and welcoming listening to the subject is necessary, placing their needs and context at the center. Thus, the absence of descriptions regarding the target population, as well as the subject's initial complaints, highlights gaps in fundamental information for intervention planning. This reveals a fragility insofar as practices seem not to connect individual factors with the collective and social context, including the work activity itself (Rodrigues, 2023).

Furthermore, some articles presented as intervention descriptions their theoretical and methodological premises, objectives, and strategies used; however, they did not mention the stages of their practice or how it was carried out. In this sense, there is an overlap between the models and theoretical frameworks guiding the actions and the goals for the intervention and what is actually done in practice, an aspect that implies, for example, a lack of clarity regarding the practices of occupational therapists, both among the team and the professionals themselves (Cruz, 2018; Morato & Lussi, 2015; Eagers et al., 2022; Désiron et al., 2015).

There is a conflict experienced by users: choosing to return to the formal labor market or maintaining their benefits; in most cases, it is not possible to have both. Choudhary et al. (2015) identified as a barrier to practice the inflexibility of clients who receive such benefits in returning to work. This scenario is not only international; in Brazil, depending on how the benefit is administered, it is not possible for the individual to enter the formal labor market without losing the aid. This situation often makes the user feel insecure about formal work and opt to continue receiving the benefit.

The Continuous Cash Benefit (BPC), an aid provided for in the Organic Law of Social Assistance – LOAS, was updated in 2011 in Brazil, guaranteeing a minimum wage for people with disabilities of any age and the possibility of being hired as apprentices for two years, thus allowing the accumulation of the benefit and a salary. Since the update, it has also become possible to suspend the benefit upon occupying a work position; its cancellation is no longer necessary. These changes represent progress in the discussion of accessibility and insertion into the formal labor market; however, it is still considered a barrier to the full exercise of citizenship for people with disabilities (Brasil, 1991).

Regarding occupational therapy practice, it is important that professionals are aware of this social security reform and can engage with it in their practice. In this way, they can create spaces for individuals to occupy positions in the labor market, as well as clarify possible doubts about legislation and legal procedures, which, according to Scott & Bondoc (2018) and Buchanan & van Niekerk (2022), would mean advocating on behalf of the user.

Among the mapped interventions, the group actions cited were mostly from articles written in Brazil (Alfaia dos Santos et al., 2015; Baracho de Alencar, 2015; Morato & Lussi, 2015; Ferro et al., 2015; Lancman et al., 2021). In this sense, this scenario was already expected, since Brazilian occupational therapy also built its theoretical framework through authors who worked based on the group approach, such as Pichon-Rivière (1998), Benetton (1994), Maximino (2001), among others (Samea, 2008).

In the field of health and work, group activity is an important approach so that the subject can, through sharing, bonding dynamics, and interaction with others (Quiroga as cited in Samea, 2008, p. 86), humanize work relationships and rethink the concrete factors of their work process, as well as the subjective issues that permeate it.

The main articles written in Brazil were published in 2015 (Alfaia dos Santos et al., 2015; Baracho de Alencar, 2015; Morato & Lussi, 2015; Ferro et al., 2015), a period that precedes the Labor Reform sanctioned in 2017 by Law 13.467 (Brasil, 2017). This milestone enabled the outsourcing of work, longer working hours, lower wages, and changes in vacation periods, as well as an increase in work-related accidents. This has a negative and direct impact on workers' mental and physical health, as well as an increase in the number of people in situations of unemployment (Krein & Krein, 2018).

These changes have affected not only the users of health and social assistance services but also the professionals in the field who provide care, as there is an increase in demand for service providers, but no increase in human resources (Lacaz, 2019). Thus, the articles, mostly written in 2015, do not assist in producing an overview of the direct impact on the practice of occupational therapists after the reform.

In summary, the results presented in this review allow the construction of a map of occupational therapy practices both nationally and internationally, and can serve as a reference for professionals working in this field. However, it is important to highlight that few articles were found compared to the breadth of the research question, which can be understood as a limitation of the field and, consequently, of the study itself, as well as the lack of metadata presented by some of the included publications.

Conclusion

This study contributes to identifying the interventions developed by occupational therapists working at the interface between the fields of health and work, which are characterized by variety, encompassing individuals, groups, environments, and work settings, carried out in different contexts such as hospitals, specialized services, public and private clinics, and within companies (both public and private).

The obstacles experienced and the resulting resistance to returning to the formal labor market presented by users of the services must also be considered in intervention planning. It is understood that there is still a difficulty in constructing the identity of occupational therapists working in this interface, both by the professionals themselves and by other members of the team.

As for future research and work in the area, it is of utmost importance to understand what constitutes a model, theoretical-methodological basis, and intervention goals so that these are not confused with the practices actually carried out.

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Author's Contributions

Victória Colombo Gomes and Sofia Pinto Bueno de Campos Bicudo developed the review, cleaning, data presentation, and analysis processes. Selma Lancman co-authored the research project and contributed to the critical analysis of the article, review, and approval of the final version of the text. Thainá Oliveira Rocha contributed to the scoping review process. Juliana de Oliveira Barros wrote the research project, supervised the development of the study, contributed to the bibliographic review, data protection and analysis, and review and approval of the final version of the manuscript. All authors approved the final version of the text.

Data Availability

The data supporting the results of this study are available from the corresponding author upon request.

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