

Educational needs and professional challenges of occupational therapists working in cancer palliative care**Necessidades educacionais e desafios profissionais de terapeutas ocupacionais que atuam em cuidados paliativos oncológicos****Necesidades educativas y retos profesionales de terapeutas ocupacionales que trabajan en cuidados paliativos oncológicos**Viviana Marcela León Perilla¹, Regina Helena Vitale Torkomian Joaquim¹

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Objective: to know the educational needs and challenges perceived by occupational therapists who work in palliative care in oncology. **Methods:** a quantitative-qualitative study carried out in 2018, through a sociodemographic questionnaire and semi-structured online interview, with interpretation by descriptive statistics and thematic content analysis. **Results:** 18 professionals from the South, Southeast and Northeast regions of Brazil participated. There was a predominance of females (94.4%); half had training between 2010 and 2015; in universities in the Southeast region of the country (55.5%); with one to three years of work experience (55.5%), followed by three years (22.2%); feeling "unprepared" to work in palliative care (78.8%); and, the search for technical supervision occurred in 38.8%. Three categories emerged: *Training in oncological palliative care during professional trajectory*; *Challenges during performance in oncological palliative care in the hospital setting*; and *Development of the professional category in palliative care*. **Conclusion:** there was an increase in content on palliative care in training, although they did not guarantee an integral feeling of preparation, as well as the need to address topics related to early work with palliative patients, the use of systematized assessments, types of interventions and clinical reasoning, aspects related to death and dying, advance directives and on the professional challenge in continuing education and graduation in the Brazilian context, aiming to favor technical preparation and the feeling of competence.

Descriptors: Occupational therapy, Palliative care; Professional training; Hospital care; Medical oncology.

Objetivo: conhecer as necessidades educacionais e os desafios percebidos pelos terapeutas ocupacionais que atuam em cuidados paliativos em oncologia. **Método:** estudo quanti-qualitativo realizado em 2018, através de questionário sociodemográfico e entrevista semiestruturada online, com interpretação por estatística descritiva e análise de conteúdo temática. **Resultados:** participaram 18 profissionais das regiões Sul, Sudeste e Nordeste. Verificou-se predominância sexo feminino (94,4%); metade tinha formação entre os anos 2010 a 2015; em universidades da Região Sudeste do país (55,5%); com um a três anos de experiência laboral (55,5%), seguido de três anos (22,2%); sentindo-se "pouco preparado" para trabalhar nos cuidados paliativos (78,8%); e, a busca de supervisão técnica ocorreu em 38,8%. Emergiram três categorias: *Formação em cuidados paliativos oncológicos durante trajetória profissional*; *Desafios durante atuação em cuidados paliativos oncológicos no cenário hospitalar*; e *Desenvolvimento da categoria profissional nos cuidados paliativos*. **Conclusão:** observou-se aumento de conteúdos sobre cuidados paliativos na formação, ainda que não garantiram uma sensação integral de preparação, bem como, a necessidade de se abordar tópicos relativos à atuação precoce com pacientes paliativos, uso de avaliações sistematizadas, tipos de intervenções e raciocínio clínico, aspectos relacionados à morte e ao morrer, diretivas antecipadas e sobre o desafio profissional na formação continuada e na graduação no contexto brasileiro, visando favorecer a preparação técnica e o sentimento de competência.

Descritores: Terapia ocupacional; Cuidados paliativos; Capacitação profissional; Assistência hospitalar; Oncologia.

Objetivo: conocer las necesidades educativas y los retos percibidos por los terapeutas ocupacionales que trabajan en cuidados paliativos en oncología. **Método:** estudio cuantitativo y cualitativo realizado en 2018, mediante un cuestionario sociodemográfico y una entrevista semiestructurada online, con interpretación por estadística descriptiva y análisis de contenido temático. **Resultados:** Participaron 18 profesionales de las regiones Sur, Sudeste y Nordeste de Brasil. Se verificó predominio del sexo femenino (94,4%); la mitad tuvo formación entre los años 2010 a 2015; en universidades de la Región Sudeste del país (55,5%); con uno a tres años de experiencia laboral (55,5%), seguido de tres años (22,2%); sintiéndose "poco preparado" para trabajar en cuidados paliativos (78,8%); y la búsqueda de supervisión técnica ocurrió en 38,8%. Surgieron tres categorías: *Formación en cuidados paliativos oncológicos durante la trayectoria profesional*; *Retos durante el trabajo en cuidados paliativos oncológicos en el ámbito hospitalario*; y *Desarrollo de la categoría profesional en cuidados paliativos*. **Conclusión:** se ha observado un aumento de los contenidos sobre cuidados paliativos en la formación, aunque no garanten una sensación integral de preparación, así como la necesidad de abordar temas relativos a la formación previa con pacientes paliativos, el uso de evaluaciones sistematizadas, los tipos de intervenciones y el raciocinio clínico, los aspectos relacionados con la muerte y el morir, las directivas anticipadas y el desafío profesional en la formación continuada y en la graduación en el contexto brasileño, con el fin de favorecer la preparación técnica y el sentimiento de competencia

Descriptores: Terapia ocupacional; Cuidados paliativos; Capacitación profesional; Atención hospitalaria; Oncología médica.

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INTRODUCTION

The World Health Organization (WHO) and the Latin American Association for Palliative Care (ALCP) have identified the education of health professionals in palliative care (PC) as one of the main developing areas¹⁻³. Over the past 20 years, Palliative Care training has been included in the basic, intermediate and higher levels of educational programs in a wide range of academic institutions, professional societies and associations³.

Adequate training in palliative care improves communication between health professionals and patients and caregivers; facilitates the delivery of patient-centered care; improves symptom control and encourages the inclusion of psychosocial, cultural and spiritual elements in the care provided, including family members⁴; it has positive effects on the work experience of health professionals, as it increases confidence and participation in difficult conversations and facilitates support for family members⁵.

Despite progress in palliative care in Latin America, training opportunities for health professionals are lacking; This is because, in addition to being reduced, the courses in the area are not integrated into the undergraduate and graduate curricula⁶.

At the VI Latin American Congress of Palliative Care of ALCP, held in Curitiba, Paraná, Brazil (2012), several participants recognized that the regional teaching activity has been evolving for several years and that it is necessary to identify and analyze central issues in basic education of the palliative care, and establish mechanisms to ensure didactic results of homogeneous quality. Likewise, the European Association for Palliative Care (EAPC) recommended the integration of PC courses into undergraduate and graduate curricula, in addition to the fact that student competencies need to be identified and used to guide the design of educational programs^{2,7}.

A systematic review of the literature on PC education programs in Latin America revealed that training is only offered in about 30% Latin American nations, and only at the graduate level⁸.

Barriers to the provision of PC education have been mainly related to the lack of recognition and prioritization of this field, such as Occupational Therapy. Since past decades, international scientific literature has linked the development of professional skills in Occupational Therapy to the work scenario, and not in regular educational programs⁹, showing that, at the time, other areas of development were prioritized in the curriculum.

Subsequent studies revealed that Occupational Therapy degree programs were not training students with the skills and knowledge to practice with people living with a life-threatening illness¹⁰, nor providing practical spaces that facilitated the integration of attitudinal competences

in familiarization with the processes of decline and death¹¹. Generating in students feelings of incompetence in relation to their general knowledge and skills, and in their ability to provide interventions in the area¹².

More recent studies have sought to obtain a better understanding of the provision of specific PC content in Occupational Therapy training, the resources needed to offer more efficient and effective investigations¹³⁻¹⁴, and also to identify the skills and knowledge necessary for practical competence. in working with people living with a terminal illness¹⁵⁻¹⁷.

But, despite the increase in references in palliative care, this quantity and quality of professional knowledge still generates insecurity when monitoring the demands of the palliative population, highlighting the fragility of current undergraduate occupational therapy curricula to adequately prepare future professionals. This intrinsic feeling of not being prepared has important implications for the way occupational therapists perceive their self-confidence in practice and in the dissemination of their professional contribution^{13,15}. Thus, this study aims to understand the educational needs and challenges perceived by occupational therapists who work in palliative care in oncology.

METHODS

This is a research with a quantitative-qualitative approach, with a mixed, sequential and explanatory method, with the purpose of implementing a qualitative element to explain the initial quantitative results¹⁸⁻¹⁹.

Initially, a search was carried out for health establishments qualified as a High Complexity Care Unit in Oncology (UNACON) or as a High Complexity Care Center in Oncology (CACON) of the Unified Health System (SUS), registered with the Brazilian National Cancer Institute (INCA), from June to October 2017.

A non-probabilistic sample was used and, for convenience, an invitation to participate was offered to all occupational therapists who responded to the initial contact, registered and active in the SUS, who were working or had worked, for at least one year, in oncological palliative care, with a pediatric or adult oncological population, participating or not in multiprofessional teams, not necessarily called "Palliative Care".

Data were collected between January and September 2018, in two phases. The first, with a quantitative approach, comprised the application of an online Survey²⁰ questionnaire, in which the following questions were asked: work experience in PC; year of graduation region; of course;

thematic inclusion of PC and oncology in the undergraduate course; perception about the preparation to take up the job in the CP; seeking technical supervision for CP; perception of specific professional/educational topics in PC for the practice of Occupational Therapy.

In the second phase, with a qualitative approach, a semi-structured online interview²¹ was carried out to elucidate the data in depth, with the following questions:

- *What changes in your practice when working in Palliative Care?*
- *What are the reasons for referral to Occupational Therapy?*
- *What kind of assessments are applied? How does this process take place?*
- *Are interventions completed/completed? How does this process take place?*
- *What are the challenges faced and how do you overcome them when working in Palliative Care?*
- *Could you talk more about that, please.*
- *What are the support needs for professionals that you consider to be pressing? Could you talk more about that, please.*
- *What is the biggest contribution of Occupational Therapy in Palliative Care? Could you talk more about that, please.*

For the second phase, occupational therapists included in the first phase of each region participated, randomly selected, who were identified by acronyms (PS, PND and PSD), aiming at anonymity.

Descriptive statistics²⁰ anchored the analysis of quantitative data, allowing a global and understandable view of the information contained in the data set that were saved and, later, inserted into a data sheet in the Excel[®] program. The data, after systematization and organization, were presented descriptively by categories or intervals for each item in the format of tables and graphs.

In the qualitative phase, a “theoretical” thematic analysis was adopted aimed at the analytical interest of the body of the interviews, identifying, analyzing and reporting patterns (themes) arising from the data. This form of thematic analysis tends to provide less of a rich description of the data in general, and more of a detailed analysis of some aspects of the data²¹⁻²².

The study was approved by the Ethics Committee in Research on Human Beings of the Universidade Federal de São Carlos, under opinion No. 2,358,267, on October 30, 2017. Participants were sent, for acceptance and signature of their participation, the Free and Informed Consent Form (ICF), prepared in accordance with Resolution 466/2012 of the Brazilian National Health Council.

RESULTS

At first, 69 occupational therapists were identified as potential participants and contact was made with 39 of them; but 18 of them agreed to participate (45%).

In Table 1, there was a predominance of females (94.4%); half had training between 2010 and 2015; in universities in the Southeast region of Brazil (55.5%); with one to three years of work experience (55.5%), followed by three years (22.2%); feeling “unprepared” to work in palliative care (78.8%); and the search for technical supervision occurred in 38.8%.

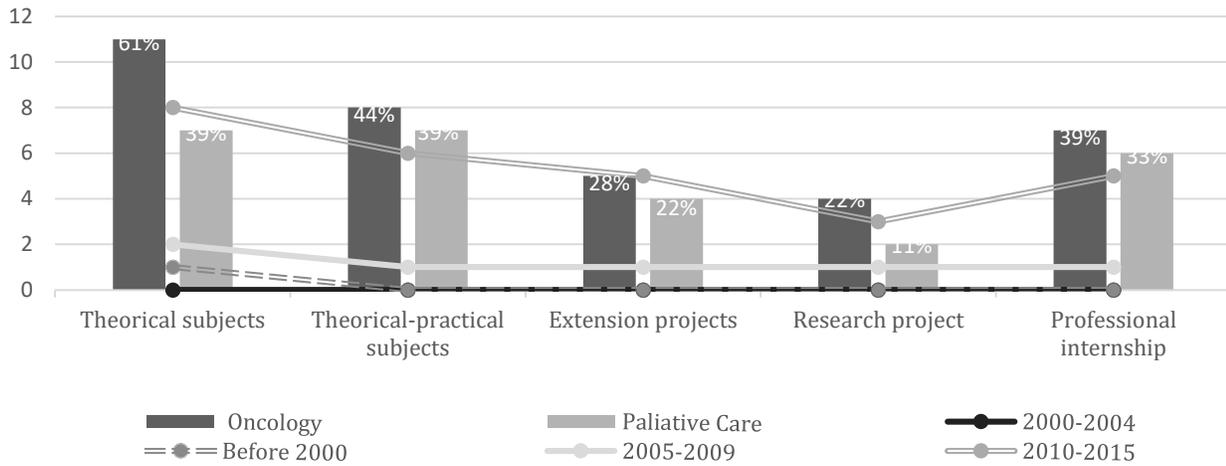
Graph 1 shows that, in relation to professional training during graduation, the type of opportunity for the oncological approach was in theoretical subjects (61%), and less than half received specific training in palliative care. When showing trends by temporality, it was found that the offer of content was mostly from the year 2005.

Graph 2 shows that few have completed postgraduate training, such as a refresher course (39%), considered in themselves as part of the graduation conclusion modality. Participants with training between 2010 and 2015 had greater investment in different types of theoretical, practical and research postgraduate training.

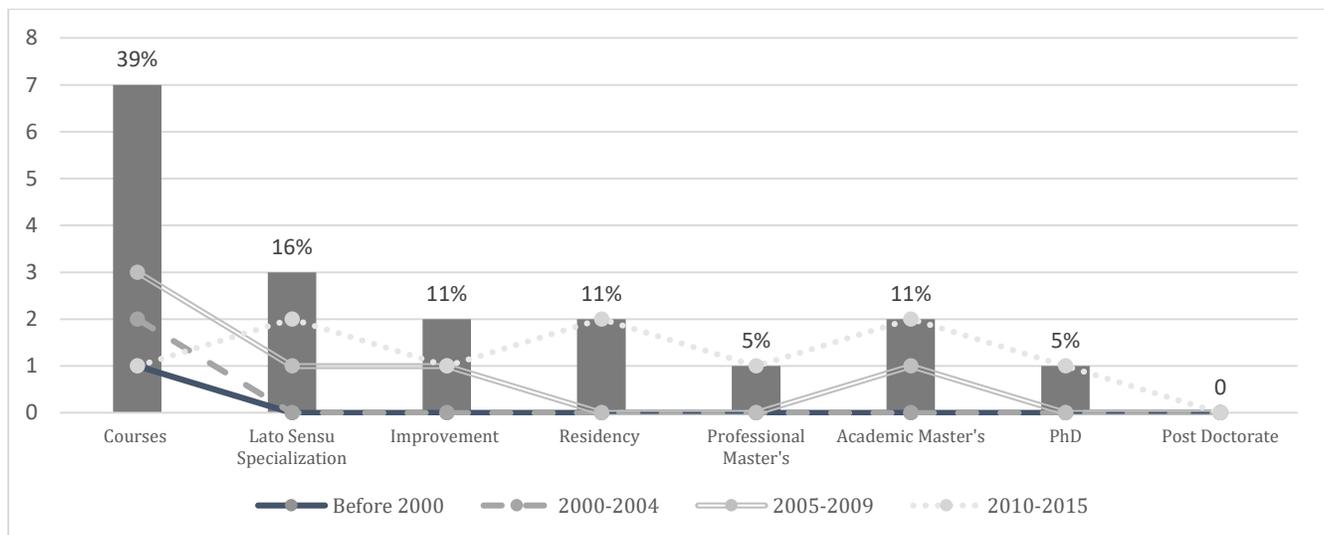
Table 1. Occupational therapists and relationship with palliative care. São Carlos-SP. Brazil. 2018

Item	No	%
Biological sex		
Female	17	94.4%
Male	1	5.6%
Year of graduation		
Before 2000	2	11.1%
2000 – 2004	3	16.7%
2005 – 2009	4	22.2%
2010 – 2015	9	50.0%
Region of the country the course took place		
Northern region	1	5.6%
Northeastern region	5	27.8%
Southeastern region	10	55.5%
South region	2	11.1%
How did you feel to work in Oncology Palliative Care?		
Very prepared	0	0%
Moderately prepared	5	27.8%
Unprepared	13	72.2%
Years of experience		
1 - 3 years	10	55.5%
4 - 6 years	4	22.2%
7 - 10 years	2	11.1%
More than 10 years	2	11.1%
Looking for Professional Supervision in Palliative Care?		
Yes	7	38.8%
No	11	61.2%

Graph 1. Opportunity to offer oncology and palliative care at graduation in relation to the year of training. São Carlos-SP. Brazil. 2018.



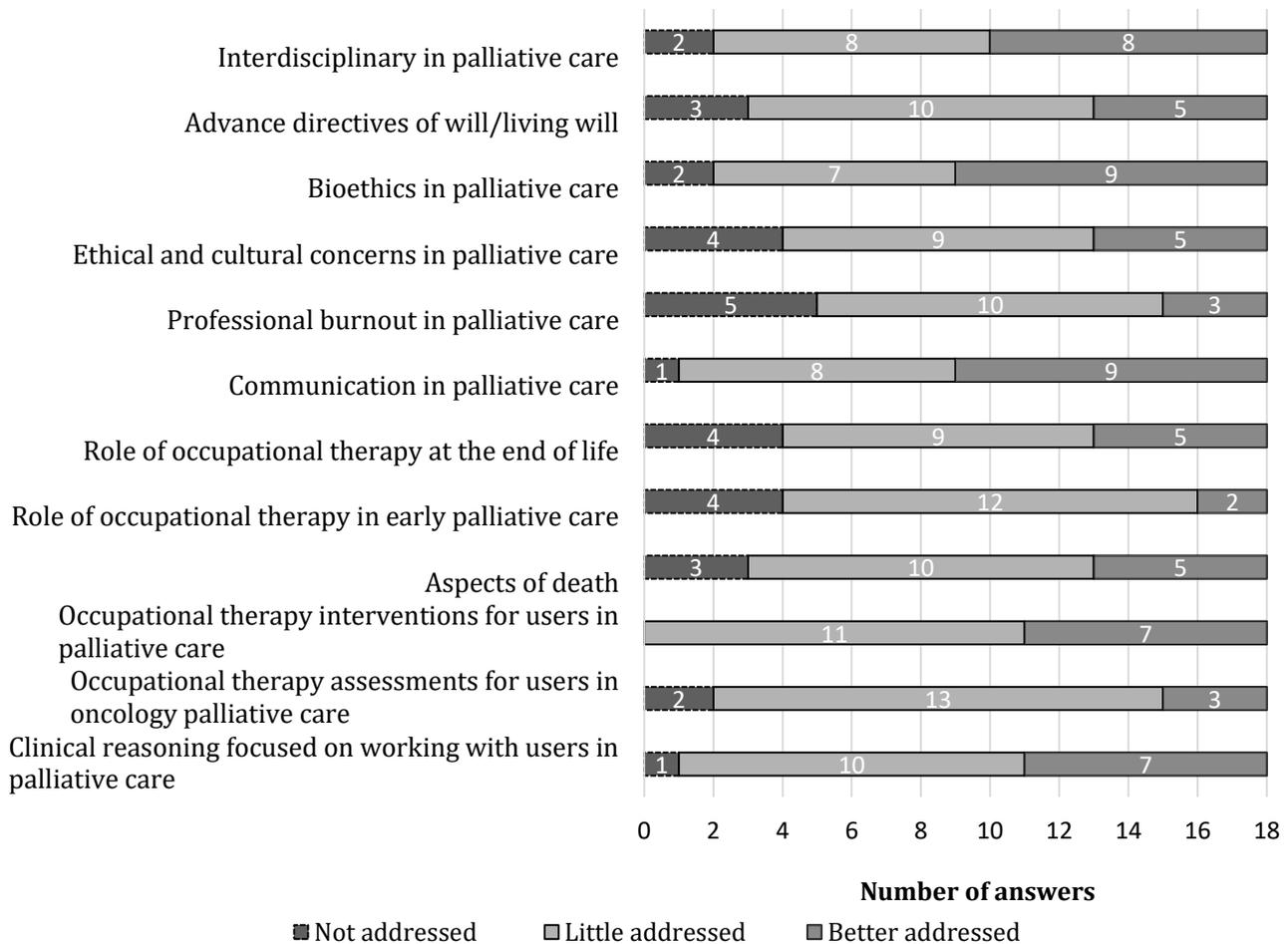
Graph 2. Types of training performed after graduation by occupational therapists in relation to the year of graduation. São Carlos-SP. Brazil. 2018.



Graph 3 presents the percentage related to three forms of classification: not addressed, little addressed and better addressed, for 12 professional/educational topics (content), specific to palliative care in Occupational Therapy. It is identified that 91.6% of the topics (No=11) had the item “little addressed” as their main choice. As “best addressed”, there is bioethics and communication in palliative care (50%). The topic of professional “burnout” in palliative care was considered the least addressed.

It was identified, as shown in Graph 4, that 66% considered contextual factors such as: physical environment, availability of material; and professional factors related to compression and teamwork, the difficulty of accepting new paradigms in palliative care by other teams.

Graph 3. Professional and educational topics in palliative care addressed in occupational therapy. São Carlos-SP. Brazil. 2018



In the second part of the research, three occupational therapists participated, one from each region of the country (south - PS, northeast - PNE and southeast - PSE).

Three categories emerged: *Training in oncological palliative care during professional trajectory*; *Challenges during performance in oncological palliative care in the hospital setting*; and *Development of the professional category in palliative care*.

Training in oncological palliative care during professional trajectory

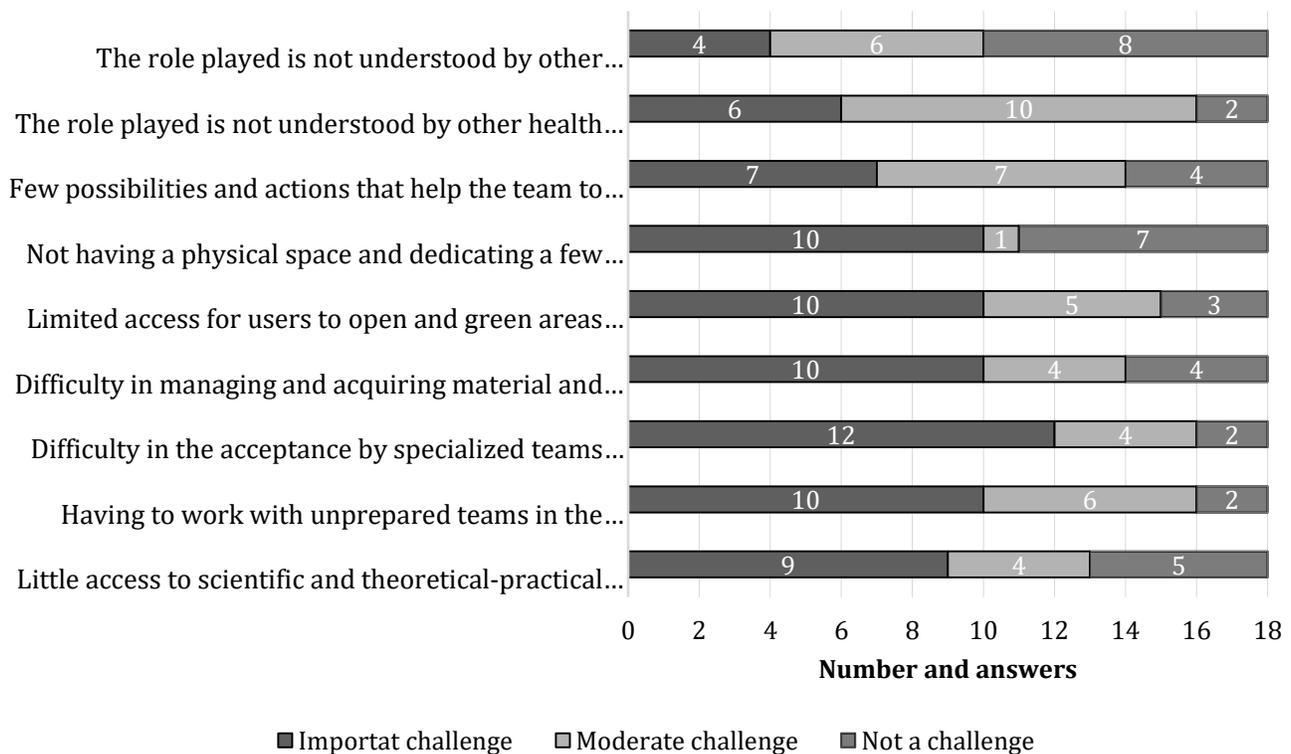
From the descriptions, the themes related to palliative care and oncology were not included as part of the curriculum, with little contact with the theme. However, some experiences were identified in the undergraduate course in oncological diagnoses, which motivated the search for knowledge in the area and practical-personal learning:

At graduation, 12 years ago, I didn't even hear about Palliative Care, so I never studied about it; I've started studying it now that I entered the hospital. (PS)

In my graduation, I had no basis, none, none [...], so much so that I only knew about this type of assistance when my mother went through it, so it was always a personal investment, since the time of graduation I went behind this internship in Oncology, then in residency and now in my service. (PNE)

There was evidence of an investment by the participants in their theoretical and practical improvement throughout their professional trajectory, in different areas such as neurological, motor, cognitive, sensory rehabilitation, in collective health and management, which does not guarantee the acquisition of knowledge more directly related to the palliative care area.

Graph 4. Challenges listed by Occupational Therapists at work in palliative care. São Carlos, SP, Brazil. 2018.



The difficulty in finding courses was due to the high economic cost and the centralization of training places. However, some work institutions facilitated the search for these opportunities, through incentives and financial support or in the management of partnerships with academic programs or activities by specialists in the same institutions:

Today, in the committee, there were some specialization opportunities, a palliative care training course, which I really thought was very expensive, and I really like that technical thing! [...] and then, as there is the issue of residency, and I have two other postgraduate degrees in the area of public health and management [...] so I have not yet invested in a specialization to have the title of palliative care, but, we are improving ourselves in courses, both distance and face-to-face. (PNE)

I work here [the institution] as a partner of São Judas Institute Research, so they said: let's put you in this training and, I went, and it was interesting because it was specific to the Occupational Therapy service. (PSE)

The presence of Occupational Therapists in study groups and scientific committees certifies the production of multiprofessional knowledge that is being developed and disseminated in different academic events, with or without the financial support of research funding institutions:

I already had a group of several OTs in SP that are the same as those in the association. We formed a study group on pain and Palliative Care, this group was previous, it was my life at the institution, so when I entered the institution and got involved in the Palliative Care committee and I went to think about it for this service. I already brought this background from this group, we met regularly to study writing and create critical mass in what relates to PC and TO [...]. (PSE)

So, I'm part of the PC committee, and that's how we study and participate in congresses. Just now, we won registration in an important congress on cancer that will take place in SP. We will present the experiences in the area and the hospital will pay for all the infrastructure, and then, before the congress, there will be a course on cancer rehabilitation. The entire team remains interested and we get back together to attend the congresses [...]. (PNE)

Professional training at the undergraduate and graduate level is noted as a still challenging aspect, repeatedly addressing the need to implement theoretical and practical content in undergraduate courses, and fostering the development of permanent education spaces for professionals.

The job market is asking for this, qualified people, they cannot be depending on Undergraduate Studies. The academy has an obligation to follow the job market. Students are arriving without any content, to exercise a practice. (PDE)

The communication of study groups should be further expanded, which is not limited to the academic scenario. (PS)

Challenges during performance in oncological palliative care in the hospital setting

The biggest challenge perceived by the participants corresponds to the restricted view of the profession by other health professionals, which limits professional performance, as many actions are no longer validated. Other team professionals did not recognize and/or have difficulty identifying the complexity of planning and the breadth of occupational therapy interventions that may be necessary for the complete well-being of patients, and, on some occasions, they reported that there is a distorted understanding of the focus of the therapeutic process and purpose, attributing to them other values, such as commercial or recreational in nature.

In fact, what I feel here is that they are not interested in recognizing it, they do not know what it is, and they are not even interested in wanting to know what we do, I am very disappointed here in this region with this [...] distort the value of therapeutic activities to make it more profitable and promote their sale, so "it" says: let's make crafts to earn money or produce to sell. (PS)

Also, the availability of equipment is limited and, affecting the ability to meet the needs of users, and sometimes they used personal resources to meet the hospital's need. The time and space needed to organize the equipment was also considered another challenge:

We don't have much resources in the hospital, which is not just a reality here, I invest a lot and buy some materials with my own money. (PNE)

The hospital doesn't have resources, so much so that I wanted a room, but the hospital doesn't have the physical space for that, but so, resource of physical material, they buy more furniture, no. There should be more financial support from the hospitals where you work. (PS)

Likewise, it was emphasized that working in this clinical area was emotionally challenging, and it was important to seek strategies to avoid burnout, such as: psychotherapy, collective lunches and the use of other work spaces:

There is a feeling of sadness, sometimes, when the person dies, we're shocked. (PS)

The OT group is very cohesive, our lunches are very therapeutic, and I have a personal issue with psychotherapy, I have already started [...] one thing that bothers me is not being in the ward for a long time, but at the same time for I think it's good for me, because I have another space to burn my energy when I'm not feeling well. (PNE)

It's a bonding area, it requires a lot of personal issues, so we need something beforehand. (PSE)

However, there are particularities in which personal and professional boundaries can be closely linked:

The medical chief of the ward asked for an Occupational Therapist for Oncology, and then a colleague went, and it took two months, she couldn't go to work seeing the face of death all day, she says that she dealt with her issues and that she

couldn't do it. Then, I raised my hand to work in this area, and everyone looked at me, because it had been a very short time since I had lost my mother to breast cancer" [...] the worst phase in this area of mine is the month of July, which is the month my mother died [month of hospitalization, birthday and death] that's why I take a vacation in July, because I don't work. (PNE)

Development of the professional category in palliative care

There was a lack of studies with evidence, protocols and measures/scores for use in Occupational Therapy in palliative care. Those that exist, study criteria that are less close to the specific domains of Occupational Therapy, and yet, without contextual link with Brazilian culture:

We need more studies and evaluations, I find it interesting to have more references on adult Oncology, I only see information and OT experiences with children. (PS)

The scientific association wants to talk to trained occupational therapists who are in practice to discuss the paths of Occupational Therapy in Palliative Care to build "the Brazilian way" of doing OT in PC. (PSE)

The lack of evidence or guidelines for the practice of Occupational Therapy in this area was shown, and was perceived as something that disfavors the understanding of the performance and impacts on daily practice and on the ability to argue before the team their clinical/professional reasoning:

I think we need to get together, get to know each other, to standardize what the category does, knowing about the work of others does not allow us to standardize even the evaluations themselves, while I'm thinking about the COPM, somewhere, someone has already done it and seen it whether it's worth it or not. (PNE)

There's no request for Occupational therapists, they don't understand; I find it difficult for the project to have a greater acceptance because my project did not have much acceptance. In fact, what I feel here is that they are not interested in recognizing it, they do not know what it is, and they are not even interested in wanting to know what we do, I am very disappointed here in this region with this. (PS)

The lack of practical and scientific evidence in the country was described, through academic and scientific meetings and training:

The association has worked with the regional and federal councils that took us to two regions of Brazil, we held seminars to discuss OT in a hospital context and OT in CP [...] today we are experiencing a moment in Occupational Therapy in Brazil, where we have a very good distribution of expertise, there are people writing, there are people working, with assistance in the area, according to reality. (PSE)

We still need to unite more, create working groups and discussions about it for us to strengthen ourselves, even to show our peers what we do. (PNE)

Investing in the project, I also went after studies and courses, which are all very far away, here there are very few courses in PC and Oncology. The team is interested in participating in the courses, but everything is very distant. It would be nice to provide this kind of conversation, an online study group, I miss it a lot, even conversation regardless of the region or states. (PS)

DISCUSSION

Based on educational needs, 72% of the participants expressed feeling “little” prepared to work in palliative care; a feeling related, according to the interviewees, to the limited amount of content on the subject at graduation. These data are similar to previous studies, in which the majority of Occupational Therapists expressed a feeling of unpreparedness for the practice, with the population that presents a progressive and advanced chronic disease, after graduation, due to the limited theoretical content and the little time dedicated the theme in graduation^{13,16}. It can be inferred that, 28 years after the first investigation, there is still a tendency of low professional security in this area, attributed to the level of preparation in Palliative Care at graduation.

However, unlike other studies¹³⁻¹⁴, the confidence to practice in this approach was not linked to the amount of participation in educational spaces at graduation, and participants who were not close at graduation felt moderately prepared in the same way as participants with some experience during their graduate training in palliative care, which could be related to the specific teaching contexts of each faculty, which may present disparities in quality, as well as in the quantity of these experiences and pedagogical material offered.

The inclusion of educational themes in palliative care was identified as more recent than oncological ones, only 39% of the participants reported having a thematic approach, as in other studies¹³⁻¹⁴. Thematic incorporation of PC has been taking place over the last two decades, so it is possible that newly graduated occupational therapists are more likely to receive content. This fact was verified in the results in which the participants with less experience had received more specific education, corroborating international studies on the trend of increasing this type of content in training¹³.

This increase was identified in topics related to topics such as bioethics and communication in PC, which 50% of the participants indicated as “best approached”. However, themes linked to advance directives and living will, ethical and cultural concerns, the role of Occupational Therapy in early end-of-life care, aspects of death, use of assessments and interventions, and

clinical/professional reasoning in working with users in PC, which correspond to 91.6% of the topics listed, were recognized as “little discussed”.

Of these questions, the study developed by Meredith in 2010¹³ raised, together with the Occupational Therapy programs in Australia and New Zealand, specific teaching factors relevant to PC care, such as: concept, medical factors (disease progression), Occupational Therapy factors (impact on function, roles and interventions), psychosocial factors (death, bereavement, spirituality, impact of culture, self-awareness and self-care) and administrative factors (PC services in the health system). In the Brazilian context, there is a need for specific training during graduation on: Oncology and Palliative Care, so that the trained professional is able to develop his work, making his action more valid²³⁻²⁴.

The multiple modalities of thematic presentation were also evaluated, and the PC content was offered mainly as theoretical subjects, with less approximation to practice and research, both at undergraduate and graduate levels.

Previous studies^{8-9,13,15-16} have shown the need to incorporate experiences to ensure applied learning, using roleplay, observation, clinical case studies and practical stories and guest speakers working in this field, as well as incremental practices with the population in palliative care, which allow for the development and improvement of attitudes, recognition of their own feelings in relation to the end of life and death, for the promotion of appropriate relationships between future professionals, subject and family; this is because occupational therapists who work with patients living with a terminal illness enter the therapeutic relationship with their own moral beliefs, values and concepts about death.

Professional challenges included personal factors that affected clinical-professional reasoning, with emphasis on: life experience; emotional skills, teamwork and burnout, present in other investigations²⁵.

On the other hand, life experience, as a positive factor, helped in the support of personal skills, above theoretical knowledge and action strategies. Although emotional intelligence is an important aspect in any clinical area, previous studies have identified that it is particularly important when working with terminal patients, since understanding their own emotions and personal attitudes about death and dying are relevant^{16,26}. Reinforcing the need to offer spaces within the academy so that students have, in advance, the possibility to reflect on their beliefs and values related to the finitude of life, as well as their own mortality^{13,15-17}.

Research²⁷ has shown that working with patients living with a terminal illness can be emotionally challenging and has been known to cause high levels of burnout and stress²⁷. Professional burnout was pointed out by the participating occupational therapists as a lived topic, but not addressed in education, a fact possibly attributed to the challenge that this area demands.

The use of some strategies to avoid emotional exhaustion, such as: psychotherapy, group lunches and linking to other work spaces, was addressed. The strategies discussed by occupational therapists in this study coincide with previous research that suggests that balancing and maintaining a good work-life balance significantly reduces burnout and increases job satisfaction and retention²⁸⁻²⁹.

A continuous reformulation of professional roles must take place in the practical and theoretical context of teams. Areas highlighted for development include clear communication paths and education and information strategies about the occupational therapist's role in PC^{28,30}.

CONCLUSION

There is a weakness in the training of Occupational Therapists that, in some way, implies the insertion and professional development in the scenarios in which they deal with end-of-life issues.

As limitations, there is the impossibility of generalizations, since the number of responding participants was small, although for the area (OT in PC), 18 participants, it is a considerable value.

Despite this, this study relates palliative care in Occupational Therapy, which can be considered one of the first national studies developed, offering a view on educational needs, as well as on the professional challenges that need to be known and worked on.

Questions from this study raise suggestions for future research, such as exploring and deepening the contents of Palliative Care to be covered in undergraduate curricula, as well as ideas for the teaching-learning process during the training and continuing education of occupational therapists.

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Viviana Marcela León Perilla participated in the design, collection and analysis of data and writing. **Regina Helena Vitale Torkomian Joaquim** contributed to the design, writing and review.

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