

Original Article

Occupational therapy and professional object: theoretical-practical conceptions of professionals in northeastern Brazil

Terapia ocupacional e objeto profissional: concepções teórico-práticas de profissionais no nordeste brasileiro

Ewerton Vieira da Silva França^a , Daniela Tavares Gontijo^a ,
Luanna Correia dos Santos^a , Ricardo Lopes Correia^b 

^aUniversidade Federal de Pernambuco – UFPE, Recife, PE, Brasil.

^bUniversidade Federal do Rio de Janeiro – UFRJ, Rio de Janeiro, RJ, Brasil.

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Abstract

Introduction: In Brazilian occupational therapy, various ways of expressing and understanding its object of intervention and its constituent elements are observed. However, the literature reveals a scarce production of studies on how occupational therapists in practice describe and conceptualize this work object, especially considering experiences in other regions of the country, distinct from the Southeast region. **Objective:** To identify how occupational therapists working in northeastern Brazil describe the professional object of occupational therapy. **Method:** This is a qualitative, exploratory study conducted between September and November 2022 with 33 professionals from various fields of intervention. Data were collected using a semi-structured online questionnaire and analyzed using thematic analysis. **Results:** The occupational therapists described the professional object based on their professional role and its purpose, highlighting the competencies and responsibilities of occupational therapy. These professionals also used a variety of terms to name and characterize their work object in practice, such as occupation, human doing, occupational performance, practical activities, among others. **Conclusion:** Although the term “occupation” stood out in their discourses, it did not always align directly with consistent theoretical, methodological, or practical frameworks. The practical experience of the occupational therapists in this study proved to be the main foundation for explaining their professional know-how.

Keywords: Epistemology, Fundamentals, Professional Identification, Occupational Therapy.

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Resumo

Introdução: Na terapia ocupacional brasileira, diversas formas de expressar e compreender seu objeto de intervenção e elementos constituintes são observadas. Contudo, a literatura revela uma produção escassa de estudos sobre como os terapeutas ocupacionais, atuantes na prática, descrevem e conceituam esse objeto de trabalho, especialmente considerando vivências em outras regiões do país, distintas da região Sudeste. **Objetivo:** Identificar como terapeutas ocupacionais que atuam na região nordeste do Brasil descrevem o objeto profissional da terapia ocupacional. **Método:** Trata-se de um estudo qualitativo, de natureza exploratória, realizado entre setembro e novembro de 2022, com 33 profissionais de diversos campos de intervenção. Os dados foram coletados por meio de um questionário on-line semiestruturado e analisados com base na técnica de análise temática. **Resultados:** As(os) terapeutas ocupacionais descreveram o objeto profissional a partir do seu papel profissional e de sua finalidade, destacando as competências e atribuições da terapia ocupacional. Essas(es) profissionais utilizaram ainda uma variedade de termos para nomear e caracterizar seu objeto de trabalho na atuação prática, como ocupação, fazer humano, desempenho ocupacional, atividades práticas, entre outros. **Conclusão:** Embora o termo “ocupação” tenha se destacado nos discursos, ele nem sempre se associava diretamente a referenciais teóricos, metodológicos ou práticos concordantes. A experiência prática das(os) terapeutas ocupacionais deste estudo demonstrou ser o principal substrato para explicarem o seu saber-fazer profissional.

Palavras-chave: Epistemologia, Fundamentos, Identificação Profissional, Terapia Ocupacional.

Introduction

The various professions are distinguished by the competencies and functions they fulfill in society, with the constitution of their field defined by a professional object (Lancman, 2010). The professional object is understood as the central reference point of a professional field, determining its purpose and specificity in relation to other professions, as well as defining its scope of practice, social function, and the production of specialized knowledge (Caniglia, 2005; Feriotti, 2017).

In the case of Brazilian occupational therapy, throughout its socio-historical trajectory, numerous scholars have examined the development of knowledge and practices related to the profession's object of work (Galheigo et al., 2018). The incorporation of different perspectives, practices, and knowledge, stemming from the process of consolidating national knowledge production, expanding practice settings, and deepening theoretical studies, has not only added tools, resources, and techniques but also guided ways of understanding, conceptualizing, teaching, and making occupational therapy more accessible in Brazil (Figueiredo et al., 2020; Albuquerque et al., 2021; Cardinalli & Silva, 2021).

This pluralistic landscape of the profession has given rise to diverse approaches among professionals to express and understand the professional object of occupational therapy and its constituent elements. Throughout history, various terms and concepts have been used to name and describe this object (Galheigo et al., 2018; Figueiredo et al.,

2020). This characterization also included incorporating different paradigms, philosophies, frameworks, approaches, and models that sought to relate this object to professional practice (Cruz, 2023). As Galheigo et al. (2018, p. 997) point out:

When we name, conceptualize, and convey a message, it reflects, expresses, and defines what and how we do something. Thus, the choice of terms and their meanings in occupational therapy is crucial to the constitution of the theoretical field, its practical application, and even the practical production guided by theoretical delineation. In this way, the strict intrinsic complementarity between knowledge and practice for the profession is understood.

In professional practice, the object of intervention is expressed through terms and concepts defined and interpreted by professionals to represent their practice. According to Barros (2016), terms are the words that designate an expression to which concepts can be linked, composing the vocabulary of a specific profession. A concept, in turn, refers to an idea evoked by terms or a verbal expression, being systematically operationalized within the specific knowledge field. According to Poellnitz (2018), recognizing this plurality of names and conceptualizations in Brazilian occupational therapy allows for the identification of different professionals' perspectives, the theoretical-methodological frameworks underpinning their "thinking-doing," and the terms and concepts they employ in various practice settings.

In Brazil, discussions about the profession's object of work are primarily concentrated in research based on bibliographic studies (Lima et al., 2011; Costa et al., 2013), essays (Magalhães, 2013; Cardinalli & Silva, 2021), conceptual discussions (Lima et al., 2013; Cruz, 2018), systematic reviews (Salles & Matsukura, 2016), and scoping reviews (Figueiredo et al., 2020). These works are mainly conducted by faculty and researchers from academic institutions in the Southeast and South regions of the country (Lopes et al., 2016) and, for the most part, aim to discuss the use and definitions of terms and concepts employed in occupational therapy.

Poellnitz (2018) highlights that terms and concepts are fundamental elements for naming and expressing a specific object of study, as they constitute essential tools of communication and units of knowledge. According to this author, different professionals use concepts that carry their ideas and worldviews, enabling understanding among peers. These concepts are expressed and evoked through the terms that give them meaning and essence.

Although the Brazilian literature addresses the terminology employed in the profession, there is limited production on how occupational therapists from different practice settings, especially in the North, Northeast, and Midwest regions, name, describe, and understand the object of occupational therapy considering their experiences and local knowledge.

According to De Assis & Pinto (2010), disseminating and formalizing these practical experiences from other territories can facilitate the understanding of occupational therapy by the population in general and among professionals by creating parameters that encourage critical discussions and evaluations about "what they do" and "why" in their various fields of intervention.

Considering the specificities of the Northeast region, the central element of this study, it is noted that there are no studies addressing how professionals from this region

produce and describe their perspectives and understandings of this object compared to other regions of Brazil. Vines-Caro (2018) problematizes the validation of a single longitudinal perspective in occupational therapy, warning of the risk of generating an epistemological gap within the profession, deepening tensions between regional knowledge, and hindering dialogue among professionals.

As Feriotti (2017) reflects, recognizing perspectives, frameworks, models, and approaches from other regions of Brazil that express diverse ways of understanding the object of occupational therapy can strengthen professional identity and enhance the recognition of these professionals at the national level considering emerging paradigms and challenges in the profession.

This study aimed to identify how occupational therapists in northeastern Brazil, working in different fields, describe the object of intervention in occupational therapy. Specifically, it sought to identify the elements that influence the development of this object, the terms used to name it, as well as its specificities and the theoretical-methodological frameworks associated with it.

Method

This is a qualitative, exploratory study conducted in a virtual environment through the Google Forms platform between September and November 2022. The study involved 33 cisgender male and female occupational therapists, self-identified, from various fields of professional intervention in the Northeast region of Brazil. Participants worked in public and private institutions or were self-employed, with a minimum of one year of graduate education. Professors from undergraduate occupational therapy courses were excluded because their definition of the professional object is influenced by teaching and academic research practices. The number of participants was determined by the theoretical saturation criterion, with data collection ceasing when regularity and redundancy in the conceptions and meanings presented in the responses were observed.

Data collection

Data were collected using a semi-structured questionnaire created on the Google Forms platform, consisting of 18 questions. These addressed sociodemographic and academic/professional backgrounds, as well as understandings of the occupational therapy object of work: objectives, specificities, and competencies of the profession, and the theoretical-methodological frameworks guiding the interventions performed.

To assist in structuring the questions and systematizing the content addressed, the questionnaire was pre-tested with five occupational therapists practicing in another region of Brazil. These professionals were instructed to analyze the clarity and objectivity of the questions, the questionnaire structure, completion time, and the adopted model.

To reach a broader target population, the research was disseminated online (via Instagram posts and WhatsApp groups with occupational therapists) and through the websites of the Regional Councils of Physical Therapy and Occupational Therapy (CREFITOs) in the Northeast region. The messages included an introduction to the study and a link to the Informed Consent Form (ICF) along with the online questionnaire.

The study followed the ethical guidelines of Resolution No. 466/2012 of the National Health Council (CNS) and the National Research Ethics Commission

(CONEP). It commenced after submission and approval by the Research Ethics Committee of the Federal University of Pernambuco (UFPE), under approval number 5.452.606. Furthermore, to safeguard participant identity and anonymity, the use of pseudonyms was suggested for responses.

Data analysis

Data were analyzed based on Bardin's Content Analysis, using the thematic analysis technique. Responses were processed through distribution and categorization, enabling the identification of meaning cores (themes) based on their frequency of appearance. These themes were subsequently grouped, systematized, and analyzed (Bardin, 2016).

Results and Discussion

Participant characterization and professional practice

Most respondents were cisgender women (76%, n=25), with a predominance of white participants (55%, n=18). The average age was 37 years, ranging from 23 to 56 years, with the largest group (39%, n=13) aged between 31 and 40 years.

Table 1. Sociodemographic and educational profile of participants.

Variables	n	%
Gender identity		
Cisgender woman	25	76%
Cisgender man	7	21%
Prefer not to declare	1	3%
Self-declared race/skin color		
White	18	55%
Brown	12	36%
Black	3	9%
Age group (years)		
20–30	10	30%
31–40	13	39%
41–50	8	24%
51–60	2	6%
States in the Northeast region of Brazil where they work		
Pernambuco	23	70%
Alagoas	3	9%
Maranhão	2	6%
Sergipe	2	6%
Bahia	1	3%
Ceará	1	3%
Rio Grande do Norte	1	3%

Table 1. Continued...

Variables	n	%
Practice locations*		
Public service	19	58%
Self-employed	15	45%
Private service	14	42%
Internship preceptorship	9	27%
Multidisciplinary residency preceptorship	9	27%
Non-governmental organization (NGO)	1	3%
Temporary military	1	3%
Multidisciplinary residency	1	3%
Professional practice areas*		
Child development/neuro-pediatrics	15	45%
Hospital context	10	30%
Mental health	7	21%
Neurological and cognitive rehabilitation	7	21%
Physical rehabilitation/physical and functional health	5	15%
Family health	5	15%
Gerontology/older adult health	4	12%
School context	1	3%
Social context	1	3%
Educational institution		
Public	26	79%
Private	7	21%
Time since graduation		
1-5 years	9	27%
6-10 years	5	15%
11-20 years	14	42%
>20 years	5	15%
Graduate education*		
Specialization/advanced education	26	79%
Multidisciplinary residency	10	30%
Master's degree	7	21%
Doctorate	2	6%
Experience in teaching and/or internship supervision		
Yes	19	58%
No	14	42%

Source: Prepared by the authors (2023). *More than one response option was possible for the question.

A variety of professional practice settings was identified (Table 1), with public services standing out, including hospitals within the Unified Health System (SUS), which account

for the largest proportion of occupational therapists (58%, n=19). Among these, 27% (n=9) reported also working as preceptors in multidisciplinary residency programs.

Various professional practice areas were also mentioned (Table 1), with emphasis on Child Development/Neuro-pediatrics (45%, n=15), the Hospital Context (30%, n=10), and both Mental Health and Neurological and Cognitive Rehabilitation, each at 21% (n=7). Within the hospital context, given the diversity of sectors, the following subfields of practice were reported: outpatient clinics (15%, n=5), inpatient wards and Intensive Care Units (ICU) (12%, n=4), and only one respondent indicated involvement in palliative care and the Home Care Service (SAD-SUS). Among all respondents, 55% (n=18) reported working in a single area of intervention, 36% (n=12) in two areas, and only 9% (n=3) in three or more areas.

In these varied practice settings and areas, the professionals described different interventions aligned with the population assisted (Table 2).

Most of these actions were also included in the List of Occupational Therapy Procedures (LPTO), developed by the Brazilian Association of Occupational Therapists (ABRATO) and published by the Conselho Federal de Fisioterapia e Terapia Ocupacional (Brasil, 2007).

It is pertinent to highlight that the diversity of practice settings and areas of expertise in professionals' daily activities reflected in how they described their professional object. It was observed that, depending on the field of practice and area of expertise, professionals employed either generalist discourse—common to various health professions—or a more specific perspective focused on their professional role, emphasizing the competence and role of occupational therapy compared to other professions:

Facilitating people's everyday lives by helping them accomplish what they want, but face limitations, whether physical, psychological, or cognitive. (Nina – Mental Health and Hospital Context).

A professional who uses human occupation as a tool to restore function. (Júnior – Hospital Context).

Data on academic backgrounds, presented in Table 1, show that 79% (n=26) graduated from public institutions, with only one professional educated outside the Northeast region. Regarding continuing education through graduate courses, the highest percentage was in *lato sensu* courses, such as specialization/advanced education (79%, n=26), followed by multidisciplinary residencies (30%, n=10), and *stricto sensu* courses, such as master's degrees (21%, n=7) and doctorates (6%, n=2). More than half (58%, n=19) also reported having experience in teaching and/or internship supervision at some point in their professional trajectory.

The average time since graduation in occupational therapy was eight years. Among the participants, 42% (n=14) had between 11 and 20 years of experience (Table 1). However, despite the largest proportion of occupational therapists having substantial professional experience, the data indicated a reduced number of professionals pursuing *stricto sensu* graduate courses (n=9). This finding can partly be explained by the study's target population, who often seek *lato sensu* courses for practical tools (techniques, procedures, approaches) to enhance their professional practice, which is not typically the focus of *stricto sensu* courses, especially academic programs centered on research and teaching.

Table 2. Occupational-therapeutic interventions performed by professionals.

Patients /Clients / Users	Evaluative procedures	Reception (n=5)	
		Anamnesis (n=3)	
		Activity and occupational performance analysis (n=3)	
		Application of standardized instruments (n=1)	
	Intervention plan	Development of an occupational-therapeutic plan (n=7)	
		Issuance of technical reports (n=4)	
		Reassessment (n=3)	
		Recording in patient charts (n=2)	
		Development of an occupational-therapeutic diagnosis (n=1)	
		Preparation for occupational-therapeutic discharge (n=1)	
		Skills	Motor (n=3)
			Processual (n=2)
	Stimulation	Social interaction (n=2)	
		Cognitive (n=5)	
	Intervention	Training	Early (n=3)
			Visual (n=1)
		Rehabilitation	Activities of daily living (ADL) (n=7)
			Motor (n=2)
			Cognitive (n=1)
			Physical (n=5)
			General* (n=4)
			Cognitive (n=4)
			Psychosocial (n=1)
			Professional (n=1)
	Guidance	Family members (n=7)	
		Caregivers (n=3)	
	Visits	Home (n=4)	
Institutional (n=2)			
Multidisciplinary team	Routine structuring (n=2)		
	Therapeutic group (n=2)		
	Prevention of cognitive impairments (n=2)		
	Orthotics prescription and manufacturing (n=2)		
	Palliative care (n=1)		
	Multidisciplinary assistance (n=3)		
	Matrix support	Case discussion (n=5)	
		Conversation circle (n=3)	
		Team meeting	Clinical (n=2)
	Organizational (n=2)		
Continuing education	Intra- and intersectoral integration (n=2)		
	Health promotion and protection (n=3)		
Students	Teaching	Education (n=1)	
		Internship preceptorship (n=9)	
		Residency preceptorship (n=9)	

Source: Prepared by the authors (2023). *Not specified by the professionals.

As for continuing education, professionals reported various specialization/advanced education courses completed during their careers, such as Applied Behavior Analysis (ABA), Denver Model, and Psychomotricity. However, it is known that such courses often address subjects and knowledge from other professions that do not include occupational therapy knowledge or the professional object of the field in their curricula, except for some multidisciplinary residency programs that consider this specificity. Some study participants, in fact, described purposes common to other professional groups without specifying the distinctive attributes of occupational therapy:

- Question 2 of the questionnaire: What are your occupational-therapeutic objectives?

To help the patient believe in their potential, facilitating moments of hope and overcoming challenges. (Nina – Mental Health and Hospital Context).

Intellectual rehabilitation. (Erivânia Vieira – Neurological and Cognitive Rehabilitation).

Achieving developmental milestones or moving close to them in their progression. (Helen – Child Development/Neuro-pediatrics).

From this perspective, Yerxa (2017) highlights that the primary cause of identity crises in occupational therapy was precisely the branching into associated specialties, which distanced the field from knowledge related to the profession's foundations. This author also argues that this knowledge can be misunderstood and improperly integrated by professionals, potentially affecting their understanding of their professional object and its application in practice. For Turner & Knight (2015), identity challenges may also arise from the use of generic practices and terms that do not reflect the real purpose and social function of occupational therapy.

The data from this study highlight several factors that can influence the conception and understanding of the professional object of occupational therapy. The diverse practice settings, professional areas of expertise, and educational trajectories of professionals seem to contribute to shaping a notion of this object, structured around these elements and reflected in their professional thinking and actions. However, it is important to note that this research used a specific sample, which limits the generalization and confirmation of the findings, restricting them to pointing out factors that may influence the conception of this professional object.

The role of occupational therapy

Participants in the study were asked how they explain what occupational therapy is to other professionals and to the population they assist. This question sought to identify, through the professionals' explanations, how they define and understand the work object of occupational therapy. The data showed that most professionals (n=25) relied on the purpose of their interventions—i.e., the “why” of their actions (what they aim to achieve)—to define their professional object. Occupational therapists highlighted similar sets of arguments for both groups, using examples of practical applications, professional jargon, and methods employed. However, when explanations were directed at the assisted population, 16

professionals included more conceptual elements and practical examples, aiming to describe the purpose of their professional practice in greater detail.

Explanations to the population assisted:

The focus of the work is always related to activities that are important to you, that you need to do, or that others expect you to do. (Pessoa – Gerontology/Older Adult Health).

I help you become independent in activities present in your everyday routine, from the moment you wake up to the time you go to bed. (Fábio – Physical Rehabilitation/Physical and Functional Health).

I am Aunt ..., Occupational Therapist, and I will help you not depend on other people to perform your own occupations and, together with you, develop desired and effective skills to improve your everyday life. (Souza – Family Health and Child Development/Neuro-pediatrics).

Explanations aimed at other health professionals:

Through the analysis of performance and activity, the occupational therapist works to rehabilitate or stimulate independence and autonomy in ADLs and IADLs. (Joaninha – Child Development/Neuro-pediatrics).

I perform rehabilitation for patients who, because of neurological sequelae, have difficulty performing their occupations independently. (Fábio – Physical Rehabilitation/Physical and Functional Health).

My goal is to enable or rehabilitate individuals to perform their ADLs, leading them to autonomy and independence in their everyday and practical activities. (Souza – Family Health and Child Development/Neuro-pediatrics).

The discourse of the occupational therapists participating in this study revealed various elements (purpose, methods used, actions performed) constituting the professional object of their work. This observation is discussed by Feriotti (2017), who considers that a single professional object can be multifaceted from different perspectives depending on the contexts in which professionals explain it, the care demands related to practice, and knowledge production.

In the discourse aimed at the general population, it was observed that professionals sought to value the occupational experiences of individuals in their contexts, attempting to align occupational-therapeutic intervention with the diverse realities and occupations of the population assisted. This was evident in the various examples of everyday activities and the specific occupational therapy perspective applied to them (Marcolino, 2017).

Nevertheless, although professionals use and value this narrative, their communication with other team members appears to rely on a generalist discourse that simplifies the complexity of human experience in occupations. It focuses on describing specific therapeutic objectives, methods, techniques, and procedures, suggesting a need to differentiate and validate their practice in relation to other professions (Marcolino, 2017).

Although certain elements of the discourse were emphasized when addressing both the population assisted and other team members, in both cases, highlighting the purpose of occupational therapy’s professional object seems to provide greater clarity regarding the social function of their professional work (Caniglia, 2005).

Development of the professional object

As previously mentioned, most occupational therapists reported performing interventions aimed at a specific purpose, i.e., the “why” behind their actions. According to Caniglia (2005), the purpose of the profession reflects the very conception of the professional object, as it expresses its specificity and identity. The same purpose cannot coexist among different professions, just as the professional object cannot.

To this end, professionals utilized the combination of two key elements to develop this work object: their professional role (what they do), generally associated with a verb, and the purpose of their intervention per se (why they do it).

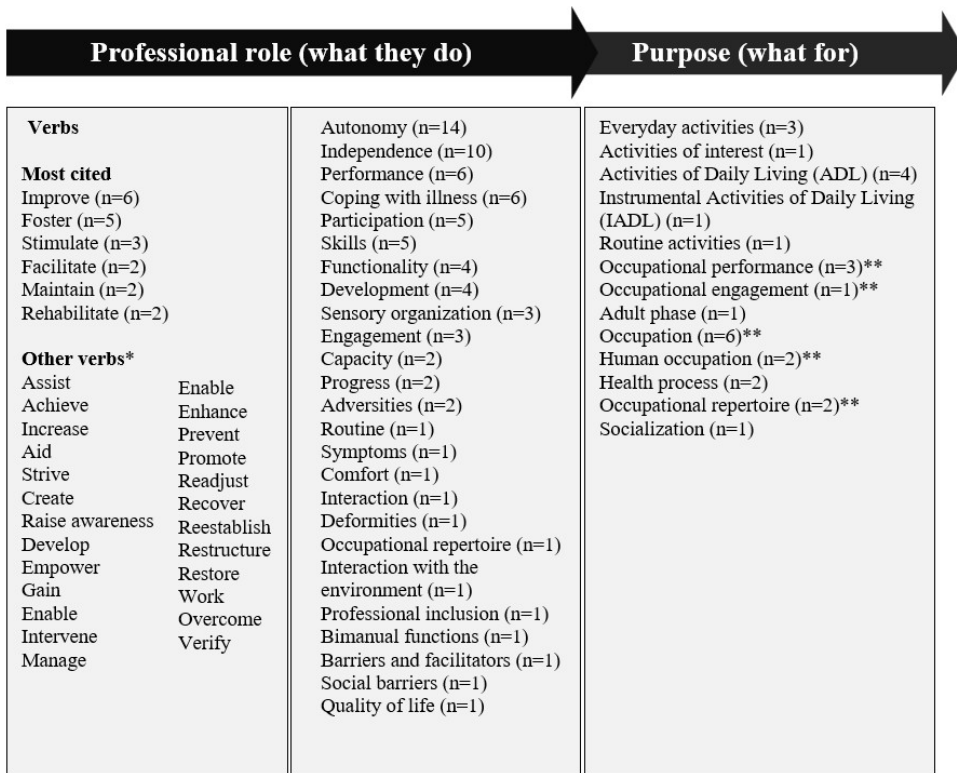


Figure 1. Constitution of the professional object according to the professionals. Source: Prepared by the authors (2023). *Only one citation. **Occupation and associated terms.

Regarding the professional role, a total of 31 verbs were mentioned to describe “what they do” as occupational therapists. Among the diversity of verbs, the three most cited were improve (n=6), foster (n=5), and stimulate (n=3). Most occupational therapists reported performing interventions with a specific purpose:

Improve patient performance in their occupations. (Belo – Hospital Context and Physical Rehabilitation/Physical and Functional Health).

Foster performance components, providing better performance of their occupational roles. (Nandica – Child Development/Neuro-pediatrics).

Stimulate greater participation within the occupational repertoire (ADLs, play, education, and social participation), among other activities. (Beija-flor – Child Development/Neuro-pediatrics).

On the other hand, some professionals did not emphasize the purpose of their actions in their statements:

Development, progress, overcoming social barriers, etc. (Maya – Child Development/Neuro-pediatrics).

Autonomy and independence. (Vanderlei – Mental Health).

Independence and quality of life. (Júlia – Hospital Context and Child Development/Neuro-pediatrics).

Among the various purposes described, some align with the specificity and social role of occupational therapy:

Facilitate engagement in everyday occupations and activities, fostering greater autonomy in their performance. (Xon – Mental Health and Child Development/Neuro-pediatrics).

Improve and/or maintain the individual's functionality, focusing on participation in human occupations. (Pessoa – Gerontology/Older Adult Health).

Enhance the individual's participation in everyday activities. (Estrela – School and Social Context).

However, other purposes reflected a generalist approach shared with other health professionals:

[...] *empower the patient in their health process.* (Jhon – Hospital Context).

Autonomy in adulthood. (Borboleta – Child Development/Neuro-pediatrics).

[...] *socialization and raising awareness of the importance of health promotion and prevention.* (Silva 1 – Family Health).

Concerning generalist purposes shared with other health professions, Medeiros (2010), analyzing the position of occupational therapy within the scientific system, describes that the profession's object of study closely resembles that of other categories. This finding can be explained by the development of occupational therapy itself, which,

according to Machado (1991, as cited in Castelo Branco, 2003, p. 18), “did not originate from occupational therapists, but rather from other professionals such as physicians, nurses, and social workers.” Consequently, the professional object of occupational therapy was influenced by its proximity to the professional objects of other fields (Caniglia, 2005).

Challenges related to focusing on shared purposes, rooted in generalist actions, are discussed in studies by Onório et al. (2018) and Marques et al. (2021). These works highlight the difficulties other health professions face in recognizing and legitimizing the role of occupational therapists within the team, stemming from deviations in interventions from the specific object of the profession.

These professionals also use a variety of terms to name and characterize the purpose (professional object) of their intervention, such as activity (everyday, daily living, and instrumental daily living), occupation (human, performance, engagement, and repertoire), as well as expressions like health process and socialization (Figure 1). As in the existing literature, the terms most cited by participants in this study are also centered around activity and occupation.

However, considering the term occupation and its associated expressions, it appeared in the description of 14 purposes presented by the professionals (Figure 1). This contrasts with findings in Brazilian literature that indicate that the term activity is more commonly used by occupational therapists to refer to their professional object (Lima et al., 2011; Poellnitz, 2018; Poellnitz et al., 2020; Salles & Matsukura, 2016; Figueiredo et al., 2020).

Our detailed and individualized view of the subject during the execution of their occupations. I believe no other health professional has this specific perspective in their everyday routine. (DS – Mental Health).

The specific focus on occupation. (Oliveira – Hospital Context and Family Health).

The focus on occupation in everything we do, all the time, without losing sight of the context. (Pessoa – Gerontology/Older Adult Health).

In the international context, English-language literature shows that the term occupation is widely used to refer to the professional object of occupational therapy, as it was used in the origin of the profession and by its founders. It is noteworthy that in English-speaking countries, terms and concepts employed in occupational therapy are standardized (Constantinidis, 2012; Magalhães, 2013; Schliebener Tobar, 2020). However, this terminology is uncommon in Brazil.

In Brazilian occupational therapy, there is a diversity of terms used to refer to the professional object. As highlighted by the profession’s history, Lima et al. (2013) note that at a certain point in the field’s development, the term activity became universalized, being incorporated as the profession’s object and underpinning its theory and practice. This term came to encompass aspects of everyday life, leisure, and expressive, creative, and productive activities. This preference is explained by the fact that the term occupation has never been widely accepted by Brazilian occupational therapists because of its often-devalued connotation, sometimes linked to the idea of “occupying free

time.” Nonetheless, the word has been present in the profession since its early development in the country (Poellnitz, 2018; Salles & Matsukura, 2016).

According to Poellnitz (2018), several factors can influence the use and adoption of a specific term and its conceptual framework: professionals’ personal identity, their practice and professional trajectory, theoretical-methodological frameworks, and conceptual perspectives. This multiplicity of terms to refer to the object of work can also be understood by the expansion of the profession’s areas and fields of practice, which sought ways to respond to the new demands imposed on the field (Lima et al., 2013).

While recognizing the relevance of defining the professional object described by occupational therapists based on concepts linked to terms such as activity, occupation, health process, and socialization, this study did not identify pre-established concepts or the reasons behind the adoption of specific terms. This research was able to identify the most used terms to refer to the professional object, as well as the circumstances that may influence their choice. From this perspective, future studies in the context of northeastern Brazil are needed to identify the concepts associated with the terms used by occupational therapists in this territory.

Specificities and associated theoretical-methodological and practical frameworks

A specific aspect highlighted by 36% (n=12) of occupational therapists regarding occupational therapy’s object of work was the holistic nature of the profession, described as an intrinsic and identity-defining characteristic.

Being a profession that “sees” the individual as a whole [...] and not in parts, like other professions that fragment the user into parts for treatment. (Souza – Family Health and Child Development/Neuro-pediatrics).

It is a profession that evaluates the individual holistically, within different contexts and areas of performance, enabling independence. (Silva1 – Family Health).

The occupational therapist has a more global view of the patient, the environment, and the interactions and repercussions between them. This professional has the sensitivity to perceive nuances and details of routine, complaints, and how to improve the context affecting the patient’s well-being, autonomy, and independence—aspects often overlooked by other professionals. (Nina – Mental Health and Hospital Context).

Morrison (2021) emphasizes that this holistic perspective in occupational therapy has historical roots in the profession. According to this author, the first generation of professionals sought to understand how diseases affecting one part of the body impacted occupational performance, health, and well-being. This perspective demonstrated the inseparability of body and mind and encouraged reflections on participation in occupations. These principles contributed to developing a perspective that recognizes not only bodily functions and structures but also individual subjective characteristics, culture, contexts, and environments, which were also highlighted by participants in this study.

Another distinctive feature of occupational therapy mentioned by 24% (n=8) of professionals was the “means/methods” used in professional practice. This was especially

emphasized in statements directed at other health professionals, with references to the use of activity as a therapeutic resource (n=5), activity analysis (n=2), and “cognitive, emotional, social, and motor principles” (n=1). These elements may have been reported to differentiate occupational therapy from other professions based on the means used during interventions:

Occupational therapy seeks, through activity, to improve the patient’s capacity to perform their occupations autonomously and independently. (Belo – Hospital Context and Physical Rehabilitation/Physical and Functional Health).

Occupational therapy is responsible for occupational engagement [...] using ABA science and sensory integration notions as therapeutic strategies. (Guerra – Child Development/Neuro-pediatrics).

The use of human occupation as a tool. (Júnior – Hospital Context).

According to Caniglia (2005), the means do not define the specificity of a profession. The “method/means” refers to the process by which the object of work (purpose) is produced. Various health professions use similar “means” but do not share the same purpose in their professional practice. Even occupational therapists in this study reported not limiting their practices to using activities as therapeutic resources, employing approaches such as ABA, Bobath, and other techniques from different knowledge areas to broaden their intervention possibilities.

Although using activities as therapeutic resources is not exclusive to occupational therapy, what distinguishes their application in this profession, compared to other health, education, and social contexts, is that human activities serve as the professional object and working tool. In occupational-therapeutic practice, activities have a unique configuration (as a means/method or purpose). They are understood through analyzing their constituent parts and intrinsic characteristics, enabling their occupational-therapeutic potential to be identified (Medeiros, 2010; Feriotti, 2017).

Another aspect observed in the data was the reference to autonomy and independence as intrinsic to the work object of occupational therapy, emphasized by 52% (n=17) of professionals. Medeiros (2000) points out that the terms “autonomy” and “independence” are often mistaken for the object of occupational therapy, overshadowing the concept of “doing.” The indiscriminate use of these terms complicates communication, creates ambiguity, and influences both the profession’s perception and knowledge construction.

Participants were also asked about their use of theoretical-methodological frameworks to guide professional reasoning (Table 3). The use of these models or theoretical frameworks can result in selecting specific philosophical, conceptual, and technical-scientific assumptions about the professional object, directing practical approaches (Medeiros, 2010; Cruz, 2023). The reported frameworks were grouped into three categories: occupation-centered (practice models, occupational science, practice structure); general frameworks shared with related professions (family-centered approach, palliative care, evidence-based practice, etc.); and technique-focused frameworks (Applied Behavior Analysis (ABA), Ayres Sensory Integration (ISA), Bobath Concept, Neuromodulation, task-oriented therapy). Among the professionals, 30% (n=10) reported using only one framework, 24% (n=8) two frameworks, 39% (n=13) more than three, and only 6% (n=2) reported not using any.

Table 3. Theoretical-methodological frameworks used in occupational therapists' practice.

Theoretical-methodological frameworks of occupational therapy (CRUZ, 2023)	Frameworks described by professionals	no.**
	Client-centered practice	Client-/patient-centered practice 10
	Ayres sensory integration	Ayres Sensory Integration/ASI 7
		Family-centered model
	Family-centered practice	Bioecological developmental model 4
		Family-centered care
	Behavioral	Applied Behavior Analysis (ABA) 4
		ABA behavioral therapy
	Neurodevelopmental/Neurological	Bobath concept – neurodevelopmental treatment (NDT) 4
Approaches or theoretical reference frameworks**	Evidence-based practice (EBP)	Occupational Science 1
		Evidence-based practice (EBP) 3
	Denver early intervention model	Denver early intervention model 3
		Early Autism intervention
	Sensory re-education	Sensory re-education 2
	Biomechanics	Biomechanics 1
	Neuromodulation	Neuromodulation 1
	Psycholinguistics	Psycholinguistic principles (TEACCH) 1
	Psychomotricity	Psychomotricity 1
	Biopsychosocial model	Biopsychosocial model 2
	Rehabilitative 1	
	Humanistic 1	
	Paulo Freire's Pedagogy of Autonomy 1	
	Theoretical	Palliative care approach 1
		Systemic approach 1
Approaches (theories applied to practice)	Neurodevelopmental	Neurodevelopmental therapy 6
		Neurodevelopmental
	CO-OP (Cognitive Orientation to Daily Occupational Performance)	CO-OP (Cognitive Orientation to Daily Occupational Performance) 1
	Task-Oriented Training (TOT)	Task-Oriented Training 1
Occupation-centered practice models	Model of Human Occupation (MOHO)	Model of Human Occupation (MOHO) 8
	Canadian Model of Occupational Therapy and Occupational Engagement (CMOP-E)	Occupational Performance Model 3
		Canadian Model of Occupational Performance
	Play model	Play and Dynamic Model 3
Practice structure (processes)		AOTA's Occupational Therapy Practice Framework: Domain & Process 4
		Activity analysis according to AOTA
		Expanded clinical practice 2
	-	Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)*** 1
		It does not use any reference in practice 2

Source: Prepared by the authors (2023). *Based on the classification proposed by CRUZ (2023), which considers some approaches as theoretical reference frameworks. **More than one response option for the question. ***Assessment instrument.

The predominance of North American frameworks may be explained, as noted by Figueiredo et al. (2020), by the influence of English-language literature on the use of the term “occupation” in Brazil. Benetton (1994) highlights that the “borrowing of theoretical elements, methods, and techniques from different scientific fields to explain, justify, and critique facts and situations in occupational therapy” in Brazil stems from a lack of specific knowledge in the field. Nevertheless, Brazilian literature includes national contributions such as the Método Terapia Ocupacional Dinâmica (MTOD), Occupational Psychotherapy, Social Occupational Therapy, and Occupational Therapy as Life Production, though these are seldom described by professionals in this study (Cardinalli, 2016; Galheigo et al., 2018), along with the Excavation Model (Furtado & Fischer, 2011).

It is worth noting that some of the methods and perspectives previously mentioned originated in mental health, represented by only seven participants in this study, and one in the social field. Despite the MTOD encompassing practices focused on child development, which most occupational therapists in this study reported, none mentioned this method.

This highlights the importance of investigating regional factors, North American influences, and potential institutional gaps in undergraduate or graduate education for occupational therapists in constructing, disseminating, and consolidating national knowledge. It also raises questions about the existence of Brazilian-produced knowledge in occupational therapy within the child context.

The study identified that most reported approaches were interdisciplinary, with professionals specializing through *latu sensu* courses. However, the use of models and approaches addressing occupation as a purpose was limited, even though occupational therapists described it as part of their understanding of the profession’s object.

Considering that specific knowledge and the object of work are foundational to a profession’s identity (Melo, 2015; Cardinalli, 2016; Yerxa, 2017), it can be argued that choosing occupational therapy-adjacent courses—those that do not address studies on occupation or activities—can weaken professionals’ conception of their function and professional identity.

Final Remarks

The data from this research indicate that occupational therapists working in northeastern Brazil describe occupational therapy’s object of work based on the purpose of their professional role, its specificities, and the associated theoretical-methodological and practical frameworks.

This study found that the term “occupation” was the most prevalent in the professionals’ discourse. While this aligns with English-language literature, it did not necessarily correspond to occupation-centered theoretical-methodological and practical frameworks. This highlights the need for greater organization and coherence in the frameworks used to make professional reasoning and practice clearer and more systematized.

Overall, professional practice experience appears to serve as the primary foundation for professionals to explain their knowledge and actions, both to users and team members. This reveals the experience or narrative knowledge of practice as an important element to be explored in future studies.

The various constructs or key concepts reported, such as holism, autonomy, and independence, also seem to function as fundamental elements to define the purpose of occupational therapists' actions, serving as mechanisms for a more refined understanding of the professional object.

This research did not aim to identify terms used in the profession, as is common in occupational therapy literature, but rather to understand the different elements constituting the professional object. However, the lack of additional elements to support the findings may represent a limitation of the data collection instrument used (Google Forms), which may have hindered a more comprehensive exploration of the theme.

This study emphasizes the importance of finding ways to “explain” the professional object within Brazil's northeastern context. Moreover, it provides insights to delineate the topic, indicating the need for new research to further explore occupational therapists' experiences regarding their object of work and the different theoretical levels that inform and underpin it.

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Authors' contributions

Ewerton Vieira da Silva França: study design, data collection and analysis, writing of the manuscript and organization of sources. Daniela Tavares Gontijo and Ricardo Lopes Correia: guidance and co-guidance, respectively, of all stages of the research and final review of the manuscript. Luanna Correia dos Santos: writing of the manuscript, discussion and analysis of data. All authors approved the final version of the text.

Corresponding author

Ewerton Vieira da Silva França
e-mail: ewerton.franca@ufpe.br

Section editor

Profa. Ana Paula Serrata Malfitano