

# JSM Physical Medicine and Rehabilitation

**News Letter** 

# Occupational Participation Research — An Important Concept in Onco-Rehabilitation

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# **NEWS LETTER**

In oncology rehabilitation, there is increasing focus towards diseases management for cancer survivors to ensure the outcome correlates with improved QoL [1-4]. Occupational therapy contribution toward social-preventive medicine, and self management of long term chronic diseases [5,6] are still grossly underrepresented especially in developing countries where resources have been diverted to expand the rehabilitation doctors as gatekeepers for all therapy, although there is not much critical long-term planning for the long neglected health professionals. Under the entrenched medical model governance [7], and a lack of representation of health professionals for pertinent health-policy matters makes the disparity chasm wider. There is a serious lack of studies to investigate and highlight the therapeutic needs of cancer survivors and other population with disabilities.

Thus, this paper highlights the needs for more studies in this area. In particular, on how the cancer and its side-effects that impact on disabilities and the disruption on daily performance, as well as, how occupational-participation relates to the quality of life among the different population of cancer survivors'. The focus is timely as more people are living with cancer today due to better treatment and earlier diagnosis, where cancer is no longer a terminal condition.

"Occupational participation" with its essential correlates of - client-centeredness, environmental and meaningfulness of activity participated, is significant in the field of occupational therapy, particularly its rehabilitative and promotive aspects. Participation", is defined as - the nature and extent of a person's involvement in life situations such as work, play and learning and can be assessed by the daily living activities and social roles they undertake (World Health Organization, 2001). An approach using participation to address the care of cancer survivors have been recently proposed as novel for addressing this missing link where its focus on occupational-participation, can be used for designing seamless intervention programs for the connection to a "healthy-although-ill" living for cancer survivors. Cancer survivors can be empowered toward healthy occupationalparticipation to attain a healthy, 'health-after-cancer' status via a model of 'occupational participation for cancer survivorship' (MOP.CS), to a "healthy-although-ill" living for cancer survivors [8]. Pergolotti and colleagues (2014) found that occupational

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participation is strongly associated with meaningful activity, in contrast to physical limitations, in older adults with cancer. Other studies have provided evidence on the important relationships between meaningful-activity and meaning in life [9]. According to Van der Mei, [4]; the International Classification of Functioning, Disability and Health (ICF) can be used as a guide for assessment and intervention programs for patients with cancer, where "participation" is highlighted as the primary outcome measure in rehabilitation. Indeed, more research is required to study how activity and participation, interrelates or influence Quality of life [10]. "Occupational perspective, stress on the subjective experience of meaning, autonomy and self-determination in life participation [11]. In addition, occupation engagement in work, play and daily living activities in the social cultural context are essential in individual's health and well-being, which has the potential to empower people who suffer from ongoing health conditions [12].

A study was conducted on 152 colo- rectal survivors, to survey their occupational participation and quality of life, with a response rate of 74.3 percent (113/152 participants) by one of our students. The study found limitation in occupational participation in all three areas of work, leisure and social domains. With work, tThe five most significant restriction were in activities of working full or part time (70%), performing voluntary work (51.3%), participating sport activities (40.7%), travelling for pleasure (34.5%) and activities helping and support others (22.1%). Working full time caused the most restrictions. Evidence suggests that not working is associated with lower QoL of 679 survivors (Mohler et al. 2008). Limitations in participation with social activities (1768 older colon survivors) are also associated with lower QoL [13]. occupational participation results from an interaction of the inner characteristics of the individual [12], which in meaningful activity construct, has been employed to measure activity meaning, meaning and purpose in life as well as basic psychological needs (e.g. relatedness, competence, and autonomy) [9]. Thus, increased positive aspects of meaningfulness activities' bring about values, competency, and mastery, as well as experiential meaning to the survivors, which in turns may positively influence health QoL in them, leading to higher functionality, fewer symptoms and higher global quality of life. The study also found that meaningfulness of activity, perceived by colorectal cancer survivors, also significantly

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mediates the relationship between occupational performance and quality of life (p,0.05).

In tandem with an occupational perspective [11], occupational participation in daily life occurs naturally. In people living with a cancer condition and with many side-effects, participation can be hindered and affects their quality of life. However, when survivors find the activities they participated in were meaningful, the subsequent result of activity choice, motivation to engage in a supportive environment becomes critical and therapeutic. Occupational therapists researching this area must familiarize themselves with these strategies [5,14,15]. Occupational therapy supports active engagement in activities and participation in a full community life. With a rise in cancer survivors in the community, ways on how to help they live effectively with cancer and its after effects and with or without, other accompanying chronic comorbidities of aging should be pursued in greater force.

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