

博士學位論文

The Contribution of Occupation to the Well-being of Individuals with Advanced Cancer in Indonesia

インドネシアにおける進行がん患者のウェルビーイング
に対する作業の貢献

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Introduction

The World Health Organization (WHO) estimated the number of new cancer cases as nearly 400,000 in Indonesia in 2020 ¹. Meanwhile, the mortality rate in the same year was approximately 234,000 ¹. While cancer used to be a deadly disease, these figures include an increasing, but unspecified, number of individuals with chronic or advanced cancer as new therapies result in these people's survival for longer years. Accordingly, improving their well-being has become an ultimate goal ².

Well-being has long been linked to the concept of health. WHO (2022) defined well-being as “quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose.” Furthermore, the definition of health as “a state of complete physical, mental, and social well-being, and not merely the absence of illness or infirmity” WHO (1946) implies that satisfaction through participating in occupation enhances the health and well-being of persons with advanced cancer ³.

Occupation refers to the daily activities of individuals that give meaning and purpose to life ⁴. Meaningful occupation is considered a right for all people, including those with disabilities, severe diseases, or end-of-life conditions ⁵. Furthermore, participation in occupation also has *powers* to promote health and well-being even when life is hampered by serious illness or other disabling conditions ⁶, including for persons with a life-threatening disease, such as advanced cancer ^{7,8}. Thus, even though people

are dealing with active cancer in their lives and when hospitalized, they can experience health and well-being through moments of joy and satisfaction.

Advanced cancer is a type of cancer that is unlikely to be cured or controlled by treatment, as it may have spread from the site of origin to nearby tissue or distant body parts ^{9,10}. Furthermore, advanced cancer often limits an individual's ability to participate in occupations. Occupational therapy is a client-centered health profession that promotes health and well-being through occupations, with the primary goal of allowing people to participate in daily activities ⁴. In addition, occupational therapists also facilitate participation in occupations contextually situated in clients with advanced cancer ⁵.

The researchers conducted a scoping review, which revealed the implications of participating in occupations for individuals with advanced cancer. Yet, the findings revealed a dearth of research on how occupation functions to the well-being of individuals with advanced cancer. Hence, with that review findings adding little to our understanding of the link between occupation and well-being in persons with advanced cancer, we implemented this study into the meaning of activities (occupations) contributing to the well-being of said individuals. The research question was: What is the meaning of an occupation, and how does it contribute to the well-being of individuals hospitalized with advanced cancer in Indonesia? This phenomenological study was carried out in Indonesia, where the researchers intend to develop occupation-based treatment in hospital setting. Furthermore, the findings will help Indonesian occupational therapists to develop their professional competencies by better understanding the meaning of occupational participation.

Methods

Design

This study was qualitative research using an interpretative phenomenological analysis (IPA) approach. IPA aims to provide insights into how a specific individual, within a particular setting, makes meaning of a given phenomenon ¹¹. The researchers set out to illuminate/explore a complex phenomenon interacting with the individual's subjective experiences of participating in occupations (daily activities). Put differently, we had identified a need to describe and interpret experiences by determining the significance of the experiences perceived by those who have participated in the situation; in this study, persons participating in occupations while living with advanced cancer ¹².

Participants and recruitment process

Individuals with advanced cancer who were hospitalized at “Dharmais” National Cancer Center (DNCC) Hospital in Jakarta and met the eligibility criteria listed below were invited to participate in this study. The inclusion criteria were as follows: (1) adult, i.e. being 18 years or older, (2) being able to communicate in the Indonesian National Language (*Bahasa Indonesia*), (3) having a diagnosis of advanced-stage cancer (written in the medical record), (4) ability for a 30–45 minute interview, (5) cleared by physician (since the participants were hospitalized), (6) having the experience of participating in occupation as part of daily life (in or outside the hospital) or therapy session, and (7) willingness to speak about their experiences and consenting to voluntary participation in the study. Exclusion criteria were those individuals with: (1) early stages of cancer and (2) inability to communicate verbally.

This study used a purposive sampling method to recruit participants likely to provide in-depth and detailed information about the phenomenon¹², i.e., individuals with advanced cancer who could share their occupational participation experiences. Firstly, co-researcher 2 and co-researcher 3, both ward nurses at DNCC Hospital, pre-selected the participants from medical records in collaboration with these patients' physicians who issued the medical clearance. Then, the principal researcher met each candidate to ensure they met the inclusion criteria. Finally, after verbal informed consent was obtained, the consent documents were signed before they became research participants.

Ethical consideration and participant consent

The Research Ethics Committee of Tokyo Metropolitan University (Approval number: 21085) and "Dharmais" National Cancer Center Hospital (Approval number: 0677/2022) provided ethical approval and authorization to conduct this qualitative study. Furthermore, as part of obtaining informed consent, the research outline, personal information protection, procedures for recording, data storage and security, and publication plan were presented to all potential participants.

Data collection

The first author, a PhD student and senior occupational therapist experienced working with this patient population, gathered the data through 30–45-minute semi-structured interviews conducted in a participants' room in the adult ward at DNCC Hospital. They were allowed to have a family member without intervening in the interview. They might

also take a break or stop if they were uncomfortable or too tired to continue. Since the process occurred during the COVID-19 pandemic, all data was collected in accordance with infection prevention protocols.

The interviews were preceded by personal introductions and an introduction to the interview proceedings. To avoid participants' distress, the interviewer used the term "your current illness" instead of "advanced cancer" just in case there might be sensitive concerns about their diagnosis. In addition to the demographic information, the interview was systematized with a guideline focusing on participants' general conditions and specific questions regarding the experience of participating in occupations and the meanings derived from participating in those occupations (see Table 1). The interviews were held in Indonesian (*Bahasa Indonesia*) and were audio-recorded with a digital recorder. All questions were asked, and after interviewing 12 participants, the researcher decided to discontinue the data collection process as the interviewer had attained an abundance of quality information to analyze to answer the research question.

Table 1 Semi-structured interview questions guide list

General subjects:

- a. How are you? Do you feel comfortable if we have a conversation range of about 30-45 minutes?
 - b. How long have you been diagnosed with advanced cancer (*or current illness*)?
Please tell me about your condition recently
-

Specific subjects:

- a. How has advanced cancer (*or current illness*) been affecting your activities/occupations?
 - b. What activities/occupations are you still doing (independently or assisted by others)?
 - c. What is the most important activity/occupation for you to perform?
 - d. Why do you think it is important to keep performing those activities/occupations?
 - e. What is the meaning of that activity/occupation for you? (*by mentioning one by one occupation from the answer of point c*)
 - f. Do you have experience with therapy sessions using meaningful occupations or activities with a specific purpose?
 - g. If yes, what activities/occupations are performed during the therapy sessions?
What is the meaning of that occupation for you?
 - h. What meaningful activity/occupation are you expected to do in the future that you cannot carry out lately? How is it important to you?
-

The second and third authors are nurses with over 15 years of experience working with cancer patients at the cancer center hospital. The second author is a hospital case manager and a visiting lecturer at a private university in Jakarta, while the third author is a cancer research coordinator at the hospital. The study is supervised by professors from a public university in Japan who are listed as the fourth and fifth

authors. They all have conducted several research studies, including qualitative studies published in indexed international journals.

Data analysis

The analysis employed the following six procedures in identifying and recognizing the critical aspects of a thematic analysis: (1) data familiarization; (2) data coding; (3) generating potential themes from coded data; (4) developing and reviewing initial themes; (5) refining, defining, and identifying themes; and (6) report preparation ^{13,14,15}.

The thematic analysis procedure we used in this study is a straightforward and theoretically flexible interpretative qualitative data analysis technique that aids in identifying patterns or themes in a given data set ¹⁴. In practical terms, thematic analysis is suitable in phenomenology because it emphasizes individuals' subjective perceptions, feelings, and experiences ¹⁶. Since the current study focuses on the unique and personal experiences of participation in occupations and its contribution to their well-being, this technique was an appropriate analytical approach.

The researchers were all involved in the analysis process. Initially, three researchers transcribed, read, and re-read all recorded data to become acquainted. The transcripts were then reviewed individually by each of us. Interview and observation notes were also read to help us understand the interview data. We then identified meanings and constructed codes to label or identify appropriate items relevant to the research objective. Next, all went through the entire dataset, identifying aspects of data items that could be useful in theme development. Themes were then developed by organizing codes based on commonality and central meaning agreed upon by the team

during discussions. Finally, the researchers moved backward and forth between the data of the 12 participants and the emerging analytic results until themes emerged (see Figure 1). New clarifications, ideas, thoughts, and considerations were identified, reviewed, and refined throughout these nonlinear processes, and final themes were chosen.

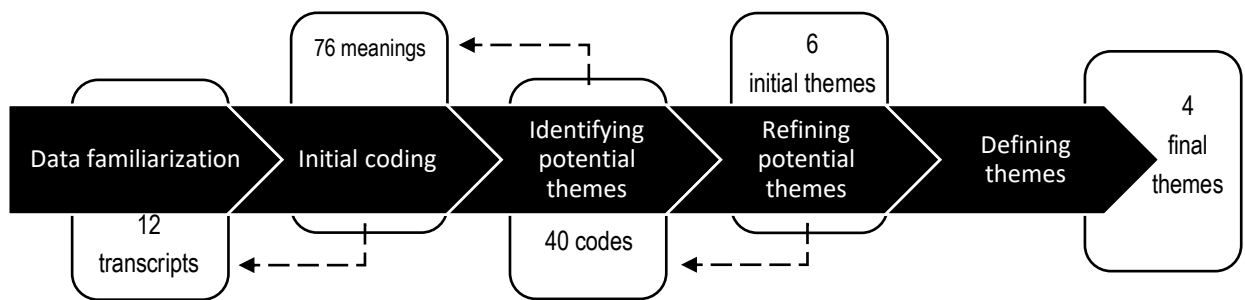


Figure 1.

The thematic analysis process used in this study, adapted from Braun & Clarke (2006)

Rigor/Trustworthiness

Several techniques were used to improve the rigor and *credibility* of this study. First, participants were drawn from a diverse demographic, as the research setting is a national cancer referral hospital caring for clients from all over the country. Then, we used a consistent interview strategy to obtain credible data and to ensure interview relevance to the research goal. It included open-ended, non-leading questions formulated in an interview guide, with queries/prompts to collect richer interview data by stimulating participants to provide more detailed answers. Observation records of non-verbal expressions further ensured rich data and detailed/thick descriptions of participants' experiences ¹⁷. All researchers reviewed and agreed on data collection and

analysis results, establishing *confirmability*. *Transferability* was achieved by providing demographic information and detailed data descriptions for the purposively sampled participants, allowing the study results to be applied to other individuals with advanced cancer ¹⁷. Finally, the researcher’s personal experience as an occupational therapist working with this patient population in the health facility where the interviews took place further enhanced understanding of participants’ responses to the interviews. Nevertheless, his a priori assumptions were identified and managed through the researcher's reflexivity.

Table 2. Demographic information of participants (n=12)

Gender	
Female	7
Male	5
Age group (years)	
18-40	3
41-60	7
61 ≤	2
Education	
Upper secondary high school	4
Undergraduate	4
Graduate	4

Marital status	
Married	9
Single	2
Widower	1
Occupation	
Full-time employment	7
Part-time employment	2
Housewife	2
College student	1
Religion	
Islam	9
Christian	2
Buddhist	1

Table 3. Participant pseudonyms and brief descriptions of their meaning of occupation

Pseudonym	Brief identifier	Diagnosis	Significant meanings of occupation
Kidi	31 years old, male, security guard	Lung cancer (relapsed)	Killing time, spiritual support, feeling serene, support family, motivation, surrender to God

Atun	57 years old, female, teacher	Ovarian and colorectal cancer	Being meaningful for students, emotional expression, satisfaction, comfortable, not bothering others, social support, sincere
Nule	36 years old, male, IT staff	Hepatocellular carcinoma	Passionate, happy, continuance, motivation, positive mind, stronger, surrender to God
Inat	51 years old, female, housewife	Leukemia (relapsed)	Killing times, health, relieving mind loads, happiness, serving God
Mina	53 years old, female, teacher	Rectal cancer	Not bothering family, health, meaningful for family, close to God, sincere, serene
Yoo	55 years old, male, contractor	Lung cancer (bone metastases)	Stronger, not bothering family, earn money for family, redeem time for family, increased appetite, serene
Lena	42 years old, female, housewife	Cervical cancer (brain metastases)	Complete mother's role, satisfaction, not bothering others, generating income for family, killing time, happiness
Tata	43 years old, female, online seller	Breast cancer and lymphoma	Health, motivation, stronger, peaceful, serene, positive mind, not bothering others

Rima	20 years old, female, college student	Leukemia (relapsed)	Peaceful, serene, meaningful time in God's way, for the sake of a brighter future, motivation, happiness, released anger/sadness
Sihan	55 years old, female, civil servant	Multiple myeloma (bone metastases)	Fulfilling mother's role, being grateful, feeling alive, happiness, not bothering others, benefiting others
Darun	79 years old, male, private sector (trade)	Prostatic cancer (bone metastases)	Increased appetite, maintained physical and mental condition, surrender to God, happy, better sleep, healthy life, not bothering others
Palu	64 years old, male, lecturer	Multiple myeloma (bone metastases, paraplegia)	Feed family, mental support, pain diversion, increased acceptance

Results

A total of 12 subjects, seven females and five males, agreed to take part in this study. Participants aged 20 to 79 years ($M = 48.8$, $SD = 14.99$) all completed upper secondary high school or higher education. Table 2 shows the demographic characteristics of the

participants. Table 3 also includes their pseudonyms and brief descriptions of occupational meanings they reported.

Following data familiarization, we highlighted 76 key meanings from interview transcriptions, observation records, and interview notes. The initial coding was then organized, yielding 40 codes. The codes were then grouped and categorized based on meaning similarities, central ideas, and connections, generating six preliminary themes. Finally, we improved, refined, and reviewed them within the research team through discussions until we agreed on four main themes, with two subthemes: (1) preserving life, (2) relieving mental burdens, (3) sharing benefits in social settings (two subthemes; benefiting others and being benefited by others), and (4) feeling spiritually reinforced.

Theme 1: Preserving life

Participants' desires to continue focusing on life rather than death fell under the theme of preserving life. This first theme reflected how respondents perceived, focused, “enjoyed,” accepted, and cared for their current life situation. The participants reported occupations through which they implied that health and life depend on how they see the world. They also talked about how minor details could significantly impact their lives. Darun (all names in this paper are pseudonyms) described his daily occupation as it relates to his outlook on life:

“I love growing the decorative plants... taking care of them painstakingly... to keep them alive, pleasing the eye, and producing oxygen for our health. Similarly, like my current situation, which is weak, I still take care of it... I am continuing my life in the best state of health... as much as possible.”

Growing houseplants/decorative plants is a meaningful activity for Darun, and has become part of his daily life. These plants are grown to produce oxygen and can be enjoyed by everyone who sees them. He analogized his life to decorative or ornamental plants that are beautiful and can provide oxygen for their surrounding human beings. He focused on himself getting cancer treatment while still preserving his current state for his family and surroundings. He also emphasized the significance of focusing on and maintaining his current circumstances:

“I've been through a lot in the lifecycle, and now I'm just taking care of this life, no longer wanting this or that, but the motivation is to stay strong and healthy in a weakened condition. So, what else are we looking for? We only need to take good care of it... don't we?”

Addressing the “enjoyment” of a frail life due to advanced cancer, Nule lived it by participating in an occupation that made him happy while thinking about his children and grandchildren in the future. As he put it:

“I made travel videos with my face in them... so, my children and... hmmm... (teary eyes) my future grandchildren... can see that I am there, doing this hobby, and enjoying life, despite my illness.”

Yoo, another participant, believed that maintaining independent daily activities indicated a high level of individual functioning. Therefore, he carried out his routines to better manage his condition. He stated:

“I force my ability to go to the shower room, not just being wiped off on my bed. Because after a shower, I feel fresher, stronger, and more energized to do anything. Yes...of course, considering my physical capabilities... ha... ha...”

Theme 2: Relieving mental burdens

This theme described how participants perceived the value of participating in occupations where they could process their distressing thoughts. Within this theme, it was recognized that occupations could significantly relieve mental burdens. For example, Inat stated:

“To me, not necessarily all human activities are healthy, even exercise. But when we can pour everything out to the point where we can let go of the distressing thoughts, that's called healthy.”

Atun mentioned stress-relieving activity she had not done in a long time since being diagnosed with cancer. She then realized how much the occupation meant to her, as she stated:

“Chuckling with my grandchildren relieves my stress because I can laugh as much as they do, which touches me a lot. And that's something I haven't had for long since I got cancer.”

Another participant, Nule, had an occupation that taught him the value of having a positive attitude and energy. These feelings compelled him to engage in positive behavior in order to gain control of his mind. He stated:

“Chatting and confiding in friends with positive energy always brings me in a more positive direction...”

Tata spoke very clearly about enormous relief:

“Calling my mom... (teary-eyed) ...and telling her any story was an enormous relief for me, especially when I was thinking about all sorts of things about this cancer.”

Nule and Tata defined occupation as a coping strategy for clearing their minds when they became confused. The primary focus of their statements was on the positive feelings generated by the activities. That functioned as a release from the burden of cancer thoughts that intrude on the mind and are a constant presence when not doing something meaningful.

Theme 3: Sharing benefits in social settings

This theme represented the participants’ shared understanding of their social strengths. They discussed the significance of living as social beings, as well as the benefits they bring to their surroundings and vice versa.

Subtheme 1: benefiting others.

This subtheme focused on the participants’ active and significant contributions to those around them. Even if they have advanced cancer, they can still be active contributors. Several participants spoke about being self-sufficient and involved in occupations that benefited people in their immediate surroundings, for instance, when they attempted to perform their daily routines on their own. In this sense, family

members (who usually assist them) could use their time and opportunities for livelihood activities. As Mina pointed out:

“Alhamdulillah (an expression of gratitude to God) ...I have been able to clean (manage) my stoma by myself. Yes...I do it independently. My daughter used to help me, but now I can do it by myself...and I don't bother her anymore so she can work for a living.”

Another subject perceived himself as *benefiting others* by attending to the needs of those around him. For example, Palu, who worked as a lecturer, could meet the needs of his students despite his physical limitations and work schedules. He stated:

“...by giving (in-person) lectures, mentoring, and examining students, I can still benefit them. And I feel like I'm contributing to their future.”

Sihan explained benefiting others in a different way. She emphasized the significance of time. She was enabled to provide time to family while on long sick leave from her job due. She explained feeling more meaningful to her daughter as a result:

“I often came home late at night on normal days... and had little time to interact with my daughter... (with teary eyes). But, due to this cancer diagnosis, I took medication leaves, and I had more time with her. She feels happier when I can be with her while she is studying or having dinner. So, I perceive this illness as redeeming quality time with my family.”

Sihan felt she benefited others as a resource person for a peer group program.

“...by sharing and encouraging each other, I feel less alone as a survivor and can benefit people in several ways.”

Subtheme 2: being benefited by others.

This subtheme revealed the meaning of occupation as a reverse of the previous social benefit. Here, participants became the beneficiaries of support. In other words, they found meaning through the encouragement and support of their others.

When Rima, a college student, received a video call from her schoolmates, she received tremendous moral support. They prayed together for her return to them. This social encouragement boosted her motivation to complete the treatment process. She stated:

“My friends made a vid-call from campus while they’re studying... (sobbing)...I missed them so much... (crying)...they prayed together... (sobbing) ...that boosted me to finish all the treatments and be back with them again.”

After the hospital reinstated visiting hours (visiting hours were prohibited during the pandemic), the participants felt a direct impact. Visits from social networks made them feel loved and supported. Kidi and Palu both mentioned:

“I am grateful that this hospital is not far from my office...so, almost every day, my workmates come (in turn) and provide support. Their support means a lot to me ... (tearful eyes).” (Kidi)

“I am lucky to have a family that loves me very much... (tearful eyes). They are here for me, even though I don't always depend on them. But when I need help

related to the paralysis of my legs...(stammering), they are always here and help.” (Palu)

Theme 4: Feeling spiritually reinforced

This theme elaborated on how advanced cancer and its treatment awakened and strengthened the spiritual characters of the participants, especially when they felt that treatment was not the only way to recover. As a result, when asked about the value of occupations, all participants responded from a transcendent perspective. For instance, Mina was getting closer to God by praying. She stated:

“...always do worshipping, especially in such a serious illness (cancer), I feel closer to God... so that every time I pray, everything becomes more dignified.”

Inat attempted to rationalize the significance of her daily routine, which her doctor currently restricted due to the treatment process. But, in the end, she surrendered everything to God.

“I like to eat many kinds of food. but... for now...I am forbidden to eat those foods ...(chuckling). The meaning is that I surrender to God because I fully believe that His plan is the best for His believers.”

Kidi, like Inat, attributed all of his activities to the guidance of his religious spirit.

“After watching religious lecture videos on YouTube, I get spiritual resources. Obviously... these inputs raise a sense of enthusiasm and serenity in me because everything depends on the Almighty spirit, right?”

Similarly, Rima occupied her time in worship practices, feeling calmer and surrendering everything to God. She stated:

“By reciting the Quran (Islamic holy book) and dhikr (remembering God), I feel more peaceful because my time is not wasted, and I don't let my mind go blank because... (deep breath) ...I have Allah (God) to lean on.”

This theme demonstrated how, from a spiritual standpoint, occupation is framed through the lens of religious lived experience.

Discussion

This study's aim was to investigate the meaning of occupation and how it contributes to the well-being of individuals with advanced cancer in Indonesia. The results provided an insight into their experiences of how occupation promoted their well-being.

Firstly, the present study exposes how individuals with advanced cancer might perceive their current situations as re-creating new ways of being, such as accepting and enjoying life despite their circumstances. These experiences can be related to the concept of *becoming*¹⁸, which refers to people taking advantage of their potential capacity for growth and development. The results also revealed that the participants' primary goal was not recovering impaired occupational performance skills.

Nonetheless, occupation can serve as a platform to hone their remaining skills and learn

coping strategies to improve their quality of life and well-being. These findings support the argument that focusing on current abilities and adaptation skills, then recapturing their occupational performance skills during the occupational therapy process is more likely to improve health and well-being ¹⁹. The key point is to focus on preserving life rather than battling the consequences of the disease in terms of disabilities.

Patients with advanced cancer often experience mental distress because of their diagnosis and its treatments and, as the participants in this study, they should benefit from coping resources. This study discovered that participating in meaningful occupations can be one such benefit to promoting emotional well-being when stressed. These findings support previous research indicating that participation in personally meaningful, expressive, and satisfying occupations benefits one's health-related quality of life and well-being ^{20,21}. The finding that occupation can relieve mental burden also highlights the need for cancer rehabilitation services, especially occupational therapy, to maintain occupational participation.

Active participation in social contexts can benefit individuals with advanced cancer and others, as they can share mutual meanings. Accordingly, participation in social occupations is considered an essential part of life and has high significance for well-being ²². Participation is also consistent with the findings of a study on the Indonesian sociocultural contexts related to the occupations of individuals with advanced cancer that illuminated the human environment as a most encouraging factor for individuals' occupational well-being ²³. Similarly, another study reports that interconnectedness, where individuals with life-threatening illnesses belong and contribute to others, is an important aspect of quality of life that can be met through

occupation ²⁴. Further still, the ability to participate in meaningful and purposeful activities within a safe, supportive, and compassionate social environment improves the quality of life/well-being and provides a sense of control over the daily lives of individuals with advanced cancer ^{19,25}. This study considers well-being to involve the daily activities or occupations that enhance one's quality of life. Other studies by non-occupational therapists have linked well-being to emotional and mental comfort, happiness, wellness, and other psychological factors ^{26,27,28}. Thus, as studied by occupational and non-occupational therapists, well-being might encompass the physical, mental, and sociocultural factors impacting the quality of life for individuals with advanced cancer.

Despite declining physical and psychological status due to advanced cancer and its management, participating in occupations can foster a belief in something larger than oneself. Therefore, traditions based on faith in a higher power may be included, including a belief in one's connection to God. According to this study, individuals with advanced cancer might value life more than what they see and feel physically and sensory because life is connected to something greater, which connects all beings. As a result, in Indonesia, where 99.96% of the population practices religion or beliefs ²⁹, occupations and well-being are frequently viewed spiritually. Furthermore, spiritual practices and cultural beliefs influence daily activities, consistent with research indicating that individuals experience well-being due to a sense of meaning and purpose in their lives, including spiritual order ³⁰.

The findings of this study have implications for oncology care. The results may:

1. Encourage the inclusion of occupational therapists to promote the use of occupation in advanced cancer care settings.
2. Encourage occupational therapy practitioners to support their clients with advanced cancer to continue participating in occupation for their well-being enhancement and more broadly to continue advocating for the use of occupation in advanced cancer care settings.
3. Increase occupational therapists' understanding of the role of occupation in well-being in advanced cancer care settings.

The researchers identify potential limitations in this study. Firstly, member checking (participants refuting or confirming the analysis of their interviews) was not feasible given the researchers' return to a distant geographical location for data analysis. Besides, some had passed away, and others had returned to their respective regions, where the researcher had difficulty contacting them. Secondly, the study lacks generalizability to localized cancer types and patients who are not hospitalized. Furthermore, this study is in the context of Indonesia. Hence, the results of this research are derived from Indonesian contexts, which should be considered when interpreting and/or using the results of this study. Additionally, some participants did not know they had the diagnosis, so they could not know or narrate how occupation was directly connected to the disease.

In conclusion, the analysis of this study revealed the meaning of participation in occupations for individuals living with advanced cancer. Conceptually, the meanings of occupation that emerged in this study's themes depicted a holistic perspective, integrating physical existence, emotional needs, social welfare, and spiritual life among

the participants. Furthermore, participants found that maintaining health stimulating mental capacities toward challenges, cultivating mutually supportive communities, and participating in spiritual or cultural expression were meaningful and promoted well-being. As a result, occupations that meet the bio-psycho-social-spiritual meaning were identified as improving the well-being of individuals with advanced cancer in Indonesia.

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