

**THE DESIGN AND DEVELOPMENT OF GUIDELINES TO INTEGRATE
SPIRITUALITY AND SPIRITUAL CARE INTO OCCUPATIONAL
THERAPY EDUCATION USING DESIGN-BASED RESEARCH**

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ABSTRACT

Background: Spirituality and spiritual care have been gaining importance in recent years in occupational therapy education as constructs related to holistic and person-centred approaches, in order to improve occupational therapy practice. In a South African context there has been little research carried out on how to integrate spirituality and spiritual care into occupational therapy education; this area is thus poorly understood. Increasingly occupational therapy educators, students and clinicians need guidelines to assist them to integrate spirituality and spiritual care into occupational therapy education. The main research question addressed in this thesis is “How can spirituality and spiritual care guidelines be developed in the context of occupational therapy education for the purpose of integrating spirituality and spiritual care into teaching and learning in order to improve occupational therapy practice?”

Aim: The aim of this study was to design and develop guidelines to integrate spirituality and spiritual care into the context of occupational therapy education.

Methods: This thesis presents a sequential exploratory mixed methods two-phase Design Based Research to identify the problem and develop guidelines to integrate spirituality and spiritual care into occupational therapy education, using a pragmatic lens to find possible solutions. Multifaceted mixed methods were used for data collection, including a systematic review, cross-sectional surveys, focus group discussions and consensus through a modified Delphi study.

Results: The thesis comprises eight interdependent studies. **Study One:** A systematic review was conducted incorporating previous literature from 2000 to 2013 regarding the content, knowledge and teaching strategies used to teach spirituality and spiritual care in health sciences education. It was found that few studies focused on guidelines to integrate spirituality and spiritual care, particularly in occupational

therapy education. **Study Two:** Occupational therapy students' perceptions and attitudes regarding spirituality and spiritual care were explored. This study showed that occupational therapy students were positive about spirituality and spiritual care in their education. However, the findings indicated that the students' knowledge about spirituality and spiritual care seemed to be limited. **Study Three:** Three scales used to measure students' perceptions and attitudes were tested for exploratory factor analysis and internal consistency. The findings of this study showed that the three scales were applicable for measuring occupational therapy students' perceptions and attitudes regarding spirituality and spiritual care. **Study Four:** This study explored and described the barriers impeding the integration of spirituality and spiritual care into occupational therapy education. It showed that the barriers to spirituality and spiritual care included were related to teaching spirituality in the classroom, to spirituality in fieldwork practice and to spirituality at a personal level. **Study Five:** This study explored occupational therapy students' perceptions of spirituality in occupational therapy groups during the group fieldwork process. The results of this investigation showed that occupational therapy groups were enablers of spirituality, and group members tended to connect with each other as well as to group facilitators. **Study Six:** Occupational therapy educators' and students' perceptions regarding spirituality in the community fieldwork process were explored. The relevance of spirituality in the community is clearly supported by the current findings. **Study Seven:** Educators' and students' needs for teaching and learning strategies for integrating spirituality and spiritual care in occupational therapy education were explored. The findings of this study showed that educators' and students' needs were related to the two themes that emerged from the analysis, namely "We actually use a transformative learning pedagogical approach" and "We

need philosophical guidelines for integrating spirituality.” **Study Eight:** A modified Delphi study was conducted to design and develop guidelines for integrating spirituality and spiritual care into occupational therapy education. Findings showed that a total of 138 of 142 items reached consensus by seven experts. The guidelines were structured into seven categories that emerged from the six studies of the thesis a) Knowledge-base for spirituality and spiritual care; b) Importance of spirituality and spiritual care; c) Skills required for spirituality and spiritual care; d) Spirituality and spiritual care in ethics; e) Pedagogical approaches for spirituality and spiritual care; f) Teaching and learning strategies for spirituality and spiritual care; and g) Assessment strategies for spirituality and spiritual care.

Conclusion: This thesis aimed to develop guidelines to integrate spirituality and spiritual care into occupational therapy education. This has several implications for occupational therapy practice in that occupational therapy students and clinicians may enhance their spiritual sensitivity towards individuals’, groups’ and communities’ spiritual needs. An implication of these findings is that both spirituality and spiritual care should be taken into account when performing daily routine history. As a result, this information can be used to develop targeted interventions aimed at promoting client-centred and holistic approaches. A reasonable approach to tackle this issue of integrating spirituality and spiritual care into occupational therapy education could be to increase awareness and importance of these constructs among educators, students and clinicians. This would assist in the understanding of the role that these constructs play in occupational therapy education in order to improve practice. Similarly, the evidence from this study suggests that educators should enhance students’ learning by using the teaching strategies identified in the findings of this

thesis. This research will serve as a baseline for future studies in integrating occupational therapy and spirituality with spiritual care.



KEYWORDS

Design

Development

Integrate

Spirituality

Spiritual Care

Occupational Therapy

Education

Design-Based Research



DECLARATION

I, Thuli Godfrey Mthembu, hereby declare that “***The design and development of guidelines to integrate spirituality and spiritual care into occupational therapy education using design-based research***” is my own work. I also declare that the thesis has not been submitted for any degree or examination to any other university and all sources I have used or quoted have been indicated and acknowledged by complete references.

Thuli Godfrey Mthembu

Name

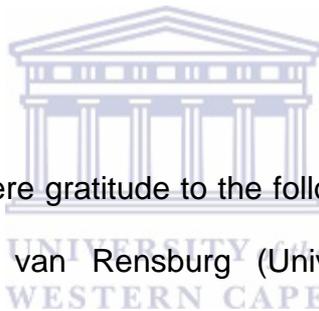


Date

Signature

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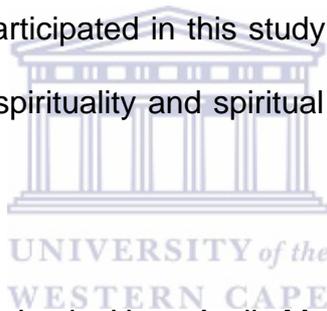
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DEDICATION

I dedicate this work to the loving and caring people who contributed to my future: My late mom (Leah H. Sibambo) - you selflessly groomed me, my late dad (David M. Mthembu), my late sister (Ruth Sibambo), my late brothers-in-law (Solomon M. Mkhonto and Maurice Twala) as well as my late mentor (Prof. Ratie Mpofu). All of you ensured that I perceive life with an open mind so that I can face challenges and sufferings with perseverance as my pillar. Your last footsteps before your departure are engraved in my heart.



PREFACE

This research received ethical approval from the University of the Western Cape Senate Higher Degrees, and Humanities and Social Sciences Research Ethics Committee (REC: 14/04/18) as presented in Appendix 1. In this study, the process of planning, conducting and preparing the research for examination helped in producing a monograph. The thesis comprises the following chapters: Chapter 1 (introduction), Chapter 2 (literature review and theoretical framework), Chapter 3 (methodology), Chapters 4 – 11 (studies conducted) and Chapter 12 (integrative discussion). Readers may possibly expect overlap and repetition of information within publications and, in the case of self-citations, proper referencing was done to refrain from plagiarism. Manuscripts are presented based on the guidelines of the respective journals. Therefore, this doctoral thesis incorporates a collection of published journal articles and manuscripts under review, together with an introduction and summary of each article as part of a PhD by publication.

The PhD in Child and Family Studies was structured and submitted in the format of the PhD by publication' guidelines (Appendix 2). PhD by publication is described as a form of submission for examination of a collection of research papers that have been refereed and accepted (or are in the process of being refereed) for publication in academic journals or books (Smith, 2015; Jackson, 2013; Lee, Clark & Thompson, 2013; Starrs, 2008). Jackson (2013, p.11), discussing the benefits of completing a PhD by publication, notes that it “provides a pathway for candidates to foster and demonstrate their publishing capabilities. It also provides existing academics with a means of achieving doctoral status while managing the ‘publish or perish’ milieu endemic to their work”.

Some of the rationales for doing the PhD by publication include: “greater knowledge output and visibility of the research produced, scientific autonomy and international collaboration” (Horta & Santos, 2016, p.46); disseminating new research, which contributes to the global knowledge economy and drives critical innovation (Jackson, 2013). It has also been noted that the PhD by publication fosters certain attributes and skills which are regarded as crucial in academia, such as research literacies, publishing journal articles, perseverance, acceptance of critical comment, communication and meta-cognition (Guerin, 2016; Sharmini 2016; Jackson, 2013).

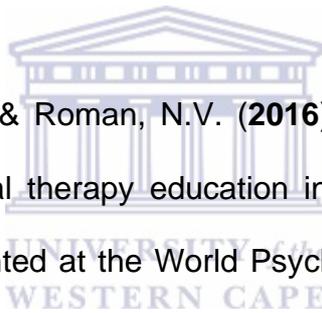
The central premise of this PhD by publication was to disseminate new research and knowledge about the integration of spirituality and spiritual care into occupational therapy education in a South African context. The discoveries originating from this doctoral thesis were (i) presented at national and international conferences (see list below); (ii) published, or are currently under review, within journals accredited by the Department of Higher Education and Training (DHET), South Africa. However, Sharmini (2016) and Wilson (2002) both highlight that a PhD by publication is subjected to quality assurance as with a traditional thesis. It is significant that the issues of concern regarding the quality assurance of the study should be addressed. A variety of strategies may be used to address the issue of quality assurance (Sharmini, 2016). These strategies include a summary of the candidate’s commentary on the introduction of each chapter for the purpose of informing the reader of the nature of the thesis; provision of information about the candidate’s contribution and order in multi-authored publications; student first author; coherence; peer reviewed journals (International and National) and issues of unknown or low quality journals.

NATIONAL AND INTERNATIONAL CONFERENCES

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JOURNAL ARTICLES – PUBLISHED/ACCEPTED/IN PRESS FOR PUBLICATION

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Mthembu, T.G., Wegner, L., & Roman, N.V. (2017). Spirituality in the Occupational Therapy Community Fieldwork Process: A qualitative study in the South African context. *South African Journal of Occupational Therapy*, 47(1), 16 -23. DOI: <http://dx.doi.org/10.17159/2310-3833/2016/v46n3a4>

Mthembu, T.G., Wegner, L., & Roman, N.V. (2017). Occupational therapy students' perceptions of spirituality in occupational therapy groups: A qualitative study. *Occupational Therapy in Mental Health*, 33(2), 141 – 167. <http://dx.doi.org/10.1080/0164212X.2016.1245595>

Mthembu, T.G., Wegner, L., & Roman, N.V. (2017). Barriers to integration of spirituality and spiritual care in occupational therapy education in a South African context. *Journal of Spirituality in Mental Health*, 19(1), 61 – 79. DOI10.1080/19349637.2016.1206843

Mthembu, T.G., Wegner, L., & Roman, N.V. (2016). Teaching spirituality and spiritual care in health sciences education: A systematic review of mixed studies. *African Journal for Physical Activity and Health Sciences*, 22(41), 1036 – 1057.

Mthembu, T.G., Roman, N.V., & Wegner, L. (2016). A cross-sectional descriptive study of occupational therapy students' perceptions and attitudes towards spirituality and spiritual care in occupational therapy education. *Journal of Religion and Health*, 55(5), 1529 – 1545. DOI 10.1007/s10943-015-0125-3

Mthembu, T.G., Roman, N.V., & Wegner, L. (2016). An exploratory factor analysis into the applicability of the Spirituality Care-Giving Scale, the Spirituality and Spiritual Care-Rating Scale and the Spirituality in Occupational Therapy Scale to the South African Context. *South African Journal of Occupational Therapy*, 46(1), 75-83. DOI: <http://dx.doi.org/10.17159/2310-3833/2016/v46n1a14>

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Mthembu, T.G., Wegner, L. & Roman, N.V. (Under review). Educators' and students' needs for teaching and learning strategies for integrating spirituality and spiritual care into occupational therapy education. *African Journal of Physical Activity and Health Sciences*,

REFERENCES

- Guerin, C. (2016). Connecting the dots: writing a doctoral thesis by publication. In C. Badenhorst and C. Guerin (Eds.). *Research literacies and writing pedagogies for Masters and Doctoral writers* (pp.31 – 50). Brill, London & Boston.
- Horta, H., & Santos, J.M. (2016). The impact of publishing during PhD studies on career research publication, visibility, and collaboration. *Research Higher Education, 57*, 28 – 50.
- Lee, G., Clark, A.M., & Thompson, D.R. (2013). Roses and thorns: authorship and the PhD by publication. Commentary on Cleary M, Jackson, Walter G, Watson R & Hunt GF (2012) Editorial: Location, location, location – the position of authors in scholarly publishing. *Journal of Clinical Nursing 21*, 809 – 811.
- Journal of Clinical Nursing, 22, 299 – 300.
- Jackson, D. (2013). Completing a PhD by publication: a review of Australian policy and implications for practice. *Higher Education Research and Development, 32*(3), 355 – 368.
- Sharmini, S. (2016). *Assessing publication-based theses*. PhD Thesis. University of Otago, Dunedin, New Zealand.
- Smith, S. (2015). *PhD by publication work: A practical guide for success*. London: PALGRAVE.
- Starrs, B. (2008). Publish and Graduate? Earning a PhD by Published Papers in Australia. *M/C Journal*, [S.I.], 11(4). ISSN 14412616. Available at: <http://journal.media-culture.org.au/index.php/mcjournal/article/view/37>>. Date accessed: 03 June 2016. Time: 11:46AM.
- Wilson, K. (2002). Quality assurance issues for a PhD by publication work: a case study *Quality Assurance in Education, 10*(2), 71 – 78.

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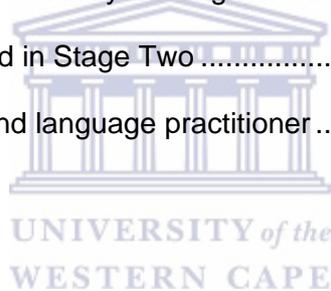


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CHAPTER ONE

INTRODUCTION

1 Chapter Overview

In this chapter, a background and context of the study, the rationale of the study and problem statement are described. In addition, the main research question and subsidiary questions are covered. Subsequently, the aim, objectives, significance, definition of terms and outline of the study are presented.

1.1 Background and context of the study

There is a degree of uncertainty regarding the terminology of spirituality in health sciences including occupational therapy. As a result, it is necessary to clarify exactly what is meant by spirituality because it is considered to be one of the significant constructs which brings meaning and purpose in life to human beings. Puchalski, Vittillo, Hull and Reller (2014, p.646) use the term spirituality to refer to:

a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices.

In describing the importance of spirituality in health, Puchalski (2010), highlights that spirituality is an essential element of patient care, which is grounded in the holistic and person-centred approaches of care. The World Health Organisation (WHO, 1998) and American Occupational Therapy Association (AOTA, 2014) both support the concept that healthcare practitioners should consider an individual's personal

beliefs, including values, rituals, spiritual and religious beliefs, as important determinants of health-related quality of life. However, the personal beliefs appear to be left out in healthcare and education. Consequently, the United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2002) recommends that education should be reshaped in order to address the complexity related to personal beliefs. This recommendation focuses on fostering learning about and experiencing spirituality whilst still at university. It has been highlighted that exposing university students to spirituality tends to provide them with multiple benefits of spirituality which may enhance their knowledge regarding quality service (Brown, 2008).

In discussing the benefits of spirituality, Brown (2008) similarly indicates that healthcare professionals may have increased knowledge, confidence, skills, psychological well-being, the ability to cope with stress more effectively, and may promote care and outreach for others as well as new insight into health and life. Thus a variety of research aspects of education suggest that learning and teaching should be more balanced, not only considering the cognitive-intellectual dimension of personality, but spiritual, moral, cultural and social skills and values aspects (Mohr, 2006; Diaz-laplante, 2007; Nan-Zhao, 2005; UNESCO, 2002; Denzin, 2003; Lucchetti, Lucchetti & Puchalski, 2012).

There are four pillars of learning that are used to reshape education; these include *learning to know, learning to do, learning to be and learning to live together* (UNESCO, 2002). These pillars seem to promote students' spiritual, moral, social and cultural development in order to prepare all students for the world of work and societal responsibilities (UNESCO, 2002). Additionally, UNESCO (2002) highlights

that two of the pillars (*learning to be* and *learning to live together*) are related to reorientation and reorganisation of curriculum objectives to take into account the importance of spirituality in education. However, spirituality is one of the sensitive topics, which has been suppressed and not discussed in public platforms such as education, healthcare and the workplace. Roberts (2006, p.101) also makes an argument regarding the importance of personal beliefs that “there are some things in life we hold as sacred, and when our beliefs, our values, and/or our assumptions are questioned, we tend to become angry, argumentative and/or defensive”.

Occupational therapy education in South Africa is guided by a variety of governing bodies including the South African Professional Board for Occupational Therapy and Medical Orthotics/Prosthetics (2009) and the South African Qualifications Authority (SAQA, 2006). These governing bodies require undergraduate students to achieve competence in eleven exit level outcomes upon completion of their undergraduate studies. These bodies stipulate that occupational therapists must be able to apply person-centered principles in occupational therapy practice. In addition, these governing bodies require that occupational therapists should demonstrate an understanding of the interaction between occupation and physical, psychological, spiritual, social, cultural and political factors as well as how these influence occupational function and dysfunction (South African Professional Board for Occupational Therapy and Medical Orthotics/Prosthetics, 2009, p.8). This is supported by de Jongh, Hess-April, and Wegner, (2012, p.12) who stipulate that occupational therapy graduates at higher education institutions should “promote health and well-being to understand and address people’s physical, emotional, psychological, economic, social and spiritual needs”. These governing bodies’

together with de Jongh et al.'s (2012) explanation of graduate outcomes, seem to align with The Constitution of the Republic of South Africa (1996) which stipulates that:

Everyone has a right to freedom of conscience, religion, thought, belief and opinion and persons belonging to a cultural, religious or linguistic community may not be denied the right, with other members of that community, to enjoy their culture, practise their religion and their language.

These human rights highlight a need for culturally and spiritually sensitive intervention plans in occupational therapy which would respect the patient's religious beliefs, autonomy and occupational choices (Alveraz et al., 2017; Hemphill, 2015). Spirituality is one of the re-emerging discourses inviting occupational therapists, educators and students to acknowledge this construct as part of occupational therapy practice. Morris (2007) and Johnston and Mayers (2005) highlight that some of the occupational therapy frameworks, conceptual and practice models seem to incorporate spirituality as a core component of health and occupation; however, there is little information about the strategies or guidelines of how to consider spirituality in practice. In addition, spirituality appears as an essential aspect that tends to be influenced by the environment and the occupation that individuals, groups, families and communities engage in daily (Sumsion, Tischler-Draper & Heinicke, 2012). It has been indicated that in occupational therapy practice, students and clinicians are faced with challenges in dealing with spirituality (McColl, 2011; Sumsion et al., 2012).

In highlighting the challenges about spirituality in occupational therapy education, Jones (2016) and Mthembu, Ahmed, Nkuna and Yaca (2015) note that little is known

about what is being taught in occupational therapy education regarding spirituality and spiritual care. A variety of research carried out lends support to the notion that there is a need for guidelines that could be used in expanding the professional body of knowledge about spirituality in occupational therapy education and practice (Jones, 2016; Mthembu, Ahmed, Nkuna & Yaca, 2015; Johnston & Mayers, 2005; Taylor, Mitchell, Kenan & Tacker, 2000). Accordingly, the need for guidelines to integrate spirituality into occupational therapy education resonates with the rationale for the study.

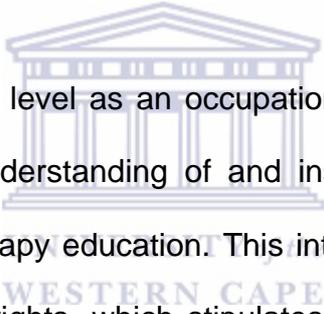
1.2 Rationale for the study

This study emerged from my experience of being an occupational therapist working in a rural public health hospital situated in Mpumalanga Province, (Nkomazi area), South Africa. It became clear that spirituality and spiritual care seemed to play an important role in the lives of the clients who were receiving occupational therapy services at the hospital and community outreach services. There were times that clients spoke about God and that He was helping them to recover from their illness, while other clients tended to ask many questions about their illness. However, I came to realise that very little attention has been given to spirituality and spiritual care in occupational therapy practice.

In addition, my interests in spirituality and spiritual care have been heightened by the teaching and learning experiences I have had as an occupational therapy educator working in an institution of higher learning. As with my experience as a practitioner, from my teaching experience I noted that, the spiritual aspect of human beings seemed to be lacking in occupational therapy education. The non-existence of

spirituality in occupational therapy education appeared as a lack of strategies and guidelines on how to integrate spirituality into teaching and learning.

One of the key performance areas as an educator is to supervise undergraduate research. This assisted me in suggesting that a study be made on the exploration of spirituality in occupational therapy. The findings of the study have highlighted that there is a need to include spirituality in occupational therapy education (Mthembu et al., 2015). These findings motivated me to embark on a journey of in-depth exploration of spirituality in occupational therapy teaching and learning. This was an ideal foundation for a research project to design and develop guidelines to integrate spirituality and spiritual care into occupational therapy education.



Additionally, on a professional level as an occupational therapy educator I felt that there was a need to gain understanding of and insight into the phenomenon of spirituality in occupational therapy education. This interest was supported by South African legislation on human rights, which stipulates that citizens have freedom to practise their spiritual traditions and religious faiths without any restrictions (Janse van Rensburg, 2014; Van Der Reyden, 2010; The Constitution of the Republic of South Africa, 1996). Occupational therapy education therefore needs to prepare graduates who are adept at meeting the needs, and understanding the human rights, of the rainbow nation, because South Africa is a diversified society based on, amongst other factors, languages, cultures and religions. This study provides a unique contribution towards spiritual sensitivity in occupational therapy education and practice.

1.3 Statement of the problem

Understanding humans using the lens of an holistic approach requires occupational therapy educators, students and clinicians to acknowledge the interconnectedness of the mind, body and spirit, as well as the community at large (Morris, 2007; Webster, 2003). However, at present there is little integration of spirituality and spiritual care into teaching and learning in occupational therapy education in the South African context. For many years in the occupational therapy profession the importance of spirituality and spiritual care seemed to be a controversial issue because it was unclear as to how these constructs were integrated into occupational therapy education (Wilding, 2002; Belcham, 2004; Thompson & MacNeil, 2006; Morris, 2007; Csontó, 2009; Morris, 2012; Morris, 2013; Morris, 2013; Mthembu et al., 2015). Despite the growing number of studies on spirituality and spiritual care, there continues to be a gap in the training of occupational therapists to be truly holistic clinicians. Although occupational therapy students are being educated to consider a holistic and client-centred approach, not much focus is given to spirituality in occupational therapy education. This diminishes the integrity of an holistic approach due to a lack of knowledge, skills and guidelines for integration of spirituality. In addition, the views of students, educators and clinicians have not been explored regarding the integration of spirituality and spiritual care into occupational therapy education. In South African occupational therapy education, it is unclear if any single course on teaching and learning of spirituality and spiritual care exists. This study serves as a means to inform the design and development of guidelines to integrate spirituality and spiritual care into occupational therapy education in order to enhance teaching, learning and practice. In responding to the statement problem, the study aimed to answer the following research question and sub-questions.

1.4 Research question

This study addressed the following research question: “How can spirituality and spiritual care guidelines be developed in the context of occupational therapy education for the purpose of integrating spirituality and spiritual care into teaching and learning?”

In order to answer this main question, the following research sub-questions were formulated in relation to the objectives of the proposed study:

1. How can spirituality and spiritual care be strategically embedded into the curricula of health science education?
2. What are occupational therapy students’ perceptions and attitudes to spirituality and spiritual care in occupational therapy education?
3. How do occupational therapy educators and students perceive spirituality and spiritual care in occupational therapy education?
4. How do occupational therapy clinicians perceive spirituality and spiritual care in occupational therapy practice?
5. How can the results of this study be used to develop and design guidelines to integrate spirituality and spiritual care into occupational therapy?

1.5 Aim of the study

The aim of the study was to design and develop guidelines to integrate spirituality and spiritual care into the context of occupational therapy education.

1.6 Objectives of the study

The objectives of the study were to:

Objective 1: Systematically review previous literature concerning strategies used to integrate spirituality and spiritual care into health science education in order to improve practice (Chapter 4).

1. Examine curricula for spirituality and spiritual care in health science education;
2. Identify the strategies used to integrate spirituality and spiritual care in health science education;
3. Critically appraise the methodological quality of studies related to strategies used to integrate spirituality and spiritual care into health science education.

Objective 2: Explore occupational therapy students' perceptions and attitudes regarding spirituality and spiritual care in occupational therapy education (Chapter 5 – 6).

Objective 3: Explore perceptions of educators and students about spirituality and spiritual care in occupational therapy education (Chapter 7 – 10).

Objective 4: Explore perceptions of occupational therapy clinicians towards spirituality and spiritual care in occupational therapy practice (Chapter 11).

Objective 5: Develop and design guidelines for integrating spirituality and spiritual care into occupational therapy education (Chapter 11).

1.7 Significance of the study

Given the paucity of research in spirituality and spiritual care, the present study has the potential to make several contributions regarding: 1) occupational therapy education, 2) occupational therapy theory, and 3) occupational therapy practice.

1) Occupational therapy education

Occupational therapy educational programmes will be able to utilise the guidelines developed in this study to integrate spirituality and spiritual care learning and teaching into occupational therapy education. These guidelines will contribute to the promotion of holistic and person-centred approaches by considering all the essential components including mind, body and spirit. This study has been designed with the intention of contributing to the knowledge base of the occupational therapy profession concerning spirituality and spiritual care in occupational therapy education. The findings of the study could potentially help increase the understanding of, and insight into, the significant phenomenon of spirituality. Moreover, increasing occupational therapy educators', students' and clinicians' understanding of spirituality in occupational therapy could potentially improve services provided in practice. Additionally, the findings of this study could assist in ensuring that the South African legislation on human rights related to language, culture and religions is honoured and respected as part of the diversity of the country. Furthermore, information from this study can be used to shape curricula in order to integrate spirituality and spiritual care into educational programmes. In addition, it is possible that as a result of this study, future occupational therapy students and graduates will be able to develop the capability to integrate spirituality and spiritual care as part of the assessment of, and appropriate intervention planning and implementation for, patients and clients.

2) Occupational therapy theory

Occupational therapy theory will be enhanced through enabling educators, students and clinicians to have an understanding of spirituality and spiritual care by using

existing occupational therapy models in conjunction with the guidelines developed in the current study. The theoretical frameworks underpinning the study will provide insight into the learning experience of occupational therapy students regarding spirituality and spiritual care.

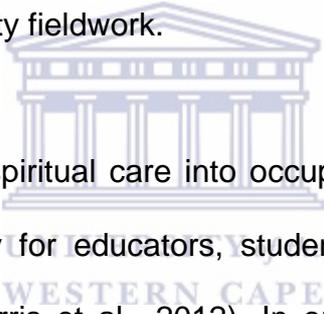
3) Occupational therapy practice

Occupational therapy practice will be improved by acknowledging and being spiritually sensitive to the needs of individuals, groups, families and communities in all settings. The results of the study also provide insight into the attitudes and perceptions regarding spirituality held by students and clinicians with strategies, which they can use to integrate spirituality in practice. As well as being relevant to the occupational therapy profession, the results of this study may contribute to the interdisciplinary health professions. This could assist in developing knowledge and skills of the members of the interdisciplinary teams regarding spirituality and spiritual care.

The current study makes noteworthy contributions to the body of knowledge regarding spirituality and spiritual care in health. It should, however, be noted that there is controversial dialogue about spirituality and spiritual care in health sciences education including content knowledge, teaching and learning strategies (Baldacchino, 2015; Thompson & Bennett, 2015). In the current study, the content knowledge, teaching and learning strategies have been systematically examined to substantiate the integration of spirituality and spiritual care.

Perceptions and attitudes of spirituality and spiritual care were mainly examined in healthcare professionals such as nursing, psychiatry and social work in a South African context, yet little was known about occupational therapy attitudes. This study examines undergraduate occupational therapy students' perceptions and attitudes about spirituality and spiritual care.

Recent developments in the field of the occupational therapy profession focus on integration of spirituality and spiritual care in practice (Jones, 2016; Mthembu et al., 2015). The present study contributes to the body of knowledge by highlighting how spirituality and spiritual care are addressed in occupational therapy groups and occupational therapy community fieldwork.



Integration of spirituality and spiritual care into occupational therapy education has been reported as a necessity for educators, students and clinicians as they felt unprepared (Jones, 2016; Morris et al., 2012). In order to address this need, the current study provides a significant contribution by highlighting the teaching and learning strategies for occupational therapy education.

It would be fair to have a better understanding of and insight into the barriers impeding integration of spirituality and spiritual care into occupational therapy education and fieldwork (Johnston & Mayers, 2005; Collins, Paul, & West-Frasier, 2002). This study makes a substantial contribution by providing evidence regarding the barriers that restrict inclusion of spirituality and spiritual care as human and social constructs.

It should be noted that the integration of spirituality and spiritual care into occupational therapy education seems to be a dilemma due to a lack of guidelines and theoretical frameworks (Jones, 2016; Mthembu et al., 2015; Johnston & Mayers, 2005; Taylor et al., 2000). This study has developed guidelines to integrate spirituality and spiritual care into occupational therapy education in order to improve occupational therapy practice.

1.8 Definition of terms

Spirituality: “a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationships with self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices” (Puchalski et al., 2014, p. 646).

Spiritual care: is defined as activities and ways of being that bring spiritual quality of life, well-being and function, all of which are dimensions of health, to clients (Taylor, 2002, p. 24).

Attitude: is defined as the way that one thinks and feels about somebody/something; the way that one behaves towards somebody/something that shows how one thinks and feels (oxfordlearnersdictionaries.com, 2013).

Education: is described as a process of teaching, training and learning, especially in schools or colleges, to improve knowledge and develop skills (oxfordlearnersdictionaries.com, 2013).

Design-based research (DBR): is defined as a systematic but flexible methodology aimed at improving educational practices through iterative analysis, design, development and implementation, based on collaboration among researchers and

practitioners in a real-world setting, and leading to contextually-sensitive design principles and theories (Wang & Hannafin, 2005; Design Based Research Collection, 2003).

Existential humanistic framework: This framework is useful for understanding humans as a whole and it acknowledges the interconnectedness of the mind, body and spirit, as well as the community at large (Webster, 2003).

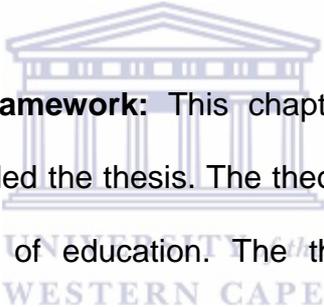
Occupational therapy: Occupational therapy is a client-centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations that they want, need, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (World Federation Occupational Therapy [WFOT], 2012)

Perceptions: are defined as attaining awareness or understanding of concepts or ideas through the process, act, or as a result of perceiving (Merriam-Webster online, 2007).

Occupational therapy practice: is referred to as a profession in specific terms and pertains to tradition, training and the accepted roles of occupational therapy, which may include an actual performance of therapeutic use of occupations. These occupations include activities of daily living, work, leisure, play and social participation with individuals, groups, populations or organisations to promote participation, engagement, performance and function in different roles and situations in homes, schools, workplaces, communities and other settings (Van Der Reyden, 2010).

1.9 Outline of the thesis

Chapter Two Literature review: In section A: This chapter consists of a search strategy used for reviewing literature, a description of the relevant literature on the central constructs, the role of spirituality in health care and spirituality in health education. Further discussions focus on the understanding of spirituality in occupational therapy models, spiritual assessments, spirituality and cultural diversity, and the role of spirituality in human occupation. This chapter contextualises the thesis within occupational therapy education and practice. In addition, the literature review is diffused to the introduction and discussion sections of each of the articles and manuscripts (as incorporated in Chapters 4, 5, 6, 7, 8, 9, 10 and 11).



In section B: **Theoretical Framework:** This chapter presents the underpinning theoretical framework that guided the thesis. The theoretical framework is discussed according to the four pillars of education. The theoretical framework includes existential humanistic, transformational teaching and learning, student-centred learning, and positive learning related to attitudes, values and beliefs.

Chapter Three Methodology Overview: This chapter presents an overview of the methodology employed in the study, and includes the research worldview, research design and methods of data collection used in the various phases and stages of the study.

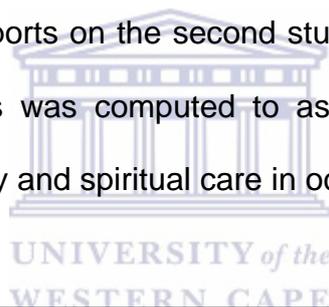
Chapter Four: This chapter presents stage one of Phase One of this thesis, in which a systematic review was conducted to examine the content knowledge for teaching spirituality and spiritual care in health sciences education.

Mthembu, T.G., Wegner, L., & Roman, N.V. (2016). Teaching spirituality and spiritual care in health sciences education: A systematic review. *African Journal for Physical Activity and Health Sciences (AJPHES)*, 22(42), 1036 – 1057.

Chapter Five: This chapter presents the first study of stage two of Phase One. This chapter also examines the perceptions and attitudes of students regarding spirituality and spiritual care in occupational therapy education.

Mthembu, T.G., Roman, N.V., & Wegner, L. (2016). A cross-sectional descriptive study of occupational therapy students' perceptions and attitudes towards spirituality and spiritual care in occupational therapy education. *Journal of Religion and Health*, 55(5), 1529-1545. doi: 10.1007/s10943-015-0125-3.

Chapter Six: This chapter reports on the second study of stage two of Phase One, in which multivariate analysis was computed to assess the applicability of three instruments used for spirituality and spiritual care in occupational therapy education.



Mthembu, T.G., Roman, N.V., & Wegner, L. (2016). An Exploratory Factor Analysis into the applicability of the Spirituality Care-Giving Scale, the Spirituality and Spiritual Care Rating Scale and the Spirituality in Occupational Therapy Scale to the South African Context. *South African Journal of Occupational Therapy*, 46(1): 74 – 82. doi: <http://dx.doi.org/10.17159/2310-3833/2016/v46n1a14>

Chapter Seven: This chapter presents one of the four studies of stage three of Phase One that explored the stakeholders' (educators and students) barriers impeding the integration of spirituality and spiritual care into occupational therapy education.

Mthembu, T.G., Wegner, L. & Roman, N.V. (2017). Barriers to Integration of Spirituality and Spiritual Care in Occupational Therapy Education in a South African context. *Journal of Spirituality in Mental Health*, 19(1), 67 – 79. <http://dx.doi.org/10.1080/19349637.2016.1206843>

Chapter Eight: In this chapter, the second study of stage three of Phase One is presented as a qualitative exploratory-descriptive study that explored occupational therapy students' perceptions of spirituality in occupational therapy groups.

Mthembu, T.G., Wegner, L. & Roman, N.V. (2017). Exploring occupational therapy students' perceptions regarding spirituality in occupational therapy groups: A qualitative study. *Occupational Therapy in Mental Health*, 33(2), 141 – 167. <http://dx.doi.org/10.1080/0164212X.2016.1245595>

Chapter Nine: This is the third study of stage three of Phase One that explores the importance of spirituality in community fieldwork placements. In addition, this chapter presents the community strategies that would seem to be related to spirituality.



Mthembu, T.G., Wegner, L. & Roman, N.V. (2017). Spirituality in the Occupational Therapy Community Fieldwork Process: A qualitative study in the South African context. *South African Journal of Occupational Therapy*, 47(1), 16 – 23. doi: <http://dx.doi.org/10.17159/2310-3833/2016/v46n3a4>

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Chapter Ten: This is the fourth study of stage three of Phase One and presents the perceived needs of educators and students regarding teaching and learning strategies for spirituality and spiritual care.

Mthembu, T.G., Wegner, L. & Roman, N.V. (Under review). Educators' and students' needs for teaching and learning strategies for integrating spirituality and spiritual care in occupational therapy education. *African Journal of Physical Activity and Health Sciences*

Chapter Eleven: This chapter presents Phase Two of the thesis which describes the original work of designing and developing guidelines for integrating spirituality into occupational therapy by means of a modified Delphi study.

Mthembu, T.G., Wegner, L. & Roman, N.V. (2017). Guidelines to integrating spirituality and spiritual care into occupational therapy education: A modified Delphi Study, *Occupational Therapy in Mental Health*, <http://dx.doi.org/10.1080/0164212X.2017.1362367>

Chapter Twelve: In this chapter a general integrative discussion, conclusions and recommendations arising from the study, are discussed.

1.10 Conclusion

In this chapter, it is acknowledged that occupational therapy promotes holistic and person-centred approaches; however, little is known about the integration of spirituality and spiritual care into occupational therapy education. The non-existence of spirituality in occupational therapy education seems to be related to the absence of strategies and guidelines on how to integrate spirituality into teaching and learning and it became clear that there was a need for occupational therapy education to integrate spirituality and spiritual care. It was highlighted that exposing students to spirituality while at university tends to provide them with multiple benefits of spirituality, which may enhance their knowledge of how to improve the quality of occupational therapy services in practice. This study may contribute to the body of knowledge related to the four pillars of learning and education, particularly learning to be and learning to live together. Lastly, the outline for each chapter of the thesis was presented. The literature review presented in the next chapter provides information about spirituality and spiritual care in healthcare, education and occupational therapy.

1.11 References

- Alvarez, L., Bhing Leet, T., Jimenez Moreno, N.A., Larrota Veloza, O.J., Mthembu, T.G., Rivas-Quarneti, N. (2017). A journey through stories of occupational therapy around the world. In K. Barrett, S. Coppola, L. Alvarez (Eds.). *International occupational therapy: Strategies for working and learning abroad*. AOTA Press: Bethesda, Maryland.
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 68, S1-S48. doi:10.5014/ajot.2014.682006
- Baldacchino, D. (2015). Spiritual care education of health care professionals. *Religions*, 6(2), 594-613. <http://dx.doi.org/10.3390/re16020594>
- Belcham, C. (2004). Spirituality in Occupational Therapy : Theory in Practice ? *British Journal of Occupational Therapy*, 67(1), 39–46.
- Brown, L.C. (2008). *Role of spirituality in adult learning contexts*. Unpublished PhD Thesis. University of Georgia, Athens.
- Collins, J. S., Paul, S., & West-Frasier, J. (2002). The utilization of spirituality in occupational therapy: beliefs, practices, and perceived barriers. *Occupational therapy in health care*, 14(3-4), 73–92. doi:10.1080/J003v14n03_05.
- Csontó, S. (2009). Occupational therapy students ' consideration of clients' spirituality in practice placement education, 72(August 2007), 442–449.
- De Jongh, J., Hess-April, L., & Wegner, L. (2012). Curriculum transformation : A proposed route to reflect a political consciousness in occupational therapy education. *South African Journal of Occupational Therapy*, 42(1), 16 – 20.
- Denzin, N.K. (2003). "Critical performance pedagogy, performance ethnography"

- Design-Based Research Collective. (2003). Design-Based Research: An emerging paradigm for educational inquiry. *Educational Researcher*, 32(1), 5 – 8.
- Diaz-Laplante, J. (2007). Humanistic psychology and social transformation. *Journal of Humanistic Psychology*, 47, 54-72.
- Hemphill, B. (2015). Spiritual assessments in occupational therapy. *The Open Journal of Occupational Therapy*, 3(3), Article 9. Available at: <http://dx.doi.org/10.15453/2168-6408.1159>
- Herrington, J. (2012). Authentic learning and authentic e-learning: Resources and ideas, from <http://AuthenticLearning.info/AuthenticLearning>.
- Janse van Rensburg, A.B.R. (2014). South African Society of Psychiatrists guidelines for the integration of spirituality in the approach to psychiatric practice. *South African Journal of Psychiatry*, 20(4), 133 – 139. DOI:10.7196/SAJP.593.
- Johnston, D., & Mayers, C. (2005). Spirituality: a review of how occupational therapy therapists acknowledge, assess and meet spiritual needs. *British Journal of Occupational Therapy*, 68(9), 386 – 392.
- Jones, J. (2016). *A qualitative study exploring how occupational therapists embed spirituality into their practice*. Unpublished PhD Thesis, University of Huddersfield
- Lucchetti, G., Lucchetti, A. L. G., & Puchalski, C. M. (2012). Spirituality in medical education: Global reality? *Journal of religion and health*, 51(1), 3–19. doi:10.1007/s10943-011-9557-6
- McColl, M. (2011). *Spiritual and occupational therapy*. (2nd ed.). Ottawa: Canadian Association of Occupational Therapists. Publications ACE.

- Mohr, W. K. (2006). Spiritual issues in psychiatric care. *Perspectives in psychiatric care*, 42(3), 174–83. doi:10.1111/j.1744-6163.2006.00076.x
- Morris, D.N. (2007). *Personal spiritual well-being, perceptions of the use of spirituality, and spiritual care in occupational therapy practice*. Unpublished PhD Thesis. Touro University International.
- Morris, D. N. (2013). Perceptions of Spirituality and Spiritual Care in Occupational Therapy Practice. *Occupational Therapy in Mental Health*, 29(1), 60–77. doi:10.1080/0164212X.2013.761109
- Morris, D. N., Johnson, A., Losier, A., Pierce, M., & Sridhar, V. (2013). Spirituality and substance abuse recovery. *Occupational Therapy in Mental Health*, 29(1), 78–84. <http://dx.doi.org/10.1080/0164212X.2013.761112>
- Morris, D. N., Stecher, J., Briggs-Peppler, K. M., Chittenden, C. M., Rubira, J., & Wismer, L. K. (2012). Spirituality in Occupational Therapy: Do We Practice What We Teach? *Journal of religion and health*, doi:10.1007/s10943-012-9584-y
- Mthembu, T.G., Ahmed, F., Nkuna, T., & Yaca, K. (2015). Occupational therapy students' perceptions of spirituality in training. *Journal of Religion and Health*, 54(6), 2178 -2197. doi:10.1007/s10943-014-9955-7.
- Nan-Zhao, Z. (2005). Four 'pillars of learning' for the reorientation and reorganization of curriculum: Reflections and discussions.
- Puchalski, C., Vittillo, R., Hull, S., & Reller, R. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642–656.

- Puchalski, C.M. (2010). Religion, medicine and spirituality: What we know, what we don't know and what we do. *Asian Pacific Journal of Cancer Prevention*.11, MECC Supplement, 45 – 49.
- Roberts, N. (2006). Disorienting dilemmas: Their effects on learners, impact on performance, and implications for adult educators. In M. S. Plakhotnik & S. M. Nielsen (Eds.), *Proceedings of the Fifth Annual College of Education Research Conference: Urban and International Education Section* (pp. 100-105). Miami: Florida International University. http://coeweb.fiu.edu/research_conference/.
- South African Professional Board for Occupational Therapy and Medical Orthotics/Prosthetics. (2009). The minimum standards for the training of occupational therapists.
- South African Qualifications Authority (SAQA). (2006). Standards Generating Body (SGB) Exit Level Outcomes.
- South African Government. (1996). *Constitution of the Republic of South Africa Act No.108 of 1996*. Pretoria: Government Printer.
- Sumsion, T., Tischler-Draper, L., & Heinicke, S. (2012). Applying the Canadian Model of Occupational Performance. In A.S. Duncan (Ed.). *Foundations for practice in occupational therapy* (pp.81-91). (5th ed.). Edinburgh, Churchill Livingstone: Elsevier.
- Taylor, E., Mitchell, J.E., Kenan, S. & Tacker, R. (2000). Attitudes occupational therapists toward spirituality in practice. *American Journal of Occupational Therapy*, 54(4), 421 – 426.
- Taylor, E.J. (2002). *Spiritual care: Nursing Theory, Research, and Practice*. Upper Saddle River, NJ: Prentice-Hall

- Thompson, M.L., & Bennett, V. (2015). Teaching spirituality to students nurses. *Journal of Nursing Education and Practice*. 5(2), 26 – 33. doi: 10.5430/jnep.v5n2p26
- Thompson, B.E., & MacNeil, C. (2006). A phenomenological study exploring the meaning of a seminar on spirituality for occupational therapy students. *American Journal of Occupational Therapy*, 60(5), 531 – 539.
- UNESCO Asia and Pacific Regional Bureau for Education. (2002). *Learning to be: A holistic and integrated approach to values education for human development: Core values and the valuing process for developing innovative practices for values education toward international understanding and a culture of peace*. Bangkok: UNESCO Asia and Pacific Regional Bureau for Education. (UNESCO-APNIEVE Sourcebook, No. 2).
- Van Der Reyden, D. (2010). Legislation for everyday occupational therapy practice. *South African Journal of Occupational Therapy*, 40(3), 27 - 35.
- Wang, F. & Hannafin, M.J. (2005). Design-based research and technology enhance learning environments. *Educational Technology Research and Developments*, 53(4), 5 – 23.
- Webster, R. S. (2003). *An Existential Framework of Spirituality for Education*, Unpublished PhD Thesis. Griffith University.
- Wilding, C. (2002). Viewpoint Where angels fear to tread : Is spirituality relevant to occupational therapy practice ?, *Australian Occupational Therapy Journal*, 49, 44–47.
- World Federation of Occupational Therapy. Definition of Occupational Therapy. Retrieved Date: 25 September 2013. Available

Online:<http://www.wfot.org/aboutus/aboutoccupationaltherapy/definitionofoccupationaltherapy.aspx>

World Health Organisation (WHO). (1998). Executive Board Meeting Document 101, Geneva, January 1927, 1998.



CHAPTER TWO

LITERATURE REVIEW

2 Introduction

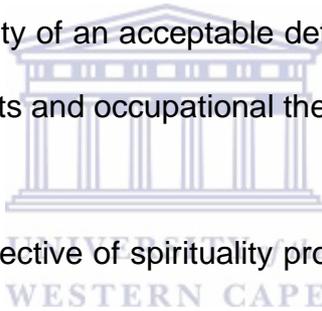
The previous chapter presented the introduction and background of the study in relation to the need for spirituality and spiritual care in occupational therapy education. In section A of this chapter, the search strategy for the reviewed literature is explained. A review of the literature on spirituality and spiritual care as constructs of the study, as well as the attributes of spirituality that provide a better understanding of the wide range of views and areas for the study, are described. The importance of spirituality in healthcare education, including occupational therapy education and practice, is discussed. A description of occupational therapy models that incorporate spirituality is provided, together with the spiritual assessment and cultural diversity of these models. A brief overview of spirituality in human occupation is provided. Section B of the current chapter provides a theoretical framework based on the four pillars of education and learning in relation to theories that promote integration of spirituality and spiritual care into occupational therapy education.

2.1 Section A: Search strategy for reviewed literature

This section presents the search strategy that was used to source the literature for the current study. A search of the major literature was conducted using the Ebscohost search engines' databases namely CINAHL and Science Direct. The terms spirituality, spiritual care, healthcare education and occupational therapy were used to search and source literature for the study.

2.2 Spirituality

Spirituality has received increased attention from different disciplines over the course of the past decade. However, Webster (2003) points out that spirituality has been a neglected aspect of education which appears to be of concern within various spheres of interest, including education and health. Varied research has been conducted in the field of spirituality and its effect upon the many components of human beings indicates that spirituality is a fertile construct in older adults (Borneman, 2011; Morris, 2013, 2013; Morris, 2007; Puchalski, 2001; Puchalski, 2006; Kang, 2003; Diaz-laplante, 2007; Fry, 2000). There are many definitions of spirituality; however, Sumsion, Tischler-Draper and Heinicke (2012) and Csontó (2009) point out that the scarcity of an acceptable definition of spirituality results in a challenge for practising students and occupational therapists.



An occupational therapy perspective of spirituality provided by Mayers and Johnston (2008, p. 273) defines spirituality as the:

Search for meaning and purpose in life, which may or may not be related to a belief in God or some form of higher power a motivating life force, which involves an integration of the dimensions of mind, body and spirit. This personal belief or faith also shapes an individual's perspective on the world and is expressed in the way he/she lives life. Therefore, spirituality is experienced through connectedness to God/a higher being; and/or by one's relationships with self.

Puchalski's (2009) definition of spirituality highlights the important aspect of humanity that foster individuals to seek and express their meaning and purpose in life. Similarly, the definition promotes individuals' experience of connectedness to the moment, to self, to others, to nature and to the significant or sacred (Puchalski et al., 2009).

Drawing from these definitions of spirituality, there are common themes that emerge from Mayers and Johnston (2005), Puchalski et al. (2009) and Puchalski et al. (2014). The common themes that emerge from the definitions of spirituality include the meaning and purpose of life, connections with self, others, nature, a Higher Power and God. Martsof and Mickley (1998) list five attributes of spirituality that are significant to healthcare providers. These attributes include meaning, value, transcendence, connecting and becoming and are defined below as explained by Martsof and Mickley (1998).

- Meaning: the ontological significance of life; making sense of life situations; deriving purpose in existence.
- Value: beliefs and standards that are cherished; having to do with the truth, beauty, worth of a thought, object or behaviour; often discussed as 'ultimate values.'
- Transcendence: experience and appreciation of a dimension beyond the self; expanding self-boundaries.
- Connecting: the relationships with self, others, God/Higher Power, and the environment.
- Becoming: an unfolding of life that demands reflection and experience; includes a sense of who one is and how one knows among other things. (pp. 294–295)

In describing the importance of spirituality in education, Seitz (2009) lists five attributes of spirituality, namely: mission in life, sacredness of life, altruism, idealism and awareness of the tragic.

- *Mission in life:* The spiritual person has a sense of vocation and a sense of responsibility to life.
- *Sacredness of life:* The spiritual person believes that life is infused with sacredness, and does not see a dichotomy between the sacred and the secular; such a person may experience reverence and awe even in "nonreligious" settings.
- *Altruism:* The spiritual person believes that we are "our brother's keeper," is touched by the pain and suffering of others, and has a strong sense of social justice.
- *Idealism:* The spiritual person is a visionary committed to the betterment of the world and the actualisation of positive potential in all aspects of life; at the same time, he or she can love people and circumstances for what they are.
- *Awareness of the tragic:* The spiritual person is solemnly conscious of the tragic realities of life, including human pain, suffering and death. Somewhat paradoxically, the awareness of the tragic does not diminish a spiritual person's joy, appreciation and valuing of life.

These attributes of spirituality appear as a foundation of spirituality and spiritual care in healthcare professions, including nursing, occupational therapy, medicine and other disciplines. Martsof and Mickley (1998) and Seitz (2009) all provide the above attributes of spirituality to enhance healthcare professionals' understanding of the construct of spirituality. In addition, Knapik, Martsof, Draucker and Strickland (2010) indicate that the attributes of spirituality appear to broaden the perspective of and insight into spirituality. Thus the attributes are significant in considering the diverse social, cultural and religious components, theistic and humanistic conceptualisations,

and negative and positive aspects of spirituality (Knapik et al., 2010). It is clear that both spirituality and spiritual care seem to play a vital role in health care.

2.3 Spiritual Care

Understanding of spiritual care is very important, as it provides healthcare professionals, including occupational therapists, with the basis of empathic and therapeutic relationships with clients. The therapeutic relationships seem to form an integral part of holistic care in practise. Accordingly, spiritual care is defined as “activities and ways of being that bring spiritual quality of life, well-being and function, all of which are dimensions of health, to clients” (Taylor, 2002, p.24). Some authors describe spiritual care, as “a species of activity that include everything we do to maintain, contain and repair our ‘world’ so that we can live in it as best we can. (Tronto & Berenice, 1990). This theory also supports Watson (2007, p.129) when explaining the activities of caring which include “honouring the lived experience of self and others in seeking to preserve humanity, even when threatened”. In addition, this links with Watson’s theory of human caring which includes activities such as attending to, and helping to sustain, human dignity, unity of oneness of being, and to hold the other in their wholeness, even when they could not feel whole themselves.

In attempting to bring some clarity to spiritual care, Puchalski (2001) explains that spiritual care in health incorporates serving patients and providing compassionate care. Furthermore, Puchalski (2001, p.355), discussing a variety of spiritual care activities, suggests that healthcare professionals need to engage in the following spiritual care activities:

- Practising compassionate presence i.e. being fully present and attentive to their patients and being supportive to them in their suffering: physical, emotional, and spiritual
- Listening to patients' fears, hopes, pain, and dreams
- Obtaining a spiritual history
- Being attentive to all dimensions of patients and their families: body, mind, and spirit
- Incorporating spiritual practices as appropriate
- Involving chaplains as members of the interdisciplinary health care team.

Along the same line, Bollock (2014), addressing the importance of spiritual care in occupational therapy, propounds that therapeutic use of self appears as a tool of occupational therapy clinicians and students in practice to facilitate spiritual care as part of therapeutic interventions. Additionally, Bollock (2014, p.230) identifies elements of therapeutic use of self that may enable occupational therapists to consider spirituality in practice. These elements include active listening, empathy, tolerance, unconditional acceptance and flexibility towards clients' desires and needs. It seems clear that acknowledgement of these elements of therapeutic use of self might assist occupational therapy clinicians and students to promote spiritual care during therapeutic interactions.

In describing the benefits of spiritual care, Vincensi (2011) also accentuates that the activities of spiritual care enable the receiver of care to use inner resources when meeting life's challenges or crises in order to gain self-knowledge. Moreover, the

above spiritual care activities could be interwoven with the four phases of care and their elements (Sander-Staudt, 2011). These phases and elements include:

- **Caring about** (attentiveness and being aware of the needs of individuals, groups and communities). This phase enables occupational therapists and students to listen carefully to the needs of people who experience illness, disruption in occupational engagement and imbalances.
- **Taking care of** (taking responsibility and willingness to respond to the identified need through care). This phase would mean that occupational therapists and students build a therapeutic relationship with people and make informed decisions based on prioritised needs.
- **Care-giving** (providing successful care for the affected individuals, groups and communities and directly meeting their needs). In this phase, the occupational therapists and students use their clinical reasoning skills to perform assessments in order to plan and implement interventions that would enhance the enjoyment, good quality of life and health and well-being of the affected individuals. This is further improved by participating in occupations that support biological, psychological, ethical, spiritual, historical, economic and political aspects of human existence in providing meaning and purpose (Hocking & Wright-St. Clair, 2011).
- **Care-receiving** (being responsive and considerate of others' needs and recognising their human rights). This phase acknowledges the diversity among people and occupational therapists by considering cultural, religious beliefs, space, resources and other people (Hocking & Wright-St. Clair, 2011).

Overall, then, it appears that spirituality is one of the construct that help people to make common sense about their lives, while relating with others, environment and God. In contrast, spiritual care is perceived as actions and activities that healthcare together with clients engage in to building good interpersonal relationships with the individual, groups and communities in order to work in collaborative partnership. This collaborative partnership may assist in enabling people to use their spirituality as coping mechanisms against suffering from illnesses and pressing problems in life that influence their health (Puchalski, 2001).

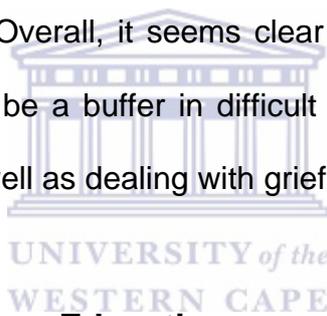
2.4 Role of spirituality in health care

In attempting to discuss the role of spirituality in health care, it is important firstly to have an understanding of what is health. The World Health Organisation (1948) refers to health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Human beings often experience risk conditions that negatively influence their health and lives. These risk conditions include poverty, low educational/occupational status, dangerous/stressful work, dangerous/polluted environment, discrimination, low political and economic power, large gaps in income, poor housing and inadequate access to cheap healthy food, and may be viewed as injustices (Locker, 2008).

Puchalski (2001), discussing the role of spirituality in health care, points out that there are benefits such as lower mortality, coping and recovery by considering this construct in health care. De la Porte (2016, p.7) lends support to the idea that both religion and spirituality have “a role to play in promoting resilience, coping with a stressful environment and preventing burnout”. This could mean that spirituality is an

important component of health care that increases the possibility of enjoying optimal functioning.

Litwinczuk and Groh (2007), for instance, discuss the benefits of spirituality among people living with HIV and AIDS (PLWHA), as it appears that spirituality enables them to cope with their condition and become psychologically better adjusted. In addition, spirituality appears to enable PLWHA to find meaning in life and to accept their illness. Cotton et al. (2006) take the argument even further, indicating that greater levels of spirituality among PLWHA seem to be associated with positive health outcomes such as fewer mental health problems, fewer reported HIV-related symptoms and better health. Overall, it seems clear from the reported studies that spirituality has been found to be a buffer in difficult situations such as coping with issues of guilt and shame as well as dealing with grief.



2.5 Spirituality in Healthcare Education

In discussing the significance of spirituality in healthcare education, McColl (2011) links the constructivism worldview with healthcare education because both spirituality and health appear as part of human and social constructs. These constructs are interwoven in education because they foster transformation in clinical education. Capeheart-Meningall (2005), highlighting the need for holistic education, notes that colleges and universities are facing a challenge to provide holistic education that incorporates a search for meaning in life, spiritual beliefs and values of students. Consequently, varied research supports that there is a need for healthcare professionals to increase their knowledge and confidence in addressing spiritual issues as part of healthcare services (Meredith, Murray, Wilson, Mitchel & Hutch,

2012; van Leeuwen, Tiesinga, Middel, Post & Jochemsen, 2008). These studies further support the suggestion of Puchalski (2006), Webster (2003), King and Crisp (2005) and Wells (2009) that respectful and radical performance pedagogy must honour spirituality as healthcare education continues to evolve based on societal needs.

Furthermore, it is clear that healthcare education would need to provide a conducive environment for learning and fostering compassionate care. Hinojosa (2007) challenges healthcare educators and faculty members to be innovators in adapting education practices to meet the new realities of the world, as this is essential for continuous professional development. In addition, Capeheart-Meningall (2005) suggests that healthcare education needs to 'deliver programmes and activities that acknowledge the human existence aspects including social, physical, intellectual, career, psychological, cultural, and spiritual development'. This could mean that healthcare educators may consider contemporary pedagogical approaches such as integrative, transformative, collaborative and interdisciplinary professional education. These educational strategies share the concept of using a variety of active and reflective pedagogies to encourage deep learning across disciplines. As a result, training institutions may need to equip health sciences graduates, including occupational therapy students, with the necessary knowledge and skills to integrate spirituality and spiritual care through these strategies.

Capeheart-Meningall (2005), in attempting to discuss the pedagogical approaches for spirituality in healthcare education, identifies that transformative learning is one of the teaching and learning approaches that could be used to assist students to

enhance their knowledge and skills regarding spirituality and spiritual development in and out of the classroom. For instance, a pre-post intervention study by Frouzandeh, Aein and Noorian (2015) reports that students have an opportunity to make “acquaintance with some concepts such as: spirituality and spiritual care, identify the spiritual needs of patients, and design a care plan to meet these necessities”. Furthermore, the pre-post study incorporates theories of psychological stress and compatibility as well as assessing the patients’ opposing spiritual mechanisms. In the same pre-post study, students were given the opportunity to discuss the implication of ethical issues on spiritual care. Moreover, Frouzandeh et al.’s study provides a variety of teaching and learning methods that were employed including discussions on spirituality, heuristic technique such as brainstorming about their understanding of the concepts of spirituality and spiritual health, analysis of spiritual stress scenarios, discussions in small groups, sharing of personal and clinical experiences and deep thinking exercises. These teaching and learning methods seem to provide some benefits to the students to enable them to have a better understanding of spirituality as explored in the following section.

2.6 Benefits of learning about spirituality

There are significant benefits for students when they learn about spirituality in higher education institutions. Pollock (2007) states that inclusion of spirituality into education has the potential to enhance spiritual awareness and diversity competence. For example, in a qualitative study by McClain (2008), which aimed to understand how adult learners perceive the influence of spirituality on their learning in practical nursing programmes in technical colleges, results indicated that students were able to benefit from learning about spirituality as it assists them in classroom

and clinical performance, and instils confidence in them. In addition, the results revealed that students in class performed better in their tests as they would pray prior to tests. The results showed that spirituality assisted students to perform well in the clinical setting and enabled them to perform new procedures with confidence (McClain, 2008). McClain (2008) concludes that learning environments which consider spirituality as fundamental to teaching, seemed to be of benefit to students. In a national study of college students, search for meaning and purpose-summary conducted by Astin, Astin, Lindholm, Bryant, Calderone and Szelényi (2004) explored students' spiritual life. The results of the study indicated that the students benefited from spirituality in a positive way. The benefits included:

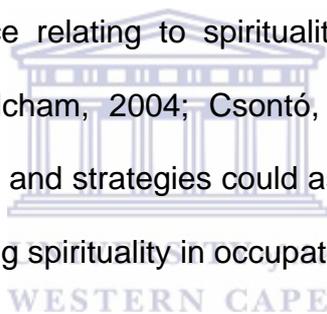
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- Physical and psychological health, including self-esteem
 - Optimism and a sense of personal empowerment
 - Civic responsibility, including charitable involvement and social activism
 - Empathy, understanding and caring for others, including the importance of reducing pain and suffering in the world, feeling a strong connection to humanity and a compassionate self-concept
 - Academic performance, including graduate-level degree aspiration and intellectual self-confidence
 - Satisfaction with college, including a sense of community on campus, the amount of contact with faculty, interactions with other students, and the overall college experience
 - Religiousness, including religious commitment and involvement.

It is evident that introducing a spiritual care training course and determining its effectiveness on nursing students' self-efficacy in providing spiritual care for patients seems to have had benefits in learning and teaching (Frouzandeh et al., 2015). It has been noted that these benefits tend to assist nursing students to be aware of spirituality as part of learning in healthcare education. However, it would be of importance to gain clearer understanding of how spirituality has been acknowledged in occupational therapy education.

2.7 Spirituality in occupational therapy education

One potentially useful way of integrating spirituality is to have an insight into how the occupational therapy curriculum prepares students to be holistic clinicians in order to enhance practice. Some evidence shows that occupational therapy students believe that spirituality has some relevance to the profession (Kirsh, Dawson, Antolikova & Reynolds, 2001). Kirsh et al. (2001) surveyed students in ten Canadian occupational therapy programmes regarding inclusion of spirituality in the curricula. Kirsh et al.'s study found that nine of the occupational therapy programmes introduced spirituality at the beginning of the programme; however, in the remaining programme it formed part of the selective course only. Moreover, Kirsh et al. (2001) pointed out that the importance attached to spirituality within the programmes was very low. The confidence of the students in dealing with spirituality in the curricula was also low. In contrast, a qualitative study conducted by Barry and Gibbens (2011) at a university in the United Kingdom, found that participants who engaged in reflection about spirituality had higher possibilities of addressing clients' spiritual needs in practice. This suggests that personal reflection about spirituality could be used in occupational therapy education in order to prepare students.

Many occupational therapists and researchers have commented on the need to address spirituality in occupational therapy education (Jones, 2016; Wilding, 2002; 2003; Belcham, 2004; Csontó, 2009; Kelso-Wright, 2012; Morris et al., 2013). Morris et al. (2012) examined the responses of occupational therapists on the subject of spirituality in occupational therapy practice. The findings showed that practising occupational therapists required more emphasis on spirituality in formal occupational therapy curricula, and a desire on the part of practitioners to attend workshops in which the construct of spirituality was explained. Morris et al.'s study also indicated that there was a gap between education, theory and practice in occupational therapy. Therefore, it was clear that there was a need to bridge the gap between education, theory and practice relating to spirituality in the occupational therapy profession (Jones, 2016; Belcham, 2004; Csontó, 2009). These studies further indicated that practical training and strategies could assist in enhancing occupational therapists' confidence regarding spirituality in occupational therapy practice.



2.8 Spirituality in occupational therapy practice

Occupational therapy is concerned with promoting holistic care, a person-centred approach, good quality of life, health, well-being and occupation (Csontó, 2009; Donica, 2008; Teo, 2009; Kirsh et al., 2001; MacGillivray, Sumsion & Adolescents, 2006; Wilson, 2010; Brémault-Philipps & Chirovsky, 2011). Howard and Howard (1997, p.185) argue that occupational therapists seem to acknowledge spirituality by being attentive to the patient's needs related to "engaging in meaningful activity make a difference, and by viewing the patient as a person with a past and a future, roles, loss, and a sense of grieving". Therefore, Howard and Howard (1997) indicate that the occupational therapists that identify these needs in their patients perform a

spiritual act. However, Howard and Howard's explanation of spirituality in occupational therapy only focused on meaningful activities without considering other aspects highlighted by Mayers and Johnston (2008) and Puchalski et al (2014). Firfirey and Hess-April (2014) explored how adults with MDR-TB experience and perceive occupational adaptation while undergoing long term hospitalisation, and indicate that spirituality appeared as one of the important factors that assisted the patients to adapt and cope with their hospitalisation.

In addition, Jones' (2016) ethnographic qualitative study explored how occupational therapists in the United Kingdom embed spirituality in their day-to-day practice, finding that occupational therapists seem to acknowledge spirituality as part of supporting patients who were experiencing vulnerability due to disruptions in their health and well-being. Accordingly, the support provided by the occupational therapists to the patients strengthened the collaborative partnership during occupational therapy services. Nonetheless, the study further revealed that there were organisational and contextual factors that impeded the inclusion of spirituality in practice.

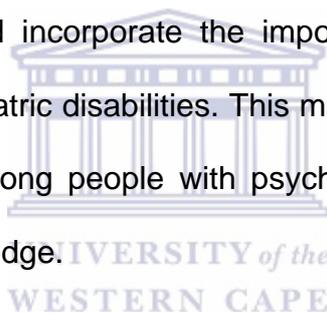
Collins (2007) asserts that occupational therapists are trained to use themselves as therapeutic tools, and to be reflective about their practice. This may mean that occupational therapists should learn how to incorporate spirituality as a construct that appears in all aspects of occupational therapy practice. In addition, occupational therapists may enhance their knowledge about spirituality through research and continuous professional development as part of practice-based evidence. Occupational therapists may be encouraged to learn how to conceptualise their

personal understanding of spirituality and how their spirituality influences their occupations and experiences (Bollock, 2014). Collins (2007) and Bollock (2014) both support the importance of self-reflection as part of reflective practice because it helps occupational therapists to be ethical during therapeutic intervention and consider spirituality. Mthembu et al. (2015), discussing the importance of journals as a tool for self-reflection, note that those occupational therapy students may enhance their self-awareness and understanding of spirituality. It appears that reflective practice is the core of occupational therapy education and practice to stimulate learning and problem-solving skills.

A study conducted by Taylor et al. (2000) in a questionnaire, examined American occupational therapists' (n=206) attitudes about spirituality in practice. Results of the study indicated that participants had slightly positive attitudes toward the integration of spirituality into occupational therapy. This may mean that occupational therapists are in support of inclusion of spirituality. Similarly, Engquist et al. (1997) conducted a survey with 270 American occupational therapists to establish a baseline of occupational therapists' opinions and practices about spirituality and therapy on which future research could be built. Results of the study showed that the majority of the participants agreed that spirituality is an important part of life.

In a South African interpretive biography study by Van Niekerk (2004), the influences that helped or hindered the participation of people with psychiatric disability in the world of work were explored. The findings indicated that people with psychiatric disability tend to believe that God would enhance their understanding of psychiatric disabilities. Van Niekerk's study also found that people with psychiatric disability

seemed to believe that God would provide them with meaning and guidance regarding the strategies that they may use to deal with the hardship of their psychiatric disabilities. Similarly, Van Niekerk's study revealed that "understanding God's will for their lives and identifying a possible purpose for their disability, brought comfort to clients with psychiatric disability" (p.206). As a result, the study highlighted that valuing the work of God as a blessing seemed to help people with psychiatric disabilities to enhance their physical, spiritual and emotional health to cope with their depression in life, despite the fact that the study found that people with psychiatric disabilities believed in God to enhance their coping mechanism. However, the findings of the study have not reported how the model of participation and restriction in occupational therapy could incorporate the importance of God as part of the psyches of people with psychiatric disabilities. This may mean that an understanding of the importance of God among people with psychiatric disabilities could help in broadening the body of knowledge.



In occupational therapy practice, spirituality is incorporated in different ways which some are more aligned to the definition of spirituality and others less aligned. Therefore, spirituality would have been more useful if it was considered in standardised assessments and development/use of theoretical models.

2.9 Spirituality in occupational therapy models

Within the occupational therapy profession, various models can be used in education to integrate spirituality and spiritual care. These models include: the Model of Human Occupation (MOHO), the Canadian Model of Occupational Performance and

Engagement (CMOP-E) and the Psycho-spiritual Integration (PSI) Frame of Reference, and are discussed in the following section.

2.9.1 Model of Human Occupation

The Model of Human Occupation (MOHO) conceptualises the human being as an open system. According to Kielhofner (1995), humans are living phenomena that are dynamic self-/organising entities exhibiting ongoing interaction with their environments. This model acknowledges that occupations are central to human experiences, survival and satisfaction. Drawing from Kielhofner's theory (1995) occupational performance results from the interaction of the three subsystems known as volition, habituation and mind-body-brain.

The volition subsystem addresses three volition structures including personal causation, values and interests. These structures provide volitional processes whereby humans react to possibilities in order to experience occupations that are enjoyable based on their occupational choices. The volition processes assist humans to relate stories about their experiences concerning occupational performance that result in volitional narratives Kielhofner (1995). The MOHO does not explicitly address the issue of spirituality but the volitional narratives endeavour to come close to spirituality because of story-telling (Kang, 2003).

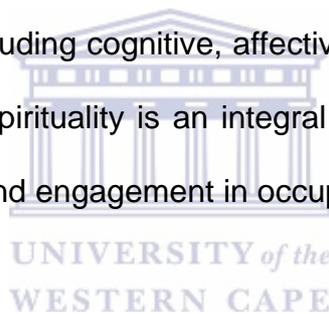
2.9.2 Canadian Model of Occupational Performance and Engagement

Within the Canadian Model of Occupational Performance and Engagement (CMOP-E) spirituality is recognised as the core of the model (Polatajko, Townsend, & Craik, 2007). This model is used in occupational therapy to conceptualise a client in a

holistic manner and promote client-centred practice. In this model, the CMOP-E captures an occupational view of human occupation that situates the occupational therapy profession beyond the medical model, envisions health, well-being and justice as achieved through engaging in occupation as a core domain of concern (Polatajko, et al., 2007). CMOP-E includes three components, namely the person, the environment and the occupation Figure 2:1.

Person

The person is found at the centre of the model and is represented by a triangle (see Figure 2.1). According to Polatajko et al. (2007), the person is made up of three performance components, including cognitive, affective and physical. Polatajko et al. (2007) further point out that spirituality is an integral part of a person and provides the essence of performance and engagement in occupation.



Environment

The environmental component is where an individual exists and where occupation occurs. The environment is made up of physical, cultural, institutional and social components and these environments influence the person and occupation. Consequently, the environment might, or, on the contrary, might not be supportive and conducive to creating occupational opportunities.

Occupation

In the CMOP-E, occupation is classified as three areas of occupation, namely self-care, productivity and leisure. Occupation plays an important role in occupational therapy and is fundamental to the profession. It is through occupation that the person

interacts with the environment and, as a result, dynamic interactions occur.

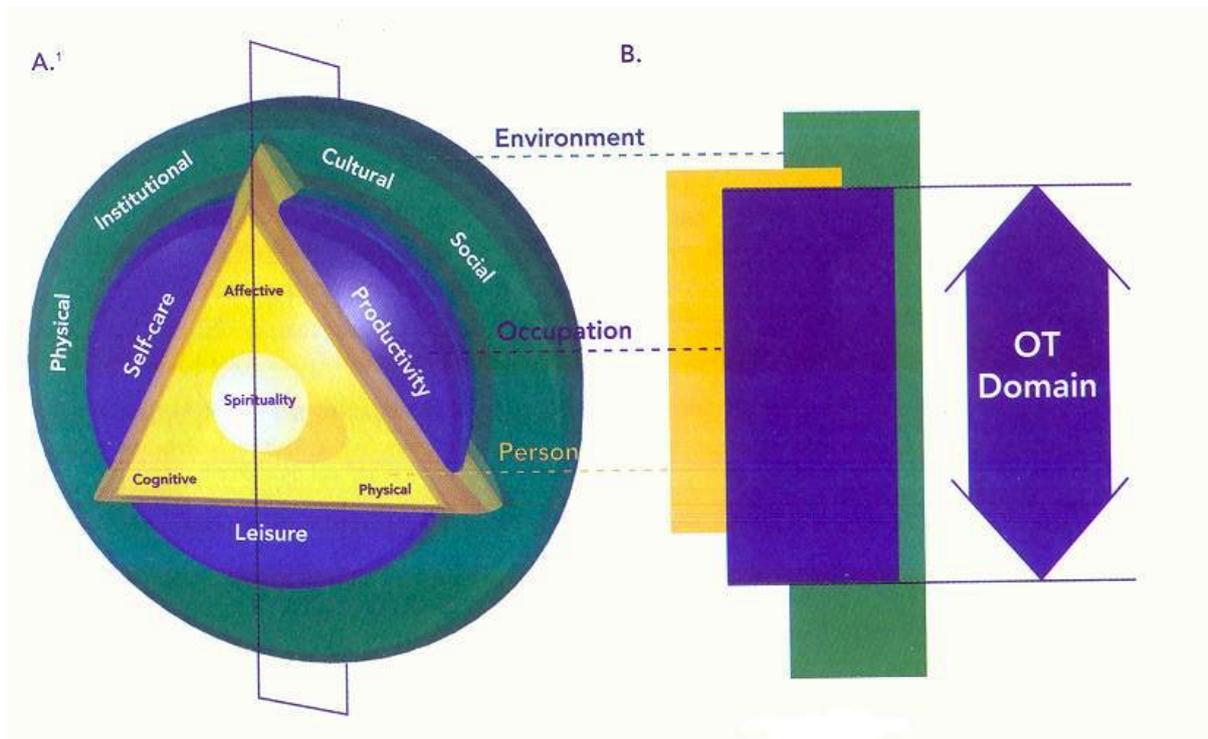


Figure 2:1: The Canadian Model of Occupational Performance-Engagement (CMOP-E).

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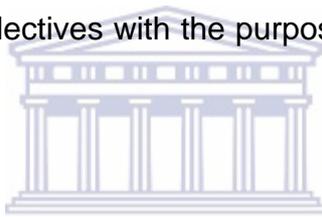
2.9.3 Psycho-spiritual Integration Frame of Reference

The concept of spirituality in occupational therapy is acknowledged as one of the elements of health; however, how to incorporate it poses a challenge. Consequently Kang (2003) introduced the PSI for the purpose of addressing spirituality in occupational therapy practice. Kang's (2003) psycho-spiritual frame of reference focuses on:

The nature of spirituality: Kang (2003) explains that human nature is acknowledged as being dynamic and spiritual. In addition, it is highlighted that human beings have traits including non-linear, open, and self-organising systems that are grounded in

spirituality. According to Kang (2003), spirituality elucidates who we are in relation to the universe. Humans tend to use these traits in order to deal with environmental challenges and create a supportive environment both individually and collectively. It has six interconnected but distinct dimensions: becoming, meaning, being, centredness, connectedness and transcendence (Figure 2:2).

With respect to *the expression of spirituality in everyday occupational behaviour*, Kang (2003, p.95) notes that occupational behaviour is an internal, universal and practical expression of how humans use their potential and spirituality to engage in human occupations as part of enablement. Similarly, human occupations provide meaning to individuals and collectives with the purpose of maintaining, restoring and enhancing the human spirit.



Regarding, *the nature of spiritual occupations*, Kang (2003) elaborates that spiritual occupation is suggested as another key category of human occupation that adds to self-maintenance, work/productivity, play/recreation and rest/leisure occupations. However, it has been noted that spiritual occupations have not been fully considered in occupational therapy literature and are not easily classified within the categories of human occupations. As a result, Kang (2003) highlights that spiritual occupation appears as a range of activities that provide spiritual meanings to humans. In addition, these spiritual occupations may be traced through the generations by cultures, stories, dramas, festivals and rituals.

Kang (2003, p.99) provides examples of the diverse spiritual occupations that human beings engage in to find meaning and purpose in life. The spiritual activities include:

“prayer, scripture reading, devotional practices such as singing or chanting, meditation, yoga, tai-chi, participation in communities of faith, expressive arts such as dance, theatre, sculpture and painting, dreamtime stories, rituals of healing, journaling and autobiography, communing with nature, bushwalking and social or ecological activism” (p.99). These spiritual activities appear as facilitators of individuals and communities to work together for better outcomes.

Regarding *the influence of spirituality and spiritual occupations on health and well-being*: it is evident that spiritual occupations seem to enhance physical health and psychospiritual well-being of individuals and communities to achieve their optimum occupational and human potential (Kang, 2003; Bollock, 2014). Adding to the spiritual occupation, Ramugondo (2004) found that spirituality among families living with HIV and AIDS enhanced their human potential, hopefulness, resilience and connectedness to others. In the light of spiritual occupations improving the quality of life, health and well-being of individuals and communities, Kang (2003) and Ramugondo (2009) both highlight that community spiritual deprivation tends to reduce quality of community life, and can be a cause of social and ecological alienation.

In addition, a community’s culture seems to be influence by globalisation, technology, economic inequity and impoverishment. For instance, Ramugondo found that technology and media seem to influence play as an occupational medium that facilitates connectedness among generations. In order to address these challenges, Ramugondo (2009) propounds that occupational therapists should consider using “occupational consciousness as a tool of practice to raise awareness to communities

about the relationship between what they do and their own health” (p.v). Kang (2003, p.101) also suggests that occupational therapists should advocate the enhancement of the “intrinsic dignity and occupational potential of persons and communities using occupational justice as a social vision”.

2.10 Dimensions of spirituality in occupational therapy

Previous work has only focused on the six dimensions of spirituality in occupational therapy, which are: becoming; meaning; being; centeredness; connectedness and transcendence as presented in Figure 2:2 (Kang, 2003). Consequently, concerns have been raised which question the importance of suffering as an extra dimension of spirituality in occupational therapy (Jones, 2016). Jones’ (2016) ethnographic qualitative study shows that suffering is the first dimension of spirituality, yet in Kang’s (2003) psychospiritual framework, suffering was overlooked. Building on Kang’s (2003) psychospiritual integration, spirituality appears as the core of harmony of the dimensions. These seven dimensions of spirituality may enable occupational therapy educators, clinicians and students to have better understanding of the occupational injustices experienced by individuals, groups, families and communities that they seek to serve. As such, Kang (2003) highlights that six of the seven dimensions of spirituality are enabled through engaging in occupations. The seven dimensions are further explained in detail in Chapter 8, which presents spirituality in occupational therapy groups.

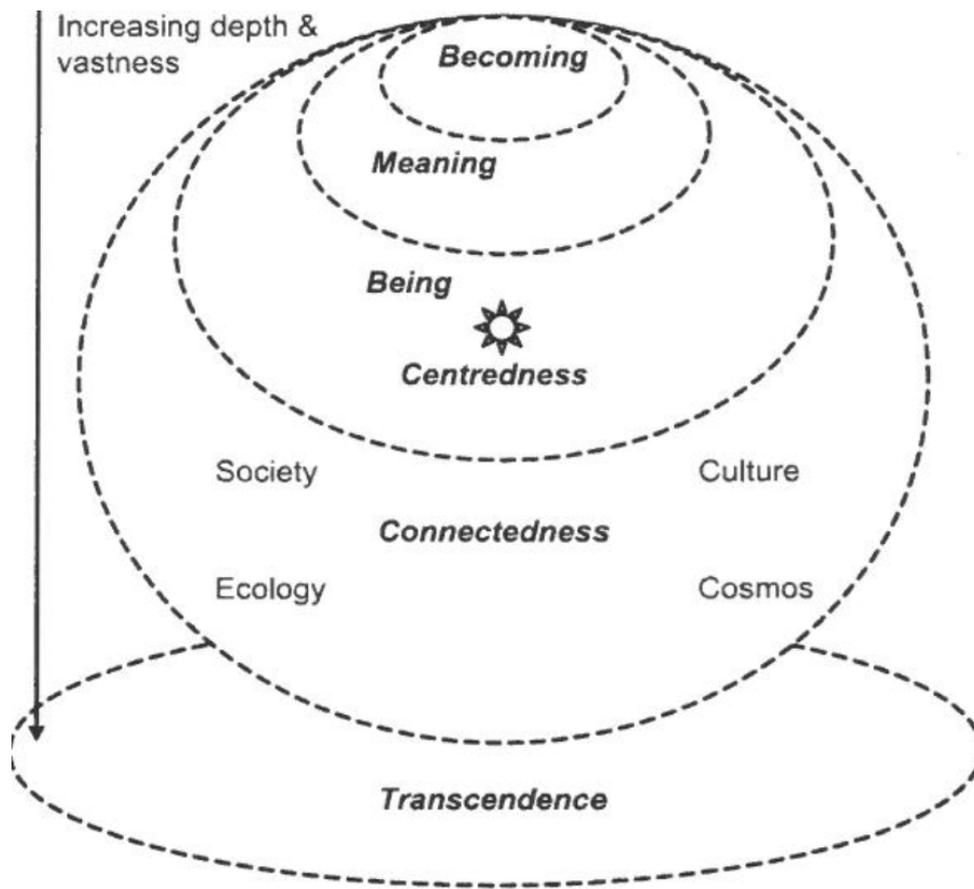


Figure 2:2: Diagrammatic representation of dimensions of spirituality in Psychospiritual Integration.

It is noteworthy to have an understanding of the PSI model based on a variety of assumptions, as explained by Kang (2003). Firstly, Kang claims that humans are spiritual beings that seem to respond to environmental challenges creatively, individually and collectively, and their occupational behaviour tends to represent spirituality. Moreover, spirituality is a multi-layered and multidimensional construct that may or may not include religion and that spiritual occupation may be regarded as another category of human occupation that has not previously been defined. Thus these assumptions provide an understanding of spirituality in occupational therapy.

Donica's (2008) qualitative case study was conducted to identify problems and occupational concerns of an individual ageing after suffering a stroke. The findings of the study indicated that PSI is a "preliminary framework to organise our thinking regarding the importance of spirituality and its impact on occupational performance and development" (Donica, 2008, p.119). However, the study did not provide information about how to conduct a spiritual assessment.

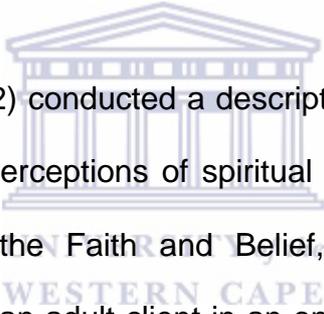
2.11 Spiritual Assessment

The need for spiritual assessment has been identified as important element of occupational therapy practice. Previous studies have found that occupational therapists struggled to address their client spirituality in practice due to lack of appropriate assessments tools (Johnston & Mayers, 2005; Kelso-Wright, 2012; Hemphil, 2015). A simplified grounded theory approach conducted at a British university aimed to investigate students' considerations and understanding of spirituality in practice (Csontó, 2009). The findings of the study showed that spiritual assessment was omitted from the assessment forms. Csontó's (2009) findings corroborate Hoyland and Mayers' (2005) findings in a qualitative study conducted by the National Health Service Trust in the United Kingdom, in that there was no reference to spirituality in the occupational therapy assessment forms.

It is suggested that spiritual assessments should be performed at the beginning of the evaluation process and repeated at re-evaluation (Hemphil, 2015; Bollock, 2014). All the studies reviewed so far, however, suffer from the fact that the spiritual assessment to be used seemed to be adopted from medicine and nursing. In relation

to occupational therapy profession, difficulties arise when attempt is made to integrate spirituality because of the tools to be used to assess clients' spirituality.

Previous researchers in the field of spirituality recommended that occupational therapists should engage in self-awareness in order to have an understanding of their own values and spiritual ideas (Hemphill, 2015; Sawatzky & Pesut, 2005). This is recommended to assist occupational therapists not to allow their own beliefs to interfere with their clinical practice. The key problem with this explanation is that there are no strategies to guide occupational therapists on how to consider spirituality.



In contrast, Kelso-Wright (2012) conducted a descriptive study using a retrospective survey to examine students' perceptions of spiritual history assessment and/or the experience of administering the Faith and Belief, Importance Community and Address in Care (FICA)© with an adult client in an on-campus clinic. The findings of the study indicated that the student's confidence in administering a spiritual history assessment increased. For this sample of students, the findings showed that they were able to discuss spiritual history in clients.

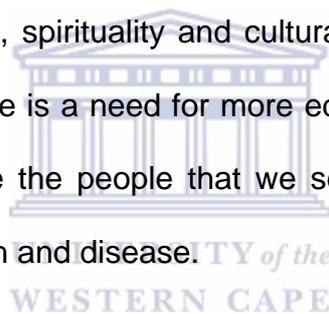
The importance of including training of spirituality assessment and intervention has been identified as a need among occupational therapy students (Csontó, 2009; Kelso-Wright, 2012; Hemphill, 2015). These studies suggest that students may become more confident in administering spiritual history assessments if they are provided with an opportunity to learn and practice in clinical settings. This could mean that students need to be taught about FICA assessments and how to

administer these. This exposure may assist occupational therapy students and clinicians to acknowledge clients' spirituality when planning interventions using human occupation. Bollock (2014) further indicates that FICA seemed to be practical and convenient for gathering information about clients' spiritual lives. However, one of the problems with the FICA instrument the researchers used to assess spirituality was never utilized in a South African context. Thus, it may be significant to consider FICA instrument as part of teaching occupational therapy students on how to assess spirituality in practice.

Astin, Astin and Lindholm (2011) point out that technical knowledge alone will not be adequate for dealing with some of society's most pressing problems. Consequently, Sakellariou and Pollard (2013) suggest that the occupational therapy profession must prepare future professionals that are able to navigate complex cultural, political and social environments. They further suggest that occupational therapy professionals need to take a standpoint of political practice to work with patients, clients and their communities, which are experiencing suffering due to these pressing problems. This is supported by Townsend and Marval (2013, p.215) who state that 'health and social professionals have an ethical, moral and professional obligation to reduce injustice with, and for, destitute as well as privileged members of society'. This clearly corroborates Martín et al.'s (2015) and Weskamp and Ramugondo's (2004) recommendation that occupational therapists should consider the importance of spirituality in their therapeutic intervention with individuals, groups, families and communities to enhance holistic and population approaches. Considering spirituality as part of the quality of well-being may assist humans to progress through life. As a result, humans may also experience meaning, purpose

and enjoyment through engaging in occupations of their choice. However, a lack of responsiveness to spirituality and religious practice due to pressing problems may result in outcomes of occupational injustice in various communities.

It has been noted that the inclusion of spirituality as part of occupational therapy assessment may assist in occupational analysis. As a result, occupational therapists and students could facilitate use of occupation in practice that would contribute to promoting holistic occupation-based and person-centred approaches (Bollock, 2014). This concurs with Hocking's (2007) view that the occupational therapy profession is returning to the implicit hopefulness of its early foundations that focused on client-centredness, spirituality and cultural diversity. The evidence from this section suggests that there is a need for more educational training in spirituality and cultural diversity because the people that we serve have different languages, values and beliefs about health and disease.

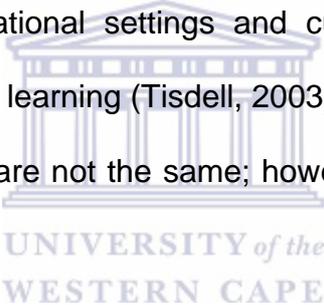


2.12 Understanding of spirituality and cultural diversity

The importance of understanding of spirituality and cultural diversity constructs in health sciences education and practice is recognised by many health professions globally. This indicates that people build their own understanding and knowledge of the world in which they live through their experiences and reflections, which are related to both spirituality and cultural diversity (Jardien-Baboo, van Rooyen, Ricks & Jordan, 2016; Darawsheh, Chard & Eklund, 2015; Martín, Martos, Millares & Björklund, 2015; The Constitution of the Republic of South Africa, 1996). Diversity is acknowledged as an essential element of occupational therapy, as “occupational therapists will continue to regularly encounter people from many different cultural

orientations in their everyday practice” (Darawsheh et al., 2015, p.1). Purnell and Paulanka (cited in Darawsheh et al., 2015) highlight that spirituality is part of the domain and areas of life that should be considered in culturally competent practice.

According to Tisdell (2004), culture is the shared beliefs, values, behaviours, language and ways of communicating and making meaning among a particular social group. From an occupational therapy perspective, culture “describes the knowledge, beliefs, attitudes, morals, norms and customs that people acquire through membership in a particular society or group” (Hammell, 2009, p.7). In addition, there are seven assumptions on the subject of spirituality that might have some connections with educational settings and culture which are regarded as essential elements of students’ learning (Tisdell, 2003). These assumptions include:

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- Spirituality and religion are not the same; however, for many people they are interrelated;
 - Spirituality is an awareness of and honouring a wholeness and the interconnectedness of all things though the mystery of what many refer to as the life force, God, higher power, higher self, cosmic energy, Buddha, nature, or Greater spirit;
 - Spirituality is fundamentally about making meaning;
 - Spirituality is always present (though often unacknowledged in the learning environment);
 - Spiritual development constitutes moving toward greater authenticity or to a more authentic self;
 - Spirituality is about how people construct knowledge through largely unconscious and symbolic processes, often made more concrete in art forms

such as music, images, symbols and ritual, all of which are manifested culturally;

- Spiritual experiences most often happen by surprise (pp.28-29).

From a South African perspective, spirituality is viewed as one of the elements of health care. This is evident in a qualitative, explorative, descriptive and contextual research study by Jardien-Baboo et al. (2016) that explored and described the perceptions of professional nurses regarding patient-centred care in public hospitals in the Nelson Mandela Bay area (Eastern Cape). The study found that patient-centre care comprises various components that are expected to be considered in healthcare, including “psychological, physical, social, emotional and spiritual aspects tend to influence an individual’s health” (p.400). Additionally, the findings of the study indicate that “having knowledge of the culture of the patient and taking the patient’s culture into consideration” supports the importance of patient-centred care (Jardien-Baboo et al., 2016, p.400).

Ubuntu is the capacity in African culture to express compassion, reciprocity, dignity, harmony and humanity in the interests of building and maintaining community with justice and mutual caring (Nussbaum, 2003). This is supported by Ramugondo and Kroneberg (2015) who state that Ubuntu is part of our society and community that promotes collectiveness and relationships. However, Ramugondo and Kronenberg (2015) conclude that in order for Ubuntu to prevail in occupational therapy, the occupational science discourse needs to accommodate a sociocultural perspective in human occupation which is African, in order to bridge the individualistic versus the collective dichotomy. Martín et al. (2015) argue that co-occupations, collective

occupations and collaborative occupations seem to enable interconnectedness among individuals and collectives as part of social practice.

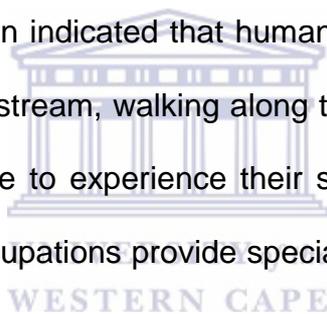
The Ubuntu seems to be related to spirituality because both construct promote a collective approach whereby people work together in a form of partnership and connectedness (Gade, 2012). The collective approach optimises African philosophy of respect and human dignity to strengthen relationships within community context. Moreover, Hocking (2007) highlights that hopefulness is grounded in the belief that the human spirit might be unlocked through engagement in human occupation.

2.13 Human occupation as channel of spirituality

It has been suggested that personal beliefs, values and spirituality, together with rituals, seem to be useful tools for occupational therapists to gain an insight into the meaning of engaging in occupation (Bollock, 2014; American Occupational Therapy Association, 2014). Both occupational therapy and occupational science have heightened awareness of human occupation as an essential construct that should be “carried as a hopeful view of human beings as agents who can ameliorate and improve their situations” (Frank & Muriithi, 2015, p.12). Spirituality is recognised as an immaterial resource that appears to provide means and opportunities for individuals and collectives to engage in human occupation (Kronenberg, Kathard, Rudman & Ramugondo, 2015).

Human occupation refers to “doing of work (paid and unpaid), play or activities of daily living with a temporal, physical and sociocultural context that characterises much of human life” (Trakoli, 2010, p.237). Engagement in human occupation is

regarded as the dynamic interaction between the person, the environment and the occupation, which assists humans to change and adapt their lives (Polatajko et al., 2007; Haynes et al., 2007; Egan & DeLaat, 1994). Csontó (2009) and McColl (2011) concur that spirituality enables clients to feel empowered and motivated to participate in a variety of areas of occupations. These areas of occupations include basic activities of daily living (BADL), instrumental activities of daily living (IADL), leisure activities, play, work, education and social participation (AOTA, 2014). Subsequently, Whalley Hammell and Iwama (2010) assert that people have the right to participate in a variety of “occupations that enable them to flourish, fulfil their potential, and experience satisfaction congruent with their culture and beliefs” (p.385). In addition, it has been indicated that human occupations such as hiking in the mountains, fly-fishing in a stream, walking along the beach or gathering to share a meal seem to enable people to experience their spirituality (Whalley Hammell & Iwama, 2010). As a result, occupations provide special meaning, personal value and spiritual import.



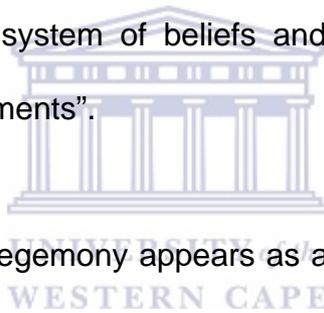
Occupation is used as a medium for intervention by the occupational therapy profession to enable individuals, groups and communities, who appear to be vulnerable and suffering from a variety of health problems, to regain health, wellbeing and functioning (Martín et al., 2015; Duncan, 2009). In addition, occupation is considered as a doorway to spirituality (McColl, 2011) because it provides meaning and purpose when people engage in enjoyable and collective occupations (Adams & Casteleijn, 2014; Motimele & Ramugondo, 2014). It was noted by Morris (2013, p.62) that spirituality “drives performance of occupations that are meaningful” while Farrar (2001) mentioned that spirituality is important in health and

rehabilitation. McColl (2011) and Wilding (2007) assert that engagement in occupations enables people to experience spirituality. This was also evident in Pooremamali, Eklund, Östman and Persson's (2011) study that explored the elements that shaped the experiences and perceptions of clients with a Middle Eastern background living by Muslim norms who received occupational therapy in mental health care. The findings of the study indicated that engaging in community and spiritual practice seem to enhance occupation in relation to health and well-being.

McColl (2011) argues that spirituality is a bridge to health and well-being of human beings because of the occupations in which they engage on a daily basis. Studies conducted on occupations, health and well-being have indicated that engagement in occupations provides benefits such as survival, identity, mastery, habit, diversion, support and connection with a Higher Power (Martín et al., 2015; McColl, 2011; Good, 2010). Howard and Howard (1997, p.185) suggest that occupational therapists can perceive occupation "as fundamentally spiritual because spirituality is imbedded in occupation". In addition, Howard and Howard (1997) propound that occupational therapists need to reaffirm the importance of humanness of individuals, groups and communities so that they may deal with their loss and find wholeness. Likewise, Duncan (2009) and Martín et al. (2015) assert that occupations in which clients engage seem to be linked to their sense of self, cultural identity and spirituality. It became clear that occupation appeared as a channel that assists people to experience their spirituality as part of the physical and social world (Billock, 2005).

2.14 Barriers of spirituality

Integration of spirituality into healthcare professions, including occupational therapy, seems to be a challenge for educators, students and clinicians. Watson and Fourie (2004) argue that reductionist hegemony still exists because individual and contextual characteristics that groups, families and communities present within healthcare are unrecognised. Although occupational therapists seem to acknowledge holism and consider individuals' spiritual needs, the reductionist hegemony appears to be unsupportive of an holistic approach. Pereira and Moura (2009, p.869) argue that hegemony "is the capacity of being in command and making a social class or segment capable of exerting political and ideological direction, building a staunch system of beliefs and values that directs the world conception of other social segments".



Additionally, the reductionist hegemony appears as a facilitator of barriers related to personal, social, and institutional factors that tend to influence the integration of spirituality in practice. In a survey by Farrar (2001) conducted to determine whether Canadian and American occupational therapists were addressing spirituality in occupational therapy practice, the findings indicated that occupational therapists found it difficult to include spirituality in their services. The difficulties were related to procedural issues (i.e. whether to discuss spirituality, assessment and application to treatment); guidance needed; third party payers not reimbursing for service (health insurances may not pay for services of spirituality); inappropriate for an occupational therapist to discuss; not enough time; unsupported by supervisor; unsupported by facility; objections from family; unsupported by team member; and not comfortable discussing spirituality.

Egan and Swedersky (2003) explain that lack of training on how to address spirituality, and fear of invading patients' beliefs, led occupational therapists to refrain from questioning spirituality during occupational therapy services. This is consistent with McColl's (2011) explanation that providing spiritual caregiving in occupational therapy may be influenced by existential questions, fear, inaccessibility, counter-therapeutic beliefs, inability to trust and loss of hope. Previous studies in the field of occupational therapy highlight that occupational therapists in practice seem not to be comfortable about the integration of spirituality (Johnston & Meyer, 2005; Taylor et al., 2000; Smith & Suto, 2012). A survey study by DeKoninck, Hawkins, Fyke, Neal and Currie (2016) determined how advanced practice nurses integrated spiritual care into clinical practice and uncovered barriers. The findings of DeKoninck et al. (2016) revealed that increased training might reduce discomfort with provision of spiritual care. In addition, the study suggested that healthcare professionals "need to be educationally prepared to address spirituality and feel comfortable completing an assessment of patients' spiritual needs" (DeKoninck et al., 2016, p.542). Thus, training about the importance of spirituality and spiritual care in education and other clinical areas seems to be part of holistic care. DeKoninck et al. (2016) suggest strategies for nursing education but the occupational therapy profession may benefit from acknowledging spirituality in education and practice to assist occupational therapists and students.

The literature reviewed in this section highlighted that spirituality is a construct with multiple definitions which are complimentary to each other. It is important that occupational therapists should allow clients to share their views of spirituality in their

lives because each person is unique with their own values and beliefs. There is a dire need for inclusion of spirituality into training programme of occupational therapy.

Section B

In this section, the pillars of education and learning are presented based on *learning to be*; *learning to do*; *learning to get to know or to learn* and *learning to live or to live together* (Dolers et al., 1996; Nan-Zhoa, 2005; UNESCO, 2002; UNESCO the International Implementation Scheme [IIS], 2006).

2.15 Learning to Be

The pillar of *learning to be* contributes to the holistic approach that promotes integrative care and values the person's mind, body and spirit (Dolers et al., 1996; UNESCO, 2000; UNESCO, 2006). UNESCO (2006, p.16) suggests that "educators should help learners to grow and develop intellectually, emotionally, spiritually or practically". Therefore, the relevance of *learning to be* as a pillar of education and learning clearly supports the existential humanistic framework which acknowledges the interconnectedness between the human mind, body and spirit, as well as to the community at large (Webster, 2003).

Webster (2003, p.154) lists nine reasons for the existential humanistic framework becoming so dominant in understanding human beings, including "individual as relation being; culturally embedded; holistic; meaning-maker in the world; maker of self-identity; authenticity; existential crisis; understanding as Hermeneutical phenomenology and centreing individual". In relation to education, existential humanistic approach appears an enabler of students to learn about people's needs

and values. This is in line with Hartman and Zimberoff's (2003) explanation of existential level that incorporates social, cultural and spiritual ramifications of life. Yalung (2010) highlights that the existential perspective encourages the need to confront the existence of human beings during a time of injustices, failure, suffering and death. Previous studies reported that caring for individuals who appeared to experience injustices and failures in life tends to be a crucial element of understanding who an individual is in relationship to other individuals, and to accept the responsibilities of their actions during the period of suffering (Canda, 1999; Southern, 2007; Yalung, 2010). Additionally, the existential perspective proposes that human beings have freedom of choice and responsibility for their choices in life, in order to expand their personal expression of life (Hartman & Zimberoff, 2003; Kumar, Goel, Pandey & Dimri, 2016). Freedom of choice appears to be important in student education because it may provide them with more opportunities to enhance their knowledge about spirituality. In relation to occupational therapy, the freedom of choice and responsibility for choices in life contribute in the understanding of human rights as part of occupational therapy education.

The existential humanistic framework promotes the development of human rights, a humanistic perspective towards others and social justice (Billings & Halstead, 2009; Kleiman, 2007). This framework considers that humans are subjective and have experience of how they perceive and reflect on issues they encounter in life. Canda (1999) confirms that people tend to transcend themselves and form relationships with others, with God or a Higher Power and the Universe in order to enhance meaning in their lives. It is thus suggested that educators at higher education institutions should consider developing models of intervention that engage

individuals at all levels: intellectually, spiritually and physically (Bevis & Watson, 2000; Diaz-laplante, 2007; Webster, 2003). These studies encourage the consideration of existential/humanistic, holistic, subjective, intuitive, phenomenological and human experience as part of healthcare education in order to promote person-centred approach within the curricula. The existential humanistic framework supports and promotes the dignity of the individual, values and feelings which seem to be of importance to individuals, groups, families and communities who are in need of expanding their potential.

2.16 Learning to Do

The pillar of *learning to do* promotes the acquisition of applied skills that are needed in order to provide professional service with competence (Nan-Zhao, 2005). It is within this pillar where learning seems to be considered as a facilitator of the “ability to communicate effectively with others, team work, social skills, adaptability to change in the world of work and in social life” (Nan-Zhao, 2005, p.2). This is consistent with UNESCO IIS (2006, p.20) that education for sustainable development should reinforce “creative and critical thinking, oral and written communication, collaboration and cooperation and conflict management together with problem solving and planning”.

Transformative teaching and learning promotes the importance of holistic education that considers students’ academic, social and spiritual needs in preparation for a diverse world (Rosebrought & Leverett, 2011). Virajita (2012) lists five principles of transformation in teaching and learning that facilitate and promote holistic education.

These principles include:

Connect to life in all its diversity: This principle indicates that people often limit themselves in their lives, instead of connecting to life in all its fullness. Varajita (2012) accentuates that diversity opens people up in ways not experienced before.

Involve the whole body: This principle highlights that because we are embodied human beings, we should consider teaching and learning that involves the whole body, engages all the senses and crosses the three realms of body, mind and spirit that trigger transformation. Therefore, teaching and learning that engage the whole body could enhance our abilities and our comfort.

Connect self to community: This principle explains that we are individuals embedded in the collective, whether we accept it or not. It also emphasises that experiences that connect the two are helpful in transformation.

Connect to purpose: In this principle, it is highlighted that educators and students each have a sense of purpose and desire to make a difference, and teaching and learning that taps into this can be transformative.

Connect to creativity: This principle highlights that all human beings are creative and their experiences can result in rediscovery of their own lives and needs.

The principles discussed above highlight the importance of perceiving education as a tool for transformation through teaching and learning. In relation to the current study, these principles have an implication as to how to integrate spirituality and spiritual care in teaching and learning as part of occupational therapy education. Similarly, the principles could assist in the integration of spirituality and spiritual care in occupational therapy education, as they appear to promote holistic learning and connect self to community as part of service learning. Students could learn to connect with a sense of purpose, in particular to their goals and ambitions in life, in

order to become competent occupational therapists. In addition, the students could learn innovative ideas which optimise the importance of critical reflection.

Mezirow's Transformation as Critical Reflection

With respect to Mezirow's critical reflection theory, it is clear that transformative learning is increasingly being adopted as an approach to teaching and learning in higher education. Mezirow (2008, p.26) defines the concept of transformative learning as "a process whereby people transform problematic frames of reference based on their mindsets, habits of mind and meaning perspective". In addition, Mezirow (2008) states that people seem to have sets of assumptions and expectations that facilitate change because of being more inclusive, discriminating, open, reflective and emotional. Mezirow (2008) further explains that transformative learning tends to produce beliefs and views which may guide actions through truth and justice. Similarly, Mezirow (2003, 2006) indicates that transformative learning fosters critical reflection/self-reflection and critical discourse whereby learners are required to validate the best judgments. Mezirow further states (1990, p.18) that the reflection in transformative learning occurs when reassessing the presuppositions on which our beliefs are based by acting on insights derived from the transformed meaning perspective that results from such reassessments. This is consistent with Dirkx's (1998) explanation that people's views seem to be based on the beliefs, values and assumptions gained through their life experiences. Consequently, people's views tend to assist in understanding the human existence and the world in which they live and work. This learning may occur in the domains of either instrumental or communicative learning.

Mezirow (2003) refers to instrumental learning as a controlling and manipulating environment, with emphasis on improving prediction and performance. In contrast, communicative learning refers to understanding what someone means when they communicate with another individual. It has been indicated that the process of understanding includes assessing claims to rightness, sincerity, authenticity and appropriateness, rather than assessing a truth claim. As a result, the process of critical-dialectical discourse centrally involves assessing the beliefs of others to arrive at a tentative best judgment (Mezirow, 2003, p.59). Southern (2007) identifies two conditions that represent the domains explained by Mezirow (1990) that facilitate and promote transformative learning; these conditions include creating communities of care that support the discovery of self through meaningful relationships, mutual understanding, collaboration and occupations. Southern (2007) explains that the nature of transformation requires teachers and students to work together in order to promote learning in the classroom and in the community. In addition, the collaboration between teachers and students strengthens communicative learning. In describing communicative learning, Southern (2007) highlights that a sense of belonging is significant to promote sharing with others through communication.

It has been indicated that communication assists people to experience transformation when dealing with pressing issues, which affect societies and communities. Mezirow (2003) refers to the pressing issues as disorienting dilemmas. These pressing issues are natural disasters, death of significant other, divorce, debilitating accident, war, job loss and retirement (Taylor, 2008). In addition, the pressing issues are often stressful and painful, which may result in people questioning their existence as part of critical reflection (Mezirow, 1997). Mezirow

(2008) presents ten phases of transformative learning, which facilitate critical reflection and dialogue among people. These steps are:

- A disorienting dilemma
- Self-examination with feelings of guilt or shame
- A critical assessment of epistemic, sociocultural or psychological assumptions
- Recognition that one's discontent and the process of transformation are shared
- Exploration of options for new roles, relationships and actions
- Planning a course of action
- Acquisition of knowledge and skills for implementing one's plans
- Provisionally trying out new roles
- Building of competence and self-confidence in new roles and relationships
- A reintegration into one's life on the basis of conditions dictated by one's perspective (Mezirow, 2008).

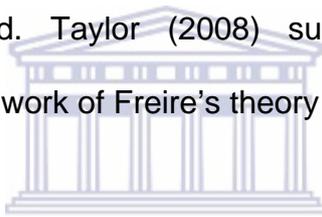
Roberts (2009) argues that the above phases outline the process of personal transformation; however, people may not experience the phases in a sequential form. According to Roberts (2009), both individuals and populations face challenges in life, for example, loss of a job, or death of a loved one, which may have adverse effects resulting in a disorienting dilemma. In describing the adverse effects of a disorienting dilemma, Roberts (2006) reports that stress, anxiety and depression are the result of a disorienting dilemma. In addition, Roberts (2006) raises concerns about disorienting dilemmas affecting the health of the population and causing sickness and diseases such as heart conditions, cancer, lung ailments, accidents,

cirrhosis of the liver and suicide. One major drawback of these steps is that cannot be implemented in one lecture, however, can be incorporated specific learning opportunities from 1st to 4th year in occupational therapy education.

In transformative learning, Mezirow (1997) argues that the role of the educator is to ensure that learners are autonomous and socially responsible thinkers. In addition, Mezirow (1997, p.10) suggests that 'learning contracts, group projects, role play, case studies, and simulations are classroom teaching methods associated with transformative education'. Dirkx (2001) elaborates that in order to nurture the soul of the learners there must be certain attitudes toward life and the commitment to practice. Furthermore, Dirkx (2001) indicates that the method of nurturing the soul is a 'deeply personal, spiritual and potentially powerful technique'. However, Dirkx (2001) suggests that educators might need first to learn how their personal lives may influence their teaching and learning activities. In relation to the current study, it appears that educators may need to have a personal understanding of, and insight into, the concepts of spirituality and spiritual care as important elements of occupational therapy education. As a result, educators may integrate spirituality and spiritual care using the suggested classroom teaching methods associated with transformative education.

Many writers have challenged Mezirow's theory of transformative learning because the role of spirituality, emotional and extra-rational dimensions in teaching and learning was ignored (Roberts, 2009; Taylor, 2007; 1997, 2008). In addition, it seems that Mezirow's transformative learning theory is questionable because significant aspects of human beings, such as spirituality, positionality, emancipatory learning

and neurobiological elements, were not considered during teaching and learning activities (Taylor, 2008). However, it is a widely held view that most education for social transformation draws from spirituality and culture (Tisdell, 2003; Nan-Zhao, 2005). In addition, Tisdell (2003) identifies places that appear to assist institutions of higher learning regarding spirituality in education: community based organisations, religious institutions, student affairs offices and community groups. This could mean that educators should consider forming collaborations with the identified places so that they are able to assist students to become aware of spirituality and spiritual issues. This further indicates that people may need to be provided with the opportunity to constantly reflect and take actions to solve their problems as part of transformation in their world. Taylor (2008) supports a social-emancipatory philosophy that is linked to the work of Freire's theory of consciousness-raising.



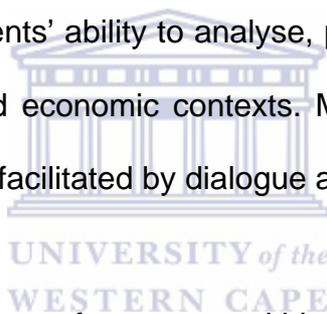
Freire's Theory of Transformation as Consciousness-raising

WESTERN CAPE

Freire's theory of transformative learning is a prominent framework that promotes the importance of human nature during the process of transformation. Conscientisation or consciousness-raising can be defined as the process in which individuals are not considered as recipients but as knowing subjects who have a deepening awareness of both the social-cultural reality which shapes their lives, and the capacity to transform that reality (Lloyd, 1972, p.5). It encompasses a social process whereby individuals and communities unite in a common goal of reflection and action on their world. This supports Dirkx's (1998) explanation of the vital role of adult education in fostering critical consciousness among individuals and communities while promoting social process during learning activities. It is believed that through critical

consciousness, individuals and communities may develop a desire for political liberation and freedom.

With reference to the concepts of spirituality and spiritual care, many scholars hold the view that health professionals, individuals and communities need to address the pressing issues that influence discussion of the concepts in public and private institutions such as hospitals, clinics and workplaces. It is thought that conscientisation about spirituality and spiritual care in occupational therapy may be of benefit to individuals and communities to promote a more holistic approach. This resonates with Dirkx's (1998) suggestions that a critical consciousness strategy as an enabler may facilitate students' ability to analyse, pose questions and take action in social, political, cultural and economic contexts. Moreover, Dirkx points out that critical consciousness may be facilitated by dialogue and problem solving.



Students may develop awareness of structures within their communities that seem to contribute to inequality and oppression. Dirkx (1998) promotes reflection and action as part of the praxis which complements Lloyd's (1972) work on critical consciousness. This praxis is regarded as taking action in order to bring about change and transformation. Dirkx (1998) argues that transformative learning tends to promote emancipation and liberation at a personal and social level to achieve actualisation. Similarly, Taylor (2008) suggests that teaching approaches such as critical reflection, liberating approaches and problem-posing, together with student-teacher relationships, promote a dialogical and emancipatory philosophy.

As noted by Dirkx (1998), transformative pedagogy appears to be more effective and individuals, groups and communities could use the approaches explained by Taylor (2008) to take action for their liberation and freedom to overcome oppression and domination. Concerning education, this could mean that students may use their rights to voice their concern based on the pressing issues affecting them in a collective pattern at higher education. However, it is clear that there are no individuals and communities living without hardships and constraints in life same like student population. This means that actualisation is constrained through the presence of coercive forces that result from personal and socio-cultural contexts. Taylor (2008) supports the cultural-spiritual view of transformative learning as it promotes connections between individuals and social structures. Taylor further points out that a cultural-spiritual view increases positionalities and learners' construct knowledge. Taylor (2008) lists the main strategies that appear to be relevant for fostering transformative learning as follows: consciousness-raising, activism in a safe environment, reflective journaling, classroom dialogue and critical questioning.

In summarising Mezirow's and Freire's theories of transformative learning, Dirkx (1998) points out that both perspectives argue that individuals tend to construct knowledge by forming connections with others. This means that when people work together in collaboration as a society, there are possibilities that they could achieve their mutual goal related to actualisation. Furthermore, Dirkx (1998) argues that both Mezirow and Freire seem to support dialogue and reflection as the key elements facilitating the learning process. It is important to note that both Mezirow and Freire identify how personal and socio-cultural contexts may assist individuals and

communities to shape their understanding of themselves and their interests (Dirkx, 1998; Taylor, 2008).

Teaching strategies for transformational learning

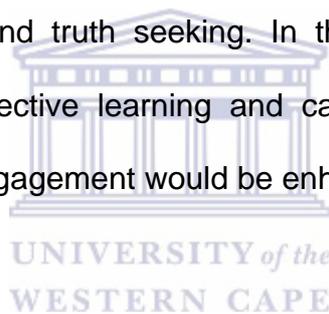
Debate continues about the best teaching strategies for transformational learning in higher education institutions. Previous studies have suggested that educators should adopt teaching strategies that enable students' engagement and active learning (Philips, 2016; Oghuvbu, 2014; Hagler & Morris, 2013). There is consensus among educationists that Bloom's revised taxonomy appears to be one of the teaching strategies that educators may use to facilitate and develop higher levels of thinking among students in the classroom and in practice (Philips, 2016; Krathwohl, 2002; Hagler & Morris, 2013). The higher level thinking skills thought to be influencing critical thinking abilities have been explored in several studies. These higher level thinking skills are conceptualisation, application, analysis, synthesis, integration, inference, explanation and evaluation (Oghuvbu, 2014; Hagler & Morris, 2013). Higher level thinking skills are facilitated by means of Bloom's taxonomy structures of knowledge in four dimensions: factual, conceptual, procedural and metacognitive knowledge. These dimensions are discussed below in relation to the particular teaching strategies, together with spirituality and spiritual care.

Factual knowledge

According to Philips (2016) and Krathwohl (2002), factual knowledge refers to the content and elements that students must know to be acquainted with a discipline in order to solve problems. This has an implication for students' learning about spirituality and spiritual care as it contributes to how the knowledge is conveyed to

the students. Krathwolh (2002) suggests that the knowledge of terminology and specific details, as well as elements regarding factual knowledge, should be shared in a manner that would provide students with a better understanding of constructs.

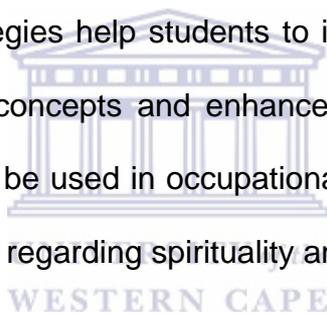
It has been suggested that the teaching strategies that could be used to facilitate and promote factual knowledge should include lectures, peer learning, seminars, small or large group discussion, as well as team-based learning (TBL) (Philips, 2016; Bennett & Thompson, 2015). These teaching strategies appear to be relevant for occupational therapy education in order to integrate spirituality and spiritual care. It is envisaged that these teaching strategies might increase students' participation, reflections, critical analysis and truth seeking. In the same way, these teaching strategies could enhance affective learning and caring, and increase contextual learning whereby students' engagement would be enhanced.



Conceptual knowledge

This dimension involves the interrelationships among the basic elements with a larger structure that enables them to function together (Krathwolh, 2002). Moreover, this dimension includes the knowledge of classification and categories, knowledge of principles and generalisations as well as theories, models and structures. In relation to the current study, this dimension could contribute to the integration of theories, models and structures that seem to be related to spirituality and spiritual care in occupational therapy education as discussed in Chapter 2. The conceptual knowledge might also assist students to attain additional learning skills on how to incorporate spirituality and spiritual care into occupational therapy.

Philips (2016) highlights that argumentation, debate, structured controversy and dilemmas could be used as teaching strategies to promote conceptual knowledge, and have been found to be effective in enhancing analytical skills and the ability to recognise complexities. In addition, Philips (2016) states that the teaching strategies seem to enhance communication skills and learning to work in groups. It is further indicated that cooperative learning, collaborative learning and group assignments whereby students work together, tend to enhance their conceptual knowledge. Some teaching strategies, such as mind mapping and conceptual mapping, have been found to be useful in accommodating students with diverse learning styles (Philips, 2016; Hagler & Morris, 2013). For that reason Philips (2016) and Hagler and Morris (2013) assert that these strategies help students to identify similarities, differences, clarify relationships between concepts and enhance problem solving skills. These teaching strategies could thus be used in occupational therapy education in order to facilitate teaching and learning regarding spirituality and spiritual care.



Procedural knowledge

In this dimension, Philips (2016) highlights that it is imperative for various disciplines to have skills, techniques and methods needed for specific procedures. This procedural knowledge appears to enable students to have methods of inquiry and criteria for using skills (Krathwohl, 2002). Consequently, Philips (2016) suggests that teaching strategies such as case studies, projects, presentation, games, imagery and mindfulness, as well as scenarios that mimic real life situations could be used in order to facilitate specific skills, techniques and methods. In connection with the current study, these strategies could be used for teaching and learning about

spirituality and spiritual care to assist students to learn how to assess spirituality and consider spiritual care as part of occupational therapy.

Metacognitive knowledge

According to Krathwolh (2002), metacognitive knowledge refers to knowledge of cognition in general as well as awareness and knowledge of one's own cognition. In addition, Krathwolh's (2002) explanation highlights the importance of strategic knowledge and cognitive skills, including contextual and conditional knowledge and self-knowledge.

A variety of research suggests that case studies, interprofessional education, portfolios, problem-based learning, questioning and socratic questioning, reflection through journal writing and simulation might be used as effective teaching strategies for metacognitive knowledge (Philips, 2016; Bennett & Thompson, 2015; Hagler & Morris, 2013). Socratic questioning is used in teaching and learning because it "adds systematicity, depth, and a keen interest in assessing the truth or plausibility of things" (Elder & Paul, 1998, p.298). These teaching strategies reportedly enhance critical learning, offer real-life clinical situations and assist in building on previous knowledge and connecting theory to practice.

Implication for teaching spirituality and spiritual care

Learning to do as a pillar of education and learning has important implications for the design and development of guidelines to integrate spirituality and spiritual care into occupational therapy education because it highlights the teaching and learning strategies in relation to transformative learning pedagogy. Existential humanistic theory, together with Mezirow's and Freire's transformative learning theories, seem

to support integration of spirituality and spiritual care in occupational therapy. Billings and Halstead (2009, p.112) state that the primary concern of humanism as educational theory is the autonomy and dignity of human beings. Singh and Rawat (2013) propose that the educator's role in humanistic learning is to encourage and enable the learners to enhance their knowledge by providing access to appropriate resources without obtrusive interference. Mezirow's ten phases of transformative learning may help students to have a better understanding of the real world in order to complete and navigate a global context, which is challenged by disorienting dilemmas (Dirkx, 1998). In addition, educators who believe in the humanist philosophy of education may create an environment where the student is primarily responsible for learning accentuating freedom of choice concerning the learning process. In transformative learning, students are able to learn to help each other by scaffolding and peer interaction. This is in line with humanistic philosophy, which indicates that knowledge is gained through experiences, which "illuminate values and meanings central to each person's life world, the emphasis is on the individual's modes of being in the world with others" (Kleiman, 2007, p.210). Both existential humanistic and transformative learning theories support phenomenological methods such as self-reflection as a method for students to discover the values, meanings and personal beliefs central to their experiences.

It has also been highlighted that educators who promote humanistic nature in their classrooms tend to acknowledge students' cognitive, affective and prior knowledge as important components of the learning process (Taylor, 2008; Singh & Rawat, 2013). Kleiman (2007) explains that the tenets of humanism illuminate the value of the individual and the responsibility that human beings have towards one another.

This supports Taylor's (2008) view of transformative learning that stresses the significance of feelings, ways of knowing and role of relationships with others in learning. Thus education needs to value an holistic approach that encompasses affective, intuition and thinking, as well as physical and spiritual self.

It would also be worthwhile to consider Taylor's (2008), Mezirow's (1997, 2008) and Freire's (1984) views when developing the guidelines to integrate spirituality and spiritual care into occupational therapy education. These theories appear to provide teaching strategies that may be implemented in the classroom in order to integrate spirituality and spiritual care constructs. For example, in occupational therapy education and practice, both reflective practice and self-reflection are introduced at an earlier stage of students' training in order to sharpen their clinical reasoning which may enhance their understanding of spirituality. Teaching strategies such as conscientisation, critical reflection, reflective journaling, critical dialogue and critical questioning, learning contracts, group projects, role-play, case studies and simulations may be used as part of transformative education to integrate spirituality and spiritual care into occupational therapy education.

2.17 Learning to Know

In this pillar of *learning to know*, students are provided with opportunities to engage in learning that foster development of strategies, skills and knowledge required to function in this world (UNESCO, 2000; Nan-Zhao, 2005). This pillar highlights that *learning to know*, as a pillar of education and learning, has been considered as "both means and an end to learning itself and life" (Nan-Zhao, p.2). This implies that students should be assisted in gaining an understanding of nature, humankind and

history, environment and society as a whole. In addition, as an end, the students should gain the pleasure of knowing, discovery and understanding as a process (Scherer & Scherer, 2012). The framework of education for sustainable development recommends that learning experiences need to be integrated in day to day personal and professional life (UNESCO IIS, 2006). *Learning to know* as a pillar of education and learning is discussed in relation to the importance of student-centred learning, authentic learning, experiential learning and collaborative learning.

Student-centred Learning

Educationists believe that students are supposed to be fully involved in their learning as part of student-centred learning. According to Mezirow (1990), learning is defined as the process of making a new or revised interpretation of the meaning of an experience, which guides subsequent understanding, appreciation and action. However, Estes (2004) describes student-centred learning as a process whereby much of the power relies on the students' abilities to make informed decisions about their learning. Mezirow (1999) and Estes (2004) both believe that students and educators should fully participate and collaborate with each other in social functions to ensure that they share equal powers. Estes (2004) further accentuates that student-centred learning is effective in promoting students' autonomy, critical thinking and self-reliance through an action and reflection cycle. It is very important that educators create a supportive environment that allows students to take full responsibility to engage in their meaningful and purposeful learning.

Students need to be empowered in order to become self-directed learners in their learning. Hains and Smith (2012) suggest that societies need educated workers and

citizens who will employ their knowledge to solve real-world problems and to meet the challenges facing contemporary social, political and economic contexts. It is important that the educators need to be innovative and ensure that students are prepared to solve problems, apply knowledge, work collaboratively and become lifelong learners (Hains & Smith, 2012; UNESCO IIS, 2006). This means that occupational therapy educators should prepare students who are able to meet the spiritual needs of individuals, groups and communities.

In a qualitative case study, Hains and Smith (2012) examined the process of student-centred course design from both students' and faculty perspectives; they found that journaling was an effective learning strategy that enabled students to document and reflect on their learning as part of their experiential education. Journaling may contribute to the process of reflection that enables students to identify and articulate their experiences through emotions that are close to the social interaction and structures of the real world where they are expected to make decisions in life (Hains & Smith, 2012; Immordino-Yang & Damasio, 2007). Along the same lines, Reilly (2007), discussing the importance of journaling in education, notes that students may benefit from using journals as a method to think through the problem-solving process. It seems possible that transformation of learning facilitates reflective thinking and reflexivity to allow students to exercise mind, body and spirit (Regnigere, 2014; Finlay, 2008). Overall, it seems clear from the reported studies that student-centred and reflective learning may enhance students' critical thinking, problem solving and communication skills. Subsequently, authentic learning could be adopted to help students to learn in the real world and understand issues such as spirituality and spiritual care.

Experiential Learning as a teaching method

As far as experiential learning is concerned, it is recognised as one of the important teaching and learning methods that allows educators and students to work as a team in the process of learning by doing. According to Hoover (1974), experiential learning “exists when personally responsible participants cognitively, affectively and behaviourally process knowledge, skills, and/or attitudes in a learning situation characterised by a high level of active involvement” (p.35). This suggests that students should actively engage in their learning activities and employ their skills in the learning environment so that they may enhance their academic performance. In addition, Hoover (1974) points out that the person-centred and experiential learning approaches in an educational environment enable students to use their cognitive, affective and behavioural functions simultaneously.



David Kolb's experiential learning cycle

As discussed above in regard to experiential learning, it is necessary to focus on Kolb's (1984) theory of experiential learning because of the process that students may need to engage in to enhance their learning. This process, or cycle of learning, allows students to experience and reflect on that experience, conceptualise it and integrate it. The theory of experiential learning allows students to begin at any stage to complete the process effectively (Kolb, 1984). In addition, the learning cycle enables students to synthesise their cognitions into new ideas and concepts that are then tested in new situations when making decisions and judgements (Kolb, 1984; Smith, 2001; 2010). This means that educators have a responsibility to ensure that students are provided with opportunities in a classroom and clinical environment to apply theory and foster the ability to engage with individuals, groups and

communities as part of learning experiences so that they may develop clinical reasoning.

Veugelers (2011) accentuates the importance of reflective practitioners, as the health disciplines are expected to produce graduates who are competent in reflection-in-action. In addition, educators have a role to play in ensuring that they assist students to learn how to reflect and take full responsibility for their actions. Experiential learning has been shown to enhance new behaviour in an experimental and reflective manner during learning activities (Lough & Thomas, 2014). Kolb's (1974) experiential cycle comprises four stages: namely concrete experience, reflective observation, abstract conceptualisation and active experimentation.



Concrete experience: This stage focuses on students' full participation in learning during their fieldwork, field visits and class activities as part of the learning experience.

Reflective observation: In this stage, students are enabled to reflect, observe and interpret what they have just observed as a part of new information. Using discussions, journals and values' exploration programmes, students are encouraged to reflect on their observations. Lyons (1999) indicates that journaling is a powerful strategy that enables students to learn the process and the skills of reflection so that they may improve their clinical reasoning and professional practice.

Abstract conceptualisation: This stage involves using logic and ideas to create generalisation and theories to solve a problem. This may be done through searching

literature and theories related to the problem. In addition, the process of assimilation seems to be relevant in this stage as students use their previous experience in relation to the new information learned.

Active experimentation: In this stage, students try to apply knowledge gained from literature in order solve the problems identified in fieldwork practice. This stage forms part of evidence-based practice in occupational therapy as students use literature as well as their experiences to transform their thinking and apply new skills.

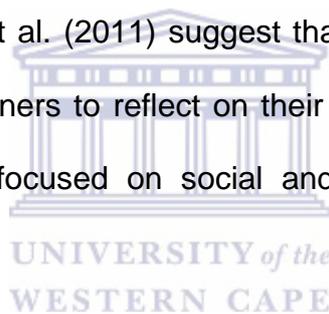
Regarding experiential learning in occupational therapy education, it appears that students gain more skills from this to provide effective occupational therapy services. For example, Knecht-Sabres (2013) conducted a mixed methods study to examine the effectiveness of experiential learning opportunities near the end of the occupational therapy students' didactic education. The results of Knecht-Sabres' study indicate that experiential learning was an effective method that appeared to enhance students' understanding and application of their course material. Knecht-Sabres' study reveals that experiential learning provides the students and clinician with an opportunity to improve their personal and professional attributes and skills needed to deliver quality occupational therapy services. Furthermore, Knecht-Sabres' study indicates that clinical reasoning is a skill that improves through experiential learning in classroom and in practice.

Collaborative Learning as a teaching method

Collaborative learning is a teaching method that promotes learning among learners, educators and other experts in their fields of discipline. According to Poellhuber,

Chomienne and Karsenti (2008), collaborative learning promotes interaction with peers and restructuring of prior knowledge and learning through integration of new information. In addition, Lidón, Rebollar and Møller (2011) and Poellhuber et al. (2008) assert that collaborative learning increases students' social integration and motivation to carry out tasks, and that collaborative learning appears to increase students' self-esteem and development of teamwork skills.

Hong, Yu and Chen (2011) examined how collaborative learning could be facilitated in technology project design and found that learners were able to work collaboratively, sharing their resources and knowledge in their teams to solve problems. In addition, Hong et al. (2011) suggest that teachers may use innovative portfolio writing to enable learners to reflect on their learning. The learning may be collaborative if emphasis is focused on social and intellectual engagement and mutual responsibility.



Goodsell, Maher, Tinto, Smith and MacGregor (1992) present assumptions of collaborative learning as a teaching and learning method. The assumptions are discussed below.

Learning is an active and constructive process: This assumption indicates that students learn new information, ideas or skills that they need to be actively involved in a purposeful way and will be able to integrate the new knowledge with existing knowledge to reorganise their thoughts.

Learning depends on rich contexts: This assumption highlights that learning is influenced by the context in which learning activity occurs because of the various

circumstances taking place in the real world. Consequently, students need to gather significant facts and ideas in order to address the problems by applying their knowledge in a practical manner while developing higher order reasoning and problem solving skills.

Learners are diverse: This assumption explains that students bring different and multiple perspectives to the classroom, including diverse backgrounds, learning styles, experiences and aspirations and teachers may no longer assume a one-size-fits-all approach. In addition, this gives teachers an opportunity to observe how students are learning in class and how they apply their experiences.

Learning is inherently social: This assumption promotes the interaction between students and their teachers to facilitate learning. The interactions occur through mutual exploration, meaning-making and feedback, which often leads to better understanding.

Learning has affective and subjective dimensions: In this last assumption, learning is built through the connections between learners and their ideas. The connections heighten the collaboration between the learners and their teachers in the process of learning. In addition, listening to, and acknowledging diverse perspectives seem to reinforce the collaborative spirit that forms part of the social and emotional aspects of teachers and students. Collaborative learning incorporates many educational approaches that involve joint efforts like sociocultural learning theory (SCLT).

Sociocultural Learning Theory

Sociocultural learning theory (SCLT) is a framework that guides understanding of human beings in social and cultural contexts (Ghafar Samar & Dehqan, 2013).

Social and cultural contexts are enablers that shape human beliefs, values and ways of behaving in society (Ghafar Samar & Dehqan, 2013). The focus of SCLT is to promote the view that students should be treated as active meaning-makers and problem-solvers during the process of learning, with great emphasis being placed on the learning which stems from interaction and negotiations of meaning among individuals (Sabet, Tahriri, & Pasand, 2013, p.1894).

Vygotsky's sociocultural learning theory appears to support the concept that human cognition is related to social activities that people engage in on a daily basis where learning takes place. This is an indication that social interaction plays an essential role in the development of cognition (Vygotsky, 1978). In relation to the constructs of the current study, both spirituality and spiritual care may be perceived as facilitators of social interaction and occupational engagement through collective occupations. The term collective occupation is used by Ramugondo and Kronenberg (2013, p.8) to refer to human occupations in which individuals, groups, communities and/or societies engage in their everyday contexts; these may reflect an intention towards social cohesion or dysfunction, and/or advancement of, or aversion to a common good.

Three concepts of sociocultural learning theory that may assist in the integration of spirituality and spiritual care into occupational therapy education, namely, the zone of proximal development (ZPD), scaffolding, and self-efficacy are discussed in the following sections.

Zone of Proximal Development

The Zone of Proximal Development is a core of sociocultural learning theory because it highlights how educators as mediators and facilitators may use scaffolding as a teaching tool to foster students' learning in the classroom and in fieldwork (Ghafar Samar & Dehqan, 2013). According to a definition provided by Vygotsky (1978), the Zone of Proximal Development is the distance between what one can achieve alone and what one can achieve with help from an educator as a facilitator of learning. Levykh (2008) and Reilly (2007) both indicate that Zone of Proximal Development consists of affective, cognitive, social, cultural and historical features that promote learning among students. Reilly (2007) highlights that social interactions appear as critical vehicles that facilitate cognitive development among students. Peer and McClendon (2002), as does Reilly (2007), note the importance of the social environment in enhancing students' development in a manner that may promote collaborative learning when they work together as a team. Zone of Proximal Development promotes that students may develop higher cognitive levels when there are gaps in their thinking and problem-solving and students consult their educators, peers, experts and capable others for assistance and support. Barnard and Campbell (2005) refer to the support provided by the capable partners as scaffolding, because it assists in joining pieces of all the blocks of learning in order to progress from present to higher levels of ability.

It is interesting to note that Vygotsky (1978) and Reilly (2007) both suggest that educators need to direct instructions of learning towards achieving a higher level of Zone of Proximal Development rather than a lower level of the zone. This indicates that students may need to be provided with space and time to enhance their level of

thinking in order to learn to meet the higher expectations of their learning. Levykh (2008) explains that children solve problems that are beyond their developmental capabilities with the assistance of another more capable peer or an educator. In attempting to facilitate the learning process, Reilly (2007) suggests that questioning should be used as a probing strategy to stimulate students' critical thinking and other cognitive skills. It thus appears that children may improve their potential and psychological development better if they try to solve their problems independently with good scaffolding.

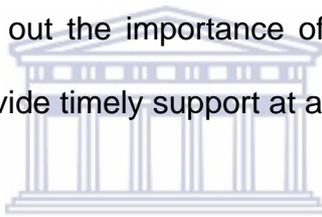
Scaffolding strategy

Scaffolding is the third strategy that seems to be significant in the sociocultural learning theory. Peer and McClendon (2002) have provided a definition of scaffolding as a support given to students to facilitate their learning and extend their current skills and knowledge. This indicates that students should make use of the strategies provided to them in order to learn how to make connections between the old and new information in a social environment where learning occurs. Scaffolding is perceived as a facilitator that seems to increase students' interaction and collaboration (Boticki, Looi, & Wong, 2011). Peer and McClendon (2002) state that scaffolding stimulates students' interest and simplifies tasks so that students are motivated to pursue their goals. Hammond and Gibbons (2001) list three "key features" of scaffolding: namely i) extending understanding, ii) temporary support and iii) macro- and micro-focuses.

Extending understanding: This facilitates the relationship between educators and students during class activities. According to Hammond and Gibbons (2001),

extending understanding acknowledges that educators should provide support to students so that they are enabled to achieve tasks and develop understanding. Activities used in teaching and learning appear as tools for scaffolding whereby educators may provide sequence, support and guidance. These aspects of scaffolding assist educators “to challenge and extend what students are able to do” (Hammond & Gibbons, 2001, p.15).

Temporary support: According to Hammond and Gibbons (2001), scaffolding is a temporary support because students need to learn to be independent so that they might start making decisions on how to acquire skills and knowledge. In addition, Hammond and Gibbons point out the importance of providing effective scaffolding that allows the educator to provide timely support at a point of need.



Macro- and micro-focuses: Hammond and Gibbons (2001) accentuate that macro-level scaffolding occurs at a structural level which incorporates the cultural, social and educational context of the learning. In contrast, the micro-level scaffolding promotes shared understanding of the expectations, roles and conventions within the learning context (Hammond & Gibbons, 2001). Overall, the learning context should be planned to facilitate the expected goals and learning activities that may enable students to extend their existing knowledge.

Research on students' reflections on peer scaffolding demonstrates that students manage to work collaboratively with the mutual support of peers in preparation for oral presentations to enhance their learning conditions (Nguyen, 2013). This may mean that SCTL, scaffolding and ZPD from experts/novices strengthens the

relationship between educators and students together with their peers, to work in collaboration.

Hammond (2001, p.28) presents the taxonomy of scaffolding strategies that may be adopted by educators to facilitate learning among students:

- Building the field (the teacher sets activities which focus on curriculum knowledge and relevant language)
- Modelling (the teacher introduces a genre and guides students by demonstration)
- Joint construction (the teacher co-constructs with the students through joint participation but at the same time starts withdrawing his/her support, taking the role of monitor)
- Independent construction (the teacher withdraws support and the students works independently on their tasks).

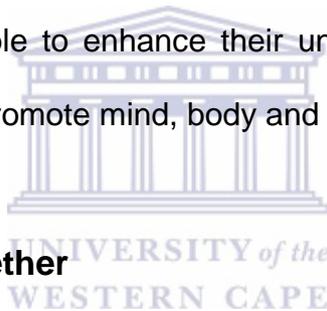
Self-efficacy

It is important that educators enhance students' confidence so that they may believe in themselves while engaging in their learning activities. Peer and McClendon (2002) explain that self-efficacy is a valuable tool in improving insight into students' learning in their social environment. Students with a positive belief system tend to be competent and motivated to achieve more in their educational activities and set goals. Peer and McClendon (2002) suggest that educators should set educational activities that foster self-efficacy and social interaction. Self-efficacy therefore

supports the idea that both socialisation and emotional components of learning tend to instil confidence and positivity into learning.

Implications of learning to know for integrating spirituality and spiritual care into occupational therapy education

The need for integration of spirituality and spiritual care into occupational therapy education may be tackled with consideration of students' involvement in their learning. A further implication of *learning to know* as a pillar of education and learning is that it provides the students with opportunities to participate in learning activities that promote reflections, collaborations and real contexts. Through these opportunities, students are able to enhance their understanding of person-centred and holistic approaches that promote mind, body and spirit.



2.18 Learning to Live Together

In relation to *learning to live together* as a pillar of education and learning, Nan-Zhao (2005, p.3) highlights that education involves two complementary paths: namely “discovery of others and experience of shared purposes throughout life”. These complementary paths advocate that knowledge and understanding of self and others tend to enhance participation and cooperation among people (Nan-Zhao, 2005; Scherer & Scherer, 2012). Nan-Zhao (2005, p.3) highlights that *learning to live together* as a pillar of education seems to assist students to learn to:

appreciate the diversity of the human race and an awareness of the similarities between, and the interdependence of, all humans; empathy and cooperative social behaviour in caring and sharing; respect of other people and their cultures and value systems; capability of encountering others and resolving

conflicts through dialogue; and competency in working towards common objectives.

This is in line with Slavich and Zimbardo's (2012) suggestion that students should be exposed to a conducive environment that may assist them to develop personal skills related to learning and discovery in order to promote positive attitudes, values and beliefs. This pillar contributes to existing knowledge about *living together* as part of the humanistic approach, which supports that human dignity must be valued, especially the higher spiritual dimension and uniqueness of human beings. Veugelers (2011, p.1) refers to humanity as the condition that gives people the possibility of developing human capabilities, of being a reflective and dialogical person, of having the resources to live a good life, of living together ruled by moral values, and of helping others to live a good life. Veugelers (2011) further raises the importance of Ubuntu, which means that each individual expression is ideally expressed in relation to other individuals. This supports the interconnectedness and interdependence of human beings when they live together to promote mutual understanding and peace (Nan-Zhao, 2005). In addition, Veugelers (2011) argues that human beings have cognitive and social capacities that may be used during reflective and dialogical activities. Teaching spirituality and spiritual care in the context of an existential humanistic framework may provide students with an opportunity to gain an in-depth understanding of humans in an holistic manner. This can be useful in establishing rapport and trust, thus strengthening the therapeutic relationship.

Billings and Halstead (2009) suggest that in humanistic education the environment should be used to provide opportunities to maximise the use of the "teachable

moment". They further point out that students should be actively involved in all aspects of their learning and adopt the respectful and caring behaviour shown by educators. In addition, students may assume responsibilities that facilitate open discussion, reflection and introspection as part of learning. This means that educators should find possible approaches to incorporate the dimensions of existence of mind, body and spirit into teaching and learning, which promotes person-centredness through experiential learning.

2.19 Summary

This chapter has presented the central constructs of the study namely spirituality and spiritual care. These constructs were discussed in relation to health care, healthcare and occupational therapy education. The models of occupational therapy that seemed to incorporate spirituality were covered in this review. Furthermore, the dimensions of spirituality, spiritual assessment, understanding of spirituality and cultural diversity were presented. The current review further provided explanation how human occupation is perceived as a channel of spirituality. Four pillars of education and learning were used in this review as a theoretical framework of the study. *Learning to be* pillar of education is integrative because it values the person's mind, body and spirit makes a valuable contribution towards a holistic approach in education and practice. In addition, this chapter has covered *learning to do* as a pillar of education to explain how skills such as communication, teamwork, social skills and adaptability are used to bring about change in the world of work and in social life. These skills seem to be related to critical reflection and consciousness-raising. *The learning to know* promotes students engage in learning that can foster the development of strategies, skills and knowledge needed for spirituality. The major

pillar is *learning to live together* whereby educators and students are able to enhance their knowledge and skills of promoting interdependence, collaboration and appreciation of diversity. This chapter informs the following chapter which focuses on the research methodology used in this study.



2.20 References

- Adams, F., & Casteleijn, B. (2014). New insights in collective participation: A South African perspective. *South African Journal of Occupational Therapy*, 44(1), 81 – 87.
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 68, S1-S48. doi:10.5014/ajot.2014.682006
- Astin, A.W. Astin, H.S. & Lindholm, J.A. (2011). *Cultivating the spirit: How College can enhance students' inner lives*. San Francisco: Jossey-Bass.
- Astin, A.W., Astin, H.S., Lindholm, J.A., Bryant, A.N., Calderone, S. & Szelényi, K. (2004). Spirituality in higher education: a national survey study of college students search for meaning and purpose. Higher Education Research Institute, University of California, Los Angeles. Available Online: [http://spirituality.ucla.edu/docs/reports/Spiritual Life College Students Full Report.pdf](http://spirituality.ucla.edu/docs/reports/Spiritual_Life_College_Students_Full_Report.pdf). Accessed 06/08/2014.
- Barnard, R., & Campbell, L. (2005). Sociocultural theory and the teaching of process writing: The scaffolding of learning in a university context. *The TESOLANZ Journal*, 13, 76-88.
- Barry, E., & Gibbens, R. (2011). Spirituality in practice: using personal reflection to prepare occupational therapy students. *British Journal of Occupational Therapy*, 74(4), 176 – 180.
- Belcham, C. (2004). Spirituality in Occupational Therapy : Theory in Practice ?, *British Journal of Occupational Therapy*, 67(1), 39–46.

- Bennett, V., & Thompson, M.L. (2015). Teaching spirituality to student nurses. *Journal of Nursing Education and Practice*, 5(2), 26-33. doi:10.5430/jnep.v5n2p26
- Billock, C. (2005). *Delving into center: Women's lived experiences of spirituality through occupation*. PhD Thesis. University of South California.
- Bollock, C. (2014). Personal factors and occupational performance: Personal values, beliefs and spirituality. In B.A. Schell, G. Gillen, M.E. Scaffa, & E.S. Cohn (Eds.), *Willard & Spackman's occupational therapy* (pp.225 – 232). (12th ed.). Philadelphia, United States: Lippincott Williams & Wilkins, a Wolters Kluwer.
- Borneman, B. T. (2011). Assessment of Spirituality in Older Adults : FICA Spiritual History Tool FICA Spiritual History Tool (Puchalski , 1996), 3(2000).
- Boticki, I., Looi, C. K., & Wong, L. H. (2011). Supporting Mobile Collaborative Activities through Scaffolded Flexible Grouping. *Educational Technology & Society*, 14(3), 190–202.
- Brémault-Philipps, S., & Chirovsky, A. (2011). An historical perspective on spirituality. In M McColl. (2nd). *Spirituality and occupational therapy*. Ottawa, ON: CAOT Publications ACE.
- Canda, E. R. (1999). Spiritually sensitive social work: Key concepts and ideals. Bemidji State University and Inter-university Centre. Retrieved on April 30, 2009 from http://www.bemidjistate.edu/academics/publications/social_work_journal/issue01/pdf/canda.pdf.
- Capeheart-Meningall, J. (2005). Role of spirituality and spiritual development in student life outside the classroom. *New Directions for Teaching and Learning*, 104, 31 – 36.

- Collins, M. (2007). Spirituality and the Shadow: Reflection and the Therapeutic Use of Self. *British Journal of Occupational Therapy*, 70(20), 88 – 90.
- Cotton, S., Puchalski, C. M., Sherman, S. N., Mrus, J. M., Peterman, A. H., Feinberg, J., & Tsevat, J. (2006). Spirituality and religion in patients with HIV/AIDS. *Journal of general internal medicine*, 21(Suppl 5), S5–13. doi:10.1111/j.1525-1497.2006.00642.x
- Csontó, S. (2009). Occupational therapy students ' consideration of clients ' spirituality in practice placement education, 72(August 2007), 442–449.
- Darawsheh, W., Chard, G., & Eklund, M. (2015). The Challenge of Cultural Competency in the Multicultural 21st Century: A Conceptual Model to Guide Occupational Therapy Practice. *The Open Journal of Occupational Therapy*, 3(2), Article 5. Available at: <http://dx.doi.org/10.15453/2168-6408.1147>
- DeKoninck, B., Hawkins, L.A., Fyke, J.P., Neal, T., & Currier, K. (2016). Spiritual care practices of advanced practice nurses: A multinational study. *The Journal for Nurse Practitioners*, 12(8), 536 – 544. <http://dx.doi.org/10.1016/j.nurpra.2016.05.023>
- de la Porte, A. (2016). Spirituality and healthcare: Towards holistic people-centred healthcare in South Africa. *HTS Teologiese Studies/Theological Studies*, 72(4), a3127. <http://dx.doi.org/10.4102/hts.v72i4.3127>
- Department of Education. (2013). *The Higher Education Qualification Sub-Framework*. Pretoria: Government Gazette.
- Diaz-Laplante, J. (2007). Humanistic psychology and social transformation. *Journal of Humanistic Psychology*, 47, 54-72.
- Dirkx, J. M. (1998). Transformative learning theory in the practice of adult education: An overview. *PAACE Journal of Lifelong Learning*, 7, 1-14.

- Dirkx, J.M. (2001). Images, transformative learning and the work of the soul. *Adult Learning, 12*, 15
- Dolers, J., Amagi, I., Carneiro, R., Chung, F., Geremek, B., Gorham, W., Kornhauser, A., Manley, M., Quero, M.P., Savané, M., Singh, K., Stavenhagen, R., Suhr, M.W., & NanZhao, Z. (1996). *Learning the treasure within: Report to UNESCO of the International Commission on Education for the Twenty-first Century*. Paris: UNESCO.
- Donica, D.K. (2008). Spirituality and occupational therapy: the application of the Psychospiritual Integration frame of reference. *Physical & Occupational Therapy in Geriatrics, 27*(2), 107 – 121.
- Duncan, M. (2009). *Human occupation in the context of chronic poverty and psychiatric disability*. PhD Thesis, University of Stellenbosch, South Africa.
- Egan, M., & Delaat, M. D. (1994). Considering spirituality in occupational therapy practice, *61*(2), 95–101.
- Egan, M. & Swedersky, J. (2003). Spirituality as experienced by occupational therapists in practice. *The American Journal of Occupational Therapy, 57*, 525–533.
- Elder, L. & Paul, R. (1998). The role of socratic questioning in thinking, teaching, and learning. *The Clearing House, 71*(5), 297 – 301.
<http://www.jstor.org/stable/30189379>. Accessed: 24-04-2017 09:23 UTC
- Engquist, D.E., Short-DeGraff, M., Gliner, J., & Oltjenbruns, K. (1997). Occupational Therapist Beliefs and Practices with regard to spirituality and therapy. *American Journal of Occupational Therapy, 51*(3), 173 – 180.
- Estes, C.A. (2004). Promoting student-centered learning in experiential education. *Journal of Experiential Learning, 27*(2), 141-160.

- Farrar, J. E., & Otr, L. (2001.). Addressing Spirituality and Religious Life in Occupational Therapy Practice, *Physical & Occupational Therapy in Geriatrics*, 18(4), 65–85.
- Finlay, L. (2008). *Reflecting on “Reflective practice”*. Practice-based Professional Learning Centre. The Open University.
- Firfirey, N., & Hess-April, L. (2014). A study to explore the occupational adaptation of adults with MDR-TB who undergo long-term hospitalisation. *South African Journal of Occupational Therapy*, 44(3), 18 – 24.
- Frank, G., & Muriithi, B.A.K. (2015). Theorising social transformation in occupational science: The American civil rights movement and South African struggle against apartheid as ‘occupational reconstructions’. *South African Journal of Occupational Therapy*, 45(1), 11 – 19.
- Frouzandeh, N., Aein, F., & Noorian, C. (2015). Introducing a spiritual care training course and determining its effectiveness on nursing students’ self-efficacy in providing spiritual care for the patients. *Journal of Education and Health Promotion*, 4, 34. <http://doi.org/10.4103/2277-9531.157189>
- Fry, P. S. (2000). Religious involvement, spirituality, and personal meaning for life: Existential predictors of psychological well-being in community-residing and institutional care elders. *Aging & Mental Health*, 4, 375-387.
- Gade, C.B.N. (2012). Restorative justice and the South African Truth and Reconciliation process. *South African Journal of Philosophy*, 32(1), 10 – 35.
- Ghafar Samar, R. & Dehqan, M. (2013). Sociocultural theory and reading comprehension: The scaffolding of readers in an EFL context. *International Journal of Research Studies in Language Learning*, 2(3), 67-80.

- Good, J. J. (2010). *Integration of spirituality and cognitive-behavioral therapy for the treatment of depression*. PCOM Psychology Dissertations. Paper 55.
- Goodsell, A.S., Maher, M.R., Tinto, V., Smith, B.L. & MacGregor, J. (1992). *Collaborative learning: A sourcebook for higher education*.
- Hagler, D., & Morris, B. (2015). Teaching methods. In M.H. Oermann (Ed.), *Teaching in nursing and role of the educator: The complete guide to best practice in teaching, evaluation, and curriculum development* (pp.35-60). New York: Springer.
- Hains, B.J. & Smith, B. (2012). Student-centered course design: Empowering students to become self-directed learners. *Journal of Experiential Education*, 35(2), 357-374.
- Hammell, K.W. (2009). Sacred texts: A skeptical exploration of the assumptions underpinning theories of occupation. *Canadian Journal of Occupational Therapy*, 76, 6 – 13.
- Hammell, K.R.W., & Iwama, M.K. (2010). Well-being and occupational rights: An imperative for critical occupational therapy. *Scandinavian Journal of Occupational Therapy*, 19(5), 385 – 394.
<http://dx.doi.org/10.3109/11038128.2011.611821>
- Hammond, J., & Gibbons, P. (2001). What is scaffolding In J. Hammond (Ed.), *Scaffolding: Teaching and learning in languages and literacy education* (pp.1-14). Newton, Australia: Primary English Teaching Association.
- Hammond, J. (2001). Scaffolding and language. In J. Hammond (Ed.), *Scaffolding: Teaching and learning in languages and literacy education* (pp.15-30). Newton, Australia: Primary English Teaching Association.

- Hartman, D. & Zimberoff, D. (2003). The existential approach in heart-centered therapies. *Journal of Heart-centered Therapies*, 6(1), 3-46.
- Haynes, D.A., Jones, T. & Fazio, L.S. (2007). Philosophy of occupational therapy education. *American Occupational Therapy Association*, 67(6), 678.
- Hemphill, B. (2015). Spiritual assessments in occupational therapy. *The Open Journal of Occupational Therapy*, 3(3), Article 9. Available at: <http://dx.doi.org/10.15453/2168-6408.1159>
- Hinojosa, J. (2007). 2007 ELEANOR C LARKE S LAGLE L ECTURE becoming innovators in an era of hyperchange. *American Journal of Occupational Therapy*, 61, 629–637.
- Hocking, C., & Wright-St. Clair, V. (2011). Occupational science: Adding value to occupational therapy. *New Zealand Journal of Occupational Therapy*, 58(1), 29 – 35.
- Hocking, C. (2007). The romance of occupational therapy. In J. Creek & A. Lawson-Porter (Eds.), *Contemporary issues in occupational therapy issues in occupational therapy* (pp.23 – 40). Chichester, England: Wiley.
- Hong, J.C., Yu, K.C. & Chen, M.Y. (2011). Collaborative learning in technology project design. *International Journal Technology Design Education*, 21, 335-347.
- Hoover, J.D. (1974). Experiential learning: Conceptualization and definition. *Simulations, Games and Experiential Learning Techniques*, 1, 31-35.
- Howard, B.S., & Howard J.R. (1997). Occupation as Spiritual Activity. *American Journal of Occupational Therapy*, 51,181-185.
- Hoyland, M., & Mayers, C. (2005). Is meeeting spiritual need within the occupational therapy domain? *British Journal of Occupational Therapy*, 68(4), 177 – 188.

- Immordino-Yang, M.H. & Damasio, A. (2007). We feel, therefore, we learn: The relevance of affective and social neuroscience to education. *Mind, Brain, and Education Society*, 1(1), 3–10.
- Jardien-Baboo, S., van Rooyen, D., Ricks, E., & Jordan, P. (2016). Perceptions of patient-centred care at public hospitals in Nelson Mandela Bay. *Health SA Gesondheid*, 21, 397 – 405. <http://dx.doi.org/10.1016/j.hsag.2016.05.002>
- Johnston, D., & Mayers, C. (2005). Spirituality: a review of how occupational therapy therapists acknowledge, assess and meet spiritual needs. *British Journal of Occupational Therapy*, 68(9), 386 – 392.
- Jones, J. (2016). *A qualitative study exploring how occupational therapists embed spirituality into their practice*. PhD These, University of Huddersfield
- Kang, C. (2003). A psychospiritual integration frame of reference for occupational therapy . Part 1 : Conceptual foundations, (April 2002), *Australian Occupational Therapy*, 50, 92–103.
- Kelso-Wright, P. (2012). *Spiritual History Assessment and Occupational therapy: Students using the FICA*. Unpublished Master of Science in Occupational Therapy. University of Puget Sound.
- Kielhofner, G. (1995). *A model of human occupation*. (2nded.). Baltimore: Williams & Wilkins.
- King, D. E., & Crisp, J. (2005). Spirituality and health care education in family medicine residency programs. *Family medicine*, 37(6), 399–403. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15933911>
- Kirsh, B., Dawson, D., Antolikova, S. & Reynolds, L. (2001). SHORT REPORT Developing awareness of spirituality in occupational therapy students: Are our

- curricula up to the task? *Occupational therapy international*, 8(2), 119–125.
Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11823875>
- Knapik, G.P., Martsof, D.S., Draucker, C.B., & Strickland, K.D. (2010). Attributes of spirituality described by survivors of sexual violence. *Qualitative Report*, 15(3), 644 – 657.
- Knecht-Sabres, L.J. (2013). Experiential Learning in Occupational Therapy: Can It Enhance Readiness for Clinical Practice? *Journal of Experiential Education*, 36(1), 22-36.
- Krathwolh, D.R. (2002). A revision of Bloom's Taxonomy: An overview. *Theory into Practice*, 41(4), 212-218.
- Kronenberg, F., Kathard, H., Rudman, D.L., & Ramugondo, E.L. (2015). Can post-apartheid South Africa be enabled to humanise and heal itself? *South African Journal of Occupational Therapy*, 45(1), 20 – 27.
- Kumar, D., Goel, N.K., Pandey, A.K., & Dimri, K. (2016). Perspectives of cancer patients regarding spirituality and its role in cancer care. *International Journal of Community Medicine and Public Health*, 3(8), 2248 – 2237. doi: <http://dx.doi.org/10.18203/2394-6040.ijcmph20162579>
- Levykh, M.G. (2008). The affective establishment and maintenance of Vygotsky's zone of proximal development. *Educational Theory*, 58(1), 83 – 101.
- Lidón, I., Rebollar, R., & Møller, C. (2011). A collaborative learning environment for management education based on experiential learning. *Innovations in Education and Teaching International*, 48(3), 301 – 312.
- Litwinczuk, K. M., & Groh, C. J. (2007). The relationship between spirituality, purpose in life, and well-being in HIV-positive persons. *The Journal of the*

Association of Nurses in AIDS Care: JANAC, 18(3), 13–22.
doi:10.1016/j.jana.2007.03.004

Lloyd, A.S. (1972). Freire, Conscientization, and adult education. *Adult Education Quarterly*, 23, 3. doi: 10.1177/074171367202300101.

Locker, D. (2008). Social determinants of health and disease. In G. Scambler. (Eds). *Sociology as applied to medicine* (pp.18 – 33). (6th ed.). Saunders, London UK: Elsevier.

Lough, B.J. & Thomas, M.M.C. (2014). Building a community young leaders: Experiential Learning in Jewish Social Justice. *Journal of Experiential Education*, 37(3), 248-264.

Lyons, J. (1999). Reflective education for professional practice: discovering knowledge from experience. *Nurse Education Today*, 19, 29-34.

MacGillivray, P.S., Sumsion, T., & Wicks-Nicholls, J. (2006). Critical Elements of Spirituality as Identified by Adolescent Mental Health Clients. *Canadian Journal of Occupational Therapy*, 73, 1. doi: 10.2182/cjot.06.006.

Martín, I.Z., Martos, J.A.F., Millares, P.M., & Björklund, A. (2015). Occupational therapy culture seen through the multifocal lens of fieldwork in diverse rural areas. *Scandinavian Journal of Occupational Therapy*, 22, 82–94

Martsof, D., & Mickley, J. (1998). The concept of spirituality in nursing theories: Differing world-views and extent of focus. *Journal of Advanced Nursing*, 27, 294–303. [PubMed: 9515639]

Mayers, C., & Johnston, D. (2008) Spirituality – the emergence of a working definition for use within healthcare practice. *Implicit Religion* 11(3), 265-275

- McClain, J.E. (2008). *The influence of spirituality on learning for adult learners in technical college practical nursing programs*. Unpublished PhD. University of Georgia.
- McColl, M. (Ed.). (2003). *Spiritual and occupational therapy*. Ottawa: Canadian Association of Occupational Therapists. Publications ACE.
- McColl, M. (2011). *Spiritual and occupational therapy*. (2nd ed.). Ottawa: Canadian Association of Occupational Therapists. Publications ACE.
- Meredith, P., Murray, J., Wilson, T., Mitchell, G., & Hutch, R. (2012). Can spirituality be taught to health care professionals? *Journal of religion and health*, 51(3), 879–89. doi:10.1007/s10943-010-9399-7.
- Mezirow, J. (2003). Transformative learning as discourse. *Journal of Transformative Education*, 1(1), 58-63.
- Mezirow, J. (2008). An overview on transformative learning. In P. Sutherland & J. Crowther. *Lifelong Learning: Concepts and Contexts* (pp.24-38). New York: Routledge.
- Mezirow, J. (1997). Transformative learning: Theory to Practice. *New Directions for Adult and Continue Education*, 74, 5-12.
- Mezirow, J. & Associates. (1990). *Fostering critical reflection in adulthood* (pp. 1-20). Jossey Bass.
- Morris, D.N. (2007). *Personal spiritual well-being, perceptions of the use of spirituality, and spiritual care in occupational therapy practice*. Unpublished PhD Thesis. Touro University International.
- Morris, D. N. (2013). Perceptions of Spirituality and Spiritual Care in Occupational Therapy Practice. *Occupational Therapy in Mental Health*, 29(1), 60–77. doi:10.1080/0164212X.2013.761109

- Morris, D. N., Johnson, A., Losier, A., Pierce, M., & Sridhar, V. (2013). Spirituality and substance abuse recovery. *Occupational Therapy in Mental Health*, 29(1), 78–84. <http://dx.doi.org/10.1080/0164212X.2013.761112>
- Morris, D. N., Stecher, J., Briggs-Peppler, K. M., Chittenden, C. M., Rubira, J., & Wismer, L. K. (2012). Spirituality in Occupational Therapy: Do We Practice What We Teach? *Journal of religion and health*, doi:10.1007/s10943-012-9584-y
- Motimele, M.R., & Ramugondo, E.L. (2014). Violence and healing: Exploring the power of collective occupations. *International Journal of Criminology and Sociology*, 3, 388 - 401.
- Mthembu, T.G., Ahmed, F., Nkuna, T., & Yaca, K. (2015). Occupational therapy students' perceptions of spirituality in training. *Journal of Religion and Health*, 54(6), 2178 -2197. doi:10.1007/s10943-014-9955-7.
- Nguyen, M.H. (2013). EFL Students' reflections on peer scaffolding in making a collaborative oral presentation. *English Language Teaching*; 6(4), 64 – 73.
- Nussbaum, B. (2003). African Culture and Ubuntu Reflections of a South African in America. *World Business Academy*, 17(1), 1 – 12.
- Oghuvbu, E.P. (2014). Innovation and transformation in teaching and learning. *Journal of Resourcefulness and Distinction*, 9(1), 1-20.
- Peer, K.S. & McClendon, R.C. (2002). Social cultural learning theory in practice implications for athletic training educators. *Journal of Athletic Training*, 37(4 Supplement), S136-S140.
- Pereira, A.L.F., & Moura, M.A.V. (2009). Hegemony and counter-hegemony in the process of implementing the Casa de Parto Birth Center in Rio de Janeiro. *RevEsc Enferm USP*, 43(4), 868 – 874.

- Philips, J.M. (2016). Strategies to promote student engagement and active learning. In D.M. Billings, J.A. Halstead (Ed.) (5thed.). *Teaching in nursing: A guide for faculty* (pp.245-262). Missouri: Elsevier.
- Poellhuber, B., Chomienne, M. & Karsenti, T. (2008). The effect of peer collaboration and collaborative learning on self-efficacy and persistence in a learner-paced continuous intake model. *Journal of Distance Education*, 22(3), 41-62.
- Polatajko, H. J., Townsend, E. A., & Craik, J. (2007). Canadian Model of Occupational Performance and Engagement. In E. A. Townsend & H. J. Polatajko (Ed.), *Enabling occupation II: Advancing an occupational therapy, vision of health, well-being & justice through occupation* (p.22 - 36). Ottawa, ON: CAOT Publications ACE.
- Pollock, S.L. (2007). *An investigation of the relationship between graduate counseling students perceptions of spirituality and counselor self-efficacy in secular and faith-based universities*. PhD Thesis, University of Central Florida, Orlando, Florida.
- Pooremamali, P., Eklund, M., Östman, M., & Persson, D. (2012). Muslim Middle Eastern clients' reflections on their relationship with their occupational therapists in mental health care. *Scandinavian Journal of Occupational Therapy*, 19, 328–40. <http://dx.doi.org/10.3109/11038128.2011.600328>
- Puchalski, C., Vittillo, R., Hull, S., & Reller, R. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642–656.
- Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., & Sulmasy, D. (2009). Improving the quality of spiritual care as a dimension of palliative care:

- the report of the Consensus Conference. *Journal of Palliative Medicine*, 12(10), 885–904. doi:10.1089/jpm.2009.0142.
- Puchalski, C.M. (2001). The role of spirituality in health. *BUMC Proceedings*, 14, 352 – 357.
- Puchalski, C.M. (2006). Spirituality and medicine: Curricula in medical education. *Journal of Cancer Education*, 21(1), 14 – 18.
- Puchalski, C.M. (2010). Religion, medicine and spirituality: What we know, what we don't know and what we do. *Asian Pacific Journal of Cancer Prevention*, 11, MECC Supplement, 45 – 49.
- Ramugondo, E. L. (2005). Unlocking spirituality: Play as a health promoting occupation in the context of HIV/AIDS. In F. Kronenberg (Ed.), *Occupational therapy without borders: Learning from the spirit of survivors* (pp.313-325). New York, NY: Elsevier/Churchill Livingstone.
- Ramugondo, E. (2009). *Intergenerational shifts and continuities in children's play within a rural Venda family in the early 20th and 21st centuries*. PhD Thesis. University of Cape Town, Cape Town, South Africa.
- Ramugondo, E., & Kronenberg, F. (2015). Explaining collective occupations from a human relations perspective: Bridging the individual-collective dichotomy. *Journal of Occupational Science*, 22(1), 3 – 16. <http://dx.doi.org/10.1080/14427591.2013.781920>
- Ramugondo, E.L. & Kronenberg, F. (2013). Explaining Collective Occupations from a Human Relations Perspective: Bridging the Individual-Collective Dichotomy. *Journal of Occupational Science*, doi:10.1080/14427591.2013.781920
- Reilly, E.M. (2007). *Writing to learn mathematics: A mixed method study*. Unpublished PhD Thesis. Indiana University of Pennsylvania.

- Roberts, N.A. (2009). *The role of spirituality in transformative learning*. Phd Thesis, Florida International University. Miami Florida.
- Roberts, N. (2006). Disorienting dilemmas: Their effects on learners, impact on performance, and implications for adult educators. In M. S. Plakhotnik & S. M. Nielsen (Eds.), *Proceedings of the Fifth Annual College of Education Research Conference: Urban and International Education Section* (pp. 100-105). Miami: Florida International University. http://coeweb.fiu.edu/research_conference/.
- Rosebrought, T.R., & Leverett, R.G. (2011). *Transformational teaching in the information age: Making why and how to teach relevant students*. ASCD. Alexandria Holism in education.
- Sabet, M.K., Tahiri, A., & Pasand P.G. (2013). The Impact of Peer Scaffolding through Process Approach on EFL Learners' Academic Writing Fluency. *Theory and Practice in Language Studies*, 3(10), 1893-1901.
- Sakellariou, D., & Pollard, N. (2013). A commentary on the social responsibility of occupational therapy education. *Journal of Further and Higher Education*, 37(3), 416-430, doi: 10.1080/0309877X.2011.645459
- Sander-Staudt, M. (2011). Care ethics. *Internet Encyclopedia of Philosophy*. Retrieved from <http://www.iep.utm.edu/care-eth/>
- Sawatzky, R., & Pesut, B. (2005). Attributes of spiritual care in nursing practice. *Journal of Holistic Nursing*, 23(3), 19 - 35. doi:101177/0898010104272010
- Seitz, D.D. (2009). *Integrating contemplative and student-centered education: A synergistic approach to deep learning*. PhD Thesis. University of Massachusetts Boston.

- Scherer, Z.A.P., & Scherer, E.A. (2012). The identification of the pillars of education in the class comprehensiveness in healthcare. *Rev Esc Enferm USP*, 46(4), 976 – 984.
- Slavich, G.M. & Zimbardo, P.G. (2012). Transformational teaching: Theoretical underpinnings, basic principles, and core methods. *Educational Psychological Review*, 24, 569-608.
- Smith, M. K. (2001, 2010). 'David A. Kolb on experiential learning', *the encyclopedia of informal education*. [<http://infed.org/mobi/david-a-kolb-on-experiential-learning/>]. Retrieved: 08/02/2017]
- Smith, S., & Suto, M. J., (2012). Religious and/or spiritual practices: Extending spiritual freedom to people with schizophrenia. *Canadian Journal of Occupational Therapy*, 79, 77-85. doi:10.2182/cjot.2012.79.2.3
- South African Government. *Constitution of the Republic of South Africa Act No.108 of 1996*. Pretoria: Government Printer, 1996.
- Southern, N. L. (2007). Mentoring for transformative learning the importance of relationship in creating learning communities of care. *Journal of Transformative Education*, 5(4), 329-338.
- Sumsion, T., Tischler-Draper, L., & Heinicke, S. (2012). Applying the Canadian Model of Occupational Performance. In A.S. Duncan (Ed.). *Foundations for practice in occupational therapy* (pp.81-91). (5th ed.). Edinburgh, Churchill Livingstone: Elsevier.
- Taylor, E., Mitchell, J.E., Kenan, S., & Tacker, R. (2000). Attitudes occupational therapists toward spirituality in practice. *American Journal of Occupational Therapy*, 54(4), 421 – 426.

- Taylor, E. W. (2007). An update of transformative learning theory: A critical review of the empirical research (1999–2005). *International Journal of Lifelong Education*, 26(2), 173-191.
- Taylor, E.W. (2008). Transformative learning theory. *New Direction for Adult and Continuing Education*, 119, 5-15.
- Teo, S.S.S. (2009). An Occupational Therapist's Contribution to Spiritual Care within a Palliative Care Setting: a student Occupational therapy's perspective. *Journal of Religion*, 3(1).
- Thompson, B.E., & MacNeil, C. (2006). A phenomenological study exploring the meaning of a seminar on spirituality for occupational therapy students. *American Journal of Occupational Therapy*, 60(5), 531 – 539.
- Tisdell, E.J. (2004). The connection of spirituality to culturally responsive teaching in higher education. *Spirituality in Higher Education Newsletter*, 1(4), 1 – 9.
- Tisdell, E.J. (2003). *Exploring spirituality and culture in adult and higher education*. San Francisco, United States: Jossey-Bass.
- Tisdell, E. J., & Tolliver, D. E. (2003). Claiming a sacred face the role of spirituality and cultural identity in transformative adult higher education. *Journal of Transformative Education*, 1(4), 368-392.
- Townsend, E., & Marval, R. (2013). Can professional actually enable occupational justice? *Canadian Therapy Occupational UFSCar.São Carlos*, 21(2), 215 – 228.
- Townsend, E., & Wilcock, A.A. (2004). Occupational justice and client-centred practice: A dialogue in progress. *Canadian Journal of Occupational Therapy*, 71, 75-87. doi:10.1177/000841740407100203
- Trakoli, A. (2010). Model of human occupation: Theory and application. *Occupational*

Medicine, 60, 237 – 238.

Tronto, J., & Berenice, F. (1990). Towards a feminist theory of caring. In E. K. Abel and M. K. Nelson (Ed.). *In Circles of care: Work and identity in women's lives*. Albany: State University of New York Press.

UNESCO. (2006). *Framework for the United Nations Decade of Education for Sustainable Development [UNDESD] International Implementation Scheme (2005-2014)*. Paris: UNESCO.

Van Leeuwen, R., Tiesinga, L.J., Middel, B., Post, D., & Jochemsen, H. (2008). The effectiveness of an education programme for nursing students on developing competence in the provision of spiritual care. *Journal of Clinical Nursing*, 17(20), 2768 – 2781.

Van Niekerk, L. (2004). *The influences that impact on the work-lives of people with psychiatric disability: An interpretive biography*. PhD Thesis, University of Cape Town, Cape Town, South Africa.

Veugelers, W. (2011). *Education and humanism: Linking autonomy and humanity*. Rotterdam: Sense Publishers.

Vincensi, B.B. (2011). *Spiritual care in advance practice nursing*. PhD Thesis, Chicago. Loyola University *Dissertations*. Paper 201. http://ecommons.luc.edu/luc_diss/201.

Virajita, S. (2012, 2). Teaching for transformation. Available Online: [www:http://uminntilt.wordpress.com/2012/02/20teaching-for-transformation/](http://uminntilt.wordpress.com/2012/02/20teaching-for-transformation/). Date: 2016/03/03. Time: 07:39 AM.

Vygotsky, L.S. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Cambridge, MA: Harvard University Press.

- Watson, J. (2007). Watson's theory of human caring and subjective living experiences: Carative factors/caritas processes as a disciplinary guide to professional nursing practice. *TextoContextoEnferm, Florianópolis*, 16(1), 129-35.
- Watson, R., & Fourie, M. (2004). Chapter 2: Occupation and occupational therapy. In R. Watson, & L. Swart (Eds), *Transformation through occupation*, (pp.19 – 32). London, England, United Kingdom: Whurr Publisher Ltd.
- Watson, R. (2013). A population approach to occupational therapy. *South African Journal of Occupational Therapy*, 43(1), 34 – 39.
- Webster, R. S. (2003). *An existential framework of spirituality for education*, Unpublished PhD Thesis. Griffith University.
- Weskamp, K., & Ramugondo, E.L. (2004). Chapter 11: Taking account of spirituality. In R. Watson, & L. Swartz. *Transformation through occupation*. (pp.153 – 167). London, England, United Kingdom: Whurr Publisher Ltd.
- Wilcock, A.A. (1999). Reflections on doing, being and becoming. *Australian Journal of Occupational Therapy*, 46(1), 1 – 11. doi: 10.1046/j.1440-1630.1999.00174.x
- Wilding, C. (2002). Viewpoint Where angels fear to tread : Is spirituality relevant to occupational therapy practice ?*Australian Occupational Therapy Journal*, 49, 44–47.
- Wilding, C. (2003). *Integrating spirituality, occupation, and mental health illness. A journey through life of meaningful being and doing*. University of Australia, MAppSc.
- Wilson, L. (2010). Spirituality, occupation and occupational therapy revisited: ongoing consideration of the issues for occupational therapists. *The British*

Journal of Occupational Therapy, 73(9), 437–440.

doi:10.4276/030802210X12839367526219

World Health Organization (WHO), (1998). Executive Board Meeting Document 101, Geneva, January 1927, 1998.

Yalung, C.A. (2010). *The contribution and influence of spirituality and religion on Filipino caregivers' motivation and services*. Master of Social Worker Thesis. California State University.

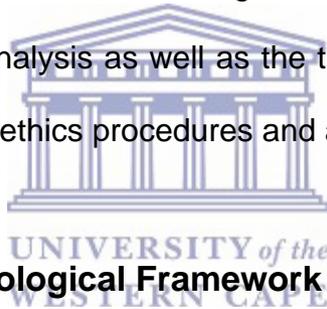


CHAPTER THREE

RESEARCH METHODOLOGY

3 Introduction

In the previous chapter, a review of literature was presented and the four pillars of education and learning were employed to structure the theoretical framework underpinning the current study. Chapter Three consists of three sections. In Section A of this chapter, mixed methods as a methodological framework, research worldview and different mixed methods are presented. In Section B, the research design of the current study, the research setting, the study population and sampling, the data collection and data analysis as well as the trustworthiness are provided. In Section C, explanations of the ethics procedures and a conclusion are presented.



3.1 SECTION A: Methodological Framework

This section describes mixed methods as a methodological framework used in the current study. This section also provides the research worldview and different types of mixed methods.

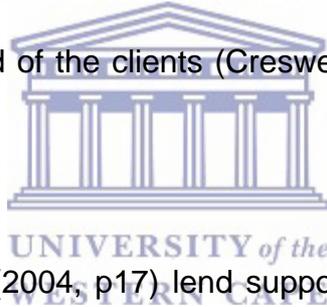
3.1.1 *Mixed Methods*

Research methodology is considered as “the systematic procedure by which researchers go about their work describing, explaining and predicting phenomena” (Rajasekar, Philominathan & Chinnathambi, 2013, p.5). In this study, a mixed method was adopted as a methodological framework that provides comprehensive evidence with a complete and clear picture of the phenomenon under study (Creswell & Plano Clark, 2006; Johnson & Onwuegbuzie, 2004; Mertens, 2012).

Johnson, Onwuegbuzie and Turner (2007, p.123) state that mixed methods is a:

type of research in which a researcher or team of researchers combine elements of qualitative and quantitative research approaches (e.g. use of qualitative and quantitative viewpoints, data collection, analysis and inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.

In discussing the applications of mixed methods, Creswell and Plano Clark (2006) argue that mixed methods involve collecting, analysing and mixing both quantitative and qualitative data in a single study. It has also been conclusively reported that disciplines in health sciences and education appear to employ mixed methods in order to engage in dialogue about the different methods of viewing, hearing and understanding the social world of the clients (Creswell & Plano Clark, 2006; Evans, Coon & Ume, 2011).



Johnson and Onwuegbuzie (2004, p17) lend support that mixed methods refer to “the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study”. Additionally, it is clear that mixed methods seem to hone researchers’ understanding of research findings in relation to the phenomenon of the study. In attempting to provide the rationale for using the mixed methods, Johnson and Onwuegbuzie (2004) list five functions of mixed methods:

- Triangulation function involves seeking convergence and corroboration of results from different methods and designs studying the same phenomenon;

- Complementarity function promotes seeking elaboration, enhancement, illustration and clarification of the results from one method with results from another method;
- Initiation function involves discovering paradoxes and contradictions that lead to a reframing of the research question;
- Development function includes using the findings of one method to help inform another method; and
- Expansion function involves seeking to expand the breadth and range of research by using different methods for different enquiry components.

Three practical considerations have been identified as major contributing aspects for integrating quantitative and qualitative data and results into a study. Creswell, Fetters and Ivankova (2004) and Plano Clark and Ivankova (2015) list three decisions to consider when employing mixed methods; these are: priority/weighting, timing/implementation and integration.

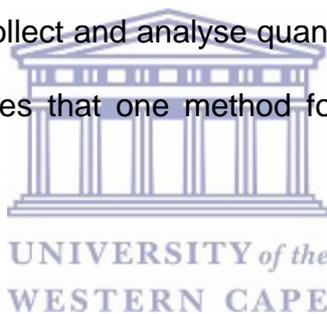
3.1.1.1 *Priority/weighting*

This practical consideration is determined in a research when emphasis is placed on quantitative data, qualitative data, or an equal priority shared between the two forms of data in a mixed method (Creswell et al., 2004; Plano Clark & Creswell, 2015). In the mixed method, priority/weighting refers to the relative importance of the quantitative and qualitative methods in answering the research questions of the study. A qualitative priority is considered when a researcher places greater emphasis on the qualitative data collection and analysis, which is known as unequal weighting. In contrast, a quantitative priority indicates that a researcher places greater

emphasis on the quantitative data collection and analysis which indicates an unequal weighting. However, there are times when a researcher places more emphasis on both types of quantitative and qualitative data collection and data analysis, which promotes equal weighting (Creswell et al., 2015).

3.1.1.2 *Timing/Implementation*

In this practical consideration, a researcher can collect and analyse quantitative and qualitative data simultaneously (concurrently) and/or at different times (sequentially). Creswell et al. (2015), as does Baran (2016), highlight that in concurrent timing the results of the mixed methods are combined during the interpretation. Sequential timing allows researchers to collect and analyse quantitative and qualitative data in a particular sequence. It indicates that one method follows, or may depend on, the other one in order to progress.



3.1.1.3 *Integration/Mixing*

This practical consideration is a significant component of the mixed methods research process and places more emphasis on combining the quantitative and qualitative data (Creswell et al., 2004). The process of combination occurs in various stages of the research methods, including data collection, analysis, interpretation and/or discussion. Fetters, Curry and Creswell (2013) list three methods that may be used to facilitate the integration process. These three methods are narrative-weaving, contiguous and staged, data transformation and joint display. In respect to narrative-weaving, the findings of both quantitative and qualitative research are written together on a theme-by-theme or concept-by-concept basis. To the contrary, the contiguous and stage approach is used to integrate the data by collating the data

in a visual means to present new insights beyond the information gained from the quantitative and qualitative results (Fetters et al., 2013). The visual means can be in the form of tables and matrices as a schematic representation of the results. Consequently, a fit of data integration may be gained which refers to coherence of the quantitative and qualitative findings (Fetters et al., 2013). This lends support to outcomes of assessment of fit of integration through confirmation and expansion. With reference to confirmation assessment, this occurs when the findings from both types of data confirm each other. Additionally, Fetters et al. (2013) and Johnson and Onwuegbuzie (2004) both support expansion as another assessment of fit of integration because it appears to expand insights of the phenomenon of interests by addressing diverse elements of a single phenomenon. Overall, it is clear that mixed methods seem to provide comprehensive evidence and a clear picture of the phenomenon because of the combination of quantitative and qualitative research approaches. The mixed methods approach thus tends to resonate with a pragmatic worldview (Morgan, 2007; Johnson, Onwuegbuzie & Turner, 2007).

3.1.2 Mixed Methodology: Pragmatic Worldview

Pragmatic worldview is considered as both eclectic and pluralistic in nature because it promotes the applications and solutions to solve problems by using available possible approaches (Klenk, 2008; Creswell, 2008; Sharp et al., 2011). Johnson and Onwuegbuzie (2004), highlight the importance of the pragmatic approach by acknowledging that actions, situations and consequences seem to be central to the worldview rather than antecedent conditions (Creswell, 2008; Klenk, 2008; Sharp et al., 2011). Pragmatism worldview is a term defined by Shaw, Connelly and Zecevic (2010, p.514) that refers to “a philosophy that attends to the practical nature of

reality, finding truth in the solutions of problems and the consequences of objects and actions". However, it has been reported that pragmatism is a worldview that appears to adopt diverse beliefs and knowledge (Denzin & Lincoln, 2005; Klenk, 2008; Shaw et al., 2010). Shaw et al. (2010) and Johnson, Onwuegbuzie and Turner (2007) accentuate that the pragmatic approach embraces the existence of human beings and stresses the importance of the natural or physical, social and psychological world.

Johnson et al. (2007) argue that the pragmatic approach considers the importance of the reality and influences of the inner world of human experience in action. In addition, Shaw et al. (2010) assert that individuals construct their social world to facilitate growth and development. However, it has also been highlighted that the pragmatic approach rejects reductionism that reduces culture, thoughts and beliefs to nothing more than neurological processes. The pragmatism worldview is discussed based on the basic beliefs related to axiology, ontology, epistemology and methodology as presented in Table 3:1.

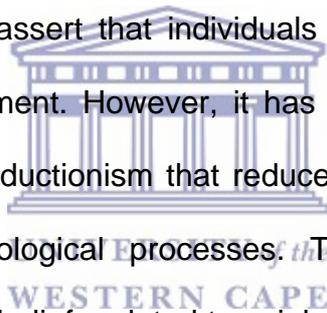
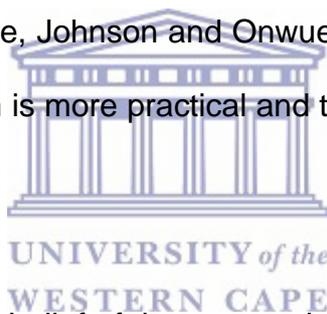


Table 3:1: Basic Beliefs associated with Worldviews

Basic Beliefs	Postpositivism	Constructivism	Transformative	Pragmatic
Axiology	Respect privacy, informed consent, minimise harm (beneficence); justice/equal opportunity	Balanced representation of views, raise participants' awareness, community rapport	Respect cultural norms, beneficence is defined in terms of promotion of human rights and increase in social justice, reciprocity	Gained knowledge in pursuit of desired ends as influenced by the researcher's values and politics
Ontology (nature of reality)	One reality. Knowable within a specified probability	Multiple, socially constructed realities	Rejects cultural relativism, recognises that various versions of reality are based on social positioning; conscious recognition of consequences of privilege versions of reality	Asserts that there is a single reality and that all individuals have their own unique interpretation of reality
Epistemology (nature of knowledge, relation between knower and would-be known)	Objectivity is important; the researcher manipulates and observes in a dispassionate, objective manner	Interactive link between researcher and participants; values are made explicit; created findings	Interactive link between researcher and participants; knowledge is socially and historically situated; need to address issues of power and trust	Relationships in research are determined by what the researcher deems to be appropriate to that particular study
Methodology (approach to systematic inquiry)	Quantitative (primarily); interventionist; decontextualised	Qualitative (primarily); hermeneutical; dialectical; contextual factors are described	Qualitative (dialogic), but quantitative and mixed methods can be used; contextual and historical factors are described particularly in relation to oppression	Match methods to specific questions and purposes of research; mixed methods can be used as researcher works back and forth between various approaches

(Denzin & Lincoln, 2005; Guba & Lincoln, 2005)

With reference to the axiological belief of the pragmatism worldview, it is reported that a researcher may present truth, meaning and knowledge as tentative and as changing over time. The pragmatic stance supports the value-oriented approach to research that is derived from cultural values, and specifically endorses shared values such as democracy, freedom, equality and progress. This is in line with Morgan (2007) who points out that the pragmatic approach notices the importance of values and ethics, politics, epistemologies, and perspectives as researchers influencing our actions and methodologies. This is consistent with the utilitarian approach which promotes ethical behaviour that holds that the common interests of humanity are most significant when making moral decisions for social good and benefit (Gustafson, 2013). Furthermore, Johnson and Onwuegbuzie (2004) and Sharp et al. (2011) concur that pragmatism is more practical and theoretical in informing effective practice and praxis.

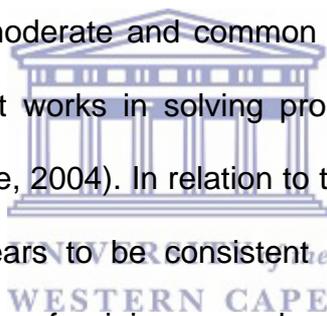


With respect to the ontological belief of the pragmatism worldview, it is asserted that there is a single reality and all individuals have their own unique interpretation of reality (Denzin & Lincoln, 2005; Guba & Lincoln, 2005). Johnson et al. (2007) argue that knowledge is gained through considering multiple viewpoints and perspectives. In this study, multiple perspectives were gathered from occupational therapy educators, students and experts in order to gain an understanding of the reality of spirituality and spiritual care in occupational therapy education.

Shaw et al. (2010), explaining the epistemological belief of the pragmatism worldview, highlight that knowledge may be considered as anything that can create transformation in the physical or social functioning of an individual or the surrounding

environment. This is consistent with Grove, Burns and Gray's (2013) explanation that the pragmatism worldview supports studies designed to gather data in order to transform the information needed to solve a problem or offer a new strategy. One advantage of the pragmatism worldview that resonates with Grove et al. (2013) and Klenk (2008) is that it promotes goal-oriented practice and possible actions to effect change.

Drawing from Johnson and Onwuegbuzie (2004) and Creswell (2008), pragmatism worldview values a pluralistic position that combines quantitative and qualitative methods. However, pragmatism is known for rejecting traditional dualism and commonly supports a more moderate and common sense version of philosophical dualism based on how well it works in solving problems (Klenk, 2008; Creswell, 2008; Johnson & Onwuegbuzie, 2004). In relation to the methodological assumption, integrative methodology appears to be consistent with mixed methods research which highlights the importance of gaining an understanding of the problems based on factors such as social, language, culture, human subjectivity and historical contexts (Creswell, 2007; Morgan, 2007; Creswell, 2008; Sharp et al., 2011). In addition, pragmatism worldview has been recommended for both mixed methods studies of enquiry and design-based research in order to identify the effects of objects and actions in research (Barab & Squire, 2004). This further indicates that a researcher has freedom of choice in choosing methods, techniques, and procedures of research that best suit their needs and purposes, to the understanding of and insight into, the phenomenon related to physical, spiritual and social issues (Creswell, 2007).



Morgan (2007), describing research approaches, notes that a qualitative approach is known for adopting induction, subjectivity and context of the study. In contrast, a quantitative methodology is characterised as deductive, employing objectivity and generality approaches. The following section presents a pragmatic alternative to the key issues in social science research methodologies, which tend to resonate with mixed methods.

3.1.2.1 *A pragmatic alternative to the key issues for mixed methods*

Morgan (2007) lists three pragmatic key issues that should be considered when adopting a pragmatic approach as part of mixed methods in order to attain harmony between qualitative and quantitative research approaches. These pragmatic key issues are: connection of theory and data (abduction), the researcher's relationship to the research process (intersubjectivity) and inference (transferability) as presented in Table 3:2. Morgan (2007, p.73) points out that "the great strength of this pragmatic approach to social science research methodology is its emphasis on the connection between epistemological concerns about the nature of the knowledge that we produce and technical concerns about the methods that we use to generate that knowledge".

Table 3:2: A pragmatic alternative to the key issues in social science research methodology

Key issues	Qualitative approach	Quantitative approach	Pragmatic approach
Connection of theory and data	Induction	Deduction	Abduction
Relationship to research process	Subjective	Objective	Intersubjective
Inference from data	Context	Generality	Transferability

Source: Morgan (2007, p.71) permission granted to use the information (Appendix 3)

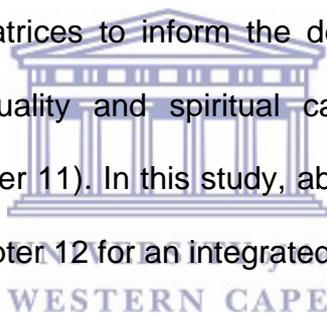
Abduction: Connection of theory and data

Qualitative researchers connect theory and data through inductive methods while quantitative researchers use deductive methods in order to explain results (Morgan, 2007). In contrast, the pragmatic approach recognises that in reality research is not purely inductive or deductive, but rather that the connection of theory with data and of data with theory is not one-directional. Therefore, the actual design, collection, and analysis of data are not exclusively theory-driven or data-driven (Morgan, 2007).

As such, the pragmatic approach focuses on *abduction reasoning* and moves “back and forth between induction and deduction - first converting observations into theories and then assessing those theories through action” (Morgan, 2007, p.71). With regard to abduction reasoning, Morgan (2007, p.71) further notes that his version “goes somewhat beyond its traditional use within pragmatism, where it is often treated solely as using theories to account for observations, and thus as an aspect of inductive inferences”. The abduction process is that whereby a researcher combines the quantitative and qualitative methods in a sequential fashion where the

deductive results from a quantitative approach may be used for the inductive goals for a qualitative approach. According to Morgan (2007), there is no limitation on the combination of methods in a single study as part of theory and data movement back and forth.

Accordingly, the current study employed diverse methods, namely a systematic review, a cross-sectional descriptive survey, exploratory-descriptive studies and a modified Delphi approach. Overall, these diverse methods enhanced the use of abduction reasoning and moving back and forth during the processes of the study. The findings from the systematic review and the quantitative and qualitative studies were collated using tables/matrices to inform the design and development of the guidelines to integrate spirituality and spiritual care into occupational therapy education (presented in Chapter 11). In this study, abduction reasoning was used to connect the findings (see Chapter 12 for an integrated summary of findings).

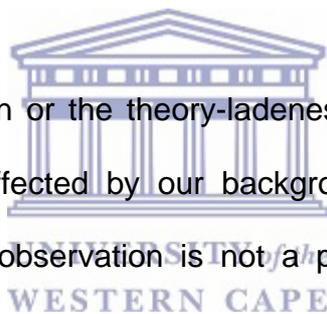


Intersubjectivity: Relationship to research process

For Unger (2005), intersubjectivity is a construct that refers to the act of according meaning between two or more subjects and establishing the objectivity of a claim made in research. Additionally, intersubjectivity acknowledges that meaning appears to be linked to a social arena of which human beings are a part (Unger, 2005). The relationship between the researcher and research process together with the participants, emphasises the importance of communication processes and shared meaning that are core to the pragmatic approach (Morgan, 2007, p72). This may help in facilitating communication and understanding among researchers, participants and colleagues as part of peer evaluation (Krefting, 1997). In

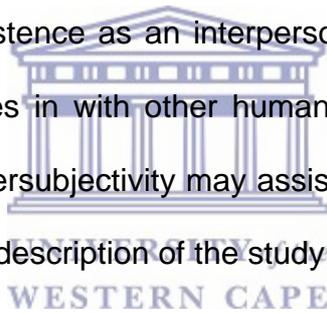
pragmatism, intersubjectivity is perceived as part of social life where people engage in actions together in order to solve problems and pressing issues (Morgan, 2007). With regard to the philosophical debates, Johnson and Onwuegbuzie (2004) report that both qualitative and quantitative researchers have now reached agreement on issues related to previous disagreements between the two camps. There are seven key elements used to explain the consensus on qualitative and quantitative approaches regarding intersubjectivity (Johnson & Onwuegbuzie, 2004, p16). These basic agreements include the following issues as explained below:

- The relativity of the “light of reason”, or what appears to be reasonable, can vary across persons;
- Theory-laden perception or the theory-ladenness of facts are what we notice and observe and is affected by our background knowledge, theories and experiences; in short, observation is not a perfect and direct window into “reality”;
- Under-determination of theory by evidence indicates that it is possible for more than one theory to fit a single set of empirical data;
- The Duhem-Quine thesis or idea of auxiliary assumptions indicates that a hypothesis cannot be fully tested in isolation because, in order to make the test, we must also make various assumptions; the hypothesis is embedded in an holistic network of beliefs, and alternative explanations will continue to exist;
- The problem of induction is that the recognition that we obtain only probabilistic evidence, and not final proof in empirical research; in short, we agree that the future may not resemble the past;



- The social nature of the research enterprise is that researchers are embedded in communities and they are affected by their attitudes, values, and beliefs;
- The value-ladenness of inquiry is similar to the last point but specifically points out that human beings can never be completely value-free, and that values affect what we choose to investigate, what we see and how we interpret what we see.

Within the context of education, the intersubjective approach is viewed from the perspective of promoting communication and understanding between teachers, students and content (Matusov, 2001; Gunnlaugson, 2009). The intersubjective approach involves human existence as an interpersonal consciousness, interaction and being, which one engages in with other humans, nature, the inanimate world and the sacred. Therefore, intersubjectivity may assist in ensuring that transferability is accomplished through thick description of the study.



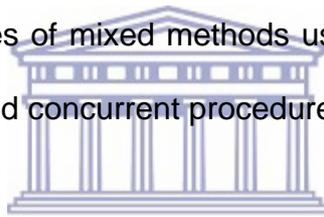
Transferability: Inference from data

Using the duality of qualitative and quantitative approaches addresses the qualitative perspective that knowledge is specific and context-dependent (Morgan, 2007). Morgan (2007) opposes the quantitative perspective that knowledge is universal and generalised. Morgan's (2007) pragmatic approach rejects the qualitative and quantitative perspectives that knowledge is either specific and context-dependent or universal and generalised respectively. Importantly, the pragmatic approach adopts the conception of *transferability* of research results in order to gain inferences from the data (Morgan, 2007). Transferability refers to the degree to which the results of qualitative research may be applied to another context or setting (Lincoln & Guba,

1985; Rodon & Sesé, 2008). Accordingly, researchers are cautioned about the need to investigate the factors that might influence whether results can be transferred to other settings (Morgan, 2007). This may mean that transferability can be used only if the characteristics of the research context are well described. Therefore the use of the duality of qualitative and quantitative approaches indicates that there are different typologies of mixed methods which may be used in research. The typologies of mixed methods are presented in the subsequent section.

3.1.3 Typologies of mixed methods

It is highlighted that there are different typologies of mixed methods that can be used in a study. The typologies of mixed methods use more than one methodology which comprises sequential and concurrent procedures.



3.1.3.1 Sequential procedure

This procedure assists researchers to collect data, which may be used to elaborate on or expand the findings of one method with the findings of another method (Creswell, 2003; Leavy, 2017). According to Hanson et al. (2005, p.229), there are three types of sequential designs: sequential explanatory, sequential exploratory and sequential transformative. The design may begin with a quantitative method as a priority, which is used for explanatory purposes and followed up with lesser emphasis on a qualitative method. In this design, the priority is more on the quantitative aspects, and the qualitative aspect is used to explain the relationships and differences found in the first phases. It has been indicated that a sequential explanatory design does not use an explicit advocacy lens. Integration takes place in

the interpretation of the findings or discussion. This procedure is known as a sequential explanatory mixed method.

However, the sequential strand may begin with a qualitative method as a priority, which leads to a quantitative method with lesser emphasis, which is known as a sequential exploratory mixed method (Creswell, 2003; Hanson et al., 2005). The sequential exploratory designs do not use an explicit advocacy lens. Integration occurs in the interpretation of findings or in the discussion phase where the results are combined.

Sequential transformative designs use an explicit advocacy from the feminist and critical theory perspectives (Hanson et. al., 2005, p.229). These perspectives are emphasised in the purpose statement, research questions and implications for actions and change. Priority in a sequential transformative design appears to be unequal and is given to one form of data or the other; however, there are cases where equal emphasis is placed on both quantitative and qualitative components. Data analysis tends to be connected, while integration usually occurs at the data interpretation stage and in the discussion.

3.1.3.2 Concurrent procedure

This is a procedure that allows researchers to use a mixed method in order to converge quantitative and qualitative data in a study (Creswell, 2003; Leavy, 2017). Hanson et al. (2005) list three types of concurrent designs, including concurrent triangulation, concurrent nested and concurrent transformative. In concurrent triangulation, quantitative and qualitative data are collected and analysed

simultaneously (Hanson et al., 2005; Leavy, 2017). Priority is equally shared between both forms of data. Interpretation typically involves discussing the extent to which the data triangulate or converge (Hanson et al., 2005, p.220), as the designs tend to confirm, cross-validate and corroborate study findings. The research combines the quantitative and qualitative information in the interpretation of the overall results (Leavy, 2017).

In relation to the concurrent nested approach, qualitative and quantitative data are collected and analysed simultaneously (Hanson et al., 2005). Priority is unequal between the two forms of data. In this design, data analysis is conducted in order to transform data while integration takes place in data analysis. Contrary concurrent transformative designs use an explicit advocacy lens such as a sequential transformative design. This design uses both qualitative and quantitative to collect and analyse data simultaneously. Priority can be unequal and given to one form of data; however, it can be equal and given to both forms of data (Hanson et al., 2005). In this design, data analysis is separate and integration occurs at the data interpretation.

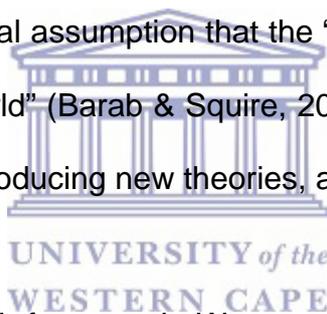
3.1.4 The current study framework

This study adopted a sequential exploratory mixed method within the design-based research framework. The design-based research framework was subsequently used because it promotes educational change in teaching and learning practices.

3.1.4.1 Design-Based Research as a research framework

Design-based research (DBR) was used as a primary research framework that

underpinned the current research project. DBR can be defined as a systematic but flexible methodology aimed at improving educational practices through iterative analysis, design, development and implementation based on collaboration among researchers and practitioners in a real-world setting, and leading to contextually-sensitive design principles and theories (Wang & Hannafin, 2005). DBR has been adopted in the current study because it focuses on the purposes and ideal solutions to address the educational problem identified in the previous chapters. This echoes the pragmatism worldview that advocates designing and developing new strategies and guidelines to bring change to learning and teaching practices (Barab & Squire, 2004; Design-Based Research Collection, 2003). Design-based research resonates with the pragmatic philosophical assumption that the “value of theory lies in its ability to produce changes in the world” (Barab & Squire, 2004, p.6) and employs “a series of approaches with intent of producing new theories, artifacts and practices” (p.2).



In describing the DBR research framework, Wang and Hannafin (2005) and Design-Based Research Collection (2003) list five features explaining DBR, which are discussed in conjunction with the current study:

Pragmatic: DBR is viewed as goal-directed, and refines both theory and practice. It values the importance of theory in developing principles that may inform and improve practice. For the purpose of this study, the pragmatic approach was applied as explained in the previous section as part of the worldview. The study used the two-phases of DBR to guide it in order to design and develop the guidelines for the integration of spirituality and spiritual care into occupational therapy education.

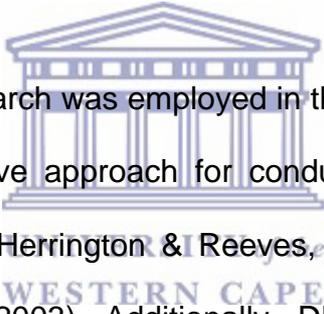
Grounded: Design is driven by theory and is grounded in relevant research, theory and practise. Theory forms the foundation of DBR and is constantly developed and elaborated on throughout the research process. This study was grounded in a real-world context where individuals have the opportunity to communicate and interact socially with each other. The theoretical framework of the current study was presented in Chapter Three. The theories were used to inform the guidelines for integration of spirituality and spiritual care into teaching and learning.

Interactive, iterative and flexible: Researchers and practitioners interact and collaborate with each other to develop solutions to address complex problems. In this study, the researcher had the opportunity to collaborate with the educators, clinicians, experts and students regarding the guidelines to be developed for teaching spirituality and spiritual care. The researcher also collaborated with diverse professionals with expertise in the field of teaching spirituality and spiritual care.



Integrative: DBR draws from a variety of approaches and uses mixed research methods (Alghamdi & Li, 2013). During the different phases of DBR, methods vary as the focus of the research changes and develops. Rigor was purposefully maintained throughout the phases of the study. This study used a mixed methods approach for data collection in order to capture the information necessary to develop the guidelines. The main purpose of using the variety of methods was to increase the objectivity, validity, credibility and applicability of the research (Alghamdi & Li, 2013). Data were gathered from multiple sources using sequential mixed methods: systematic review, quantitative and qualitative methods, and a modified Delphi study.

Contextual: The research study was planned for a specific institution of higher education in the Western Cape Province, South Africa. The results of the study are presented based on the understanding of the context in which the participants were practising and learning as part of their occupational therapy education. The content and depth of generated design principles varies because it is the representation of the participants' views of the constructs in relation to the context. As a result, the guidelines that were developed in this study seem to be applicable to the educators, clinicians and students who participated in the study. Due to the nature of DBR, emphasis was placed on the identification of the problem and design process within the context of the study.



In addition, design-based research was employed in the current study because it has been proven to be an effective approach for conducting educational research in higher education institutions (Herrington & Reeves, 2011; Reeves, 2006; Design-Based Research Collective, 2003). Additionally, DBR promotes the relationship between theory and practice in the real world, which informs both practice-based evidence and evidence-based practice (Design-Based Research Collective, 2003).

In describing the aim of DBR in educational research, Plomp (cited in Alghamdi & Li, 2007, p.12) states that the purpose of DBR is to design and develop interventions with the aim to “solve a complex educational problem and advance our knowledge about the characteristics of these interventions and processes to design and develop them”. Drawing on Herrington, McKenney, Reeves and Oliver (2007) and Reeves (2006), both studies explain that DBR consists of four phases as presented in Figure 3:1.

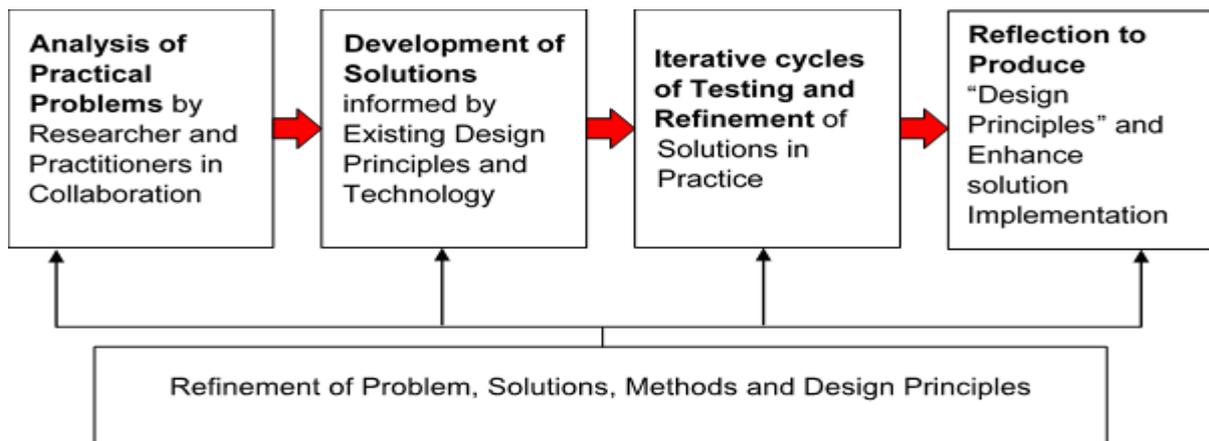


Figure 3:1: Design-based research approach in educational technology (Reeves, 2006).

Design-based research was chosen to achieve the aim of designing and developing the guidelines to integrate spirituality and spiritual care into occupational therapy education. The first two phases, together with their key aspects, were used to map the objectives and tasks of the current study. This is depicted in Figure 3:2 in the next page: Gantt chart with Work Breakdown Structure (WBS).

Design and development of guidelines to integrate spirituality and spiritual care in occupational therapy education				
Researcher: Thuli Godfrey Mthembu				
Supervisors: Prof Lisa Wegner and Prof Nicolette Roman				
Years	2014/Year 1	2014/2015 (Year 2)	2015/2016 (Year 3)	2016/2017 (Year 4)
	Meeting w ith supervisors			
	Proposal Submission			
PHASE ONE: PROBLEM IDENTIFICATION				
Task 1	Stage 1: Systematic Review			
1,1	Identify databases			
1,2	Search titles and abstracts			
1,3	Search full articles			
1,4	Consulted Librarian			
1,5	Data extraction			
1,6	Assessment of methodological quality			
1,7	Data analysis			
1,8	Write results and discussion			
1,9	Wrote manuscript			
1,1	Submitted to supervisors			
1,11	Submitted to AJPHES			
1,12	Revised manuscript and published			
Task 2	Stage 2: Cross-section descriptive study			
2,1	Permission from Research Senate			
2,2	Permission to conduct the study			
2,3	Participant selection			
2,4	Pilot			
2,5	Created a questionnaire in google form			
2,6	Send link to participants			
2,7	Send reminder to participants			
2,8	Retrieved participants' responses			
2,9	Cleaned data			
2,1	Import spreadsheet to SPSS			
2,11	Data analysis			
2,13	Write results and discussion			
2,14	Wrote two manuscripts			
2,15	Submitted to supervisors			
2,16	Submitted to JRH and SAJOT			
2,17	Revised manuscripts and published			
Task 3	Stage 3: Explore stakeholders (Educators and students) perceptions			
3,1	Participant selection			
3,2	Focus group discussion w ith third-year			
3,3	Focus group discussion w ith third-year			
3,4	Focus group discussion w ith fourth-year			
3,5	Focus group discussion w ith educators			
3,6	Follow -up Focus group w ith fourth-year			
3,7	Transcribed data			
3,8	Learned how to use Atlas.ti7			
3,9	Data analysis			
3,1	Presentation of the findings to educators			
3,11	Member checking w ith students			
3,12	Write results and discussion			
3,13	Wrote four manuscripts			
3,14	Submitted to supervisors			
3,15	Submitted to SAJOT			
3,16	Submitted to Journal of Spirituality in Health			
3,17	Submitted to Occupational Therapy in Mental Health			
3,18	Submitted to African Journal of Physical Activity and Health Sciences			
PHASE TWO: DEVELOPMENT OF GUIDELINES				
Task 4	Round 1: Collation of data Stage 1-3			
4,1	Compile list of expert			
4,2	Meeting w ith supervisors to discuss about framew ork			
4,3	Developed guidelines			
4,4	Sent invitations to expert w ith Information Sheet			
4,5	Create a questionnaire on Google form			
4,6	Send a link w ith Information Sheet			
4,7	Send reminder to experts			
4,8	Retrieved data and cleaned it			
4,9	Import spreadsheet to SPSS			
4,1	Data analysis			
Task 5	Round 2: Workshop on developed guidelines			
5,1	Prepared the results			
5,2	Presented the results			
5,3	Collated suggestion in the guidelines			
Task 6	Round 3: Send findings to expert			
6,1	Wrote manuscript			
6,2	Send to supervisors			
6,3	Revised based on comments			
6,4	Submitted to Occupational Therapy in Mental Health			
6,5	Send to participants			
Task 7	Writing up the thesis			
	Chapter 1,2,3,4			
	Chapter 1,2,3,4 Revision			
	Chapter 13			
	Chapter 13 Revision			
Task 9	Combining the chapters			

Figure 3:2: Gantt chart with Work Breakdown Structure for current research project.

3.2 Research Design of the current study

Research design refers to the overall strategy that researchers choose to integrate the different components of the study in a coherent and logical way thereby ensuring that they constitute the blueprint for the study population, sampling, collection, measurement and analysis of the data (Labaree & Scimeca, 2017). For this study, a sequential exploratory mixed methods within a two-phase design-based research with varying stages, was used as a research design to implement the current study. Phase One of the design-based research is the identification of the problem in three stages: a systematic review, a cross-sectional quantitative descriptive study and an exploration of stakeholders' perceptions, which include those of educators, students and clinicians, of spirituality and spiritual care into occupational therapy education. Phase Two of the design-based research is the Delphi study conducted to design and develop guidelines to integrate spirituality and spiritual care into occupational therapy education. The sequential exploratory mixed methods research design was used so that the findings from the first phase could be used in the second phase.

3.2.1 Phase One: Problem identification by researcher, practitioners and students

Drawing on Herrington and Reeves' (2011) writings, this phase explores the educational problem identified in higher education in an organic way. In this phase, a clear description of the educational problem identified in occupational therapy education regarding integration of spirituality and spiritual care, was explored. Additionally, a review of literature relating to the educational problem, a summary of occupational therapy educators' and students' perceptions and preliminary research questions are discussed. Herrington and Reeves (2011) list three key areas, which

are important for the first phase of the design-based research. These key areas are identification of the problem, literature review and consultation, and are discussed in the subsequent section in relation to the current study.

Identification of the problem by researcher, occupational therapy educators and students. Prior to commencing Phase One, the identification of the educational problem was addressed by conducting a narrative review of the literature (Chapters Two). A literature review was conducted in order to gain a better understanding of the educational problem.

Stage 1: Conduct systematic literature review. In **Stage 1** of Phase One of the design-based research, a systematic review of literature was conducted focusing on what other researchers have contributed in terms of spirituality and spiritual care in health sciences education. This provided the preliminary information needed for the creation of draft design guidelines to inform the design and development phase of the current study. In addition, the systematic review assisted the researcher to gain a deeper understanding of the educational problem and predict the elements of potential guidelines. The systematic literature review is presented in Chapter Four.

Stages 2 and 3: Consultation with researcher, occupational therapy educators and students. This is the aspect of Phase One whereby the researcher, educators and students collaboratively explore the nature of the educational problem and work together to create solutions. In relation to the current study, the consultation process occurred in two Stages (2 and 3) of Phase One of the design-based research.

In **Stage 2**: The researcher consulted with renowned international researchers in the field of spirituality and spiritual care to request permission to use their measurement instruments. A questionnaire comprising demographic information and three spirituality scales was administered to all undergraduate students from first- to four-year levels using the Google Form. Data were automatically captured in Google spreadsheets then imported to SPSS software and analysed descriptively. This part of the study is presented in Chapters 5 and 6.

In **Stage 3**: The researcher consulted further with the occupational therapy educators and students as they were familiar with the educational problem related to spirituality and spiritual care in occupational therapy education. The consultations with the occupational therapy educators and students were conducted using focus group discussions in order to produce different types of valuable data needed for possible guidelines. In describing the benefits of focus group discussions, Herrington and Reeves (2011, p.597), accentuate that “ideas can be bounced off other participants, often resulting in a more robust understanding of the issues, together with potential solutions and ideas for the design of the intervention”. The focus group discussions became an interactive heuristic platform that enabled educators and students to discover and learn about the importance of spirituality and spiritual care in occupational therapy education and practice. Data were collected until saturation was reached and thematically analysed.

Themes identified in Stage 3 represented the educators’ and students’ approaches to solving the educational problem presented in Chapter 1. In addition, the educators and students provided practice-based suggestions regarding the integration of

spirituality and spiritual care into occupational therapy education. The results from this stage are presented in Chapters 7 to 10. It is clear that the consultation process provided rich insights into complexities inherent in a significant educational issue. The approaches obtained from this stage informed the subsequent phase of design and development of guidelines.

3.2.2 Phase Two: Development of guidelines to integrate spirituality and spiritual care

On completion of Phase Two, the guidelines to integrate spirituality and spiritual care into occupational therapy education were designed, developed and informed by existing pedagogical approaches for teaching and learning. Herrington et al. (2007), describe the second phase of design-based research by listing two key features, which are discussed below in relation to the current study.



Theoretical framework. It has been highlighted that the literature review is a continual process in design-based research (Herrington et al., 2007; Herrington & Reeves, 2011; Design-Based Research Collective, 2003). In the current study, a comprehensive review of literature was conducted for theories that are related to pedagogical approaches for learning and teaching practices. This enabled the researcher to gain more knowledge about the pillars of education and pedagogical approaches such as transformational learning and experiential learning, which facilitated skills such as critical and creative thinking while designing the guidelines for educators and students.

Description of proposed intervention. The researcher proposed guidelines to integrate spirituality and spiritual care into occupational therapy to address the paucity of information available to educators and students. The guidelines were developed based on the relevant literature, as well as on consultation and collaboration with the occupational therapy educators, students, experts and clinicians.

Following this a modified Delphi study was conducted with purposively recruited international and South African experts. Three rounds were conducted: Round 1: Self-administered questionnaire was completed by the experts; Round 2: Workshop was conducted; and Round 3: The researcher compiled guidelines in preparation for disseminating findings to educators in occupational therapy and other health and allied disciplines worldwide.



The schematic presentation of the study is structured according to the phases of design-based research to depict the procedure followed in this study (Figure 3:3). The numbers inside the brackets represent the chapters of the study.

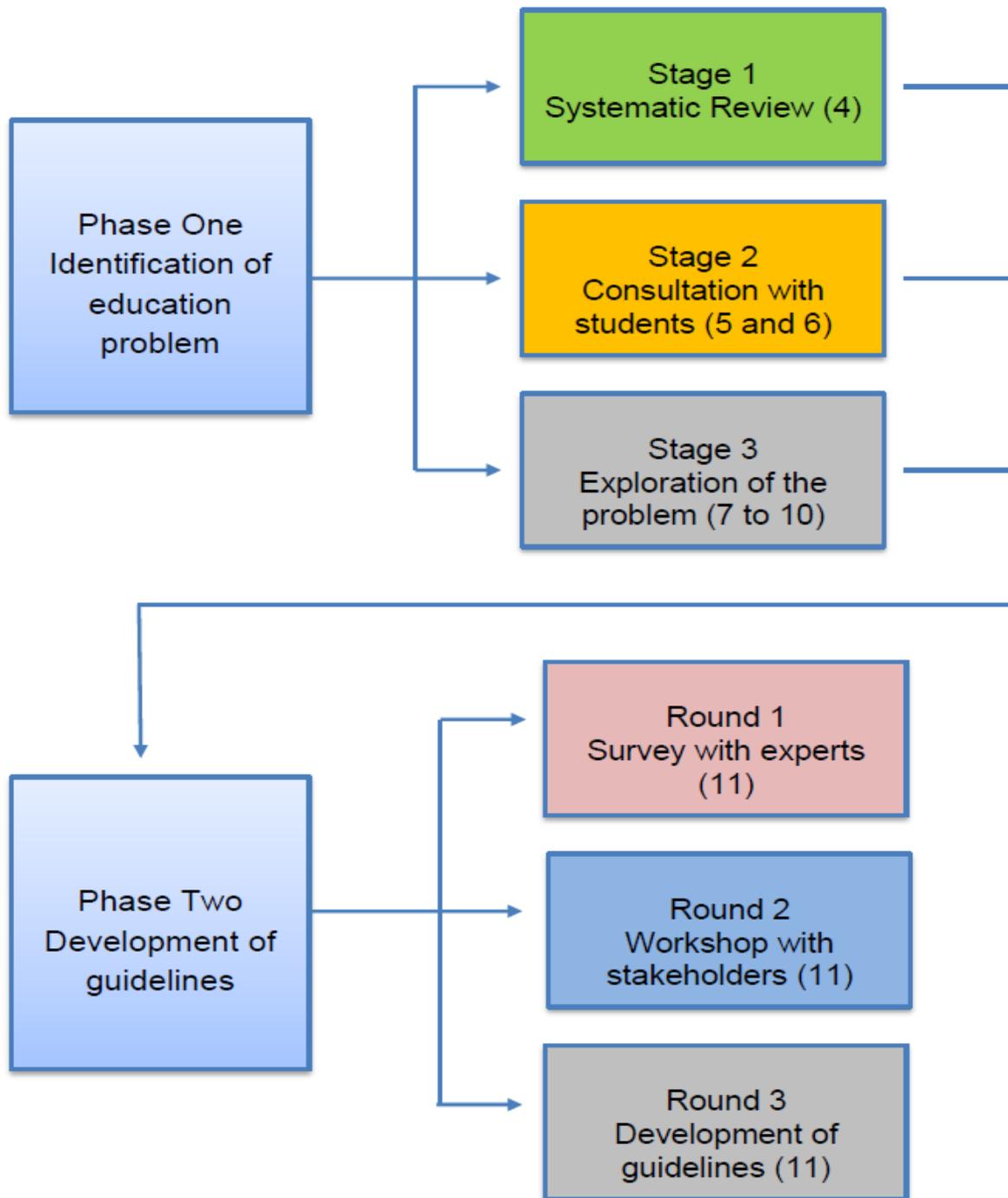


Figure 3:3: Design-based research framework for the current study.

In summary, the sequential exploratory mixed methods design within DBR used as the research framework for the current study, is presented in this section. In the next section, a description of the context of the current study is presented.

3.3 SECTION B: The context of current study

This section provides a description of the context of the current study based on the research setting, study population and sampling.

3.3.1 Research Setting

The research setting for the current study was the Occupational Therapy Department at the University of the Western Cape (UWC), Bellville, South Africa. UWC was established in 1960 by the apartheid government as a higher education institution for non-white students from disadvantaged and middle-class backgrounds.

The occupational therapy education programme at UWC acknowledges that occupational therapy is a profession grounded within the philosophical and epistemological worldviews of holism, humanism and a client-centred approach, to promote health and well-being through occupation in the context of people's lives (Department of Occupational Therapy, 2013). The mission statement of the Department is as follows:

The Occupational Therapy Department is an integral part of the Faculty of Community and Health Sciences at the University of the Western Cape. The Department is committed to producing graduates who value people as occupational beings who have the right to choose and engage in meaningful and purposeful occupations. Graduates will understand the link between occupation, wellbeing and health in context. Promoting health and wellbeing is understood as addressing people's physical, emotional, psychological, economic, social and spiritual needs. By being politically conscious, graduates will understand the dynamics of power and their role as advocates as being central to addressing occupational injustices and human needs. By so doing, graduates will be socially responsive agents of change (De Jongh, Hess-April & Wegner, 2012).

The UWC occupational therapy undergraduate curriculum is organised developmentally by age and stage, and is underpinned by five themes that form its core pillars, including (1) theories and practice of occupational therapy; (2) human occupation; (3) fieldwork (clinical practice); (4) research; and (5) ethics and professionalism. Additionally, the UWC curriculum accentuates the importance of occupational therapy practitioners in promoting quality of life of individuals, groups and communities. Occupation is central to the occupational therapy programme because it is viewed as a means (process) as well as an end (outcome) through which meaning and purpose are experienced in life. The curriculum focuses on praxis to equip students to participate in critical/transformational action and become catalysts for personal empowerment, fostering in them a commitment to human rights, social and occupational justice, and empowering them to become critical practitioners through student-centred learning and critical pedagogy (Department of Occupational Therapy, 2013). Within the curriculum students are expected to recognise the connections between their individual problems and the broader social contexts in which their experiences are embedded by considering the outcomes of injustice and social change.

De Jongh et al. (2012) state that students should be adept at understanding the interdependence of individuals', groups' and communities' needs, including physical, emotional, psychological, social, mental, economic and spiritual needs. However, it has been noted that the spiritual element within the curriculum is lacking, thereby highlighting an educational problem (Mthembu et al., 2015). Previous studies highlighted that when educators deny, refuse or ignore engagement in spirituality and spiritual knowledge, their educational practices can obstruct the goal of

education to transform society (Harbinson & Bell, 2015; Dei, 2002). Additionally, recent evidence suggests that educators should equip students with the knowledge, skills and personal and professional development regarding spirituality and spiritual care (van Leeuwen & Schep-Akkerman, 2015; Prentis et al., 2014). The current study arose as a need to transform learning and teaching practices in occupational therapy education so that spirituality and spiritual care may be integrated into the curriculum.

3.3.2 Population and sampling

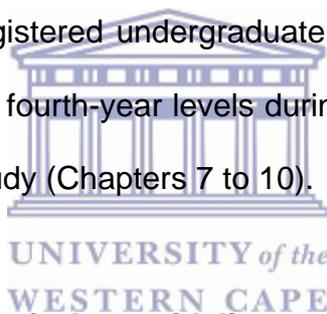
The study population refers to all the individuals who conform to a set of specifications, comprising the entire group of people that are of interest to the researcher (Hanlon & Larget, 2011; Polit & Hungler, 1999). Brown (2006) defines population as the entire group of people that form the particular focus of a study. Sampling method is regarded as “the process of selecting and recruiting a group of people, events, behaviour or other elements that represent the population being studied” (Burns & Grove, 2009, p.349). The following section presents the study population and sampling methods used in the various stages of the two-phase design-based research.

Phase One: Identification of the problem

In **Stage 1** of Phase One of the design-based research: Search engines were used to access the databases, which resulted in 53 studies that met the inclusion criteria. Thirty of the 53 studies included were quantitative and 23 were qualitative in nature.

In **Stage 2** of Phase One of the design-based research: Convenience sampling was used to recruit all UWC registered undergraduate occupational therapy students (N=198) during 2014 and 2015, to participate in the study (Sedgwick, 2013). Both female and male participants from diverse races were included in the study and asked to describe their perceptions and attitudes regarding spirituality and spiritual care in occupational therapy education (Chapter 5).

In **Stage 3** of Phase One of the design-based research: Purposive sampling was used to recruit nine occupational therapy educators (n=8 females and a male) who were employed to teach and supervise students in occupational therapy fieldwork practice. In addition, UWC registered undergraduate occupational therapy students (n=39), who were in third- and fourth-year levels during 2014 to 2016, were selected to participate in the present study (Chapters 7 to 10).



Phase Two: Development of the guidelines to integrate spirituality and spirituality into occupational therapy education.

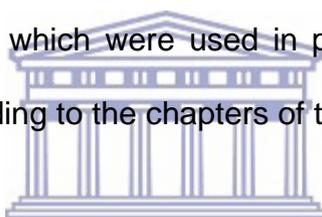
In **Round 1** of Phase Two of the design-based research: The study population of the modified Delphi comprised occupational therapy educators, clinicians, nurses and a specialist in Interprofessional Education. Purposive sampling was used to select forty experts who had knowledge of the field of spirituality and spiritual care together with education and research; however, only 11 participated in the study during 2016.

In **Round 2** of Phase Two of the design-based research: The sample comprised eight panellists (occupational therapy educators, fieldwork coordinator, supervisors and a specialist in Interprofessional Education).

In **Round 3** of Phase Three of the design-based research: All members of the panel who had received a copy of the guidelines with the items, reached consensus (Chapter 11).

3.3.3 Data collection methods and measurement instruments

In this section, the data collection methods and measurement instruments, together with data analysis processes, which were used in phase two of the design-based research, are described according to the chapters of the study.



3.3.3.1 Chapter Four: A systematic review of the literature

According to Uman (2011, p.57), systematic reviews “typically involve a detailed and comprehensive plan and search strategy derived prior the search, with the goal of reducing bias by identifying, appraising, and synthesising all relevant studies on a particular topic”. A protocol was formulated using the Population, Intervention, Comparison and Outcome (PICO) framework (Sayers, 2008; Schardt et al., 2007). The population comprised members of health professions such as nursing, medicine, occupational therapy, social work, physiotherapy and psychology. Intervention included teaching and learning about spirituality and spiritual care in health sciences education. The outcome measures were increased self-awareness, understanding of spirituality and spiritual care, and incorporating spirituality and spiritual care as part of routine history-taking in practice. Two methodological quality appraisal tools were

used: one for quantitative studies (Roman & Frantz, 2013) and one for qualitative studies (Letts, Wilkins, Law, Stewart, Bosch & Westmorland, 2007). Two reviewers further evaluated all the studies that were assessed for quality by the candidate for discrepancies until agreement was reached. A data extraction form adapted from a variety of studies was employed (Haq, Steele, March, Seibert & Brody, 2004; Masterson, Gill, Turner, Shrichand & Giuliani, 2013; Roman & Frantz, 2013; Garcia, 2010). A narrative analysis was used taking into account the country where the studies were conducted, and based on content knowledge, learning objectives, teaching and learning strategies, as well as educators' teaching strategies in the classroom for spirituality and spiritual care.

3.3.3.2 *Chapters Five and Six: A descriptive survey of occupational therapy students*



This section presents the data collection methods and tools as well as data analysis for chapters 5 and 6 as part of Stage 2 of Phase One of the design-based research. The data analysis presented in this section embraces both descriptive statistics (Chapter 5), and complex statistics in particular, by an exploratory factor analysis (Chapter 6). More details are provided in the designated sections of the research study, as only an overview is presented here.

Design: A quantitative cross-sectional descriptive study design was used to describe perceptions and attitudes of the students regarding spirituality and spiritual care. According to Levin (2006) and Kestenbaum (2009), cross-sectional studies are relatively inexpensive and take little time to conduct. This design allows data to be

collected at a single point in time, although selection of participants could take a longer time (Sedgwick, 2014).

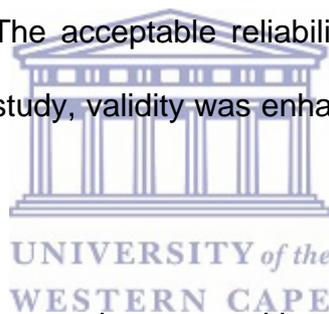
Data collection: Data was gathered from the participants using an online self-report survey instrument utilising the Google forms software. The self-report survey consisted of four sections: part one comprised demographic information such as age, gender, race, marital status, religion and level of education. The second part involved the Spiritual Care-Giving Scale (SCGS) comprising five factors with a 6-point Likert scale, which was developed and tested to be valid and reliable ($\alpha = 0.96$) by Tiew (2011). The five factors include Attributes for Spiritual Care, Spirituality Perspective, Defining Spiritual Care, Attitudes to Spiritual Care and Spiritual Care Values. The third part included the Spirituality and Spiritual Care Rating Scale (SSCRS) consisting of four factors with a 5-Likert scale, which was developed and tested to be valid and reliable ($\alpha = 0.64$) by McSherry et al. (2002). The four factors include Spirituality, Spiritual Care, Religiosity and Personalised Care. The fourth part comprised the Spirituality in Occupational Therapy (SOT) Scale developed by Morris et al. (2012), which comprises four factors with a 5-Likert scale and has not been tested for validity and reliability. The four factors include Spirituality in the scope of practice, Formal education and training in spirituality, Need for future educational opportunities and Training to address spirituality and Awareness of assessments and evaluations in occupational therapy that incorporate clients' spirituality.

Data analysis (Chapter 5): Statistical Package for the Social Sciences (SPSS) software was used to compute the basic descriptive statistics that include the

frequencies, percentages, means and standard deviations to describe the distribution of scores.

With reference to **Chapter 6**, SPSS software was used to compute the complex statistics, including both internal consistency and exploratory factor analysis, in order to test the applicability of the measurement instruments.

Validity and reliability: The reliability of the SCGS and SSCRS has been established in previous studies. In this study, stability and consistency were assessed for the reliability of the questionnaire. Reliability coefficients can range between 0.00 and 1.00, with 1.00 showing the unattainable perfect reliability and 0.00 indicating no reliability. The acceptable reliability coefficient was 0.70 for the study. For the purpose of the study, validity was enhanced through use of previously validated questionnaires.



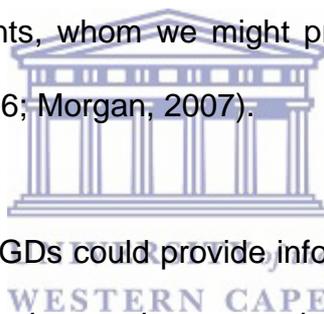
Pilot study: Ten percent of the sample was used in a pilot study as a trial run for the study. This trial run was conducted in the same manner as the main study to assess feasibility and the approach to be used in the study.

3.3.3.3 Chapters Seven to Ten: Stakeholders' perceptions and attitudes about spirituality and spiritual care in occupational therapy

In this section, the data collection and data analysis for chapters 7 to 10 as part of Stage 3 of Phase One of the design-based research are presented. Some of the details about data analysis are provided in specific chapters, particularly those using metaphorical expressions developed from the participants' perceptions of groups as spiritual journey as presented in chapter 8.

Design: An exploratory-descriptive qualitative approach was employed using an interpretivism approach to collect data on the perceptions and attitudes of students and educators regarding spirituality and the spiritual care phenomenon. According to Grove, Burns and Gray (2013), exploratory-descriptive qualitative study is conducted in order to obtain participants' views and perspectives that may be used to address an issue or problem in need of a solution.

Data collection: The current study uses focus group discussions (FGDs) in chapters 7 to 10. One of the most significant elements regarding FGD is that it promotes both intersubjectivity and social interactions in order to gain access to understanding the differences between participants, whom we might previously have thought of as a homogenous group (Kelly, 2006; Morgan, 2007).



According to Rabiee (2004), FGDs could provide information about a range of ideas and feelings that individuals have about certain issues and illuminating the differences in perspective between groups of individuals. The researcher conducted the FGDs separately to gather the differing views of students only and educators only. The purpose of the FGDs was to gain insight into the range of opinions of the participants about spirituality and spiritual care in occupational therapy education. In addition, data was collected until saturation was reached as no new information/data emerged from the focus group discussions (Harrell & Bradley, 2009). According to Kelly (2006, p.372), saturation refers “to the condition of an interpretive account where the account is richly fed by the material that has been collected, at least to the point where the researcher can intuitively say: I have thoroughly explored the data and acquired a satisfactory sense of what is going on”.

Data was audio recorded and transcribed verbatim in preparation for data analysis (Creswell & Plano Clark, 2007). This process assisted the researcher to become familiar with the data and was a learning experience for the researcher, as he gained skills such as listening and memorising text from the audio tapes. In addition, the researcher had a sense of connectedness with the data as supported through confirmability as part of enhancing the trustworthiness of the study (Krefting, 1991). The subsequent section provides a general detailed description of how the qualitative data was analysed in this study specifically for Chapters 7 to 10.

3.3.4 Data analysis:

In describing the process of data analysis, Merriam (1998) and Kelly (2006) both highlight that the data collection and analysis should proceed simultaneously. Thematic content analysis was used to analyse the data generated from the FGDs. According to Clark and Braun (2013), thematic analysis is a useful method for identifying and analysing patterns in qualitative data collected from FGDs. Howitt and Cramer (2008) highlight that thematic analysis includes identifying important components of the data, coding of data and identification of themes. This method is described as a flexible and useful research tool with the ability to provide a rich and detailed account of the data (Braun & Clarke, 2006). It has also been reported that thematic analysis is not a linear process, as it allows a researcher to work back and forth during data analysis (Braun & Clark, 2006; Howitt & Cramer, 2008). This is in line with the methodological assumption of the pragmatic worldview (Denzin & Lincoln, 2005; Morgan, 2007). With regards to data analysis, this study used the six phases of thematic analysis as described by Braun and Clarke (2006) and Howitt and Cramer (2008) as presented in the following Figure 3:4.

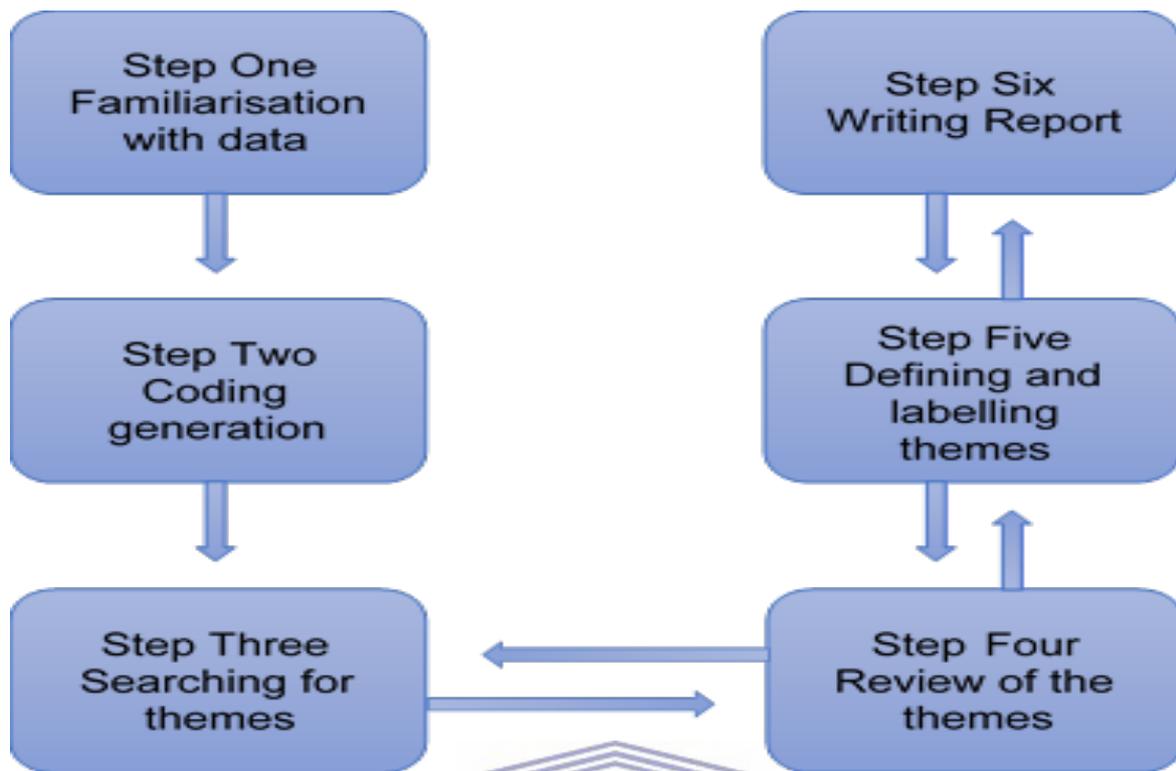


Figure 3:4: Six steps of thematic analysis used for the current study. *Braun and Clark (2006) and Howitt and Cramer (2008)*

Phase One: Familiarisation with the data: In relation to this phase, the researcher became involved actively with the data collection. Due to the nature of the qualitative data, this assisted the researcher to be thoroughly familiar with the data as he was actively involved in the facilitation of the focus group discussions. This process increased the researcher's understanding of and insight into the perspectives of the participants regarding spirituality and spiritual care in occupational therapy education. In this study, the researcher was immersed in the data collection, which facilitated the formation of ideas about the discussions under study. Furthermore, the researcher independently engaged in the process of transcription which helped to enhance his understanding of the content of the qualitative data. It was imperative that the researcher absorb most of the responses and develop notions for analysis. During the discussions, the researcher was able to recognise some of the patterns

and took note of them. This had an implication on how the data was going to be coded. Some of the themes were apparent from the data based on the participants' responses. The researcher read the transcripts of the focus group discussions several times as alluded to in the thematic analysis (Braun & Clarke, 2006; Clark & Braun, 2013; Howitt & Cramer, 2008). However, Howitt and Cramer (2008) highlight that researchers who hardly engage in data collection and familiarisation tend to spend more time on reading the transcripts, which leads the researcher to opt to immerse himself in his data in order to be more familiar with the direction of the data. The researcher made notes while reading the transcripts and to increase familiarity with the data in Microsoft Word (Figure 3:5) The process of preparing the study until data collection and transcription were concluded was a great learning experience for a novice researcher. This further provided the researcher with an opportunity to learn by doing, which is promoted in praxis.

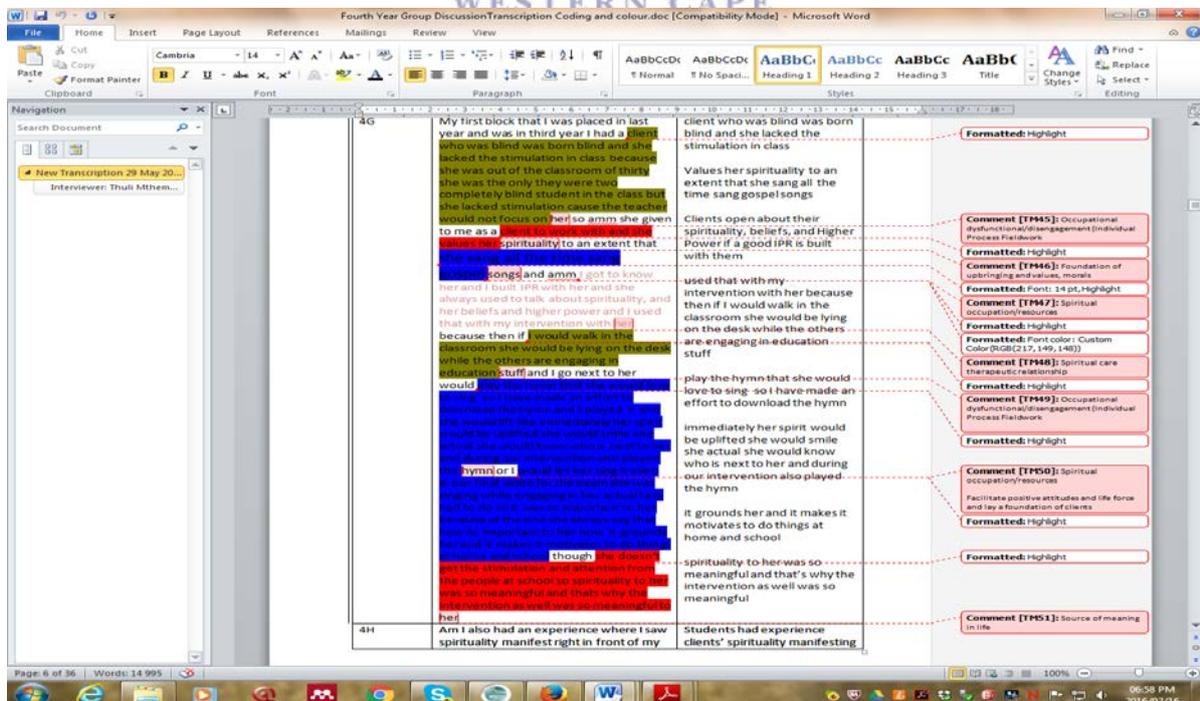
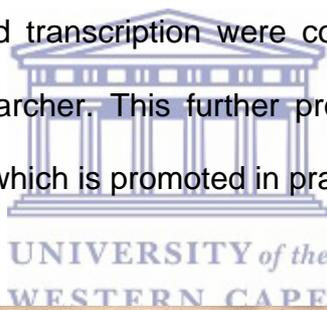
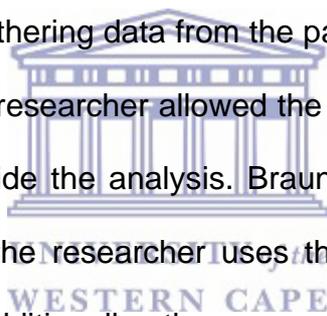


Figure 3:5: Transcription in Microsoft Word and familiarising with the data.

Phase Two: Initial codes generation: Part of this phase included generating codes using the transcripts as presented in the above Figure. Theron (2015, p.5) refers to the term coding as a “process of breaking the qualitative data down into distinct parts and coding these by using in vivo coding, process coding and other coding methods”. The researcher examined parts of the data closely in order to compare similarities and differences (Theron, 2015). In this phase, the researcher became an analyst of the entirety of the data in a systematic process and by making suggestions. The rationale for generating codes was to capture the essence of a segment of the text (Howett & Cramer, 2008). Initially the researcher jotted notes on the margins of the transcripts as he was already familiar with the data from the beginning of the process of gathering data from the participants. The coding followed the data-led approach, as the researcher allowed the data from the transcripts of the educators and students to guide the analysis. Braun and Clark (2006) support the data-led approach by which the researcher uses the participants’ perspectives in order to label the codes. Additionally, the researcher identified the codes and summarised the key elements. Furthermore, in this phase, the researcher collated the data belonging to separate codes until all the codes were grouped. The process of grouping the codes was a challenging one, as the researcher was managing the data through copy and paste in Microsoft Word. The researcher thus decided to deal with the challenges by developing his technological skills in using other options such as incorporating software in order to manage the data and by searching for other options to manage the data in a better and more effective way. This was a revealing exercise for the researcher who had taught himself to use Atlas.ti 7 software for managing qualitative data through YouTube clips. The researcher had consulted the latest version of Friese's (2014) book about the use of Atlas.ti and eventually



managed to import all the transcripts to the software in order to proceed with the coding (Figure 3:6).

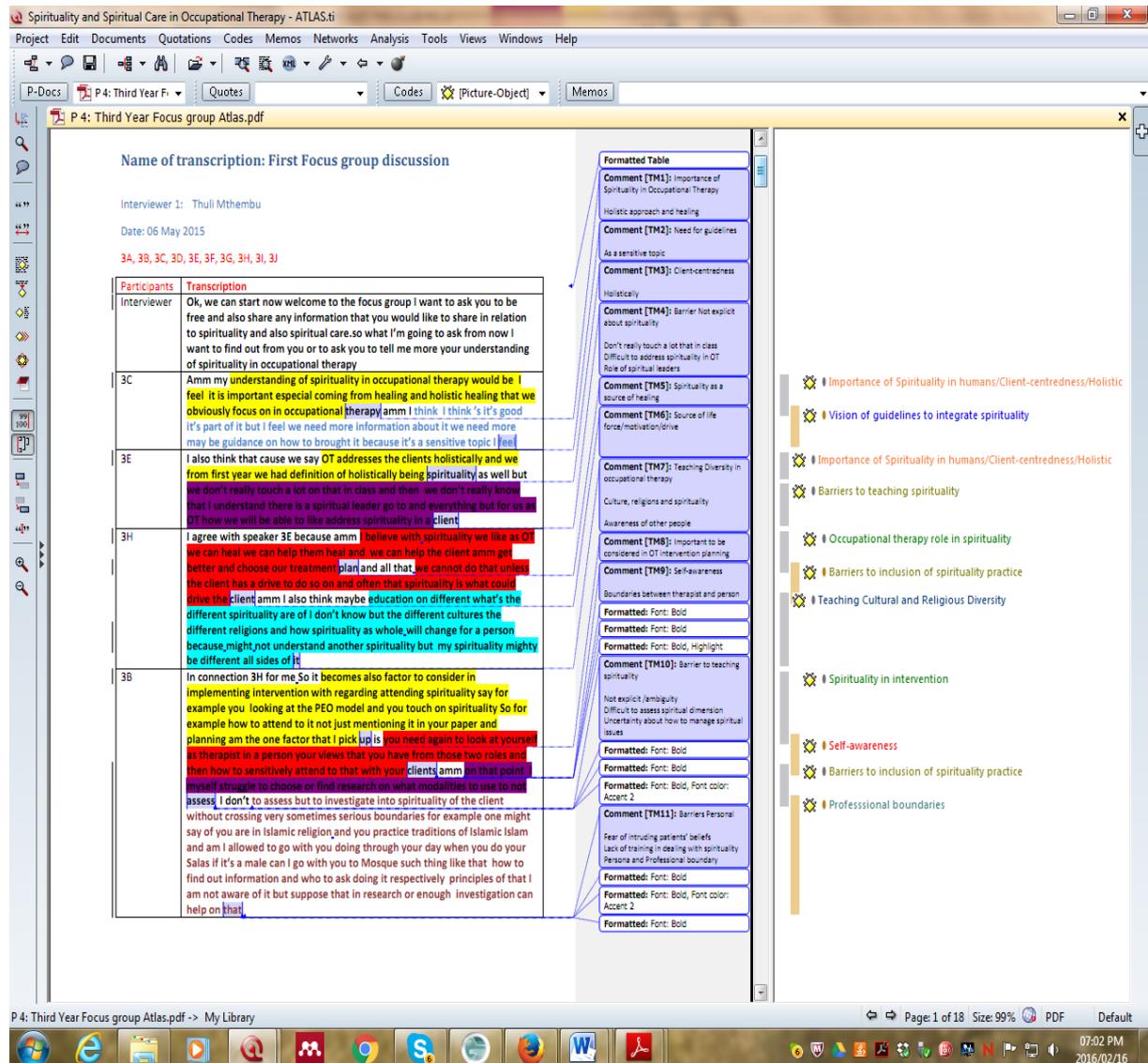


Figure 3:6: Coding transcript using Atlas.ti 7.

The Figure above indicates how the researcher carried out the coding on the transcripts, which was an efficacious learning experience for the researcher by using the software throughout his data analysis. In Atlas.ti 7, the researcher managed to group all codes belonging to one code (Figure 3:7) using the code manager in order to create families of the codes. The software allowed the researcher to rename the

coding when they were collapsed to one code. This further provided the researcher with an opportunity to use in vivo to change the initial coding name. In vivo coding is regarded as the method that a researcher uses to identify words or phrases that stand out: for instance nouns with impact, action-oriented verbs, evocative word choices or metaphors (Theron, 2015). The in vivo coding is evident in chapters (7 – 10) of the current study. During this phase, the researcher actively synthesised the codes, based on his mind and imagination, driven by the coded data.

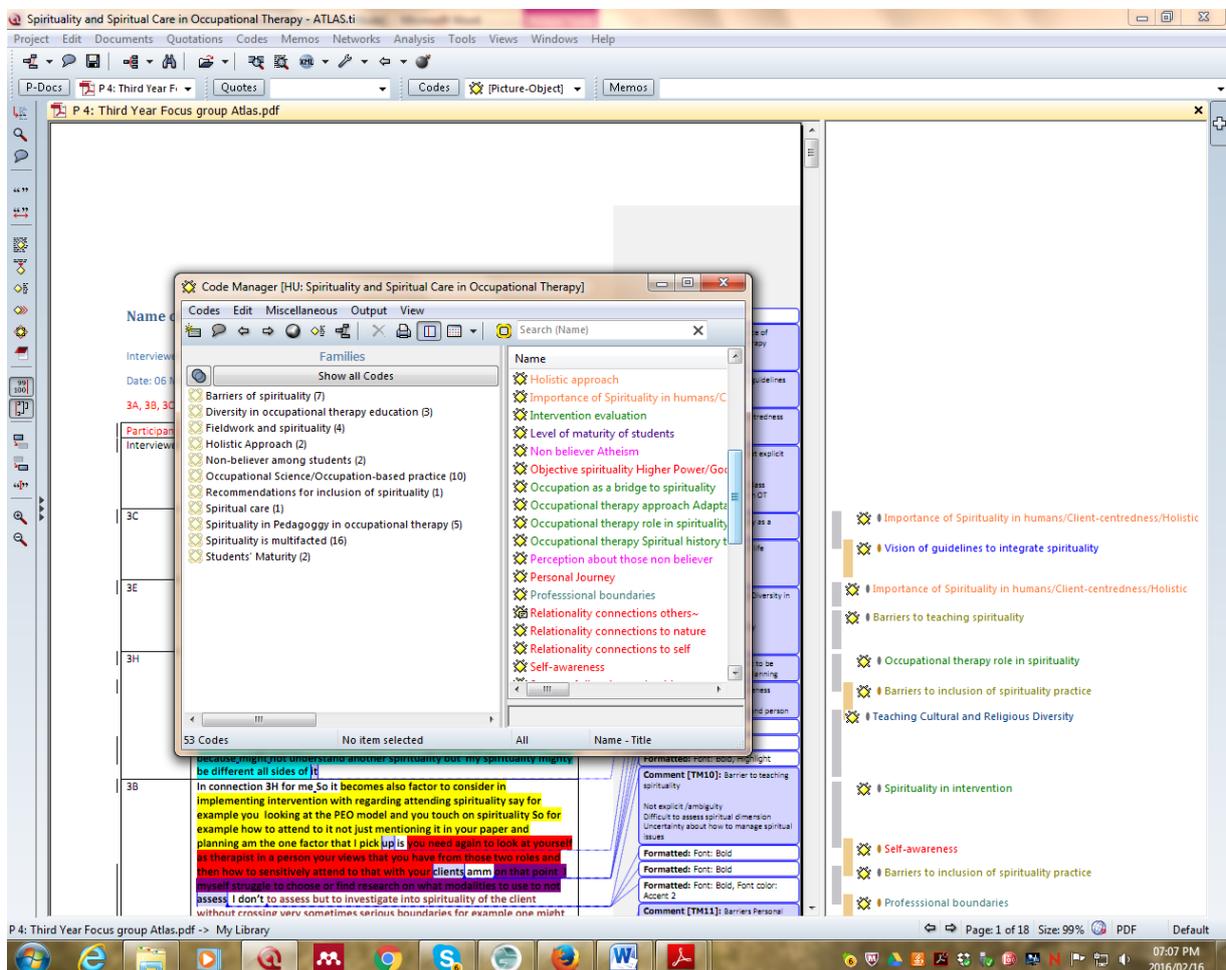
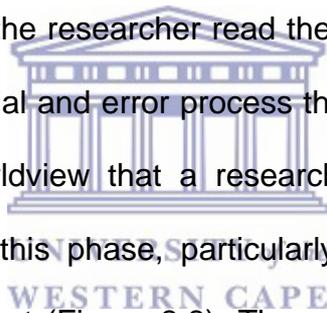


Figure 3:7: Code Manager for grouping codes in Atlas.ti 7.

Phase Three: Searching for themes based on the initial coding: According to Braun and Clark (2006), a theme is a coherent and meaningful pattern in the data

relevant to the research question and searching for themes is similar to coding codes to identify similarities in the data. This 'searching' is perceived as an active process in thematic analysis as the themes are not hidden in the data waiting to be discovered by the intrepid researcher (Braun & Clark, 2006; Howitt & Cramer, 2008). In this phase the researcher continued to use the Atlas.ti 7 software in order to collapse together several codings in an effective way. The software allowed the researcher to collapse the codes and create new families known as themes in qualitative language. The families were created and commanded a second level of interpretation of the text where the researcher concentrated on the relationships and connections between the families. Prior to sorting and checking the relationship among the codes in a family, the researcher read the codes and sorted them based on their content. This was a trial and error process that is allowed in methodological assumption of pragmatic worldview that a researcher may work back and forth between approaches and in this phase, particularly applied to groupings as the notions of analysis development (Figure 3:8). The researcher was able to manage the families in the software based on the coding in an effective way and the families were related to the original data and codes. The researcher ended this phase by collating all the coded data relevant to each theme as illustrated in one of the examples in the Figure below.



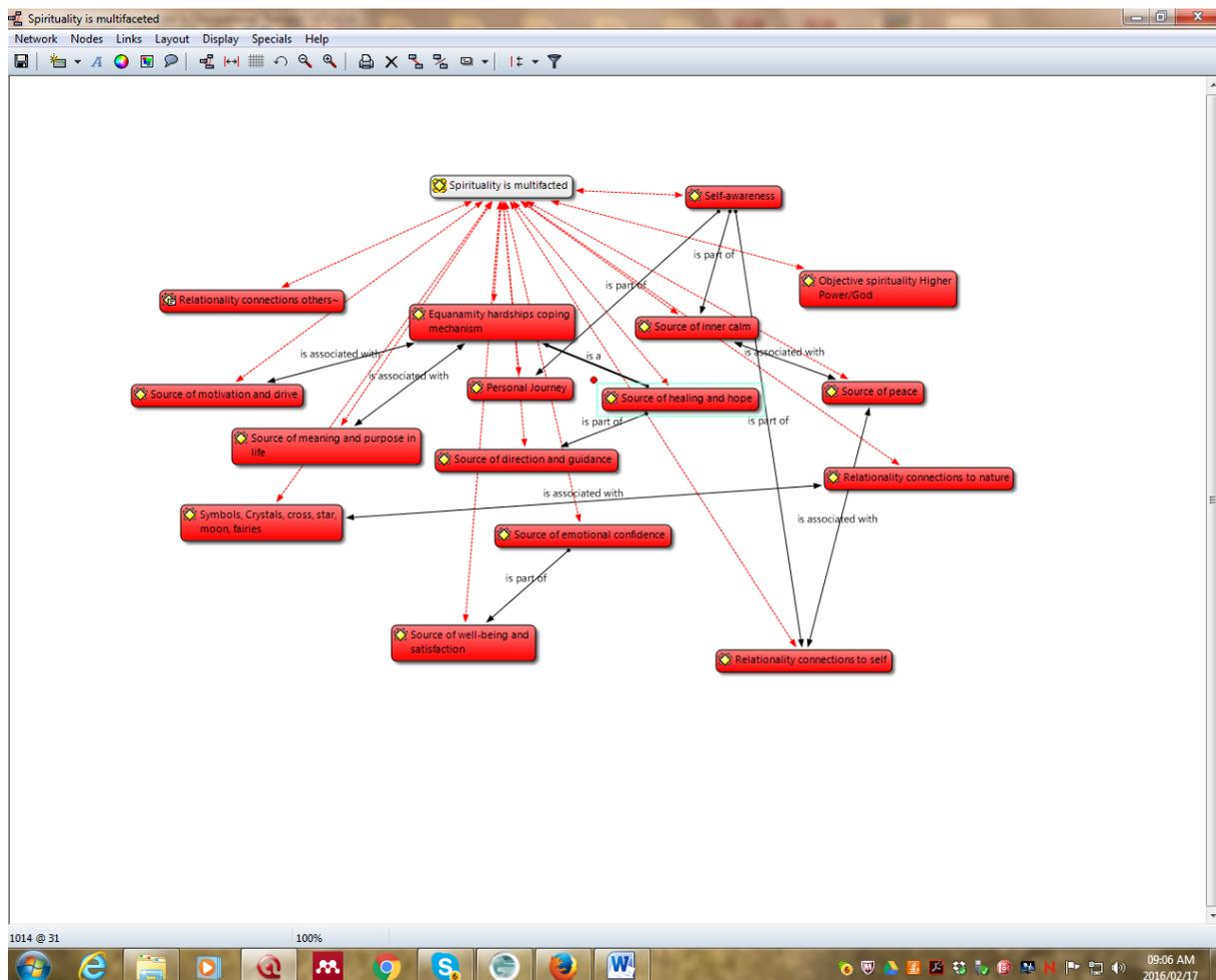


Figure 3:8: Collated codes for spirituality as a multifaceted concept.

Phase Four: Reviewing themes: The researcher engaged in the process of reviewing the themes by having meetings with the supervisors as part of the audit trail and questioning the processes that were followed in order to create the themes. This is one of the strategies used in dependability and confirmability for enhancing trustworthiness in qualitative research. In this phase the researcher split up themes into categories and subcategories in order to provide comprehensive analysis. After reviewing the themes several times the researcher ensured that the themes were logical and comprehensible. The researcher also checked the applicability of the themes in relation to the quotations selected for barriers as illustrated in Figure 3:9 as an example of the output in Atlas.ti 7.

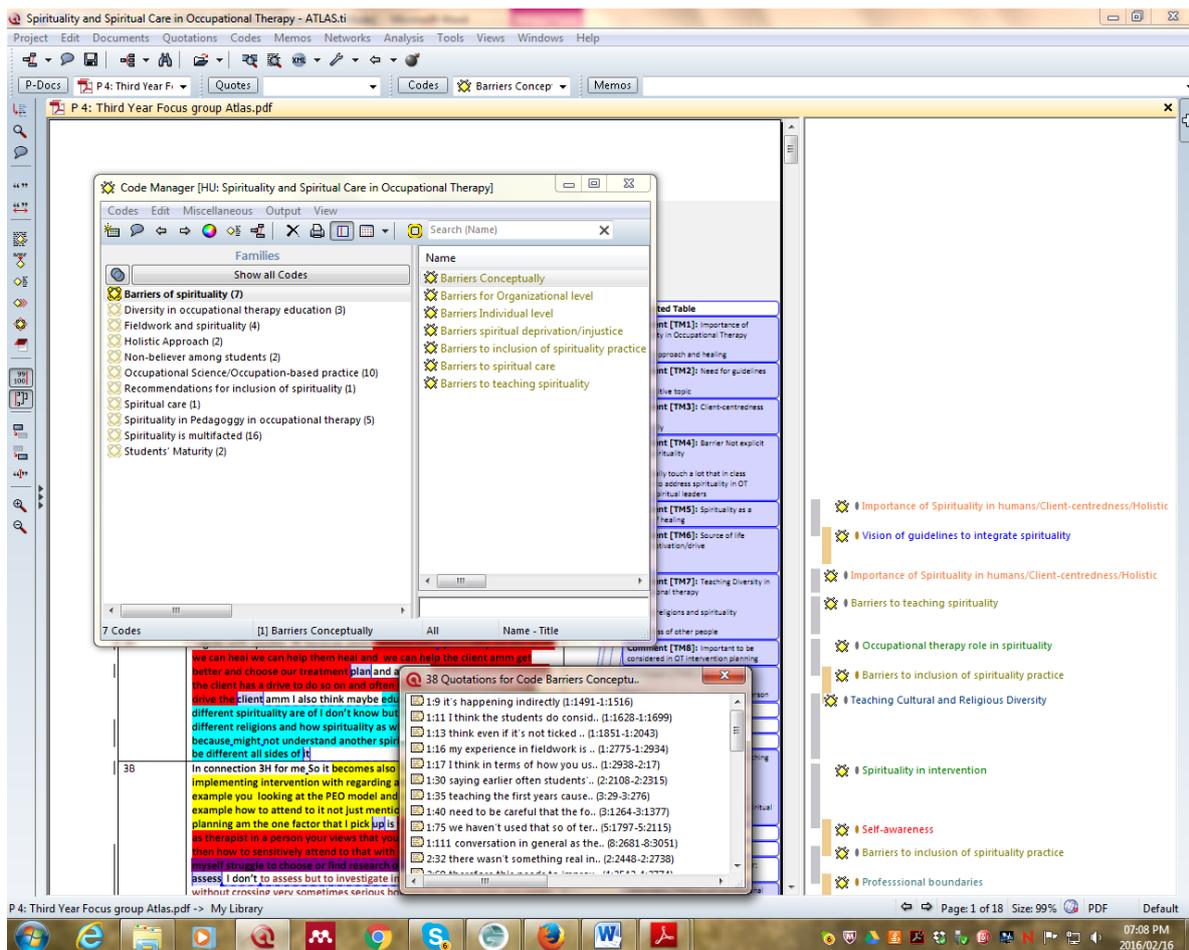


Figure 3:9: Reviewing of themes in relation to the quotations.

Phase Five: Defining and labelling themes: Preliminary themes were presented to the participants as part of member checking to enhance the credibility of the findings. This had an implication on the findings of the study that led to some refinements to the themes, and supervisors scrutinised the themes and provided their comments as independent reviewers of the process. Some of the labelling of the themes used the exact responses from the participants' verbatim text as part of in vivo. This made the researcher check the transcripts and audiotapes to ensure credibility.

Phase Six: Writing report: The researcher wrote a report in a narrative form to illustrate the analysis using quotations from the data. This is evident in chapters 6 to

10 where the published and under review papers are presented. The next section focusses on the trustworthiness of the qualitative studies.

3.3.5 Trustworthiness

Trustworthiness is considered as the truth-value of a qualitative study to show how accurately the researcher conducted, analysed and interpreted the findings from the participants' experiences (Lincoln & Guba, 1985; Krefling, 1991; Shenton, 2004; Klopper, 2008). Accordingly, this study adopted the following criteria in order to enhance the trustworthiness: truth-value was established through credibility, applicability was enhanced by means of transferability, consistency was strengthened by applying dependability, and neutrality was enhanced through confirmability. These strategies were used in order to increase the rigor of the study and were employed so that other researchers could be enabled to assess the quality and value of the research findings. Table 3:3 presents the methods and strategies used for the purpose of this study.

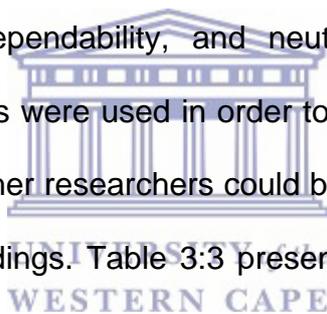


Table 3:3: Enhancing trustworthiness in Spirituality and Spiritual Care

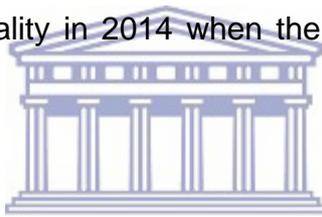
Criterion	Strategy	Criteria applied by the researcher
Truth value	Credibility	<ul style="list-style-type: none"> • Prolonged engagement • Triangulation • Methods • Participants • Member checking • Peer scrutiny of research project • Peer debriefing • Researcher's authority • Application of tactics to help ensure honesty
Applicability	Transferability	<ul style="list-style-type: none"> • Nominated sample • Saturation of data • Thick description
Consistency	Dependability	<ul style="list-style-type: none"> • Code-recode
Neutrality	Confirmability	<ul style="list-style-type: none"> • Use of diagram to demonstrate confirmability audit trail • Limitations acknowledged

3.3.5.1 *Credibility*

According to Lincoln and Guba cited in Krefting (1991, p215), “truth value asks whether the researcher has established confidence in the truth of the findings for the subjects or informants and the context in which the study was undertaken”. This may mean that the truth of the findings could be dependent on the research design of the study, on the participants who participated in the study, use of multiple methods and on the context of the study. The truth-value of the findings is subjective based on the participants' views. Shenton (2004) accentuates that credibility is one of the most

significant strategies to establish trustworthiness. The researcher applied the following strategies in order to provide evidence of the credibility of this study.

Prolonged engagement: In this study, the researcher was employed as a lecturer at the University of the Western Cape and had the opportunity to gain adequate understanding of institutions, specifically in the Department of Occupational Therapy. This further facilitated building trusting relationships between the researcher and the participants. The researcher had consultations with the staff and it was found that there were no documents relating to spirituality and spiritual care in occupational therapy education. In addition, conceptualisation of the study commenced in the year 2012 and finally came into reality in 2014 when the proposal to conduct the study was approved.



Triangulation: In enhancing triangulation in design-based research, scholastics like Shenton (2004), Design-Based Research Collective (2003) and Wang and Hannafin (2005) highlight the importance of using multiple research methods, multiple data collection tools and diverse data sources. Consequently this study incorporates all three aspects of triangulation. Figure 3:10 in the next page presents the strategies of triangulation, which were used in the current study. These methods were employed to maintain and increase the objectivity of the findings of the design-based research (Alghamdi & Li, 2013). The triangulation to theory is discussed in the theoretical framework of the study. In the section explaining the characteristic Phase Two of the design-based research, more information is provided as to how theories were used in this project. Theories are significant elements of the design-based research because they provide the lens through which the educational problem is investigated

(Herrington et al., 2011; Design-Based Research Collective, 2003). Triangulation of data and theories may help in professional development and teaching-learning practices as part of educational outcomes to improve practice-based teaching-learning.

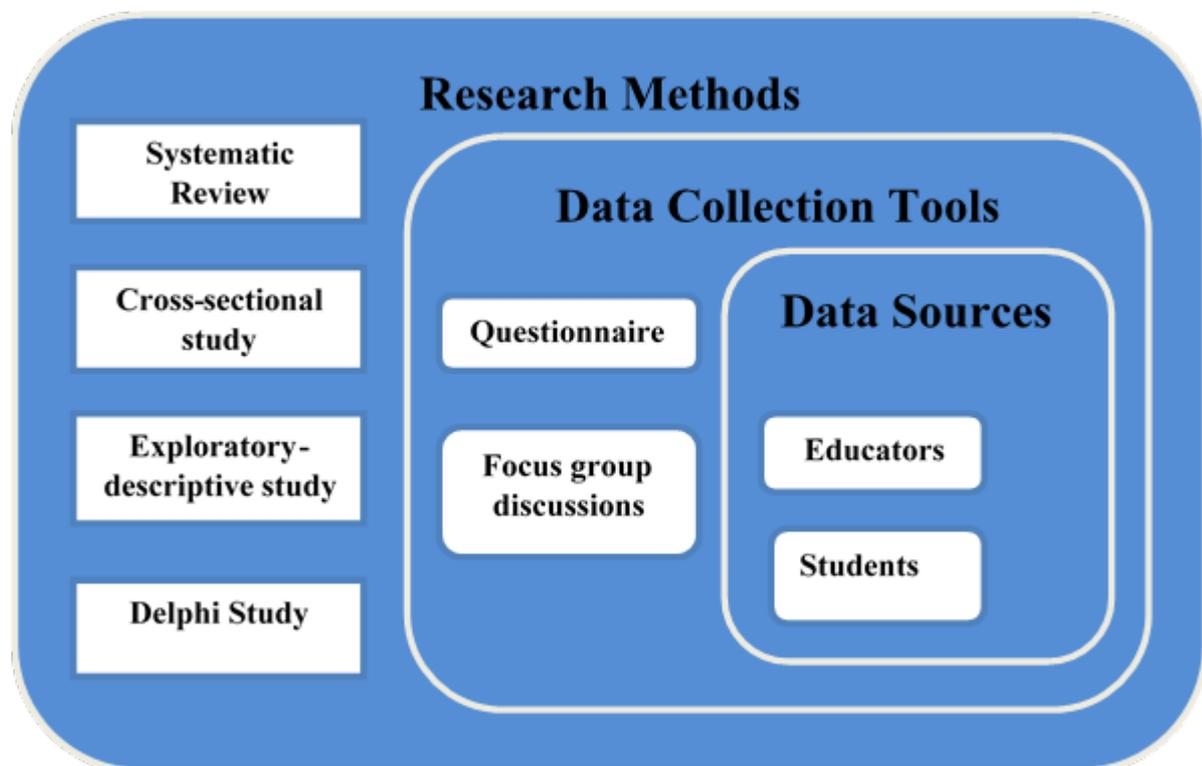


Figure 3:10: Strategies used for triangulation in this study.

Member checking: Theron (2015) asserts that member checking is one of the strategies used by researchers in qualitative studies by asking the participants to verify the validity of the content of the specific data and the results of the coding process. In relation to the current study, the researcher presented the transcripts and preliminary results from the coding process to the participants. This was done to check and validate that the results were true reflections of the participants' views about spirituality and spiritual care in occupational therapy education. In response, the participants agreed that the transcripts and preliminary results of the study

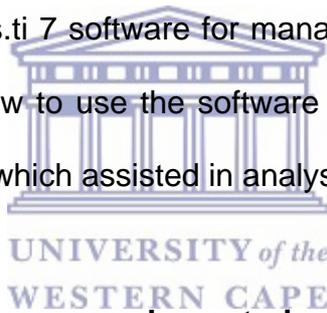
properly captured all the data. For instance, from the educators' presentation of the preliminary results there were suggestions related to the terms and texts that should have been changed in the content of the data. The researcher addressed the issues raised by the participants and made the corrections. Literature control was used in the study to support the findings and those studies that were in contrast.

Peer scrutiny of research project: The preliminary findings of the study were presented to the educators and the suggested new views were incorporated into the written findings. In addition, the findings were also presented at the Occupational Therapy Association South Africa Congress 14 – 16 July 2016, Johannesburg, and the World Psychiatry Association Congress 18 – 22 November 2016, Cape Town. The researcher wrote the findings in manuscript form in preparation for publication. The manuscripts were submitted for review to various accredited international and national journals. Herrington et al. (2007) supports this activity, as they believe that design principles can be further refined by sharing them with other researchers and practitioners through presentations and publications.

Peer debriefing: According to Krefting (1991), peer examination supports similar principles of member checking, which includes the researcher discussing the research process and findings with supervisors and colleagues with more experience in qualitative methods. This strategy is recommended by Lincoln and Guba (1985) for a researcher to account for his honest and searching questions to deepen the data analysis. The researcher had meetings with the supervisors of the study on a regular basis to listen, prompt and ask questions in order to discover new notions that the researcher did not observe. The regular meetings assisted the researcher to

interpret the findings based on consensus with the supervisors. In this project, the meetings that were held on a regular basis assisted in checking the findings in relation to the purpose of the study.

Researcher's authority: The researcher had a sound knowledge of the research as a principal investigator and was able to incorporate the appropriate information needed for conducting the study. In addition, the researcher also applied his knowledge and skills in both qualitative and quantitative research in order to engage in this design-based research. The researcher took initiatives to enhance his knowledge in connection with the SPSS software through attending short courses. In relation to the use of the Atlas.ti 7 software for managing and organising qualitative data, the researcher learnt how to use the software on his own by searching YouTube clips and reading books, which assisted in analysing the data.



Application of tactics to help ensure honesty in participants: In this study, the participants were given information about the purpose of the study and were given the opportunity to withdraw from the study at any point without repercussions (Appendix 8). The researcher established a good interpersonal relationship with the participants and this helped participants to contribute their ideas. This also helped participants to share their understanding without fear. Shenton (2004) supports this strategy in enhancing credibility of the study.

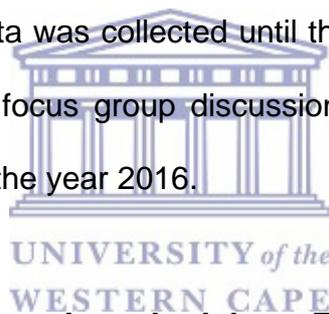
3.3.5.2 *Transferability*

Applicability of the study was enhanced using transferability. According to Krefting (1991, p.216), applicability refers to “the degree to which the findings can be applied

to different contexts and groups". Transferability was further explained in the pragmatism worldview as the degree of similarities between research settings and so that others may judge the value of the study based on transferability. This project enhanced transferability through nominated sampling, saturation and dense description of the research methodology.

Nominated sampling: In this study a purposive sampling method was used to enhance transferability through which the inclusion criterion was discussed in the participants' recruitment and selection.

Saturation: For this study, data was collected until the focus group discussions had similar responses. Follow up focus group discussions were conducted in order to enhance the data collected in the year 2016.



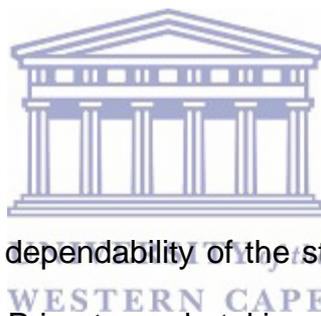
Dense description of the research methodology: The provision of the background to the study was used to enhance transferability, as it is accentuated as a feature of design-based research. Additional detailed information about spirituality and spiritual care in occupational therapy education was provided in order to share how these concepts play important roles in improving quality of life of clients (as described in Chapters 2). The research methodology of the study was discussed in detail to assist the reader to have a better understanding of the project (Chapter 3). In addition, the researcher provided details of how data analysis was performed and applied the methodological assumption of pragmatic worldview of work back and forth.

3.3.5.3 Dependability

Consistency is when a researcher ensures that “the findings will be consistent if the enquiry was replicated with the same participants and in a similar context” (Krefting, 1991, p.216). This strategy suggests that the process and research methods should be clear and repeatable. In this strategy, a researcher is expected to provide a detailed description of the study so that a reader may follow the same procedure to conduct the study again (Shenton, 2004). To this end, the researcher provided a detailed explanation of the research methods used to allow for the probability of duplication. In this study, three strategies were used to enhance dependability, including dense description for dependability, audit trail, code-recode and triangulation.

Code-recode

The researcher increased the dependability of the study by code-recode procedure on the data during analysis. Prior to undertaking the analysis of the study, the researcher coded the data in Microsoft Word to assist with gaining a sense of what had transpired from the participants’ responses. On completion of the first transcript the researcher imported all transcripts to the Atlas.ti 7 software in order to manage the qualitative data, then recoded the data. For instance, in Chapter 8 the researcher recoded the findings in preparation for the discussion. This assisted in the improvement of the coding process and contributed to a deeper understanding of the dimensions of spirituality and spiritual care in occupational therapy. This could be tracked back from all the outputs of the coding process in the software.



3.3.5.4 Confirmability

In addressing confirmability, the researcher needs to understand the importance of objectivity and neutrality. According to Krefting (1991, p221), neutrality is defined as the “degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations and perspectives”. Therefore this study addressed the issue of neutrality and objectivity by acknowledging that the qualitative researcher’s neutrality only applies to data and not to the researcher per se. In order to address confirmability this study used a confirmability audit trail, and described limitations of the study and triangulation.

Confirmability audit trail

This study increased the confirmability by providing a diagram that presents an overview of the project. This helps in understanding how the components of the project link to each other. The researcher had regular meetings with supervisors in order to discuss the progress of the study and to keep records of various stages of the project. The researcher also provided figures in the data analysis section to indicate how the data was analysed using the Atlas.ti 7 software.

Limitations of the study: The limitations are discussed in each chapter of the design-based research (Chapters 4 to 11).

3.3.6 Chapter Eleven: Development of guidelines to integrating spirituality and spiritual care

This section presents the data collection methods and tools employed in the three rounds of Phase Two of the design-based research in order to consult and collaborate with the experts in the field of spirituality and spiritual care.

In this section, the questions for the first round of Phase Two of the design-based research were formed from the relevant literature (Chapter Two and Chapter Four) and the findings from two Stages (2 and 3) of Phase One (Chapter Four, Chapter Five, Chapter Six, Chapter Seven, Chapter Eighty, Chapter Nine and Chapter Ten). During the initial round the experts completed a questionnaire and commented on each item needing clarity. After completion of the questionnaire, the responses from the first round were analysed and used for the second round of the Delphi. In the second round a workshop was conducted with the occupational therapy educators, fieldwork supervisors and specialist in teaching and learning. The workshop proceedings indicated that the guidelines that emerged from the modified Delphi were applicable for occupational therapy education. The last round collated all the responses from the two rounds and a manuscript was written in preparation for peer review in an accredited journal and as part of dissemination of the designed guidelines to integrate spirituality and spiritual care into occupational therapy education.

Data analysis: SPSS statistical software was used for descriptive statistical analysis, including the frequencies, mean, median, interquartile range and standard deviation. The study assesses the consensus for each list within each panel. The

findings are presented in a form of tables for each area addressed regarding spirituality and spiritual care in occupational therapy education.

3.4 SECTION C: Ethics procedures and Conclusion

3.4.1 Ethics statement

Prior to commencing the study, ethical clearance for this thesis was sought from the Research Ethics Committee at the University of the Western Cape in 2014 and received ethics clearance registration (REC Number: CHS14/4/18) (Appendix 1). Burns and Grove (1993) elucidate that conducting research in an ethical manner starts from the identification of the research topic to the publication of the study results. Wassenaar (2006) further explains the importance of principilism in research and that philosophical principles need to be employed and adhered to in order to ensure that the research is ethical. Wassenaar (2006) and Khanlou and Peter (2005) both identified four basic ethical principles that are applicable for research: namely, respect for person, beneficence, non-malificence and justice.

3.4.1.1 Respect for person:

This is the philosophical principle mostly connected to the protection of individuals, communities and institutional confidentiality. This allowed the PhD candidate to execute the following strategies:

Participation in the study was voluntary for all occupational therapy educators, students and clinicians. The participants were also provided with information sheets explaining the purpose of the research study, requesting their participation and assuring them of confidentiality (Appendix 8). After explaining the purpose of the

study to the participants, the participants gave informed consent and agreed to participate in the study. In addition, the participants had the right and opportunity to withdraw from the study at any time without repercussions. Confidentiality of the participants was protected and was of value for the entire study. In addition, the participants' identity was protected by means of a number allocated to them during data collection as a means to de-identify participants. The privacy interest of the participant was protected by ensuring that the data was kept securely in a safe place that was accessible only to the candidate and the supervisors. This was put in place so that persons not involved with the research could not have access to the participants' identity. Therefore, the participants' right to anonymity was observed by using numbers instead of participants' names, and confidentiality was assured during dissemination of results.



3.4.1.2 Non-malificence UNIVERSITY of the WESTERN CAPE

This philosophical principle reinforces the importance of autonomy and that researchers should not unintentionally cause harm to the participants of the study.

The candidate submitted the proposal to the Higher Degrees Committee of the Faculty of Community and Health Science so that it could be reviewed in order to ensure that participants no harm could come to the participants. Permission to conduct the research project was requested from and granted by the Department of Occupational Therapy, Dean of Research at the University of the Western Cape and Deputy Dean of Research in the Faculty of Community and Health Sciences (Appendix 7). In this study, the candidate minimised harms and wrongs by ensuring that participants were informed that no harm or benefits could be expected from the study, as it would be conducted for academic purposes. However, in the event of

possible risks related to physical, emotional or social harm, participants would be referred to the student counselling and support unit at the institution of higher learning. According to Gibbs (1997), an ethical issue to be considered in the case of focus groups is the handling of sensitive material and confidentiality, given that there will always be more than one participant in the group. In this study participants were asked to sign the focus group confidentiality binding form (Appendix 9).

3.4.1.3 *Beneficence*

With regard to beneficence, researchers have a responsibility and are accountable for ensuring that participants benefit from the research study.

In this study, the participants did not receive incentives for participating in the second stage (Cross-sectional descriptive study) and third stage focus groups (exploratory-descriptive qualitative study). However, the participants gained more understanding of, and insights into, spirituality and spiritual care in occupational therapy education. Consequently, knowledge gained from this study might assist participants to consider individuals, groups, communities, families and the general population's spiritual needs in order to improve health, quality of life and well-being. This would also be of value in promoting the holistic and person-centred approaches in practice.

3.4.1.4 *Justice*

This is one of the most complex philosophical principles in research that needs to be adhered to at all stages of research. This adherence is according to the tenets of the Constitution of the Republic of South Africa, which stipulates that everyone has the right to be treated fairly and without discrimination, irrespective of gender, religion,

culture, disability or sexual orientation. In this study, the participants were treated fairly and shared their opinions freely without being judgmental or judged.

3.5 Summary

This chapter presented mixed methods as the research methodology, underpinned by the pragmatic worldview within a two-phase Design-Based research framework. The description of the research design, the context of the research, study population and sampling, data collection methods, data analysis and trustworthiness of the study were provided according to the stages of the design-based research. The ethical considerations were discussed.



3.6 References

- Alghamdi, A.H., & Li, L. (2013). Adapting design-based research as a research methodology in educational settings. *International Journal of Education and Research*, 1(10), 1 – 12. ISSN: 2201-6333 (Print) ISSN: 2201-6740 (Online) www.ijern.com
- Barab, S., & Squire, K. (2004). Design-Based Research: Putting a stake in the ground. *The Journal of the Learning Science*, 13(1), 1 – 14.
- Baran, L. (2016). If is all in the design: Creating foundations of a mixed methods research study. In M.L. Baran, J.E. Jones. *Mixed methods research for improved scientific study*. Hershey, PA: Information Science Reference.
- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology Community Health*, 60, 854 – 857. doi:10.1136/jech.2004.028662
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Brown, J.D. (2006). Generalisability from second language research samples. *Shiken: JALT Testing & Evaluation SIG Newsletter*, 10(2), 21 – 24.
- Burns, N., & Grove, S.K. (2009). *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. St. Louis, MO: Saunders Elsevier.
- Clarke, V. and Braun, V. (2013) Teaching thematic analysis: Over-coming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-123. ISSN 0952-8229 Available from: <http://eprints.uwe.ac.uk/21155>
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks: Sage Publications.

- Creswell, J.W., & Plano Clark, V.L. (2006). *Designing and conducting mixed methods research*. Sage: Los Angeles.
- Creswell, J.W., & Plano Clark, V.L. (2011). *Designing and conducting mixed methods research*. Sage: Los Angeles.
- Creswell, J.W., Tashakkori, A., Jensen, K.D., & Shapley, K.L. (2003). Teaching mixed methods: Practices, dilemmas, and challenges. In A. Tashakkori & C. Teddlie (Eds.). *Handbook of mixed methods in social and behavioural research*, pp.619-637. Thousand Oaks, CA: Sage.
- Creswell, J.W., Fetters, M.D., & Ivankova, N.V. (2004). Designing a mixed methods study in primary care. *Annals of Medicine*, 2(1), 7 – 12.
- Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. (2nd ed). Thousand Oaks: SAGE Publications.
- Denzin, N.K., & Lincoln, Y.S. (2005). (Eds). *The Sage Handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Design-Based Research Collection. (2003). Design-based research – an emerging paradigm for educational inquiry. *Educational Research*, 32(1), 5 – 8.
- Durheim, K. (2006). Research design. In M. Terre Blanche, K. Durheim, D. Painter (Eds.) *Research in practice .Applied methods for social science* (pp 33-59). (2nd ed.). Rondebosch: UCT Press.
- Evans, B.C., Coon, D.W., & Ume, E. (2011). Use of theoretical frameworks as a pragmatic guide for mixed methods studies: A methodological necessity? *Journal of Mixed Methods Research*, 1-17. doi: 10.1177/1558689811412972.
- Fetters, M.D., Curry, L.A., & Creswell, J.W. (2013). Achieving integration in mixed methods design-principles and practices. *HSR: Health Services Research*, 48(6), 2134 -2156.

- Friese, S. (2014). *Qualitative data analysis with Atlas.ti*. Los Angeles: Sage Publications.
- Grove, S.K., Burns, N., & Gray, J.R. (2013). *Practice of nursing research: Appraisal, synthesis, and generation of evidence*. (7th ed.). Saunders: Elsevier.
- Guba, E.G., & Lincoln, T.S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N.K. Denzin & Y.S. Lincoln (Eds.), *The Sage Handbook of qualitative research* (pp. 191-215). (3rd ed.). Thousand Oaks, CA: Sage.
- Gunlaugson, O. (2009). Establishing second-person forms of contemplative education: An inquiry into four conceptions on intersubjectivity. *Integral Review*, 5(1), 25-50.
- Gustafson, A. (2013). In defence of utilitarian business ethic. *Journal of the Center for Business Ethics*, 118(3), 325 – 360.
- Hanlon, B., & Larget, B. (2011). Samples and Populations, *Article: Department of Statistics*, University of Wisconsin Madison, September, pp. 1-21.
- Hanson, W.E., Creswell, J.W., Plano Clark, V.L., Petska, K.S., & Creswell, J.D. (2005). Mixed methods research designs in counseling psychology. *Faculty Publications, Department of Psychology*. Paper 373. <http://digitalcommons.unl.edu/psychfacpub/373>
- Herrington, J. & Reeves, T.C. (2011). Using design principles to improve pedagogical practice and promote student engagement. In G. Williams, P. Statham, N. Brown & B. Cleland (Eds.), *Changing Demands, Changing Directions. Proceedings ascilite Hobart 2011*. (pp.594-601).

- Herrington, J., McKenney, S., Reeves, T.C., & Oliver, R. (2009). Design-Based Research and doctoral students: Guidelines for preparing a dissertation proposal. 1 – 9.
- Howitt, D., & Crammer, D. (2008). *Introduction to research methodology in psychology*. (3rd ed.). Harlow: Pearson.
- Johnson, R.B., Onwuegnuzie, A.J., & Turner, L.A. (2007). Towards a definition of mixed methods research. *Journal of Mixed Methods Research*, 1(2), 112 – 133. doi: 10.1177/1558689806298224
- Johnson, R.B., & Onwuegnuzie, A.J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33(7), 14-26.
- Kelly, K. (2006). From encounter to text: collecting data in qualitative research. In M. Terre Blanche, K. Durheim, D. & Painter, D (Eds.). *Research in practice. Applied methods for social science*, (pp 285-344). (2nd ed.). Rondebosch: UCT Press
- Kelly, K. (2006). Calling it a day: reaching conclusion in qualitative research. In M. Terre Blanche, K. Durheim, D. & Painter, D (Eds.). *Research in practice. Applied methods for social science*, (pp 371-387). (2nd ed.). Rondebosch: UCT Press.
- Kestenbaum, B. (2009). Cross-sectional studies. *Epidemiology and Biostatistics: an introduction to clinical research*. Springer, 29-31.
- Khanlou, N., Peter, E. (2005). Participatory action research: Consideration for ethical review. *Social Science & Medicine*, 60, 2333 – 2340. doi:10.1016/j.socscimed.2004.10.004
- Klenk, K. (2008). *Qualitative research in the study of leadership*. United Kingdom: Emerald Group Publishing Limited.

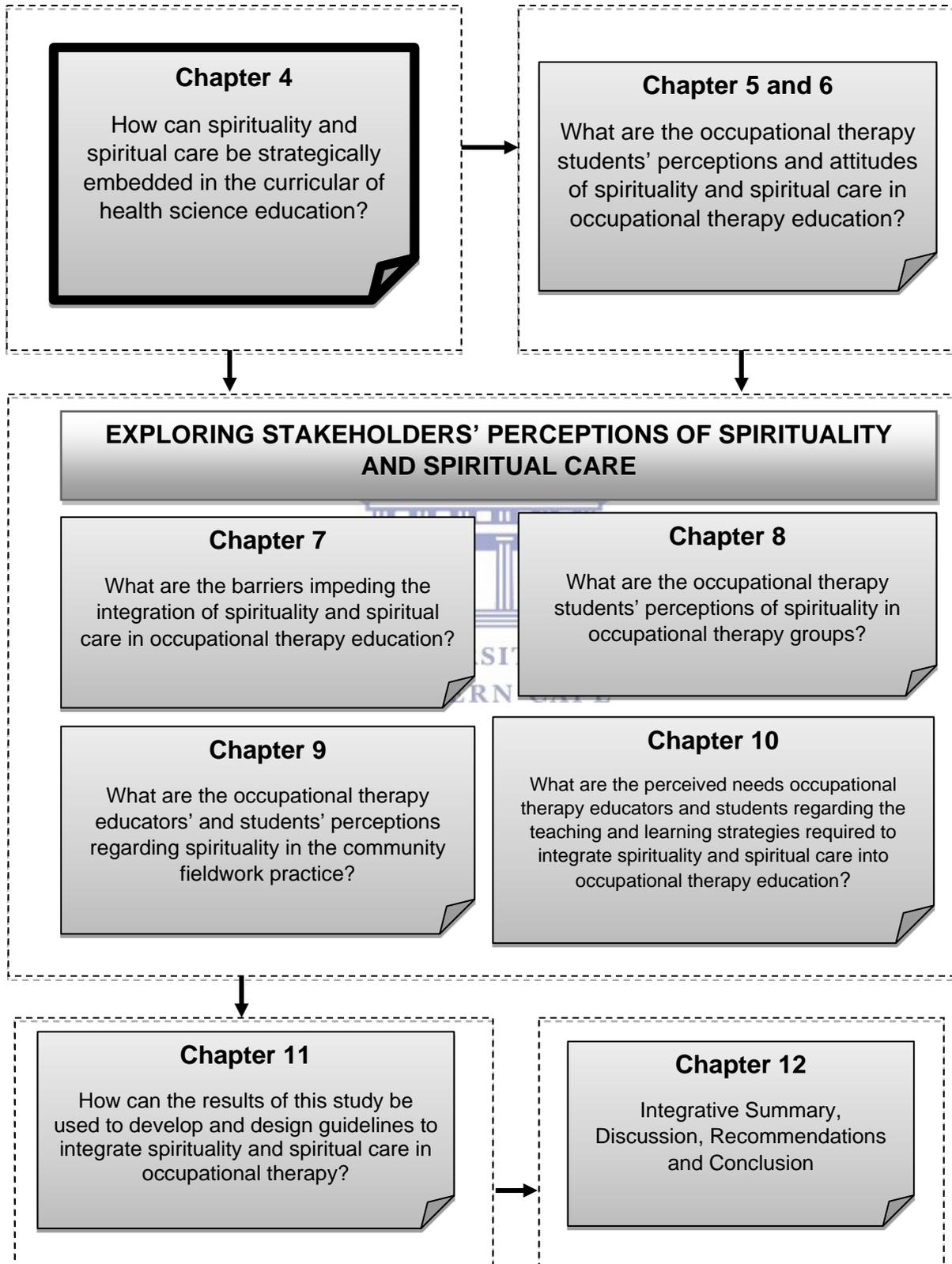
- Klopper, H. (2008). The qualitative research proposal. *Curations*, 31(4), 62-72.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, 45(3), 214-222.
- Labaree, R. V. & Scimeca, R. (2017). Research Guides: Organizing Your Social Sciences Research Paper: Types of Research Designs. University of Southern California. Available at: <http://libguides.usc.edu/writingguide>. [Accessed 31 May 2017].
- Leavy, P. (2017). *Research design: Quantitative, qualitative, mixed methods, arts-based, and community-based participatory research approaches*. New York: The GUILFORD Press.
- Levin, K.A. (2006). Study design III: Cross-sectional studies. *Evidence-Based Dentistry*, 7, 24–25. doi:10.1038/sj.ebd.6400375
- MacDonald, C. (2012). Understanding participatory action research: A qualitative research methodology option. *Canadian Journal of Action Research*, 13(2), 34 - 50.
- Matusov, E. (2001). Intersubjectivity as a way of informing teaching design for a community of learners' classroom. *Teaching and Teacher Education*, 17, 383-402.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass Publishers.
- Mertens, D.M. (2012). Transformative mixed methods: Addressing inequities. *American Behavioural Scientist*, 1-18 Sage
- Morgan, D.L. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research*, 1(1), 48-76.

- Mubuuke, A.G., & Leibowitz, B. (2013). Participatory action research: The key to successful implementation of innovations in health professions education. *African Journal of Health Professional Education*, 5(1), 30 – 33. doi:10.7196/AJHPE.208
- Olsen, C., & St. George, D.M.M. (2004). Cross-sectional study design and data analysis.
- Plano Clark, V.L., & Ivankova, N.V. (2015). *Mixed methods research: A guide to the field*. Los Angeles: SAGE Publications.
- Polit, D.F., & Hungler, B.P. (1999). *Nursing research: Principles and methods*. (6th ed.). Philadelphia: JB Lippincott.
- Rajasekar, S., Philominaathan, P., & Chinnathambi, V. (2013). Research Methodology. Retrieved April 38, 2017, from <https://arxiv.org/pdf/physics/0601009.pdf>
- Reason, P., & Bradbury, H. (2001). *Handbook of action research: Participatory inquiry and practice*. London: SAGE.
- Rodon, J., & Sesé, F. (2008). Towards a framework for the transferability of results in IS qualitative research. *Sprouts: Working Paper on Information Systems*, 8(17),
- Sedgwick, P. (2014). Cross sectional studies: advantages and disadvantages. *BMJ*, 348; g2276 doi: 10.1136/bmj.g2276.
- Sedgwick, P. (2013). Convenience sampling. *BMJ*, 347:f6304.
- Sharp, J.L., Mobley, C., Hammond, C., Withington, C., Drew, S., Stringfield, S., & Stipanovic, N. (2011). A mixed methods sampling methodology for multisite case study. *Journal of Mixed Methods Research*, 1-21. doi: 10.1177/1558689811417133

- Shaw, J.A., Connelly, D.M., & Zecevic, A.A. (2010). Pragmatism in practice: Mixed methods research for physiotherapy. *Physiotherapy Theory and Practice*, 26(8), 510-518.
- Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63-75.
- Tashakkori, A., & Teddlie, C. (2003) *Handbook of Mixed Methods in Social & Behavioural Research*. (Eds.). Sage: California.
- Theron, P.M. (2015). Coding and data analysis during qualitative empirical research in Practical Theology. *In die Skriflig*, 49(3), Art.#1880, 9 pages. <http://dx.doi.org/10.4102/ids.v49i3.1880>
- Uman, L.S. (2011). Systematic reviews and meta-analyses. *Journal of Canadian Academic Child Adolescent Psychiatry*, 20(1), 57 – 59.
- Unger. M.P. (2005). Intersubjectivity, hermeneutics, and the production of knowledge in qualitative Mennonite scholarship. *International Journal of Qualitative Methods*, 4(3), Article 4. Retrieved [28 April 2017] from http://www.ualberta.ca/~iiqm/backissues/4_3/pdf/unger.pdf
- Wang, F., & Hannafin, M. (2005). Design-Based Research and Technology-Enhanced Learning Environments. *Educational Technology Research and Development*, 53(4), 5-23.
- Wassenaar, D.R. (2006). Ethical issues in social science research. In M Terre Blanche K Durrheim and D Painter (Eds.). *Research in practice: Applied methods for the social sciences*. Cape Town: University of Cape Town Press.
- Welman, C., Kruger, F., & Mitchell, B. (2010). *Research methodology*. (3rd ed.). Cape Town: Oxford University Press.

CHAPTER FOUR

STAGE ONE OF PHASE ONE



TEACHING SPIRITUALITY AND SPIRITUAL CARE IN HEALTH SCIENCES EDUCATION: A SYSTEMATIC REVIEW

CITATION: Mthembu, T.G., Wegner, L., & Roman, N.V. (2016). Teaching spirituality and spiritual care in health sciences education: A systematic review. *African Journal for Physical Activity and Health Sciences (AJPHEs)*, 22(42), 1036 – 1057.

4 Introduction

In the previous chapter, an overview of the research methodology was presented. The current chapter marks the beginning of the first stage of Phase One of the design-based research process. It has been noted that the teaching and learning of spirituality and spiritual care in health sciences education is crucial. However, it appears to be a challenge for educators and students to consider spirituality and spiritual care during the teaching and learning of these constructs, as they feel unprepared to address them. Consequently, this chapter presents the results of a systematic review that examines the content knowledge of these constructs; identifies the teaching strategies to be considered and critically appraises the methodological quality of studies. A systematic review was conducted using various databases in the EbscoHost search engine. The findings of the systematic review are presented in a narrative form and discussed in relation to their implication on the findings emanating from the review. These findings provided significant information on the areas that required attention for teaching spirituality and spiritual care in health sciences education.

4.1 Publication Details

Title	Teaching spirituality and spiritual care in health sciences education: A systematic review
Authors	Mthembu, T.G., Wegner, L., & Roman, N.V.
Journal	African Journal for Physical Activity and Health Sciences (AJPHEs)
Volume	22
Issue Number	4.1
Pages	1036 – 1057
Journal Details	Peer Reviewed Accredited by the Department of Higher Education & Training (DoHET)
Impact Factor	Still computing
Status	Published

4.2 African Journal for Physical Activity and Health Sciences (AJPHEs)

The African Journal for Physical Activity and Health Sciences (AJPHEs) is a peer-reviewed journal established to provide a forum for health specialists, researchers in physical activity, professionals in human movement studies and other sports-related professionals in Africa, the opportunity to report their research findings based on African settings and experiences, and to exchange mutual ideas and information. Research-related contributions by specialists in physical activity and health sciences from other continents are also welcome and it provides researchers from education, medicine, health, social sciences and humanities an opportunity to disseminate their knowledge and information.

4.3 Publication Record

This publication forms part of the PhD by publication completed by the candidate. The candidate prepared the draft of the manuscript and submitted it to the journal in preparation for review and publication. The manuscript was submitted on the 15th of

February 2016 for review, and was accepted for publication on the 15th of October 2016.

4.4 Contribution Record

The contribution record provides information on the PhD candidate's joint publication with supervisors and their contributions.

PhD candidate's and supervisors' contribution on publication

Authors	Contributions
Thuli Godfrey Mthembu (Candidate)	Designed the systematic review, searched for the articles, consulted Mrs. Helena VonVille at University of Texas for Excel spreadsheet to extract data, reviewed the articles, wrote the manuscript, identified the journal, was corresponding author, and communicated with the Editor-In-Chief and reviewers
Lisa Wegner (Supervisor)	Critically reviewed the manuscript, and provided feedback in order to improve the quality of the work
Nicolette Vanesa Roman (Co-supervisor)	Critically reviewed the manuscript, and provided feedback in order to improve the quality of the work

4.5 Visibility of Research and Publication Statistics

This study demonstrates that there is a need for spirituality and spiritual care in health sciences. This is reinforced by the statistics from ResearchGate for visibility with 151 reads after being published, and more than 10 requests for the full text.

4.6 Conclusion

The systematic review highlighted the areas which seemed to be relevant and appropriate for teaching spirituality and spiritual care in health sciences. It was evident from the findings of the review that content knowledge, learning objectives

and teaching and learning strategies of spirituality and spiritual care were of the greatest importance to health sciences' educators and students. This systematic review presented information about teaching spirituality and spiritual care in health sciences. The next chapter presents the results of the second stage of Phase One of the design-based research, which describes the perceptions and attitudes of occupational therapy students regarding spirituality and spiritual care in occupational therapy education.



4.7 Published Article

African Journal for Physical Activity and Health Sciences(AJPHEs) Volume 22(4:1), December 2016, pp. 1036-1057.

Teaching spirituality and spiritual care in health sciences education: A systematic review

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Abstract

Teaching spirituality and spiritual care in health sciences education has been identified as a need to enhance holistic care. However, educators seemed to be unprepared and have insufficient knowledge about how to include spirituality in teaching. This review aimed to systematically review previous literature from 2000 to 2013 regarding the content knowledge and teaching strategies used to teach spirituality and spiritual care in health sciences education. Fifty-three studies met the inclusion criteria for the review and provided suggestions for teaching spirituality and spiritual care in health sciences education. The review was conducted using electronic databases: CINAHL, Educational Resources Information Centre (ERICA), and Science Direct in the Ebscohost search engine. The results suggest that the content knowledge may include concept analysis, self-awareness, cultural beliefs, diversity and social justice, ethics, spiritual competence, person-centred attributes and barriers, evidence-based practice, and possible areas where spirituality and spiritual care may be covered. Furthermore, learning objectives should involve knowledge-based, skills-based learning and attitudes-based learning. Teaching strategies should include educators' teaching strategies in the classroom, collaborative learning and practice learning. This systematic review provides a framework for designing and developing guidelines for integrating spirituality and spiritual care in health sciences education.

Keywords: Spirituality, spiritual care, teaching, education.

How to cite this article:

Mthembu, T.G., Wegner, L. & Roman, N.V. (2016). Teaching spirituality and spiritual care in health sciences education: A systematic review. *African Journal for Physical Activity and Health Sciences*, 22(4:1), 1036-1057.

Introduction

The topic of teaching spirituality and spiritual care in health sciences education is one of the most active areas in research and the healthcare fraternity, as many healthcare professionals indicate that they have insufficient knowledge (Lucchetti *et al.*, 2012; Marriotti *et al.*, 2011; Koenig, 2004; Prozesky, 2009; Puchalski, 2012). Therefore, based on this need, the institutions of higher learning are expected to develop healthcare professionals who have the knowledge and skills regarding spirituality and spiritual care (Paal, Roser & Frick, 2014; Prentis *et al.*, 2014; Tisdell, 2007). It is important for the health care

professionals to learn about spirituality and spiritual care to improve patients' quality of life, health, well-being, coping mechanisms and decision-making (Puchalski, 2012; Tiew, 2011; Monareng, 2013). Despite the acceptance of, and interest in, spirituality and spiritual care in health sciences education and clinical practice, there remain pervasive inconsistencies and uncertainties such as terminology, content knowledge, teaching methods, expected competencies and outcomes measures (Prentis *et al.*, 2014; Barry & Gibbens, 2011; D'Souza, 2007; Hood, Olson & Allen, 2007; Baldacchino, 2006). These inconsistencies were identified as hampering the infusion of spirituality and spiritual care in health sciences education and practice. For example, McSherry (2000) and Monareng (2013) concur that educational issues surrounding the teaching of spirituality and spiritual care are complex and adverse. These educational issues include lack of consensus about how to define spirituality, lack of training, lack of knowledge, lack of time and inconsistency in teaching spiritual care. This study may contribute to providing educators and students with content knowledge and teaching strategies to integrate spirituality and spiritual care. Thus this systematic review aimed to (i) systematically examine the content knowledge for teaching spirituality and spiritual care in health sciences education; (ii) identify the teaching strategies for teaching of spirituality and spiritual care in health sciences education. Table 1 presents the terms and definitions used in this systematic review.

Table 1: Terms and definitions

Terms	Definitions
Spirituality	The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred (Puchalski <i>et al.</i> , 2009).
Spiritual care	The care that is embodied in the health professionals' respect for patients' dignity, display of unconditional acceptance and love, honest health professional-patient relationship, and the fostering of hope and peace (Sawatzky & Pesut, 2005, p 23).

Methodology

The following electronic databases (CINAHL, Educational Resources Information Centre [ERICA], and Science direct) were searched for articles from January 2000 to December 2013 using the Ebscohost search engine. The databases were searched using the following search terms: 'spirituality, spiritual care, health sciences education, teaching strategies and curriculum on spirituality'. Titles and abstracts were searched against the inclusion criteria and the full text was retrieved for articles that met the criteria: (i) studies published in English (ii) studies conducted with samples from health professions such as nursing, medicine, occupational therapy, social work, physiotherapy and

psychology (iii) studies focussed on health sciences students, educators and/or clinicians (iv) Two categories of studies were used included: (1) studies that used only quantitative methods (2) studies that used only qualitative methods and (V) studies focussed on content knowledge and teaching strategies of spirituality and spiritual care.

Data extraction

The first author (TGM) independently extracted and summarised data in the tables and templates that were adapted from Haq, Steele, March, Seibert and Brody (2004); Masterson, Gill, Turner, Shrichand and Giuliani (2013), Roman and Frantz (2013). Data extracted was checked by LW and NVR for discrepancies. Figure 1 presents the process followed in order to retrieve the studies included in the review.

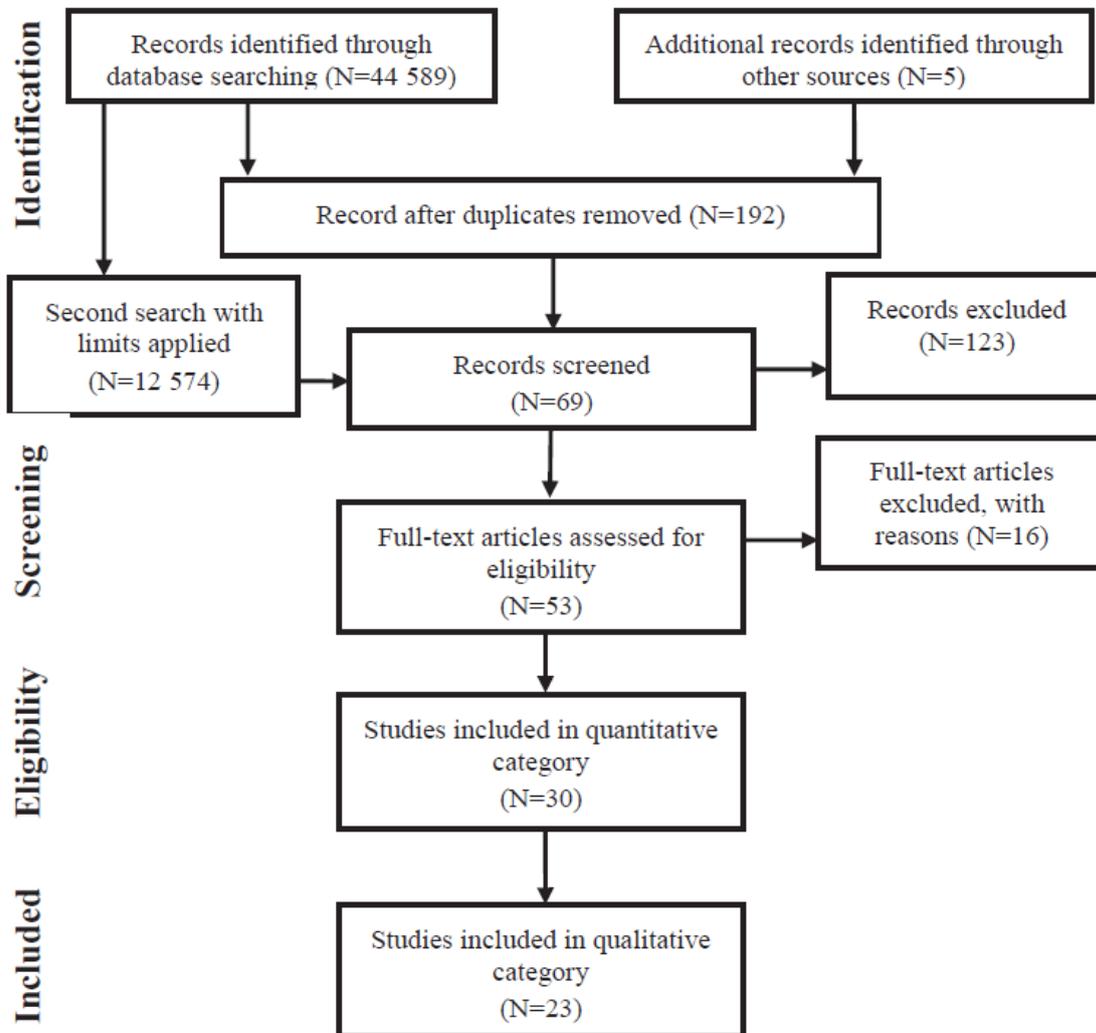


Figure 3: Flow diagram of the studies included in the review

Assessment of methodological quality

Regarding the methodological scores, 53 studies met the inclusion criteria for the systematic review, studies only using quantitative methods (N=30) and studies only using qualitative methods (N=23).

Studies only used quantitative methods

Studies only using quantitative methods were judged for methodological quality by means of an assessment tool adapted from Roman and Frantz (2013). Then Table 2 shows results of the thirty quantitative studies (n=30) that met the inclusion criteria and were assessed for methodological quality. **Good quality:** 23 studies were of good quality and met the desired criteria of 67–100% (Anandarajah, 2004; Cavendish *et al.*, 2003; Chan *et al.*, 2006; Chandramohan, 2013; Costello, 2012; Dobmeier & Reiner, 2012; King, 2005; Kirsh *et al.*, 2001; Lemmer, 2002; Lind, 2011; Lucchetti, 2012; McClain *et al.*, 2008; Neely, 2008; Olson *et al.*, 2003; Pitts, 2005; Sandor *et al.*, 2006; Shores, 2010; Stranahan, 2001; Taylor *et al.*, 2008; van Leeuwen, 2008; Vlasblom *et al.*, 2011; Wallace *et al.*, 2008; Wu *et al.*, 2012).

These studies were consistent in their methodological quality and met the inclusion criteria. **Satisfactory quality:** six studies (n=6) were classified as satisfactory quality, as they met the criteria (33–67%) (Ai *et al.*, 2008; Anandarajah *et al.*, 2007; Curtis, 2002; Karvinen & Vaskilampi, 2012; Ku & Shen, 2011; Wehmer *et al.*, 2010). These studies had strong methodological characteristics which were consistent with the good quality studies. **Poor quality:** However, one study was classified as poor quality 0–33% as it did not meet the criteria related to sampling, response rate and type of study (Berg *et al.*, 2013).

Studies used qualitative methods

Studies only using qualitative methods were assessed for methodological quality by means of a critical review form for qualitative studies (Version 2.0) (Letts, Wilkins, Law, Stewart, Bosch & Westmorland, 2007). In this review, twenty-three (n=23) studies using qualitative methods met the inclusion criteria and were assessed for methodological quality using the quality criteria as presented in Table 3.

Good quality: there were twenty-one studies (n=21) with good quality which met the desired criteria (67–100%) (Baldacchino, 2008; Baldacchino, 2010; Baldacchino, 2011; Barber, 2008; Coholic, 2006; Cone & Giske, 2012; Cone & Giske, 2013; Csontó, 2009; Dhamani, 2011; Furtado, 2005; Giske & Cone, 2012; Hood *et al.*, 2007; Hood, 2004; Janse van Rensburg, 2010; McClain, 2008; Mooney, 2007; Shih *et al.* 2001; Tanyi *et al.*, 2008; Thompson & MacNeil, 2006; van Leeuwen, 2008). These studies provided a clear description of

methodology, specific type of study and principles of trustworthiness. In addition, there were two studies that were classified as **satisfactory for quality** purposes as they met the criteria of 33–67% (Barry & Gibbens, 2011; Janse van Rensburg *et al.*, 2012).

Table 2: Studies using quantitative methods after methodological critical appraisal (N=30)

Author/s	1	2	3	4	5	6	7	8	9	Score
Ai <i>et al.</i> , 2008	0	0	1	0	1	0	1	1	1	55.5
Anandarajah <i>et al.</i> , 2007	0	0	0	0	1	0	1	1	1	44.4
Anandarajah, 2004	0	0	1	0	1	1	1	1	1	66.6
Berg <i>et al.</i> , 2013	0	1	0	0	1	0	0	0	1	33.3
Cavendish <i>et al.</i> , 2003	1	0	0	1	1	1	1	1	1	77.7
Chan <i>et al.</i> , 2006	1	0	1	1	1	1	1	1	1	88.8
Chandramohan, 2013	1	0	1	1	1	1	1	1	1	88.8
Costello, 2012	0	0	0	1	1	1	1	1	1	66.6
Curtis 2002	0	0	0	0	1	0	1	1	1	44.4
Dobmeier & Reiner, 2012	0	1	0	0	1	1	1	1	1	66.6
Karvinen & Vaskilampi, 2012	0	0	1	0	1	1	1	1	0	55.5
King, 2005	1	1	1	0	1	0	1	1	1	77.7
Kirsh <i>et al.</i> , 2001	0	0	1	1	1	1	1	1	1	77.7
Ku & Shen, 2011	0	0	1	0	1	0	1	1	1	55.5
Lemmer, 2002	1	1	0	1	1	1	1	1	1	88.8
Lind, 2011	0	1	1	0	1	0	1	1	1	66.6
Lucchetti <i>et al.</i> , 2012	0	1	0	0	1	1	1	1	1	66.6
McClain <i>et al.</i> , 2008	0	1	1	0	1	1	1	1	1	77.8
Neely, 2008	0	1	0	0	1	1	1	1	1	66.6
Olson, 2003	1	1	1	0	1	1	1	1	1	88.8
Pitts, 2005	1	1	0	1	1	1	1	1	1	88.8
Sandor <i>et al.</i> , 2006	0	0	0	1	1	1	1	1	1	66.6
Shores, 2010	0	1	1	1	1	1	1	1	1	88.8
Stranahan, 2001	0	1	0	0	1	1	1	1	1	66.6
Taylor <i>et al.</i> , 2008	0	1	1	1	1	1	1	1	1	88.8
van Leeuwen, 2008	0	0	1	1	1	1	1	1	1	77.7
Vlasblom, 2011	0	0	1	0	1	1	1	1	1	66.6
Wallace, 2008	0	0	0	1	1	1	1	1	1	66.6
Wehmer <i>et al.</i> , 2010	0	0	0	1	1	1	1	0	0	44.4
Wu <i>et al.</i> , 2012	0	0	1	1	1	1	1	1	0	66.6

Table 3: Studies using qualitative methods after methodological critical appraisal (N=23)

Author/s	1	2	3	4	5	6	7	8	9	10	11	12	13	Score
Baldacchino, 2008	1	1	1	1	0	1	0	1	1	0	1	1	1	76.7
Baldacchino, 2010	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Baldacchino, 2011	1	1	1	1	0	1	1	1	1	1	1	1	1	92.3
Barber, 2008	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Barry & Gibbens, 2011	1	1	1	1	0	1	0	0	1	0	1	0	1	61.5
Coholic, 2006	1	1	1	1	1	1	1	1	1	1	1	0	1	92.3
Cone & Giske, 2012	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Cone & Giske, 2013	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Csontó, 2009	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Dhamani, 2011	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Furtado, 2005	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Giske & Cone, 2012	1	1	0	1	1	1	1	1	1	1	1	1	1	92.3
Hood <i>et al.</i> , 2007	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Hood, 2004	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Janse van Rensburg, 2010	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Janse van Rensburg <i>et al.</i> , 2012	1	1	1	1	1	1	0	0	0	0	0	0	1	53.8
McClain, 2008	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Mooney, 2007	1	1	1	1	0	1	1	1	1	1	1	1	1	92.3
Shih <i>et al.</i> 2001	1	1	1	1	0	1	1	1	1	0	0	0	1	69.2
Tanyi <i>et al.</i> , 2008	1	1	1	1	1	1	1	1	1	1	1	1	1	100
Thompson & MacNeil, 2006	1	1	1	1	1	1	0	0	1	1	1	1	1	84.6
Van Leeuwen, 2008	1	1	1	1	0	1	1	1	1	1	1	1	1	92.3

Data analysis

A narrative synthesis was conducted in analysing the studies that were selected for the systematic review. The studies were subsequently described according to the strategies that was used for spirituality and spiritual care in health sciences education. Additionally, the studies for this review were described based on the countries where they were conducted, content knowledge, learning objectives, teaching and learning strategies as well as educators' teaching strategies in classroom for spirituality and spiritual care.

Results

Many countries have identified the importance of spirituality and spiritual care in health sciences education. This review identified studies that were conducted in various countries including the United States of America (n=17), Malta (n=3), Canada (n=5), Norway (n=3), South Africa (n=3), Netherlands (n=2), Greece (n=1), Ireland (n=1), Taiwan (n=2), China (n=1), Kenya (n=1) and Brazil (n=1). However, some of the studies' geographical locations were not clearly defined.

Content knowledge for teaching spirituality and spiritual care

Concept analysis

The review identified 11 studies which highlighted the concepts that might be incorporated into the content knowledge for teaching spirituality and spiritual care in health sciences education (Baldacchino, 2011; Baldacchino, 2008; Belcher, 2005; Coholic, 2006; Cone & Giske, 2013, Furtado, 2005; Giske & Cone, 2012; Hood, 2004; Janse van Rensburg, 2012; van Leeuwen *et al.*, 2009; Anandarajah, 2004; Anandarajah *et al.*, 2007; Chan *et al.*, 2006; Curtis, 2002; Dobmeier & Reiner, 2012; Karvinen & Vaskilampi, 2012; King, 2005; Lemmer, 2002; Lind, 2011; Sandor *et al.*, 2006; Vlasbom *et al.*, 2011; Ku & Shen, 2011). The concepts that were identified from the studies included spirituality, spiritual coping, spiritual well-being, spiritual care, religion, spiritual distress, spiritual dimension, spiritual needs and spiritual diversity.

Cultural beliefs

There were five studies which suggested that cultural beliefs should be considered as an important component of teaching spirituality in health sciences education (Anandarajah, 2004; Lemmer, 2002; Lucchetti *et al.*, 2012; Neely *et al.*, 2008; Vlasbom *et al.*, 2011). These studies further reported that people seem to be diversified based on their cultural beliefs and values which influence birth and death/dying rituals, as well as dietary requirements.

Diversity and social justice

The review identified three studies which suggested that spirituality should be included in topics such as diversity and social justice (Ai *et al.*, 2008; Lucchetti *et al.*, 2012; Neely *et al.*, 2008). These studies indicated that health sciences students tend to learn and gain more knowledge from clients with different religious beliefs as a multidisciplinary team. As a result, the students' confidence and motivation seemed to be enhanced through providing care to everyone, irrespective of beliefs and social background.

Ethics

In this review, four studies highlighted that ethics should be considered for inclusion in spirituality and spiritual care in health sciences' teaching and

learning (Anandarajah *et al.*, 2007; Lucchetti *et al.*, 2012; Lemmer, 2002; Neely *et al.*, 2008). These studies indicated that health sciences students may need to be assisted in learning to identify ethical considerations and boundaries related to the privacy of clients and families, particularly spiritual and religious needs. Therefore, these studies indicated that ethics should be considered as part of integrating spirituality without infringing on clients' rights while promoting a person-centred approach and quality of life.

Spiritual competence

Within this review, there were spiritual competencies and skills that were identified in seven studies (Costello *et al.*, 2012; King, 2005; Lemmer, 2002; Lucchetti *et al.*, 2012; Neely *et al.*, 2008; Vlasbom *et al.*, 2011; Ku & Shen, 2011). These studies listed skills such as spiritual assessment skills, assessment of spiritual needs, self-knowledge when addressing spiritual needs, appropriate times and methods of making referrals to pastoral care or clients' ministers. Furthermore, these studies highlighted that active listening tends to be a crucial skill for spiritual care while using the integrative bio-psycho-socio-spiritual integrative model during patients' management. Overall these studies highlighted that the health sciences students could be assisted to enhance their knowledge on how to plan, execute, guard and evaluate the spiritual care of the patient in association with other disciplines.

Person-centred

Six studies in the current review suggested that the person-centred approach should incorporate all the essential elements of human beings, including mind, body and spirit (Baldacchino, 2011; Baldacchino, 2008; Lucchetti *et al.*, 2012; Olson *et al.*, 2003; Pitts, 2005; Anandarajah *et al.*, 2007). Furthermore, these studies indicated that assessing patients' body and mind needs, without addressing and considering the spiritual needs of the patients, influenced person-centred care. Consequently, Olson *et al.*'s (2003) study indicated that undergraduates should be educated on how to provide holistic care based on the knowledge of physiological, psychosocial, cultural, spiritual and environmental dimensions. These studies suggest that students should be educated about the significance of viewing human beings as a whole rather than as a sum of the parts. Lucchetti *et al.*'s (2012) study reported that compassion and love were important personal attributes that may be needed to enable health sciences students, educators and clinicians to integrate spirituality and spiritual care into health sciences education and practice. Pitts' (2005) study emphasised that students should be taught how spirituality and spiritual care may influence the health, disease and disability of the patients, families, and communities.

Evidence-based practice

One study identified evidence-based practice as a significant aspect of teaching and learning about spirituality and spiritual care in healthcare (Sandor *et al.*, 2006). This study pointed out that empirical evidence and ongoing research pertaining to spirituality in health and patients using their spirituality and religion may be incorporated into teaching and learning to enhance students' knowledge (Sandor *et al.*, 2006). This study indicated that evidence-based practice may help students, educators, clinicians, patients and their families to make an informed decision about effective intervention driven by empirical studies.

Areas to cover spirituality and spiritual care

This systematic review identified six studies which provided the areas where spirituality and spiritual care may be included in health sciences education (Shih, *et al.*, 2001; Wallace *et al.*, 2008; McClain, 2008; Sandor *et al.*, 2006; Lemmer, 2002; Ku & Shen, 2011). These studies identified areas such as birth and death/dying rituals, dietary requests/requirements, health assessments, geriatric nursing, wellness into illness, grief, nursing women and the childbearing family and mental health nursing. Additionally, these studies supported the incorporation of spirituality and spiritual care into professional nursing, the community, leadership and management, and nursing of children and family.

Learning objectives for spirituality and spiritual care

Knowledge-based learning objectives: Definitions of terms

Studies with regard to knowledge-based learning objectives for spirituality and spiritual care indicated that health sciences students may need a foundation to understand the following terms: spirituality, spiritual well-being and spiritual care and religion (Baldacchino, 2011; Baldacchino, 2008; Janse van Rensburg *et al.*, 2012; Ai *et al.*, 2008; Kirsh *et al.*, 2001; Ku & Shen, 2011; Olson *et al.*, 2003). Baldacchino's (2011) study indicated that nursing students with a good foundation and understanding of the terms seemed to be confident and value the importance of spiritual health in patients' care.

Theories

One of the most significant elements of integration of spirituality into health sciences education includes theories. Four studies revealed that students should be introduced to theories related to spirituality and religion in their courses (Baldacchino, 2011; Baldacchino, 2008; Cone & Giske, 2012; Ai *et al.*, 2008). In a study by Ai *et al.* (2008) it was indicated that students should demonstrate an integrated approach which comprised moral and faith development-related issues, bio-psycho-social-spiritual journeys and critical views of individuals in order to address spirituality and spiritual care. In addition, two studies by Baldacchino (2011) and Baldacchino (2008) highlighted that theories of stress and coping may be used to introduce students to spiritual care. Hence Cone and

Giske's (2012) grounded theory study that highlighted a theory of journeying with students through maturation which seemed to be relevant in enhancing students' awareness about the essence of spirituality.

Attitudes-based learning objectives: Increased awareness

Thirteen of the identified studies indicated that self-awareness exercises seemed to be important in the facilitation of one's personal spirituality, spiritual care, essence of spirituality, self-reflection, self-understanding and taking care of self (Baldacchino, 2011; Baldacchino, 2008; Cone & Giske, 2013; Giske & Cone, 2012; Ai *et al.*, 2008; Curtis, 2002; Kirsh *et al.*, 2001; Ku & Shen, 2011; Sandor *et al.*, 2006; Shih, *et al.*, 2001; Anandarajah, 2004; Anandarajah *et al.*, 2007; Chan *et al.*, 2006). These studies reflected that raising awareness in health sciences students about spirituality and spiritual care could enhance their personal spiritual development. For instance, Ku and Shen's (2011) study also reported that increasing awareness enabled students to improve their self-reflection skills and self-knowledge more deeply. Additionally, these studies revealed that awareness facilitated development of one's own values and relationship to spirituality (Baldacchino, 2011; Giske & Cone, 2012; Ai *et al.*, 2008; Curtis, 2002; Kirsh *et al.*, 2001). Ku and Shen (2011) add that students analyse their own and others' spiritual status in three dimensions of relationship - with themselves, with others, and, with respect to faith, to enhance their spiritual assessment skills. Baldacchino's (2011) study indicated that awareness and self-discovery enable nursing students to sharpen their critical thinking skills about their own spirituality, education and practice. Thus these studies suggest the use of case analysis and applying literature, music, nature and art as spiritual nursing interventions to the nursing process of the patient to solve his/her spiritual problems (Ku & Shen, 2011).

Change agents

The review identified eight studies that reported on the value of students as change agents of spirituality and spiritual care in health sciences education (Baldacchino, 2011; Baldacchino, 2008; Cone & Giske, 2013; Giske & Cone, 2012; Kirsh *et al.*, 2001 ; Ku & Shen, 2011; Olson *et al.*, 2003; Wallace *et al.*, 2008). Two of the studies advocated that the holistic approach should be strengthened in health sciences education by acknowledging spirituality as an essential part of care (Baldacchino, 2011; Baldacchino, 2008). These two studies indicated that nursing students were considered as change agents among their colleagues for spirituality and spiritual care to promote holistic care. Additionally, these studies reported that students appeared to gain skills, such as networking, communication and collaboration, when they considered spirituality as part of holistic care.

Kirsh *et al.*'s (2001) study indicated that occupational therapy students who are exposed to spirituality in their education have a propensity for being change agents when they provide services to, and work with, people with disabilities. However, Wallace *et al.*'s (2008) study highlighted that learning objectives related to physical, psychological and spiritual care, as well as being sensitive to clients' values, goals and culture, were found to be significant to nursing students. Only two of the eight studies suggested that spiritual health should be incorporated into learning objectives related to female clients in the childbearing cycle as these clients are vulnerable at that stage of their lives (Olson *et al.*, 2003; Wallace *et al.*, 2008), and the studies found that students may have more understanding of the needs of the female clients due to their vulnerability at this stage.

Diversity and social justice

In the studies reviewed, it was identified that both diversity and social justice seemed to be facilitators for integrating spirituality and spiritual care in health sciences education. Three studies by Ai *et al.* (2008), Vlasbom *et al.* (2011) and Wallace *et al.* (2008) identified that social and cultural identities were important aspects of diversity which may be incorporated into learning about spirituality and spiritual care. In addition, these studies proposed that societal power relations and forces need to be integrated as part of the learning objectives of spirituality and spiritual care in health sciences education. For instance, Ai *et al.*'s (2008) study provided a variety of learning objectives for spirituality in social work education. These learning objectives included helping first-year MSW students to understand the interplay between social and cultural identities, societal power relations, and other societal forces. Ai *et al.*'s (2008) study indicated that these learning objectives might help students to learn how to work with clients across different barriers. Overall, these studies suggested that students should be given an opportunity to participate in dialogue about personal and environmental factors such as social, spiritual and cultural factors in their education (Ai *et al.*, 2008; Vlasbom *et al.*, 2011; Wallace *et al.*, 2008). Consequently, the students would also learn to formulate care for populations with diverse social, cultural and spiritual aspects (Wallace *et al.*, 2008).

Spirituality in Ethics

Regarding ethics, there were five studies which indicated that spirituality and spiritual care may be incorporated into ethics (Cone & Giske, 2013; Janse van Rensburg *et al.*, 2012; Ku & Shen, 2011; Wallace *et al.*, 2008; Olson *et al.*, 2003). These studies suggested that students should be taught the importance of respect, openness and tolerance as part of ethics and spirituality. Similarly, these studies emphasised the inclusion of the principles of ethics, including autonomy, justice, beneficence and non-maleficence while learning about spirituality. Hence Olson *et al.*'s (2003) and Wallace *et al.*'s (2008) studies reported that nursing students should learn to respect people's rights to participation and decision-

making in health care. Wallace *et al.* (2008) indicated that nursing students should examine their role in identifying and resolving spiritual and legal issues related to the distribution of healthcare resources.

Create supportive environments for teaching and learning

With regards to creating a supportive environment for teaching and learning about spirituality in health sciences education, two studies indicated that students exposed to small groups in the classroom, with support from and a trustful relationship with their educators, tend to feel free to express their views and misconceptions about spirituality (Baldacchino, 2011; Cone & Giske, 2012). Moreover, these two studies highlighted that an environment that promotes sharing and connections among students and role models seems to be appropriate for integration of spirituality and in practice to enhance their knowledge and practical skills. Accordingly, Cone and Giske's (2012) study demonstrated that an environment which promotes reflections in group discussions and journal writing seemed to foster students' learning about spirituality.

Skills-based learning objectives: Professional competency

There were eight studies which pointed out that students should have professional competency for spirituality and spiritual care (Cone & Giske, 2012; Curtis, 2002; Ku & Shen, 2011; Olson *et al.*, 2003; Vlasbom *et al.*, 2011; Janse van Rensburg, 2012; Wallace *et al.*, 2008; Barry & Gibbens, 2011). Six of these studies indicated that students need to be taught how to record a comprehensive history and make a physical examination (Cone & Giske, 2012; Janse van Rensburg, 2012; Wallace *et al.*, 2008; Ku & Shen, 2011) and spiritual assessment (Olson *et al.*, 2003; Ku & Shen, 2011). Amongst the studies, two of them reported that communication and collaboration between students and clients provided opportunities for learning about spirituality in practice. Some of these studies indicated that nursing and psychiatry students were taught about the role of multidisciplinary teams and spiritual professionals (Janse van Rensburg, 2012; Vlasbom *et al.*, 2011). However, Barry and Gibbens' (2011) and Curtis' (2002) studies showed that students' confidence in acknowledging spiritual issues might increase by observing how other health professionals consider spirituality in practice. These studies revealed that students may learn how the referral systems work in various settings to collaborate with other members of the team.

Teaching and learning strategies used for spirituality and spiritual care

Educators' teaching strategies in classroom

A variety of teaching strategies used by educators in the classroom to teach spirituality and spiritual care were identified in fourteen studies, as presented in Table 4. These studies indicated that the teaching strategies that were used within

classrooms were effective in enhancing students' understanding of spirituality and spiritual care.

Table 4: Educators' teaching strategies for spirituality and spiritual care

Teaching strategy	Authors
Power point and hand-out during the class lesson	Baldacchino, 2011; Baldacchino, 2008; Anandarajah <i>et al.</i> , 2007
Brainstorming	Baldacchino, 2011; Baldacchino, 2008
Students' presentations	Belcher, 2005; Coholic, 2006; Ai <i>et al.</i> , 2008; Curtis, 2002; Dobmeier, 2012; Pitts, 2005
Role-play	Coholic, 2006; Cone & Giske, 2012; Costello <i>et al.</i> , 2012; Anandarajah <i>et al.</i> , 2007; Costello <i>et al.</i> , 2012; Dobmeier & Reiner, 2012; Pitts, 2005; Sandor <i>et al.</i> , 2006; Wallace <i>et al.</i> , 2008
Role model	Cone & Giske, 2013; Hood, 2007; Furtado, 2005; Giske & Cone, 2012; Hood, 2004; Lemmer, 2002; Olson <i>et al.</i> , 2003
Dialogue about spirituality and spiritual care	Ai <i>et al.</i> , 2008; Lucchetti <i>et al.</i> , 2012
Guest speakers	Anandarajah <i>et al.</i> , 2007; Kirsh <i>et al.</i> , 2001; Lemmer, 2002; Olson <i>et al.</i> , 2003

Collaborative learning strategies for spirituality and spiritual care

Central to learning about spirituality and spiritual care is the concept of collaborative learning as a social construct that promotes interaction among students and their educators, as presented in Table 5. This review indicated that there were studies which described teaching strategies used in practice to acknowledge spirituality and spiritual care. Three studies reported that field trips to observe religious rituals helped students to learn about spirituality (Mooney, 2007; Shih, *et al.*, 2001; Lemmer, 2002). Additionally, five studies revealed that shadowing experience provided students with an opportunity to observe how other members of the health team promote spirituality in practice (Anandarajah *et al.*, 2007; Lemmer, 2002; McClain, 2008; Neely *et al.*, 2008; Thompson & MacNeil, 2006). Similarly, seven studies indicated that the interdisciplinary panels seemed to play an important role in sharing knowledge and imparting skills about spirituality and spiritual care (Cone & Giske, 2013; Hood, 2007; Kirsh *et al.*, 2001; Lucchetti *et al.*, 2012; McClain, 2008; Pitts, 2005; Sandor *et al.*, 2006). This is consistent with the four studies which promoted workshop and continuous education programmes (Hood, 2004; Belcher, 2005; Anandarajah, 2004; Chandramohan, 2013; Neely *et al.*, 2008).

Discussion

The present review aimed to examine systematically the content knowledge and to identify the teaching strategies for teaching spirituality and spiritual care in health sciences. The results of this review show that the content for spirituality

and spiritual care may include various viewpoints such as cultural diversity, spirituality, social justice, religion, human behaviour, social environment, whole person, palliative, ethics and professionalism. These findings support previous research which reported that the content of spirituality and spiritual care needs to be integrated into health sciences education (Bennett & Thompson, 2015; Prentis *et al.*, 2014; Schonfeld, Schmid & Boucher-Payne, 2014).

Table 5: Collaborative learning as a teaching strategy in classroom

Frequencies	Collaborative learning	Authors
15	Group discussions	Baldacchino, 2011; Baldacchino, 2008; Cone & Giske, 2013; Costello <i>et al.</i> , 2012; Giske & Cone, 2012; Hood, 2004; van Leeuwen, <i>et al.</i> , 2009; Anandarajah <i>et al.</i> , 2007; Chan <i>et al.</i> , 2006; Dobmeier, 2012; Kirsh <i>et al.</i> , 2001; Lucchetti <i>et al.</i> , 2012; McClain, 2008; Olson <i>et al.</i> , 2003; Sandor <i>et al.</i> , 2006
13	Case studies	Baldacchino, 2011; Baldacchino, 2008; Coholic, 2006; Costello <i>et al.</i> , 2012; Hood, 2007; Anandarajah <i>et al.</i> , 2007; Chan <i>et al.</i> , 2006; Kirsh <i>et al.</i> , 2001; Lemmer, 2002; Lind, 2011; Olson <i>et al.</i> , 2003; Pitts, 2005; Wallace <i>et al.</i> , 2008
7	Seminars for case presentations	Baldacchino, 2011; Baldacchino, 2008; Belcher, 2005; Shih, <i>et al.</i> , 2001; Chandramohan, 2013; King, 2005; Lucchetti <i>et al.</i> , 2012
8	Self-reflective exercise	Baldacchino, 2011; Baldacchino, 2008; Belcher, 2005; Barry & Gibbens, 2011; Coholic, 2006; Cone & Giske, 2013; Olson <i>et al.</i> , 2003; Wallace <i>et al.</i> , 2008
10	Reflective sharing discussion	Belcher, 2005; Cone & Giske, 2013; Cone & Giske, 2012; Furtado, 2005; van Leeuwen, <i>et al.</i> , 2009; Costello <i>et al.</i> , 2012; Kirsh <i>et al.</i> , 2001; Ku & Shen, 2011; Lucchetti <i>et al.</i> , 2012; Olson <i>et al.</i> , 2003
9	Experiential and reflective journaling	Coholic, 2006; Cone & Giske, 2013; Cone & Giske, 2012; Hood, 2007; van Leeuwen <i>et al.</i> , 2009; Curtis, 2002; Dobmeier & Reiner, 2012; Lemmer, 2002; Olson <i>et al.</i> , 2003
9	Journal reading about spirituality	Belcher, 2005; Cone & Giske, 2013; Giske & Cone, 2012; Dobmeier & Reiner, 2012
5	Literature search about spirituality	Cone & Giske, 2012; Giske & Cone, 2012; Kirsh <i>et al.</i> , 2001; Lucchetti <i>et al.</i> , 2012; Sandor <i>et al.</i> , 2006
2	Online tutorials about spirituality	Lucchetti <i>et al.</i> , 2012; Pitts, 2005
4	Videos	Anandarajah <i>et al.</i> , 2007; Lind, 2011; Lucchetti <i>et al.</i> , 2012; Olson <i>et al.</i> , 2003

Similarly, the results of this review indicated that understanding of the following concepts: spirituality, spiritual care, spiritual distress, spiritual coping and spiritual well-being, might help students. Conversely, some of the results indicated that students should learn to differentiate between spirituality and religion. Therefore, the findings of Prentis *et al.* (2014) in the current review are in agreement with the findings which show that spirituality and spiritual care may be integrated in specific areas such as oncology and palliative care and more general topics, for example morality and ethics. These findings may help the educators with ideas on how to incorporate spirituality and spiritual care into health sciences education in order to enhance students' and clinicians' knowledge. Self-awareness was found to be the key facilitator for incorporating

spirituality in health sciences education (Malinski, 2000; Scheurich, 2003; van Leeuwen *et al.*, 2006; van Leeuwen *et al.*, 2009, Bennett & Thompson, 2015). Both spirituality and self-awareness were identified as being connected to each other and facilitated students' personal development (Bennett & Thompson, 2015; Prentis *et al.*, 2014; Schonfeld *et al.*, 2014; Baldacchino, 2008). Additionally, self-awareness provides students with an opportunity to identify their spiritual needs and learn to reflect on their own experiences. The findings of this study further suggest that students need to be introduced to spiritual assessments in order to sharpen their skills and provide holistic care. For example, a study by Kelso-Wright (2012) examined students' perceptions of spiritual history assessments and/or the experience of administering the Faith, Importance, Community and Address (FICA©) with an adult client in an on-campus clinic. Kelso-Wright's (2012) findings indicated that exposure to FICA increased students' confidence in conducting a spiritual history assessment. The findings further show that students learn more about their clients; clients' motivation; rapport; holistic care; scope of practice and increased confidence to deal with the subject of spirituality. To this end FICA may be used as an effective tool for spiritual assessment.

The current review found that there were various teaching strategies for spirituality and spiritual care. In addition, the teaching strategies were linked to the learning engagement model concepts which assisted in discussing the teaching strategies (Guthrie & Wigfield, 2000). The learning engagement model concepts included teacher involvement, autonomy support, collaboration, real world interaction, strategy instruction and interesting texts. It can be seen from the findings that the teaching strategies discussed met the concepts of the learning engagement model. Therefore, the findings of the review suggest that the teaching strategies provided by the studies may be used in teaching health sciences students about spirituality and spiritual care. However, there were two concepts which were under-addressed, based on the learning engagement model (Guthrie & Wigfield, 2000). These under-addressed concepts included the strategy instruction and reward, as well as praise. In relation to the learning engagement, there were no instructions found to guide how spirituality and spiritual care should be integrated into health sciences education. This is in agreement with Rushton's (2014) review which identified a lack of guidelines for healthcare professionals in providing spiritual care, lack of time and lack of training being the main barriers. In addition, from the studies reviewed, there was a gap in the reward and praise concepts to motivate students to learn about spirituality and spiritual care. Conventional teaching strategies, including self-reflection exercises, case studies and small group discussions to augment learning, were identified as effective methods used for teaching spirituality and spiritual care in the current review, and were consistent with Bennett and Thompson (2015) and Prentis *et al.* (2014) and also Lemmer (2010). This supports the assertion that the learning engagement model seemed to facilitate

collaboration between students and their educators to promote participation and learning. Accordingly, the findings in the present systematic review suggest that these teaching strategies may be used to include spirituality and spiritual care in health sciences education. The present findings support other research that indicated that learning about spirituality and spiritual care has positive implications for students' and educators' personal, academic and professionalism (Mthembu *et al.*, 2014; Baldacchino, 2008; Schonfeld *et al.*, 2014). Furthermore, previous students reported that students seemed to benefit from learning about spirituality, as they are able to count their blessings regarding their own quality of life and health (Bennett & Thompson, 2015; Mthembu *et al.*, 2014; Baldacchino, 2008). These findings therefore suggest that health sciences students should be introduced to spirituality and spiritual care.

Implications for Health Sciences Education

The study contributes to the expansion of knowledge of health sciences educators and students regarding spirituality and spiritual care in health sciences education. This is supported by the work of Prentis *et al.* (2014) who reported that willingness to debate the issues of spirituality among healthcare lecturers may lead to reduced confusion about definitions and greater understanding of how to integrate this into teaching and therefore into practice. Integration of spirituality may help students to cope with stress caused by their training and face the demands of a challenging career in health care (Schonfeld *et al.*, 2014). This review used studies that were only quantitative in nature and studies that only employed qualitative methods. Therefore, this might be a limitation of the present review as studies using both quantitative and qualitative methods were not included as part of the inclusion criteria.

Conclusion

In this review, the aim was to systematically examine the content knowledge and identify the teaching strategies for teaching spirituality and spiritual care in health sciences education. Overall, it was shown that the content of spirituality and spiritual care may be incorporated using the concepts of analysis, self-awareness, cultural beliefs, person-centred approach, diversity and social justice as well as ethics. These findings suggest that students could be assisted to gain spiritual competencies such as spiritual assessment and methods of making referrals to pastoral care or clients' ministers. Additionally, the findings that emerged from this review indicated that a variety of teaching strategies could be used in the classroom, such as power point, hand-outs, role play, brainstorming, guest lecturers, case studies and presentations. Some studies indicated that field trips, role models, workshops and continuous education programmes seemed to enhance students' understanding of spirituality in practice. The evidence from

this review may contribute to the development of guidelines to integrate spirituality and spiritual care into health sciences education.

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References

- Ai, A.L., Moultime, K., Picciano, J.F., Nagda, B.R. & Thurman, L.H. (2004). Integrating spirituality into the social work curriculum: A student-initiated program evaluation. *Journal of Teaching in Social Work, 24*(1-2), 105-128.
- Anandarajah, G., Craigie, F.J., Hatch, R., Kliwer, S., Marchand, L., King, D. & Daaleman, T.P. (2010). Toward competency-based curricula in patient-centered spiritual care: Recommended competencies for family medicine resident education. *Academic Medicine: Journal of the Association of American Medical Colleges, 85*(12), 1897-1904. doi:10.1097/ACM.0b013e3181fa2dd1 [doi]
- Baldacchino, D.R. (2011). Teaching on spiritual care: The perceived impact on qualified nurses. *Nurse Education in Practice, 11*(1), 47-53. doi: <http://dx.doi.org/10.1016/j.nepr.2010.06.008>
- Baldacchino, D. (2008). Nursing competence for spiritual care. *Journal of Clinical Nursing, 15*(7), 885–896. doi: 10.1111/j.1365-2702.2006.01643.x
- Baldacchino, D.R. (2008). Teaching on the spiritual dimension in care: The perceived impact on undergraduate nurse students. *Nurse Education Today, 28*, 501 – 512.
- Baldacchino, D. (2010). Caring in Lourdes: An innovation in students' clinical placement. *British Journal of Nursing, 19*(6), 358 – 366.
- Barber, J. (2008). *Nursing students' perception of spiritual awareness after participating in a spirituality project*. PhD Thesis. College of Saint Mary. Omaha.
- Barry, E.& Gibbens, R. (2011). Spirituality in practice: using personal reflection to prepare occupational therapy students. *British Journal of Occupational Therapy, 74*(4), 176 - 180.
- Belcher, A. & Griffiths, M. (2005). The spiritual care perspectives and practices of hospice nurses. *Journal of Hospice & Palliative Nursing, 7*(5), 271-279.
- Berg, G.M., Whitney, M.P., Wentling, C.J., Hervey, A.M. & Nyberg, S. (2013). Physician assistant program education on spirituality and religion in patient encounters. *The Journal of Physician Assistant Education, 24*(2), 24 – 27.

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- Bennett, V. & Thompson, M.L. (2015). Teaching spirituality to student nurses. *Journal of Nursing and Practice*, 5(2), 26 – 33.
- Cavendish, R., Konecny, L., Mitzeliotis, C., Russo, D., Luise, B.K., Medefindt, J. & McPartlan Bajo, M.A. (2003). Spiritual care activities of nurses using nursing intervention classification (NIC) labels. *International Journal of Nursing Terminologies and Classifications*, 14(4), 113 – 124.
- Chan, M.F. (2010). Factors affecting nursing staff in practising spiritual care. *Journal of Clinical Nursing*, 19(15-16), 2128-2136. doi:10.1111/j.1365-2702.2008.02690.x
- Chan, M.F., Chung, L.Y.F., Lee, A.S.C., Wong, W. K., Lee, G.S.C., Lau, C. Y., Lau, W.Z., Hung, T.T., Liu, M.L. & Ng, J.W.S. (2006). Investigating spiritual care perceptions and practice patterns in Hong Kong nurses: Results of a cluster analysis. *Nurse Education Today*, 26(2), 139-150. doi:http://dx.doi.org/10.1016/j.nedt.2005.08.006
- Chandramohan, S. (2013). *Spirituality and spiritual care among professional nurses at public hospitals Kwazulu-Natal*. Masters in Technology: Nursing. Durban, South Africa: Durban University of Technology.
- Coholic, D. (2006). Spirituality in social work pedagogy: A Canadian perspective. *Journal of Teaching in Social Work*, 26(3-4), 197-217.
- Cone, P.H. & Giske, T. (2013). Teaching spiritual care – a grounded theory study among undergraduate nursing educators. *Journal of Clinical Nursing*, 22(13-14), 1951-1960.
- Csonto', S. (2009). Occupational therapy students' consideration of clients' spirituality in practice placement education. *British Journal of Occupational Therapy*, 72, 442–449.
- Costello, M., Atinaja-Faller, J. & Hedberg, M. (2012). The use of simulation to instruct students on the provision of spiritual care: A pilot study. *Journal of Holistic Nursing: Official Journal of the American Holistic Nurses' Association*, 30(4), 277-281. doi:10.1177/0898010112453330 [doi]
- Curtis, R.C. & Glass, J.S. (2002). Spirituality and counseling class: A teaching model. *Counseling and Values*, 47(1), 3-12.
- Dhamani, K.A. (2011). *Tanzian nurses' understanding of spirituality and practice of spiritual care*. PhD. University of Alberta, Edmonton, Alberta.
- Dobmeier, R.A. & Reiner, S.M. (2012). Spirituality in the counselor education curriculum: A national survey of student perceptions. *Counseling and Values*, 57(1), 47-65.
- D'Souza, R. (2007). The importance of spirituality in medicine and its application to clinical practice. *Medical Journal of Australia*, 186, S57 – S59.
- Giske, T. & Cone, P.H. (2012). Opening up to learning spiritual care of patients: A grounded theory study of nursing students. *Journal of Clinical Nursing*, 21(13-14), 2006-2015.
- Furtado, J. (2005). *Expertise in spiritual care*. Unpublished PhD Thesis. Lowell: University of Massachusetts.

- Guthrie, J.T. & Wigfield, A. (2000). Engagement and motivation in reading. In M. Kamil, D. Pearson, P. Mosenthal & R. Barr (Eds.), *Handbook of Reading Research III* (pp. 406–422). New York: Longman.
- Haq, C., Steele, D.J., Marchand, L., Seibert, C. & Brody, D. (2004). Integrating the art and science of medical practice: Innovations in teaching medical communication skills. *Family Medicine*, 36(January suppl): S43 - S50.
- Hatcher, S.N. (2014). *Integrating spirituality and medical education: What students and teachers have to say – A qualitative study*. University of Western Ontario, Electronic Theses and Dissertation Repository. Paper 2516.
- Hood, L.E., Olson, J.K. & Allen, M. (2007). Learning to care for spiritual needs: Connecting Spiritually. *Qualitative Health Research*, 17(9), 1198-1206.
- Hood, L.E. (2004). *Connecting spirituality: How nurses learn to care for spiritual needs*. Unpublished PhD Thesis. Edmonton: University of Alberta.
- Janse van Rensburg, A.B.R. (2010). *The role of spirituality in South African specialist psychiatry practice and training*. Unpublished PhD Thesis. Johannesburg: University of Witwatersrand.
- Janse van Rensburg, A.B.R, Poggenpoel, M., Myburgh, C.P.H. & Szabo, C.P. (2012). A Model for the Role of Defined Spirituality in South African Specialist Psychiatric Practice and Training. *Journal of Religion and Health*, DOI 10.1007/s10943-012-9644-3
- Karvinen, I. & Vaskilampi, T. (2012). Perceptions of spiritual health held by the African Seventh-Day-Adventist nursing students. *Baraton Interdisciplinary Research Journal*, 2(2), 31 – 39.
- Kelso-Wright, P. (2012). *Spiritual history assessment and occupational therapy: students using FICA*. Masters Thesis. Tacoma, Washington: University of Puget Sound.
- King, D.E. & Crisp, J. (2005). Spirituality and health care education in family medicine residency programs. *Family Medicine*, 37(6), 399-403.
- Kirsh, B., Dawson, D., Antolikova, S. & Reynolds, L. (2001). Developing awareness of spirituality in occupational therapy students: Are our curricula up to the task? *Occupational Therapy International*, 8(2), 119-125.
- Koenig, H.G. (2004). Taking a spiritual history. *The Journal of American Medical Association*, 291:2881
- Ku, Y.L. & Shen, M.H. (2011). The exploration of reflection teaching in the course of spirituality with respect to nursing students' spiritual status and abilities of spiritual nursing care (p.202 – 209). Oral presentation conducted at the 7th International Conference on Education to be held in Samos Island, Greece during 7 – 9 July 2011.
- Lemmer, C. (2002). Teaching the spiritual dimension of nursing care: A survey of U.S. baccalaureate nursing programs. *Journal of Nursing Education*, 41(11), 482-490.
- Lemmer, C. (2010). Reflections on teaching “spirituality in the healthcare environment”. *Journal of Holistic*, 28(2), 145 – 149.

Letts, L., Wilkins, S., Law, M., Stewart, D., Bosch, J. & Westmorland, M. (2007). Critical review form – qualitative studies (Version 2.0). McMaster University. Available Online: https://www.unisa.edu.au/Global/Health/Sansom/Documents/iCAHE/CATs/McMasters_qualreview_version2%200.pdf, Date Retrieved: 2014/10/07: 11:51 AM.

Lind, B., Sendelbach, S. & Steen, S. (2011). Effects of a spirituality training program for nurses on patients in a progressive care unit. *Critical Care Nurse*, 31(3), 87-90. doi:10.4037/ccn2011372

Lucchetti, G., Lucchetti, A.L.G., Espinaha, D.C.M., de Oliveira, L.R., Leite, J.R. & Koenig, H.G. (2012). Spirituality and health in the curricula of medical school in Brazil. *BioMed Central Medical Education*, 12, 78. <http://www.biomedcentral.com/1472-6920/12/78>

Malinski, V.M. (2000). Developing a nursing perspective on spirituality and healing. *Nursing Science Quarterly*, 15(4), 281 – 287.

Mariotti, L., Lucchetti, G., Dantas, M., Banin, V., Fumelli, F. & Padula, N. (2011). Spirituality and medicine: Views and opinions of teachers in a Brazilian medical school. *Medical Teacher*, 33,339–340.

Masterson, M.F., Gill, R.S., Turner, S.R., Shrichand, P. & Giuliani, M. (2013). A systematic review of educational resources for teaching patient handover skills to resident physicians and other healthcare professionals. *Canadian Medical Education Journal*, 4(1), e96–e110.

McClain, E.K., McClain, R.L., Desai, G.J. & Pyle, S.A. (2008). Spirituality and medicine: Prevalence of spirituality-in-medicine instruction at osteopathic medical schools. *JAOA: Journal of the American Osteopathic Association*, 108(4), 197-202.

McClain, J.E. (2008). *The Influence of Spirituality on Learning for Adult Learners in Technical College Practical Nursing Programs*. Unpublished PhD Thesis. Athens, USA: University of Georgia.

McSherry, W. (2000). Education issues surrounding the teaching of spirituality. *Nursing Standard*, 14(42), 40-43.

Monareng, L.V. (2013). An exploration of how spiritual nursing care is applied in clinical nursing practice. *Health SA Gesondheid*, 18(1), Art #635, 8 pages. <http://dx.doi.org/10.4102/hsag.v18i1.635>

Mooney, B. & Timmins, F. (2007). Spirituality as a universal concept: Student experience of learning about spirituality through the medium of art. *Nurse Education in Practice*, 7(5), 275-284. doi:<http://dx.doi.org/10.1016/j.nepr.2006.09.001>

Mthembu, T.G., Ahmed, F., Nkuna, T. & Yaca, K. (2014). Occupational therapy students' perceptions of spirituality in training. *Journal of Religion and Health*, doi: 10.1007/s10943-014-9955-7

Neely, D. & Minford, E. J. (2008). Current status of teaching on spirituality in UK medical schools. *Medical Education*, 42(2), 176-182.

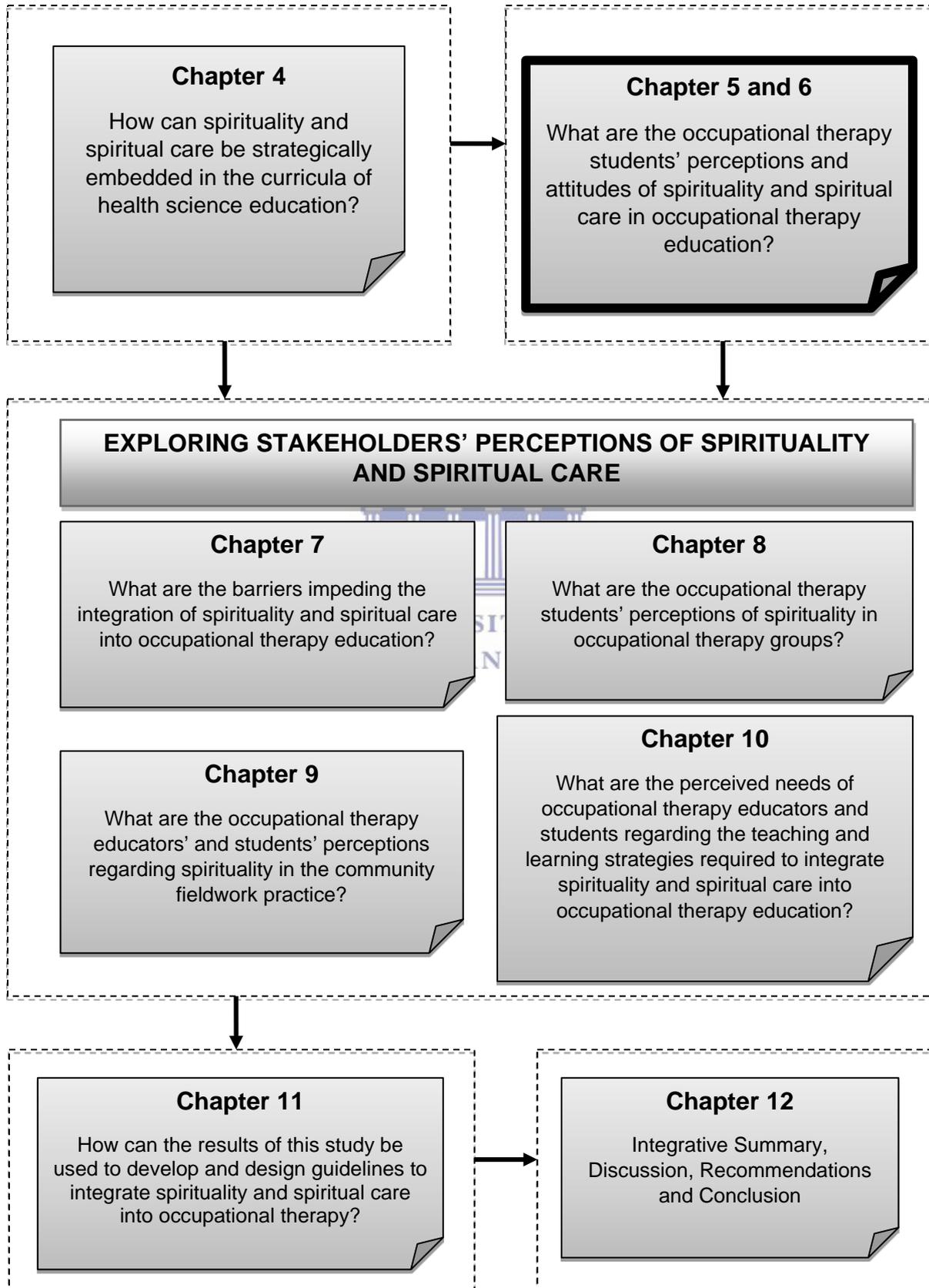
Olson, J.K., Paul, P., Douglass, L., Clark, M.B., Simington, J. & Goddard, E. N. (2003). Addressing the spiritual dimension in Canadian undergraduate nursing education. *Canadian Journal of Nursing Research*, 35(3), 94 -107.

- Paal, P., Roser, T. & Frick, E. (2014). Developments in spiritual care education in German-speaking countries. *BMC Medical Education*, 14:112 doi:10.1186/1472-6920-14-112.
- Pitts, J.C. (2005). *Perceptions of physical therapy faculty on the inclusion of spirituality in physical therapy education*. Unpublished Thesis. Berrien Springs, Michigan: Andrews University.
- Prentis, S., Rogers, M., Wattis, J., Jones, J. & Stephenson, J. (2014). Healthcare lecturers' perceptions of spirituality in education. *Nursing Standard*, 29(3), 44-52.
- Prozesky, D. (2009). Spirituality as an element of health sciences education and practice. *African Journal of Psychiatry*, 12, 103 -107.
- Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., Chochinov, H., Handzo, G., Nelson-Becker, H., Prince-Paul, M., Pugliese, K. & Sulmasy, D. (2009). *Journal of Palliative Medicine*. 12(10), 885-904. doi:10.1089/jpm.2009.0142.
- Puchalski, C.M., Vitillo, R., Hull, S.K. & Reller, N. (2014). Improving the spiritual dimension of whole person care: Reaching National and International consensus. *Journal of Palliative Medicine*, 17(6), 642 – 656. DOI: 10.1089/jpm.2014.942
- Puchalski, C.M. (2012). Spirituality in cancer trajectory. *Annals of Oncology*, 23(3), iii49-iii55. doi:10.1093/annonc/mds088
- Roman, N.V. & Frantz, J.M. (2013). The prevalence of intimate partner violence in the family: A systematic review of the implications for adolescents in Africa. *Family Practice*, 30, 1 – 10.
- Rushton, L. (2014). What are the barriers of spiritual care in a hospital setting? *British Journal of Nursing*, 23(7), 370 – 374.
- Sandor, M.K., Sierpina, V.S., Vanderpool, H.V. & Owen, S.V. (2006). Spirituality and clinical care: Exploring developmental changes in nursing and medical students. *Explore*, 2, 37 – 42.
- Sawatzky, R. & Pesut, B. (2005). Attributes of spiritual care in nursing practice. *Journal of Holistic Nursing* 23(1), 19–33. <http://dx.doi.org/10.1177/0898010104272010>, PMID: 15665264.
- Scheurich, N. (2003). Reconsidering spirituality and medicine. *Academic Medicine Journal of the Association of American Medical Colleges*, 78(4), 356 – 360.
- Schonfeld, T.L., Schmid, K.K., & Boucher-Payne, D. (2014). Incorporating spirituality into health sciences education. *Journal of Religion and Health*, doi: 10.1007/s10943-014-9972-6
- Shih, F., Gau, M., Mao, H., Chen, C. & Lo, C.K. (2001). Empirical validation of a teaching course on spiritual care in Taiwan. *Journal of Advanced Nursing*, 36(3), 333-346. doi:10.1046/j.1365-2648.2001.01978.x
- Shores, C.I. (2010). Spiritual perspectives of nursing students. *Nursing Education Perspectives*, 31(1), 8 – 11.
- Stranahan, S. (2001). Spiritual perceptions, attitudes about spiritual care, and spiritual care practising among nurses and practitioners. *Western Journal of Nursing Research*, 23(1), 90 – 104.

- Tanyi, R.A., McKenzie, M. & Chapek, C. (2009). How family practice physicians, nurses practitioners, and physician assistants incorporate spiritual care in practice. *Journal of the American of Nurse Practitioners*, 21, 690 – 697. doi:10.1111/j.1745-7599.2009.00459.x
- Taylor, E.J., Mamier, I., Bahjri, K., Anton, T. & Petersen, F. (2008). Efficacy of a self-study programme to teach spiritual care. *Journal of Clinical Nursing*, 18, 1131–1140. doi: 10.1111/j.1365-2702.2008.02526.x
- Tiew, L.H. (2011). *Nursing students' perceptions and attitudes about spirituality and spiritual care in practice*. Unpublished PhD Thesis. Singapore: National University of Singapore.
- Thompson, B.E. & MacNeil, C. (2006). A phenomenological study exploring the meaning of a seminar on spirituality for occupational therapy students. *American Journal of Occupational Therapy*, 60, 531–539.
- Tisdell, E.J. (2007). In the new millennium: The role of spirituality and the cultural imagination in dealing with diversity and equity in the higher education classroom. *Teachers College Record*, 109(3), 531-560. <http://www.tcrecord.org> ID Number: 12223, Date Accessed: 11/7/2014 4:14:40 AM
- Van Leeuwen, R., Tiesinga, L. J., Middel, B., Post, D. & Jochemsen, H. (2008). The effectiveness of an educational programme for nursing students on developing competence in the provision of spiritual care. *Journal of Clinical Nursing*, 17(20), 2768-2781. doi:10.1111/j.1365-2702.2008.02366.x
- Van Leeuwen, R., Tiesinga, L. J., Post, D. & Jochemsen, H. (2006). Spiritual care: Implications for nurses' professional responsibility. *Journal of Clinical Nursing*, 15(7), 875-884. doi:10.1111/j.1365-2702.2006.01615.x
- Van Leeuwen, R., Tiesinga, L.J., Jochemsen, H. & Post, D. (2009). Learning effects of thematic peer-review: A qualitative analysis of reflective journals on spiritual care. *Nurse Education*, 29, 413 – 422.
- Vlasblom, J. P., van der Steen, J. T., Knol, D. L. & Jochemsen, H. (2011). Effects of spiritual care training for nurses. *Nurse Education Today*, 31(8), 790-796. doi: <http://dx.doi.org/10.1016/j.nedt.2010.11.010>
- Wallace, M., Campbell, S., Grossman, S.C., Shea, J.M., Lange, J.W. & Quell, T.T. (2008). Integrating spirituality into undergraduate nursing curricula. *International Journal of Nursing Education Scholarship*, 5(1), 1-13.
- Wehmer, M.A., White, A.H., Quinn Griffin, M.T. & Fitzpatrick, J.J. (2010). An exploratory study of spiritual dimensions among nursing students. *International Journal of Nursing Education Scholarship*, 7(1), Art 40.
- Wu, L., Liao, Y. & Yeh, D. (2012). Nursing students' perceptions of spirituality and spiritual care. *The Journal of Nursing Research*, 20(3), 219 – 227.

CHAPTER FIVE

STAGE TWO OF PHASE ONE



A CROSS-SECTIONAL DESCRIPTIVE STUDY OF OCCUPATIONAL THERAPY STUDENTS' PERCEPTIONS AND ATTITUDES TOWARDS SPIRITUALITY AND SPIRITUAL CARE IN OCCUPATIONAL THERAPY EDUCATION

CITATION: Mthembu, T.G., Roman, N.V., & Wegner, L. (2016). A cross-sectional descriptive study of occupational therapy students' perceptions and attitudes towards spirituality and spiritual care in occupational therapy education. *Journal of Religion and Health*, 55(5), 1529-1545. doi: 10.1007/s10943-015-0125-3.

5 Introduction

Chapter Four presented the results of a systematic review that examined the teaching of spirituality and spiritual care in health sciences education in Stage 1 of Phase One, which addressed objective 1 of the design-based research. The results of the first stage highlighted that there is a need for students to learn about spirituality and spiritual care in health sciences education. Chapter Five marks the beginning of the second stage of Phase One of the design-based research. This chapter presents the results of the first study of Stage 2 in Phase One, which aims to describe the perceptions and attitudes of occupational therapy students regarding spirituality and spiritual care in occupational therapy education. It has been highlighted that for many years in the occupational therapy profession, the importance of spirituality and spiritual care was a controversial issue because it was unclear how these concepts could be integrated into occupational therapy education. Three scales of spirituality and spiritual care were used and their mean and standard deviations were calculated. The findings of this study seem to provide the groundwork for raising awareness about the importance of spirituality and spiritual care among occupational therapy students.

5.1 Publication Details

Title	A cross-sectional descriptive study of occupational therapy students' perceptions and attitudes towards spirituality and spiritual care in occupational therapy education
Authors	Mthembu, T.G., Roman, N.V., & Wegner, L.
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5.2 Journal of Religion and Health

The Journal of Religion and Health is an international publication combining the creative partnerships of psychology and religion/spirituality and the relationship between religion/spirituality and mental and physical health. This multidisciplinary and interdisciplinary journal publishes peer-reviewed original contributions from scholars and professionals of all religious faiths. It provides a platform for contemporary modes of religious thought, with emphasis on their relevance to current medical and psychological research.

5.3 Publication Record

This publication forms part of the PhD by publication completed by the candidate. The candidate prepared the draft of the manuscript and submitted it to the journal in preparation for review. The manuscript was submitted on the 14th of May 2015 for review and was accepted for publication on the 3rd of September 2015 online. The article was originally published as Early View Online on the 15th of September 2015.

In 2016, a hard copy of the article was published with volume 55, issue (5) 1529 – 1545.

5.4 Contribution Record

The contribution record provides information on the PhD candidate’s joint publication with supervisors and their contributions.

PhD candidate’s and supervisors’ contribution on publication

Authors	Contributions
Thuli Godfrey Mthembu (Candidate)	Designed the survey, consulted Prof L.H. Tiew, Prof W. McSherry and Prof D. Morris to obtain permission to use their measurement instruments, created the Google forms, conducted the statistical analysis of data collected, interpreted data, wrote the manuscript in partial fulfilment of obtaining a PhD degree, identified the journal, corresponding author, and communicated with the Editor-In-Chief and reviewers during the process of reviewing the manuscript until publication
Nicolette Vanesa Roman (Co-supervisor)	Participated in statistical analysis, critically reviewed the manuscript, and provided feedback in order to improve the quality of the work
Lisa Wegner (Supervisor)	Provided input regarding the occupational therapy perspective, and critically reviewed the manuscript, and provided feedback in order to improve the quality of the work

5.5 Visibility of Research and Publication Statistics

Discernibility of the article was retrieved from ResearchGate and Google Scholar to identify the readership statistics of people engaging with the candidate’s research. There were 76 reads of the paper on ResearchGate during the time of writing the thesis. It was downloaded 454 times from the websites of the Journal of Religion and Health. Additionally, this paper has been cited twice: Calderia, S., Figueiredo, A.S.,

Ermel, C., Mendes, J., Chaves, E., de Carvalho, E.C., & Viera, M. (2016). Spirituality in undergraduate curricula of nursing schools in Portugal and São Paulo-Brazil. *Religions*, 7(11), 134: doi:10.3390/rel7110134, and in Cruz, J.P., Alshammari, F., Alotaibi, K.A., & Colet P.C. (2017). Spirituality and spiritual care among baccalaureate nursing students in Saudi Arabia: A cross-sectional study. *Nurse Education Today*, 49, 156 – 162.

5.6 Conclusion

The current findings add substantially to our understanding of spirituality and spiritual care in occupational therapy education. In this chapter, the findings highlight that there is a need for integrating spirituality and spiritual care into occupational therapy education. This chapter presents a descriptive statistics of the perceptions and attitudes of occupational therapy students regarding spirituality and spiritual care. The next chapter presents the results of the second study in Stage 1 of Phase One, which covers both internal consistency and exploratory factor analysis of the measurement instruments used in the design-based research.

5.7 Published Article

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ORIGINAL PAPER

A Cross-Sectional Descriptive Study of Occupational Therapy Students' Perceptions and Attitudes Towards Spirituality and Spiritual Care in Occupational Therapy Education

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Lisa Wegner¹

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Abstract Spirituality and spiritual care both have received increased attention over the course of this past decade from different disciplines. However, for many years, in the occupational therapy profession, the importance of spirituality and spiritual care seems to be controversial because it is unclear how these concepts are integrated in occupational therapy education. Although occupational therapy students are being educated to consider a holistic and client-centred approach, spirituality is not regarded within this framework which diminishes the integrity of holistic approach. In South African occupational therapy education, it is unclear whether any single course on teaching and learning of spirituality and spiritual care exists. Thus, the aim of this study was to describe occupational therapy students' perceptions and attitudes regarding spirituality and spiritual care in occupational therapy education. A cross-sectional descriptive study design of undergraduate occupational therapy students from one educational institution was used. Data included demographic characteristics, responses on Spiritual Care-Giving Scale (SCGS), Spiritual and Spiritual Care Rating Scale (SSCRS) and Spirituality in Occupational Therapy Scale (SOTS). A response rate of 50.5 % ($n = 100$ out of 198) was achieved. In the SCGS, among the factors only factor 1 had the highest mean value score showing consistent agreement about spirituality, whereas in the SSCRS only three factors were found to have highest mean score and one with lowest mean score. In SOTS, participants had a highest score mean in relation to formal education and training about spirituality. Thus, in the integration of spirituality and spiritual care a holistic approach needs to be considered in education to enhance students' knowledge of how to address mind, body and spirit needs.

All the authors have contributed to this work.

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Keywords Occupational therapy · Perception · Spirituality · Education · Students

Introduction

Spirituality and spiritual care both have received increased attention over the course of this past decade from different disciplines. With regard to the definition of spirituality, research has shown that there are various definitions used. For instance, Csontó (2009) and Kang (2003) point out that the scarcity of an acceptable definition of spirituality results in a challenge for practising students and occupational therapists. Therefore, for the purpose of this study Puchalski et al.'s (2014) definition was adopted defining spirituality as:

a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices (p. 646).

There is a need for healthcare professionals to increase their knowledge and confidence in addressing spiritual issues as part of healthcare services (Meredith et al. 2012). Therefore, research has shown that spirituality has been a neglected aspect of education which appears to be a concern within spheres of interest in healthcare education and continues to evolve based on societal needs (Webster 2003; Borneman 2011; Morris 2013; Morris et al. 2012; Puchalski 2001, 2006; King and Crisp 2005). This suggests that medical schools should teach their students how to meet the societal needs and health systems need to provide a conducive environment and foster compassionate caregiving. Hence, Hinojosa (2007) challenges healthcare educators and faculty members to be innovators in adapting education and practices to meet the new realities of the world as this is essential for health professionals to continue to develop. This could mean that educators should consider various movements and changes in higher education especially in health science education such as integrative, transformative, collaborative and interdisciplinary education. These education strategies share the idea of using a variety of active and reflective pedagogies to encourage deep learning across disciplines. Therefore, training institutions may need to equip health science graduates with necessary knowledge and skills to integrate spirituality and spiritual care.

Some evidence shows that occupational therapy students in ten Canadian occupational therapy programmes believe that spirituality has some relevance to the profession (Kirsh et al. 2001). Kirsh et al.'s (2001) study found that nine of the occupational therapy programmes introduced spirituality in the beginning of the programme; however, in the remaining one it was part of the selective course only. Moreover, the findings indicated that importance attached to spirituality within the programmes was very low (Kirsh et al. 2001). The confidence of the students in dealing with spirituality in the curricula was also low. In contrast, a qualitative study conducted by Barry and Gibbens (2011) in the UK found that participants who engaged in reflection about spirituality had higher possibilities of addressing clients' spiritual needs in practice. This suggests that personal reflection about spirituality could be used in occupational therapy education in order to prepare students.

Many occupational therapists and researchers have commented on the need to address spirituality in occupational therapy education (Morris 2007; Wilding 2002, 2003; Belcham 2004; Kelso-Wright 2012). This was also a concern in a study conducted that examined the

responses of occupational therapists on the subject of spirituality in occupational therapy practice (Morris et al. 2012). The findings showed that practising occupational therapists needed more emphasis on spirituality in formal occupational therapy curricula and a desire on the part of practitioners to attend workshops in which the construct of spirituality is explained. Therefore, Morris et al.'s study identified a gap between education, theory and practice in occupational therapy. Various researchers have emphasised that there is a need to bridge the gap between professional theory and practice relating to spirituality in occupational therapy (Csontó 2009; Belcham 2004). They further identified that practical training and strategies might be of help to enhance occupational therapists' confidence.

Statement of the Problem

For many years, in the occupational therapy profession, the importance of spirituality and spiritual care seems to be controversial because it is unclear how these concepts are integrated in occupational therapy education (Csontó 2009; Belcham 2004; Morris et al. 2012; Wilding 2002; Thompson and MacNeil 2006). Despite the growing number of studies on spirituality and spiritual care, there continues to be a gap in the training of occupational therapists to be truly holistic clinicians (Morris et al. 2012; Morris 2007). Although occupational therapy students are being educated to consider a holistic and client-centred approach, spirituality is not regarded within this framework which diminishes the integrity of holistic approach. Additionally, the views of students, educators and clinicians have not been explored regarding the inclusion of spirituality and spiritual care in occupational therapy education (Belcham 2004; Johnston and Mayers 2005). In South African occupational therapy education, it is unclear whether any single course on teaching and learning of spirituality and spiritual care exists. Thus, the aim of this study was to describe occupational therapy students' perceptions and attitudes regarding spirituality and spiritual care in occupational therapy education.

Methods

Study Design and Sample

A quantitative cross-sectional descriptive study design was used for the purpose of this study. The study was descriptive as detailed information about the occupational therapy students' perception and attitudes regarding spirituality and spiritual care in education was collected. A non-probability convenience sampling method was used to select all undergraduate occupational therapy students ($n = 198$) to participate in the study. The number of students in each class ranges from 40 to 50. A total number of 198 online self-report questionnaires were emailed as a link of Google form together with a covering letter explaining the purpose of the study, and 103 (52 %) students submitted their responses. From the submitted questionnaire, three were incomplete and were therefore excluded. The final sample of 100 (50.5 %) students participated in the study.

This study was approved by the Ethics Committee and Higher Degrees Committee (ethical clearance: 14/4/18). Permission was obtained from the Registrar, Dean of Research at the University of the Western Cape and Deputy Dean of Research in the Faculty of Community and Health Science. Participation in the study was voluntary for all occupational therapy students. The participants were provided with a letter explaining the purpose

of the research study requesting their participation and assuring them confidentiality. All data were de-identified and kept in a safe place only accessible to the supervisors and the primary author. Participants provided informed consent to participate in the study. Furthermore, the participants had the right and opportunity to withdraw from the study at any time without any repercussions. Electronically submitted questionnaires were protected with a password for Google Drive.

Data Collection Instruments

Data were collected with an online self-report questionnaire adapted from other studies of spirituality and spiritual care (Morris et al. 2012; Tiew 2011; McSherry et al. 2002).

Demographic Characteristics

The demographic information regarding age, gender, race, marital status, religion, level of education was obtained in this study. Race was divided into African, White, Coloured and Indian. Marital status was divided into single, married, divorced and separated. Level of education was categorised into first year, second year, third year and fourth year.

Spiritual Care-Giving Scale (SCGS) Tiew (2011)

Spiritual Care-Giving Scale (SCGS) comprises five factors with a six-point Likert scale, which was developed and tested to be valid and reliable ($\alpha = 0.96$). The five factors include: (1) Attributes for Spiritual Care, (2) Spirituality Perspective, (3) Defining Spiritual Care, (4) Attitudes to Spiritual Care and (5) Spiritual Care Values. In the current study, the Cronbach's alpha value for this scale was 0.94. Permission to use the 35-item SCGS questionnaire was granted by Dr. Tiew on 2 March 2012.

Spirituality and Spiritual Care Rating Scale (SSCRS) McSherry et al. (2002)

The Spirituality and Spiritual Care Rating Scale (SSCRS) was designed specifically to explore individual nurses' beliefs and values and has four factors: (1) Spirituality; (2) Spiritual Care; (3) Religiosity; and (4) Personalised Care. The 17-item scale uses a five-point Likert scale response option. This instrument demonstrated modest internal consistency with a Cronbach's alpha of 0.64. The Cronbach's alpha of the scale was 0.76 in this study. Permission to use 17-item SSCRS questionnaire was granted by Prof Wilfred McSherry on 6 February 2012.

Spirituality Occupational Therapy Scale (SOTS) Morris et al. (2012)

Spirituality in Occupational Therapy (SOT) questionnaire is one of the reliable tools to measure spirituality in occupational therapy. The SOT was designed specifically to examine occupational therapists' self-reported perceptions regarding: (1) spirituality in the scope of practice following its addition in the theoretical framework, (2) formal education and training in spirituality, (3) need for future educational opportunities and training to address spirituality and (4) awareness of assessments and evaluations in occupational therapy that incorporate clients' spirituality. The 20-item scale uses a five-point Likert-type scale response option. No reliability and validity were reported by the author. In the present

study, the Cronbach's alpha value for this scale was 0.87. Permission to use 20-item SOTS questionnaire was granted by Dr. Morris on 12 June 2012.

Procedure

The Head of Occupational Therapy Department was consulted to request permission to conduct the study, and permission was granted. Students were given information about the study, and the online self-questionnaire was emailed as a link of Google forms to the students. The students completed the questionnaire online on their spare time, and arrangements were made to accommodate those without access to Internet by booking the computer laboratory so that they could also complete the questionnaire. The students' responses were automatically calculated online, then exported to Microsoft Excel 2010 to create a compatible data set for statistical analysis.

Statistical Analysis

Descriptive data analysis was performed using the Statistical Package for the Social Sciences (SPSS) software 20.0 (SPSS, Inc, Chicago, IL, USA). The data were cleaned and coded by the primary researcher for completeness in preparation for analysis. Descriptive statistics were used to characterise demographic with number (*n*) and percentages (%). For the variables from the scales (SCGS, SSCRS and SOTS), proportions, mean scores and standard deviations are reported. A higher score of the means in the scales indicated a higher level of agreement and a more positive perception and attitude about spirituality and spiritual care.

Validity and Reliability

The reliability of the SCGS and SSCRS has been established previously. The Spiritual Care-Giving Scale (SCGS) was developed and tested to be valid and reliable ($\alpha = 0.96$) (Ross et al. 2013). The 17-item SSCRS demonstrated a reasonable level of internal consistency reliability, having a Cronbach's alpha coefficient of 0.64. In this study, stability and consistency both were assessed for the reliability of the questionnaire. Therefore, the reliability coefficients ranging between 0.00 and 1.00, with 1.00 showing the unattainable perfect reliability, and 0.00 indicating no reliability. Hence, the acceptable reliability coefficient was 0.70 for the study. Validity refers to the degree to which what is being measured is what the researchers intended (Tiew 2011). For the purpose of the study, validity was enhanced through use of previously validated questionnaires. Face and content validity of the instrument to be used in the study was considered.

Results

Demographic Characteristics of Participants

A total number of 100 undergraduate occupational therapy students participated in the study. The response rate was 50.5 %, and students were reminded many times about the study through email as well as verbally. Table 1 summarises the demographic characteristics of the participants. The year levels of education of the students were: 11 (10.7 %)

Table 1 Characteristics of the study population (100)

Characteristics	Frequency	%
Gender		
Female	89	86.4
Male	12	11.7
Age (years)		
≤ 18	1	1
19–23	87	84.5
24–28	11	10.7
29–33	1	1
Missing	3	2.9
Mean ± SD	21.5 ± 2.09	
Race		
African	22	21.4
White	31	30.1
Coloured	42	40.8
Indian	5	4.9
Missing	3	2.9
Marital status		
Single	98	95.1
Married	1	1
Separated	1	1
Missing	3	2.9
Religion		
Yes	94	91.3
No	5	4.9
Missing	4	3.9
Study year		
First year	11	10.7
Second year	38	36.9
Third year	21	20.4
Fourth year	31	30.1
Missing	2	1.9

first-year students, 38 (36.9 %) second-year students, 21 (20.4) third-year students and 31 (30.1) fourth-year students. Most of the participants in the present study were females ($n = 89$; 86.4 %). The mean age of the study sample was 21.5 ± 2.09 years with a range of 18–33 years. The majority of occupational therapy students were within the range of 19–23 years ($n = 87$; 84.5 %). In this study, the majority of students (91.4 %) indicated that they belong to a religion compared to 4.9 % who reported that they do not belong to a religion.

Occupational Therapy Students' Spiritual and Beliefs

The results show that 34 % ($n = 35$) of the participants attended and engaged in religious activities occasionally once a year and 2.9 % ($n = 3$) attended once fortnight. There were

participants who reported that they were involved in non-religious activities such as meditation, scriptural study group and prayer ($n = 13$; 12 %). In terms of how the participants perceived themselves, less than half of the participants ($n = 41$; 39 %) indicated that they perceived themselves as religious. However, more than half of the participants ($n = 60$; 57 %) revealed that they were spiritual.

Responses to Spiritual Care-Giving (SCGS)

Table 2 summarises the results for mean scores and standard deviations of spirituality and spiritual care by participants. The average item mean value for SCGS was 5.03 ($SD = 0.97$). Item 24 had the lowest mean 'I am comfortable providing spiritual care to patients' ($M = 4.29$, $SD = 1.29$), and the highest mean was for item 14 'Spiritual care is a process and not a one-time event or activity' ($M = 5.49$; $SD = 0.75$). In the current study, mean values were computed for each factor. The mean value for factor 1 was 5.18 ($SD = 0.94$); 5.13 (0.95) for factor 2; 5.12 ($SD = 0.87$) for factor 3; 4.76 ($SD = 1.03$) for factor 4 and 4.88 ($SD = 1.06$) for factor 5. Among the factors, only factor 1 had the highest mean value score showing consistent agreement about spirituality.

Regarding the five factors, items with highest mean value include: (1) 'Attributes for Spiritual Care' indicated participants' agreement that everyone has spirituality, (2) 'Spirituality Perspective' the highest mean value reflected that participants' agreement that spirituality is part of our inner being, (3) 'Defining Spiritual Care' the item viewing spiritual care as a process and not a one-time event or activity had a highest mean score, (4) additionally, in factor 4 the highest score was observed in participants' belief that spiritual care was important because it gives patient hope. The results about the highest score in factor 5 indicated that participants agreed that spiritual care was an integral component of holistic occupational therapy. The SCGS had shown good reliability with a Cronbach's alpha of 0.95 for this sample of occupational therapy students.

Responses to Spirituality and Spiritual Care (SSCRS)

The calculations in this study indicated that the average mean score for SSCRS was 3.83 ($SD = 0.96$) as provided in Table 3. Based on the results of the study, the lowest mean scores found include: item 4 'I believe spirituality involves only going to Church/Place of Worship' (2.10; $SD = 1.330$) and item 16 'I believe spirituality does not apply to Atheists or Agonists' (2.40; $SD = 1.160$). Additionally, two items with highest mean scores included: item 9 'I believe spirituality is about having a sense of hope in life' (4.37; $SD = 0.87$) and item 14 'I believe occupational therapists can provide spiritual care by having respect of privacy, dignity and religious and cultural beliefs of patient' (4.35; $SD = 0.80$).

Based on the descriptive analysis, factors' mean scores were calculated to obtain the results. The four factors include: (1) Spirituality ($M = 3.77$; $SD = 1.003$); (2) Spiritual Care ($M = 4.23$; $SD = 0.891$); (3) Religiosity ($M = 2.91$; $SD = 1.094$) and (4) Personalised Care (4.17; 0.879). As a result, only three factors found were to have highest mean score and one with lowest mean score.

The results revealed that there was consistent agreement among the participants as they indicated that they believe spirituality provide a sense of hope in life. It was found that the participants believed that occupational therapists could provide spiritual care by listening to patients and allowing them time to discuss and explore their fears, anxieties and troubles. Two items had mean score of 4.28: item 2 indicated participants' belief that

Table 2 Scores on the Spiritual Care-Giving Scale ($n = 103$)

	Mean	SD
Factor 1	5.18	0.942
Q27. Individual definition_SC	5.31	0.784
Q28. Occupational therapists' spiritual awareness _SC	5.10	0.909
Q29. Individuals' awareness of spirituality_SC	5.24	0.991
Q33. Experience_SC	5.11	0.915
Q36. Life experiences_SC	5.24	0.889
Q37. Coping_SC	5.29	0.931
Q38. Empathy_SC	4.99	1.118
Q39. Trusting relationship_SC	5.17	1.001
Factor 2	5.13	0.950
Q1. Universal_Sp	4.57	1.328
Q2. Human beings_Sp	5.41	0.933
Q3. Energy_Sp	5.23	0.847
Q4. Inner feelings_Sp	5.13	0.879
Q5. Innate_Sp	5.29	0.829
Q6. Meaning of good and bad events of life_Sp	5.00	0.970
Q7. Emotional well-being_Sp	5.27	0.871
Q8. Answers about purpose in life_Sp	5.20	0.949
Factor 3	5.12	0.874
Q14. Process_SC1	5.49	0.745
Q15. Respecting religious beliefs_SC1	5.43	0.817
Q16. Sensitivity and intuition_SC1	5.23	0.835
Q17. Being/presence_SC1	4.57	1.089
Q18. Respecting the religious and cultural beliefs_SC1	5.19	0.784
Q19. Listen_SC1	5.02	0.894
Q26. Respecting dignity_SC	4.94	0.957
Factor 4	4.76	1.030
Q21. Believes SC gives meaning and hope_Att	4.97	1.049
Q22. Facilitates religious support_Att	4.92	0.900
Q24. Feels comfortable to providing SC_Att	4.29	1.134
Q31. Reinforced in occupational therapy education_Att	4.76	1.088
Q32. Reinforced in occupational therapy practice_Att	4.86	0.970
Q40. SC team approach_SC	4.30	1.285
Q35. SC is important because it gives patient hope_Att	5.27	0.786
Factor 5	4.89	1.063
Q9. Holistic_SCV	4.42	1.329
Q10. Connecting oneself with nature and other_SCV	5.15	0.984
Q11. Integral aspect of human beings_SCV	5.18	0.942
Q12. Spiritual care than religious care_SCV	4.76	1.218
Q13. Effective Occupational therapy = spiritual care_SCV	4.77	0.937
Average item mean	5.03	0.968

Range for each item is from 1 (strong disagree) to 6 (strongly agree); the higher the scores, the higher the agreement

Table 3 Scores on the Spirituality and Spiritual Care Rating Scale ($n = 103$)

	Mean	SD
Factor 1	3.77	1.003
Q6. Finding meaning in the good and based on events of life	3.99	1.059
Q8. OT can provide Spiritual Care meaning and purpose	4.11	0.909
Q9. Sense of hope in life	4.37	0.872
Q10. Conducts one's life here and now	4.04	0.920
Q12. Not include art, creativity and self-expression	2.36	1.257
Factor 2	4.23	0.891
Q1. OTs arrange patient's religious leader by request	4.06	1.013
Q2. Spiritual Care by showing kindness, concern and cheerfulness	4.28	0.911
Q7. Being/presence	4.18	0.869
Q11. Energy	4.28	0.866
Q14. Respecting privacy, dignity and religious and cultural beliefs	4.35	0.796
Factor 3	2.91	1.094
Q4. Involves only going to Church/Place of Worship	2.10	1.330
Q13. Listening to patients	4.24	0.793
Q16. Does not apply to Atheists or Agonists	2.40	1.160
Factor 4	4.17	0.891
Q14. Respecting privacy, dignity and religious and cultural beliefs	4.35	0.796
Q15. Personal friendship and relationships	3.86	1.030
Q17. People's morals	4.31	0.812
Average item mean	3.83	0.962

Range for each item is from 5 (strong agree) to 1 (strongly disagree); the higher the scores, the higher the agreement

occupational therapists could provide spiritual care by showing kindness, concern and cheerfulness when giving care. Furthermore, item 11 revealed that the participants believed that spirituality was a unifying force which enables one to be at peace with oneself and the world. It was evident from the results that there was consistent agreement that participants believed occupational therapists could provide spiritual care by having respect for the privacy, dignity, religious and cultural beliefs of patients.

Students' Responses on the Spirituality in Occupational Therapy Scale (SOTS)

Based on the Spirituality in Occupational Therapy Scale, the average mean score was 2.37 (SD = 1.072). The calculations on this scale revealed that there was a lowest mean score of 1.71 (SD = 1.140) in item 18 'Spirituality is an integral part of the human experience' and highest score of 3.52 (SD = 1.150) in 'I am aware of various assessments that address spiritual needs of my clients'. The results obtained from the SOTS's calculations are presented in Table 4.

In relation to the factors of SOTS, this current study presents the mean score: (1) spirituality in the scope of practice following its addition in the theoretical framework (2.31; SD = 1.036), (2) formal education and training in spirituality (2.65; SD = 1.064), (3)

Table 4 Scores on the Spirituality in Occupational Therapy Scale ($n = 103$)

	Mean	SD
Factor 1	2.31	1.036
Q1. Education has adequately prepared me	2.98	1.077
Q2. My treatment sessions would be enhanced	1.97	0.943
Q3. Pursue further education	2.08	0.986
Q4. Effort to find more information on spirituality	2.63	1.102
Q5. Attending an educational workshop	1.89	1.076
Factor 2	2.65	1.064
Q6. Spirituality should be addressed by OTs	1.87	0.945
Q7. Clients' responsibility to inform the OTs	2.72	1.078
Q8. My experience as an OT prepared one	2.99	1.127
Q9. Comfortable addressing spirituality with my clients	2.58	1.089
Q10. OTs address client's spiritual needs	2.30	0.900
Q11. Spiritual assessments	3.34	1.143
Q12. Awareness of assessments	3.52	1.150
Q13. Confident addressing the spiritual needs	2.32	1.141
Q14. Client's spiritual need has a direct effect on my client's quality of life	1.98	1.086
Q15. I treat my client's spiritual needs	2.96	0.989
Factor 3	1.87	1.062
Q16. Spirituality helps clients define their therapeutic goals	2.04	0.999
Q17. Spirituality helps clients define who they are	1.88	1.047
Q18. Spirituality is an integral part of the human experience	1.71	1.140
Factor 4	1.88	1.213
Q19. Familiar with the Occupational Therapy Domain and Processes	1.97	1.292
Q20. Appropriate to include spirituality as a client factor in the Occupational Therapy Domain and Processes	1.79	1.134
Average item mean	2.37	1.072

Range for each item is from 1 (strong agree) to 5 (strongly disagree); the higher the scores, the higher the agreement

need for future educational opportunities and training to address spirituality (1.87; $SD = 1.062$) and (4) awareness of assessments and evaluations in occupational therapy that incorporate clients' spirituality (1.88; $SD = 1.213$).

From the computation of the mean scores, it was identified that there were four items with highest mean scores from each factor. Regarding the inclusion of spirituality in the scope of practice, the participants agreed that their formal education had adequately prepared them to address their clients' spiritual needs. Additionally, to formal education and training in spirituality there was a consistent agreement that participants were aware of various assessments that address spiritual needs of their clients. Furthermore, the participants agreed that spirituality helps clients define their therapeutic goals.

Relationship Between SCGS, SSCRS and SOTS Factors

There was statistical relationship between SCGS: factor 1 (Attributes for Spiritual Care), factor 2 (Spirituality Perspective), factor 3 (Defining Spiritual Care), factor 4 (Attitudes to

Spiritual Care), factor 5 (Spiritual Care Values) ($r = 0.705$, $r = 0.822$, $r = 0.754$, $r = 0.640$, $p < 0.01$, respectively). In relation to factor 1 (Attributes for Spiritual Care) of SCGS and SSCRS, there was a relationship with SSCRS 1 (Spirituality/Existential), SSCRS 2 (Spiritual Care), and SSCRS 4 (Personalised Care) ($r = 0.285$, $r = 0.407$, $r = 0.352$, $p < 0.01$, respectively). However, SSCRS 3 (Religiosity), SOTS 1 to SOTS 4 factors were not statistically significant.

The SSCRS 3 (Religiosity) was negatively correlated with SCGS factor 3 (Defining Spiritual Care) ($r = -0.253$, $p < 0.5$). Additionally, SOTS 1 Spirituality in Occupational Therapy was negatively correlated with SCGS factor 4 (Attitudes to Spiritual Care) ($r = -0.323$, $p < 0.01$).

Discussion

In the current study on perceptions and attitudes of occupational therapy students towards spirituality and spiritual care in occupational therapy education, there were more female compared to male participants. Similar findings were found in previous studies which suggest that females, rather than males, tend to study within the health field such as social work and nursing which indicated greater numbers of women students (Bhagwana 2010; Tiew et al. 2013a; Wong et al. 2008; Tiew et al. 2013b; Ross et al. 2013).

Across all the factors of the SCGS, occupational therapy students scored high on the perceptions of spirituality and spiritual care. Regarding the concept of spirituality, the findings of the present study show that occupational therapy students highly agreed that human beings have inner being that assists to express emotional well-being and purpose about life. In addition, the participants reported agreement that spirituality is about the meaning of human beings' good and bad events. These views are consistent with Tiew et al. (2013a, b) and likewise Ozbasaran et al. (2011) who found that spirituality is common to everyone and that spirituality is about living one's life 'here and now'. In this study, the findings demonstrated that participants' spiritual views seemed to be humanistic of about human beings.

Additionally, in Attributes for Spiritual Care (factor 1), the participants expressed agreement that spiritual care attributes include spiritual awareness, empathy and building trusting relationships. This finding was supported by Baldacchino (2011), Timmins and Neill (2013) which indicated that students need to develop self-awareness regarding their spirituality before they may address other people's spiritual needs.

Responses to items related to factor 2 (Spirituality Perspective) scored second highest overall mean on the SCGS in the present study. This is consistent with findings by Tiew et al. (2013a, b), who found highest scores from participants' responses who constantly agreed with the conception that spirituality and spiritual care include: (1) qualities of being human; (2) emotional well-being; (3) unifying force which enables individuals to be at peace; (4) search for answers about meaning and purpose in life; and (5) inner feelings. These findings raised the importance of self-awareness among the students in relation to their views about spirituality and spiritual care.

In factor 3 (Defining Spiritual Care), this study indicates that the participants viewed spiritual care as a process and not a once-off activity or event. This finding reveals that students perceived that they need to respect patients' religious beliefs, cultural beliefs and dignity. The present findings are consistent with Ozbasaran et al.'s (2011) and Hodge and Horvath's (2011) views that spiritual care considers the importance of clients' beliefs.

However, in the current study, item 17 scored low mean value about being with the patient is a form of spiritual care. This is consistent with Tiew et al.'s (2013a) study which reported a low mean value in student nurses' responses regarding spiritual care as part of being with a patient as a form of spiritual care. These results provide further support for the understanding spiritual care in occupational therapy. Additionally, these findings has important implications for developing guidelines to integrate spirituality and spiritual care as they form part of clients' factors and performance patterns in occupational therapy framework.

In relation to Attitudes to Spiritual Care (factor 4) scored low overall mean score compared to other factors in the SCGS. However, in the current study, the participants agreed that spiritual care is essential as it provides patient hope, meaning and purpose. In addition, majority of the participants felt that spiritual care should be addressed and reinforced more in practice. This could support the idea that students need role models in practice and learn how to practice spiritual care. This is consistent with Morris et al.'s (2012) suggestion about bridging the gap between theory and practice about spirituality. Less than half of the participants indicated that team approach is very important in addressing spiritual care. The finding is consistent with findings of past studies by Tiew and Drury (2012) and Rose (1999) which recommended that a multidisciplinary approach should be implemented to address the spiritual needs of clients. One of the issues that emerge from these findings is the involvement of all members in addressing the role of spirituality in health care in an interdisciplinary team.

For factor 5 (Spiritual Care Values), two-thirds of the participants consistently agreed the ideas that spiritual care is the fundamental of holistic occupational therapy and spiritual needs are met are by connecting oneself with other people, higher power or nature. Mthembu et al. (2014) and Rose (1999) found that spiritual care is unique to every individual with relationship with God, nature and other, which is in good agreement with the results of the present study. However, the participants in the study had low mean value of holistic approach, and as a result, this finding is consistent with other previous studies (Tiew et al. 2013b).

The findings of the study indicate that students' responses had high overall mean scores on the SSCRS. The present findings suggest that occupational therapy students were spiritually minded. This is consistent with Wong et al. (2008) and Ozbasaran et al.'s (2011) studies which indicated that nurses were willing to provide spiritual care to patients.

Regarding Spirituality (factor 1), the findings of the study show that the participants had a high level of agreement on the believe that 'spirituality provide sense of hope' and 'occupational therapists can provide spiritual care by enabling a patient to find meaning and purpose in their lives'. This result may be explained by a number of different reasons that occupational therapist believe that human being engage to meaningful and purposeful occupations. Additionally, the present findings seem to be consistent with other studies which explained that human beings have basic needs including purpose, meaning, self-worth, choice and control and occupation (Hammell 2004; McSherry et al. 2008). Furthermore, the findings of the study concur with Johnston and Mayers (2005) suggestion that undergraduate occupational therapy programmes need to address spirituality to enhance holistic care for individuals, families, society and communities.

For factor 2 (Spiritual Care), this is the factor whereby the participants expressed a highest agreement on two items: 'I believe spirituality is a unifying force which enables one to be at peace with oneself and the world' and 'I believe occupational therapist can provide spiritual care by showing kindness, concern and cheerfulness when giving care', respectively. A possible explanation for these findings may be the understanding of ethical

principles including autonomy, beneficence, justice and non-maleficence. The reason for this is not clear, but it may have something to do with the belief that occupational therapists may provide spiritual care by having respect of privacy, dignity and religious and cultural beliefs of patient. The findings of the current study are consistent with those of Wallace and O'Shea (2007) who found interventions considering spirituality should involve arranging visits with religious personnel, showing kindness, spending time to listening, being present and showing respect for residents' needs.

In this study, the responses in factor 3 (Religiosity) indicated a high level of agreement in the item of 'I believe occupational therapist can provide spiritual care by listening to and allowing patients' time to discuss and explore their fears, anxieties and troubles. These findings corroborate the drafted definition of Sumsion (1999), who defined client-centred occupational therapy as a 'partnership between the therapist and the client' which promotes collaboration goal setting. Additionally, Sumsion's (1999) study found that therapist listens and respects the client's standards and adapts the intervention to meet the client's needs. Thus, Wong et al. (2008) emphasise the need for holistic education which strive to teach health science students to support patients and nurture their emotional, physiological and spiritual needs. The present findings seem to be consistent with other research which found that spirituality is unique and subjective and people's views are different and not only apply to religion (Egan and Swedersky 2003; Mthembu et al. 2014). This finding is in agreement with Koenig's (2002) commentary that spiritual needs are defined broadly regarding both religious and non-religious needs. Additionally, Koenig (2002) indicated that religious needs include making peace in one's relationship with God and with others but not restricted to religion involving finding purpose and meaning, forgiving others and receiving forgiveness.

In relation to factor 4 (Personalised Care), this factor scored second highest mean value in the SSCRS. On the personalised care, this study found that participants indicated high level of agreement with the belief that occupational therapist can provide spiritual care by having respect of privacy, dignity and religious and cultural beliefs of patient. Additionally, in this factor item 17 was found to have a high mean score which participants highly agreed that spirituality involve people's morals. This study confirms that spirituality include morals and consistent with the findings of McSherry et al. (2008) and McSherry et al. (2002).

On the SOTS scale, this study found that students reported lowest overall mean value compared with SCGS and SSCRS. This result may be explained by the fact that they inconsistently agreed that spirituality should be included in the Occupational Therapy Practice Framework.

In factor 1 (Education), the participants indicated less agreement about education adequately prepared them. This study produced results which corroborate the findings of great deal of the previous work in occupational therapy. A possible explanation for some of lowest mean values may be lack of adequate training and unprepared academically to address patients' spiritual needs (Corry et al. 2015). It can thus be suggested that there is a need for spirituality in occupational therapy education in order to enhance holistic approach. Additionally, these findings suggested that educators may put effort to involve other team members from various disciplines.

Regarding the Scope of practice (factor 2), the participants reported highest agreement in relation to being 'aware of various assessments that address spiritual needs of clients of my clients'. However, these findings contradict with items 10 and 13 that participants less agreed with these items—'It is my responsibility to address my client's spiritual needs' and 'I am confident addressing the spiritual needs of my clients when their beliefs are similar to

my own', respectively. These findings are in agreement with Thompson and MacNeil's (2008), Csontó (2009) likewise Belcham's (2004) suggestions that students, clinician and educators need to be thoroughly trained on spiritual assessments. Therefore, these suggestions may mean that there is a need for role models in practice in order to enhance occupational therapists' knowledge, skills and attitudes towards spirituality in practice. This corroborates the ideas of Kelso-Wright (2012) who suggested that occupational therapy students need to be introduced to FICA and use it to assess spiritual history of clients. The results of the present study support Brémault-Phillips et al. (2015) study about the importance of integrating spirituality in patient care. Additionally, Brémault-Phillips et al. (2015) have found that integrating spirituality in patient care results in positive influence on patients, health professionals and overall organisational culture.

Based on factor 3 (Spiritual Importance), the participants scored lowest mean value in the item 18 which report that 'Spirituality is an integral part of the human experience'. This in contrast with the findings of Tiew et al. (2013a) that student nurses perceived spiritual care as an integral component of human beings.

In relation to Occupational Therapy Practice Framework (factor 4), the participants less agreed that they were familiar with the OTPF and inclusion of spirituality in OTPF as a client factor. These findings are consistent with Morris et al. (2012) who indicated that little is known about studies regarding spirituality in OTPF.

Regarding the relationships among the scales, there was a positive and negative relationship between the scales while the occupational therapy programme never infuses spirituality and spiritual care in the teachings. This is consistent with the findings of Tiew et al. (2013a, b) which also found positive and significant relationship between the SCGS and the teaching programme provided to nursing students. This could be explained by the fact that occupational therapy students are taught about the importance of client-centred and holistic approaches.

Limitations and Strength of the Study

Several limitations of the current study need to be acknowledged. The study only included occupational therapy students from one university; therefore, the findings may not be generalised to other occupational therapy students. Additionally, these findings are limited by the use of a cross-sectional study design as it does not provide the causal associations among the study's variables. The study used convenience sampling in order to select the sample; thus, participants who responded might have a specific interest in the topic. Therefore, the findings might have been different if those participants who did not respond were considered. An online self-report questionnaire was used to collect data which may have influenced how the participants responded in the questions and may have led to overestimation. Therefore, qualitative methods would be useful to explore the findings of the current study.

Conclusion

The current findings add substantially to our understanding of spirituality and spiritual care in occupational therapy education. For many years, in the occupational therapy profession, the importance of spirituality and spiritual care has been controversial because it is unclear

how these concepts are integrated in the occupational therapy education. Thus, the purpose of the study was to describe occupational therapy students' perceptions and attitudes regarding spirituality and spiritual care. The main findings of the present study demonstrated that occupational therapy students have a reasonable regard for spirituality and spiritual care. However, there was less regard about the inclusion of spirituality as a client factor in the Occupational Therapy Practice Framework. Consequently, this study provides a foundation for raising awareness of students about the importance of spirituality and spiritual care on the profession to enhance holistic care. Thus, in the integration of spirituality and spiritual care a holistic approach needs to be considered in education to enhance students' knowledge of how to address mind, body and spirit needs. The variables from the SCGS were found to be correlated with SSCRS and SOTS. Future studies should explore the undergraduate occupational therapy students', educators' and clinicians' perceptions regarding spirituality and spiritual care through qualitative research.

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Authors' Contributions TGM designed the survey, consulted the owners for the permission to use their instruments, created the questionnaire with the Google forms, conducted the statistical analysis of data collected, interpreted data and wrote the manuscript in partial fulfilment of obtaining a PhD degree. NVR participated in statistical analysis and critically reviewed the manuscript as a supervisor. LW provided input regarding the occupational therapy perspective and critically reviewed the manuscript as a supervisor. All the authors have read and approved the final manuscript.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no competing interest.

References

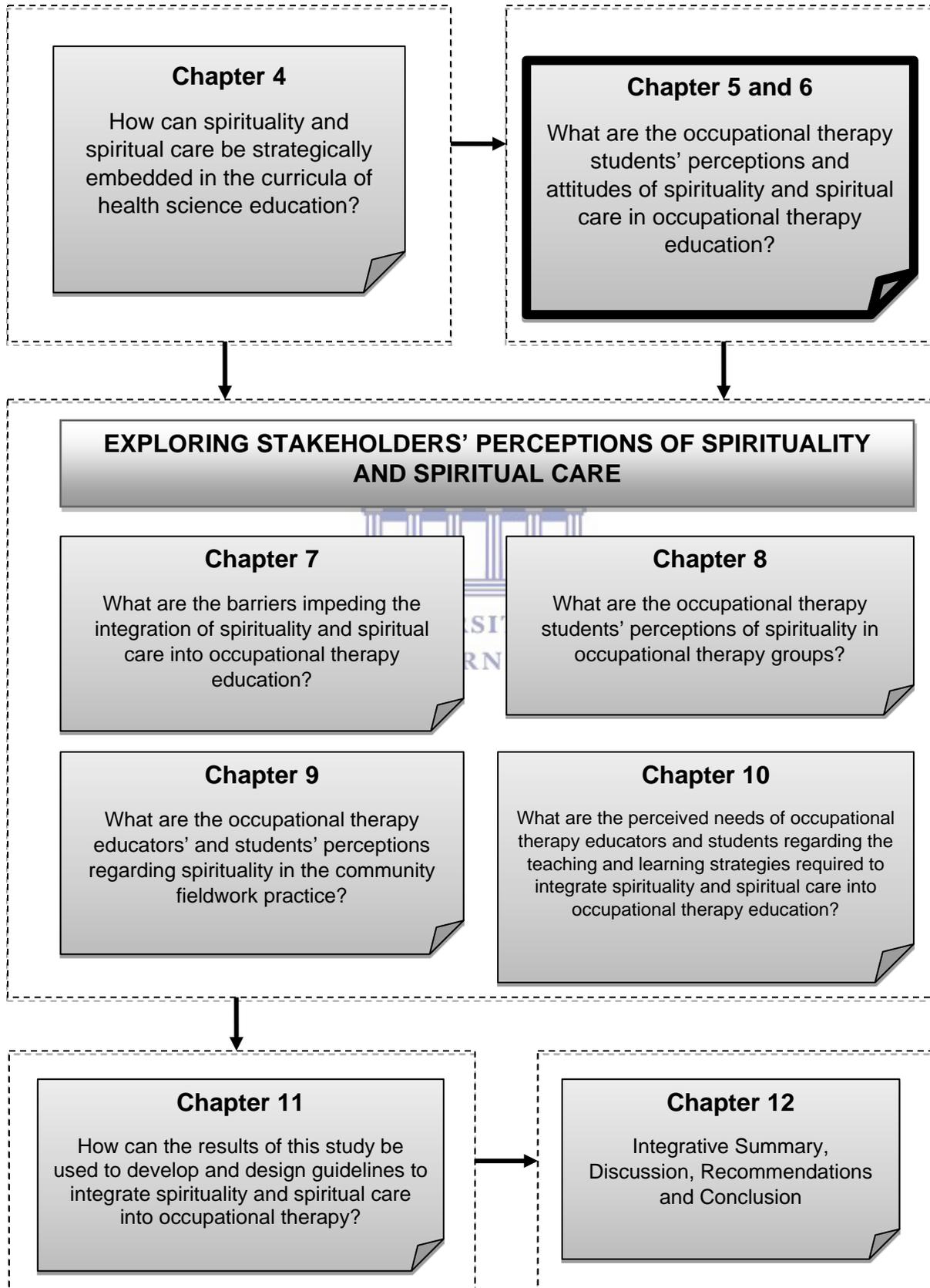
- Baldacchino, D. R. (2011). Teaching on spiritual care: The perceived impact on qualified nurses. *Nurse Education in Practice*, *11*, 47–53.
- Barry, E., & Gibbens, R. (2011). Spirituality in practice: using personal reflection to prepare occupational therapy students. *British Journal of Occupational Therapy*, *74*(4), 176–180.
- Belcham, C. (2004). Spirituality in occupational therapy: Theory in practice ? *British Journal of Occupational Therapy*, *67*(1), 39–46.
- Bhagwana, R. (2010). Spirituality in social work: a survey of students at South African universities. *Social Work Education*, *29*(2), 188–204.
- Borneman, B. T. (2011). Assessment of spirituality in older adults: FICA spiritual history tool FICA spiritual history tool (Puchalski, 1996), *3* (2000).
- Brémault-Phillips, S., Olson, J., Brett-MacLean, P., Oneschuk, D., Sinclair, S., Magnus, R., et al. (2015). Integrating spirituality as a key component of patient care. *Religions*, *6*(2), 476–498. doi:10.3390/rel6020476.
- Corry, D. A. S., Tracey, A. P., & Lewis, C. A. (2015). Spirituality and creativity in coping, their association and transformative effect: A qualitative enquiry. *Religions*, *6*, 499–526. doi:10.3390/rel6020499.
- Csontó, S. (2009). Occupational therapy students' consideration of clients' spirituality in practice placement education. *British Journal of Occupational Therapy*, *72*, 442–449.

- Egan, M., & Swedersky, J. (2003). Spirituality as experienced by occupational therapists in practice. *American Journal of Occupational Therapy, 57*, 525–533.
- Hammell, K. W. (2004). Dimension of meaning in the occupations of daily life. *Canadian Journal of Occupational Therapy, 71*(5), 296–305.
- Hinojosa, J. (2007). Becoming innovators in an era of hyperchange. *American Journal of Occupational Therapy, 61*(6), 629–637.
- Hodge, D. R., & Horvath, V. E. (2011). Spiritual needs in health care settings: a qualitative meta-synthesis of clients' perspectives. *Social Work, 56*(4), 306–316.
- Johnston, D., & Mayers, C. (2005). Spirituality: A review of how occupational therapy therapists acknowledge, assess and meet spiritual needs. *British Journal of Occupational Therapy, 68*(9), 386–392.
- Kang, C. (2003). A psychospiritual integration frame of reference for occupational therapy. Part I: Conceptual foundations. *Australian Occupational Therapy, 50*, 92–103.
- Kelso-Wright P. (2012). *Spiritual History Assessment and Occupational therapy: Students using the FICA*. Master of Science in Occupational Therapy. University of Puget Sound.
- King, D. E., & Crisp, J. (2005). Spirituality and health care education in family medicine residency programs. *Family Medicine 37*(6), 399–403. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15933911>
- Kirsh, B., Dawson, D., Antolikova, S., & Reynolds, L. (2001). SHORT REPORT Developing awareness of spirituality in occupational therapy students: Are our curricula up to the task? *Occupational Therapy International 8*(2), 119–125. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11823875>
- Koenig, H. G. (2002). A commentary The role of religion and spirituality at the end of life. *The Gerontologist, 42*(Suppl. 3), 20–23. doi:10.1093/geront/42.
- McSherry, W., Draper, P., & Kendrick, D. (2002). Construct validity of a rating scale designed to assess spirituality and spiritual care. *International Journal of Nursing Studies, 39*(7), 723–734.
- McSherry, W., Gretton, M., Draper, P., & Watson, R. (2008). The ethical basis of teaching spirituality and spiritual care: a survey nurses perceptions. *Nurse Education Today, 28*(8), 1002–1008. doi:10.1016/j.nedt.2008.05.013.
- Meredith, P., Murray, J., Wilson, T., Mitchell, G., & Hutch, R. (2012). Can spirituality be taught to health care professionals? *Journal of Religion and Health, 51*(3), 789–889. doi:10.1007/s10943-010-9399-7.
- Morris, D. N. (2007). *Personal spiritual well-being, perceptions of the use of spirituality, and spiritual care in occupational therapy practice*. Ph.D. Thesis. Touro University International.
- Morris, D. N. (2013). Perceptions of spirituality and spiritual care in occupational therapy practice. *Occupational Therapy in Mental Health., 29*(1), 60–77. doi:10.1080/0164212X.2013.761109.
- Morris, D. N., Stecher, J., Briggs-Peppler, K. M., Chittenden, C. M., Rubira, J., & Wismer, L. K. (2012). Spirituality in occupational therapy: Do we practice what we teach? *Journal of Religion and Health.,* doi:10.1007/s10943-012-9584-y.
- Mthembu, T. G., Ahmed, F., Nkuna, T., & Yaca, K. (2014). Occupational therapy students perceptions of spirituality in training. *Journal of Religion and Health* [under press].
- Ozbasaran, F., Ergul, S., Temel, A. B., Aslan, G. G., & Coban, A. (2011). Turkish nurses' perceptions of spirituality and spiritual care. *Journal of Clinical Nursing, 20*(21–22), 3102–3110.
- Puchalski, C. M. (2001). The role of spirituality in health. *BUMC, 14*, 352–357.
- Puchalski, C. M. (2006). Spirituality and medicine: Curricula in medical education. *Journal of Cancer Education, 21*(1), 14–18.
- Puchalski, C., Vittillo, R., Hull, S., & Reller, R. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine., 17*(6), 642–656.
- Rose, A. (1999). Spirituality and palliative care: The attitudes of occupational therapists. *British Journal of Occupational Therapy, 62*, 307–312.
- Ross, L., van Leeuwen, R., Baldacchino, D., Giske, T., McSherry, W., Narayanasamy, A., et al. (2013). Students nurses perceptions of spirituality and competence in delivering spiritual care: A European pilot study. *Nurse Education Today, 34*(5), 697–702. doi:10.1016/j.nedt.2013.09.014.
- Sumsion, T. (1999). *Client-centred occupational therapy: A guide to implementation*. Edinburgh: Churchill Livingstone.
- Thompson, B. E., & MacNeil, C. (2006). A phenomenological study exploring the meaning of a seminar on spirituality for occupational therapy students. *American Journal of Occupational Therapy, 60*(5), 531–539.
- Tiew, L.H. (2011). *Nursing students' perceptions and attitudes about spirituality and spiritual care in practice*. Ph.D. Thesis. National University of Singapore.
- Tiew, L. H., Creedy, D. K., & Chan, M. F. (2013a). Student nurses' perspectives of spirituality and spiritual care. *Nurse Education Today, 33*, 574–579.

- Tiew, L. H., & Drury, V. (2012). Singapore nursing students' perceptions and attitudes about spirituality and spiritual care in practice. A qualitative study. *Journal of Holistic Nursing*, *30*(3), 160–169.
- Tiew, L. H., Kwee, J. H., Creedy, D. K., & Chan, M. F. (2013b). Hospice nurses perspectives of spirituality. *Journal Clinical Nursing*, *22*(19–20), 2923–2933.
- Timmins, F., & Neill, F. (2013). Teaching nursing students about spiritual care—A review of the literature. *Nurse Education Practice*, *13*(6), 499–505. doi:10.1016/j.nepr.2013.01.011.
- Wallace, M., & O'Shea, E. (2007). Perceptions of spirituality and spiritual care among older nursing home residents at the end life. *Holistic Nursing Practice*, *21*(6), 285–289.
- Webster, R. S. (2003). *An existential framework of spirituality for education*. Ph.D. Thesis. Griffith University.
- Wilding, C. (2002). Viewpoint where angels fear to tread: Is spirituality relevant to occupational therapy practice ? *Australian Occupational Therapy Journal*, *49*, 44–47.
- Wilding, C. (2003). *Integrating spirituality, occupation, and mental health illness. A journey through life of meaningful being and doing*. MAppSc Masters Thesis. University of Australia.
- Wong, K. F., Lee, L. Y., & Lee, J. K. (2008). Hong Kong enrolled nurses' perceptions of spirituality and spiritual care. *International Nursing Review*, *55*(3), 333–340. doi:10.1111/j.1466-7657.2008.00619.x.

CHAPTER SIX

STAGE TWO OF PHASE ONE



AN EXPLORATORY FACTOR ANALYSIS INTO THE APPLICABILITY OF THE SPIRITUALITY CARE-GIVING SCALE, THE SPIRITUALITY AND SPIRITUAL CARE RATING SCALE AND THE SPIRITUALITY IN OCCUPATIONAL THERAPY SCALE IN THE SOUTH AFRICAN CONTEXT

CITATION: Mthembu, T.G., Roman, N.V., & Wegner, L. (2016). An Exploratory Factor Analysis into the applicability of the Spirituality Care-Giving Scale, the Spirituality and Spiritual Care Rating Scale and the Spirituality in Occupational Therapy Scale to the South African Context. *South African Journal of Occupational Therapy*, 46(1): 74 – 82. Doi: <http://dx.doi.org/10.17159/2310-3833/2016/v46n1a14>

6 Introduction

In the previous chapter, a descriptive cross-sectional study was presented, giving the results of the first study in Stage 2 of Phase One of the design-based research. This chapter marks the end of the second study of Stage 2 of Phase One. The spirituality measurement instruments used in the second stage have been tested for applicability in a South African context. As a result, the current chapter presents results of the internal consistency component of reliability of three spirituality scales used for spirituality and spiritual care. This chapter presents how one of the complex statistical analyses of exploratory factor analysis has been carried out in the design-based research. The results of the second study are presented using the Cronbach Alpha for the internal consistency. The Kaiser-Meyer-Olkin, Measure of Sampling Adequacy, Rotated Varimax and variances were calculated as measures of exploratory factor analysis. Overall, it seems clear that the three instruments were applicable to be used in a South African context.

6.1 Publication Details

Title	An Exploratory Factor Analysis into the applicability of the Spirituality Care-Giving Scale, the Spirituality and Spiritual Care Rating Scale and the Spirituality in Occupational Therapy Scale to the South African Context
Authors	Mthembu, T.G., Roman, N.V., & Wegner, L.
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Status	Published

6.2 South African Journal of Occupational Therapy (SAJOT)

The South African Journal of Occupational Therapy (SAJOT) is the official Journal of the Occupational therapy Association of South Africa and is a leading publication for research into occupational therapy in Africa. SAJOT publishes and disseminates research articles that contribute to the scientific knowledge of the profession and its outcome, with particular reference to service delivery in Africa. It provides a platform for debate about issues relevant to OT in Africa, which could contribute to the development of the profession worldwide.

6.3 Publication Record

The manuscript was prepared and submitted in preparation for review on 15th June 2015 and was accepted on 14th March 2016. It was published by SAJOT in April 2016.

6.4 Contribution Record

The PhD candidate is responsible for collating the report on the contribution provided by the study. As a result, the contribution record provides information on the PhD candidate's joint publication with supervisors and their contributions.

PhD candidate's and supervisors' contribution on publication

Authors	Contributions
Thuli Godfrey Mthembu (Candidate)	Designed the survey, consulted the owners for permission to use their instruments, created the questionnaire with the Google forms, conducted the statistical analysis of data collected, interpreted data and wrote the manuscript in partial fulfilment of obtaining a PhD degree., identified the journal, the corresponding author and communicated with the Editor-In-Chief and reviewers. Additionally, the candidate engaged with the Journal's editorial team during the process of reviewing the article until its publication.
Lisa Wegner (Supervisor)	Critically reviewed the manuscript and provided feedback in order to improve the quality of the work
Nicolette Vanesa Roman (Co-supervisor)	Critically reviewed the manuscript and provided feedback in order to improve the quality of the work

6.5 Visibility of Research and Publication Statistics

This paper received attention from the audience in ResearchGate with 106 reads during the time of writing this thesis. Visibility of the article was also retrieved 23 times from Google Scholar and was cited by Buchanan, H., van Niekerk, L., & Galvaan, R. (2017). The first WFOT Congress in Africa: History in the making. *British Journal of Occupational Therapy*, 80(5), 271 – 272. doi:10.1177/0308022617697742, have cited the second study of Stage One of Phase One.

6.6 Conclusion

During the review process of this paper, the reviewers highlighted that the paper is a “very well-constructed and conducted study on a very interesting subject and one that does not get much exposure in the literature”. The Editor-In-Chief comments, “It is not often that SAJOT gets articles reporting on rigorous research- well done”. The findings from this paper indicate that these scales: Spiritual Care-Giving Scale (SCGS), the Spirituality and Spiritual Care Rating Scale (SSCRS) and the Spirituality in Occupational Therapy Scale (SOTS), may be used in occupational therapy to measure students’ perceptions and attitudes towards spirituality and spiritual care. This chapter marks the end of the second stage of Phase One. The next chapter presents the results of the exploratory-descriptive qualitative studies.



6.7 Published Article



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An exploratory factor analysis into the applicability of the Spirituality Care-Giving Scale, the Spirituality and Spiritual Care Rating Scale and the Spirituality in Occupational Therapy Scale to the South African context

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ABSTRACT

Spirituality and spiritual care are both considered as important elements of health sciences education; however, limited research has been conducted with occupational therapy students using spirituality scales. Therefore, this study assessed the internal consistency component of reliability and carried out factor analyses of three spirituality scales which examined the perceptions and attitudes of South African undergraduate occupational therapy students regarding spirituality and spiritual care. This study used a cross-sectional survey design using convenience sampling to recruit 100 participants. The internal consistency of the instruments evaluated showed satisfactory reliability: i.e. the Spiritual Care-Giving Scale ($\alpha=0.946$), the Spirituality and Spiritual Care Rating Scale ($\alpha=0.764$) and the Spirituality in Occupational Therapy scale ($\alpha=0.868$). The Kaiser-Meyer-Olkin measure of Sampling Adequacy values was 0.862, 0.883, and 0.868 respectively, indicating the appropriateness of the factor analysis. Factor analysis from varimax rotated results was also performed to identify the patterns of spirituality and spiritual care within the instruments. The total variances of the instruments were acceptable at 59.1, 67.6 and 69.8% respectively. An implication of these findings is the possibility that exposing occupational therapy students to spirituality and spiritual care could be useful for them to gain insight into and be sensitive to the clients' spiritual needs. Further research should be undertaken in other institutions of higher learning that offer occupational therapy programmes.

Keywords: Exploratory factor analysis, reliability, spirituality, spiritual care, occupational therapy

INTRODUCTION

Factor analysis forms part of the statistical methods which play an important role in reducing data through assessing and identifying simple patterns of relationships between variables within a measurement^{1,2,3}. According to Kayastha et al.² and Venkaiah, et al.³, factor analysis attempts to ascertain whether observed variables can be explained in a smaller proportion of variables clustered in a set of measurements, which are then labelled as factors. Beavers et al.¹ recommended that for the purpose of factor analysis - researchers should allow for a sufficient sample size, consider the difference between component analysis and common factor analysis as well as rotation of initial factor pattern matrix. Therefore, the role of factor analysis can be better understood when considering the need for spirituality and its importance and relevance to occupational therapy.

Spirituality in occupational therapy

Occupational therapy is a profession that considers holistic and patient-centred approaches in order to provide effective intervention to clients⁴. For instance, the holistic approach supports the occupational therapists' view of clients' needs as related to the physical, emotional, mental and spiritual spheres. However, most of the time the spiritual element of the holistic approach is neglected and not considered part of holism. Puchalski et al.^{5,6,6} defined spirituality as "a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence,

and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices". Spirituality is thus an important aspect of holistic and patient-centred approaches in occupational therapy. This is also highlighted in the American Occupational Therapy Association's Occupational Therapy Practice Framework [OTPF]⁶. The framework presents spirituality as one of three client factors together with values and beliefs, as well as body functions and body structures that contribute to the client's occupational performance.

Despite the fact that the OTPF acknowledges spirituality, there is no emphasis on how occupational therapy education should prepare students regarding spirituality. Several studies have highlighted that spirituality and spiritual care both play a significant role in clients' occupational performance and engagement, health, quality of life and well-being⁷⁻⁹. Numerous studies conducted with Canadian and American occupational therapists identified difficulties in addressing spirituality in occupational therapy practice^{10,11}. These difficulties included procedural issues (i.e. whether to discuss spirituality, assessment, and application to treatment), guidance needed, and third party players not reimbursing for service. Some of the difficulties reported in those studies were found to be related to a lack of educational guidelines on how to incorporate spirituality into occupational therapy education and practice. This is consistent with Capeheart-Meningall¹² who points out that there are challenges



for universities to educate students holistically and indicated that spirituality is one of the most sensitive and potentially controversial topics. However, the author added that there are various outcomes related to spirituality including "empathy, understanding and caring for others, importance of reducing pain and suffering in the world, feeling a strong connection to all humanity, (and a) compassionate self-concept"^{12,33}. Therefore, numerous studies in occupational therapy suggested that both students and clinicians should be provided with an opportunity to explore and experience their own spirituality as part of self-awareness and self-reflection in the occupational therapy education and practice^{5,13,14}.

South Africa is a spiritually diversified country^{7,15}. Therefore, health care professionals need to be aware of, sensitive to and competent in understanding their clients' diverse spiritual needs. There is, however, limited knowledge and little research has been conducted on the instruments used to measure occupational therapy students' perceptions and attitudes regarding spirituality and spiritual care in occupational therapy in a South African context. Accordingly, the results of this study can contribute to the development of guidelines to integrate spirituality into occupational therapy education. Therefore, this study aimed to assess the internal consistency component of reliability of three spirituality scales used for spirituality and spiritual care. It also carried out a factor analysis of the perceptions and attitudes of undergraduate occupational therapy students regarding spirituality and spiritual care.

LITERATURE REVIEW

Spirituality and spiritual care are both an important part of teaching and learning in health sciences education. It has therefore become, and will continue to be, extremely important to understand spirituality and cultural diversity as well as to measure spirituality and spiritual care in theory and education.

Understanding of spirituality and cultural diversity in education

Spirituality and cultural diversity are both increasingly recognised as significant elements of health sciences education in order to provide effective patient care^{16,19}. Cultural diversity is defined as a form of appreciating the differences among people including gender, sex, age, ethnicity, sexual orientation and social status. Accordingly, it was suggested that students should become adept and aware of patients' spirituality and culture while conducting assessments⁷. This is consistent with Hemphill's^{16,12} assertions that "spiritual issues can be approached as an aspect of diversity and treated with the same respect as any personal issue". However, previous studies report that the inclusion of spiritual content into education is very limited in the institutions of higher education, which challenges acknowledgement of diversity and students' abilities to make internal connections^{18,19}. Thus, Tisdell in Dalton¹⁹ suggest that educational institutions should acknowledge students' cognitive, affective, sociocultural and spiritual aspects in order to promote and facilitate transformation in a pluralistic society. This has resulted in a burgeoning need for integration of spirituality into occupational therapy education at all levels so that educational programmes will equip students with knowledge about society's spiritual needs. There are, however, no reliable and valid instruments to measure these concepts among occupational therapy students. Thus, three research instruments were reviewed regarding measuring spirituality and spiritual care including the Spiritual Care-Giving Scale (SCGS)²⁰, the Spirituality and Spiritual Care Rating Scale (SSCRS)²¹ and the Spirituality in Occupational Therapy Scale (SOTS)²².

Spiritual Care-Giving Scale (SCGS)

Tiew and Creedy²⁰ conducted a quantitative study with 745 students aimed at developing and testing the Spiritual Care-Giving Scale (SCGS) that measured student nurses' perceptions towards spirituality and spiritual care in Singapore. The SCGS was found to be valid and reliable with a Cronbach's alpha value of 0.96. Additionally, the findings from the SCGS might be used in preparation for continuous professional development to facilitate spiritual care²⁰.

Furthermore, the SCGS can be used as a spiritual assessment prior introducing the topic of spirituality to obtain a baseline of students' perceptions and attitudes regarding spirituality in institutions of higher education to inform integration of spirituality in education. The SCGS includes five factors: (1) Attributes for Spiritual Care, (2) Spirituality Perspective, (3) Defining Spiritual Care, (4) Attitudes to Spiritual Care and (5) Spiritual Care Values.

Spirituality and Spiritual Care Rating Scale (SSCRS)

McSherry, Draper and Kendrick²¹ conducted a quantitative descriptive survey with 559 nurses in England using the SSCRS, to discover and explore nurses' understanding of, and attitudes towards, the concepts of spirituality and spiritual care. The findings of the SSCRS²¹ reported a Cronbach's alpha of 0.64 in this study. Additionally, the SSCRS may be used in the area of spiritual assessment for both education and practice in order to provide researchers with a framework to gain insight into spirituality and spiritual care. The SSCRS was designed specifically to explore nurses' beliefs and values and has four factors: (1) Spirituality; (2) Spiritual Care; (3) Religiosity; and (4) Personalised Care.

Spirituality in Occupational Therapy Scale (SOTS)

Morris et al.'s²² study with 97 occupational therapists in the United States, described therapists' views related to spirituality in education, scope of practice, and knowledge of the newest version of the OTPF. The findings of this study indicated that the occupational therapists agreed that spirituality is an important component of human experience. In relation to SOTS, there was no report about the reliability and validity tests of the scale. The SOTS is a 20-item, 5-point, Likert-type questionnaire²² and is designed to examine occupational therapists' self-reported perceptions regarding: (1) Inclusion of spirituality in the OTPF, (2) Spirituality in practice, (3) Need for future educational opportunities and training to address spirituality, and (4) Clients' spiritual needs.

METHODS

A quantitative, descriptive cross-sectional design was used for this study. Convenience sampling was used to recruit 198 potential participants for the study of which only 103 participants from all years responded to the online questionnaire. The questionnaire was distributed to all participants via email in a form of a link developed using Google Forms and participants were consistently reminded about the study via email. However, three participants were excluded due to missing data on their responses. Therefore, the final sample comprised 100 undergraduate occupational therapy students. The participants managed to complete the online questionnaire in the computer laboratory within 30 minutes. The participants' responses were automatically entered onto a Google spreadsheet.

Measuring instruments

In this study, three of the research measurements were used for data collection process: the Spirituality Care-Giving Scale (SCGS)²⁰, the Spirituality and Spiritual Care Rating Scale (SSCRS)²¹ as well as the Spirituality in Occupational Therapy Scale (SOTS)²².

Spiritual Care-Giving Scale (SCGS)

The SCGS is a 35-item scale comprising five factors with a 6-point Likert scale, which was developed and tested to be valid and reliable with a Cronbach's alpha value of 0.96²⁰. Permission to use the SCGS questionnaire was obtained from Prof. L.H.Tiew.

Spirituality and Spiritual Care Rating Scale (SSCRS)

The SSCRS instrument is a 17-item, 5-point, Likert scale²¹ used to measure spirituality and spiritual care of nurses and students and was shown to have a Cronbach's alpha value of 0.64²¹. Permission to use the SSCRS questionnaire was obtained from Prof. W. McSherry.

Spirituality in Occupational Therapy Scale (SOTS)

The SOTS is a 20-item, 5-point, Likert-type Scale²² used to measure spirituality in occupational therapy. The SOTS was designed specifi-



cally to examine occupational therapists' self-reported perceptions regarding spirituality. No reliability and validity studies have been reported²². Permission to use the SOTS questionnaire was obtained from Dr. D.N. Morris.

Data Analysis

Data were automatically tabulated in an Excel spreadsheet and imported into SPSS 22 for statistical analysis (SPSS, Inc., 2015). It is important that research instruments undergo psychometric testing for assessing the applicability and reliability of the scales^{23,24}. Hence, this study used the Cronbach's coefficient alpha²³ to analyse the internal consistency for each of the three scales.

This study also carried out a factor analysis of the perceptions and attitudes of undergraduate occupational therapy students regarding spirituality and spiritual care using Principal Component Analysis (PCA)¹. In addition, the PCA was computed to extract factors and reduce the number of items to a smaller number to represent components. An orthogonal rotation¹ was also computed using varimax to generate factor scores. Eigenvalues were used to retain all factors greater than one and factor loadings greater than 0.40. A scree test was used in conjunction with the eigenvalues to determine and control the number of factors to be retained after rotation²⁵. There are two assumptions related to exploratory factor analysis: 1) the determinant should be more than .00001 in order to perform exploratory factor analysis, and 2) the Kaiser-Meyer-Olkin measure of Sampling Adequacy (KMO) value should be greater than 0.70 which indicates that sample size is adequate for factor analysis²⁵.

Regarding the interpretation of the KMO values in a study¹, it was suggested that researchers use the following guideline: 1) A KMO value range between 0.90 and 1.00 is considered as a degree of common variance of marvellous; 2) A KMO value range between 0.80 and 0.89 is considered meritorious; 3) A KMO value range between 0.70 and 0.79 is considered middling; 4) A KMO value range between 0.60 and 0.69 is mediocre; 5) A KMO value range between 0.50 to 0.59 is miserable and 6) KMO value between 0.00 and 0.49 means that factor analysis cannot be calculated.

Bartlett's test of sphericity was computed to test the correlations using chi-square and it was accepted at a statistically significant level of $p < 0.05$.

Ethics

This study was approved by the Research Ethics Committee of the University of the Western Cape (ethical clearance registration: 14/4/18). Permission to conduct the study was granted by the Head of the Occupational Therapy Department. The participants

Table 1: Demographic characteristics of the sample

Students Profile		Frequency	Percentage
Gender	Female	88	88%
	Male	12	12%
Age	18-23	88	88%
	24-33	12	12%
Race	African	23	23%
	White	30	30%
	Coloured	42	42%
	Indian	5	5%
Study year	First year	11	11%
	Second year	38	38%
	Third year	22	22%
	Fourth year	29	29%
Considers self	Religious	40	40.6%
	Spiritual	60	59.4%
Religious activities	More than once a week	27	27%
	Once a week	23	23%
	Once fortnight	3	3%
	Once a month	6	6%
	Occasionally	34	34%
	Never	7	7%

consented to be part of the study and confidentiality was adhered to by using unique identity numbers to maintain anonymity.

RESULTS

Characteristics of participants

A total of 103 questionnaires were included in the data analysis; however, three of the 103 were discarded due to incompleteness leaving a total of 100 participants. The participants were predominantly females who accounted for 86% ($n=89$) and male 12% ($n=12$). The respondents' ages ranged from 18 to 33 years, with a mean of 21.5 ± 2.09 years. See Table 1.

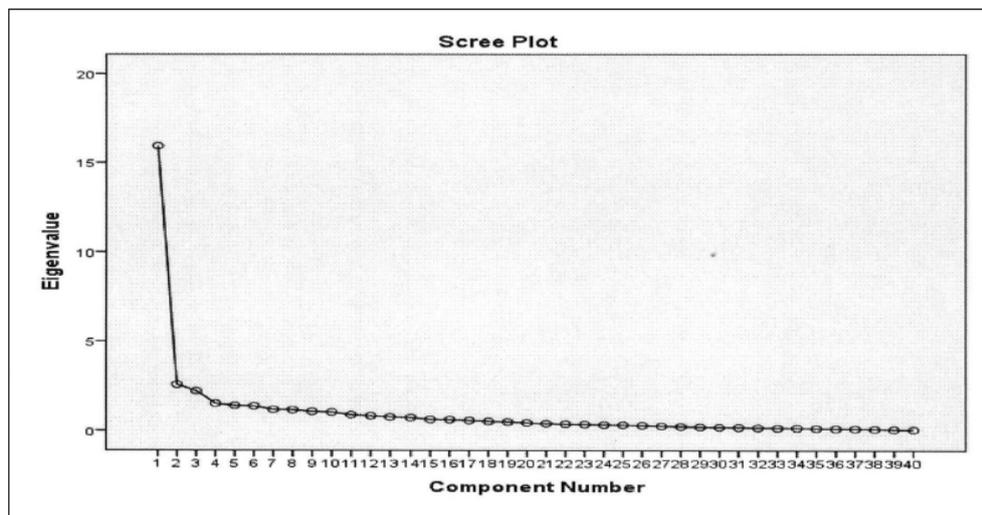


Figure 1: The Scree plot graph of the Spiritual Care-Giving Scale



Internal consistency reliability of SCGS

Overall the internal reliability of the SCGS was $\alpha=0.946$. Therefore, the Cronbach alpha reliability coefficients were calculated for factors of SCGS. The reliabilities ranged from $\alpha=0.155$ to $\alpha=0.934$. Additionally, Factor 1 (Attributes of spiritual care) of the SCGS had a good reliability of $\alpha=0.934$, and Factor 5 (Spiritual Care Values) with $\alpha=0.155$. The SCGS showed satisfactory internal consistency reliability.

Exploratory Factor Analysis: SCGS

The determinant value of the SCGS was 2.916, which indicated

that the scale was worthy for the exploratory factor analysis and the KMO of the SCGS was .862 within the range of 0.8 and 0.9. Therefore, the Barlett's test of 2504.556 indicated that the variables of the SCGS were correlated with a statistical significance of a p-value of $<.0001$. A scree plot of the eigenvalues indicated that five factors could be extracted from the data of SCGS (Figure 1 on page 76). The PCA revealed that the five factors had an eigenvalue higher than one (Table II). The factor analysis from varimax rotated test indicated that the variances of the factors were 21.7, 16.2, 9.7, 5.7, and 5.5% respectively. In total, the five-factor solution explained 59.1% of shared variance.

Table II: Principal components and associate variable

Factor	No	Statement	Factor Loading
Attributes for Spiritual Care	18	Occupational therapists provide spiritual care by respecting the religious and cultural beliefs of patients.	0.763
	26	Occupational therapists provide spiritual care by respecting the dignity of patients.	0.733
	27	Spiritual care should take into account of what patients think about spirituality.	0.727
	13	Occupational therapy, when performed well, is itself, spiritual care.	0.714
	36	Spirituality is influenced by individual's life experiences.	0.655
	28	Occupational therapists who are spiritually aware are more likely to provide spiritual care.	0.654
	39	A trusting Occupational therapist -patient relationship is needed to provide spiritual care.	0.652
	32	Spiritual care should be positively reinforced in occupational therapy practice.	0.635
	16	Sensitivity and intuition help the occupational therapist to provide spiritual care.	0.632
	17	Being with a patient is a form of spiritual care.	0.611
	19	Occupational therapists provide spiritual care by giving patients time to discuss and explore their fears, anxieties and troubles.	0.574
	29	Spiritual care requires awareness of one's spirituality.	0.570
	11	Spiritual care is an integral component of holistic occupational therapy.	0.570
	31	Spiritual care should be instilled throughout the occupational therapy education programme.	0.562
	38	Spiritual care requires the occupational therapist to be empathetic towards the patient.	0.551
	15	Spiritual care is respecting a patient's religious or personal beliefs.	0.550
	14	Spiritual care is a process and not a one-time event or activity.	0.504
	33	The ability to provide spiritual care develops through experience.	0.502
40	A team approach is important for spiritual care.	0.496	
Spirituality Perspective	9	Without spirituality, a person is not considered whole.	0.738
	3	Spirituality is part of a unifying force which enables individuals to be at peace.	0.691
	7	Spiritual well-being is important for one's emotional well-being.	0.689
	21	Spiritual care enables the patient to find meaning and purpose in their illness.	0.677
	2	Spirituality is an important aspect of human beings.	0.657
	10	Spiritual needs are met by connecting oneself with other people, higher power or nature.	0.624
	12	Spiritual care is more than religious care.	0.599
	8	Spirituality drives individuals to search for answers about meaning and purpose in life.	0.588
	22	Spiritual care includes support to help patients observe their religious beliefs.	0.573
37	Spirituality helps when facing life's difficulties and problems.	0.532	
Defining Spiritual Care	4	Spirituality is an expression of one's inner feelings that affect behaviour.	0.714
	5	Spirituality is part of our inner being.	0.700
	6	Spirituality is about finding meaning in the good and bad events of life.	0.629
	35	Spiritual care is important because it gives patient hope.	0.566
Attitudes to Spiritual Care	23	Spiritual care is best provided by professional, trained counsellors or spiritual / religious leaders.	0.749
	20	Spiritual care includes visits by the hospital Chaplain or the patient's own religious leader.	0.706
Spiritual Care Values	30	Spiritual care is not the occupational therapist's responsibility.	-0.710
	25	I do not believe in spiritual care.	-0.570
	24	I am comfortable providing spiritual care to patients.	0.489
	34	Patients must be aware of their own spirituality before an occupational therapist can provide spiritual care.	-0.462



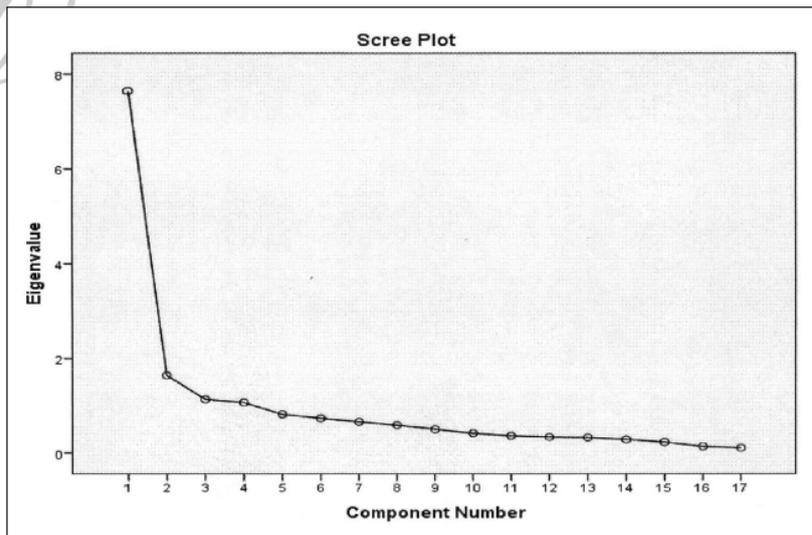


Figure 2: The Scree plot graph of the Spirituality and Spiritual Care Rating Scale

Internal consistency reliability of SSCRS

The internal consistency reliability of the SSCRS demonstrated a reliable measurement with a Cronbach's ($\alpha = 0.764$). The reliability coefficients of the SSCRS's factors ranged from $\alpha = 0.270$ to $\alpha = 0.886$. Factor 4 (Personalised Care) of this measurement obtained a lower reliability coefficient of $\alpha = 0.270$.

Exploratory Factor Analysis: SSCRS

The SSCRS analysis showed that the KMO accounted for 0.883; which indicated that the scale was creditable for an exploratory fac-

tor analysis as the sample size of the study was large enough to support the analysis. The KMO value was within the range of between 0.8 and 0.9 indicating that the SSCRS was worthy for determining the factor analysis. Additionally, the items of the SSCRS were found to be statistically significant as the Barlett's test was 905.511 with a p-value < 0.000 . A scree plot of the eigenvalues indicated that four factors could be extracted from the data of SSCRS (Figure 2). The PCA indicated that the four factors had an eigenvalue higher than one (Table III). Therefore, the factor analysis from the varimax rotated test showed that the variances of the four factors were 25.1, 22.0, 11.5, and 8.8% respectively. The four factors all together explained 67.6% of the variance.

Internal consistency reliability for SOTS

The internal consistency reliability of the SOTS was found to be $\alpha = 0.868$ which demonstrated a good reliability. The reliabilities of the factors ranged from $\alpha = 0.565$ to $\alpha = 0.941$. Factor 1 (Inclusion of spirituality in the OTPF) of the SOTS scored higher than the other factors in the scale with a Cronbach alpha of ($\alpha = 0.941$).

Exploratory Factor Analysis: SOTS

From the analysis of the SOTS, it was found that the KMO was 0.808, which indicated that the SOTS was commendable for the exploratory factor analysis as the KMO was within range of 0.8 and 0.9. The Barlett's test of the SOTS was 1372.997 indicating that

Table III: Principal components and associated variable

Factor	No	Statement	Factor Loading
Spirituality	6	I believe spirituality is about finding meaning in the good and based on events of life	0.809
	11	I believe spirituality is a unifying force which enables one to be at peace with oneself and the world	0.718
	9	I believe spirituality is about having a sense of hope in life	0.705
	3	I believe spirituality is concern with a need to forgive and a need to be forgiven.	0.692
	8	I believe occupational therapists can provide spiritual care by enabling a patient to find meaning and purpose in their illness	0.681
	13	I believe occupational therapists can provide spiritual care by listening to and allowing patients' time to discuss and explore their fears, anxieties and troubles	0.660
Spiritual Care	15	I believe spirituality involves personal friendship and relationships.	0.796
	7	I believe occupational therapists can provide spiritual care by spending time with a patient giving support and reassurance especially in time of need.	0.711
	2	I believe occupational therapist can provide spiritual care by showing kindness, concern and cheerfulness when giving care	0.672
	16	I believe spirituality does not apply to Atheists or Agonists	-0.575
	17	I believe spirituality include people's morals.	0.573
	14	I believe occupational therapists can provide spiritual care by having respect of privacy, dignity and religious and cultural beliefs of patient.	0.549
	10	I believe spirituality is to do with the way one conducts one's life here and now	0.458
Religiosity	1	I believe occupational therapist can provide spiritual care by arranging a visit by the hospital Chaplain or the patient's own religious leader if requested	0.428
	16	Does not apply to Atheist or Agonists	0.522
	12	I believe spirituality does not include areas such as art, creativity and self-expression	0.802
Personalised Care	4	I believe spirituality involves only going to Church/Place of Worship	0.741
	5	I believe spirituality is not concerned with a belief and faith in a God or Supreme being	-0.866

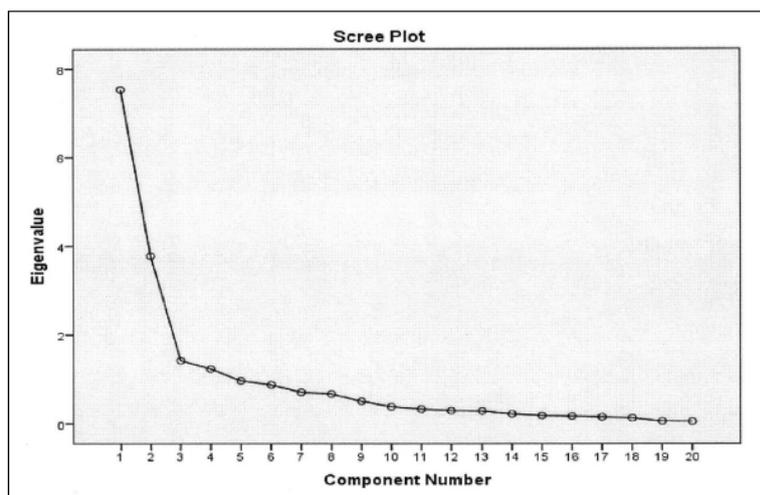


Figure 3: The Scree plot graph of the Spirituality in Occupational Therapy Scale

there was a correlation among the items of the SOTS with statistical significance at a level of p -value of <0.000 . Hence, a scree plot of the eigenvalues indicated that four factors could be extracted from the data of the SOTS (Figure 3). The PCA revealed that the four factors had an eigenvalue greater than one (Table IV). Therefore, the factor analysis from the varimax rotated test indicated that the variances of the factors were 27.3, 18.1, 17.3, and 7% respectively. In total, the four-factor solution explained 69.8% shared variance of the twenty items.

Table IV: Principal components and associate variable

Factor	No	Statement	Factor Loading
Inclusion of spirituality in OTPF	17	Spirituality helps clients define who they are	0.899
	20	It is appropriate to include spirituality as a client factor in the Occupational Therapy Practice Framework 2nd Ed	0.869
	18	Spirituality is an integral part of the human experience	0.826
	14	I believe that treating my client's spiritual need has a direct effect on my client's quality of life.	0.796
	19	I am familiar with the Occupational Therapy Practice Framework 2nd Ed	0.774
	16	Spirituality helps clients define their therapeutic goals	0.725
	2	My treatment sessions would be enhanced if I had more education about how to address my clients' spiritual needs.	0.577
Spirituality in practice	8	My experience as an OT practitioner has prepared me to adequately address my client's spiritual needs.	0.877
	15	I treat my client's spiritual needs.	0.806
	11	I use spiritual assessments to evaluate my client's spiritual needs.	0.751
	1	My formal education has adequately prepared me to address my clients' spiritual needs.	0.679
	9	I feel comfortable addressing spirituality with my clients.	0.668
	12	I am aware of various assessments that address spiritual needs of my clients.	0.628
	13	I am confident addressing the spiritual needs of my clients when their beliefs are similar to my own.	0.440
Need for future education	10	It is my responsibility to address my client's spiritual needs.	0.736
	6	Spirituality should be addressed by occupational therapists.	0.708
	3	I would like to pursue further education about how to address my clients' spiritual needs.	0.700
	5	I would benefit from attending an educational workshop about addressing and evaluating the spiritual needs of my clients.	0.680
Clients' Spiritual needs	7	It is the client's responsibility to inform the occupational therapist of their spiritual needs.	0.851
	4	I make an effort to find more information on spirituality as it relates to OT practice.	0.674

DISCUSSION

This appears to be the first study to assess the internal consistency component of the reliability of the research instruments and carry out a factor analysis of the perceptions and attitudes of undergraduate occupational therapy students regarding spirituality and spiritual care. Generally, the results of the study, with regard to the internal consistency component of reliability testing of the three research instruments, indicated that they were highly reliable to measure perceptions and attitudes about spirituality and spiritual care. The findings revealed that the component of reliability of the SCGS was Cronbach's alpha of ($\alpha = 0.94$) which was very close to the Cronbach's alpha of 0.96 in the study by Tiew and Creedy²⁰. The reliability results of the SSCRS in the current study showed Cronbach's alpha as 0.76, and were consistent with the study of Martins, Calderia and Pimentel⁹ which reported a Cronbach's alpha of 0.76. The results of the present study were higher

than that of a study by McSherry et al.²¹ which reported Cronbach's alpha of 0.64. The internal consistency component of reliability of the SOTS in the current study was 0.86, albeit, there was no reliability test performed for the SOTS in Morris et al.'s study²². It seems possible that these results are due to the fact that the participants perceived spirituality as a factor that influences clients' quality of life and occupational performance. This study provides realistic evidence to support the validity and reliability of the SOTS since it measures what it is supposed to measure regarding spirituality and spiritual care.



The findings indicated that the values of the Cronbach's alpha of the research instruments were high and this could suggest that the students who participated in the study had some knowledge about the importance of spirituality in occupational therapy. Therefore, this indicates that the content of the instruments was explicit and students could understand what was expected from them. Thus, these instruments may be used with other occupational therapy students in other institution of higher learning within the context of South Africa.

The current study planned to use one of the multivariate statistical methods such as factor analysis which is perceived as a complex methodology. Therefore, Beavers et al.¹ provided various preconditions that researchers should consider prior to carrying out factor analysis including sample size, component analysis and common factor analysis as well as the need to rotate the initial factor pattern. These conditions assisted the researchers to interpret and provide meaningful solutions in order to make decisions about performing factor analysis. Therefore, the results of the present study met the preconditions suggested by Beavers et al.¹. This study similarly achieved the assumptions suggested in Leech et al.²⁵ that the KMO should be above 0.70 in order to interpret the findings. Hence, all the research instruments were within the range of 0.80 and 0.89 which Beavers et al.¹ indicated was a meritorious degree of common variance. This suggested that factor analysis was an appropriate method for use in the study. For instance, the present total variances explained that in all of the variables together the scales accounted for these score: SCGS five factors explaining 59.1% of the total variability; SSCRS four factors explaining 67.6% and SOTS four factors explaining 69.8%. These variances of the SCGS, SSCRS and SOTS were all higher than 50% which indicated that the factors extracted were acceptable.

The results of this study indicate that the internal consistency of the Attributes of Spiritual Care (Factor 1) in SCGS was higher than that of a study by Tiew and Creedy²⁰ with $\alpha = 0.93$ versus $\alpha = 0.90$ respectively. Therefore, this provides evidence with respect to spiritual care as the participants might have valued the importance of empathy, trusting relationship and self-awareness of own spirituality. The current findings add substantially to our understanding of the importance of spirituality and spiritual care in occupational therapy education. However, in this factor item 27 (Spiritual care should take into account of what patients think about spirituality) had a higher coefficient of 0.72, but in the study by Tiew and Creedy²⁰ scored 0.618. The present study confirms previous findings and contributes additional evidence that suggests that client-centred and holistic approaches should be a priority regarding spirituality. This could mean that clients' autonomy should be respected at all times when considering spirituality. Thus, students should be educated that they may not impose their beliefs systems on their clients. This study has been unable to demonstrate similar factor loadings in comparison with the previous study²⁰. For instance, only seven out of nineteen items were loaded with the same factor loadings when compared with the study by Tiew and Creedy²⁰. In Factor 2: Spiritual Perspective, ten items were loaded, however, four of the items were similar to the previous study. This factor had a higher loading in item 7 compared to the study by Tiew and Creedy²⁰ ($\alpha = 0.689$ versus $\alpha = 0.627$). Regarding Factor 3 (Defining Spiritual Care), in this study, four items were loaded but they were completely different from those in the Tiew and Creedy²⁰ study. The differences in the factor loading for this factor could be explained by understanding the contextual factor of the respondents such as racial beliefs, culture, and ethnicity. These support Janse van Rensburg et al.⁷ who reported that the South African population is multi-cultural, multi-religious and spiritually diversified. However, some of these contextual factors might make addressing spirituality challenging for the students. Factor 4 only had two items loaded which were different from the original study conducted by Tiew and Creedy²⁰ which had six items.

The present findings of the study regarding factor analysis for SSCRS contrast with some of the factor loadings of previous

research by McSherry et al.²¹. In SSCRS, Factor 1 (Spirituality), items in this factor were related to how the participants perceive spirituality. The issues included finding meaning in the good life, sense of hope in life, listening to patients and allowing patients' time to discuss. The present findings, however, makes several noteworthy contributions to occupational therapy education about the significance of spirituality in providing meaning and purpose. This is confirmed in the study by McSherry et al.²¹ which reported that life and existence were imperative in a holistic approach. Additionally, the findings of the present study are consistent with McSherry et al.²¹ concerning Factor 2 (Spiritual Care), indicating that occupational therapy students perceived kindness, and being cheerful as important elements of providing occupational therapy services. This corroborates with Rooyen's²⁶ and Pentland and McColl's²⁷ discussion that occupational therapy should be concerned with virtues of doing good, including care, compassion as well as kindness, and a humanistic approach. Factor 3 (Religiosity), in this factor loadings were completely different from the original study by McSherry et al.²¹. However, these loading differences may be explained by the diversity of occupational therapy students who participated in the study. The belief system of the students appears to be different from the previous study by McSherry et al.²¹, as in this study, it was found that students believed that spirituality includes morals, respect for privacy, dignity and religious and cultural beliefs of patients. Additionally, people's conduct of life was related to spirituality. This could mean that greater emphasis may be placed on teaching spirituality in order for all students to have debates about it. However, in Factor 4 (Personalised Care), this study had three variables loaded though they were different from McSherry et al.'s²¹ factor loadings.

This study provides realistic evidence to support SOTS as a tool to assess occupational therapy students' perceptions and attitudes regarding spirituality as an integral component of their education. In SOTS, Factor 1 (Spirituality in the scope of practice) there were seven items loaded (17, 20, 18, 14, 19, 16, 2). The factor loadings in this factor seemed to address important issues such as spirituality as a client factor, therapeutic goals, personal identity, human experience, quality of life and education. Additionally, this factor supports previous studies that reported that spirituality is unique to every individual^{19,21}. The current findings add to a growing body of literature on spirituality and the OTEP. These findings also enhance our understanding of why spirituality was incorporated in the OTEP. This could be explained by the fact that spirituality was perceived as part of quality of life, self-awareness and assists clients to set their goals. For instance, the AOTA⁶ included the spiritual dimension within the framework as an enabler to facilitate occupational performance. In Factor 2 (Spirituality in practice) there were seven variables loaded with highest scores which showed occupational therapy students' confidence about spirituality. However, these variables were more related to the role of spirituality in practice and professionalism. Thus, the factor name was changed based on the understanding of the loading. These variables include being confident in addressing spiritual needs, and awareness of assessments. The study has gone some way towards enhancing our understanding of spirituality as an integral part of human experience which plays an important role in practice. This is supported by McColl's²⁸ explanation that spirituality is the bridge to health and occupation.

Regarding, Factor 3 (Formal education and training in spirituality), there were four variables loaded around this factor (10, 6, 3, 5) which were concerned with aspects of education, responsibility and attentiveness to the needs of clients. The variables related to further education and workshops about spirituality obtained high scores. Importantly, the study's findings also demonstrate that there is, therefore, a definite need for greater emphasis to be placed on teaching undergraduate occupational therapy students about spirituality. Furthermore, this may need further research to develop guidelines for integrating spirituality in occupational therapy education. This also suggests that occupational therapists may need to have continuous professional development and workshops in



relation to spirituality in order to understand clients' spiritual needs. These findings support the studies which reported that occupational therapy professionals and other healthcare professionals need to be aware of the clients' spiritual needs in order to refer the client to the relevant members of the interdisciplinary team^{7,15,29,30,31}. Factor 4 (Clients' spiritual needs) had two variables related to spirituality which involve clients' and clinician responsibilities. These findings support the assertion of Hammel³⁰ and Mthembu, Roman and Wegner³² that client-centred practice should enhance collaborative partnerships between occupational therapists and clients to promote autonomy, choice and control, as well as respect for clients' abilities.

Finally, two important limitations need to be considered. Firstly, the participants might have wished to please the researcher and answered accordingly. Secondly, there was a low response rate and the study was conducted in one occupational therapy department. Therefore, the results of the study may not be generalised to other students from other institutions of higher learning. Hence, it is recommended that further research be undertaken in other institutions of higher learning with occupational therapy programmes.

CONCLUSION

This study assessed the internal consistency component of reliability of three research instruments and carried out a factor analysis of the perceptions and attitudes of undergraduate occupational therapy students regarding spirituality and spiritual care. All spirituality scales (SCGS, SSCRS and SOTS) were found to be reliable, though some of the factor loadings were different from the previous studies that used the scales. These instruments could be used as part of workshops and seminars to collect baseline information about clinicians and students' perceptions and attitudes towards spirituality. The factor analysis was performed to extract various factors related to spirituality and spiritual care in occupational therapy using the three measurements. An implication of these findings is the possibility that exposing occupational therapy students to spirituality and spiritual care could be useful for them to have insight into and be sensitive to, the clients' spiritual needs. Furthermore, the results of the present study suggest that these instruments may be used with other healthcare professionals as part of continuous professional development regarding spirituality. However, more research may be needed with other occupational therapy education programmes in South Africa for a larger, representative sample.

ACKNOWLEDGEMENTS

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REFERENCES

1. Beavers AS, Lounsbury JW, Richards JK, Huck SW, Skolits GJ, Esquivel SL. Practical considerations for using exploratory factor analysis in educational research. *Practical Assessment, Research & Evaluation*, 2013; 18(6): 1-13.
2. Kayastha R, Murthy VK, Adhary PR. Factor analysis and principal component analysis concerning to occupational stress among executive officers of Nepal. *Universal Journal of Computational Mathematics*, 2015; 3(1): 1-7.
3. Venkaiah K, Brahmam GNV, Vijayaraghavan K. Application of factor analysis to identify patterns and use of factor scores to study their relationship with nutritional status of adult rural populations. *Journal of Health Population Nutrition*, 2011; 29(4): 327-338.
4. Johnston D., Mayers C. Spirituality: a review of how occupational therapists acknowledge, assess and meet spiritual needs. *British Journal of Occupational Therapy*, 2005; 68(9): 386-392.
5. Puchalski C, Vittillo R, Hull S, Reller R. Improving the spiritual dimen-

sion of whole care: Reaching national and international consensus. *Journal of Palliative Medicine*, 2014; 17(6): 642-656.

6. American Occupational Therapy Association. Occupational therapy practice framework: Domain and process (3rded.). *American Journal of Occupational Therapy*, 2014; 68(Suppl.1): S1-S48. <http://dx.doi.org/10.5014/ajot.2014.682006>
7. Janse van Rensburg ABR, Poggenpoel M, Szabo CP, Myburgh CPH. Referral and collaboration between South African psychiatrist and religious or spiritual advisers: Views from some psychiatrists. *South African Journal of Psychiatry*, 2014; 20(2): 40-45. DOI:10.7196/SAJP533.
8. Mthembu TG, Ahmed F, Nkuna T, Yaca K. Occupational therapy students' perceptions of spirituality in training. *Journal of Religion and Health*, 2014. [Under press].
9. Martins AR, Pinto S, Calderia S, Pimentel FL. Translation and adaptation of the spirituality and spiritual care rating scale in Portuguese palliative care nurses. *Revista de Enfermagem Referência*, 2015; Série IV - no. 4: 89-97.
10. Farrar JE., Otr L. Addressing Spirituality and Religious Life in Occupational Therapy Practice. *Physical & Occupational Therapy in Geriatrics*, 2001; 18(4): 65-85.
11. Egan M, Swedersky J. Spirituality as experienced by occupational therapists in practice. *American Journal of Occupational Therapy*, 2003; 57: 525-533.
12. Capeheart-Meningall J. Role of spirituality and spiritual development in student life outside the classroom. *New Directions For Teaching and Learning*, 2005; 104: 31-35.
13. Thompson BE, MacNeil C. A phenomenological study exploring the meaning of a seminar on spirituality for occupational therapy students. *The American Journal of Occupational Therapy*, 2006; 60(5): 531-539.
14. Csonoto S. Occupational therapy students' consideration of clients' spirituality in practice placement education. *British Journal of Occupational Therapy*, 2009; 72(10):442-449.
15. Janse van Rensburg ABR, Szabo CP, Poggenpoel M, Myburgh C. Competence of medical students and residents in psychiatry regarding spirituality, at a South African School of Clinical medicine. *International Journal in Medicine*, 2013; 45: 175-188.
16. Hemphill B. Spiritual Assessments in Occupational Therapy. *The Open Journal of Occupational Therapy*, 2015; 3(3) <http://dx.doi.org/10.15453/2168-6408.1159>.
17. Deloney LA, Graham CJ, Erwin DO. Presenting cultural diversity and spirituality in First-year medical students. *Academic Medicine*, 2000; 75(5): 513.
18. Hage SM, Hopson A, Siegel M, Payton G, DeFanti E. Multicultural training in Spirituality: An Interdisciplinary Review. *Counseling and Values*, 2006; 50(3): 217-234.
19. Dalton JC. Exploring spirituality and culture in Adult and Higher education (Review). *Journal of College Student Development*, 44(6): 861-863.
20. Tiew LH, Creedy DK. Development and preliminary validation of composite spiritual care-giving scale. *International Journal of Nursing Studies*, 2012; 49: 682-690.
21. McSherry W, Draper P, Kendrick D. Construct validity of a rating scale designed to assess spirituality and spiritual care. *International Journal of Nursing Studies*, 2002; 39(7): 723-734.
22. Morris DN, Stecher J, Briggs-Peppler KM, Chittenden CM, Rubira J, Wismer L.K. Spirituality in Occupational Therapy: Do We Practice What We Teach? *Journal of Religion and Health*, 2012; doi:10.1007/s10943-012-9584-y.
23. Laher S. Using exploratory factor analysis in personality research: Best-practice recommendations. *SA Journal of Industrial Psychology/SA Tydskrifvir Bedryfsielkunde*, 2010. 36(1), Art. #873, 7 pages. DOI: 10.4102/sajip.v36i1.873.
24. Van Zyl CJJ, Taylor N. (2012). Evaluating the MBTI® Form M in a South African context. *SA Journal of Industrial Psychology/SA Tydskrifvir Bedryfsielkunde*, 38(1), Art. #977, 15 pages. <http://dx.doi.org/10.4102/sajip.v38i1.977>.
25. Leech NL, Barrett KC, Morgan G. *SPSS for intermediate statistics: Use and interpretation*. (2nd Edition). Lawrence Erlbaum Associates, Publishers. Mahwa, New Jersey: London. 2005.
26. Royeen CB. Chaotic occupational therapy: Collective wisdom for a complex profession, 2003 Eleanor Clarke Slagle lecture. *American*



- Journal of Occupational Therapy*, 2003; 57: 609–624.
27. Pentland W, McColl MA. Occupational integrity: Another perspective on "life balance". *Canadian Journal of Occupational Therapy*, 2008; 75(3): 135-138.
 28. McColl MA. Models of spirituality, occupation and health, Chapter 8. In *Spirituality and Occupational Therapy*. (2nd Edition). McColl M.A. CAOT Publications ACE: Ottawa, 2011.
 29. De Jongh J, Hess-April L, Wegner, L. Curriculum transformation : A proposed route to reflect a political consciousness in occupational therapy education. *South African Journal of Occupational Therapy*, 2012; 42(1): 16 – 20.
 30. Hammel KW. Using qualitative research to inform the client-centred evidence-based practice of occupational therapy. *British Journal of Occupational Therapy*, 2001; 64(5): 228-234.
 31. Balboni M, Bandini J, Mitchell C, Epstein-Peterson ZD, Amobi A, Cahill J, Enzinger AC, Peteet J, Balboni T. Religion, Spirituality, and the Hidden Curriculum: Medical Student and Faculty Reflections. *Journal of Pain and Symptom Management*, 2015; doi: 10.1016/j.jpainsymman.2015.04.020.
 32. Mthembu TG, Roman NV, Wegner L. A cross-sectional descriptive study of occupational therapy students' perceptions and attitudes towards spiritual care in occupational therapy education. *Journal of Religion and Health*, 2015; DOI10.1007/S10943-015-0123-3.

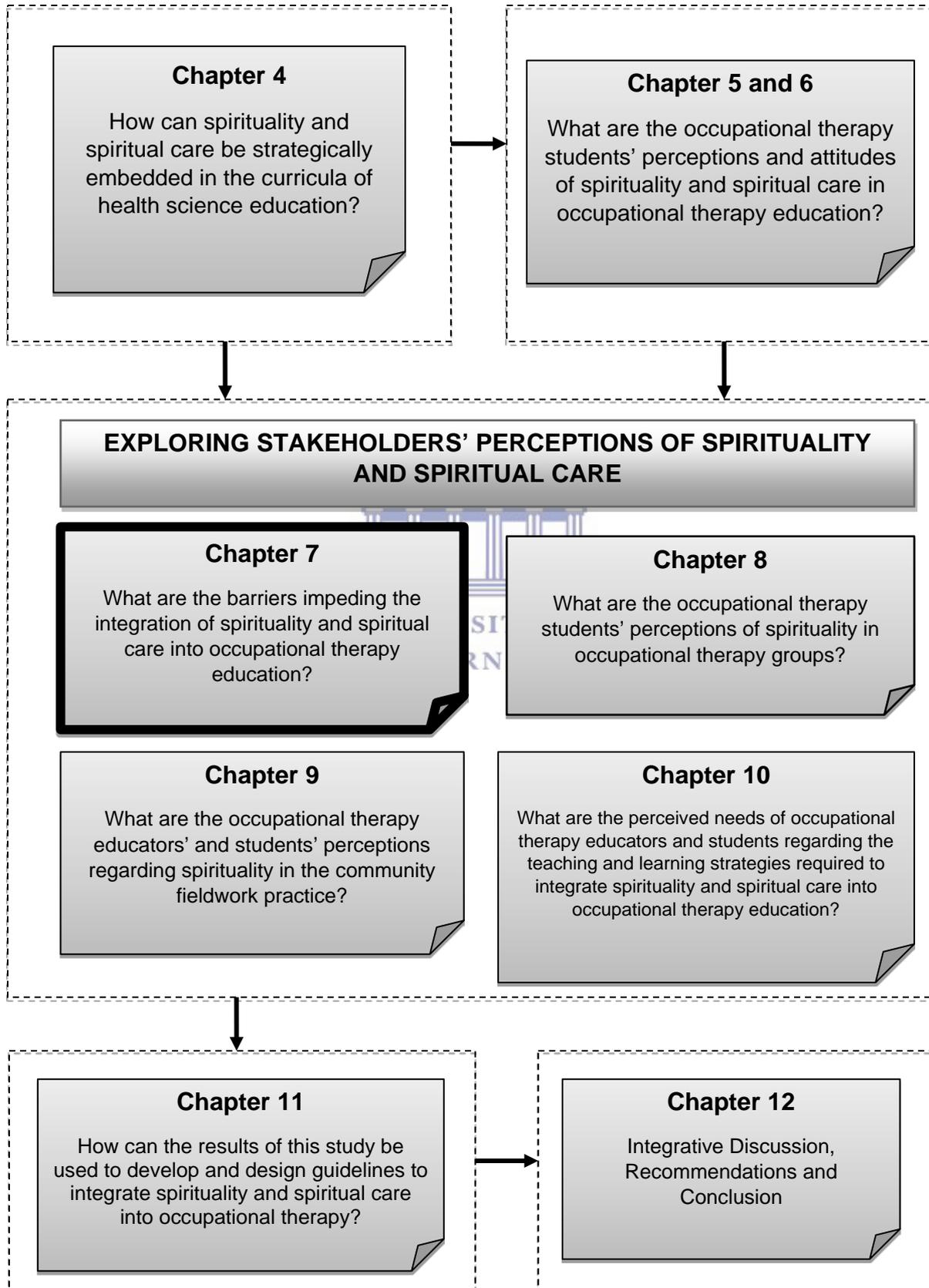
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CHAPTER SEVEN

STAGE THREE OF PHASE ONE



BARRIERS TO INTEGRATION OF SPIRITUALITY AND SPIRITUAL CARE INTO OCCUPATIONAL THERAPY EDUCATION IN A SOUTH AFRICAN CONTEXT

CITATION: Mthembu, T.G., Wegner, L. & Roman, N.V. (2017). Barriers to Integration of Spirituality and Spiritual Care in Occupational Therapy Education in a South African context. *Journal of Spirituality in Mental Health*, 19(1), 61 – 79. <http://dx.doi.org/10.1080/19349637.2016.1206843>

7 Introduction

Chapter Six marked the end of the second stage of Phase One, which presented the results of the applicability of the spirituality measurement instruments used in the design-based research. The lowest mean values were reported in conjunction with a lack of adequate training and unpreparedness academically to address patients' spiritual needs. It can thus be suggested that there is a need for integration of spirituality into occupational therapy education in order to enhance an holistic approach. Chapter Seven presents the results of the first study of Stage 3 of Phase One of the design-based research. The first study forms part of objective 3 of the third stage of Phase One, which focuses on the stakeholders' (educators, students and clinicians) perceptions about spirituality and spiritual care in occupational therapy education and practice. The intention of the first study of Stage 3 was to explore the barriers impeding the integration of spirituality and spiritual care into occupational therapy education in a South African context. A qualitative exploratory-descriptive study was conducted with the occupational therapy educators and the students recruited, using the purposive sampling method. In this study, three themes emerged: namely, barriers related to teaching and learning about spirituality in the classroom, fieldwork placement and personal levels that were inhibiting integration of spirituality and spiritual care. The findings of the study could contribute to the

development of guidelines to integrate spirituality and spiritual care into occupational therapy education.

7.1 Publication Details

Title	Barriers to Integration of Spirituality and Spiritual Care in Occupational Therapy Education in a South African context
Authors	Mthembu, T.G., Wegner, L. & Roman, N.V.
Journal	Journal of Spirituality in Mental Health
Volume	19
Issue Number	1
Pages	61 – 79
Journal Details	Peer Reviewed (double-blinded) Accredited by the Department of Higher Education & Training (DoHET)
Impact Factor	Still computing
Status	Published

7.2 Journal of Spirituality in Mental Health

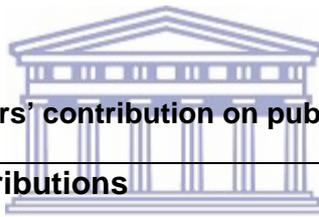
The Journal of Spirituality in Mental Health is a crucial forum that provides deeper insight into human meaning-making within therapeutic and growth-fostering activity. The primary spiritual experience is explored as it occurs, either for practitioners or clients, with an examination of therapeutic meanings. Expert contributors explore the impact of cultural life patterns within issues of race and gender, ethnicity, sexuality, and relational structures as they contribute to both human wholeness, and to its loss and therapeutic recovery. This journal is challenging, inspirational and extremely beneficial to all who desire perspectives and ideas extending beyond their own scope and field of focus.

7.3 Publication Record

This study was prepared and submitted for review in preparation for publication. It was submitted for review on 31st March 2016 until 17th June 2016. It was accepted for publication on 24th June 2016 and was published online on the 23rd July 2016. In 2017, the article was published with volume, issue and pages as presented above.

7.4 Contribution Record

The PhD candidate has the responsibility for reporting on the contribution made by the study. As a result, the contribution record provides information on the PhD candidate's joint publication with supervisors and their contributions.



PhD candidate's and supervisors' contribution on publication

Authors	Contributions
Thuli Godfrey Mthembu (Candidate)	The PhD candidate was responsible for conceptualising the study, data collection, learned how to use Atlas.ti software for data analysis, interpreted data and wrote the manuscript in partial fulfilment of obtaining a PhD degree. Additionally, the candidate identified the journal, corresponding author, communicated with the Editor-In-Chief and reviewers as part of the Journal's editorial team during the process of reviewing the article until publication.
Lisa Wegner (Supervisor)	Critically reviewed the manuscript and provided feedback in order to improve the quality of the work and provided input regarding the occupational therapy perspective
Nicolette Vanesa Roman (Co-supervisor)	Critically reviewed the manuscript and provided feedback in order to improve the quality of the work

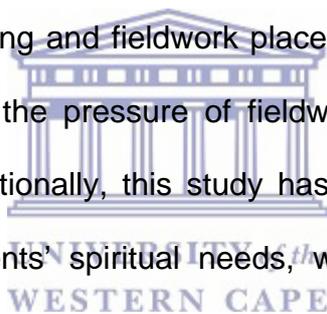
7.5 Visibility of Research and Publication Statistics

The statistics of the paper show that there were 55 reads on ResearchGate at the time of writing this thesis. The findings were also disseminated at the Occupational

Therapy Association South Africa Congress 14 – 16 July 2016. The website of the Journal of Spirituality in Mental Health showed that there were 75 views of the published article.

7.6 Conclusion

The Editor-in-Chief and reviewers commended this paper for its unique contribution regarding the cultural dimension as well as Occupational Therapy, and did not focus only on medicine and nursing, which receive a lot of attention and work. They found the work very interesting and to be of importance to the field of spirituality. The findings that emerged from this study highlighted that a conceptual understanding of spirituality in classroom teaching and fieldwork placements could be corrected. The other major finding was that the pressure of fieldwork expectations hindered the integration of spirituality. Additionally, this study has highlighted the importance of spiritual assessment and clients' spiritual needs, which may help clinicians and students to be more sensitive. Chapter Eight present the results of a second study of Stage 3 of Phase One, which focuses on spirituality in occupational therapy groups.



7.7 Published Article

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Barriers to Integration of Spirituality and Spiritual Care in Occupational Therapy Education in a South African context

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ABSTRACT

Integration of spiritual aspects in teaching and learning is very important for educators and students. The study explored the barriers impeding the integration of spirituality and spiritual care in occupational therapy education in a South African context. An exploratory-descriptive study employing focus group discussions was conducted with purposive sample of 29 occupational therapy students and 9 educators. Thematic analysis was used in this study. Themes emerged from the present study which identified the barriers to spirituality and spiritual care included barriers to teaching spirituality in the classroom; barriers to spirituality in fieldwork practice and barriers to spirituality at personal level.

KEYWORDS

Spirituality; spiritual care; occupational therapy; barriers; education

Introduction

Spirituality and spiritual care both have been considered as important components of health care professions, including occupational therapy. According to the World Health Organization (2015), integration of spiritual aspects in patient care seems to improve the quality of life, health, and well-being of patients and their families. Puchalski, Vittillo, Hull, and Reller (2014, p. 646) defined spirituality as the “aspect of humanity that refers to the way individual seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to other, to nature, and the significant or sacred.” A majority of studies have highlighted the need for integration of both spirituality and spiritual care in teaching and learning in the fields of nursing (Kiaei et al., 2015; McSherry, 2006), medicine (Lucchetti, Lucchetti et al., 2012; Stoller & Fowler, 2015), social work (Bhagwan, 2002), and occupational therapy (Mthembu, Ahmed, Nkuna, & Yaca, 2015). However, integrating spirituality and spiritual care in education is not a simple matter due to various challenges. These challenges, also known as barriers, may include institutional- and educational-level barriers (Bingimlas, 2009; Schoepp, 2005). Thus, both spirituality and spiritual care seem to be neglected in practice due to barriers at both an institutional and educational level.

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Institutional-level barriers

Knowledge of spirituality, religion, and health in clinical practice seems to be important elements of health and well-being as patients, physicians, medical students, and medical educators (Moreira-Almeida, Koenig, & Lucchetti, 2014; Peach, 2003). A theoretical review by Freire and Moleiro (2015) reported that religious and spiritual people tend to present with better outcomes of physical and psychological well-being, as well as lower rates of illnesses such as depression, suicide, anxiety, and substance abuse. However, several studies have indicated that a main barrier that prevented health care professionals from incorporating spirituality in health care is a lack of knowledge (Burkhardt & Nagai-Jacobson, 2002; Lucchetti, Alessandra et al., 2012; McSherry, 2006; Peach, 2003; Rushton, 2014). These studies further indicated that addressing spirituality in health care was emotionally demanding and fear provoking for health care professionals. For instance, a phenomenological study of eight Canadian occupational therapists' perceptions of the influence of spirituality on occupational therapy practice revealed that the occupational therapists feared intruding on their patients' beliefs and imposing their own beliefs (Egan & Swedersky, 2003). Additionally, the occupational therapists were challenged with definitions of spirituality and were hesitant to use terminology from their beliefs. In addition, a few studies reported that concepts related to spirituality were hardly addressed in practice by practitioners and students (Egan & Swedersky, 2003; Kirsh, Dawson, Antolikova, & Reynolds, 2001; Wilding, 2002). Several studies have also identified time constraints as a key barrier that influences the integration of spiritual dimension at an institutional and education level, as well as in client care (Egan & Swedersky, 2003; Hoyland & Mayers, 2005; Lucchetti et al., 2012, 2013; McSherry, 2006; Moreira-Almeida et al., 2014; Wilding, 2002). Additionally, these studies reported barriers such as lack of space, environmental distractions, lack of assessments, organizational and management support, reduced length of stay in hospital, and educational issues that prevented the inclusion of spirituality in practice. However, it was not only barriers at an institutional level that impeded incorporation of spirituality, but also at an educational level.

Educational-level barriers

One of the most significant discussions in health sciences education is the integration of spirituality in health. A study by Lucchetti, Lucchetti et al. (2012) reported that at least 56% of British and 90% of U.S. medical schools had courses and content on spirituality and health. However, it is intriguing to note that there was little research on the teaching of spirituality in medical schools in other regions such as Latin America, Asia, Australia, and Africa (Lucchetti, Lucchetti et al., 2012, 2013; Peach, 2003). The gap identified by

Lucchetti, Lucchetti et al. (2012) and Peach (2003) seems to be consistent with the experiences of occupational therapy educators and students as they struggle to integrate spirituality at an educational level. Previous studies have indicated that there are no educational guidelines to enhance their understanding of the concepts, while students were concerned about crossing boundaries contrary to the scope of practice (Thompson & MacNeal, 2006; Wilding, 2002). Hemphill (2015) suggested that occupational therapists should consider spiritual assessment as part of their clients' assessment; however, this is difficult to implement in practice, as occupational therapy educational programs rarely integrate spirituality and spiritual care in their teaching and learning. This concurs with Lucchetti et al. (2013), who found that at least 34% of medical students lacked knowledge of, and 30% of the students lacked training in, spirituality and health. Therefore, it has been suggested that occupational therapy education should be transformed in order to accommodate spirituality and spirituality in teaching and learning (Morris et al., 2014; Hoyland & Mayers, 2005). Thus, occupational therapy educators, students, and clinicians may need strategies to address the identified barriers preventing the incorporation of spirituality and spiritual care in education and practice. Additionally, teaching and learning in health sciences education might require significant changes in content and pedagogical approaches in order to effectively integrate spirituality and spiritual care.

Studies on the barriers preventing the integration of spirituality and spiritual care in occupational therapy were mostly conducted in countries such as the United States, Britain, and Canada (Egan & Swedersky, 2003; Thompson & MacNeal, 2006). Presently, in South Africa, little is known about the barriers preventing integration of spirituality and spiritual care in teaching and learning in occupational therapy education (Mthembu, Ahmed et al., 2015). Therefore, this article describes a study aimed at understanding and gaining more insight into the barriers preventing the integration of spirituality and spiritual care in education in a South African context. This study provides knowledge that may be used to design and develop clear pedagogical guidelines to integrate spirituality in occupational therapy education. The findings may also be used to equip occupational therapy students with knowledge and skills in order to be sensitive to the spiritual needs of the population. Thus, the purpose of the study was to explore and describe the barriers impeding the integration of spirituality and spiritual care in occupational therapy education.

Research design and method

An exploratory-descriptive qualitative research design with an interpretive view was used in order to obtain the insight and understanding with respect to the phenomenon of spirituality and spiritual care. This design is used for the purpose of exploring and describing a phenomenon from the perspective of participants in order to address problems in need of solutions (Grove,

Burns, & Gray, 2013). In this study, this design was useful to explore occupational therapy educators' and students' perceptions about integrating spirituality and spiritual care in education and fieldwork practice.

Participants

The sample comprised educators ($n = 9$) and undergraduate students ($n = 29$) from the Department of Occupational Therapy at the University of the Western Cape, South Africa. Purposive sampling was used to recruit educators who were employed by the university to teach and/or supervise occupational therapy students in fieldwork placement, and students who were registered as full-time occupational therapy students.

Data collection

Four separate focus group discussions (FGDs), each lasting 50–80 min, were used to collect (one with educators, two with third-year students, and one with fourth-year students). Using the FGDs enabled participants to build on each other's ideas, which is known as piggybacking (Leung & Savithiri, 2009). The first author conducted the focus groups until data saturation was reached, and the other two authors were supervisors overseeing the process and the quality of the data collected. All the FGDs were audiotaped and transcribed verbatim.

Data analysis

The first author imported all transcripts to Atlas.ti 7 software for data management and analysis. Braun and Clarke's (2006) six steps of thematic analysis were used as a guideline for data analysis: (a) reading through the transcripts several times in order to become familiar with the data and to make sense, as well as noting potential codes; (b) generating codes to ensure that all data belonging to one code were grouped; (c) searching for themes through initial mapping and recoding and renaming of codes; (d) reviewing and refining themes through collaboration with the supervisors and participants; (e) defining and naming of themes using some of the responses from the participants; and (f) writing a report supported with excerpts from the participants' responses. The analysis process was conducted through consultation with all three researchers.

Trustworthiness

In this study, trustworthiness was ensured through credibility, conformability, transferability, and dependability. Credibility was ensured through

the use of member checking whereby the researchers validated the findings with participants by allowing them to read the draft of the article and sessions with educators and students. Triangulation of data sources was achieved through the use of educators and students from two year levels. Peer debriefing was implemented through an ongoing reflective and collaborative dialogue between researchers. Confirmability was adhered to as the findings, conclusions, and recommendations were true reflections of the transcripts, which were audiotaped and transcribed verbatim. An audit trail was used to enhance transferability through documenting all decisions made during the study and provide detailed descriptions of the processes of sampling, data collection and analysis, and transcribing the results. Lastly, dependability was enhanced by collaboration between the three authors.

Ethical considerations

Ethical approval was gained from the Senate Research Committee at the University of the Western Cape (Ethical Clearance Number: 14/4/18). Participation in the study was voluntary. Participants were informed about the purpose of the study, provided their consent in writing, and knew that they could withdraw from the study at any time without repercussions. Participants were identified by a number to ensure that their anonymity and confidentiality were respected during publishing.

Results

Three themes emerged from the analysis: (a) barriers to teaching spirituality in the classroom, (b) barriers to spirituality in fieldwork practice, and (c) barriers to spirituality at a personal level. The themes, categories, and sub-categories are presented in Table 1.

Barriers to teaching spirituality in the classroom

Educators and students perceived various barriers within classroom teaching that hindered their ability to integrate spirituality in occupational therapy education. These included lack of knowledge, vagueness, time constraints, concerns about the importance, and risk of losing spirituality.

Lack of knowledge in the area of spirituality

A major barrier experienced in both educators' and students' discussions was the conceptual understanding of spirituality, as religion was often confused with spirituality. One student mentioned, "It might be different but I struggle to understand the difference between spirituality and religion" (Third-Year Student 6). Another student indicated: "I don't see how it wouldn't be

Table 1. Themes, categories, and subcategories.

Theme	Categories	Subcategories	
Barriers to spirituality in the classroom	Lack of knowledge in the area of spirituality	Knowledge Guidance to teach Sensitive Hesitant	
	"Not explicit about it"	Ambiguity No emphasis Brush over	
	"I think time is a barrier"	Time Costly	
	Importance of spirituality in occupational therapy	Importance Domains and processes Not confident	
	"Running the risk of losing spirituality"	Losing spirituality	
Barriers to spirituality in fieldwork placements	"Very difficult and integrated concept"	Students struggle Uncertainty Incorrect terminology Forgotten in fieldwork	
	Pressure of fieldwork expectations	No time for being, only doing Pressure from clinician and work Turnover in health setting Time Overstepping professional boundary Taxing on us	
	"We don't know how to probe"	Spiritual assessment Evidence in practice	
	Barriers to spirituality at personal level	Educators' personal experiences	Trust Maturity
		Students' personal experiences	Unwillingness Reluctance Generation
Stressful situations in life		Hardships	

connected to religion because every time people speak about religion or spirituality it's always together. The thing is I have never felt like I have spirituality or religion" (Third-Year Student 12). One of the educators cautioned that they "need to be careful that the focus is not on teaching it [spirituality] as we keep on linking it to religion" (Educator 8). However, students felt that there is a need for them to have an understanding of the concept of spirituality:

I think as occupational therapists we firstly need to understand what spirituality is and know which components we will be looking at to understand the term spirituality maybe then also know our spirituality. I think in first year I learnt that in order to help someone you need to know yourself. (Third-Year Student 13)
I don't think there is a definition but probably there is in the literature as it's not new. But just like occupation has so many definitions we will need to find some kind point of understanding if we want it to be a strategy in learning so there will have to be a definition. (Fourth-Year Student 4)

A lack of guidance about how to teach spirituality emerged as a barrier to teaching spirituality in occupational therapy education. Furthermore, the concept of spirituality was perceived as a sensitive subject to be addressed in classroom teaching. This was supported by students who felt that educators seem to be uncomfortable addressing concepts such as religion and spirituality in class:

I do not have specific guidelines of how to teach spirituality and I am quite hesitant about it. The whole thing is taboo to question or to elaborate on it. (Educator 4)
I know with lecturers, this topic on religion they always justify themselves before they cover it. It's just an emotional and sensitive topic so I think that whole type of conception that everybody will be spiritual that will be a barrier considering that everybody has their own individuality and that because as a lecturer I may be spiritual so I expect everybody to be spiritual. (Third-Year Student 12)

Not explicit about it

The previous quote was highlighted from the discussions with educators, but it was a perception reiterated by the students. This category describes a barrier of ambiguity in relation to spirituality. Educators commented that students do address the spiritual dimension of care albeit in an ambiguous way. The educators' assertion regarding vagueness was sustained by the students as they indicated that addressing spirituality appeared to be a laborious thing to do:

The students do consider it but they are not explicit about it. (Educator 4)
We haven't used that terminology, that phrasing, I think it's definitely there but maybe it's not explicit maybe we called it reflection but it's definitely there. (Educator 1)
It's got that sense of vagueness to it. And you are not really sure. I think that's why I found it difficult to approach that part of people. (Third-Year Student 15)

Students provided some rationale for brushing over spirituality, as they commented that they grapple with spirituality and felt unprepared from classroom teaching to address spirituality during fieldwork. Furthermore, students perceived that there was no clear-cut definition for spirituality, they did not learn about spirituality, and that different people have different conceptions about spirituality:

When I'm looking at my domains while, treating clients I kind of brush over spirituality. If our theoretical understanding of it is developed more in class. (Fourth-Year Student 11)
I think a barrier could be that different people have different ideas of what is spirituality so no one definition is right and there could be disagreements. I just want to see a definition of it in a dictionary. (Third-Year Student 18)
[It] is something that kind of tip toes around in class. It was not done enough for us and probably that's why it is hard to empathize with others and understand

where they are coming from so I think that platform can be somehow incorporated in our learning. (Fourth-Year Student 6)

One student felt that educators should consider increasing their knowledge and theoretical understanding about spirituality:

One thing I can recommend that staff needs to be uniform about it. An educator spoke about it—how clients with strokes using wheelchairs have hopes that God will heal them. You can't take hope away and say biologically you can't walk. You gonna leave that hope with them and what she was talking about is spirituality but she didn't say the word so if she said it, we would see it in that light, just using the terminology of it more. (Fourth-Year Student 4)

I think time is a barrier

Students and educators perceived time constraints as a barrier that prevented teaching spirituality in occupational therapy education. The students' responses indicated that time spent in classroom discussing spirituality was minimal and that more time was needed:

I think time is a barrier, I know when you are taught spirituality, I just wanted to go on like there's so much more, and it's not the same for everyone but even the part of discovering is not something that you do in one day or a one hour lecture, so it's ongoing you know. (Third-Year Student 14)

Conversations around spirituality take time, you can spend a two-hour tutorial talking about spirituality and there isn't always time for those conversations. (Educator 5)

Importance of spirituality in occupational therapy

Educators and students raised various concerns about the importance of spirituality in occupational therapy education including a lack of emphasis considering spirituality in theory and teaching methods. Educators further explained that spirituality seemed to not be given much focus in theory, leading educators to question if spirituality should be taught in occupational therapy education:

I don't know if it's right to ask the question how we teach it. Should we teach it? (Educator 8)

The importance of spirituality is not well emphasized in class that make us to feel as if is not important. (Third-Year Student 1)

I introduced them to domains and client factors and performance patterns but I think again the terms seem to be not discussed broadly. (Educator 3)

Students also commented that there was little emphasis about spirituality in the Occupational Therapy Practice Framework (domains and processes) by the American Occupational Therapy Association (2014). They felt that there was a need for the framework to be reviewed in order to accommodate the importance of spirituality and strategies to be used for integration:

There is nothing available in the domains and processes which completely addresses spirituality in order to enable occupation engagement. (Fourth-Year Student 4)

Therefore, this needs to be improved because it forms part of the intervention process. I don't think as occupational therapists we are confident of how to facilitate the improvement on spirituality. (Fourth-Year Student 10)

Running the risk of losing spirituality

Both educators and students shared a common thought that spirituality could be integrated in occupational therapy classroom subjects; however, the main obstacle that might preclude a better integration is the possibility of losing and not sustaining it:

Talking about infusing it, I fully think we might infuse it but sometimes when things are infused we run the risk of losing them. (Educator 1)

If we integrate spirituality in occupational therapy subjects it might be done more in this subject but less in that one. (Third-Year Student 8)

Barriers to spirituality in fieldwork placement

This theme contextualizes the barriers that inhibited students from including spirituality in fieldwork placements. Similarly to teaching spirituality in the classroom, educators generally felt that students had difficulty in giving attention to spirituality while in fieldwork placements. Pressures of fieldwork expectations and a lack of knowledge about how to assess clients' spiritual needs were also perceived as barriers.

Very difficult and integrated concept

Educators perceived that students struggled to include spirituality in fieldwork placements. For instance, one of the educators said, "It can't get highlighted individually in a case study or in a presentation; it's a very difficult and integrated concept" (Educator 3). They further indicated that the students do not know how to use spirituality as a professional tool to enhance rehabilitation. Terminology used to understand spirituality was perceived as a common barrier that needed clarification in occupational therapy:

My experience in fieldwork is that students' understanding of spirituality differs from religion. In my opinion they see spirituality as part of religion. I think in terms of how you use it as a professional tool or to aid rehabilitation intervention, that is still a little bit blurry, they understand they need to look at different facets of an individual, how do you utilize it therapeutically. (Educator 2)

Students' terminology is wrong, they will speak about religion they will speak about culture, they don't always have the right words or vocabulary to explain what they are trying to treat. (Educator 5)

Educators reported that spirituality is more theoretical, which appeared to make students dismiss it: “It’s not something that always gets treated and it becomes easily forgotten” (Educator 5). However, one of the educators commented: “It’s not ticked off as an assessment. I think it’s happening indirectly maybe if you ask the student about it. You will get some answers around spirituality” (Educator 4).

Pressure of fieldwork expectations

In this section, the different barriers that prevented integration of spirituality in occupational therapy intervention as a result of the pressure of fieldwork expectations on students are discussed. These pressures included both workloads and written work expectations. Students indicated that they were expected to provide occupational therapy services at a fast pace so that they could pass the block and this pressure inhibited them from considering spirituality. One of the students reported, “The clinician has pressure on you” (Fourth-Year Student 10). Another student commented, “The written work also creates pressure on us as students to be so perfect that we forget important things for the actual client” (Fourth-Year Student 8).

Educators echoed the students’ perspective that the pressures of fieldwork placements prevented them from considering spirituality in practice. As one educator said, “They need to meet the expectations and the entire focus it’s going to be about the bare minimum [information] they need to collect to put into a case study” (Educator 3). The educator also said:

I think the whole thing about where spirituality gets lost is due to the pressure of expectations of the fieldwork placement on a fourth year level. They have lists of expectations that they have to fill so that they can pass. (Educator 3)

Educators and students identified various barriers that appeared to prevent the infusion of spirituality in fieldwork practice, particularly in hospital settings. These barriers included time constraints and fears of overstepping professional boundaries, as well as high turnover. The educators perceived that students’ understanding of various conditions and interventions in clinical settings took most of the fieldwork time. Students confirmed that there was no space and time to consider spirituality, as it was not a priority for the hospital settings due to high patient discharge and turnover rates. Importantly, both educators and students raised concerns about the rules and protocols of the hospital settings, as they felt that they might not accommodate the spiritual dimension as part of patient care:

In fieldwork placements, students’ understanding of pathology and treatment both sometimes take so much time, and conversation about spirituality takes time. (Educator 5)

I might break the hospital rules but my client also needs that so how am I going to balance that keeping the protocol of the hospital and catering for my client? (Third-Year student 7)

I think the reason why it is not priority is that every setting is there to address specific needs and where there's a high turnover rate spirituality is not a priority; the priority is to get the person well enough to leave so that other people can take their beds so then I think the barrier lies in the setting. (Fourth-Year Student 11)

We don't know how to probe

One important fact contributing to the difficulty with integrating spirituality in fieldwork placements is that the students do not have familiarity with how to assess clients' spiritual needs. Accordingly, a lack of spiritual assessment, a lack of evidence to guide them, and concerns about emotionally taxing themselves were perceived barriers reported by the students. Students expressed frustration that, during fieldwork practice, they were struggling to conduct a spiritual assessment as they indicated that they lacked knowledge and skills to perform the assessment. Students reported that they were not aware how they could make referrals in cases where clients had spiritual needs. Furthermore, students indicated that engaging in the spiritual dimension might be emotionally and energy taxing:

I think sometimes we don't also know when and how to probe because we don't know when is the right time because sometime the topic of spirituality is personal. My question is who we refer to if we not like good enough or not equipped with the skills to help somebody who believes in Mother Nature. (Third-Year Student 3)

We worry about other people and we end up neglecting our own health and taking spirituality for granted. (Third-Year Student 18)

If you do spiritual stuff, it is emotional and energy taxing on yourself as a therapist and how will you compensate for that? (Third-Year Student 3)

Students spoke about a lack of evidence to guide them on how to address spirituality in fieldwork practice. They indicated that the lack of guidance influenced the intervention they provided to clients. It appears that the students need information and proper training about how to search for evidence in relation to spirituality and occupational therapy in practice:

I think the barrier in terms of occupational therapy when it comes to spirituality is that there's not enough evidence to show us if this has been implemented before by other therapists and how effective was it and how did clients' respond. We don't have enough literature or evidence that can help us as therapists to know this has been done here and this is what happened so that the evidence would guide us into spirituality. (Third-Year Student 7)

Therefore this needs to improve because it needs to form part of the intervention process so I don't think we as occupational therapists facilitate what we don't know, we not sure how to facilitate it or improve spirituality. (Fourth-Year Student 10)

Barriers to spirituality at a personal level

This theme highlights the perception that spirituality is a subjective and personal element as noticed in the educators' and students' discussions. Therefore, teaching and learning about spirituality might be restricted by barriers related to individuals' own personal beliefs systems, values, feelings, and perceptions. These barriers can inhibit how one teaches or learns about spirituality and how occupational therapists include it in practice, as well as how one deals with hardships in life.

Educators' perceptions about spirituality

With regard to educators' perceptions, there were barriers related to sensitivities and anxieties that inhibited educators from incorporating spirituality in classroom teaching. Additionally, educators felt uncomfortable sharing their views about spirituality, which led to discomfort discussing personal beliefs. A lack of trust was one barrier that was perceived to restrict inclusion of spirituality in teaching as educators perceived it as a sensitive subject:

The level of trust for people to be able to talk about spirituality involves feelings, however, we share them with people that we trust and if we feel people might not understand or people might see it differently or even worse, argue against my own beliefs then we are not going to feel that we can share, and it must be the same for students, too. (Educator 1)

I only have my own perspective about spirituality and my beliefs and I must say that it does go through my head that am I saying the right thing now and have I confronted or gone against somebody in the class you know. I have been cautious in doing that as it doesn't always come easy because I think it is sometimes difficult. (Educator 4)

The educators' perceptions of students' maturity were related to the thoughts that spirituality was a complicated concept that students were struggling to understand in both classroom teaching and fieldwork placements. The educators further reported that the students have difficulty with issues such as race and diversity, and they felt that teaching students about spirituality was not going to be easy:

It depends on the maturity of the students, their openness for discussion. Students grapple with their spiritual beliefs, which include religion and values, just reflecting back on past experience. (Educator 4)

It's difficult because you also need to introduce an understanding of spirituality. For instance, at a fourth-year level where they are more mature and can deal with difficult issues in my class around race and diversity and you know the political aspect. (Educator 8)

Students' perceptions about spirituality

The students perceived that personal factors such as intolerance, not being religious, and not being spiritual were major barriers to learning about

spirituality. It appeared that students with higher intolerance were less able to accept ideas of spirituality: “Firstly, if you are that type of person who is not really accepting then it’s gonna be a barrier within yourself to actually understand what is spirituality” (Third-Year Student 8). Another student expressed herself as being scientific minded and therefore not inclined to be spiritual: “No, I got a very scientific mind, I am not religious or not considering myself spiritual in anyway and I don’t think you have to be spiritual to get through life as I am doing fine” (Third-Year Student 18).

Some students perceived upbringing as another barrier that could hinder learning about spirituality. The students further indicated that they were not exposed to people with different backgrounds and belief systems, as their parents warned them not interfere with other people’s spiritual lives:

For me personally it’s a lack of knowledge about other people’s spiritual lives while growing up. I was taught not to look, search and do research about people’s lives as it’s not mine. I was prevented from doing that so I grew up with that fear. (Third-Year Student 9)

I can bring up a fact to support that you can be born and brought up in a religion then you don’t make a choice of religion. (Third-Year Student 2)

Some students acknowledged that differences among people seemed to be another barrier to integration of spirituality in teaching and fieldwork placements. The students discerned that society’s rules, regulations, and stereotypes could have negative influence on how they viewed spirituality. This could lead to fear of overstepping boundaries and do wrong things against people’s beliefs:

I think one of the biggest barriers is that we come to university to learn but as people we have different perceptions of learning. Society and people in general think what is expected of you based on society’s rules and regulations and stereotypes. I think we have different religions, beliefs and cultures therefore society has lot of labels and stereotypes and these are the barriers. (Third-Year Student 8)

Stressful situations in life

Some students reported that it was stressful to treating clients with different belief systems. This linked to their uncertainty about how to handle the spiritual issues of clients’ from diverse backgrounds: “The amount of stress regarding overstepping boundaries is a sensitive one, am I gone be punished. If it happens that you treat a client with different spirituality to yours. You not gonna change your own religion and spirituality” (Third-Year Student 8).

Furthermore, several students perceived generation gap as an additional barrier that could preclude discussions related to spirituality and religion. This gap could take the students out of their comfort zone of their belief systems and challenge them to accept their clients’ values and beliefs. However, students reported that older adults, particularly those who are

stern, tend to be firmer with their beliefs and hardly acknowledge other people's religions. Thus, this may mean that students could learn to establish trusting relationship in order to bridge the generation gap:

Often older people like 78 years old sometimes they are very staunch and strict because the time they were raised in they may not be as accepting of other religions. We are a new generation and we are fine and more accepting. (Third-Year Student 3)

You know, if it is an older generation that is more conservative about their religion then you have to adapt your questions. If it comes to the point that clients refuse to do anything, personally I will just refer [the client] to someone else because I can't force someone to change and it's not fair to change their therapeutic ways. (Third-Year Student 8)

Discussion

The current study sought to explore the barriers influencing the integration of spirituality and spiritual care in occupational therapy education within the South African context. Generally, the barriers that we have identified provide insights into how to integrate spirituality in teaching and learning in the classroom as well as in fieldwork placements.

According to McSherry and Draper (1997), barriers to incorporating the spiritual dimension originate within educational institutions. This was clear in the current study, which showed that students were considering spirituality; however, they were struggling to be explicit about this concept. Students felt uncomfortable and unprepared to address spirituality because of the ambiguity about spirituality and spiritual care that occurred within the classroom. This finding has been confirmed by previous studies, which found that occupational therapists and nurses were not confident and felt uncomfortable with spirituality (Hoyland & Mayers, 2005; Kiaei et al., 2015; Wilding, 2002). One of the main reasons for this is that occupational therapy students receive minimal teaching and therefore have little information related to spirituality (Mthembu, Ahmed et al., 2015; Mthembu, Roman, & Wegner, 2015). Consistent with findings by McSherry and Draper (1997), we found that both educators and students identified a lack of time and the risk of losing spirituality as barriers that inhibited inclusion of spirituality and spiritual care in the classroom. Additionally, the students indicated that during classroom teaching there was little time to discuss the importance of spirituality in relation to occupational therapy practice. This is consistent with previous studies which found the lack of time to be a barrier that impeded occupational therapists from considering spirituality and spiritual care, as they felt that time was not always available (Collins & West-Frasier, 2001; Egan & Swedersky, 2003; Hoyland & Mayers, 2005). Therefore, it was suggested that both educators and clinicians should consider taking a risk of being

innovative to design content, learning aims, and objectives to transform curriculum in order to facilitate integration of spirituality and spiritual care (Kiaei et al., 2015; McSherry & Draper, 1997).

Kiaei et al. (2015) reported that the key barriers to delivering spiritual care in health settings included busy work schedules, insufficient knowledge about spirituality, diversity of patients' spiritual needs, and low motivation. The major barriers identified by both occupational therapy educators and students during fieldwork placements were differences between spirituality and religion, a lack of knowledge, and a lack of assessments. The findings stressed the importance of providing students with appropriate knowledge relevant to spirituality and spiritual care in occupational therapy; therefore, students would be able to learn how to incorporate spirituality in their assessments. The perceived barriers identified in the current study in relation to fieldwork placements, were consistent with the findings of studies that reported that occupational therapists were experiencing discomfort with defining spirituality as they found it difficult (Egan & Swedersky, 2003). The current findings also corroborate with Hoyland and Mayers' (2005) study, which indicated that spiritual assessments were neglected and there was no proper guidance on how to assess clients' spiritual needs. In addressing the barrier of spiritual assessment, it was suggested that occupational therapists should be able to use self-awareness about their own spiritual beliefs in order to differentiate between religion and spirituality (Hemphill, 2015; McSherry & Draper, 1997).

Additionally, fieldwork expectations and fears of overstepping boundaries, as well as high turnover rates, were perceived major barriers that hindered the integration of spirituality and spiritual care in fieldwork practice. These findings corroborate with viewpoints from previous studies that identified potential boundary violations and unsympathetic political environments as barriers inhibiting integration of spirituality and spiritual care in occupational therapy fieldwork practice (Kiaei et al., 2015; Koenig, 2014; Wilding, 2002). The present study revealed that some of the students do not have sufficient knowledge about the relationship between spirituality and occupational therapy practice. Therefore, these findings suggested that occupational therapists may need to learn to be open to discussion of spirituality in practice.

The occupational therapy educators and students perceived that personal factors and stressful situations in life inhibited the infusion of spirituality in education and fieldwork placements. Additionally, this contributed to the educators' sensitivity, which restricted them from sharing their spirituality with other people. It is evident that a level of trust, along with their own perspectives and beliefs, seemed to be barriers that precluded the educators from introducing and speaking about spirituality and spiritual care in the classroom. A possible explanation for this might be that people's attitude and misunderstanding about spirituality influence the incorporation of spiritual issues. The evidence from this study further suggests that self-awareness and introspection could be good options to address personal issues about

spirituality. However, the students identified that considering spirituality in occupational therapy practice appeared to be demanding and draining. It may be that these students recognized that they have difficulties with implementation of spirituality. This finding has important implications for developing strategies to assist students regarding infusion of spirituality. Similarly, the students revealed that their upbringing had influenced how they perceived spirituality, as they were taught not to search other people's spirituality, which possibly resulted in them ignoring spirituality in their clients. Some of the issues emerging from this finding relate specifically to family beliefs along with cultural and religious affiliations. This corroborates with findings of previous studies that highlighted the importance of self-awareness in order for the students to be aware of and understand their own preconceived ideas and assumptions related to spirituality, religion, and culture (Darawasheh, Chard, & Eklund, 2015; Chan et al., 2006; Narayanasamy, 2006; Thompson, 2016; Bennett & Thompson, 2014). These studies have shown that self-awareness may assist students to be aware on their own spirituality and culture. This could enhance students' knowledge and understanding in order to be spiritually and culturally sensitive. As a result, studies by Inbasa (2016); Fang, Sixsmith, Sinclair, and Horst (2016); and Freire and Moleiro (2015) highlighted that the appreciation and acknowledgement of history, culture, and tradition as part of spirituality could enrich the experience of life. Additionally, Fang et al. (2016) and Moreira-Almedia et al. (2014) reported that health care professionals who are culturally and spiritually sensitive tend to build good therapeutic relationships, which assist in providing effective care to clients and their family members.

The recommendations from this study focus on the barriers that impede the integration of spirituality and spiritual care in occupational therapy education and fieldwork placements. Firstly, educators and students need to be aware of their values, beliefs, culture, religion, and spirituality so that they can be sensitive and competent in understanding the spiritual needs of clients and other people. Educators should create a safe and supportive environment to facilitate teaching and learning about spirituality and spiritual care in the classroom. Within the fieldwork placements, clinicians should attempt to advocate for the integration of spirituality as part of each clients' assessment. This could contribute to recognizing the importance of the context within which spirituality draws its meaning and definition. One implication of the findings that emerged in this study is that both teaching and learning, as well as fieldwork placements, should be taken into account when designing and developing guidelines to integrate spirituality and spiritual care in occupational therapy education in order to improve the practice. One way to do this would be to conduct a Delphi study with experts from diverse professions.

The limitation of the current study is that it was conducted in one institution of higher learning; therefore, in order to enhance the credibility of the study, it will be of importance to conduct the similar study in other institutions of higher learning in the South African context.

Conclusion

The study highlighted educators' and students' perceptions about the barriers impeding the integration of spirituality and spiritual care in occupational therapy education and fieldwork practice. It was also shown that both classroom and fieldwork placement should be used as a platform for integrating spirituality in occupational therapy. One of the more significant findings that emerged from this study is that a conceptual understanding of spirituality in classroom teaching and fieldwork placements could be corrected. This would enhance both educators' and students' understanding of the concepts so that they could integrate them. The other major finding was that the pressure of fieldwork expectations hindered the integration of spirituality. Additionally, this study highlights the importance of how to assess clients' spiritual needs while being sensitive to them. We found that generally both educators and students raised concerns related to a lack of knowledge, their own beliefs, overstepping boundaries, a generational gap, trust, and diversity. These findings enhance our understanding and insight into the barriers preventing the integration of spirituality and spiritual care in education in classroom and fieldwork placements.

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References

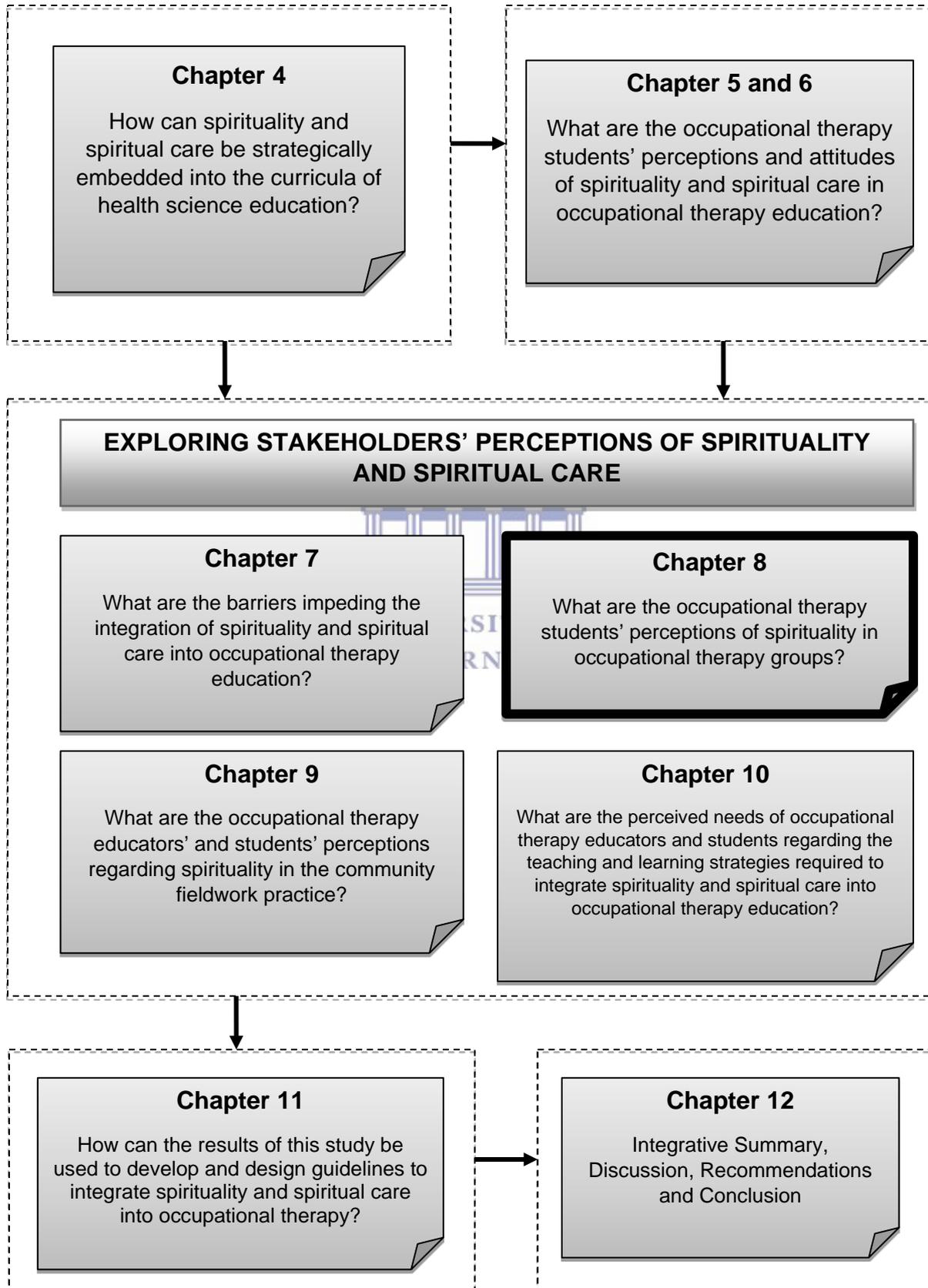
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd Ed.). *American Journal of Occupational Therapy*, 68, S1–S48. doi:10.5014/ajot.2014.682006
- Bennett, V., & Thompson, M. L. (2014). Teaching spirituality to student nurses. *Journal of Nursing Education and Practice*, 5(2), 26–33.
- Bhagwan, R. (2002). *The role of religion and spirituality in social work practice: Guidelines for curricula development at South African Schools of Social Work* (Unpublished doctoral thesis). University of KwaZulu-Natal, Durban, South Africa.

- Bingimlas, K. A. (2009). Barriers to the successful integration of ICT in Teaching and learning environments: A review of literature. *Eurasia Journal of Mathematics, Science & Technology Education*, 5(3), 235–245.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi:10.1191/1478088706qp0630a
- Burkhardt, M. A., & Nagai-Jacobson, M. G. (2002). *Spirituality: Living our connectedness*. Albany, NY: Delmar Thomson Learning.
- Chan, M. F., Chung, L. Y. F., Lee, A. S. C., Wong, W. K., Lee, G. S. C., Lau, C. Y., ... Ng, J. W. S. (2006). Investigating spiritual care perceptions and practice patterns in Hong Kong nurse: Results of a cluster analysis. *Nurse Education Today*, 26, 139–150. doi:10.1016/j.nedt.2005.08.006
- Collins, J. S., & West-Frasier, J. (2001). The utilization of spirituality in occupational therapy: Beliefs, practices and perceived barriers. *Occupational Therapy HealthCare*, 14, 73–92. doi:10.1080/J003v14n03_05
- Darawasheh, W., Chard, G., & Eklund, M. (2015). The challenge of cultural competency in the multicultural 21st century: A conceptual model to guide occupational therapy practice. *The Open Journal of Occupational Therapy*, 3(2) Article 5. doi:10.15453/2168-6408.1147
- Egan, M., & Swedersky, J. (2003). Spirituality as experienced by occupational therapists in practice. *The American Journal of Occupational Therapy*, 57(5), 525–533. doi:10.5014/ajot.57.5.525
- Fang, M. L., Sixsmith, J., Sinclair, S., & Horst, G. (2016). A knowledge synthesis of culturally- and spiritually sensitive end-of-life care: Findings from scoping review. *BMC*, 16, 107. doi:10.1186/s12877-016-0282-6
- Freire, J., & Moleiro, C. (2015). Religiosity, spirituality, and mental health in Portugal: A call for a conceptualisation, relation, and guidelines for integration (a theoretical review). *Revista da Associação Portuguesa da Psicologia*, 29(2), 17–32. doi:10.17575/rpsicol.v29i2.1006
- Grove, S. K., Burns, N., & Gray, J. R. (2013). *The practice of nursing research: Appraisal, synthesis, and generation of evidence* (7th ed.). St. Louis, MI: Elsevier Saunders.
- Hemphill, B. (2015). Spiritual assessments in occupational therapy. *The Open Journal of Occupational Therapy*, 3(3) Article 9. doi:10.15453/2168-6408.1159
- Hoyland, M., & Mayers, C. (2005). Is meeting spiritual need within the occupational therapy domain? *The British Journal of Occupational Therapy*, 68(4), 177–180. doi:10.1177/030802260506800406
- Inbasa, H. (2016). History, culture and traditions: The silent spaces in the study of spirituality at the end of life. *Religions*, 7, 53. doi:10.3390/re/7050053
- Kiaei, Z. M., Salehi, A., Nasrabadi, A. M., Whitehead, D., Azmal, M., Kalhor, R., & Bahrami, E. S. (2015). Spirituality and spiritual care in Iran: Nurses' perceptions and barriers. *International Nursing Review*, 62(4), 584–592. doi:10.1111/inr.2015.62.issue-4
- Kirsh, B., Dawson, D., Antolikova, S., & Reynolds, L. (2001). Developing awareness of spirituality in occupational therapy students: Are our curricula up to the task? *Occupational Therapy International*, 8(2), 119–125. doi:10.1002/(ISSN)1557-0703
- Koenig, H. G. (2014). The spiritual care team: Enabling the practice of whole person medicine. *Religions*, 5, 1161–1174. doi:10.3390/rel5041161
- Leung, F., & Ratnapalan, S. (2009). Spotlight on focus groups. *Canadian Family Physician*, 5, 218–219.
- Lucchetti, G., Alessandra, L., Lucchetti, G., Bassi, R. M., Vera, A. V. D., & Peres, M. F. P. (2012). Integrating spirituality into primary care. In O. Capelli (Ed.), *Primary care at a glance—hot topics and new insights*. Retrieved from <http://www.intechopen.com/books/>

- primary-care-at-a-glance-hot-topics-and-new-insights/integrating-spirituality-into-primary-care
- Lucchetti, G., De Oliveira, L. R., Koenig, H. G., Leite, J. R., Lucchetti, A. L. G., & the SBRAME Collaborators. (2013). Medical students, spirituality and religiosity—results from the multicenter study SBRAME. *BMC Medical Education*, *13*, 162. doi:10.1186/1472-6920-13-162
- Lucchetti, G., Lucchetti, A. L. G., Espinha, D. C. M., De Oliveira, L. R., Leite, J., & Koenig, H. G. (2012). Spirituality and health in the curricula of medical schools in Brazil. *BMC Medical Education*, *12*, 78. doi:10.1186/1472-6920-12-78
- McSherry, W. (2006). *Making sense of spirituality in nursing and health care practice: An interactive approach* (2nd ed.). London, UK: Jessica Kingsley Publishers.
- McSherry, W., & Draper, P. (1997). The spiritual dimension: Why the absence within nursing curricula? *Nurse Education Today*, *17*, 413–417. doi:10.1016/S0260-6917(97)80104-9
- Moreira-Almeida, A., Koenig, H. G., & Lucchetti, G. (2014). Clinical implications of spirituality to mental health: Review of evidence and practical guidelines. *Revista Brasileira de Psiquiatria*, *36*, 176–182. doi:10.1590/1516-4446-2013-1255
- Morris, D. N., Stecher, J., Briggs-Peppler, K. M., Chittenden, C. M., Rubira, J., Wismer, L. K. (2014). Spirituality in occupational therapy: Do we practice what we teach? *Journal of Religion and Health*, *53*(1), 27–36. doi:10.1007/s10943-012-9584-y.
- Mthembu, T. G., Ahmed, F., Nkuna, T., & Yaca, K. (2015). Occupational therapy students' perceptions of spirituality in training. *Journal of Religion and Health*, *54*(6), 2178–2197. doi:10.1007/s10943-014-9955-7
- Mthembu, T. G., Roman, N. V., & Wegner, L. (2015). A cross-sectional descriptive study of occupational therapy students' perceptions and attitudes towards spiritual care in occupational therapy education. *Journal of Religion and Health*. doi:10.1007/S10943-015-0123-3
- Narayanasamy, A. (2006). The impact of empirical studies of spirituality and culture on nurse education. *Journal of Clinical Nursing*, *15*(7), 840–851.
- Peach, H. (2003). Religion, spirituality and health: How should Australia's medical professionals respond? *MJA*, *178*, 86–88.
- Puchalski, C., Vitillo, R., Hull, S., & Reller, R. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, *17*(6), 642–656. doi:10.1089/jpm.2014.9427
- Rushton, L. (2014). What are the barriers to spiritual care in a hospital setting? *British Journal of Nursing*, *23*(7), 370–374. doi:10.12968/bjon.2014.23.7.370
- Schoepp, K. (2005). Barriers to technology integration in a technology-rich environment. *Learning and Technology in Higher Education: Gulf Perspectives*, *2*(1), 1–24.
- Stoller, L., & Fowler, M. (2015). *Spiritual histories: Putting religio-cultural competence into practice*. MedEdPortalPublications. doi:10.15766/mep2374-8265.10029
- Thompson, B. E., & MacNeal, C. (2006). A phenomenological study exploring the meaning of a seminar on spirituality for occupational therapy students. *The American Journal of Occupational*, *60*(6), 531–539. doi:10.5014/ajot.60.5.531
- Thompson, N. (2016). Spirituality and social justice. In D. L. Harris & T. C. Bordere (Eds.), *Handbook of social justice in loss and grief: Exploring diversity, equity and inclusion* (pp. 191–201). New York, NY: Routledge Taylor and Francis Group.
- Wilding, C. (2002). Where angels fear to tread: Is spirituality relevant to occupational therapy practice? *Australian Occupational Therapy Journal*, *49*, 44–47. doi:10.1046/j.0045-0766.2002.00292.x
- World Health Organization. (2015). *WHO definition of palliative care*. Retrieved from <http://www.who.int/cancer/palliative/definition/en/>

CHAPTER EIGHT

STAGE THREE OF PHASE ONE



EXPLORING OCCUPATIONAL THERAPY STUDENTS' PERCEPTIONS REGARDING SPIRITUALITY INTO OCCUPATIONAL THERAPY GROUPS: A QUALITATIVE STUDY

CITATION: Mthembu, T.G., Wegner, L. & Roman, N.V. (2017). Exploring occupational therapy students' perceptions regarding spirituality in occupational therapy groups: A qualitative study. *Occupational Therapy in Mental Health*, 33(2), 141 – 167. <http://dx.doi.org/10.1080/0164212X.2016.1245595>

8 Introduction

Chapter Seven presents the results of the first paper of Stage 3 of Phase One, which explores the barriers impeding integration of spirituality and spiritual care into occupational therapy education. It was reported that there is a lack of knowledge on how to guide occupational therapy students to address spirituality in fieldwork practice. This second study of the third stage explores occupational therapy students' perceptions of spirituality in occupational therapy groups. A qualitative exploratory-descriptive study was used with occupational therapy students who were selected by means of a purposive sampling method. The results of the second study have shown that spirituality seems to play a crucial part in occupational therapy groups. The findings of the current study highlight the importance of occupations as a medium for spirituality in groups. This study has shown that students need support when dealing with clients' needs in fieldwork placements as part of their training. The study has gone some way towards enhancing our understanding of spirituality in occupational therapy groups.

8.1 Publication Details

Title	Exploring occupational therapy students' perceptions regarding spirituality in occupational therapy groups: A qualitative study
Authors	Mthembu, T.G., Wegner, L. & Roman, N.V.
Journal	Occupational Therapy in Mental Health
Volume	33
Issue Number	2
Pages	141 – 167
Journal Details	Peer Reviewed Accredited by the Department of Higher Education & Training (DoHET)
Impact Factor	Still computing
Status	Published

8.2 Occupational Therapy in Mental Health

Occupational Therapy in Mental Health provides professionals with a forum in which to discuss today's challenges - identifying the philosophical and conceptual foundations of the practice; sharing innovative evaluation and treatment techniques; learning about and assimilating new methodologies being developed in related professions; and communicating information about new practice settings and special problem areas particular to psychiatric occupational therapy.

8.3 Publication Record

The manuscript was submitted for review to the journal on 27th June 2016 and was accepted for publication on 19th September 2016. This paper was published online on 7th February 2017.

8.4 Contribution Record

The PhD candidate is responsible for reporting on the contribution provided by the study. As a result, the contribution record provides information on the PhD candidate's joint publication with supervisors and their contributions.

PhD candidate's and supervisors' contribution on publication

Authors	Contributions
Thuli Godfrey Mthembu (Candidate)	The PhD candidate was responsible for conceptualising the study, data collection, learned how to use Atlas.ti software for data analysis, interpreted data and wrote the manuscript in partial fulfilment of obtaining a PhD degree. Additionally, the candidate identified the journal, corresponding author, communicated with the Editor-In-Chief and reviewers as part of the Journal's editorial team during the process of reviewing the article until publication.
Lisa Wegner (Supervisor)	Critically reviewed the manuscript and provided feedback in order to improve the quality of the work and provided input regarding the occupational therapy perspective
Nicolette Vanesa Roman (Co-supervisor)	Critically reviewed the manuscript and provided feedback in order to improve the quality of the work

8.5 Visibility of Research and Publication Statistics

The statistics of the paper show that there were 38 reads on ResearchGate at the time of writing this thesis. The findings were also disseminated in the World Psychiatry Association 18 – 22 November 2016 in Cape Town. In the website of Occupational Therapy in Mental Health, there were 107 views of the published article.

8.6 Conclusion

This study has given an account of and the reasons for widespread use of spirituality in occupational therapy groups. The purpose of the current study was to explore occupational therapy students' perceptions of spirituality in occupational therapy groups during the group fieldwork process. The results of this study show that spirituality plays an important role in the health of group members. The current chapter serves as a base for the third study of Stage 3, which explores importance of spirituality in the community fieldwork process.



8.7 Published Article

OCCUPATIONAL THERAPY IN MENTAL HEALTH
<http://dx.doi.org/10.1080/0164212X.2016.1245595>



Exploring Occupational Therapy Students' Perceptions of Spirituality in Occupational Therapy Groups: A Qualitative Study

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ABSTRACT

An exploratory–descriptive qualitative research approach explored occupational therapy students' perceptions of spirituality in occupational therapy groups during the group fieldwork process. Four focus group discussions were conducted and thematically analyzed. Four themes related to the metaphoric expressions of spirituality emerged: (1) occupational group therapy is a vehicle for spirituality; (2) spiritual journey in occupational therapy groups; (3) engaging in occupations facilitates spirituality; and (4) make use of the resources to service the driver and vehicle. Occupational therapy groups appeared to be the facilitators of spirituality through engagement in occupations, which enhanced quality of life, health, and well-being of group members.

KEYWORDS

Occupational therapy; occupational therapy groups; qualitative; spirituality; students

Introduction

Occupational therapy groups have been used to enhance group members' insight into their individual problems so they may be assisted in discovering themselves through expression of their feelings (FinLay, 1993; Joyce & Warren, 2016). Occupational therapy groups provide group members with opportunities for connectedness, socialization, and learning by observing other group members (FinLay, 1993; Kang, 2003). Therefore, Schneider Corey, Corey, and Corey (2013) and FinLay (1993) emphasized that group members gain knowledge about themselves and their personal identity through interactions with other members. Previous studies have indicated that occupational therapy groups seem to be used more in mental health facilities and rehabilitation centers for youth at-risk of substance abuse (Bell et al., 2015; Carroll, 2015).

The facilitators of occupational therapy groups should ethically respect and acknowledge the differences among group members based on the members' religion, spirituality, and morals (Corey, Schneider Corey, Corey, & Callanan, 2015; Schneider Corey et al., 2013; Thompson & MacNeil, 2006; Udell &

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Table 1. Themes with metaphors, categories, and subcategories.

Themes	Categories	Subcategories
Occupational therapy groups are a vehicle for spirituality #(<i>The vehicle</i>)	Self-awareness	Elements of spirituality
	Meaning and purpose	"Know themselves"
	Connectedness within group	"Sense of purpose"
	"Psychosocial Interactive approach" (<i>The engine</i>)	"Spirituality essence"
	"Stages of group development" (<i>The wheels</i>)	Holistic
		Others
		Community
		Evocative therapy
		Creativity
		Spontaneity
	Forming stage	
	Storming stage	
	Norming stage	
Spiritual journey in occupational therapy groups (The route with a map, rules, and driving forces for the same direction)	"Therapeutic use of self as part of leadership style" (<i>The driver/facilitator</i>)	Performing stage
		"Democratic leadership"
		Leadership functions
		Universality
	"Spirituality is a foundation of Yalom's curative factors" (<i>The driving forces with ripple effect</i>)	Group cohesion
		Altruism
		Imparting information
		Reflective appreciation
		Interpersonal learning
		Catharsis
Engagement in occupations facilitates spirituality (<i>The travelers' fuel and energy for reaching the destination</i>)	Person-centered and humanistic approaches (<i>The travelers</i>)	Group members' autonomy
	Meaning and purpose of occupations	Being human
		Doing occupation
		Belonging to the group
		Becoming
		Beliefs
		Values
		Spiritual
		Mental health settings
		Environment
Make use of the resources to service the driver and vehicle (<i>The motor mechanic services to nurture and care</i>)	"Need to get a spiritual leader involved"	Referral system
	Resources in the settings	Humans
		Burnout
	Families of group members	Affective
		Stress
		Support services for students and therapist

Note. Quotation marks indicate participants' verbatim quotes. Italics explain the metaphors.

Chandler, 2000). Occupational therapy groups are regarded as a supportive environment that seem to allow, both individually and collectively, enhancement of psychological and spiritual well-being of group members (Kang, 2003). This supports Kang's (2003) view of occupational abundance, which refers to the rich availability of opportunities to participate in occupations of choice and a spiritually-oriented approach to life. Spirituality is defined by Janse van Rensburg, Poggenpoel, Myburgh, and Szabo (2014) as:

Progressive individual or collective inner capacity, consciousness or awareness of transcendence. It also consists of relational aspects or connectedness and essentially exists as a process, representing growth, or a journey. This capacity, consciousness

and connectedness provide the motivating drive for living and constitute the source from which meaning and purpose is derived. (p. 1849)

There are seven dimensions of spirituality in occupational therapy, which include suffering, becoming, meaning, being, centeredness, connectedness, and transcendence (Jones, 2016; Kang, 2003). The phenomenon of spirituality in occupational therapy, however, has previously been explored from the perspectives of clients and occupational therapists (Hess & Ramugondo, 2014; Jones, 2016; Smith & Suto, 2014; Soomar, 2015; Suto & Smith, 2014; Wilding, 2007). Likewise, there is limited research on occupational therapy students' perspectives concerning spirituality in occupational therapy groups during fieldwork where they use group process. Soomar's (2015) study indicated there is little previous research in the area of spirituality in occupational therapy groups and educational programs in a South African context. This might be a challenge for occupational therapy students to address spiritual issues competently and wisely in occupational therapy groups. Therefore, in this study, the following question is addressed: What are occupational therapy students' perceptions of spirituality in occupational therapy groups? These perceptions can provide occupational therapy educators with additional resources and strategies that can be integrated by an occupational therapy education program, and thus lead to improved competence of future occupational therapists.

Spirituality is regarded as a form of being that provides the meaning that underpins doing and engagement in purposeful occupation (Donica, 2008; McColl, 2011; Polatajko, Townsend, & Craik, 2007; Wilding, 2007). Therefore, social participation is one of the meaningful occupations that facilitates spirituality through the connectedness between occupational therapists, group members, and their families (Cole & Donohue, 2011; Smith & Suto, 2014; Wilding, 2007). Similarly, occupational therapy groups are grounded within the psychosocial interactive approach, which promotes social interactions, relationships, communication, connectedness, and the occupational performance among human beings (Carroll, 2015; Dawson, 1993; Duncombe & Howe, 1985; Stein & Tallant, 2013). Most previous studies on occupational therapy groups focused on the psychosocial interactive approach and life skills such as social skills (Cole & Donohue, 2011), stress management, self-knowledge, self-image, assertiveness, communication, day planning, conflict management, and boundaries (Carroll, 2015). Although the psychosocial interactive approach has been widely used in occupational therapy groups, there is a rarity in empirical research with regards to spirituality within these groups. Therefore, this study sought to gain insight into the perceptions of occupational therapy students to obtain comprehensive descriptions of their perceptions about spirituality in occupational therapy groups using a psychosocial interactive approach.

The psychosocial interactive approach seems to be congruent with Yalom's curative factors in groups (Stein & Tallant, 1988; Yalom & Leszcz, 2005). The psychosocial interactive approach emphasizes that human beings can only reach a good quality of life through meaningful relationships with others through curative factors. The curative factors include group cohesion, universality, installation of hope, corrective recapitulation of the family, development of social techniques, imitative behavior, interpersonal learning, catharsis, imparting information, altruism, and existential factors and changes, as well as new insights that are achieved in an occupational therapy group (O'Donnell, 2008; Stein & Tallant, 1988; Yalom & Leszcz, 2005; Zinnbauer & Camerota, 2004). Previous studies on group process reported that these curative factors seem to assist group members in occupational therapy groups to progress through the four stages of group development such as forming, storming, norming, and performing (Marmarosh, Holtz, & Schottenbauer, 2005; Yalom & Leszcz, 2005). A number of studies, however, show there are associations between curative factors and spirituality in occupational therapy groups, which perhaps only apply to clients and therapists (O'Brien, 2013; O'Donnell, 2008; Smith & Suto, 2014; Soomar, 2015; Suto & Smith, 2014). Although these studies reported many interesting results, few publications have explored how occupational therapy students perceive spirituality in occupational therapy groups. Therefore, this study aimed to explore occupational therapy students' perceptions of spirituality in occupational therapy groups during fieldwork.

Methodology

Research setting

This study was conducted in an Occupational Therapy Department at a university in the Western Cape Province, South Africa. Occupational therapy students use group process to apply their knowledge and skills learned in the classroom to fieldwork practice during a series of 6- to 8-week fieldwork placements. They take into account the clients' context and needs (De Jongh, 2009). This is referred to as the group fieldwork process.

Ethics statement

Ethical approval for this study was obtained from the University of the Western Cape Research Ethics Committee (Protocol REC14/4/18). Participants were informed that their participation was voluntary and that they were free to withdraw at any time without repercussions. Informed consent was obtained from all participants prior to the focus group discussions (FGDs). Anonymity was used to protect participants' confidentiality and privacy

through the use of identification numbers with the excerpts. The data were stored in the computers of all three authors protected with a password to prevent any identification of the participants.

Research design

This study used an exploratory–descriptive qualitative research approach to explore students’ perceptions of spirituality in occupational therapy groups during the group fieldwork process (Grove, Burns, & Gray, 2013). Additionally, an interpretive worldview was used in order to acquire a deeper understanding of, and insight into, the phenomenon of spirituality in occupational therapy groups (Terre Blanche, Kelly, & Durrheim, 2006).

Participants

Purposive sampling was used to recruit participants ($n = 39$) for the study. The inclusion criteria: full-time registered undergraduate third-year and fourth-year occupational therapy students between 2014 and 2016. Furthermore, a group of 10 participants out of the 39 participants who were then in their fourth-year were selected after 9 months for a follow-up FGD. This group of 10 participants were selected because they had an opportunity to lead occupational therapy groups in mental health facilities.

Data collection

Four FGDs were used to gather the occupational therapy students’ views about spirituality in their group fieldwork process, and these discussions lasted between 50 to 80 minutes. Group one included 11 third-year students; group two consisted of seven third-year students; and group three consisted of 11 fourth-year students. From the analysis of these three groups, there were metaphorical expressions that emerged from the previous FGDs stating that occupational therapy groups are a “vehicle” for spirituality, and are a “spiritual journey in groups.” Subsequently, the following year, a follow-up FGD with some of the same participants ($n = 10$), who were then in fourth year, was conducted to obtain a deeper understanding of their views regarding the metaphoric expressions of spirituality in groups. This group lasted approximately 80 minutes. All the FGDs were recorded and transcribed verbatim.

Data analysis and trustworthiness

All transcripts were imported into, and managed in, Atlas.ti 7 software (Scientific software, 2016; <http://www.atlas.com/index.html>) in preparation

for the data analysis. Six phases of thematic analysis were used to analyze the data in an iterative manner (Braun & Clarke, 2006) in conjunction with metaphoric expressions to obtain an in-depth understanding of, and insight into, the construct phenomenon of spirituality (Pishghadam & Pourali, 2011). In the first phase, the first author (TGM) started by reading through the transcripts and listening to the recorded tapes to become familiar with the data in order to uncover and analyze the hidden meanings and views. Additionally, there were metaphorical expressions that were noticed in the segments of the qualitative text from the participants. These metaphors included statements such as “occupational therapy groups are a ‘vehicle’ for spirituality”; “group process as both ‘spiritual journey in groups’ and ‘ongoing development’”; “connections as a ‘driving force’”; “group growing in the same way as a ‘direction.’” This led the first author (TGM) to the second phase in order to generate initial codes aligned with the metaphoric expressions generated by the participants. Consequently, the codes were grouped based on the metaphoric phrases, similarities, and relationships among them to form categories (known as families in Atlas.ti 7). Subsequently, in the third phase, searching of themes was based on the metaphoric phrases in order to ensure all the themes were related to each other. Thereafter, in the fourth phase, reviewing of themes was conducted in consultation with the participants as part of enhancing credibility through member checking. This assisted in validating the accuracy of the findings as a true reflection of the participants’ words. Similarly, the use of peer debriefing and multiple researcher perspectives allowed us to review and verify the themes to enhance dependability through an audit trail of the process followed in analyzing the data. Moreover, confirmability was ensured through discussions with the three researchers in order to reach and confirm consensus about the findings of the study by peer debriefing. Then, in the fifth phase, themes were defined and named through the use of participants’ responses known as in-vivo quotes. Eventually, a report was written in a narrative using a metaphorical approach to organize the themes and their relationships—supported by excerpts as evidence of the data.

Description of the participants’ metaphors

The metaphors brought an understanding of the tacit knowledge of the students’ perceptions of spirituality in occupational therapy groups (Ellis, 2008; Pishghadam & Pourali, 2011; Saban, 2004). The participants used the vehicle as a symbol of occupational therapy groups; they indicated that (the vehicle) seemed to assist group members to experience their spirituality. This metaphor of a vehicle emerged from the participants when they were responding to a question (How you think spirituality comes out in occupational therapy groups?).

In the participants' discourse, they highlighted the view that the engine symbolized the psychosocial interactive approach and the wheels of the vehicle represented the stages of group development in occupational therapy groups. The route with map, rules, and driving in the same direction denoted the spiritual journey in occupational therapy groups. The driver/facilitator of the vehicle signified the therapeutic use of self as part of leadership style. Additionally, they pointed out that the driving forces appeared as enablers for group members and the leader with ripple effect symbolized Yalom's curative factors. The travelers' fuel and energy for reaching the destination were participants' perceptions that represented engagement in occupations facilitating spirituality during occupational therapy groups. The travelers emerged as a symbol that represented the person and humanistic approaches in groups. Finally, the participants' discourse indicated that the motor mechanic serves to nurture and care, and symbolized the use of resources to service the driver (facilitators and the vehicle [the groups]).

Findings

Four themes related to the metaphoric expressions of spirituality emerged from the data analysis: (1) occupational therapy groups are a vehicle for spirituality; (2) spiritual journeys occur in occupational therapy groups; (3) engaging in occupations facilitates spirituality; and (4) make use of the resources to service the driver and vehicle. Therefore, the research findings are presented in a form of metaphors that were used by participants to illustrate their perceptions of spirituality in occupational therapy groups, as presented in Table 1.

Occupational therapy groups are a vehicle for spirituality

The first theme highlights the participants' perceptions: In this case, the vehicle symbolizes that occupational therapy groups are a vehicle for spirituality. Occupational therapy groups were perceived as enablers of spirituality, as they assisted group members to find meaning and purpose in life. Similarly, the participants believed that spirituality seemed to facilitate a sense of connectedness and a sense of belonging for group members when they were part of an occupational therapy group. As a result, the participants believed that spirituality was a significant asset because it led group members to interact with each other during occupational therapy groups.

We use it [spirituality] as a vehicle in therapy to get them there where they need to be. Spirituality plays a big part within the groups as an entity because they [group members] can relate to one another. (Fourth-year student 10, personal communication, 2015)

The participants perceived the occupational therapy group as a facilitator of self-awareness that enhances group members' sense of self and coping skills.

Additionally, the participants believed the occupational therapy groups seemed to assist group members in finding meaning and purpose through their participation.

They [group members] are able to cope with life if they experience the sense of self, and that is spirituality as a sense of purpose and self. If we start learning about ourselves and our self-esteem and those things, spirituality is involved with that. (It) equips them [group members] to know about themselves and that increases their spirituality. (Fourth-year student 8, personal communication, 2016)

He likes to take a walk and just listens to himself while experiencing the sense of realization through that he is tapping in his spirituality as part of sense of self [sic]. (Fourth-year student 1, personal communication, 2016)

You need to be able to find meaning together as a group then you go forward in the next stage of the group when you develop together as a group. (Fourth-year student 10, personal communication, 2016)

Participants highlighted the view that being part of the vehicle contributed significantly to the group members' connectedness because the driving forces facilitated the relationships in the groups.

The essence of spirituality brings the connections and binds people together. (Fourth-year student 4, personal communication, 2016)

Likewise, another participant provided a rationale about why occupational therapy groups are considered a vehicle for spirituality. The participant explained that group members from diverse backgrounds share their lives with each other, which creates connections among them.

Groups are a vehicle for our spirituality, it's that thing of bringing different forces that are in everybody and transferring those forces amongst each other. (Fourth-year student 1, personal communication, 2016)

It was evident that the meaningful and purposeful connections were the driving forces that pulled the group members together when they participated in the occupational therapy groups and then enabled them to embark on a spiritual journey.

In the participants' discourse, it was noted that the engine symbolized the psychosocial interactive approach. This metaphor was used to express participants' perception of the importance of the psychosocial interactive approach in an occupational therapy group, and it was shared by one participant who has used the psychosocial interactive model in practice. This participant believed the psychosocial interactive model supports spirituality in occupational therapy groups. The engine as a metaphor denoted a psychosocial interactive approach and assisted in facilitating group members' self-reflection and self-discovery.

The psychosocial interactive model promotes group members to explore their own emotions that they often hide away and locked it for a long time. The model assists

group members to experience their emotions, by doing that, I can see that is a drive for spirituality. (Fourth-year student 8, personal communication, 2016)

The wheels of the vehicle metaphor symbolize the stages of group development in occupational therapy groups. Some participants employ the wheels metaphor to describe their perception of group development stages, which include forming, storming, norming, and performing. The participants believed these stages of group development appeared as enablers for group members to achieve their goals of a better quality of life, health, and well-being.

The group development is an ongoing process that assists group members to become spiritual at the same time. The group comes together because there are common goals include to get better, to get out of the hospital, as well as to be healed. Therefore, they [group members] become one so that they work towards to reach their goals. (Fourth-year student 6, personal communication, 2016)

The wheels metaphor was used by the participants to express their perceptions of how their spirituality developed during the stages of group development. Two participants explained sharing their views based on their fieldwork experiences of running occupational therapy groups in mental health facilities.

Spirituality is something that can be shown throughout all the stages of group development. In the forming stage, group members get an opportunity to know each other and they can realize that they are spiritual beings through the feedback they receive from other group members during their discussion in a group.

The performing stage, the whole group has understanding of their spirituality. The group members seem to know whether they are spiritual or not. It helps the group to perform because they are at stage where they understand themselves, as they have connected with each other, and they aware of basic norms of how to deal with the situations.

Storming stage, this occurs when the group members start to have some conflicts and then they are experiencing issues as individuals, they understand their spirituality... deal with the situations if someone speaks about something that is provoking. (Fourth-year student 5, personal communication, 2016)

Another participant shared the view that the norming stage assists group members to reach consensus about certain issues within the group. The participant felt that this was the stage in which group members tend to experience a sense of belonging as part of the occupational therapy group. Additionally, the participant provided her insightful explanations to demonstrate a thorough knowledge of social, cultural, and spiritual issues relating to the occupational therapy group. It was evident that the norming stage of group development appeared as a facilitator of attributes such as sensitivity, tolerance, and acceptance.

The norming stage is where the Bennett's model (Bennett, 1993) of cultural sensitivity comes in. This is where spiritual sensitivity occurs, you are accepting that the person's

spirituality is different from mine but is fine, as we all human beings. We can link the culture, to spirituality, to religion to all other stuff such as doing, becoming, being and belonging. (Fourth-year student 3, personal communication, 2016)

Spiritual journey in occupational therapy groups

The second theme identified was a metaphor of the route to be traveled with a map, rules, and driving events in the same direction and denoting the spiritual journey in occupational therapy groups. This spiritual journey metaphor indicates that the participants viewed occupational therapy groups as an enabler for a purpose, guidance, and spiritual care. The participants used the metaphor to emphasize the importance of group process whereby the group members are given opportunities to work together as a team. The participants indicated the group process promotes meaningful and purposeful relationships for mutual understanding and communication. The theme comprises therapeutic use of self as part of leadership style and Yalom's curative factors.

Group process is used to guide the spiritual journey in groups and the group members work together like us sitting in a group today we are talking about spirituality together that forms part of the group's spirituality. (Third-year student 8, personal communication, 2015).

The driver/facilitator of the vehicle metaphor signified the therapeutic use of self as part of a good leadership style in occupational therapy groups. The participants viewed their relationships with their group members as an integral part of the spiritual journey in groups. As a result, these participants felt that their roles as drivers were centered on how they use themselves to drive the group in a meaningful and purposeful direction to reach their destination. According to the participants' discourse, it has been noted that the occupational therapists should understand their stance regarding spirituality in order to facilitate the journey. This indicates that it would be helpful for occupational therapists to spend some time in seeking to understand who they are as part of their personal and professional identities.

The type of leadership style has something to do with spirituality because you need to understand the group members so that you may be able to choose an appropriate leadership style. (Fourth-year student 10, personal communication, 2016)

For occupational therapists to facilitate spirituality in groups, you have to understand your own spirituality. If you don't have spiritual beliefs but you have to understand you are not a spiritual being but a mindful one. (Fourth-year student 5, personal communication, 2016)

Additionally, the participants emphasized the importance of being mindful of the variety of responsibilities and expectations that occupational therapists need to lead and guide the groups. This supports the driver/facilitator metaphor as participants expressed a perception of themselves as effective change agents within occupational therapy groups. It was clear that the participants

valued autonomy and empathy to ensure group members were provided with opportunities to participate in a journey of discovery.

As a therapist your job is to take the group through the journey of discovery and allow them [group members] to go through the stages of group development so that they are able to experience being part of the group. (Fourth-year student 6, personal communication, 2016)

Participants used the driving forces to symbolize their perception of spirituality as a foundation of Yalom's curative factors. Additionally, the participants accentuated a number of Yalom's curative factors (Yalom & Leszcz, 2005; Zinnbauer & Camerota, 2004) that contributed significantly to the spiritual journey in occupational therapy groups and facilitated group development. The curative factors that the participants perceived as being grounded within spirituality included universality, altruism, group cohesion, installation of hope, interpersonal learning, imparting information, catharsis, and reflective appreciation.

Spirituality is a foundation of those Yalom's curative factors, and spirituality is the foundation of meaning in a group. (Fourth-year student 9, personal communication, 2016)

Therapeutic [curative] factors are part of the group development and they are the driving force of group development. (Fourth-year student 6, personal communication, 2016)

Spirituality was consistently associated with universality, altruism, and group cohesion. The participants' discourse illustrated that belonging to occupational therapy groups enables group members to share similar experiences about life; as a result, they find meaning and purpose in the relationship. Another participant also provided a rationale for the importance of sharing in a group as it strengthens group cohesion and the sense of belonging.

When the group is building the cohesive unit they all share same stories in the same way and they also internalize feelings together and then together the group reaches a certain level of spirituality is like a ripple effect. (Fourth-year student 8, personal communication, 2016)

When people start sharing about their spirituality the cohesion happens and you realize I am actually doing this too to improve my spirituality and to better my mindfulness (Fourth-year student 3, personal communication, 2016)

Participants reported that installation of hope enabled group members to connect with each other. This indicates the group members seemed to have faith that they bring into the occupational therapy group to assist them to solve their problems.

Realization that somebody else is experiencing something similar and then they are able to instil [sic] that hope and that is spiritual connection as it is more like a beacon of hope. (Fourth-year student 4, personal communication, 2016)

This seems to support the metaphor in which participants perceived the occupational therapy group as a vehicle for spirituality that enhances group members' well-being and satisfaction. The participants pointed out the importance of spirituality in group therapy as they noticed that often group members share something common about their condition, which is related to universality. Consequently, this could mean that group members were able to understand each other as they share similar problems and challenges.

The group is growing as a whole and is not about the individual member but the group ... not driving in a different direction and growing in a different way but the group is growing in the same way finding meaning in the group, and their existence in a group rely on each other for advice. They rely on each other and they become a driving force. (Fourth-year student 8, personal communication, 2016)

The participants further indicated that the group's diversity did not influence members' participation in the spiritual journey in occupational therapy groups; instead, it strengthened the sense of belonging. This meant that the group members had an opportunity to experience a sense of acceptance and group solidarity to support and encourage each other.

Within the groups that I was running, I think spirituality played an important role as the group members were able to identify with one another along the lines that they were all there for the same reason. Although they came from different backgrounds and different situations at home, but they all had common struggles related to their diagnosis of depression and the feelings of not wanting to do anything anymore. Therefore, I think that relationship allows them to share with one another. (Fourth-year student 11, personal communication, 2016).

Engagement in occupations facilitates spirituality

The third theme highlights the participants' perceptions about how engagement in occupations facilitates spirituality; this is symbolized by the travelers' fuel and energy for reaching the travel destination. The participants expressed their views and reasons by using metaphors to explain why occupational therapy groups are regarded as facilitators of spirituality. Therefore, the participants used the travelers' metaphor to express their perception of how both holistic and person-centered approaches were considered as part of the groups. The meaningful and purposeful occupations that occupational therapists used in groups to facilitate spirituality also supposed this.

The participants responded to the question: What is it about occupational therapy groups that facilitate spirituality? The participants' responses used the travelers' metaphor to emphasize the role of occupational therapy groups as facilitators of spirituality. The participants indicated that as occupational therapy students, they believed human beings need to be regarded as role players of their own lives. This is further explained by the participants' responses

when they reflect on the importance of autonomy in allowing group members to express their needs, which also includes spirituality. As a result, the participants reported that the group members found meaning and sense of belonging if they recognized that their needs are considered as important in occupational therapy groups.

We [occupational therapists] use holistic and person-centered approaches for me that is spiritual because we allow group members to be who they are and work from who they are. We also work on what they want for themselves to find meaning and belonging. (Fourth-year student 8, personal communication, 2015)

Viewing human beings as occupational beings is a core of the occupational therapy profession. Our main goal in occupational therapy is to assist our clients to find meaning on what they are doing but not telling them what to do by allowing them to identify their own purpose. (Fourth-year student 6, personal communication, 2016).

Some participants explained that both occupations and spirituality are integral components of the occupational therapy profession because they provide the group members with time and space to engage in meaningful social participation activities.

Both occupations and spirituality link with how somebody can cope with the kind of trauma, then bring back meaning. (Fourth-year student 2, personal communication, 2016)

In occupational therapy, we look at the occupations that group members engaged in, for instance, we bring the occupation of social participation as we know we are social and spiritual beings, we're learning from each other, we're constantly forming the norm, and finding the society norms around us. Hence, we use psychosocial interactive in occupational therapy group model because it is basically emphasises on facilitating interaction, and discussion, and is not about me directing questions. I always encourage group members to share their stories with each other. I think the model is great for spirituality that you want to get out of it. (Fourth-year student 8, personal communication, 2016).

The participants valued the use of occupations during occupational therapy groups to facilitate spirituality. This meant that there was meaningful and purposeful engagement and participation to enhance group members' health, quality of life, and well-being. According to the participants' discourse, occupations such as painting and drawing enabled group members to reflect about their experiences in occupational therapy. This is consistent with evocative therapy used in occupational therapy groups through the psychosocial interactive approach to facilitate spirituality.

Drawing [using] the Kawa river model with various components like rocks as obstacles in life. So I think that kind of an activity will bring self-reflection is there to facilitate spirituality. By engaging in painting and drawing activity, group members draw the sun as their dreams they need to achieve, so through that activity or story actually you're reflecting and spirituality comes out. (Fourth-year student 9, personal communication, 2016)

Evocative therapy involves doing an activity in a session like that you doing evocative without you thinking you doing it. (Fourth-year student 3, personal communication, 2016)

One participant, however, cautioned that students need to be taught carefully about how to use evocative therapy during occupational therapy groups in order to prevent harming group members.

To finish off with evocative therapy, as a student therapist you need to be informed how to deal with that in theory, and guidelines need to be provided because going there winging it is going to be a problem. (Fourth-year student 9, personal communication, 2016)

Participants' discourse pointed out that there is a relationship between occupational therapy groups, evocative therapy, the psychosocial approach, and occupations, which contributed significantly to the facilitation of spirituality. This relationship appeared to enable group members to express their emotions during the group session to enhance their quality of life and well-being.

It's all about them identifying their own emotions and reflecting on what they experiencing during the activity. It's about getting them to that sense of realization that what I have done, it creates different depths of thoughts for each person ... By facilitating the group members to share their experiences and emotions, they end up feeling that they could identify their emotions from others. This helps them to develop their emotional language and it equips them to know about themselves and that increases their spirituality and it is a form of healing. (Fourth-year student 8, personal communication, 2016)

To add on in the form, the clients will be busy with painting so you will facilitate and allow emotions to come out and use interactive to guide so that they can bring what they wrote down. I realize like reflecting on the activity one person in the group could identify so through activity selection spirituality maybe facilitated. (Fourth-year student 9, personal communication, 2016)

The participants indicated that some of the group members in mental health facilities tend to express fears about being a prisoner, isolated, and having family stresses. This may mean that the group members seemed to experience one of the outcomes of occupational injustice—particularly occupational alienation. According to Townsend and Wilcock (2004), occupational alienation is the absence of meaning or purpose in the occupations of daily life. Therefore, Bryant, Craik, and McKay (2004) reported that experiences of occupational alienation could be expressed in a unique manner by an individual or shared within a group.

I think activities created a space for self-expression in that sense. You could feel is a sense of relief for the group members, some of the things that came out we feel like prisoners because there are so many gates, they said they feel like prisoners, isolated, and the family depresses all these things came out. (Fourth-year student 6, personal communication, 2016)

The participants indicated that spirituality was associated with occupations and the psychosocial interactive approach. This assisted the group members to enhance their health and well-being as well as coping strategies. It was evident that social interactions as one of the occupations allowed group members to share their experiences in a group and brought back the sense of satisfaction and sense of belonging. This may explain why occupational therapy groups facilitate spirituality.

The occupations gave the group members the feeling of satisfaction to enhance their spirituality so that they can be positive. (Fourth-year student 4, personal communication, 2015)

Make use of the resources to service the driver and vehicle

The focus of the fourth theme is the participants, occupational therapists, and families of group members with mental illnesses. In order to explain this, the participants used the vehicular services to nurture and care metaphors to symbolize the use of resources to service the driver (facilitators) and the vehicle (the groups). Participants felt that they needed support to cope with the challenges of being an occupational therapy group facilitator. The participants explained it is important to establish a referral system that would assist with the inclusion of spiritual leaders as part of an interdisciplinary team in mental health facilities.

There is a need for a formal and informal referral system in order to help the clients. We should aim for our clients to be well and be independent in all spheres of their life. (Third-year student 3, personal communication, 2015).

The interdisciplinary team should accommodate spiritual leaders so that occupational therapists may refer clients at that hospital. (Third-year student 16, personal communication, 2015).

The driver metaphor was also used to express participants' feelings of burn-out, emotional instability, and role demands of running occupational therapy groups. The participants stated that they also need support to cope with the demands of being a driver of the vehicle. This indicates that participants are also human beings who experience challenges in their occupations. As a result, the participants believed that they should use available resources for debriefing to offload the stresses and emotions encountered in their role demands of their social and working lives. Accordingly, the participants indicated that they should be well prepared because they will interact with group members from a variety of backgrounds. This meant the participants might need to have the emotional insight and imagination to understand the viewpoints of others to prevent non-maleficence.

I would like to say as occupational therapy students, we are also human beings; we should make use of supportive resources on campus. If it happens that you need to

...speak to someone and you haven't dealt with all the emotions. You actually do more harm not only to yourself but to the group. (Fourth-year student 6, personal communication, 2016).

Participants reported that they tend to forget about the family members of the mental health users attending occupational therapy groups. Therefore, the participants believed that families should be considered members of the interdisciplinary team in mental health facilities to enhance the quality of life, health, and well-being of the group members and their families. As indicated in the excerpt below, families of mental health users valued spirituality as a coping mechanism.

Spirituality has positive impacts on the family members of mental health users although we tend to forget them and solely focus on the client. Working in the outpatient unit [Mental Health Facility] with family support groups, the families shared about the value of prayer and meaningfulness of spirituality which gave them hope. (Fourth-year student 10, personal communication, 2015).

Discussion

The present study sought to explore occupational therapy students' perceptions of spirituality in occupational therapy groups. Overall, the findings revealed participants believed that occupational therapy groups seemed to provide group members with time and space to express their spirituality through engaging in meaningful occupations. These findings can be explained in part by the number of previous studies which indicated that spirituality seems to be associated with occupation in occupational therapy (Howard & Howard, 1997; Kang, 2003; Wilding, 2007). There are seven dimensions of spirituality that may contribute significantly to occupational therapy students' and occupational therapists' knowledge, awareness, and skills (Jones, 2016; Kang, 2003). These dimensions include: suffering, becoming, meaning, being, centeredness, connectedness, and transcendence. It has been emphasized that in a case where most or all of the dimensions are not met, this may result in impoverishment of the human spirit.

Suffering

Kirsh (1996) indicated occupational therapy narratives are used to make sense through stories and metaphors. Therefore, these participants used metaphors to make sense of their perceptions and experiences of spirituality in occupational therapy groups. Suffering is defined as state of severe distress associated with events that threaten intactness of human beings. It may influence individuals', groups', and communities' sense of spirituality and occupational performance in life (Egan & DeLaat, 1994; Egan & Swedersky, 2003; Johnston

& Mayers, 2005; Kirsh, 1996). Suffering seems to provide a rationale for embarking on the vehicle used here to symbolize occupational therapy groups, as it can affect the whole being including physical, emotional, mental, spiritual, and social aspects of a human being (Oreopoulos, 2005). In the themes “engagement in occupations facilitates spirituality” and “spiritual journey in occupational therapy groups,” our study found that occupational therapy groups were mainly facilitated in group members who were suffering from a variety of mental illnesses such as trauma, stress, depression, and family stressors. This is consistent with the recent study by Ahmad Nabil, Saini, Nasrin, Bahari, and Sharip (2016) that explored the understanding of spirituality among Muslim patients with depression. The findings of Ahmad Nabil and colleagues (2016) indicated that patients with depression needed their spiritual needs to be met during the process of recovery. Some of these patients could not engage in their valued spiritual occupations like prayer.

The results of this study show that the participants were providing occupational therapy services to group members who were experiencing occupational disruption related to their mental illnesses. It is difficult to explain this result, but it might be related to the loss of meaning and purpose in life. Another possible explanation for this is that group members seem to suffer from occupational alienation. The travelers’ fuel and energy for reaching the destination symbolized engagement in occupations to facilitate spirituality. Therefore, the findings indicate that the participants were relevant facilitators to alleviate group members’ suffering through collaborative partnerships to identify meaningful occupations that seemed to be significant for the groups. This concurs with Oreopoulos’ (2005) conclusion that health-care professionals have a privileged role to help clients find meaning in their suffering. These occupations were identified through group members’ occupational consciousness and occupational choices in preparation for the becoming dimension of spirituality.

Becoming

Becoming is the dimension of spirituality that was evident in the metaphor of the travelers’ fuel for reaching the destination symbolizing the theme “engagement in occupations facilitates spirituality.” It was evident that there was an association between personal occupational engagement and spirituality. This result may be explained by the fact that both occupation and spirituality are related to common human needs such as personal meaning, purpose, choice, self-worth, as well as the quality of experience and well-being (Hammell, 2004; Tse, Lloyd, Petchkosky, & Manaia, 2005). Similarly, the participants’ perceptions of spirituality in occupational therapy groups indicated that group members were regarded as social, spiritual, and occupational beings who engage independently in social situations to enhance their quality

of life and well-being. This finding corroborates the views of Hess and Ramugondo (2014) and Tse and colleagues (2005) that spirituality is a social construct promoting group members' autonomy (ethical reasoning) and allowing them to express themselves in a form of social participation. It is important to emphasize that occupational therapy groups appeared as an enabler of spirituality and social participation because group members were motivated to engage in occupations. A possible explanation for this might be that the participants had an understanding of—and insight about—the psychosocial interactive model as an enabler of transformation in occupational therapy groups. Another possible explanation for this is that the participants who have used the psychosocial interactive model in practice were able to indicate how it supports spirituality through learning interaction skills in occupational therapy groups. This is consistent with Carroll (2015), which states occupational therapy groups assist group members with psychosocial life skills such as problem solving, day planning, and anger management. It can thus be suggested that occupational therapy students should be taught about the importance of the psychosocial interactive model in relation to integration of spirituality in occupational therapy groups.

It is interesting to note that the occupational therapy students who participated in this study believed self-reflection facilitated spirituality among group members. Additionally, the students believed the types of activities that they selected were group members' occupational choices and elicited some form of self-expression as a part of the activity. Moreover, the participants' perception indicated that the occupational therapy groups provided a safe environment for the group members to share their experiences and emotions, which resulted in universality, connectedness, and increased self-worth. This also led the participants to consider occupational therapy groups as a vehicle for transporting and transferring emotions with each other to form a sense of healing. It was evident that meaningful occupations appeared as a facilitator for the group members' spirituality so that they experience feelings of satisfaction, which enhances their meaning.

Meaning

Meaning is the third dimension of spirituality; according to Kang (2003), meaning is defined as “the sense of intrinsic purposefulness and vitality rooted personal, collective, or transpersonal spaces that inform the direction of, and inspire the process of living” (p. 97). Meaning is one of the dimensions of spirituality that emerged in three themes: occupational therapy groups are a vehicle for spirituality, spiritual journey in occupational therapy groups, and engagement in occupation facilitates spirituality. The results of the current study show there was connectedness between the participants and the group members who attended occupational therapy groups. The

connectedness assisted both the participants and the group members to explore how the stress, trauma, depression, and family stressors affected their engagement in occupations in order to find meaning for their illnesses. This finding concurs with Ahmad Nabil and colleagues' (2016) study, which indicated that some patients with depression were able to make sense of their suffering. There were, however, other patients who tended to complain, indicating they lacked meaning when thinking of their suffering.

The results of this study indicated that the student participants formed a collaborative partnership with the group members. This seems to be in line with Schneider Corey and colleagues' (2013) and Knowles' (2002) view that collaborative therapeutic relationships in groups provide a space and time for self-discovery in order to find meaning. Additionally, Knowles (2002) suggested adults should acquire a mature understanding of themselves and their rights in order to achieve their goals, needs, interests, and capabilities.

Another aspect of meaning dimension of spirituality in occupational therapy groups was the norming stage of group development. The participants' perceptions indicated that the group members in the norming stage managed to find meaning as they set goals based on their needs such as belonging, self-worth, and control over choices. This finding supports Knowles' (2002) adult learning principles—particularly the idea that adults should be given the freedom to develop an attitude of acceptance, love, and respect toward others. As in our study, occupational therapy groups were found to allow group members to develop their goals, which also aligned with those of occupational therapy students. As a result, the group members found meaning because their goals were to “to get better, to get out of the hospital, be healed,” as reported by the participants. These goals were achieved because the participants reported that “our goal in occupational therapy is to assist our clients to find meaning for what they are doing but not telling them what to do and by allowing them to identify their own purpose” (Fourth-year student 6, personal communication, 2016). Eventually, the occupational therapy groups enhanced the group members' quality of life and well-being. This is evident in a statement by one of the participants: “the group members agreed on that they felt humane at the end it was a spiritual thing for the group” (Fourth-year student 10, personal communication, 2016). As a result, the group members were connecting with self, which led to the being dimension of spirituality.

Being

In this dimension, being is regarded as “a pervasive quality that forms the foundations of our experience as human beings” (Kang, 2003, p. 97). Being as a dimension of spirituality was identified in the first three themes (Occupational therapy groups are a vehicle for spirituality, spiritual journey in occupational therapy groups, and engagement in occupation facilitates

spirituality). In this study, the travelers represented the person-centered and humanistic approaches, which allowed group members to share their emotions through reflections during occupational therapy groups. Similarly, Hess and Ramugondo (2014) and Swinton as cited by Hoyland and Mayers (2005) asserted the therapeutic relationship relates to engaging in an experiential journey with others, and communicating, understanding, and a willingness to be with the other, which denotes spiritual care. This was evident in the current study in the wheels symbolizing the stages of group development—particularly the norming stage—as the drivers (occupational therapy students) used themselves therapeutically by listening in an active and sensitive way to the group members. As a result, the participants were able to allow the group members to share their personal experiences while going with the flow, rather than trying to direct the way the group is moving until group members were able to tap into their spirituality. These findings agree with findings of previous studies, which found that spiritual needs seem to incorporate respect, listening, the right to dignity and choice, cultural sensitivity, and lifestyle as well as space (Hoyland & Mayers, 2005; Johnston & Mayers, 2005; Udell & Chandler, 2000). This is in line with Corey and colleagues' (2015) view of leading a group while allowing the group members to share and explore their spiritual and religious needs. In contrast to earlier findings, however, no evidence of time constraints, feeling uncomfortable with spirituality, or a lack of spiritual care were detected as barriers to meeting spiritual needs.

Centeredness

Centeredness is defined as “an inner stability based on knowing and recognizing that which lies at the core of one’s being” (Kang, 2003, p. 98). The participants in the study expressed the view that some of the group members were independently engaging in meditation. This appeared as one of the strategies that assisted group members to tap into their spirituality. Therefore, this idea is consistent with Morris (2013), who indicated occupational therapists that acknowledge humanistic concerns and believe in connectedness seemed to practice spiritual care with clients in need of connection with the world. Additionally, the findings indicated that family members were connecting with God through prayer, which can be effective in strengthening their hope. In a study by Borzou, Anosheh, Mohammadi, and Kazemnejad (2014), they found that believing in God’s greatness and engaging in spiritual occupations such as praying was a method of religious coping.

The participants’ perceptions indicated that visualization of one’s life journey using the Kawa model assisted them in understanding their spirituality. This is further evidence of narrative reasoning—participants used their life stories to understand, interpret, and encourage group members to revise their

lives in a positive manner irrespective of obstacles. Therefore, the finding seems to support self-reflection as a tool of practice that the participants used to share their experience about spirituality in occupational therapy groups.

In Hess and Ramungondo's (2014) study, a sense of interdependence was found to be part of the connectedness dimension of spirituality between the occupational therapists and mental health system users. Similarly, the findings in the current study revealed that the group members were given the opportunity to connect with each other and the student therapists, and this was the essence of spirituality.

Connectedness

This is a dimension of spirituality: seeing the self as a fluid process embedded within a larger interrelational context. Spiritual connection "refers to the extent of connectedness to a spiritual being that helps a person to get through hard times and tolerate stress" (Lopez et al., 2014, p. 387).

Connectedness is one of the dimensions of spirituality that was described in all the themes: occupational therapy groups are a vehicle for spirituality, spiritual journey in occupational therapy groups, engagement in occupation facilitates spirituality, and make use of the resources to service the driver and vehicle. The participants' perceptions of connectedness as a dimension of spirituality appeared as a bond that linked all the metaphors representing the themes. The findings indicated that the occupational therapy groups appear to have the driving forces which foster connectedness and health through spirituality in occupational therapy. The driving forces metaphors that symbolized the curative factors were group cohesiveness, installation of hope, altruism, universality, catharsis, and interpersonal learning. It is therefore likely that such connections exist between the participants and the group members because of forces that allowed them to share their experiences and emotions to enhance their being, meaning, and self-worth. As a result, the group members were able to ventilate in the occupational therapy group, which strengthened the connectedness. These findings appear to be consistent with Tse and colleagues' (2005) explanations of connectedness' benefits as a dimension of spirituality that makes a unique contribution to healing and recovery for mental health users, including coping, social support, hope, and self-esteem. Hence, Ahmad Nabil and colleagues (2016) and Cassell (1999) highlighted the importance of sensitivity and empathy through connectedness during one's suffering with the significant others being doctors and family members.

In relation to coping, the participants' perceptions in the current study revealed that group members appear to use spirituality as a resource for coping mechanisms. Additionally, the participants indicated that the family members of the mental health users tend to be forgotten as part of the connectedness dimension of spirituality. Some of the participants, however, highlighted the

view that family members seem to use connections with God through prayer in order to cope with the caring task for their significant family members with mental illnesses. The findings of the current study corroborate the findings of Ahmad Nabil and colleagues' (2016) study, which found that some of the patients ventilated with family members and healthcare professionals to obtain a sense of relief. It can therefore be suggested that family members of the users should be constantly involved in caring for the significant other. This suggestion is in accordance with Fang, Sixsmith, Sinclair, and Horst (2016) and Hess and Ramugondo's (2014) studies that suggested healthcare professionals must carefully consider the involvement of family members and their roles in the caring process in order to provide sensitive care. Regarding hope and self-esteem, the findings of the current study indicated participants believed that spiritual connections provided group members with a sense of hope, which gave them the strength to continue with their desires and goals. These findings are consistent with Tse and colleagues (2005), who found that hope enhances mental health users' sense of purpose and meaning in life.

From our study, participants identified the finding that there was a need for the interdisciplinary team to accommodate community pastoral care and spiritual leaders to strengthen the health services as well as a pastoral care referral system for mental health users. These results indicate the participants believed that the connectedness dimension of spirituality could be used for health promotion by creating supportive environments to improve the health and well-being of mental health users and populations. This study produced results which corroborate the findings of a great deal of previous work in this field of spirituality in occupational therapy and interdisciplinary dialogue (Hess & Ramugondo, 2014; Thompson & MacNeil, 2006).

The findings of this study indicate the wellness of the participants and other healthcare professionals working in mental health facilities seem to be influenced by the demands of their work roles and responsibilities, which can lead to burn-out. The present findings seem to be consistent with other research, which found that the nurses and occupational therapy students as well as therapists experience drainage, feelings of shock, blame and condemnation, inadequacy, and the fear of reprisal (Egan & DeLaat, 1994; Matandela & Matlakala, 2016). As a result, these studies and the findings of the current study suggest that there must be support strategies and an ongoing program to assist healthcare professionals to deal with their emotions in order to carry out their work effectively.

Transcendence

According to findings in recent studies, participants' perceptions revealed that transcendence was one of the dimensions of spirituality which assisted group members to develop suffering strategies. The participants reported that the goals of the group members in occupational therapy groups appeared to

facilitate coping strategies. The group members were better able to cope with their stress, depression, and trauma. As a result, the group members experienced a sense of relief from their suffering.

Implications of the study

Occupational therapy students stated their perceptions of spirituality's role in occupational therapy groups. This study provided the students with an opportunity to share their views, which could in the future assist in an integration of spirituality into occupational therapy education. There are numerous implications for occupational therapy education and practice in reference to spirituality in occupational therapy groups. First, students indicated that spirituality facilitates connectedness among group members in occupational therapy groups. Therefore, the findings of our study may help therapists and students consider integrating spirituality as an important element of groups. Second, students indicated that the psychosocial interactive model enables group members to share their emotions in occupational therapy groups, which facilitates self-reflection and interpersonal learning. It is clear that students and therapists could learn to incorporate spirituality into occupational therapy groups using the psychosocial interactive model. Third, it was evident that the norming stage of group development enabled group members to learn to accept other group members based on their culture, religion, and spirituality. This related to Bennett's model of cultural sensitivity (1993), which assisted group members to experience cohesiveness and universality. Fourth, the findings indicated participants believed that students and therapists should understand their position about spirituality prior to using such an approach in occupational therapy groups. Fifth, from the findings, it was clear that occupation was used as a conduit for spirituality in occupational therapy groups, which assisted group members to find meaning and purpose in life. Lastly, the students indicated that they need support because some of the demands of facilitating occupational therapy groups tend to be draining and taxing. Therefore, these findings suggested that there must be a supporting program for therapists and students within the mental health facilities to prevent burnout.

A limitation of the current study is that the findings may not be generalized to other occupational therapy students and institutions of higher learning. This indicates a need for further research to be conducted with students from other institutions in order to enhance the body of knowledge related to spirituality and occupational therapy groups.

Conclusion

This study explored occupational therapy students' perceptions of spirituality in occupational therapy groups during the group fieldwork process. Overall,

the findings of the study provided deeper understanding and expanded our insight into the phenomenon of spirituality in occupational therapy groups. This study has shown that occupational therapy groups contributed significantly to group members' self-awareness, meaning, and purpose—together with connectedness with others. The current findings clearly support the relevance of the psychosocial interactive approach to facilitating relationships among spirituality, occupation, and mental health in occupational therapy groups. The students indicated that the stages of group development appeared to facilitate the spiritual journey in occupational therapy groups—providing the group members with an opportunity to experience change in their lives. The evidence from this study suggests that occupational therapists and students should consider developing collaborative partnerships with families and spiritual leaders in the community to meet the spiritual needs of clients.

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References

- Ahmad Nabil, M. R., Saini, S. M., Nasrin, N., Bahari, R., & Sharip, S. (2016). I can't pray—The spiritual needs of Malaysian Muslim patients suffering from depression. *International Journal of Malaysia*, 15(1), 103–109.
- Bell, T., Wegner, L., Blake, L., Jupp, L., Nyabenda, F., & Turner, T. (2015). Clients' perceptions of an occupational therapy intervention at a substance use rehabilitation centre in the Western Cape. *South African Journal of Occupational Therapy*, 45(2), 10–14. doi:10.17159/2310-3833/2015/v45n2a3
- Bennett, M. J. (1993). Towards ethnorelativism: A developmental model of intercultural sensitivity. In R. M. Paige (Ed.), *Education for the intercultural experience* (pp. 21–71). Yarmouth, ME: Intercultural Press.
- Borzou, S. R., Anosheh, M., Mohammadi, E., & Kazemnejad, A. (2014). Patients' perception of comfort facilitators during hemodialysis procedure: A qualitative study. *Iranian Red Crescent Medical Journal*, 16(7), e19055. doi:10.5812/ircmj.19055
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi:10.1191/1478088706qp063oa
- Bryant, W., Craik, C., & McKay, E. A. (2004). Living in a glasshouse: Exploring occupational alienation. *Canadian Journal of Occupational Therapy, CAOT Publications ACE*, 71(5), 282–289. doi:10.1177/000841740407100507

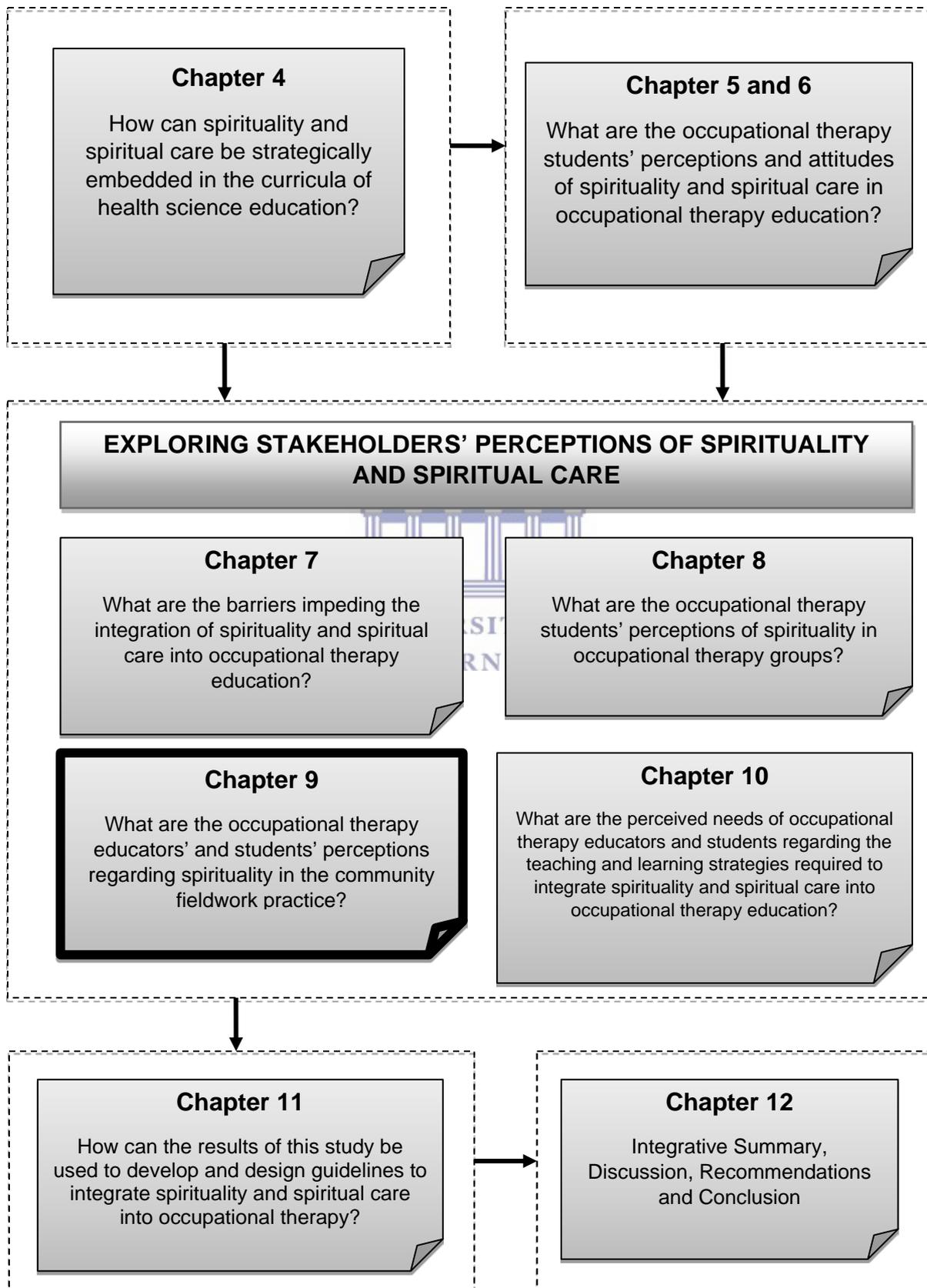
- Carroll, E. (2015). *Towards client-centred practice within an occupational therapy group life skill program: An action research journey* (Master's thesis). University of the Free State, Bloemfontein, South Africa.
- Cassell, E. J. (1999). Diagnosing suffering: A perspective. *Annals of Internal Medicine*, 131(7), 531–534. doi:10.7326/0003-4819-131-7-199910050-00009
- Cole, M. B., & Donohue, M. (2011). *Social participation in occupational therapy: In schools, clinics and communities*. Thorofare, NJ: Slack Inc.
- Corey, G., Schneider Corey, M., Corey, C., & Callanan, P. (2015). *Issues and ethics in the helping professions* (9th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Dawson, S. (1993). The role of occupational therapy groups in an Australian hospice. *American Journal Hospice Palliative Care*, 10(4), 13–17. doi:10.1177/104990919301000406
- De Jongh, J. (2009). An innovative curricula change to enhance occupational therapy student practice. *South African Journal of Occupational Therapy*, 39(1), 31–38.
- Donica, K. (2008). The application of psychospiritual integration frame of reference. *Physical & Occupational Therapy*, 27(2), 107–121. doi:10.1080/02703180802206082
- Duncombe, L. W., & Howe, M. C. (1985). Group work in occupational therapy: A survey of practice. *The American Journal of Occupational Therapy*, 39(3), 163–170. doi:10.5014/ajot.39.3.163
- Egan, M., & DeLaat, M. D. (1994). Considering spirituality in occupational therapy practice. *Canadian Journal of Occupational Therapy*, 61(2), 95–101. doi:10.1177/000841749406100205
- Egan, M., & Swedersky, J. (2003). Spirituality as experienced by occupational therapists in practice. *The American Journal of Occupational Therapy*, 57(5), 525–533. doi:10.5014/ajot.57.5.525
- Ellis, R. (2008). Learner beliefs and language learning. *The Asian EFL Journal Quarterly*, 10(4), 7–25.
- Fang, M. L., Sixsmith, J., Sinclair, S., & Horst, G. (2016). A knowledge synthesis of culturally- and spiritually-sensitive end-of-life care: Finding from scoping review. *BioMed Central Geriatrics*, 16(107). doi:10.1186/s12877-016-0282
- Finlay, L. (1993). *Groupwork in occupational therapy*. London, England: Chapman & Hall, Nelson Thornes.
- Friese, S. (2014). *Qualitative data analysis with ATLAS.ti* (2nd ed.). London, England: Sage Publications.
- Grove, S. K., Burns, N., & Gray, J. R. (2013). *The practice of nursing research: Appraisal, synthesis, and generation of evidence* (7th ed.). St Louis, MO: Elsevier, Saunders.
- Hammell, K. W. (2004). Dimensions of meaning in the occupations of daily life. *Canadian Journal of Occupational Therapy*, 71(5), 296–305. doi:10.1177/000841740407100509
- Hess, K. Y., & Ramugondo, E. (2014). Clinical reasoning used by occupational therapists to determine the nature of spirituality occupations in relation to psychiatric pathology. *British Journal of Occupational Therapy*, 77(5), 234–242. doi:10.4276/030802214x13990455043449
- Howard, B. S., & Howard, J. R. (1997). Occupation as a spiritual activity. *The American Journal of Occupational Therapy*, 51(3), 181–185. doi:10.5014/ajot.51.3.181
- Hoyland, M., & Mayers, C. (2005). Is meeting spiritual need within the occupational therapy domain? *The British Journal of Occupational Therapy*, 68(4), 177–180. doi:10.1177/030802260506800406
- Janse van Rensburg, A. B. R., Poggenpoel, M., Szabo, C. P., & Myburgh, C. P. H. (2014). Referral and collaboration between South African psychiatrists and religious or spiritual advisers: Views from some psychiatrists. *South African Journal of Psychiatry*, 20(2), 40–45. doi:10.7196/SAJP.533
- Johnston, D., & Mayers, C. (2005). Spirituality: A review of how occupational therapists acknowledge, assess and meet spiritual needs. *British Journal of Occupational Therapy*, 68(9), 386–392. doi:10.1177/030802260506800902

- Jones, J. (2016). *A qualitative study exploring how occupational therapists embed spirituality into their practice* (Doctoral thesis). University of Huddersfield, Huddersfield, West Yorkshire, England.
- Joyce, J., & Warren, A. (2016). A case study exploring the influence of a gardening therapy group on well-being. *Occupational Therapy in Mental Health*, 32(2), 203–215. doi:10.1080/0164212x.2015.1111184
- Kang, C. (2003). A psychospiritual integration frame of reference for occupational therapy. Part 1: Conceptual foundations. *Australian Occupational Therapy Journal*, 50, 92–103. doi:10.1046/j.1440-1630.2003.00358.x
- Kirsh, B. (1996). A narrative approach to addressing spirituality in occupational therapy: Exploring personal meaning and purpose. *Canadian Journal of Occupational Therapy*, 63(1), 55–61. doi:10.1177/000841749606300107
- Knowles, M. (2002). *Malcolm Knowles informal adult education, self-direction, and andragogy. The Encyclopedia of Informal Education*. Retrieved from <http://infed.org/mobi/malcolm-knowles-informal-adult-education-self-direction-and-andragogy/>
- Lopez, V., Fischer, I., Leigh, M. C., Larkin, D., & Webster, S. (2014). Spirituality, religiosity, and personal beliefs of Australian undergraduate nursing students. *Journal of Transcultural Nursing*, 25(4), 395–402. doi:10.1177/1043659614523469
- Marmarosh, C., Holtz, A., & Schottenbauer, M. (2005). Group cohesiveness, group-derived self-esteem, group-derived hope and the well-being of group therapy members. *Group Dynamics: Theory, Research, and Practice*, 9, 32–44.
- Matandela, M., & Matlakala, M. C. (2016). Nurses' experiences of inpatients suicide in a general hospital. *Health South African Gesondheid*, 21, 54–59. doi:10.1016/j.hsag.2015.10.001
- McCull, M. A. (2011). Models of spirituality, occupation and health. In M. A. McCull. (Ed.), *Spirituality and occupational therapy* (2nd ed., pp. 91–101). Ottawa, ON, Canada: CAOT Publications ACE.
- Morris, D. N. (2013). Perceptions of spirituality and spiritual care in occupational therapy practice. *Occupational Therapy in Mental Health*, 29(1), 60–77. doi:10.1080/0164212X.2013.761109
- O'Brien, J. C. (2013). Occupational analysis and group process. In J. C. O'Brien & J. W. Solomon (Eds.), *Occupational analysis and group process* (pp. 1–5). St Louis, MO: Elsevier/Mosby.
- O'Donnell, N. (2008). Group therapy: Reaching fulfillment with other. *Studies of Psychology Publishing Catholic University of Lublin (Studia z Psychologii Wyd. Katolickim Uniwersytecie Lubelskim)*, 15, S27–S37.
- Oreopoulos, D. G. (2005). Is there meaning in suffering? *Humane Medicine*, 5(2). Retrieved from <http://www.hektoeninternational.org/documents/ISTHEREAMEANINGINSUFFERING.pdf>
- Pishghadam, R., & Pourali, S. (2011). Iranian PhD students' beliefs about language learning and teaching: A qualitative study. *Word Journal of Education*, 1(1), 63–71. doi:10.5430/wje.v1n1p63
- Polatajko, H. J., Townsend, E. A., & Craik, J. (2007). Canadian model of occupational performance and engagement (CMOP-E). In E. A. Townsend & H. J. Polatajko. (Eds.), *Enabling occupation II: Advancing an occupational therapy vision of health, well-being, & justice through occupation* (pp. 22–36). Ottawa, ON, Canada: CAOT Publications ACE.
- Saban, A. (2004). Prospective classroom teachers' metaphorical images of selves and comparing them to those they have of their elementary and cooperating teachers. *International Journal of Educational Development*, 24, 617–635. doi:10.1016/j.ijedudev.2004.03.003
- Schneider Corey, M., Corey, G., & Corey, C. (2013). *Group process and practice* (9th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.
- Scientific Software. (2016). *Atlas.ti 7. ATLAS.ti scientific software development GmbH, Berlin*. Retrieved from <http://www.atlas.com/index.html>

- Smith, S., & Suto, M. J. (2014). Spirituality in bedlam: Exploring patient conversation on acute psychiatric units. *Canadian Journal of Occupational Therapy, 81*(1), 8–17. doi:10.1177/0008417413516932
- Soomar, N. (2015). *Addressing spirituality in group therapy: A qualitative study at a shelter for abused and vulnerable Muslim women in Durban, South Africa* (Master's Thesis). University of KwaZulu-Natal, Durban, South Africa.
- Stein, F., & Tallant, B. K. (1988). Applying the group process to psychiatric occupational therapy Part 2: A model for a therapeutic group in psychiatric occupational therapy. *Occupational Therapy in Mental Health, 8*(3), 29–51.
- Stein, F., & Tallant, B. K. (2013). Applying the group process to psychiatric occupational therapy Part 1: Historical and Current use. In D. Gibson (Ed.), *Group Process and Structure in Psychosocial Occupational Therapy* (pp. 9–28). New York, London: The Haworth Press.
- Suto, M. J., & Smith, S. (2014). Spirituality in bedlam: Exploring professional conversations on acute psychiatric units. *Canadian Journal of Occupational Therapy, 81*(1), 18–28. doi:10.1177/0008417413516931
- Terre Blanche, M., Kelly, K., & Durrheim, K. (2006). Why qualitative research? In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 271–284). Cape Town, South Africa: UCT Press.
- Thompson, B. E., & MacNeil, C. (2006). A phenomenological study exploring the meaning of a seminar on spirituality for occupational therapy students. *The American Journal of Occupational Therapy, 60*, 531–539. doi:10.5014/ajot.60.5.531
- Townsend, E., & Wilcock, A. A. (2004). Occupational justice and client centered practice: A dialogue in progress. *Canadian Journal Occupational Therapy, 71*, 75–87. doi:10.1177/000841740407100203
- Tse, S., Lloyd, C., Petchkosky, L., & Manaia, W. (2005). Exploration of Australian and New Zealand indigenous people's spirituality and mental health. *Australian Occupational Therapy Journal, 52*, 181–187. doi:10.1111/j.1440-1630.2005.00507.x
- Udell, L., & Chandler, C. (2000). The role of the occupational therapist in addressing the spiritual needs of clients. *British Journal of Occupational Therapy, 63*(10), 489–494. doi:10.1177/030802260006301006
- Wilding, C. (2007). Spirituality as sustenance for mental health and meaningful doing: A case illustration. *Medical Journal of Australia, 186*(10), S67–S69.
- Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.
- Zinnbauer, B. J., & Camerota, E. C. (2004). The spirituality group: A search for the sacred. *The Journal of Transpersonal Psychology, 36*(1), 50–65.

CHAPTER NINE

STAGE THREE OF PHASE ONE



SPIRITUALITY IN THE OCCUPATIONAL THERAPY COMMUNITY FIELDWORK PROCESS: A QUALITATIVE STUDY IN THE SOUTH AFRICAN CONTEXT

CITATION: Mthembu, T.G., Wegner, L. & Roman, N.V. (2017). Spirituality in the Occupational Therapy Community Fieldwork Process: A qualitative study in the South African context. *South African Journal of Occupational Therapy*, 47(1), 16 – 23. doi: <http://dx.doi.org/10.17159/2310-3833/2016/v46n3a4>

9 Introduction

In the second study of Stage 3 of Phase One of the design-based research, it was ascertained that spirituality appears to be a significant aspect of group members and their families. As a result, the study suggests that members of the interdisciplinary team in mental health facilities should enhance the quality of life, health and well-being of the group members and their families so that they may cope while in communities. Understanding of and insight into perceptions of spirituality in a community appear to be a challenge for students and educators. Chapter Nine presents the results of the third study of Stage 3 of Phase One, which explores occupational therapy educators' and students' perceptions regarding spirituality in the community fieldwork process. The findings of the third study add substantially to our understanding of spirituality in occupational therapy and in communities. Taken together, these findings suggest a role for promoting the profession of occupational therapy in community development and health.

9.1 Publication Details

Title	Spirituality in the Occupational Therapy Community Fieldwork Process: A qualitative study in the South African context
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9.2 South African Journal of Occupational Therapy

The South African Journal of Occupational Therapy (SAJOT) is the official Journal of the Occupational therapy Association of South Africa and is a leading publication for research into occupational therapy in Africa. SAJOT publishes and disseminates research articles that contribute to the scientific knowledge of the profession and its outcomes, with particular reference to service delivery in Africa. It provides a platform for debate about issues relevant to Occupational Therapy in Africa which could contribute to the development of the profession worldwide.

9.3 Publication Record

The manuscript was submitted to the journal for review in preparation for publication on 9th May 2016 and was published on 25th April 2017.

9.4 Contribution Record

The PhD candidate has the responsibility of reporting on the contribution provided by the study. As a result, the contribution record provides information on the PhD candidate's joint publication with supervisors and their contributions.

PhD candidate's and supervisors' contribution on publication

Authors	Contributions
Thuli Godfrey Mthembu (Candidate)	The PhD candidate was responsible for conceptualising the study, data collection, learned to use the Atlas.ti7 for data analysis, interpreted data and wrote the manuscript in partial fulfilment of obtaining a PhD degree. Additionally, the candidate identified the journal, the corresponding author, communicated with the Editor-In-Chief and reviewers as part of the Journal's editorial team during the process of reviewing the article until publication.
Lisa Wegner (Supervisor)	Critically reviewed the manuscript, and provided feedback in order to improve the quality of the work and provided input regarding the occupational therapy perspective
Nicolette Vanesa Roman (Co-supervisor)	Critically reviewed the manuscript and provided feedback in order to improve the quality of the work

9.5 Visibility of Research and Publication Statistics

The statistics of the paper show that there were 45 reads on ResearchGate at the time of writing this thesis. On the website of the South African Journal of Occupational Therapy, there were 14 views of the published article.

9.6 Conclusion

The relevance of spirituality and spiritual care in communities has been supported by the current findings. An implication of this is the possibility that community members

tend be involved and motivated to be part of the occupational therapy project within the community. The findings provide motivation for students and educators to be more spiritually sensitive to their own and others' needs while engaging in social contract with communities. This study could serve as a base for future studies and the development of guidelines to integrate spirituality into occupational therapy education. The following chapter presents the last study of Stage 3 of Phase One of the design-based research.



9.7 Published Article

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Spirituality in the Occupational Therapy Community Fieldwork Process: A qualitative study in the South African context

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ABSTRACT

Background: Spirituality is an integral part of communities; it is influenced by the environment and provides meaning and purpose to occupations. However, spirituality has been a controversial concept within the profession of occupational therapy and is the cause of much debate with a range of viewpoints emerging among students and educators practising in communities. However there has been limited research carried out on spirituality in the community fieldwork process in a South African context.

Methods: An exploratory-descriptive qualitative study was used to explore occupational therapy educators' and students' perceptions regarding spirituality in the community fieldwork process, using focus group discussions which were thematically analysed.

Results: Three themes emerged: students' exposure to spirituality in community settings, community development strategies and perceived enablers of spiritual occupations. The results indicated that community entry, asset-based community development and empowerment strategies of locality development seemed to assist students in their exposure to spirituality in communities. These strategies enhanced students' understanding of the role of spiritual occupations in which community members collectively engage in order to improve their social participation and connectedness.

Conclusions: The findings provided an understanding of and insight into spirituality in the occupational therapy community fieldwork process. These findings may help us to understand the significance of experiential learning regarding spirituality in communities.

Key words: community development, occupational therapy; spirituality; fieldwork

INTRODUCTION

Spirituality has been a controversial concept within the profession of occupational therapy and a cause of much debate and a range of viewpoints. The Canadian Model of Occupational Performance and Engagement defines the concept of spirituality as the core of the model and integrates it into occupational therapy practice¹. However, Duncan still highlights the fact that this definition is inconsistent, although he agrees that "...its position is justified, as spirituality resides in persons, is shaped by the environment and gives meaning to occupation"^{2,83}. Therefore spirituality is considered as one of the significant elements of the holistic approach that promotes the health, quality of life and well-being of individuals, groups and communities in the South African context. Spirituality refers to a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationships to self, family, others, community, society, and nature, both significant and/or sacred^{3,646}. Spirituality is expressed through beliefs, values, traditions, and practices^{3,646}. There have been studies in the literature reporting the benefits of considering spirituality in health care. The benefits of spirituality in health include stress control, providing better coping mechanisms, richer social support, hope and improved compliance; it engenders positive thinking, builds trust, social capital, integration and greater psychological resources, and strengthens personal values and worldview^{4,5,6}. Additionally, previous studies indicate that spirituality has positive effects on social, mental and emotional health. These benefits seem to provide human beings with meaning and purpose in life. Hence, human beings tend to turn to their beliefs and values to assist them to cope with any life crisis, hardships and illnesses because of the benefits gained from their spirituality.

Literature review

There have been a number of studies that highlighted the importance of spirituality in community development that appeared to promote social change in individuals and communities^{7,8,9}. Community development is "the process in which members of a community attempt collaboratively to promote what they consider to be their collective well-being through unity of action"^{7,321}. Similarly, it has been shown that spirituality in community development "seeks to remove those things that suppress the expression of individual and collective empowerment"^{7,324}. It is highlighted that spirituality shapes our relationships with others and our environment as well as our interconnectedness, which, in turn, promotes a holistic framework. The holistic framework comprises social justice, economic fairness, human rights and ecological sustainability. Hence, the links between spirituality and community development acknowledge diversity, which indicates that power and resources (social, cultural, economic and environmental) tend to be distributed in an equitable manner to enhance interests, beliefs, practices and healthy communities through health promotion¹⁰. Chile and Simpson⁷ emphasise that the connection between spirituality and community development seems to promote social justice that facilitates radical transformation of community structures. This is supported by the humanitarian values that include social justice, altruism (Watson and Duncan¹¹) and benevolence, humanism, integrity, justice, mutuality, receptivity, respect and responsibility, as well as trust (Spittles¹²). These humanitarian framework values were found to be related to spirituality and community development toward social change.

However, in their comprehensive discourse on spirituality and community development, it was found that the lack of recognition of spirituality as part of community development seems to impede



the effectiveness and interventions of individuals and collectives^{12,13}. This indicates that development workers did not consider the importance of spirituality, despite the fact that it seems to influence communities' understanding of their world when making their decisions and taking action. As a result, it has been reported that the "failure to recognise the centrality of their spirituality ultimately robs the poor of opportunities to tap into whatever strength, power and hope that this dimension gives them, and deprives them of the opportunities to reflect on and control how their development and spirituality shape each other."^{13:31-32}. Additionally, Ver Beek¹³ points out that failure to acknowledge communities' capacity to identify their own values and priorities seems to influence their ability to reflect on how spirituality might shape their future. It has been reported that ignoring issues of gender, class and ethnicity, together with spirituality and religion, as part of community development might have an influence on how the communities express their needs. Consequently, Ver Beek¹³ suggests that outsiders should attempt to learn and understand the local knowledge systems which are considered to be important for various communities where they tend to do projects as part of community development. In addition the outsiders may engage in dialogue with the community, apply their observation skills and engage in local practices of the community. Individuals and collectives should be provided with opportunities to reflect on their beliefs and their practices which are related to spirituality, as well as options which may preclude or help in achieving their communal goals. Similarly, communities involved in community development should be allowed to decide on their own goals and how they will attain them with outsider facilitation. Ver Beek¹³ indicates that strengthening a community's actions may enhance community participation and promote its spirituality. Despite the significance of spirituality in community development however, little is known about spirituality in community development and occupational therapy fieldwork education.

Community development is regarded as an integral part of promoting transformation in higher education to contribute to social capital and prepare graduates to be active members of the communities in which they live and work. This aligns with the goals (8 and 9) of the White Paper on the Transformation of Higher Education in South Africa^{14,15}. These goals include:

"To promote and develop social responsibility and awareness amongst students of the role of higher education in social and economic development through community service programmes" and "To produce graduates with the skills and competencies that build the foundations for lifelong learning, including critical, analytical, problem-solving and communication skills, as well as the ability to deal with change and diversity, in particular the tolerance of different views and ideas"

As a result, occupational therapy fieldwork education introduces undergraduate students to individuals, groups, families and communities using a population approach¹⁵ so that they may learn and understand the impact of what people do on daily basis regarding their health and well-being, particularly living in areas affected by poverty¹⁶⁻¹⁸. Community is defined as a "group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings"^{19,1929}. Community development is a "process of organising and supporting community groups in identifying their health issues and strategies...; in the process the community becomes self-reliant, allowing it to gain decision-making power as a result of developed strategies and actions"^{20,1}. It has been indicated that community members play an important role in driving their priorities and the implementation of actions to bring about social change²¹.

For instance, occupational therapy students in one of the universities in the Western Cape Province, South Africa, were introduced to three community development approaches as part of their community fieldwork education²². These included locality development, social planning and social action²³. Locality development involves broad participation in the local community in identifying goals and actions. Conversely, social planning is the consideration of a top-

down approach whereby the professionals and experts identify and plan actions on behalf of the community. The third approach, social action, is when the disadvantaged communities advocate for justice and equal rights within their broader community. It has been shown that application of both community development approaches and health promotion seemed to assist occupational therapy students from one of the universities in the Western Cape Province to work with individuals and communities²². The partnership between students and communities appeared to be an enabler that facilitated identification of community needs and maintained community participation and motivation²². Health promotion is "the process of enabling people to increase control over and to improve their health"²⁴. The health promotion perspective is used in occupational therapy to promote empowerment of community members through education and skills development^{24,25}. This concurs with Micallef's²⁶ and Laverack and Mohammadi's²⁷ explanation of empowerment, namely the process by which community members gain greater control over decisions and actions affecting their health. The Ottawa Charter of Health Promotion promotes the use of five strategies, including building healthy public policies; creating supportive environments (culture, social, economic, political, physical and spiritual); developing personal skills; strengthening community actions and reorienting health service²⁸. Regarding the strengthening of the community's actions strategy, occupational therapy students are taught the importance of occupation-based practice in order to meet the immediate needs of all stages of development through engagement in meaningful and purposeful occupations. In addition, the students use occupational science to guide their understanding of humans as occupational beings who have occupational rights to participate in daily occupations. Hence occupational therapy models like the Person Environment Occupation Model seem to enhance occupational therapy students', educators' and clinicians' understanding of the interaction and interdependence between the person, the environment and the occupation²⁹.

Occupational therapy students are placed in diverse communities for six-week fieldwork placements as part of their fourth-year course. The occupational therapy students learn how to promote an holistic approach which comprises the physical, mental, social and spiritual components of the community members²⁹⁻³². In addition, the occupational therapy students are taught to use community fieldwork processes and community development, as well as other approaches, to guide them in their community fieldwork practice³⁰⁻³². One of the main outcomes of the community fieldwork process is that students should be able to demonstrate critical analysis in applying knowledge and skills in community contexts using a population-based approach^{15,30}. Similarly, the students are expected to apply the strategies of community entry, needs assessment and needs analysis so that they might address the community's needs^{22,30-34}. In addition, the students and community members employ the Assets Based Community Development (ABCD) strategy to map the assets around the community so that these resources may be identified and located, together with relevant organisations, with the aim of formulating networks within the communities^{35,36}.

Several studies have revealed that both community fieldwork education and practice seemed to omit spirituality³⁷⁻³⁸. Regarding community fieldwork practice, the occupational therapy students learn to apply their knowledge and understanding of the community fieldwork process by engaging individuals and communities in planning and implementation of the community projects^{27,32-35}. Therefore, Kang^{36,96} refers to the community projects as 'socio-spiritual experiments' because they seem to be community-driven and aim to reclaim local culture, local economy and local ecology in a spirit of ethical living, inclusiveness and spiritual well-being for all. These community-driven projects may be used in order to facilitate collective empowerment, community participation and engagement to bring about change in communities^{27,32-35}. Despite the fact that spirituality has been widely considered as a significant element of an holistic approach in community development and occupational therapy practice, there has, however, been limited

research on spirituality in the community fieldwork practice in a South African context. Occupational therapy educators and students seem to face challenges in integrating spirituality and to be spiritually sensitive while providing occupational therapy services to diverse communities. In the occupational therapy profession little research has been done to explore the perspective of occupational therapy educators and students regarding spirituality in community fieldwork practice. Exploring educators' and students' perceptions can contribute significantly towards insights regarding spirituality in community fieldwork practice. Therefore the current study primarily aimed to explore occupational therapy educators' and students' perceptions regarding spirituality in the community fieldwork practice. Using the findings of this study, conducted on the perceptions of one university employing a community fieldwork process, can guide discussions of how spirituality can be integrated into community fieldwork education.

Research design and methods

An interpretive exploratory-descriptive qualitative approach was used in order to obtain a deeper understanding of the phenomenon of spirituality in community fieldwork practice^{39,40}. The interpretive research values knowledge gained through social constructions, including language, consciousness and shared meanings, and emphasises the importance of the relationship a researcher has with the phenomena⁴⁰. The population of the study comprised occupational therapy educators and students from one of the universities in the Western Cape Province, South Africa. In this study, purposive sampling was used to recruit the participants for the focus group discussions (FGDs)⁴¹. The first group, 11 third-year students, were invited to be part of the study. The second group comprised seven third-year students who volunteered to participate in the study. A third group of participants was obtained by inviting 11 fourth-year students. All undergraduate occupational therapy students were registered in third and fourth year levels. Both females and males were selected for the study (Table 1). The last group comprised nine occupational therapy educators who taught and supervised students in general fieldwork and those who specifically supervised community fieldwork practice. The participants were contacted and invited by one of the authors to take part in the study.

Table 1: Characteristics of the participants

Variables	Gender		Total
	Female	Male	
Educators*	8	1	9
Level of education:			
B OT	1	0	1
Masters	4	0	4
PhD	3	1	4
Students*	27	2	29
Level of study			
Third year students	18	0	18
Fourth year students	9	2	11

*Hereafter, 'participants' refers to both educators and students

Data collection and analysis

Four FGDs, which lasted between 50 and 80 minutes each, were conducted between February and July 2015. An interview guide was used to elicit participants' perceptions regarding spirituality in the community fieldwork process. All FGDs were audio-taped and transcribed verbatim. Subsequently, all the transcripts were imported and organised in Atlas.ti7 software and analysed thematically⁴², in conjunction with 'noticing collective thinking' (NCT)⁴³. The first author (TGM) used the six steps of thematic analysis which

guided the analysis through the process of 'familiarisation and noticing'^{42,43}. This process relates to reading through the transcripts several times prior to analysing them in order to make sense of the data. Secondly, initial codes were generated based on the FGD transcripts which were relevant to the research scope while reading line by line. Additionally, some of the codes were created using in-vivo coding by capturing participants' words as codes. Thirdly, themes were searched from the families (categories) created in Atlas.ti 7. Fourthly, themes were reviewed based on the coded extracts and full data set and some of the themes were collapsed. In the fifth step, themes were named using exact words from the respondents as part of in-vivo coding. The sixth step involved the written recording of the findings, which was done through analytic narrative and data extracts. Two authors (LW and NVR) monitored the data analysis to ensure that the quality was maintained and consensus about the findings was reached.

Trustworthiness of the study

Trustworthiness was established and ensured by means of credibility, transferability, dependability and confirmability⁴⁴. Credibility was established through prolonged engagement as the researcher spent sufficient time with the participants during data collection. Peer debriefing was conducted with LW and NVR to discuss the results of the study until consensus was reached. Member-checking was ensured through continuous validation with the participants to confirm that the transcriptions, categories, interpretations and conclusions were a true reflection of the participants' perceptions. Additionally, an interview guide (Table II) was used for the FGDs for consistency throughout the interviews. Transferability was established through the provision of thick description of the data and context. Dependability was ensured by providing dense descriptions of the context, the sampling method and characteristics of participants, data collection and analysis. An inquiry audit was used to ensure that the researchers adhered to the plans of the research. Confirmability was established through an audit trail whereby the research process was honoured and researchers reached consensus about themes that emerged from the analysis.

Table II: Focus group interview guide

Item	Questions
1	Could you please tell me about how you think spirituality comes out in the community fieldwork process?
2	Could you give me examples from your own practice?
3	What are the strategies of community development that seem to be important for spirituality in community settings?
4	How did these strategies assist you to see spirituality in the community?
5	What activities do you think helped you to see that community members value spirituality?
6	Have you ever had an experience of seeing where spirituality plays an important part in another's life or your life?
7	What exactly are the communities doing that will tell you now that they are considering spirituality as important to them?
8	What activities do you think can assist students and educators to learn more about spirituality?

Ethical consideration

Ethics approval to conduct the study was obtained from the University of the Western Cape Research Ethics Committee (14/4/18). The participants' confidentiality and privacy were ensured throughout the study. Participants were also informed about the purpose of the study and about withdrawal from the study without any repercussions, to which they gave written consent.



RESULTS

The following three themes with nine categories were identified: students' exposure to spirituality in community settings, community development strategies and perceived enablers of spiritual occupations. Table III presents the themes and related categories.

Table III: Themes and categories

THEMES	CATEGORIES
Students' exposure to spirituality in community settings	<ul style="list-style-type: none"> • Exposure in communities • Improvement of students' self-awareness • "Journaling" facilitated students' reflections
Community development strategies	<ul style="list-style-type: none"> • "Community entry helps" • Asset-Based Community Development (ABCD) • Empowerment strategy
Perceived enablers of spiritual occupations	<ul style="list-style-type: none"> • Supportive environment • Motivation from occupation • Community project

Students' exposure to spirituality in community settings

This theme highlights the participants' perceptions about how students were exposed to spirituality within community settings. The participants expressed that the use of the community fieldwork process provided the students with an opportunity to have an understanding of spirituality. Additionally, the participants commented on the duration of six weeks in community settings as an enabler for students to learn about the communities and their spirituality.

"The use of community process in communities exposes the students to it [spirituality].... they [students] talk to the concepts of spirituality that exist in a community." (Educator 3)

"Being in community for six weeks, gave me an opportunity to know the community to the point that I was able to understand their spirituality, as they were engaging in spirituality on a daily basis and they appeared to be uplifted. I tried to be part of the community by experiencing their spirituality in order to be uplifted and positive." (Fourth-year student 5)

Research confirms that students' experiential learning through taking part in community activities seems to be an important method for contributing to both the cultural and the actual experience of spirituality as an important part of communities⁴⁵. Therefore, the findings of the current study suggest that students in community settings should be allowed to experience personal spiritual growth and deepen their understanding of spirituality. As a result, the students may have an opportunity to enhance their confidence in working with community members of diverse spirituality.

One of the components of spirituality that was evident in the discourse of the participants was self-awareness. The participants believed that the community fieldwork process enhanced students' self-awareness as they were able to learn about themselves. Furthermore, it appeared that the community fieldwork process was an enabler for students to understand their belief systems and spirituality.

"Students learned about themselves as persons and professionals through engaging with different communities. This exposure had to happen so that students may write anything down. I think that the exposure to learning experiences is very different in the community process." (Educator 3)

"The community process allows students to get to know more about themselves as occupational beings. Students learned to relate to community members and the different people living in the community. Furthermore, the students needed to become aware of who they are regarding their belief systems and their spirituality." (Educator 6)

The present findings seem to be consistent with other research in social work which suggests that 'practitioners and students

should understand their own spirituality and be open to others' understandings of spirituality^{45:74}. Hence, Phillips⁴⁵ emphasises that self-awareness seems to be an effective skill for enhancing community workers' approach to consider spirituality in a community setting. Additionally, practitioners may learn to communicate with community members with empathy and without judgement, and by being more open to, and aware of, the spiritual dimension of communities.

The participants indicated that being in the community setting assisted them to have an understanding of certain elements of spirituality to which they were exposed. According to the participants, the understanding of the elements of spirituality enables them to connect with community members.

"Basically, you become aware of the various aspects of spirituality that you might engage in and be connected to it [spirituality]." (Fourth-year student 5)

The findings of the current study corroborate Knudson's findings⁴⁶, which state that students' exposure to diverse communities tends to help them to use their opportunities to apply knowledge and skills learned in classroom. Hence, Knudson's⁴⁶ participatory action research revealed that students' exposure enhances the importance of rationality and the spiritual dimensions of local community. This suggests that students seemed to learn more when they work together with communities.

Participants reported that journaling was an effective strategy that appeared as an enabler for enhancing students' understanding of spirituality in community settings. Additionally, the participants noted that there was an improvement in students' abilities to write journals. It appeared that the students who were placed in community used their journals and the community fieldwork process as enablers to enhance their self-reflection skills. The participants mentioned that personal and professional developments were enhanced due to writing the journals.

"The community process allowed proper journaling which facilitated students to be able to journal in that depth where they start looking at what they have done, what they have seen, and how it affects who they are as professionals." (Educator 3)

"This is the process whereby the students identify who they are regarding their belief systems and as spiritual beings. At the end of the process they often have the answer to who they are as a whole spiritual being and they also understand the community and community members as individuals within the community." (Educator 6)

The above findings are consistent with Knudson⁴⁶ who reported that students' journaling promotes engagement in critical self-reflection about their identity locations, as well as how they experience these within community settings. Therefore, the students' journaling in community settings should be enhanced so that they may learn about themselves and others' spiritual needs.

Community development strategies

This theme contextualises how community development strategies were perceived as enablers of spirituality in community settings in which occupational therapy students were placed to practise service learning. According to Tareen and Abu Omar³⁴, community entry is a prelude to any action that occurs in a true partnership with the community. Participants reportedly used community entry as an enabler for integrating spirituality in the community fieldwork process. Additionally, the participants confirmed that they entered the community with open minds in order to understand the community and the differences existing in the community. The participants highlighted that their theoretical knowledge of community development and the community fieldwork process adequately prepared them to have insight into how communities function. Similarly, participants shared that they employed community entry in order to enhance their understanding of spirituality in communities and to be familiar with community members.

"The community process promotes community entry and orientation so that they [Community members] accept you....." (Third-year Student 1).

The participants further indicated that the community entry was one of the community development strategies that was perceived as an enabler that assisted them to establish connections which led to collaborative partnerships with the communities. Similarly, the participants indicated that the community entry enabled them to feel that they were part of the community.

"Community entry helped me; while in the community, you need to make friends, you also need to become part of the people in order to experience what they do on a daily basis and be one of the community members. It [Community entry] also makes you aware of different facets that you personally didn't previously engage in with your spirituality. Community development assisted me to engage in their spirituality so that I can motivate them to develop and carry on as part of their internal motivation to further develop within the community." (Fourth-year student 5)

Drawing from previous studies, Asset-Based Community Development (ABCD) is a process whereby communities build networking relationships, locating the assets, skills and capacities of citizens and local organisations, rather than focusing on their needs and deficits^{3,35}. Additionally, the aim of ABCD is to help people to improve their resilience, independence and well-being by focusing on what can be done through communities working together. Therefore, participants reflected on their community fieldwork process experiences and it was clear that they regarded ABCD as an enabler that facilitated integration of spirituality in the community fieldwork process. ABCD's activities, such as forming networks and connectedness, were perceived as enabling individuals, groups and communities to improve their health, quality of life and well-being. According to the participants' discussions, these community members had an opportunity to experience their own spirituality as they were able to formulate the networks that helped them to access resources within their communities. The participants further noted that spirituality was an enabler and asset that facilitated a sense of connectedness among community members.

"I am thinking of spirituality in the sense that people have experienced it, as they always form networks. This is an asset for the community. I think without spirituality the networks will not be strong; therefore, identifying spirituality as an asset also creates that connectedness." (Fourth-year student 10)

Further evidence of using ABCD became apparent from the participants who regarded older adults in communities as human assets, and were more spiritual. Importantly, one participant reflected on the role of older adults in communities as they were more communicative and accepting, with more tolerance for people from diverse religions.

"Spirituality is mostly found in the older adults within the community, and it's more pronounced in the older community. The other thing is that the older adults are accepting of other people with different religions." (Fourth-year student 6)

ABCD strategy encourages communities to map their capacities and resources, cohesion, religious tolerance, harmony, connectedness, participation and self-worth in order to improve health and well-being³⁵. Thus, ABCD strengthens communities' sense of belonging, finding meaning and purpose in life through spirituality. Accordingly, various studies suggest that healthcare professionals and development workers should acknowledge the spirituality of the individuals and communities where they practise in order to prevent them being irrelevant, and be more spiritually sensitive^{11,38,45}. Chile and Simpson⁷ emphasise that both spirituality and community development are the vehicles for social justice and transformation in communities.

Participants noted that community members were able to take control of their lives when their spirituality was considered as a

significant component of their health which resulted in collaborative partnership and empowerment. Additionally, the participants' discourse indicated that the spiritual aspect encouraged communities to work together as a team regarding community issues, particularly those related to spirituality.

"The community fieldwork process actually brought it [Spirituality] as it makes them [Community members] feel empowered. The empowerment strategy promoted community members' willingness and acceptance to do anything that was related to their spiritual aspect, and they also felt that spirituality played an important role in the community." (Fourth-year student 6)

Perceived enablers of spiritual occupations

This theme highlights the importance of spiritual occupations which promoted integration of spirituality in community settings where the participants were practising as part of community fieldwork. The theme consists of supportive environment, motivation from occupation and community projects. Supportive environment is one of the constructs, together with the person and the occupation, that influence occupational performance and engagement of individuals and communities^{25,36}. Therefore the participants elucidated that spirituality was a core element that contributed significantly towards creating the supportive environment in communities. This meant that the environment (social) facilitated a sense of connectedness as well as altruism among community members.

"Spirituality creates supportive environments within the community, particularly if they [Community members] share the same religion, and they have a sense of connectedness amongst each other." (Fourth-year student 7)

The participants perceived that there was a relationship between spirituality and occupation-based practice that enabled occupational engagement. According to the participants, spirituality was one of the facilitators that motivated community members to engage in the occupation of their choice that promotes health in the community.

"In occupation-based practice, we use spirituality as a means to motivate people to engage in their occupations as a part of their occupation-based practice." (Fourth-year student 5)

"If they [Community members] engage in spiritual activities, it [Spirituality] motivates and enables them to actually engage in those activities that promote their health in the community." (Fourth-year student 7)

The findings of this study are consistent with those of Wilding, May and Muir-Cochrane that spirituality was related to occupations which were life-sustaining⁴⁷. Taken together, these findings suggest that spirituality seems to be the driving force that motivates and enables community members to engage in meaningful activities to enhance their health. The findings on spirituality and occupations appear to support Kang's³⁶ explanation about the importance of spiritual occupations among individuals, groups and communities. Thus we postulate that this result can be explained by the spiritual occupations that communities engage in as part of health-promoting activities.

Spiritual occupations are considered as diverse collective activities that communities engage in as part of human occupation, and include prayer, scripture reading, devotional practices such as singing or chanting, meditation, yoga, tai-chi, participation in communities of faith, and expressive arts³⁶. The participants noted that the community members tend to participate in spiritual activities such as singing hymns and praying on a daily basis prior to meeting with them. These spiritual activities were perceived as facilitators of both social interactions among the communities and connections with God. Additionally, the spiritual activities reported by the participants seemed to provide community members with opportunities to practise their religious and belief systems which enhanced meaning and purpose in their lives.

"They [Community members] were practising their religion and faith as they were singing hymns and praying, and I also engaged in their

spiritual activities, and I felt: wow this is a good way to keep oneself motivated!" (Fourth-year student 5)

This finding corroborates Arrey, Bilsen, Lacor and Deschep-er's⁴⁸ findings, who reported how prayer, meditation and religious activities were used as coping strategies to adjust and accept life, by which it can be seen that community members seem to value their spirituality and religious beliefs. Additionally, this may mean that occupational therapy students and clinicians should consider the importance of spirituality and the religious beliefs of the communities.

Acts of Random Kindness (ARK) is a strategy used to highlight the importance of kindness and sensitivity among learners within the school community⁴⁹. ARK is an act of acknowledging and appreciating individuals who have done something good for someone else in the school community to promote positivity among learners and teachers. Interestingly, participants' reflections have provided evidence of how they perceived spirituality within their projects, while the community resonates with the ARK strategy. For instance, one participant reflected on the ARK project that was initiated by a local primary school together with students, as part of the community project. According to the participant, the ARK project seemed to be related to the components of spirituality, particularly forming connections among the learners and teachers. Similarly, the participant noted that the ARK project appeared as a facilitator of social inclusion; kindness; sense of connectedness; social participation; harmony and *Ubuntu*.

Ubuntu is a traditional African concept that promotes human kindness and human relations through moral and spiritual consciousness of what it means to be human and to be in a relationship with other people⁵⁰. This concept of *Ubuntu* was evident in the project that the participants engaged in within the school community. The participants felt that spirituality enabled social participation among learners, teachers and families in the school setting through engaging in the ARK project. These elements seemed to facilitate inclusion of spirituality in the community fieldwork process.

"The project that I was currently busy with at a primary school was Acts of Random Kindness. I could connect it [Spirituality] to the kindness because community development is aimed at social inclusion through people showing kindness to other people..... Social participation is one of those of things that linked other people and created the harmony and Ubuntu within them. That's how I experienced spirituality within the project. Doing something good for the other person promotes kindness, in that way kindness is contagious so through me doing good you also want to do good to the next person." (Fourth-year student 1)

The participant further reflected on the connections between the community members as they shared the same religion. Spirituality was also perceived as a facilitator for connections which enhanced social support among the community members.

"I know they [Community members] share the same religion. The fact is that all of the community members have it [Spirituality], and they walk to each other's' houses and it is such a small community, and they are all kind, know each other and that's their spirituality as community and there is connectedness. Spirituality can also be geared towards you, as you need people and friends around you to rely on who can be part of spirituality." (Fourth-year student 1)

Another participant felt that spirituality was integrated in the community fieldwork process because all the projects were meaningful and supported by the community members. Moreover, it was reported that community members were organised and focused on the priority needs, and this led all the projects to be sustainable, as they owned them. Thus, the participants felt that the involvement of community members in all processes of their projects was also strengthening the spirituality of the communities.

"Spirituality links very much with what is important for the community and meaningful to them. At the end of the day, if I look at the identified projects and everything is basically run by the community, that's what

makes them so sustainable because it is strongly linked to spirituality." (Fourth-year student 11)

The findings of the present study did not specifically reveal any of the community development approaches as an enabler for integrating spirituality. However, some of the assets identified as elements of ABCD in community settings seemed to support Rothman et al.'s²³ description of locality development. This could be explained by the fact that locality development emphasises broad participation of the local community in identifying goals and actions in order to address their needs. Previous studies also showed that professionals and students are considered as enabler-catalysts to facilitate communities to address identified needs through the application of a population approach to address structural and chronic poverty problems^{15,22, 27,31}.

This is the first study in which occupational therapy educators' and students' perceptions regarding spirituality in the community fieldwork practice were explored in a South African context, and the study seems to suggest that the community fieldwork process may have the potential to enable spirituality in community settings through the use of the community fieldwork process. The findings of the study have a number of important implications for teaching and fieldwork education as well as practice. Regarding teaching and fieldwork education, the evidence from this study suggests that educators may need to introduce students to the concept of spirituality by being explicit about spirituality in the community fieldwork process. Similarly, the results of this study indicate that journaling seems to be an appropriate tool for enhancing students' learning experiences and as a self-awareness exercise which may facilitate personal and professional development. It thus seems that the findings of the current study suggest that educators may employ reflective journals to assist students and occupational therapists to learn about their spirituality as human beings.

In relation to practice, it would appear that students and occupational therapists may need to have an understanding of how to use community development strategies (community entry, ABCD and empowerment) in order to enable community members to develop their meaning and purpose in life through their engagement in spiritual occupations. It is important that students and occupational therapists should be equipped and be adept with spiritual dimensions of occupations in community settings to enable communities' self-reliance and connectedness. This study was conducted with educators and students from one institution of higher learning, and the findings may not be general to other populations of educators and students. However, it would indicate that further research would be of benefit and that it would be useful to conduct further research with educators and students from other institutions with occupational therapy programmes in order to explore their views about spirituality and community. Another limitation of this study was that FGDs were used as the data collection method; it could be useful to consider journals in future studies as part of data triangulation.

CONCLUSION

The current study explored occupational therapy educators' and students' perceptions regarding spirituality in the community fieldwork process. The evidence from this study indicated that both self-reflection and critical reflection, through the use of journaling, facilitated students' self-awareness and learning about spirituality as part of the community fieldwork process. Community entry, needs identification and ABCD are strategies of the locality development approach which emerged as enablers of spirituality in community settings. These strategies appeared as enablers of spirituality in communities which created a supportive environment whereby community members were able to take control of their lives and make decisions about their health and well-being. The current findings add substantially to our understanding of spiritual occupations such as singing hymns and saying prayers that are related to religious and belief systems of community members. These spiritual

occupations are considered to be collective actions of communities that enhance occupational engagement. One of the more significant findings to emerge from this study is that spirituality appeared as the core element in communities where students gain their learning experiences as part of community fieldwork. Therefore, the findings of this study indicate that students and educators may need to be aware of their own spiritual needs and communities' spiritual needs. Additionally, these findings seem relevant to enhance students' and educators' understanding of the role of spirituality in the community. The current findings provide impetus and motivation for students and educators to be more spiritually sensitive to their own and others' needs while engaging in social contact with communities.

REFERENCES

- Polatajko HJ, Townsend EA, Craik J. Canadian Model of Occupational Performance and Engagement (CMOP-E). In *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being, & Justice through Occupation*. Edited by Townsend EA, Polatajko HJ. Ottawa: CAOT Publications ACE. 2007: 22-36.
- Duncan EAS. *Foundations for practice in occupational therapy*. (5th ed.). Churchill Livingstone: Elsevier. 2011.
- Puchalski CM, Vitillo R, Hull SK, Reller N. Improving the spiritual dimension of whole person care: Reaching National and International Consensus. *Journal of Palliative Medicine*. 2014; 17 (4): 642-656. DOI: 10.1089/jpm.2014.9427
- Puchalski, CM. The role of spirituality in health care. *BUMC Proceedings*. 2001; 14: 352 – 357.
- Kennedy J, Stirling I. Innovation in spiritual care. *The Scottish of Health Care Chaplain*. 2013; 16(Special): 60-67.
- Rhys G. Spirituality discussion: Relevance, benefits and application to primary care consultations. *Primary Health Care*. 2014; 4, 4. <http://dx.doi.org/10.4172/2167-1079.1000178>. Chile LM, Simpson G. Spirituality and community development: Exploring the link between the individual and the collective. *Community Development Journal*. 2004; 39(4): 318-331. DOI: 10.1093/cdj/bsh029.
- Murray I. Spirituality as a dimension of integrated community development. PhD Thesis. Stellenbosch University, South Africa. 2013.
- Singh B. Integration of spirituality with community development for peace. Pannasastra University of Cambodia. 2007.
- Chile LM. Positive health promoting environments as the basis for building healthy communities. Public Health Association New Zealand Conference: Tomorrow for Tomorrows People, 22-24 September 2010.
- Watson R, Duncan M. Transformation through occupation: towards a prototype, Chapter 20. In *Transformation through occupation*. Edited by Watson R, Swart L. London, Whurr Publishers. 2004: 301-318.
- Spittles B. Fostering spirituality in community development: The role of soul. *Spirituality and Health International*. 2008; 9: 6-15. DOI: 10.1002/shi.317.
- Ver Beek KA. Spirituality: a development taboo. *Development in Practice*, 2000; 10(1): 31-43.
- Department of Education. Education white paper 3: A programme for higher education transformation. Government Gazette No. 18207, 15 August 1997. Pretoria: Government Printers.
- Watson R. A population approach to occupational therapy. *South African Journal of Occupational Therapy*, 2013; 43(1): 34-3.
- Adams F, Casteleijn D. New insights in collective participation: A South African perspective. *South African Journal of Occupational Therapy*. 2014; 44(1): 81-87.
- McGrath M, Moldes IV, Franssen H, Hofstede-Wessels S, Lilienberg K. Community-University partnerships in occupational therapy education: A preliminary exploration of practice in a European context. *Disability and Rehabilitation*. 2014; 36(4): 344-352. DOI: 10.3109/09638288.2013.78822
- Lauckner H, Pentland W, Paterson M. Exploring Canadian occupational therapists understanding of and experiences in community development. *Canadian Journal of Occupational Therapy*. 2007; 74(4): 314. DOI: 10.2182/cjot.07.005.
- MacQueen KM, McLellan E, Metzger DS, Kegels S, Strauss RP, Scotti R, Blanchard L, Trotter R. What is community? An evidence-based definition for participatory public health. *American Journal of Public Health*. 2001; 91(12): 1929-1938.
- Labonte, R. Community, community development and the forming of authentic partnership: Some critical reflections. In *Community organising and community building for health*. (2nd ed.). Edited by Minkler M. New Brunswick, NJ: Rutgers; 1997: 88-102.
- Lauckner H. Conceptualising community development from an occupational therapy perspective: Three Canadian case studies. PhD. Queen's University, Kingston, Ontario, Canada. 2010
- Hess-April, L. Conceptualisations of occupational justice in community service practice in South Africa: A UWC Case Study. PhD Thesis. University of the Western Cape, Bellville. 2013.
- Rothman J, Erlich JL, Tropman JE. *Strategies of community intervention*. Itasca: FE. Peacock Publisher: 2001.
- Holmberg V, Ringsberg K. Occupational therapists as contributors to health promotion. *Scandinavian Journal of Occupational Therapy*. 2014; 0: 1-8.
- Lood Q, Haggldom-Kronlöf G, Dahlin-Ivanoff S. Health promotion programme design and efficacy in relation to ageing person with culturally and linguistically diverse backgrounds: A systematic review literature review. *BMC. Health Services Research*. 15, 560. DOI 10.1186/s12913-015-1222-4.
- Micallef C. Community development as a possible approach for the management of diabetes mellitus focusing on physical activity lifestyle changes: A model proposed for Maltese people with diabetes. *International Journal of Community Development*. 2015; 2(2): 30 – 40. DOI: 10.11634/233028791402582.
- Laverack G, Mohammadi NK. What remains for the future: strengthening community actions to become an integral part of health promotion practice. *Health Promotion International*, 2011; 26(S2): ii258 – ii262.
- World Health Organization. *Ottawa Charter for Health Promotion*. WHO, Geneva, 1986.
- Polatajko HJ, Townsend EA, Craik J. Canadian Model of Occupational Performance and Engagement (CMOP-E). In *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being, & Justice through Occupation*. Edited by Townsend EA, Polatajko HJ. Ottawa: CAOT Publications ACE. 2007: 22-36.
- Department of Occupational Therapy. Module descriptor for Community fieldwork process. University Calendar: for Faculty of Community and Health Sciences. University of the Western Cape. 2016: 277.
- De Jongh J. An innovative curricula change to enhance occupational therapy student practice. *South African Journal of Occupational Therapy*. 2009; 39(1): 31-38.
- Vermeulen N, Amod A, Bell T, Cloete A, Johannes T, Williams K. Students' fieldwork experiences of using community entry skills with community development. *South African Journal of Occupational Therapy*. 2015; 45(2): 51-55. DOI: <http://dx.doi.org/10.17159/2310-3833/2015/v45n2a8>.
- Vermeulen N. Final year occupational therapy students' experiences of supervision during community fieldwork practice. Masters Thesis, University of the Western Cape, Bellville. 2012.
- Tareen EU, Abu Omar M. Community entry: An essential component of participation. *Health Manpower Management*. 1997; 23(3): 97-99.
- Hopkins T, Rippon S. *Head, hands and heart: asset-based approaches in health care*. London: Health Foundations. 2015.
- Kang, C. A psychospiritual integration frame of reference for occupational therapy. Part 1: Conceptual foundations. *Australian Occupational Therapy Journal*. 2003; 50: 92-103.
- Griffith J, Caron CD, Desrosiers J, Thibeault R. Defining spirituality and giving meaning to occupation: The perspective of community-dwelling older adults with autonomy loss. *Canadian Journal of Occupational Therapy*. 2007; 74(2): 78-90.
- Di X. Spiritual heritage and education today. *International Journal of Humanities and Social Science*. 2013; 3(1): 42-51.
- Grove SK, Burns N, Gray JR. *The Practice of nursing Research: Appraisal, Synthesis, and Generation of Evidence*, (7th ed.). Saunders: Elsevier. 2013.
- Rowlands BH. Grounded in Practice: Using Interpretive Research to Build Theory. *The Electronic Journal of Business Research Methodology*. 2005; 3(1): 81-92.
- Hall HR, Roussel LA. Evidence-Based Practice: An integrative ap-



- proach to research, administration and practice. Jones & Barlett Learning, 2014.
41. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006; 3(2): 77-101.
 42. Friesen S. *Qualitative data analysis with Atlas.ti*. (2nd ed.). London: SAGE Publications Ltd. 2014.
 43. Krefling L. Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*. 1991; 45(3): 214-222.
 44. Phillips C. Spirituality and social work: Introducing a spiritual dimension into social work education and practice. *AOTEAROA New Zealand Social Work*. 2014; 26(4): 65-77.
 45. Knudson S. Integrating the Self and the Spirit: Strategies for Aligning Qualitative Research Teaching with Indigenous Methods, Methodologies, and Epistemology [64 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*. 2015; 16(3): Art. 4, <http://nbn-resolving.de/urn:nbn:de:0114-fqs150347>.
 46. Wilding C, May E, Muir-Cochrane E. Experience of spirituality, mental illness and occupation: A life-sustaining phenomenon. *Australian Occupational Therapy Journal*. 2005; 52: 2-9.
 47. Arrey AE, Bilsen J, Lacor P, Deschepper R. Spirituality/Religiosity: A Cultural and Psychological Resource among Sub-Saharan African Migrant Women with HIV/AIDS in Belgium. *PLoS ONE*. 2016; 11(7): e0159488. doi:10.1371/journal.pone.0159488.
 48. McCaskill W. *Random Acts of Kindness*. 2010. <https://www.playistheway.com.au/img/cms/Random%20Acts%20of%20Kindness.pdf>. Date: 27 July 2016.
 49. Louw DJ. Ubuntu: an African assessment of religious other. *Twentieth World Congress of Philosophy*.

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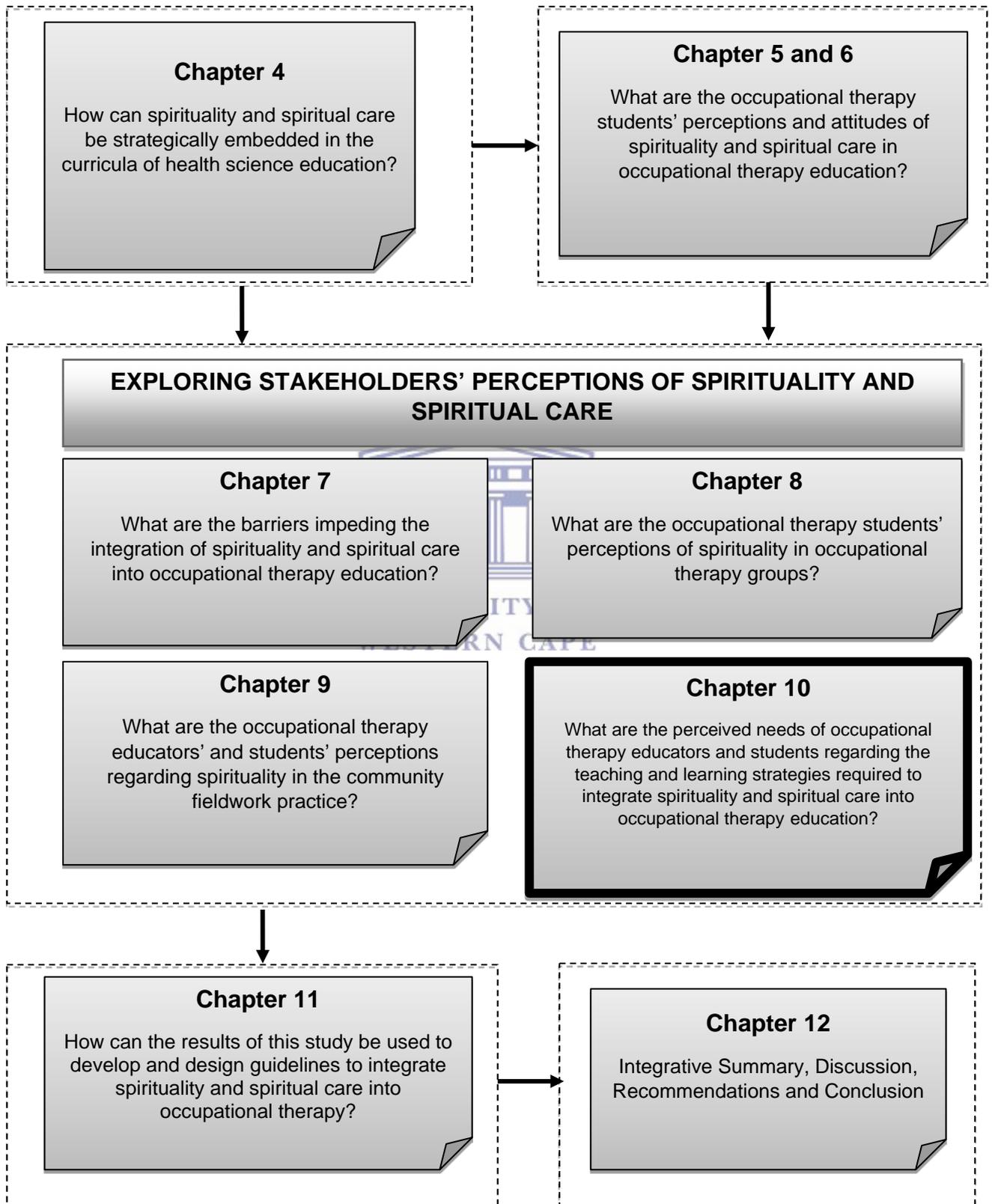
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CHAPTER TEN

STAGE THREE OF PHASE ONE



EDUCATORS' AND STUDENTS' NEEDS FOR TEACHING AND LEARNING STRATEGIES FOR INTEGRATING SPIRITUALITY AND SPIRITUAL CARE INTO OCCUPATIONAL THERAPY EDUCATION

CITATION: Mthembu, T.G., Wegner, L. & Roman, N.V. (Under review). Educators' and students' needs for teaching and learning strategies for integrating spirituality and spiritual care in occupational therapy education. *African Journal for Physical Activity and Health Sciences*,

10 Introduction

Chapter Nine presents the importance of spirituality in the community fieldwork process as part of the third stage of Phase One of the design-based research. Chapter Ten marks the end of the first phase, which presents the fourth study of the third stage. The study aims to explore educators' and students' needs for teaching and learning strategies required to integrate spirituality and spiritual care into occupational therapy education in South Africa. The results of the study provide rich insight into the needs of educators and students regarding spirituality and spiritual care in occupational therapy education in order to improve practice and provide quality services. The findings of the study highlight the need for pedagogical approaches and philosophical guidelines for this integration. The information obtained from the current study could be used to design and develop targeted guidelines.

10.1 Publication Details

Title	Educators' and students' needs for teaching and learning strategies for integrating spirituality and spiritual care in occupational therapy education in South Africa
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The African Journal for Physical Activity and Health Sciences (AJPHEs) is a peer-reviewed journal established to provide a forum for health specialists, researchers in physical activity, professionals in human movement studies and other sport-related professionals in Africa the opportunity to report their research findings based on African settings and experiences, and to exchange ideas amongst themselves. Research-related contributions by specialists in physical activity and health sciences from other continents are also welcome. It provides researchers from education, medicine, health, social sciences and humanities an opportunity to disseminate their knowledge and information.

10.3 Publication Record

The manuscript was submitted for review in preparation for publication to the African Journal for Physical Activity and Health Sciences (AJPHEs) on 19th January 2017.

10.4 Contribution Record

One of the important elements of the PhD by publication is to report on the contribution record provided in the study by the candidate and supervisors.

PhD candidate's and supervisors' contribution on publication

Authors	Contributions
Thuli Godfrey Mthembu (Candidate)	The PhD candidate was responsible for conceptualising the study, data collection, analysis, interpreted data and wrote the manuscript in partial fulfilment of obtaining a PhD degree. Additionally, the candidate identified the journal, the corresponding author and communicated with the Editor-In-Chief and reviewers as part of the Journal's editorial team during the process of reviewing the article until publication.
Lisa Wegner (Supervisor)	Critically reviewed the manuscript, provided feedback in order to improve the quality of the work and provided input regarding the occupational therapy perspective
Nicolette Vanesa Roman (Co-supervisor)	Critically reviewed the manuscript and provided feedback in order to improve the quality of the work

10.5 Visibility of Research and Publication Statistics

The findings were also disseminated at the World Psychiatry Association 18 – 22 November 2016 in Cape Town.

10.6 Conclusion

This is the first study to explore educators' and students' needs for teaching and learning strategies to integrate spirituality and spiritual care into occupational therapy education in South Africa. It is envisaged that the results of the last study will assist in the design and development of the guidelines required to address the educational problem inherent in occupational therapy education concerning spirituality. The

subsequent chapter presents the second phase of the design-based research presenting a modified Delphi study.

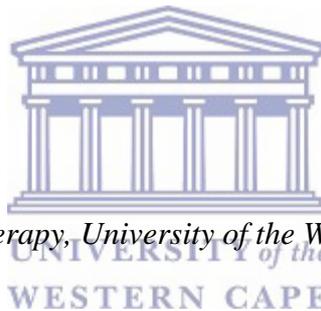
10.7 Manuscript Under review

EDUCATORS' AND STUDENTS' NEEDS FOR TEACHING AND LEARNING STRATEGIES FOR INTEGRATING SPIRITUALITY AND SPIRITUAL CARE INTO OCCUPATIONAL THERAPY EDUCATION

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Biography

Mr. Thuli Mthembu came to the Occupational Therapy Department 2011. He is a lecturer for occupational therapy and interdisciplinary courses. His teaching areas included trauma and diseases,

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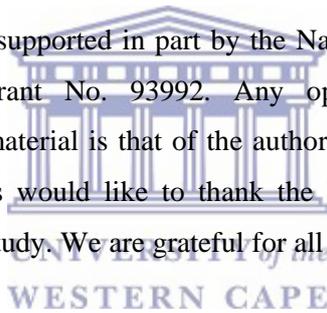
Associate Professor at the Department of Occupational Therapy. She has more than 20 years of experience as an educator and academic. She has taught modules including mental health, psychiatry, group process and dynamics, adolescents, older adults, human occupation and research. As an occupational therapist, her clinical experience is in mental health and psychiatry.

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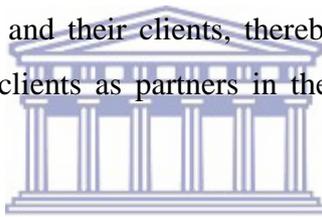
Abstract

Spirituality and spiritual care are both generating considerable interest in occupational therapy education as part of holistic and client-centred approaches. Concerns have been raised regarding the teaching and learning needs of occupational therapy educators and students. There is still some controversy surrounding the teaching and learning needs of spirituality and spiritual care. Thus, this study aimed to explore the educators' and students' needs for teaching and learning strategies for integrating spirituality and spiritual care in occupational therapy education. An interpretive, qualitative exploratory-descriptive approach was used with nine educators and 29 students who were purposively recruited from a university in the Western Cape Province, South Africa. Four focus group discussions were used for data collection and thematically analysed and managed in Atlas.ti 7. Two themes emerged: "We actually use transformative learning as a pedagogical approach," and "We need philosophical guidelines for integrating spirituality". These results imply that the transformative learning theories could contribute significantly to the integration of spirituality and spiritual care in occupational therapy education. Additionally, the findings support the use of critical reflection and consciousness-raising as teaching and learning strategies for spirituality. Overall, the findings indicated that the phases of transformative learning could be used to integrate spirituality and spiritual care in occupational therapy education. This study suggests a basis for development of guidelines to assist the educators and students to address the need for integrating spirituality in the occupational therapy classroom.

Keywords: Teaching, spirituality; spiritual care; occupational therapy; education,

Introduction

There is growing recognition by occupational therapy educators and students of the imperativeness of teaching during occupational therapy education, however, the scholarly debate about the teaching and learning strategies for integrating spirituality and spiritual care seems to be rarely discussed (Mthembu, Wegner & Roman, 2016; Jones, 2016; Hemphill, 2015; Morris et al., 2012). Johnston and Mayers (2005) refer to spirituality as “a search for meaning and purpose in life, which may or may not be related to a belief in God or some form of higher power. For those with no conception of supernatural belief, spirituality may relate to the notion of a motivating force, which involves an integration of the dimensions of mind, body and spirit. This personal belief or faith also shapes an individual’s perspective on the world and is expressed in the way that he or she lives life. Therefore, spirituality is expressed through connectedness to God, a higher being; and/or by one’s relationships with self, others or nature” (p.386). Puchalski et al. (2009) define spiritual care as “the connection between healthcare professionals and their clients, thereby listening to their fears, dreams, and pain; collaborate with their clients as partners in their care; and provide, through the therapeutic relationship” (p.890).



A number systematic reviews (Mthembu, Wegner, and Roman, 2016; Dalla Colletta de Aguiar & Costa, 2016; Bennett & Thompson, 2015) and studies (Hasanshahi, 2016; Schonfeld, Schmid & Boucher-Payne, 2016) on teaching spirituality in health sciences education have highlighted diverse strategies of transformative learning that can be used in class including, group and individual activities which may be used to accommodate students with diverse capabilities, skills and learning styles. These studies reported on strategies such as self-awareness, self-reflection, role-playing, self-study, exposing students to literature on spirituality, journaling and reflection, small group discussions, and case studies. Similarly, Hasanshahi’s (2016) study reports that spirituality can be learned through social media, as it promotes students’ spiritual well-being. This indicates that the students may connect with each other as part of group discussions to share knowledge and information about spirituality. Schonfeld et al.’s (2016) and Bennett and Thompson’s (2015) findings revealed that spirituality can be incorporated in existing modules by including instruction on taking spiritual history as part of social and past medical history. Spiritual history-taking “is the process of interviewing a patient in order to come together to a better understanding of their spiritual needs and resources. Therefore, a spiritual history can be integrated into existing

formats such as the social history section of the clinical database” (Puchalski et al., 2009, p.893).

It has been indicated that spirituality and spiritual care in health science education seem to be confined to medicine (Chirico, 2016) and nursing (Baldacchino, 2015; Bennett & Thompson 2015). This could mean that “spirituality should be reconfigured in the educational process to encourage a belief in the sense of self and collective capacity for educational action for meaningful change” (Dei, 2002, p.356). It appears that there are still no clear teaching and learning strategies that may be used to integrate spirituality and spiritual care, as this focus has not been applied to occupational therapy education (Jones, 2016; Mthembu, Ahmed, Nkuna & Yaca, 2015). Increasingly, occupational therapy educators and students seemed to be in need of knowledge and skills to deal with integration of spirituality and spiritual care in education as there are limited effective pedagogical approaches available. In order to address this issue, Jones’s (2016) study suggests that further research should be conducted on occupational therapy programmes, and how they embed spirituality and spiritual care in the teaching and learning strategies. Additionally, this indicates that there is a considerable need for exploring the possibility of particular strategies for integration of spirituality and spiritual care in occupational therapy education. Hence the aim of the current study was to explore educators’ and students’ needs regarding the teaching and learning strategies to integrate spirituality and spiritual care in occupational therapy education in South Africa.

Methodology

An interpretive, qualitative exploratory-descriptive research approach was used to elicit educators’ and students’ perceptions of teaching and learning strategies that may be used to integrate spirituality and spiritual care in occupational therapy education in South Africa (Grove et al., 2013; Rowlands, 2005). The qualitative research was employed based on the interpretivist belief (Rowlands, 2005) that the phenomena of spirituality was a subjective experience which is socially, culturally and historically constructed (Inbadas, 2016).

Data Collection and analysis

In this study, purposive sampling was used to recruit 31 participants (9 occupational therapy educators and 29 students). The participants were employed as occupational therapy

educators by the university to teach and supervise students in fieldwork. Additionally, occupational therapy students who were registered as third- or fourth-year occupational therapy students at the university during the period of the study in 2014 – 2016.

Four focus group discussions (FGDs) were used for data collection which lasted between 45 – 60 minutes in duration. The first group comprised nine educators (eight females and a male) employed by the university to teach and/or supervise students. The second group comprised ten third-year occupational therapy students (females) and the third group comprised eight third-year students (females). The fourth group comprised eleven fourth-year students (nine females and two males). The FGDs were audio-taped, transcribed verbatim and the transcripts were imported to Atlas.ti 7 software in order for one of the authors (TGM) to organise and manage the qualitative data. Six steps of thematic analysis were used to organise and describe the data set in rich detail (Braun & Clark, 2006). These steps included familiarising, generating codes, searching of -, reviewing of -, defining and naming of themes. Lastly, the report was written in a narrative form supported by excerpts from the verbatim transcriptions.

Credibility of the findings was ensured through the use of triangulation of data sources (multiple participants including occupational therapy educators, and third- and fourth-year occupational therapy students). Member checking was conducted through two additional groups (one with educators and one with students) to validate the findings. Transferability was ensured through providing a thick description of the research setting, and an audit trail was established through keeping records of all activities from data collection to data analysis and writing up findings. Dependability was ensured by using Atlas.ti7 to capture all the steps and analysis as part of the audit trail and consistency.

Ethical approval was obtained from the university's Research and Ethics Committee (Research Ethical Clearance: 14/4/18). The participants provided informed written consent to be part of the study. Anonymity and confidentiality were ensured to protect the participants' privacy. Participants were informed about their right to withdraw from the study at any time without repercussions.

Results and Discussion

Two interrelated themes emerged from the thematic analysis: 1) “We actually use a transformative learning pedagogical approach” and 2) “We need philosophical guidelines for integrating spirituality”. These themes highlighted the teaching and learning needs of occupational therapy educators and students.

Theme One: “We actual using transformative learning pedagogical approaches”

In theme one, the transformative learning pedagogical approaches appeared as enablers of spirituality in occupational therapy education. The title of the theme emerged in the FGDs of the educators as educator 8 said “*I really think in our curriculum; we are actually using a transformative learning approach*”. This is supported by the three categories that emerged include experiential learning approaches, reflective practice and interactive learning as presented in Table 1.



Table 1: Categories and quotations of theme one

Category	Quotations
“Experiential learning approaches”	<p><i>‘If you want us to learn about spirituality, the best way to learn is through actual experience, not just theoretical, and use of our modules as a platform to experience each other’s spirituality’.</i></p> <p><i>‘Kolb’s cycle of experiential learning may be used as another stage in which they could reflect from a personal view as spiritual or occupational beings and, even when they do it according to what they would have learnt, possibly we can build on it as part of journaling’.</i></p>
Reflective journals were platform for spirituality	<p><i>‘The biggest thing that you need is self-reflection to point out what is your spirituality. You have to define it [Spirituality] within yourself, you will also be able to see it in others and self-reflection will be a start’.</i></p> <p><i>‘Journals could be used as a path for a spiritual journey. Writing those journals would help us with our spiritual journey in order to understand others’ spiritual journeys’.</i></p>
Interactive learning is a strategy	<p><i>‘I don’t believe that spirituality is something that you can lecture and teach to someone but I do believe that it’s an interactive thing so it should be done in a more interactive way’.</i></p> <p><i>‘I think that from first, second, third until fourth year, we should have a get together or maybe a class time where we focus on topics like spirituality and culture’.</i></p>

“Experiential learning approaches”

The concept of praxis-based learning is defined as “the interdependence and integration, not separation, of theory and practice, research and development, thought and action” (Zuber-Skerritt, 2001, p.15). Therefore, praxis-based learning seems to be an appropriate strategy for consciousness-raising about spirituality through experiences because it equips students with critical and transformative action to change their lives. Consequently, the participants acknowledged that students’ knowledge, skills and attitudes seemed to be enhanced because of the praxis-based learning. This is consistent with the participants who shared that the experiential learning approach was one of the teaching strategies that might be used to integrate spirituality and spiritual care in occupational therapy education. It was clear that the participants regarded both the experiential learning approach and student-centred learning as facilitators that foster collaborative learning about spirituality through sharing experiences during classroom discussions.

As discussed in previous studies, experiential learning could be considered as a facilitator for integrating spirituality and spiritual care in education (Rogers and Wattis, 2015; Leathard & Cook, 2009). This indicates that through experiential learning occupational therapy students seemed to enhance their critical reflection as part of transformation. Kolb (1984, p.41) defines experiential learning theory (ELT) as “the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience”. For participants, Kolb’s experiential learning theory was consistently identified as a facilitator in integrating spirituality into occupational therapy education.

This finding seemed to support previous studies which indicate that the experiential learning cycle in education assists students to use their experiences to engage in self-reflection (Dirkx et al., 2006; English et al., 2005; Dei, 2002). These studies highlighted that the significance of holistic education is based on the acknowledgement of the intellectual, social, cognitive, emotional, moral, religious, psychological, economic, political and spiritual aspects of the students to facilitate experiential learning. Likewise, Kolb’s experiential learning cycle seemed to be relevant for facilitating the critical reflections. This indicates that the four-stage learning cycle could substantially contribute to participants’ self-awareness about spirituality

in occupational therapy education. The four-stage learning cycle includes concrete experience, reflective observations, abstract conceptualisation, and active experimentation which participants felt could be used as part of learning about spirituality. Participants identified that the experiential learning cycle appeared as an enabler for experiencing spirituality, culture and self-awareness.

Reflective practice “Journals were a platform for spirituality”

According to Correia and Bleicher (2008, p.41), “reflection helps students make stronger connections between theoretical perspectives and practice. We view reflection as a skill that can assist students in making sense of their service-learning experience”. This is supported by the participants who highlighted the importance of reflection in learning about spirituality in occupational therapy education. Additionally, this meant that self-reflection appeared to be a key enabler for integrating spirituality and spiritual care in occupational therapy. Consequently, the participants identified that there was a need to be able to write journals that may enhance their spirituality through self-awareness and self-reflection as part of consciousness-raising in occupational therapy. *‘For me it’s around reflection on a personal level which we are doing right from first year. I try to make them aware about spirituality so that nobody judges anybody; everything is ok even if you feel a certain way about the topic’.* (Educator 8)

The findings are consistent with previous studies of spiritual care which found that recording dreams and writing journal entries as strategies might be used to help students and educators develop sensitivity towards their own spirituality by increasing self-awareness (Paal, Helo & Frick, 2015; Barry & Gibbens, 2011). This could mean that educators should ensure that they create safe learning environments and platforms to provide students with an opportunity to reflect critically on their spirituality to enhance their self-reflection.

Interactive learning is a strategy

Participants felt that spirituality cannot be taught through lectures alone; therefore, they felt that by engaging in conversation about spirituality and culture as part of social participation, this could contribute significantly to their learning about spirituality in the occupational

therapy classroom. Interactive learning was identified as a suggestion for integrating spirituality in occupational therapy education that may facilitate connections and reflections while students are experiencing spiritual connections.

Critical-dialectical discourse appeared as a strategy for communicative learning that emphasizes the importance of critical reflection and critical self-reflection to assess what has been taken for granted in teaching and learning in occupational therapy like spirituality and culture. Accordingly, the participants suggested that there was a need for a day that would be dedicated to raising awareness about spirituality in occupational therapy. This corroborates the outcomes of transformative learning related to openness to other points of view and being able to integrate differing dimensions of experiences into meaningful and holistic relationships (Dirkx, 1998).



Theme Two: “We need philosophical guidelines for integrating spirituality”

The second theme captures the participants’ need of guidelines for integrating spirituality in occupational therapy education. The title of the theme emerged from the educators’ and students’ FGDs as they identified that there was a dilemma that spirituality was missing in occupational therapy education. According to Taylor (1998), disorientating dilemmas are described as an acute internal or external personal crisis where individuals search for something missing from their lives. This is the first phase of the process of transformation that provides deeper understanding of factors that influence transformative-learning (Laros & Taylor, 2015). Participants identified that there was a dilemma. It was evident that the students have gone through Mezirow’s (2003) phases (one: disorienting dilemma, and three: critical reflection). Table 2 presents the categories that emerged from the analysis that is need for explicit guidelines, areas for integrating spirituality, teaching strategies and student’s assessment task for spirituality. Therefore, the findings of the second theme are discussed based the ten phases of transformative learning.

Table 2: Categories and quotations of theme two

Category	Quotations
Need for explicit guidelines	<p><i>We need a theoretical background to spirituality; therefore, we shall be aware of different types of spirituality which is more important to our clients.</i></p> <p><i>We need philosophical guidelines of looking at that, and thinking about that in an embedded type of approach.</i></p>
Areas for integrating spirituality in occupational therapy education	<p><i>Spirituality comes out very strongly in the ethics course, as it actually tests the spirituality with morals, belief systems, and cultural differences.</i></p> <p><i>Perhaps we can have one or two sessions in each of the human occupation modules, and relate it to those stages of development. We are going to foreground it so that it doesn't become lost.</i></p> <p><i>It can be integrated certainly in geriatrics module, as it relates to spirituality.</i></p>
Teaching strategies for spirituality	<p><i>Educational activities which can definitely assist us in class include live debates besides the formal lectures. Use of debate facilitated our critical reasoning while brainstorming and we were able to obtain everybody else's perspectives on various concepts such as spirituality, religion and culture.</i></p> <p><i>'By watching documentaries about people practising their spirituality; it will get deeper that way'. 'It would help to learn about spirituality by using case studies'.</i></p>
Student's assessment task for spirituality	<p><i>We can evaluate the students with a portfolio; maybe at one point they will sort of reflect on spirituality as one of the key concepts.</i></p> <p><i>An assignment like the one we had on PEO about leisure activities while growing up. We can add the element of spirituality to show how we have used it to cope through the years of being a teenager.</i></p> <p><i>Everyone can write an assignment to present their version of what spirituality means to them.</i></p>

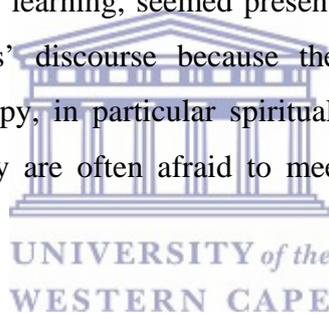
Need for explicit guidelines

The participants have undergone Mezirow's (2003) phase four recognition that discontent and the process of transformation are shared. They all agreed that there was a need for more explicit guidelines to integrate spirituality in occupational therapy education. The importance

of guidelines to embed spirituality in occupational therapy education has been reported as a need by the participants, as it is possible that the guidelines of integrating spirituality may enhance the holistic approach in education and practice. As in this study, previous studies have highlighted that occupational therapy education could contribute significantly to development of guidelines to embed spirituality (Jones, 2016; Lewinson et al., 2015; Dugan et al., 2011; Johnston & Mayers, 2005).

In phase five of Mezirow (2003), the exploration of new roles, relationships and actions occurred when students' discourse highlighted what needed to be included in the guidelines for integrating spirituality in occupational therapy education. This led the participants to contribute to the actions and ideas to integrate spirituality in their education, and this is supported by student-centred learning.

Acquisition of knowledge and skills for implementing one's plans, which is phase seven of Mezirow's (2003) transformative learning, seemed present in some participants. This phase was evident in the participants' discourse because they wanted to learn more about spirituality in occupational therapy, in particular spiritual history-taking. Additionally, the students have indicated that they are often afraid to meet new challenges among diverse clients.

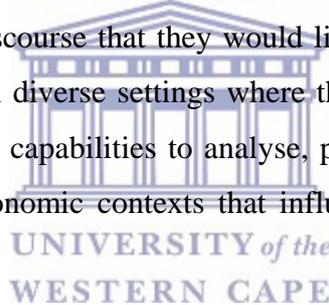


The findings of the present study highlighted the participants' need for strategies that might be used for spiritual assessment in occupational therapy. This is consistent with findings of recent studies by Hemphill (2015), Bennett and Thompson (2015) and Kelso-Wright (2012), which reported that occupational therapy students should be taught how to assess their clients' spirituality to promote quality of life. Likewise, these studies suggested a variety of spiritual assessments such as faith or beliefs importance, community, and address (FICA), HOPE (H: hope, strength, comfort, meaning, peace, love, and connection; O: organised religion for patient; P: patient's personal spirituality and practice; and E: effects of medical care and end of life decisions). These studies seemed to fit well in phase six of Mezirow's (2003), planning a course of action to address the needs of assessment of spirituality.

Areas for integrating spirituality in occupational therapy education

Planning a course of action is phase six of Mezirow's (2003) transformative learning, and this phase was evident from the educators' and students' discourse, as they felt that human occupation, ethics and geriatrics modules could be used to integrate spirituality in occupational therapy education. Likewise, the participants indicated that these modules were suitable for integrating spirituality in all stages of human development. The findings suggest that occupational therapy modules such as ethics may be used to integrate spirituality. This is in line with Seylani et al.'s (2016) study which explored the process of developing spirituality among Iranian nursing undergraduates, and found that there was a relationship between spirituality and practical ethics.

In Phase eight, which embraces provisionally trying out new roles (Mezirow, 2003), it was evident from the participants' discourse that they would like to gain more knowledge about the applicability of spirituality in diverse settings where they practise occupational therapy. This also links with participants' capabilities to analyse, pose questions, and take action on social, political, cultural and economic contexts that influence and shape their learning to become future therapists.



Teaching strategies for spirituality

Planning a course of action, phase six of Mezirow's (2003) transformative learning; participants identified a variety of teaching strategies that seemed to be relevant to fostering their learning and reflection about spirituality in the occupational therapy classroom. Participants acknowledged that educational activities including debates, brainstorming discussions, guest lectures, self-awareness exercises, group presentations, photographs and documentaries were all enablers for spirituality in the occupational therapy classroom. The findings seemed to be consistent with previous studies that suggested that students could learn about spirituality through critical reflections incorporated in the teaching strategies identified in the current study (Bennett & Thompson, 2015; Frouzandeh, Aein & Noorian, 2015). Contrary to this study, Hasanshahi (2016) and Rodger and Wattis (2015) found that teaching strategies such as social media, poetry, modelling and narratives, could be used to integrate spirituality teaching in the classroom. In addition, occupational therapy groups and

community fieldwork practice appear as enablers of integrating spirituality and spiritual care in occupational therapy (Mthembu, Wegner & Roman, 2017a; Mthembu, Wegner & Roman 2017b).

Student Assessment tasks for spirituality

Participants suggested that students should be evaluated through the use of a portfolio of evidence. This indicates that the portfolio appeared as an enabler for two phases (2: self-examination with feelings of guilt or shame, and 3: critical assessment of assumptions) of Mezirow's (2003) transformative learning. Accordingly, the participants suggested that spirituality could be considered as one of the main concepts used to evaluate students' learning as part of reflective practice using the portfolio. This finding is compatible with specific findings of previous studies which highlighted that portfolios could be employed to evaluate students' learning (Harbinson and Bell, 2015; Hill, 2012). Hence, previous studies emphasised that educational portfolios provide students with opportunities to enhance their personal development, self-reflection, cognitive skills and professionalism as well as affective behaviours (Dalla Colletta de Aguiar et al., 2016; Bennett & Thompson, 2015; Harbinson & Bell, 2015; Hill, 2012). These studies appeared to be supportive of transformational learning as it promotes self-reflection and meaningful self-directed learning.

Participants felt that an assignment relating to spirituality could be used as a coping mechanism during the adolescent stage, while engaging in leisure activities could be used and be structured according to the Person-Environment-Occupation (PEO) conceptual model by Law et al. (1996). This indicates that students could be evaluated on how they analyse, and synthesise the person (being a teenager: physical, affective and cognitive); the environment (social, political, cultural and economic); and through engagement in occupation (leisure activities) to shape and find meaning (coping) in their lives.

Additionally, participants felt that an assignment that questions their understanding of spirituality and religion can provide them with an opportunity to share their views. This indicates that learning methods, such as student-centred, could be used to recognise that occupational therapy students take responsibility for their learning. These findings concur with previous studies that assignments relating positively to spiritual development could be

used to help students with their spiritual queries (Seylani et al., 2016; Schonfeld et al., 2016; Dalla Colletta de Aguiar et al., 2016). These studies highlight that assignments seemed to motivate students' critical reflections about the content areas and skills related to spiritual and professional development. Respectively, Lindholm and Astin (2007) encourage the use of student-centred learning to provide opportunities for students' spiritual development and experience. This indicates that the students may experience the "shimmering moments" that occur in the everydayness of teaching practice, as they often experience a "light bulb moment" when the content and their life world eventually come together in very real and meaningful ways (Lawrence & Dirkx, 2010).

Implications for teaching and learning

There are several practical steps as to how to integrate spirituality and spiritual care in occupational therapy education using particular strategies based on the findings of the study. (1) Educators and students should be aware of their spirituality prior to understanding other people's spirituality, and they may pose questions about what is meaningful in their lives by considering social, political, cultural and economic contexts. Additionally, self-awareness activities may assist students and educators to experience personal growth and professional development in occupational therapy. This aligns with Freira's perspective of consciousness-raising which may be achieved through self-awareness. (2) Experiential learning and reflective practice could be used to provide students with an opportunity to learn about themselves. This would form part of critical reflection and self-reflection through writing journals according to their experiential learning cycle. This may assist students to have a deeper understanding of spirituality in occupational therapy. (3) During class activities educators may foster student learning by means of group discussions and case studies as part of interactive learning, where they will share their understanding of spirituality in occupational therapy education. It is evident from this study that the strategies such as debates, brainstorming, group presentation, photographs and documentaries may be used to facilitate awareness and critical reflection about spirituality in the occupational therapy classroom. (4) The evidence from this study suggests that students may be assessed by means of assignments which can be incorporated with engagement in occupations, and social and spiritual history-taking as part of occupational therapy. (5) Therefore, the findings of this study can guide occupational therapy educators to design and develop guidelines to integrate spirituality in occupational therapy education.

A limitation of this study is that the findings cannot be generalised to other occupational therapy programmes as they only apply to the educators and students who participated in the research. Therefore, other studies could be conducted in occupational therapy programmes in South African institutions of higher learning.

Conclusion

The intention of this study was to explore the educators' and students' needs regarding the teaching and learning strategies for integrating spirituality and spiritual care in occupational therapy education. Overall, the findings suggested that spirituality and spiritual care could be integrated in occupational therapy education through transformative learning to enhance students' consciousness-raising and critical reflection. The findings of this study demonstrated that there was a need for guidelines to integrate spirituality and spiritual care in occupational therapy modules. This became more evident in educators' and students' discourses when they suggested that they needed to be knowledgeable about the relevance of spirituality and spiritual care in occupational therapy theory, education and practice. As a result, the understanding and insight obtained in this study would be of significance to educators and students in occupational therapy, as well as other health sciences education. Eventually, this study will serve as a base for future studies in relation to designing and developing strategies for teaching and learning about spirituality and spiritual care in occupational therapy education.

References

- Baldacchino, D. (2015). Spiritual care education of health care professionals. *Religions*, 6, 594 – 613. Doi:10.3390/re16020594.
- Barry, E., & Gibbens, R. (2011). Spirituality in practice: Using personal reflection to prepare occupational therapy students. *The British Journal of Occupational Therapy*, 74, 176 – 180.
- Bennett, V., & Thompson, M.L. (2014). Teaching spirituality to student nurses. *Journal of Nursing Education and Practice*, 5(2), 26-33.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Chirico, F. (2016). Spiritual well-being in the 21st century: it's time to review the current WHO's health definition? *Journal of Health and Social Sciences*, 1(1), 11-16. doi: 10.19204/2016/sprt2.
- Correia, M.G., & Bleicher, R.E. (2008). Making connections to teach reflection. *Michigan Journal of Community Service Learning*, 41 – 49.

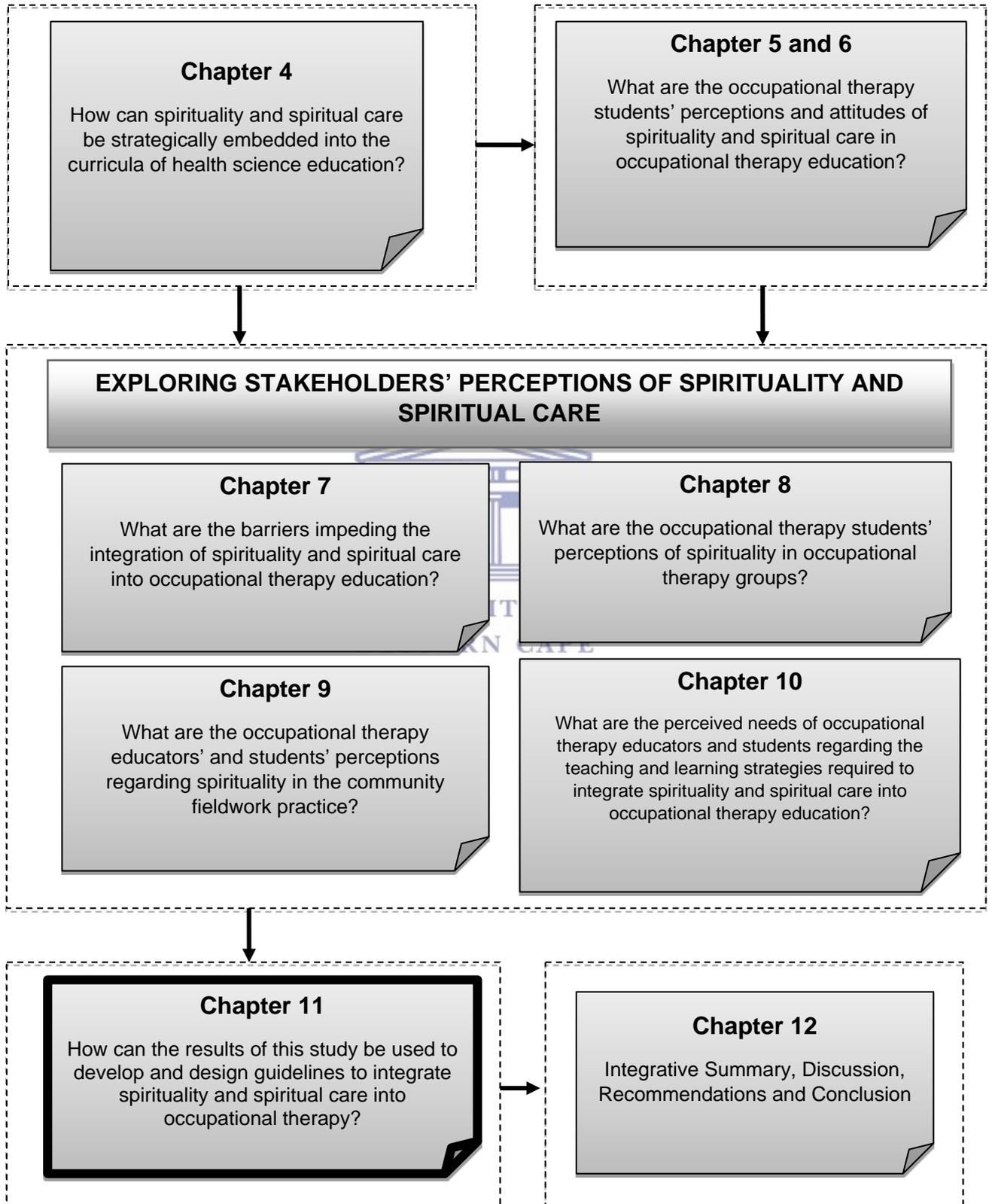
- Dalla Colletta de Aguiar, P., Cazella, S., & Costa, M. (2016). What do we know about the teaching of religiosity/spirituality in medical undergraduate curricula? An integrative review. *Medical Education Publisher*, <http://dx.doi.org/10.15694/mep.2016.000048>
- Dei, G.J.S. (2002). Learning, culture, spirituality and local knowledge: Implications for African schooling. *International Review of Education*, 48(5), 335 – 360.
- De Jongh, J. Hess-April, L., & Wegner, L. (2012). Curriculum transformation: A proposed route to reflect a political consciousness in occupational therapy education. *South African Journal of Occupational Therapy*, 42(1), 16-20.
- Department of Occupational Therapy. (2013). University of the Western Cape: Department of Occupational Therapy Self-Report October 2013.
- Department of Occupational Therapy. (2013). *UWC OT Department Statement of Approach*.
- Dirkx, J. M. (1998). Transformative learning theory in the practice of adult education: An overview. *PAACE Journal of Lifelong Learning*, 7, 1-14.
- Dirkx, J.M., Mezirow, J., & Cranton, P. (2006). Musings and reflections on the meaning, context, and process of transformative learning: A dialogue between John M. Dirkx and Jack Mezirow. *Journal of Transformative Education*, 4, 123, doi:10.1177/1541344606287505
- Dugan, B.D., Kyle, J.A., Kyle, C.W., Birnie, C., & Wahba, W. (2011). Integrating spirituality in patient care preparing students for the challenges ahead. *Currents in Pharmacy Teaching and Learning*, 3, 260-266.
- English, L.M., Fenwick, T.J., & Parsons, J. (2005). Interrogating our practices of integrating spirituality into workplace education. *Australian Journal of Adult Learning*, 45(1), 6 – 28.
- Frouzandeh, N., Aein, F., & Noorian, C. (2015). Introducing a spiritual care training course and determining its effectiveness on nursing students' self-efficacy in providing spiritual care for the patients. *Journal of Education and Health Promotion*, 434. doi: 10.4103/2277-9531-157189.
- Grove, S.K., Burns, N., & Gray, J.R. (2013). *The Practice of the Nursing Research: Appraisal, Synthesis, and Generation of Evidence*. (7th ed.) Saunders: Elsevier.
- Harbinson, M.T., & Bell, D. (2005). How should teaching on whole-person medicine including spirituality issues, be delivered in the undergraduate medical curriculum in the United Kingdom? *BMC Medical Education*, 15, 96. doi: 10.1186/s12909-015-0378-2.
- Hasanshahi, M., & Mazaheri, M.A. (2016). The effects of education on spirituality through virtual social media on the spiritual well-being of the public health students of Isfahan University of Medical Sciences in 2015. *IJCBNM*, 4(2), 168-175.
- Hemphill, B. (2015). Spirituality assessments in occupational therapy. *The Open Journal of Occupational Therapy*, 3(3), Article 9. <http://dx.doi.org/10.15453/2168-6408.1159>.
- Hill, T.L. (2012). The portfolio as a summative assessment for nursing students. *Teaching and Learning in Nursing*, 7, 140-145.
- Inbadas, H. (2016). History, culture, and traditions: The silent spaces in the study of spirituality at the end of life. *Religions*, 7(5), 53. doi:10.3390/rel7050053.
- Johnston, D., & Mayers, C. (2005). Spirituality: A review of how occupational therapists acknowledge, assess, and meet spiritual needs. *The British Journal of Occupational Therapy*, 68(9), 386 – 392.
- Jones, J. (2016). A qualitative study exploring how occupational therapists embed spirituality into their practice. Doctoral Thesis, University of Huddersfield.
- Kelso-Wright, P. (2012). *Spiritual history assessment and occupational therapy: Students using FICA*. MSc Occupational Therapy Thesis, University of Puget Sound.

- Kolb, D.A. (1984). *Experiential learning: experience as the source of learning and development*. New Jersey: Prentice-Hall.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45(3), 214 – 222.
- Laros, A., & Taylor, E.W. 2015. *Exploring disorienting dilemmas through narratives*. Presented at the 10th International Conference on Transformative Learning.
- Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63(1), 9-23.
- Lawrence, R.L., & Dirkx, J.M. (2013). *Teaching with soul: Toward a spiritually responsive transformative pedagogy*. Conference proceedings of the 29th Annual Midwest Research-to-practice Conference in Adult, Continuing, Community and Extension Educating, East; MI, 141-146.
- Leathard, H.L., & Cook, M.J. (2009). Learning for holistic care: addressing practical wisdom (phronesis) and spiritual sphere. *Journal of Advanced Nursing*, 65(6), 1318-1327. doi: 10.1111/j.1365-2648.2008.04949.x.
- Lewinson, L.P., McSherry, W., & Kevern, P. (2015). Spirituality in pre-registration nurse education and practice. A review of the literature. *Nurse Education Today*, 35, 806-814. <http://dx.doi.org/10.1016/j.nedt.2015.01.011>.
- Lindholm, J.A., & Astin, H.S. (2007). Spirituality and pedagogy: Faculty's spirituality and use of student-centered approaches to undergraduate teachings. *The Review of Higher Education*, 31(2), 185 – 207.
- Lloyd, A.S. (1972). Freire, Conscientization, and adult education. *Adult Education Quarterly*, 23, 3. doi: 10.1177/074171367202300101.
- Mezirow, J. (2003). Transformative learning as discourse. *Journal of Transformative Education*, 1, 58 – 63.
- Morris, D.N., Strecher, J., Briggs-Peppler, K.M., Chittenden, C.M., Rubira, J., & Wismer, L.K. (2012). Spirituality in occupational therapy: Do we practise what we preach? *Journal of Religion and Health*, doi: 10.1007/s10943-012-9584-y.
- Mthembu, T.G., Wegner, L., & Roman, N.V. (2016). Teaching spirituality and spiritual care in health sciences education: A systematic review. *African Journal Physical Health Education Sciences*, 22(41), 1036 – 1057.
- Mthembu, T.G., Wegner, L., & Roman, N.V. (2017). Spirituality in the Occupational Therapy Community Fieldwork Process: A qualitative study in the South African context. *South African Journal of Occupational Therapy*, 47(1), 16 -23. DOI: <http://dx.doi.org/10.17159/2310-3833/2016/v46n3a4>
- Mthembu, T.G., Wegner, L., & Roman, N.V. (2017). Occupational therapy students' perceptions of spirituality in occupational therapy groups: A qualitative study. *Occupational Therapy in Mental Health*, 33(2), 141 – 167. <http://dx.doi.org/10.1080/0164212X.2016.1245595>
- Mthembu, T.G., Ahmed, F., Nkuna, T., & Yaca. K. (2015). Occupational therapy students' perceptions of spirituality in training. *Journal of Religion and Health*, 54(6), 2178-2197
- Newman, M. 2012. Calling transformative learning into question: Some mutinous thoughts. *Adult Education Quarterly*, 62(1), 36 – 55. DOI: 10.1177/0741713610392768.
- Paal, P., Helo, Y., & Frick, E. (2015). Spiritual care training provided to healthcare professionals: A systematic review. *Journal of Pastoral Care and Counselling*, 69(1), 19-30. doi: 10.1177/1542305015572955.

- Picard, C.J. (2004). Strategies for effective teaching in the Twenty-First Century: A special supplement for special education. Louisiana Department of Education.
- Prentis, S., Rogers, M., Wattis, J., Jones, J., & Stephenson, J. (2014). Healthcare lecturers' perceptions of spirituality in education. *Nursing Standard*, 29(3), 44-52.
- Provident, I., Salls, J., Dolhi, C., Schreiber, J., Mattila, A., & Eckel, E. (2015). Design of an online curriculum promoting transformative learning in post professional doctoral students. *Online Learning*, 19(3), 128 – 143.
- Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., Chochinov, Handzo, G., Nelson-Becker, H., Prince-Paul, M., Pugliese, K., & Sulmasy, D. (2009). Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference. *Journal of Palliative Medicine*, 12(10), 885 – 904. Doi: 10.1089/jpm.2009.0142
- Roberts, N. (2006). Disorienting dilemmas: Their effects on learners, impact on performance, and implications for adult educators. In M. S. Plakhotnik & S. M. Nielsen (Eds.) (pp.100-105). *Proceedings of the Fifth Annual College of Education Research Conference: Urban and International Education Section*. Miami: Florida International University. http://coeweb.fiu.edu/research_conference/.
- Rogers, M., & Wattis, J. (2015). Spirituality in nursing practice. *Nursing Standard*, 29(39), 51-57.
- Rowlands, B.H. 2005. Grounded in Practice: Using Interpretive Research to Build Theory. *The Electronic Journal of Business Research Methodology*, 3(1), 81-92.
- Schonfeld, T.L., Schmid, K., & Boucher-Payne, D. (2016). Incorporating spirituality into health sciences education. *Journal of Religion and Health*, 55, 85 – 96. Doi10.1007/s10943-014-9972-6.
- Seylani, K., Karlsson, S., Hallberg, I.R., Mohammadi, E., & Negarandeh, R. (2016). Spirituality among Iranian nursing students during undergraduate study. *Nursing Midwifery Studies*, doi: 10.17795/nmsjournal33044.
- Taylor, E.W. (1998). *The theory and practice of transformative learning: A critical review* (Information series No.374). Columbus, HO: ERIC Clearing on Adult, Career, and Vocational Education.
- Taylor, E.W. (2008). Transformative learning theory. *New Direction for Adult and Continuing Education*, 119, 5 – 15.
- Van Leeuwen, R., & Schep-Akkerman, A. (2015). Nurses' perceptions of spirituality and spiritual care in different health care setting in the Netherlands. *Religions*, 6, 1346-1357. doi: 10.3390/rel6041346.
- Zuber-Skerritt, O. (2001). Action Learning and action research: paradigm, praxis and programs. In S. Sankaran, B. Dick, R. Passfield & P. Swepson (Eds), *Effective Change Management through Action Research and Action Learning: Concepts, Perspectives, Processes and Applications*, (pp.1-20). Lismore: Southern Cross University Press.

CHAPTER ELEVEN

PHASE TWO



GUIDELINES TO INTEGRATE SPIRITUALITY AND SPIRITUAL CARE INTO OCCUPATIONAL THERAPY EDUCATION: A MODIFIED DELPHI STUDY

CITATION: Mthembu, T.G., Wegner, L. & Roman, N.V. (Accepted). Guidelines to integrating spirituality and spiritual care in occupational therapy education: A modified Delphi Study, *Occupational Therapy in Mental Health*, <https://doi.org/10.1080/0164212X.2017.1362367>

11 Introduction

Chapter Ten presents the results of the last stage of Stage 3, which marked the end of Phase One of the design-based research. The last study of Stage 3 highlights the educational needs related to teaching and learning strategies for spirituality and spiritual care in occupational therapy education. Chapter Eleven marks the beginning of the second phase of the research project, which uses the contiguous approach to design and develop the guidelines to integrate spirituality and spiritual care into occupational therapy education. In this study, a modified Delphi study with three-rounds was conducted with purposively selected experts in the field of health sciences, education, and occupational therapy. A modified Delphi study was conducted to reach agreement on the proposed guidelines from the theoretical framework (Chapter 2) and findings of previous chapters (4 – 10). In preparation for the initial round, the findings of the thesis were used to develop the guidelines. In the first round of the study, the experts completed a questionnaire, with some experts using a Google form. Thereafter, in the second round of the Delphi study, a workshop was conducted with the educators, fieldwork coordinators and specialists in teaching and learning, to discuss the developed guidelines. In the last round, a manuscript was written and submitted for review in preparation for publication, which is part of the legitimisation of outsider and peer review of the guidelines to integrate

spirituality and spiritual care into occupational therapy education.

11.1 Publication Details

Title	Guidelines to integrating spirituality and spiritual care in occupational therapy education: A modified Delphi Study
Authors	Mthembu, T.G., Wegner, L. & Roman, N.V.
Journal	Occupational Therapy in Mental Health
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Impact Factor	Still computing
Status	Accepted

11.2 Occupational Therapy in Mental Health

Occupational Therapy in Mental Health provides professionals with a forum in which to discuss today's challenges - identifying the philosophical and conceptual foundations of the practice; sharing innovative evaluation and treatment techniques; learning about and assimilating new methodologies developing in related professions; and communicating information about new practice settings and special problem areas particular to psychiatric occupational therapy.

11.3 Publication Record

The manuscript was submitted for review in preparation for publication on 3rd January 2017 and was conditional accepted on 5th June 2017.

11.4 Contribution Record

One of the important elements of PhD by publication is to report on the contribution record provided in the study by the candidate and supervisors.

PhD candidate's and supervisors' contribution on publication

Authors	Contributions
Thuli Godfrey Mthembu (Candidate)	The PhD candidate was responsible for conceptualising the study, data collection, analysis, interpreted data and wrote the manuscript in partial fulfilment of obtaining a PhD degree. Additionally, the candidate identified the journal, corresponding author, and communicated with the Editor-In-Chief and reviewers as part of the Journal's editorial team during the process of reviewing the article until publication.
Lisa Wegner (Supervisor)	Critically reviewed the manuscript, and provided feedback in order to improve the quality of the work and provided input regarding the occupational therapy perspective
Nicolette Vanesa Roman (Co-supervisor)	Critically reviewed the manuscript and provided feedback in order to improve the quality of the work

11.5 Conclusion

This is the first study to design and develop guidelines to integrate spirituality and spiritual care into occupational therapy education in South Africa. It is envisaged that this study will assist educators, students and clinicians to have a better understanding of the spiritual needs of individuals, groups and communities. This chapter marks the end of the second phase of the design-based research. The following chapter presents an integrative discussion of the previous chapters in the research project.

11.6 Manuscript Accepted

**GUIDELINES TO INTEGRATE SPIRITUALITY AND SPIRITUAL CARE
IN OCCUPATIONAL THERAPY EDUCATION: A MODIFIED DELPHI
STUDY**

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GUIDELINES TO INTEGRATE SPIRITUALITY AND SPIRITUAL CARE IN OCCUPATIONAL THERAPY EDUCATION: A MODIFIED DELPHI STUDY

ABSTRACT

This modified Delphi study aimed to the development of the educational guidelines for integrating spirituality and spiritual care into occupational therapy education. The first round comprised a self-administered questionnaire, the second round used a face-to-face workshop and last round reviewed the developed educational guidelines reached highest agreement and median values greater than 3.25. A panel of 18 comprised occupational therapy educators, clinicians, and nursing experts participated. A total of 126 out of 142 items reached highest agreements from the panel participants, categorized based on the content knowledge, importance, skills, ethics, pedagogical approaches, teaching and learning strategies and assessment of learning.

KEYWORDS

Spirituality, spiritual care, occupational therapy, education, modified Delphi



Introduction

There has been an ongoing debate regarding the integration of spirituality and spiritual care in occupational therapy. In making such an integration more effective and significant, there is a need for guidelines that might be used to embed spirituality and spiritual care into occupational therapy education (Mthembu, Wegner & Roman, 2017a; Jones, 2016; Johnston & Mayers, 2005). Occupational therapy educators, students and clinicians increasingly work in culturally, spiritually and religiously diverse societies. Therefore there is a need for these professionals to frequently acknowledge spirituality as an essential aspect of a person, influenced by the environment and often providing meaning and purpose through occupations (Sumsion, Tischler-Draper & Heinicke, 2011; Polatjako, Townsend & Craik, 2007).

Spirituality is further identified as an essential component of the integrative care of people, groups and communities in some occupational therapy models. According to the World Health Organization (2015) and Moreira-Almeida, Sharma, Janse van Rensburg, Verhagen and Cook (2016), spirituality is considered as an important determinant of health, quality of life and well-being. According to Puchalski, Vitillo, Hull and Reller (2014), spirituality is defined as:

“a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices”. (p.646)

Spiritual care means attending to the whole person, including physical, emotional, social, and spiritual dimensions of one’s experience (Puchalski, 2001). These dimensions seem to be related to person-centered and holistic approaches which are fundamental to occupational therapy practice and education. Educators, students and clinicians have reported, however, not being adequately prepared for the integration of spirituality and

spiritual care in occupational therapy education (Mthembu et al., 2017a; Jones, 2016; Thompson & MacNeil, 2006). Additionally, educators, students and clinicians are faced with the challenge of integrating spirituality and spiritual care when faced with time constraints (Mthembu et al., 2017a). There is increasing awareness of the significant role of spirituality and spiritual care in the occupational therapy profession (Hemphill, 2015; Brémault-Phillips et al., 2015; Morris et al., 2014; Kirsh, Dawson, Antolikova and Reynolds, 2001). A mixed-methods study by Morris et al. (2014) found that there was a gap among theory, education and practice regarding the integration of spirituality in occupational therapy. These findings corroborate systematic reviews that highlighted a limited base of evidence on guidelines to integrate spirituality and spiritual care into health sciences education (Mthembu, Wegner & Roman, 2016, Bennett & Thompson, 2015).

Previous studies on guidelines for integrating spirituality and spiritual care into professional education have been developed in a number of health care professions including counselling (Henriksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015), medicine (Janse van Rensburg, 2014) and social work (Bhagwan, 2002). For the occupational therapy profession, however, there are few guidelines which may be used to integrate spirituality and spiritual care in education (Hoyland & Mayers, 2005; Johnston & Mayers, 2005). This is further supported by the systematic review conducted by Mthembu et al. (2016) which found that there were no studies seeking consensus about guidelines to incorporate spirituality and spiritual care into occupational therapy education. Hence more research is needed to design and develop guidelines that may reflect how to prepare occupational therapy educators and students for spiritually sensitive education and practice. Additionally, such an approach may assist in bridging the gap in theory, practice and research regarding spirituality and spiritual care in occupational therapy education. Therefore, this study aimed to design and develop guidelines for integrating spirituality and spiritual care in occupational therapy education.

Methodology

Design

A three-round modified Delphi method was used to design and develop guidelines for integrating spirituality and spiritual care into occupational therapy education. Modified Delphi method refers to the combination of a “self-administered questionnaire and a physical meeting of the experts to discuss the results or rate the indicators” (Boulkedid, Abdoul, Loustau, Sibony, & Albert, 2011, p.2). The modified Delphi method allows the use of questionnaire-based rounds and the physical meeting, which is considered as a round (Boulkedid et al., 2011; Custer, Scarcella & Sterwart, 1999). Likewise, another benefit of using the modified Delphi technique is that previous work forms the foundation of the study (Custer et al., 1999). In the current study, the modified Delphi method consisted of a first round of a questionnaire used for survey, face-to-face workshop as a second round and a third round where items that reached highest agreements were reviewed. The self-administered questionnaire study had a combination of qualitative and quantitative data, which assisted to gain consensus (Hasson, Keeney & McKenna, 2000). On contrary, the face-to-face workshop was used as part of the modified Delphi technique, which is consistent with Estimate-Talk-Estimate process where panellists can interact about the rated items and provide reasons and justifications (Armstrong, 2001; Khosrouw-Pour, 2015; Green, Armstrong & Graefe, 2007). The Estimate-Talk-Estimate process was used to help the panellists to discuss about the guidelines and reach consensus (Eubank et al., 2016). Moreover, the method Delphi method used an iterative process designed to combine expert opinion into group consensus about the constructs of spirituality and spiritual care in occupational therapy education (Hasson et. al., 2000; Keenay, Hasson & Mckenna, 2006; Skulmoski, Hartman & Krahn, 2007). The process was stopped once consensus was reached, which indicated that theoretical saturation was achieved (Skulmoski et al., 2007). This study received ethical approved from the Research Ethics Committee at the University of the Western Cape (ethical clearance number 14/4/18).

All participants gave informed consent, and were informed about their right to withdraw from the study without repercussion. Boulkedid et al. (2011) list five quality indicators that might be used as part of the practical guidance on how to improve the optimal use and reporting of Delphi method. These quality indicators are “questionnaire for the first round, experts, sending questionnaire, next rounds and final round. In the current modified Delphi method, the research team used the suggested quality indicators as incorporated in the following sections.

Participant selection

Selection of the experts is one of the quality indicators, which is suggested by Boulkedid et al. (2011). It highlights the importance of asking potential panel participants about their willingness to participate in the modified Delphi (Boulkedid et al., 2011). A list of the participants was compiled with their contact details and they were invited to be part of the study in April 2016. Therefore, a purposive sampling was used to recruit 40 eligible participants who were furnished with information sheet explaining the procedure of the modified Delphi and the benefits from participation. The participants were contacted via an email, which form part of the quality indicator of sending the questionnaire. In the first round, only 11 participants agreed to be part of the first round of the current study. These participants were geographically diverse and included international and national experts in the following disciplines: occupational therapy educators (n=6), occupational therapists (n=3), nursing (n=2). The inclusion criteria were set as: (i) participants with expertise in the field of health sciences education, spirituality and spiritual care; (ii) qualified with a bachelor’s degree and holding a senior position in education or health; (iii) participants who had conducted research and published about spirituality and spiritual care; (iv) employed as educators and clinicians in either universities, private practice, public health services or schools.

For the second round, there were eight panel participants who were occupational therapy educators (n=3), occupational therapy clinical fieldwork coordinators (n=2), a community fieldwork supervisor/educator (n=1), a teaching specialist (n=1), and an interdisciplinary professional education specialist (n=1). Some of the panel participants participated in the first round were invited to be part of the second round face-to-face workshop.

Data collection

Self-administered questionnaire is another quality indicator that Boukdedid et al. (2011) suggest as an effective measurement to be used for data collection in a modified Delphi technique. In the present study, a self-administered questionnaire with Parts A and B was used to collect data. Part A elicited the participants' demographic information, country, education level, place of employment and nature of employment. Part B consisted of 142 items, which were developed from the preceding previous studies conducted by the research team (TGM, LW and NVR). These items were of importance for integrating spirituality and spiritual care into occupational therapy education. In addition, the items were rated using a four-point Likert scale (1, strongly disagree; 2, disagree; 3, agree; 4, strongly agree) to test for consensus among participants of the study. The four-point Likert scale is useful because it tends to give a more positive response to questions as suggested by Garland (1991).

The research team used the Google form as a platform for creating the self-administered questionnaire and disseminating it to the participants. Additionally, the Google form platform automatically saved the participants' responses in an excel spreadsheet form. The data collection was conducted in two rounds between March and September 2016 but the third round was used as a review of the rated items for the guidelines.

In **Round 1** consisted of a survey conducted using self-administered questionnaire, which was designed based on the findings from preliminary studies that were produced from

the systematic review, and used quantitative and exploratory-descriptive qualitative methods. This is consistent with Custer et al. (1999) who highlight that the first round of the modified Delphi begins with panellists being offered a set of items that were heretofore determined. The findings of the previous studies were collated using a matrix framework by the research team prior to the modified Delphi study. The research team drawn and constructed 142 items from the previous studies preceding this study, which were important for spirituality and spiritual care in occupational therapy education based. The following categories were developed from preliminary studies related to the modified Delphi study. These categories are: 1) Knowledge-base for spirituality and spiritual care; 2) Importance of spirituality and spiritual care; 3) Skills required for spirituality and spiritual care; 4) Spirituality and spiritual care in occupational therapy related to ethics of care; 5) Pedagogical approaches for spirituality and spiritual care; 6) Teaching and learning strategies for spirituality and spiritual care; and 7) Assessment strategies for spirituality and spiritual care. Then the self-administered questionnaire for the first round was sent to the participants via an email as a link or word document for those who had poor access to internet. The panel participants were asked to rate and comment on the items.

For **Round 2**, the results of Round 1 were subsequently used to prepare a presentation for the face-to-face workshop, which allowed the panel participants to make further clarifications on the items that reached an agreement. The second round presents the modification of Delphi method which is consistent with Custer et al. (1999), Armstrong (2001) and Avella (2016), who indicate that panel participants can be given the opportunity to discuss the items to the point that they are able to agree with each other. A goal of the face-to-face workshop was to discover the reasons, clarifications and justifications regarding the items rated in Round 1 in preparation for integration of spirituality and spiritual care into occupational therapy education. A second goal was to discuss the development of possible

guidelines that might be used to facilitate the integration of spirituality and spiritual care. During the face-to-face workshop the panel participants made comments which were incorporated into the guidelines. The comments from the panel participants contributed to the understanding of spirituality particularly when contextualized within an African perspective. Overall, the second round supported the Estimate-Talk-Estimate process whereby the panel participants were able to interact about the items and justified for their consensus (Khosrouw-Pour, 2015; Green et al., 2007). The majority of the items were rated high in Round 1 and 2, this resulted to the compilation of guidelines, which were sent to the panel participants for review in the subsequent round. This supports Keenay et al. (2006) that number of rounds depends on time available and exhaustion occurred after two rounds as experts tend to be busy.

In **Round 3** comprised validation of the rated guidelines as true reflections of what the panel participants agreed on in Round 1 and Round 2. The panel participants were asked to check the correctness of the responses related to their agreement about the guidelines that should be used to integrate spirituality and spiritual care into occupational therapy education as part of the final round.

Data analysis

In this study, descriptive statistical analysis was computed using the Statistical Package for the Social Sciences (SPSS) software 23 (SPSS, Inc, Chicago, IL, USA). The research team checked the completeness and correctness of the responses on the items of the questionnaire. The descriptive statistics included participants' characteristics using numbers (n) and percentages (%). Hsu and Sandford (2007) as Boulkedid et al. (2011) recommend that at least 70 percent of panel participants need to rate three or higher on a four-point Likert type scale and the median score has to be greater than 3.25. For each item, from Part B of the self-administered questionnaire survey, the median scores as a measure of central tendency

together with percentiles range were used as indicators to determine the level of agreement and the degree of importance among panel participants, as these indices are mostly used in health research (Hasson et al., 2000).

Results

For Round 1, of the recruited 40 panel participants, 11 agreed to be part of the modified Delphi study, completed, and returned the questionnaire, giving a 27.5% response rate. The age of the participants ranged from 32 to 67 years with a mean and standard deviation (45.63 ± 10.67). The majority of the participants (72%) indicated that they were from South Africa followed by the Netherlands (9%), and the United Kingdom (9%). One participant (9%) did not indicate country of origin. Less than half (45.5%) of the participants were employed as occupational therapy full-time academics in institutions of higher learning while some were clinicians in departments of education or health, or in private practice. In addition, there were participants who reported that they were postgraduate supervisors, researcher at the knowledge center of spirituality and health care, doctoral students and part-time academics. The results section summarises the modified Delphi in terms of consensus based on the agreement percentages, median and interquartile range as presented in the Tables 1 to 7.

There was consensus among the panel participants regarding the knowledge-based that might inform the integration of spirituality and spiritual care into occupational therapy education. In Table 1, the majority of the panel participants (90.9%) reached an agreement that understanding of spirituality and spiritual diversity in occupational therapy education is very important. Nine of the eleven of the panel participants (81.8%) agreed that spiritual well-being, spiritual needs and addressing fear of spirituality in teaching and learning are significant in occupational therapy education. About 72.7% (8/11) panel participants agreed that spirituality is very important because improves clients quality of life. Therefore, the

panel participants agreed that spirituality should be part of occupational therapy education from first year level. Two thirds of the panel participants (63.6%) agreed that knowledge related to spiritual care, theory of meaning of occupational engagement and spirituality might enhance occupational therapy understanding of human being. Overall, the items related to the knowledge-base for spirituality and spiritual care gained highest agreement with a median values ranging from 3.5 to 4.



Table 1 Knowledge-base for spirituality and spiritual care

	Consensus	Median	Interquartile Range
1. To have an understanding of the following concept and provide analysis: spirituality	90.9%	4	3 – 4
2. To have an understanding of the following concept and provide analysis: spiritual care	63.6%	4	3 – 4
3. To have an understanding of the following concepts and provide analysis: religion	54.5%	4	4 – 4
4. To have an understanding of the following concepts and provide analysis: spiritual well-being	81.8%	4	4 – 4
5. To have an understanding of the following concepts and provide analysis: spiritual coping	63.6%	4	3 – 4
6. To have an understanding of the following concepts and provide analysis: spiritual distress	63.6%	4	3 – 4
7. To have an understanding of the following concepts and provide analysis: spiritual needs	81.8%	4	3 – 4
8. To have an understanding of the following concepts and provide analysis: spiritual diversity	90.9%	4	4 – 4
9. To demonstrate an integrated approach to address spirituality and spiritual care by considering moral and faith development-related issues, bio-psycho-social-spiritual journeys and critical view of individuals	63.6%	4	3 – 4
10. To be introduced to theories of stress and coping in order to help them to understand humans as a whole	72.7%	4	3 – 4
11. To engage in theory of journaling with students through maturation which also enhances students' awareness of the essence of spirituality	45.5%	3.5	2.75 – 4
12. To be aware of how to incorporate spirituality in all aspects of occupational therapy	45.5%	4	3 – 4
13. To be introduced to spirituality in first year	72.7%	4	3 – 4
14. To consider spirituality in order to improve clients quality of life	72.7%	4	3 – 4
15. To consider clients' spirituality and religious beliefs	72.7%	4	3 – 4
16. To introduce students to occupational injustices and their relationship to spirituality	54.5%	4	3 – 4
17. To introduce students to a theory of meaning of occupational engagement and spirituality	63.6%	4	3 – 4
18. To explain to students about spirituality so that students would be able to consider it in fieldwork	63.6%	4	3.5 – 4
19. To have an understanding of the differences between spirituality and religion	72.7%	4	3 – 4
20. To know how spirituality and religion are both connected	45.5%	4	3 – 4
21. To be aware of the guidelines and use them to include spirituality in teaching and learning	54.5%	4	3.25 – 4
22. To be able to address fears of addressing spirituality in teaching and learning	81.8%	4	4 – 4
23. To know how to tackle the topic in the classroom without being emotional and sensitive	63.6%	4	3.5 – 4

An importance of spirituality and spiritual care seems to resonate with the core foundation of occupational therapy education. Most panel participants (81.8%) agreed that spirituality plays an important role in one's individual journey, priorities, and occupational choices. The items gained the highest agreement with a median score of 4 within interquartile range between 25th quartile of 4 and 75th quartile of 4. About 72.7% (8/11) panel participants agreed that spirituality relates to enablers, client's rituals, well-being and health. Therefore, about third of the panel participants (63.6%) agreed that it is important that occupational therapy students gain understanding of spirituality in different fieldwork placements so that they may learn about the role of interdisciplinary panels. These items gained agreement with a median value greater than 3.25 as presented in Table 2.



Table 2 Importance of Spirituality and Spiritual Care

	Consensus	Median	Interquartile Range
1. To be aware of the importance of spirituality in different fieldwork placements	63.6%	4	3.5 – 4
2. To be aware that spirituality improves well-being and health of the client	72.7%	4	4 – 4
3. To be aware how to include spirituality in individual process	54.5%	4	2.5 – 4
4. To be aware how to incorporate spirituality in group process	54.5%	4	2.5 – 4
5. To be aware how to infuse spirituality in community process	54.5%	4	2.5 – 4
6. To consider spirituality as a vehicle to occupational therapy intervention	45.5%	4	3 – 4
7. To consider clients' involvement during intervention so that clients may share their spirituality with them	63.6%	4	3.5 – 4
8. To be aware how spirituality relates to individual personal journey	81.8%	4	4 – 4
9. To know how spirituality relates to enablers	72.7%	4	4 – 4
10. To be aware how spirituality relates to occupational performance	81.8%	4	4 – 4
11. To learn to acknowledge clients' priorities related to spirituality	81.8%	4	4 – 4
12. To learn to use clients' occupational choices in order to motivate clients' engagement in occupation	81.8%	4	4 – 4
13. To learn to differentiate spirituality and how it links with activities	72.7%	4	4 – 4
14. To find out from the clients the importance of prayer, meditation, and silent time	45.5%	3.5	1.75 – 4
15. To be aware of clients' rituals as part of spirituality	72.7%	4	4 – 4
16. To be exposed to fieldwork visits to help students to observe and learn about spirituality and spiritual care in practice	63.6%	4	3.5 – 4
17. To be allowed to shadow in order to observe how other members of the health team promote spirituality in practice	72.7%	4	4 – 4
18. To be aware of the role of the interdisciplinary panels in sharing knowledge and imparting skills about spirituality and spiritual care	63.6%	4	3.5 – 4

In occupational therapy education, it is imperative that students acquire skills related to spirituality and spiritual care. Almost all panel participants (90.8%) agreed that students need to gain skills on how to view human beings as wholes rather than as sums of their parts. This finding resonates with the agreement of most of the panel participants (81.8%) who agreed with the knowledge of whole person-centered approach as part of spiritual being with mind, body and spirit. As a result, the panel participants agreed that students should learn

how to assess patients' body, mind and spiritual needs. Table 3 presents the items related to the skills for spirituality and spiritual care with a highest median score of 4. Panel participants (81.8%) reached the highest agreement that “students should know how to use active listening as a spiritual care intervention” with a median value of 4. Almost all of the panel participants (90.9%) agreed that there is a relationship between spirituality and cultural context as presented in Table 3.



Table 3 Skills required for spirituality and spiritual care

	Consensus	Median	Interquartile Range
1. To be supported to enhance their skills such as a comprehensive history, spiritual assessment and physical exam	63.6%	4	4 – 4
2. To be taught how to conduct spiritual assessment with clients	45.5%	4	3 – 4
3. To be provided a lesson on how to be sensitive	72.7%	4	4 – 4
4. To be taught how to be ethical about issues related to spirituality	90.9%	4	4 – 4
5. To be provided with possible questions to assess spiritual needs	72.7%	4	4 – 4
6. To learn to seek, discern and use information obtained from an assessment of spirituality	72.7%	4	4 – 4
7. To be aware of how to assess spirituality according to age and stage	63.6%	4	3 – 4
8. To be guided about how to assess spirituality by providing them with assessment tools	54.5%	4	3 – 4
9. To point out exactly where spirituality fits in occupational therapy	63.6%	4	2.75 – 4
10. To address the relationship between spirituality and cultural context	90.9%	4	4 – 4
11. To be equipped with skills to address clients' spiritual needs and how to refer to relevant members	54.5%	4	4 – 4
12. To develop and maintain a practice of good self-care in order to attend to their own physical, emotional and spiritual well-being	72.7%	4	4 – 4
13. To know how to compensate for their health	54.5%	4	4 – 4
14. To be provided with evidence to show how spirituality is implemented in the real world	63.6%	4	4 – 4
15. To be aware of the effectiveness of spirituality in occupational therapy	63.6%	4	3.5 – 4
16. To conduct evidence based research to help them understand how spirituality is included in occupational therapy	72.7%	4	4 – 4
17. To be able to learn how to demonstrate spiritual assessment skills, assessment of spiritual needs, self-knowledge when addressing spiritual needs, appropriate times and methods for making appropriate referrals for spiritual care	54.5%	4	3 – 4
18. To know how active listening forms part of spiritual care intervention	81.8%	4	4. – 4.
19. To know the practical notions of patients' management according to the integrative bio-psycho-socio-spiritual integrative model	54.5%	4	4 – 4
20. Students need to have an understanding of the most common religions, in order to take an accurate spiritual history	63.6%	4	2.75 – 4
21. To be aware of the spiritual questions that can be expected with patients related to their illness	72.7%	4	4 – 4
22. To have a thorough knowledge of whole person-centered approach in relation to understanding the human being as a spiritual being with mind, body, and spirit	81.8%	4	4 – 4

23. To be able to assess patients' body, mind and spiritual needs of clients	81.8%	4	4 – 4
24. To be able to provide holistic care based on knowledge of physiological, psychosocial, cultural, spiritual, and environmental dimensions.	81.8%	4	4 – 4
25. To be educated about the significance of viewing human beings as wholes rather than as sums of their parts	90.9%	4	4 – 4

In relation to the skills for spirituality and spiritual care, almost all panel participants (90.9%) agreed that students need to gain and apply ethical reasoning skills on issues related to spirituality. Most of the panel participants (81.8%) agreed that respect for people's right to participate in health care need to be part of occupational therapy education. Additionally, the panel participants (81.8%) agreed that recognition of ethical, spiritual, and legal dimensions in occupational therapy enhance service delivery. The item related to introduction of spirituality during an ethics courses gained support from two thirds of the panel participants (63.6%). This item resonates with the highest agreement from about 72.7% (8/11) panel participants who agreed that students need to behave in an ethical manner without infringing clients' rights and promote quality of life by adhering to a person-centered approach" with a median value of 4 as depicted in Table 4.



Table 4 Spirituality and spiritual care as related to Ethics

	Consensus	Median	Interquartile Range
1. To introduce spirituality during an ethics course so that students will have an understanding of how to address it with clients	63.6%	4	3 – 4
2. Students should learn to identify ethical and boundary issues as well as to provide privacy for clients' and families' need for solitude	81.8%	4	4 – 4
3. To learn how to behave in an ethical manner without infringing clients' rights and promote quality of life by adhering to a person-centered approach	72.7%	4	3.75 – 4
4. To be introduced to ethics while learning about spirituality and spiritual care	72.7%	4	3.75 – 4
5. To learn to respect patients' views and opinions to enhance their communication	72.7%	4	3.75 – 4
6. To learn to respect people's right to participate in their own health care	81.8%	4	4 – 4
7. To learn to recognize ethical, spiritual, and legal dimensions of occupational therapy practice	81.8%	4	4 – 4

There is a need for pedagogical approaches for spirituality and spiritual care in occupational therapy education as presented in Table 5. About 72.7% (8/11) panel participants agreed that students need to be aware of what makes a person a spiritual being. Therefore, two thirds of the panel participants (63.6%) agreed that engaging in dialogues about understanding of spirituality might enhance students' knowledge. However, slightly more than half of the panel participants (53.5%) agreed that students need to be challenged so that they might engage in the dialogues about belief systems in preparation for them to work with clients from different backgrounds. Overall, these items gained highest agreement with a median value of 4.

Table 5 Pedagogical approaches for Spirituality and Spiritual care

Transformational learning in spirituality and spiritual care	Consensus	Median	Interquartile Range
1. To be challenged about their belief systems as they will be working with clients who are different from them	54.5%	4	2.5 – 4
2. To engage in dialogues about their understanding of spirituality	63.6%	4	3.5 – 4
3. To be aware of what makes a person a spiritual being	72.7%	4	3.75 – 4

The panel participants agreed on a range of teaching and learning strategies that might be used for spirituality and spiritual care as presented in Table 6. Almost all panel participants (90.9%) were in favour of giving students an opportunity to reflect about spirituality. Hence, about 72.7% (8/11) panel participants agreed that self-reflection skills need to be part of occupational therapy education so that student might know themselves more deeply. Panel participants agreed that teaching and learning strategies such as experiential learning, role plays, writing journals, debates, guest lecturers, group discussions, case study, self-discovery and online pedagogy and tutorials. These strategies gained highest median values ranging from 3.5 to 4.

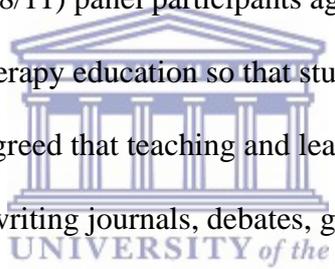


Table 6 Teaching strategies for Spirituality and spiritual care

	Consensus	Median	Interquartile Range
1. To expose students to spirituality using experiential learning	54.5%	4	3 – 4
2. To be given an opportunity to experience spirituality within occupational therapy modules	54.5%	4	3 – 4
3. To be allowed to engage in role plays about spirituality that mimic the real world	54.5%	4	3 – 4
4. To learn to observe during the role play in order to enhance their problem solving, critical reflection and communication skills	63.6%	4	3.5 – 4
5. To learn to share their own perspectives about spirituality	72.7%	4	3.75 – 4
6. To be exposed to spirituality and culture through experience	81.8%	4	4 – 4
7. To learn to make sense of their learning experiences regarding spirituality	72.7%	4	3.75 – 4
8. To learn about spirituality and spiritual care through the use of role-plays to allow them to share their understanding	54.5%	4	3 – 4
9. To be given an opportunity to reflect about spirituality	90.9%	4	4 – 4
10. To be given an exposure to discuss what they have experienced	54.5%	4	4 – 4
11. To be allowed to use the Kolb's experiential learning cycle in order to reflect about spirituality from a personal view	45.5%	4	3. – 4
12. To allow students to reflect from the level of spiritual being	45.5%	4	2.25 – 4
13. To allow students to reflect from an occupational being	36.4%	3.50	2.5 – 4
14. To learn to use journals as a platform for spirituality	45.5%	4	3 – 4
15. To learn to write journals about individuals' spiritual journeys this would help them to have an understanding of themselves and others	45.5%	3.50	2.75 – 4
16. To learn to self-reflect in order to share their spirituality	54.5%	4	3 – 4
17. To learn to define spirituality from their personal perspective	63.6%	4	3 – 4
18. To learn to identify elements of spirituality	63.6%	4	3 – 4
19. To be exposed to experiential and reflective journaling to provide a platform to express their views about the experiences of spirituality in clinical practice and education	45.5%	3.50	3 – 4
20. To create awareness for proper understanding of spirituality	54.5%	4	3 – 4
21. To be allowed to have interactive day to share about spirituality	54.5%	4	3 – 4
22. To be allowed to have a spiritual and cultural day	63.6%	4	3 – 4
23. To be allowed to share their spirituality in Academic Research Clinical	45.5%	3.50	3 – 4
24. To be given a topic about spirituality and culture	54.5%	4	3 – 4
25. To engage in debates about spirituality, religion and culture in order to facilitate their critical reasoning	54.5%	4	3 – 4
26. To brainstorm about spirituality to get others' views	63.6%	4	3 – 4
27. Students need to engage in dialogue about spirituality and spiritual care during class so that they may raise their awareness about the two concepts in relation to health	72.7%	4	3 – 4
28. To invite guest lecturers to share spirituality information with students	54.5%	4	3 – 4

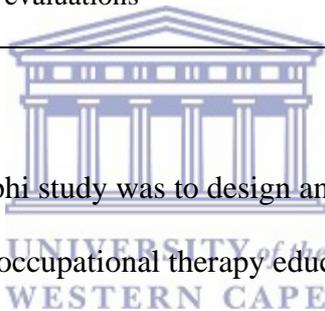
29. Guest speakers should be invited to share their knowledge about spirituality with students and educators as collaborators	63.6%	4	3 – 4
30. To be taught in class about spirituality through classroom lectures	54.5%	4	3 – 4
31. To learn from educators as role-models how to balance professional boundaries and personal lives and encouraging students to have openness, respect, tolerance and the courage to handle existential pain	54.5%	4	3 – 4
32. To be given an opportunity to work in groups to prepare presentations about spirituality	54.5%	4	3 – 4
33. To be involved in group discussions about spirituality and spiritual care	63.6%	4	3 – 4
34. To be exposed to small groups in class to express their views and misconceptions about spirituality in a supported and trusting relationship with educators and other students	72.7%	4	3 – 4
35. To be in an environment that promotes sharing about spirituality as it relates to diversity, connections with others, nature and self	72.7%	4	3 – 4
36. To be in an environment conducive to allowing reflection, group discussions and journal writing to promote learning	54.5%	4	3 – 4
37. To work in groups then use a case study to facilitate their understanding of spirituality in order to enhance their problem solving, critical thinking and collaboration	54.5%	4	3 – 4
38. Students' self-awareness should be increased to enable their personal spiritual development	63.6%	4	3 – 4
39. To be enabled to improve their self-reflection skills and knowing themselves more deeply	72.7%	4	3.75 – 4
40. To develop their own values and spirituality	72.7%	4	3 – 4
41. To be able to analyze their own and others' spiritual status in three dimensions of a relationship - with themselves, others, and with respect to faith, to enhance their spiritual assessment skills	63.6%	4	3 – 4
42. To be allowed to have awareness and self-discovery to enable them to sharpen their critical thinking skills about their own spirituality, education and practice	54.5%	4	3 – 4
43. To learn to use internet, online pedagogy and online tutorials to learn about spirituality and spiritual care	45.5%	3.5	2.75 – 4
44. To be exposed to online tutorials about spirituality	45.5%	3.5	2.75 – 4

Panel participants agreed that occupational therapy education needs to consider how to assess students understanding of spirituality and spiritual care. About two thirds of panel participants (63.6%) agreed that is important that students are assessed on their understanding of spirituality and religion. Therefore, slightly more than half of the panel participants (54.5%) agreed that reflective journals, assignment, case studies, clinical evaluations, written

and oral presentations could be used as assessment strategies as presented in Table 7 with median values ranging from 2 to 4.

Table 7 Assessment strategies for learning about Spirituality and Spiritual care

	Consensus	Median	Interquartile Range
1. To be assessed about spirituality and spiritual care by means of reflective journals, post-clinical conferences, knowledge of literature, and session evaluations	54.5%	4	3 – 4
2. To assess students' understanding of spirituality and religion	63.6%	4	3 – 4
3. To assess students' knowledge and understanding of spirituality using assignment	54.5%	4	3 – 4
4. Students' knowledge about spirituality and spiritual care should be assessed by means of self-report, written examination, written and oral presentations, standardized patient case studies, and clinical evaluations	54.5%	4	2 – 4



Discussion

The purpose of this modified Delphi study was to design and develop guidelines to integrate spirituality and spiritual care into occupational therapy education. Overall, a total of 126 items gained highest agreements based on the consensus, median values and interquartile ranges (Tables 1, 2, 3,4,5,6 and 7). The median values ranging from 2 to 4 shows how the panel participants agreed about the educational guidelines recommended in this study. These guidelines can be viewed as an initial support for occupational therapy educators and students when planning to integrate spirituality and spiritual care into occupational therapy education.

The findings of the current modified Delphi study highlighted that the educational guidelines need to incorporate content knowledge-based for spiritual well-being, spiritual coping, spiritual distress and spiritual needs. In agreement with the literature, the educational guidelines recommend that spirituality, spiritual care and religion need to be integrated into occupational therapy education from first- to fourth-year level. These educational guidelines corroborate with Calderia et al. (2016) who suggested that spirituality and spiritual care

should be included in the curriculum in order to promote holistic care. Additionally, these guidelines conform to previous studies which suggested that students in social work and medicine should examine religion and spirituality as an important aspect of human culture and existence (Bhagwan, 2002; Janse van Rensburg, 2014). In relation to the understanding of religion and spirituality, however, the educational guidelines recommend that spiritual diversity need to be part of occupational therapy education. A possible explanation for this guideline might be that the panel participants agreed on spiritual diversity because occupational therapy education appeared to promote an integrated approach to address spirituality and spiritual care. The integrated approach consists of moral and faith development-related issues, bio-psycho-social-spiritual journeys and critical view of individuals. The educational guidelines recommend that a theory of meaning of occupational engagement and spirituality need to be part of occupational therapy education. This recommendation is consistent with previous studies which indicated that there is a relationship between spirituality and occupational engagement (Mthembu et al., 2017b; Wilding, 2007; Wilding, Maye & Muir-Cochrane, 2005).

There were highest median values for agreements on the educational guidelines related to priorities, occupational performance and occupational choices resonate with Wilding et al. (2005) and Calderia et al. (2016) that spirituality forms the foundation of meaningful doing, coping and managing chronic illnesses like mental illness. The educational guideline recommends that occupational therapy students need to know that spirituality improves well-being and health of the client. This guideline is in agreement with Wilding et al.'s (2005) findings which showed that spirituality is a phenomenon that act as a life-sustaining. The current study highlights that an educational guideline related to the importance of clients' ritual as part of spirituality is crucial for occupational therapy education. This guideline accords with the Occupational Therapy Practice Framework, which

supported that clients' ritual forms an important aspect of performance patterns which enables engagement in occupations or activities (American Occupational Therapy Association [AOTA], 2014). AOTA's (2014) assertion corroborates the guideline from the current study which recommends that spirituality relates to enablers of occupation. This guideline highlights that occupational therapy education need to assist students with more knowledge about spirituality as an enabler. The results corroborate with Mthembu, Wegner, and Roman (2017b); Wilding (2007); as well as Johnston and Mayers (2005) who noted that spirituality seemed to be a driving force that motivates people to engage in their occupations. This suggests that occupational therapy educators could assist students to understand the significance of spirituality and how it relates to occupations. Additionally, this finding could be supported by the results of the study which reached consensus on the item "students should be aware of importance of spirituality in different fieldwork placements" (Table 2). This is supported by previous studies which indicated that spirituality plays an important role in therapy with individuals, families, groups, as well as in mental health and community (Hess & Ramugondo, 2014; Mthembu, Wegner & Roman, 2017b; Janse van Rensburg, 2014).

In this study, the highest median values indicated that students need to acquire skills related to spirituality and spiritual care in occupational therapy as illustrated in Table 3. The panel participants agreed that the educational guidelines need to ensure that students learn skills such as comprehensive history taking, assessment of spiritual needs, physical exam, active listening, sensitivity, age and stage, evidence-based research, self-care management, and ethical reasoning. The educational guidelines reflect previous studies which indicated that students should be assisted to improve their assessment of the patient across the life span and develop clinical reasoning regarding spirituality (Caldeira et al., 2016; Mthembu et al., 2016; Moreira-Almeida et al., 2014; Janse van Rensburg, 2014; Tanyi, 2006). The

educational guidelines of this study did show that active listening is a skill that students need to have in order to provide spiritual care. These educational guidelines further support the accentuation of AOTA (2014) which recommends the importance of therapeutic use of self to facilitate open communication and connection with clients. As a result, the students might be able to “develop a collaborative relationship with clients in order to understand their experiences and wishes for intervention” (AOTA, 2014, p. S12).

The educational guidelines scored highest median values from the present study and from previous studies indicated that ethics appear to be one of the crucial areas where spirituality and spiritual care might be integrated in health sciences education including occupational therapy education (Hess & Ramugondo, 2014; Becker, 2009; Bhagwan, 2002; Tanyi, 2006). The results of this study indicate that spirituality and spiritual care may be incorporated in studies of ethics. Hence the consensus among the panel participants highlighted the view that students may learn to recognize ethical, spiritual, and legal dimensions of occupational therapy practice. This may contribute to the body of knowledge in occupational therapy education regarding spirituality, spiritual care and ethics. Additionally, this is in agreement with the findings of Caldeira et al. (2016) who reported that the curricular units for inclusion of spirituality may include professional ethics. Freira and Moleiro (2015) and Janse van Rensburg (2014) highlight the importance of ethical considerations to promote respect and non-discrimination, and should be part of collaboration with a religious adviser.

Although there are concerns about pedagogical approaches for teaching spirituality and spiritual care to health professionals (Cruz et al., 2016; Caldeira et al., 2016; Bennett & Thompson, 2015; Baldacchino, 2015; Becker, 2009). However, the modified Delphi study identified transformational learning as a useful imperative approach. For example, in discussing the importance of transformational learning, panel participants agreed that

students should engage in dialogue about their understanding of spirituality as it incorporates cognitive and affective learning. It is difficult to explain this result, but it may have something to do with the highest agreement in the item “students should be aware what makes a person a spiritual being” that received a highest mean value. A possible explanation for this, however, is that “students should be able to provide holistic care based on knowledge of physiological, psychosocial, cultural, spiritual, and environmental dimensions” (Table 3). This educational guideline could be explained by the results of Bhagwan (2002) who reported that students need to be aware of their own spiritual and religious beliefs, practices and experiences as well as how it may influence their work with clients. Bennett and Thompson’s (2015) systematic review added that students may need to have information about both spirituality and good communication skills.



It was noteworthy that the panel participants reached a highest agreement about a variety of teaching and learning strategies for spirituality and spiritual care as well as their relevance in occupational therapy education. For example, in discussing the various teaching and learning strategies, the participants agreed that these strategies should include experiential learning, role plays, journals, debates, dialogue, guest lecturers, group discussions, and case studies. In addition, self-reflection was considered to be a learning strategy to foster students’ self-awareness regarding spirituality. In addition, self-reflection was considered as one of the important strategies in the educational guidelines. The teaching and learning strategies identified in the current study are consistent with those of previous studies which acknowledged drama, role playing, case study and discussion, searching databases and research analysis, self-reflection exercises, journaling, tutorial supervision, oral presentation about spirituality, group dynamics, film analysis and text analysis (Mthembu et al., 2016; Caldeira et al., 2016; Baldacchino, 2015; Bennett & Thompson, 2015).

Additionally, Baldacchino (2015) describes conceptual models which may enhance learning

about spirituality and spiritual care such as Kolb's experiential learning theory (1984), Gibbs' theory of reflective learning (Gibbs, 1998); and the ASSET model for Actioning Spirituality and Spiritual Care Education and Training in nursing (Narayanasamy, 1999). These models recommend possible actions that educators may use to integrate spirituality into health sciences education including occupational therapy.

The educational guidelines from the current study highlight the importance of assessing students' knowledge and understanding of spirituality and spiritual care in occupational therapy education. Previous studies reported that assessment of students' learning about spirituality and spiritual care seemed to be lacking in occupational therapy education (Mthembu, Wegner & Roman, 2017a). In contrast to earlier findings, however, the highest agreements in the present study provide evidence of assessment strategies that may be useful to assess students' understanding of and insight into spirituality and spiritual care. The educational guidelines recommended assessment strategies that occupational therapy educators need to use. These assessment strategies included: 1) portfolio of evidence, 2) assignment, 3) questionnaire and 4) observational standardized practical evaluation. These results are consistent with those of Bennett and Thompson (2015) who suggested that elements of spirituality could be incorporated in assignments where students practice spiritual assessment in a safe and conducive environment.

To our knowledge, this is the first use and reporting of a modified Delphi study to develop educational guidelines for integrating spirituality and spiritual care into occupational therapy education. Therefore, there are several limitations that must be kept in mind when considering the results of the modified Delphi study. First, only female participants responded and returned their responses and none of the male experts responded to the invitation to be part of the study. Their participation would have provided insight into men's understanding of, and consensus regarding, spirituality and spiritual care in occupational

therapy education. Second, by its nature, a Delphi study tends to be time consuming for participants which might have influenced the participation.

The hope is that this study will substantially provide occupational therapy educators and students with clear educational guidelines to integrate spirituality and spiritual care into educational programs. Therefore, the educational guidelines may also serve as the first step to inform transformation of occupational therapy curriculum to consider spirituality.

Additionally, the guidelines can inform the process of actioning the development of a position statement regarding spirituality in occupational therapy in the South African context.

In addition, the content and scope of the educational guidelines that were developed in this study have to be disseminated, implemented and evaluated to other institutions of higher learning to assess the applicability and be reviewed.



Conclusion

The purpose of this study was to provide educational guidelines which would inform the integration of spirituality and spiritual care into occupational therapy education in order to promote integrative education and holistic care. The educational guidelines highlighted the content knowledge-base of spirituality, spiritual care, spiritual well-being, spiritual diversity and spiritual needs. The current educational guidelines have gone some way towards providing teaching and learning strategies which are related to transformational learning pedagogical approach. This study will serve as a base for future studies and occupational therapy programs that seem to struggle with preparing occupational therapy graduates to be spiritually sensitive. Furthermore, the guidelines may help to promote better understanding of the diversity of spiritual beliefs, and practices related to spirituality and religion among individuals, groups and communities in South Africa. Further research needs to be done to evaluate the effectiveness of the educational guidelines.

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References

- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1–S48. <http://dx.doi.org/10.5014/ajot.2014.68200>
- Armstrong, J.S. (2001). *Principles of forecasting: A handbook for researchers and practitioners*. New York, USA: Springer Science + Business Media, LLC.
- Avella, J.R. (2016). Delphi panels: Research design, procedure, advantages, and challenges. *International Journal of Doctoral Studies*, 11, 305 – 321.
- Baldacchino, D. (2015). Spiritual care education of health care professionals. *Religions*, 6, 594–613; doi:10.3390/rel6020594
- Becker, A. (2009). Ethical considerations of teaching spirituality in the academy. *Nursing Ethics*, 16(6), 697 – 706.
- Bennett, V., & Thompson, M.I. (2015). Teaching spirituality to student nurses. *Journal of Nursing Education and Practice*, 5(2), 26 – 33.
- Bhagwan, R. (2002). *The role of religion and spirituality in social work practice: Guidelines for curricula development at South African schools of social work*. PhD Thesis. University of KwaZulu-Natal, Durban, South Africa.
- Borneman, T., Ferrell, B., & Puchalski, C.M. (2010). Evaluation of the FICA tool for spiritual assessment. *Journal of Pain and Symptom Management*, 40(2), 165 – 173. doi:10.1016/j.jpainsymman.2009.12.019

- Boulkedid, R., Abdoul, H., Loustau, M., Sibony, O., & Albert, C. (2011). Using and reporting the Delphi method for selecting healthcare quality indicators: A systematic review. *PLoS ONE*, 6(6): e20476, 1 – 9. doi:10.1371/journal.pone.0020476
- Brémault-Phillips, S., Olson, J., Brett-Maclean, P., Oneschuk, D., Sinclair, S., Magnus, R., Weis, J., Abbasi, M., Parmar, J., & Puchalski, C.M. (2015). Integrating spirituality as a key component of patient care. *Religions*, 6, 476–498; doi:10.3390/rel6020476.
- Caldeira, S., Figueiredo, A.S., da Conceição, A. P., Ermel, C., Mendes, J., Chaves, E., de Carvalho, E.C., & Vieira, M. (2016). Spirituality in the undergraduate curriculum of nursing schools in Portugal and São Paulo-Brazil. *Religions*, 7, 134; doi:10.3390/rel7110134.
- Cruz, J.P., Alshammari, F., Alotaibi, K.A., & Colet, P.C. (2017). Spirituality and spiritual care perspectives among baccalaureate nursing students in Saudi Arabia. *Nurse Education Today*, 49, 156 – 162.
- Custer, R.L., Scarcella, J.A., & Stewart, B.R. (1999). The modified Delphi technique – A rotational modification. *Journal of Career and Technical Education*, 15(2), doi:http://dx.doi.org/10.21061/jcte.v14i2.702
- Egan, M., & Swedersky, J. (2003). Spirituality as experienced by occupational therapists in practice. *American Journal of Occupational Therapy*, 57, 525 – 533.
- Eubank, B.H., Mohtadi, N.G., Lafave, M.R., Wiley, P., Bois, A.J., Boorman, R.S., & Sheps, D.M. (2016). Using the modified Delphi method to establish clinical consensus for the diagnosis and treatment of patients with rotator cuff pathology. *BMC Medical Research Methodology*, 16 (56), 1 – 15. doi 10.1186/s12874-016-0165-8
- Freire, J., & Moleiro, C. (2015). Religiosity, spirituality, and mental health in Portugal: A call for a conceptualisation, relationship, and guidelines for integration (a theoretical

review). *Revista Psicologia*, 29(2), 17 – 32. doi:

<http://dx.doi.org/10.17575/rpsicol.v29i2.1006>

Garland, R. (1991). The mid-point on a rating scale: Is it desirable? *Marketing Bulletin*, 2, 66 – 70. (Research note 3).

Gibbs, G. (1988). *Learning by doing: A guide to teaching and learning methods*. Oxford, England: Further Education Unit Oxford Polytechnic.

Green, K., Armstrong, J.S., & Graefe, A. (2007). Methods to elicit forecasts from groups: Delphi and prediction markets compared. *Foresight*, 8, 17 – 20.

Hasson, F., Keeney, S., & McKenna, H. (2000). Research guidelines for the Delphi survey technique. *Journal of Advanced Nursing*, 32, 1008-1015.

Hemphill, B. (2015). Spiritual assessments in occupational therapy. *The Open Journal of Occupational Therapy*, 3(3) Article 9, 1 - 16. doi:10.15453/2168-6408.1159

Henriksen, R.C., Polonyi, M.A., Bornsheuer-Boswell, J.N., Greger, R.G., & Watts, R.E. (2015). Counseling students' perceptions of religious/spiritual counselling training: A qualitative study. *Journal of Counseling & Development*, 93, 59 – 69.

doi:10.1002/j.1556-6676.2015.00181.x

Hess, K.Y., & Ramugondo, E. (2014). Clinical reasoning used by occupational therapists to determine the nature of spiritual occupations in relation to psychiatric pathology. *British Journal of Occupational Therapy*, 77(5), 234 –242.

doi:10.4276/030802214X13990455043449

Hoyland, M., & Mayers, C. (2005). Is meeting spiritual need within the occupational therapy domain? *British Journal of Occupational Therapy*, 68(4), 177 – 180.

Hsu, C., & Sandford, B.A. (2007). The Delphi technique: Making sense of consensus. *Practical Assessment, Research & Evaluation*, 12(10), 1 – 8.

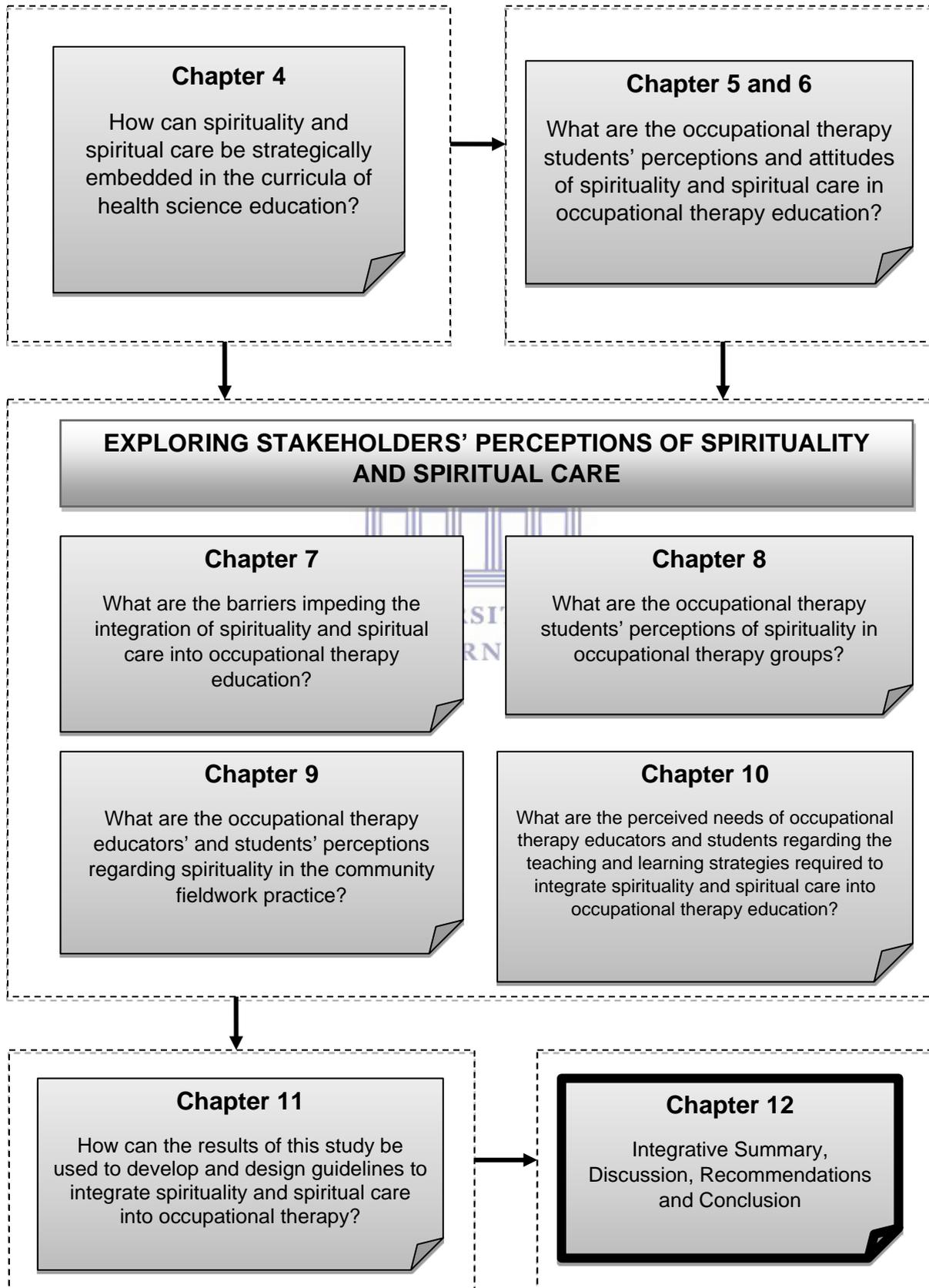
- Janse van Rensburg, A.B.R. (2014). South African society of psychiatrists' guidelines for the integration of spirituality in the approach to psychiatric practice. *South African Journal of Psychiatry*, 20(4), 133 – 139. doi: 107196/SAJP.593
- Johnston, D., & Mayers, C. (2005). Spirituality: A review of how occupational therapists acknowledge, assess and meet spiritual needs. *British Journal of Occupational Therapy*, 68(9), 386 – 392.
- Jones, J. (2016). *A qualitative study exploring how occupational therapists embed spirituality into their practice*. Doctoral thesis. Queensgate, Huddersfield, England. University of Huddersfield.
- Khosrow,-Pour, M. (2015). *Encyclopedia of information science and technology*. (3rd ed.). Hershey, PA: Information Science Reference.
- Kirsh, B., Dawson, D., Antolikova, S., & Reynolds, L. (2001). Developing awareness of spirituality in occupational therapy students: Are our curricula up to the task? *Occupational Therapy International*, 8(2), 119–25.
- Keenay, S., Hasson, F., & Mckenna, H. (2006). Consulting the oracle: Ten lessons from using the Delphi technique in nursing research. *Journal of Advance Nursing*, 53(2), 205 – 212.
- Kolb, D.A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall.
- Morris, D. N., Stecher, J., Briggs-Peppler, K. M., Chittenden, C. M., Rubira, J., Wismer, L. K. (2014). Spirituality in occupational therapy: Do we practice what we teach? *Journal of Religion and Health*, 53(1), 27–36. doi:10.1007/s10943-012-9584-y.
- Moreira-Almeida, A., Koenig, H.G., & Lucchetti, G. (2014). Clinical implications of spirituality to mental health: review evidence and practical guidelines. *Revista Brasileira de Psiquiatria*, 36, 176 – 182. doi:10.1590/1516-4446-2013-1255

- Moreira-Almeida, A., Sharma, A., Janse van Rensburg, B., Verhagen, P.J., & Cook, C.C.H. (2016). World Psychiatry Association (WPA) Position statement on spirituality and religion in psychiatry. *World Psychiatry, 15* (1), 87-88.
- Mthembu, T.G., Wegner, L., & Roman, N.V. (2017a). Barriers to integration of spirituality and spiritual care in occupational therapy education in a South African context. *Journal of Spirituality in Mental Health, 19*(1), 61 – 79.
doi:10.1080/19349637.2016.1206843
- Mthembu, T.G., Wegner, L., & Roman, N.V. (2017b). Exploring occupational therapy students' perceptions of spirituality in occupational therapy groups: A qualitative study. *Occupational Therapy in Mental Health, 33*(2)
<http://dx.doi.org/10.1080/0164212X.2016.1245595>
- Mthembu, T.G., Wegner, L., & Roman, N.V. (2016). Teaching spirituality and spiritual care in health sciences education: A systematic review. *African Journal for Physical Activity and Health Sciences, 22*(41), 1036–1057.
doi:10.1080/10743399.2016.1191111
- Narayanasamy, A. (1999). ASSET; A model for actioning spirituality and spiritual care education and training in nursing. *Nurse Education Today, 19*, 274 – 285.
- Polatjako, H.J., Townsend, E.A., & Craik, J. (2007). The Canadian Model of Occupational Performance and Engagement. In E.A. Townsend & H.J. Polatjako, *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation* (p.23). Ottawa, ON, Canada: CAOT Publications ACE.
- Puchalski, C.M., Vitillo, R., Hull, S.K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine, 17*(6), 642- 656 doi: 10.1089/jpm.2014.9427.
- Puchalski, CM. (2001). Spirituality and health: The art of compassionate medicine. *Hospital Physician, 37*, 30 -36.

- Skulmoski, G.J., Hartman, F.T., & Krahn, J. (2007). The Delphi method for graduate research. *Journal of Information Technology Education*, 6, 1-21.
- Statistical Package for the Social Sciences (SPSS). (2016). *SPSS 23 for windows*, Chicago, Illinois, USA: SPSS, Inc,
- Sumsion, T., Tischler-Draper, L., & Heinicke, S. (2011). Chapter 7 Applying the Canadian Model of Occupational Performance. In Duncan, E.A,S. (Ed).*Foundations for Practice in Occupational Therapy*. (5thed.). pp 81-91. Edinburgh, Scotland: Churchill Livingston. Elsevier.
- Tanyi, R.A. (2006). Spirituality and family nursing: Spirituality assessment and interventions for families. *Journal of Advanced Nursing*, 53(3), 287 -294.
- Thompson, B.E., & MacNeil, C. (2006). A phenomenological study exploring the meaning of a seminar on spirituality for occupational therapy students. *The American Journal of Occupational Therapy*, 60(5), 531 – 539.
- Wilding, C. (2007). Spirituality as substance for mental health and meaningful doing: A case illustration. *The Medical Journal Australia*, 186(10), 67.
- Wilding, C. May, E., & Muir-Cochrane, E. (2005). Experience of spirituality, mental illness and occupation: A life-sustaining phenomenon. *Australian Occupational Therapy*, 52, 2 – 9.
- World Health Organization (WHO) (2015). *World Health Organization definition of palliative care*. Available: 2017/06/12: Time: 05:17PM. Online: <http://www.who.int/cancer/palliative/definition/en/>

CHAPTER TWELVE

INTEGRATIVE SUMMARY AND DISCUSSION, RECOMMENDATIONS AND CONCLUSION



12 Introduction

Chapter Twelve marks the end of the second phase of the design-based research in which the guidelines to integrate spirituality and spiritual care into occupational therapy education were designed and developed. The aim of this two-phase design-based research is to present a set of design guidelines that could be used as part of an approach to integrate spirituality and spiritual care into occupational therapy education. The study addresses the research question: How can spirituality and spiritual care guidelines be developed in the context of occupational therapy education?

In this chapter (Chapter 12), an integrative summary of the eight studies constituting the research project is presented and discussed. The results of this study indicate that both spirituality and spiritual care appear to be enablers of Education for Sustainable Development (ESD), which supports reorienting educational programmes as well as developing public understanding and awareness (UNESCO, 2005 – 2014; UNESCO, 2017). In the phases of design-based research, a theoretical framework plays an imperative role in addressing inherent educational problems which exist in practice and in the real world. The integrative summary links with the five pillars of education in the theoretical framework presented in the current study. These pillars are *learning to be*; *learning to do*; *learning to get to know or to learn*, *learning to live or to live together* (Dolers et al., 1996; Nan-Zhoa, 2005; UNESCO, 2002; UNESCO the International Implementation Scheme [IIS], 2006) and *learning to transform oneself and society* (UNESCO, 2005 – 2014; Renigere, 2012). These five pillars of education are discussed to respond to the objectives of the study because “they form an integrated whole and should ideally be present in all

pedagogical encounters and curricula as a whole” (Scatolini, Maele & Bartholomé, 2010, p.134). The following diagram illustrates the pillars of education (Figure 12:1)

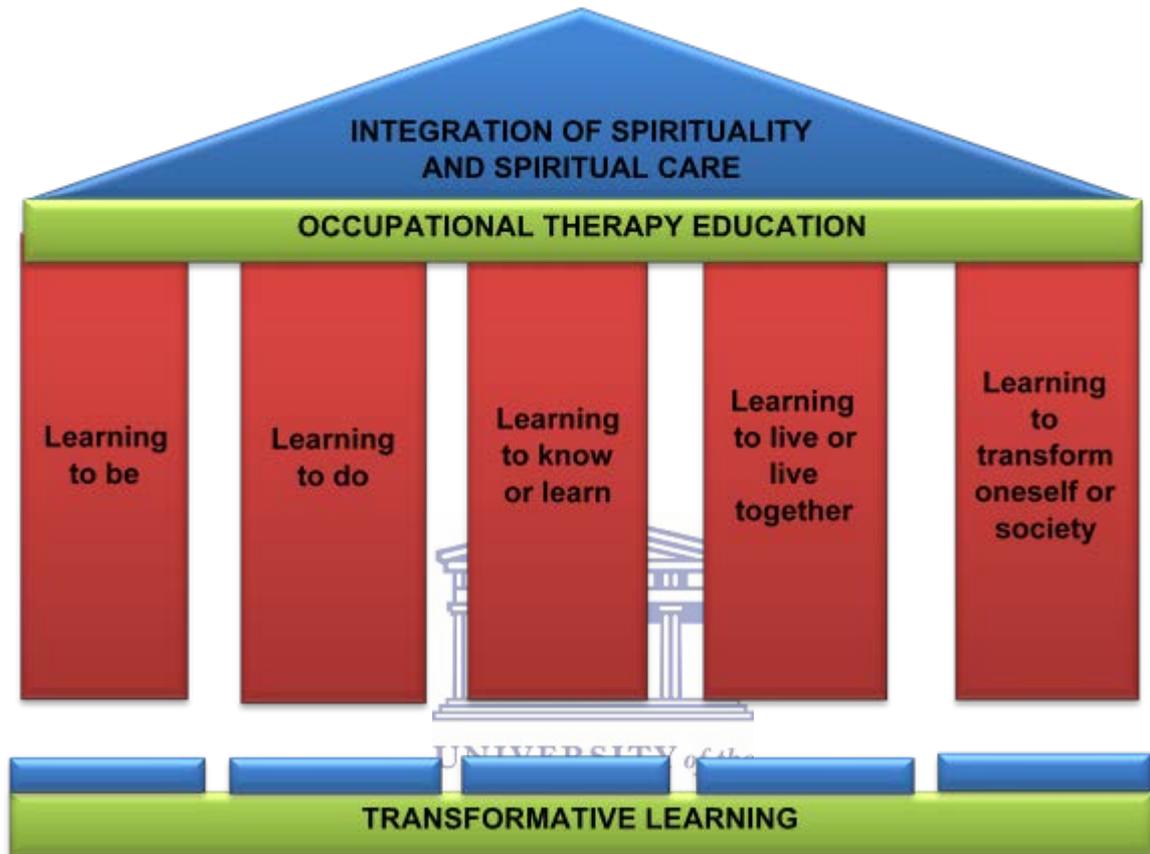


Figure 12:1: Pillars of education and learning.

Table 12:1 presents a summary of the sequential exploratory mixed method two-phase design-based research used in the current study. The recommendations that emerge from the two phases and their implications for a health policy for spirituality and spiritual care, the Occupational Therapy Association South Africa (OTASA), occupational therapy practice, education, and future research, are presented in this chapter. Lastly, a concluding statement for the thesis is presented.

Table 12:1: Summary of the objectives of sequential mixed methods within the two-phase design-based research

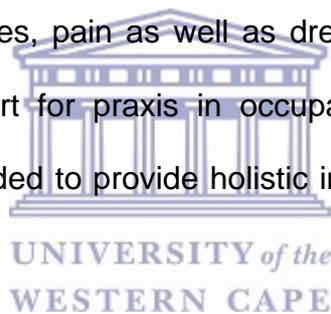
STUDY OBJECTIVE	PHASE & STAGE OF THE STUDY; RESEARCH METHOD	OUTCOME/OUTPUT	MANUSCRIPT APPROACH TAKEN	REFERENCE
To systematically review previous literature concerning strategies used to integrate spirituality and spiritual care into health sciences education in order to improve practice	Phase One: Stage 1 Systematic review	Quality scores of appraised quantitative and qualitative studies.	The process of systematic review and critical appraisal. Submitted for review and published.	Chapter 4
To explore occupational therapy students' perceptions and attitudes regarding spirituality and spiritual care in occupational therapy education	Phase One: Stage 2	Descriptive results on the perceptions and attitudes of spirituality and spiritual care in occupational therapy education expressed by occupational therapy students.	A description of occupational therapy students' perceptions and attitudes of spirituality and spiritual care in occupational therapy education. Published in journal relevant to spirituality.	Chapter 5
	Phase One: Stage 2	Exploratory factor analysis and Cronbach. Reliable measurements for spirituality	Applicability of the instruments was assessed. Published in specific-discipline journal.	Chapter 6
To explore perceptions of educators and students about spirituality and spiritual care in occupational therapy education	Phase One: Stage 3	Barriers to teaching spirituality in the classroom; barriers to spirituality in fieldwork practice and barriers to spirituality at a personal level	Barriers explored in a qualitative approach. Published in journal of spirituality	Chapter 7
		Occupational group therapy as a vehicle for spirituality; spiritual journey in occupational therapy groups; engaging in occupations facilitates spirituality; and makes use of the resources to service the driver and vehicle.	Spirituality in occupational therapy groups explored in qualitative approach. Published in discipline-specific journal.	Chapter 8
		Students' exposure to spirituality in community settings, community development strategies and perceived enablers of spiritual occupations	Spirituality in community fieldwork process explored in qualitative approach. Published in discipline-specific journal.	Chapter 9
		"We actually use transformative learning as a pedagogical approach," and "We need philosophical guidelines for integrating spirituality"	Educators' and students' needs for spirituality in occupational therapy. Under review in journal.	Chapter 10
To develop and design guidelines for integrating spirituality and spiritual care into occupational therapy education	Phase Two: Three-Round Delphi Process	Guidelines to integrate spirituality and spiritual care into occupational therapy education	Levels of agreement for guidelines are described in this paper. Accepted in a discipline-specific journal.	Chapter 11

12.1 Learning to be

This pillar of education and learning encourages discovery and experimentation. It has been indicated that '*learning to be*' is related to the education for sustainable development, which promotes holistic development in all dimensions including mind and body, intelligence, sensitivity, aesthetic appreciation and spirituality (Dolers et al., 1996; Nan-Zhoa, 2005). This pillar provides possible reasons for considering spirituality as part of occupational therapy education and practice in order to promote health, well-being and quality of life. The results of the current study show that both autonomy and empathy were considered very important in occupational therapy groups to ensure that group members were provided with opportunities to participate in a journey of discovery. These results could be explained by the fact that the participants perceived group members as people who can exercise their human rights. This finding corroborates the education for sustainable development of UNESCO (2005 – 2014), which suggests that people should be given opportunities to develop personality, self-identity, self-knowledge and self-fulfilment. An implication of this is the possibility that the participants could have an understanding of group members' development.

The findings of the current study indicate that the person-centered and humanistic approaches may be used for teaching and learning to allow group members, families and students to gain self-knowledge. A possible explanation for some of these findings may be the by the relationship between spirituality and person-centred as both highlight the importance of inner being. This explanation resonates with the '*learning to be*' pillar of education which emphasises learning to be human through the acquisition of knowledge, skills and values conducive to personality development

in its intellectual, moral, spiritual, cultural and physical dimensions (Nan-Zhao, 2005). Another possible explanation for this is that the present study confirms previous findings and contributes additional evidence that suggests reorienting occupational therapy education in order to integrate spirituality and spiritual care. This also corroborates Morris's (2007) suggestion that occupational therapy education assists in preparing graduates for the importance of spirituality and spiritual care. The results of this research support the idea that occupational therapy students and clinicians should learn to enable individuals to share their emotions through reflections during occupational therapy intervention. It seems possible that these results are due to the understanding of spiritual care to promote practising compassionate presence and listening to clients' fears, hopes, pain as well as dreams (Puchalski, 2001). These results further provide support for praxis in occupational therapy education and practice to gain the skills needed to provide holistic integrative care as part of learn by doing.



12.2 Learning to do

This pillar refers to the acquisition of practical skills, and to developing an aptitude for teamwork and initiative, as well as a readiness to take risks (Scatolini et al., 2010). Additionally, '*learning to do*' is about the competence of putting what we have learned into practice to act creatively within our environment. In the current study, it was found that the occupational therapy students integrated the theory of community development and strategies and, together with spirituality, initiated its practice through community entry (Mthembu, Wegner & Roman, 2017c). The findings of this study showed that the occupational therapy students were able to apply their knowledge to solve diverse problems within the communities where they were

practising. A possible explanation for some of the results may be that the occupational therapy students were able to communicate their knowledge confidently and effectively with stakeholders such as community members, teachers as well as learners. This finding supports UNESCO's (2017, p.18) learning objective which states that students should "apply the acquired knowledge in everyday situations to promote sustainable development". The findings of the current study indicate that occupational therapy students appear to have positive perceptions and attitudes about spirituality and spiritual care in occupational therapy education. It might be that these students benefitted from the communities in order to enhance their individual learning and critical reflection.



The results of this study show that the agreement level of the students was low in relation to their confidence in addressing clients' spiritual needs. This appears to be an area that needs more attention and input to enhance students' knowledge and skills for addressing spirituality and spiritual care as part of occupational therapy. Holland (2012) highlights the importance of professional confidence as a critical issue that should be experienced by occupational therapy students before graduation.

The current study found that occupational therapy students are struggling to conduct a routine spiritual assessment as part of fieldwork practice. This means that the '*learning to do*' pillar of education and knowledge is inhibited as the occupational therapy students are lacking practical skills and competencies to assess spirituality. A possible explanation for these results may be the lack of guidance, knowledge and skills to perform the spiritual assessment while in the classroom and in fieldwork

practice. This reflects a definite need for occupational therapy educators and students to gain knowledge and skills regarding routine spiritual assessment. These findings are consistent with those of other studies that suggest that occupational therapy educators, students and clinicians should be exposed to spiritual assessments in order to promote a person-centred approach (Hemphill, 2015; Morris, 2007). This research will enable the students, educators and clinicians to enhance their knowledge regarding effective spiritual innovations when providing occupational therapy services. According to Fond (2016), spiritual innovations refer to the activities that people may engage in which are related to symbolism and ritual. These activities seem to help people suffering from traumas and illness that affect the mind, body and spirit. By exposing occupational therapy students to understanding of spiritual assessment would contribute to their understanding of disharmony among the elements of holistic approach the mind, body and spirit. Some of the issues emerging from this finding relate to specifically to the need to understand the barriers to integrating spiritual assessment in occupational therapy education and fieldwork.

The results of this study show that there are barriers that impede the integration of spirituality and spiritual care into classrooms and fieldwork placements. These barriers are related to teaching spirituality in the classroom; spirituality in fieldwork practice and spirituality at a personal level. The findings show that, in general occupational therapy educators and students seem to have trouble with spirituality. In addition, the findings indicate that the students find it difficult to differentiate between spirituality and religion; as a result their terminology is not explicit. There are similarities between these findings and those identified in other health

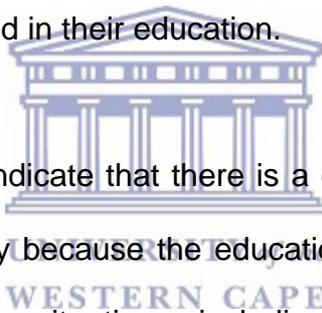
professions such as nursing (McSherry, 2006) and social work (Bhagwan, 2002). These findings are in agreement with the findings of studies by Mthembu, Ahmed, Nkuna and Yaca's (2015) and Mthembu, Wegner and Roman's (2017a) which show that occupational therapy students are unprepared to assess spirituality because integrate spirituality into occupational therapy education poses a challenge. This contributes to the need to get to know and learn about spirituality and spiritual care.

12.3 Learning to get to know or to learn

This pillar refers to the basic knowledge that we need to be able to understand our environment and to live with dignity. It is also about arousing curiosity and allowing us to experience the pleasures of research and discovery (Scatolini et al., 2010). The evidence from the current study indicates that there is a paucity of guidelines to integrate spirituality and spiritual care into health sciences education including occupational therapy. In order to address this, the findings of the current study suggest possible content knowledge areas that may be considered. These areas are concept analysis, spiritual competence, person-centred attributes and barriers, evidence-based practice diversity, cultural beliefs, human occupation, social justice and ethics. The findings support a previous study into teaching spirituality amongst nursing students, which links spirituality with health and well-being (Bennet & Thompson, 2015). The evidence from this study suggests that occupational therapy educators may adopt the areas identified when integrating spirituality in education.

On the question of strategies for teaching spirituality and spiritual care, the current study produces results which corroborate the findings of much of the previous work in this field. Lessons, seminars and small group discussions emerge as reliable and

effective methods to augment learning and curiosity by providing students with an opportunity to research and discover information on spirituality. In relation to integration of spiritual care in occupational therapy education, the present study indicates that spiritual care should be reinforced in occupational therapy education with a mean value of $M=4.76$ ($SD=1.08$) compared to a recent study by Cruz, Alshammari, Alotaibi and Colet (2017) which reports a mean value of $M=3.76$ ($SD=1.58$) from nursing students. It may be that the occupational therapy students perceived that having understanding of and insight into spiritual care could assist them to help clients to heal from sufferings. These results suggest that knowledge and skills in relation to spirituality and spiritual care amongst occupational therapy students should be incorporated in their education.



Shirimal and Sharma (2012) indicate that there is a discrepancy between the world of work and the world of study because the education system tends to isolate and not take into account real life situations, including spirituality, in respect of the students. To address this gap, the current findings add substantially to our understanding of spirituality and spiritual care in occupational therapy groups and communities in fieldwork as part of real life. This corroborates UNESCO's (2017) learning objective of goal 4, which indicates that quality education should provide opportunities for a humanistic and holistic approach to education as well as education for sustainable development. It is thus imperative for occupational therapy educators to emphasise the humanistic and holistic approaches. This could help to promote students' intellectual, social, moral, cultural and physical dimensions in learning to cooperate with other people in all activities.

12.4 Learning to live or to live together

This pillar refers “to developing an understanding of others through dialogue leading to empathy, respect, and appreciation. Yet if we are to understand others, we must first know ourselves” (Scatolini et al., 2010, p.134). Nan-Zhao (2005, p.2) refers to ‘*learning to live together*’ as “knowledge and understanding of self and others; appreciation of the diversity of the human race and an awareness of the similarities between, and the interdependence of, all humans; empathy and cooperative social behaviour in caring and sharing; respect for other people and their cultures and value systems; capability of encountering others and resolving conflicts through dialogue; and competency in working towards common objectives”. This pillar resonates with emotional intelligence which promotes reasoning, empathy, and respects for other people.



Previous studies indicate that collective participation is very important when people learn to live together in order to foster critical consciousness, self-reflection and social change (Bauma, MacDougall & Smith, 2006; MacDonald, 2012; Delors, 2013). The results of the current study indicate that occupational therapy students agreed that spiritual care incorporates respecting privacy, dignity and the religious and cultural beliefs of individuals, groups and communities (Mthembu, Roman, & Wegner, 2016). This accords with the Constitution of the Republic of South Africa (1996, p.8 & 16) which stipulates that “everyone has the right to enjoy their culture, practise their religion or linguistic and use their language as well as freedom of conscience, religion, thought, belief and opinion”.

UNESCO (2017) states that students should be able to interact with people suffering

from illness, and feel empathy for their situation and feelings as part of Goal 3 of good health and well-being. This concurs with the current study, as the occupational therapy students were able to provide services to clients with mental health illnesses (Mthembu, Wegner & Roman, 2017b). Additionally, the findings of study indicate that the community development approach, in particular locality, was applied by valuing the role of communities to identify their needs and assets (Mthembu, Wegner & Roman, 2017c). This finding corroborates the ideas of Hess and Ramugondo (2014, p.241), who suggest that “considering people as a resource assists in making decisions towards facilitating their spiritual occupations”. These findings further support the idea of MacDonald (2012), who indicates that recognition of people as social beings within political, economic and social contexts appears to strengthen the pillar of learning to live together. However, the findings of the present study found that spirituality appears to be a driving force that motivates community members and occupational therapy students to engage in occupational performance and become aware of the dynamics within a community.



It is evident from the results of the current study that occupational therapy students formed a collaborative-partnership with community members, which promotes the pillar of '*learning to live together*' and collective participation. This finding concurs with Goal 4 of quality education, which promotes that students should be able to plan, implement and evaluate community-based sustainability projects (UNESCO, 2017). Occupational therapy students participated in the Acts of Random Kindness project that was initiated by a local primary school together with learners, as part of the community project (Mthembu et al., 2017c). Their findings corroborate UNESCO (2017), which states that students should promote empowerment of young people in

communities. The findings of the present study indicate that the students participated in, and influenced, the decision making processes as part of their community fieldwork. As a result, the occupational therapy students gained more knowledge about the spirituality and spiritual occupations in which community members engage. This assisted the students to enhance their personal and professional growth as well as increasing their confidence regarding the importance of spirituality in communities to facilitate living together.

There are similarities between the perceptions and attitudes expressed by occupational therapy students and educators in this study and those described by Scatolini et al. (2010). These studies indicate that humans tend to learn to be humans through mutual contact with other humans in life. As a result, this study has shown that occupational therapy education is grounded in humanistic and population approaches in order to promote 'Ubuntu' philosophy and collective occupations (Mthembu et al., 2017c). This finding provides insight into the relationship between occupational therapy fieldwork in communities and spirituality, as it enables students to learn the importance of networks and connections.

The present study has shown that spirituality in occupational therapy groups may be used as an enabler to motivate group members to engage in meaningful occupations and tap into their spiritual needs. The findings corroborate the findings of the previous study by Bryant, Craik and McKay (2004) who found that promoting a sense of belonging and meaningful occupation tends to enhance the connection among clients with mental health illness. The finding corroborates Ramugondo's (2009) notion of occupational consciousness that should be used to foster graduates'

engagement with individuals, groups and communities who seem to experience occupational injustices. It is noteworthy that the findings of the current study highlight the significance of spirituality within families of group members who attended occupational therapy groups. This result may be explained by the sense of humanism, which promotes coming together as part of spirituality (UNESCO, 2017; Mthembu et al., 2017b).

12.5 Learning to transform oneself and society

This pillar refers to the empowerment of people to reflect critically on their own communities and develop abilities to assume responsibility for creating, as well as enjoying, sustainable lifestyles and futures (UNESCO, 2005 – 2014). However, Renigere (2012) states that in the nursing profession, this pillar seems to be relatively low importance. Renigere (2012) highlights that *'learning to transform oneself and society'* is related to transformative education. It has been indicated that transformative learning enhances people's thinking, feelings and behaviour (Bennet & Thompson, 2015; Renigere, 2012). The findings provide useful insight into the pedagogical approaches that might be applied to respond to recent studies which highlight the need for embedding spirituality and spiritual care in teaching practice (Mthembu, Wegner & Roman, 2017a; Jones, 2016; Morris, 2007). The findings from this study indicate that the occupational therapy educators and students appear to use diverse teaching and learning approaches, which are related to transformative learning. These teaching and learning approaches are experiential learning, reflective practice, interactive and discovery learning which promote the development of students' intellectual capacities and deeper learning abilities

(Chilemba, 2013). It is clear that students become empowered and independent in their learning if educators consider these approaches.

The current study found that both self-reflection and critical reflection were activities that give occupational therapy students the opportunity to think about issues related to spirituality and spiritual care during fieldwork in communities and groups. It could be argued that these activities enhance occupational therapy students' spiritual awareness so that they may connect with themselves and their external environment. This could be well related to the students' experiences during fieldwork as they were able to reflect on their learning gained in communities and groups. The findings are in agreement with Bennet and Thompson (2015) who showed that students tend to become critical thinkers and be sensibly as well as ethically responsible. It is evident from the findings of the current study that the dialogue about spirituality and spiritual care has raised awareness among occupational therapy educators and students. As a result, the findings support personal and professional development that enhances the educators' and students' own spirituality as part of self-awareness. It could further reinforce educators' and students' self-knowledge in order to connect with their inner being.

The present study found that journaling and critical reflection facilitated '*learning to transform oneself and society*' during community fieldwork as part of experiential learning and reflective practice. The finding provides additional evidence that suggests that both student-centred learning and self-reflection provide opportunities for occupational therapy students to be attentive to their own spirituality as occupational and spiritual beings. This could be related to spiritual care because the

students learn about their spiritual needs. It is difficult to explain this result, but it might be related to that delivery of education for spiritual care can contribute to appreciation of cultural diversity, human rights, peace and non-violence in communities. The findings resonate with the socio-emotional learning objective of goal 16 in education for sustainable development and the field outcomes of South African Qualifications Authority (SAQA, 2006; UNESCO, 2017). These outcomes reinforce that students should be “able to reflect on their own personal belonging to diverse groups, their access to justice and their shared sense of humanity” (UNESCO, 2017, p.42).

12.6 Recommendations from the study findings

This research project has been situated within the pragmatic worldview that necessitates the identification of a problem, and finding truth and possible actions which may be used as evidence to bring about change in occupational therapy. In this section, recommendations that are of relevance to a health policy for spirituality, OTASA, occupational therapy practice, education and future research, are provided.

12.6.1 *Recommendations for health policy for spirituality and spiritual care*

As shown in Chapter 7, the study found that students were concerned about crossing boundaries and infringing the rules of the hospitals which provide their clinical education. It is recommended that the Department of Health should reinforce integration of spirituality and spiritual care into healthcare in order to promote a supportive environment for integrative care. In addition, the Department of Health should establish intersectoral collaboration with Traditional Affairs, Faith

Organisations and Non-Governmental Organisations as well as community organisations, to develop a health policy for spirituality. The health policy for spirituality should accentuate the importance of spirituality as part of integrative and holistic care for all stages of human development. Additionally, the health policy for spirituality and spiritual care should be incorporated into existing policies such as Batho Pele Principles to enhance transformation of health services as part of *'learning to live or live together'* (Department of Public Service and Administration (DPSA), 1997). The health policy for spirituality and spiritual care should take into account the importance of integrating spiritual history assessments into health facilities as part of their daily routine. This health policy for spirituality and spiritual care should enhance *'learning to do'* where health professionals could improve their competencies and skills to promote quality of life.

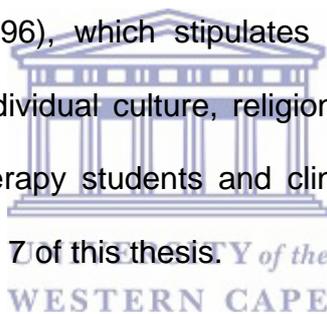


12.6.2 Recommendations for the Occupational Therapy Association South Africa

The findings of this study have a number of important implications for occupational therapy education and practice. There is a definite need for the Occupational Therapy Association South Africa (OTASA) to draft a position statement on the importance of spirituality and spiritual care in occupational therapy. It is recommended that the position statement should support and promote holistic and person-centred approaches in the occupational therapy profession. In addition, the position statement should highlight the importance of biopsychosociospiritual and humanistic approaches as foundations of the profession. This would assist in raising awareness for occupational therapy educators, students, and clinicians to respect

and to be sensitive to the clients', families', groups' and communities' spiritual needs and beliefs systems.

OTASA with support of the HPCSA as a regulator of the profession in South Africa, should promote the integration of spirituality into the scope of practice, and educational minimum standards. Consequently, occupational therapists in management positions, as well as educators and students could all consider integrating spirituality into practice as part of socio-cultural diversity. This could be done in conjunction with the Department of Health to acknowledge spirituality as an important component of being human. It resonates with the Constitution of the Republic of South Africa (1996), which stipulates that people have the right to practise and exercise their individual culture, religions and languages. As a result, this may put occupational therapy students and clinicians at ease regarding their concerns described in Chapter 7 of this thesis.



12.6.3 *Recommendations for practice*

As embodied in Chapter 7, occupational therapy students are concerned about hospital rules, protocols and the high patients' turnover rate as barriers that hamper the integration of spirituality and spiritual care into practice. In addressing these barriers in hospital settings, Tiew (2011, p.203) recommends that "management should incorporate spirituality characteristics or modify organisational policies and guidelines for spiritual care". It is recommended that fieldwork expectations should incorporate spiritual history assessment as part of the comprehensive care and routine assessment.

In the systematic review (Chapter 4), only six studies suggest that the person-centred approach should be considered as the basis for a holistic approach that includes mind, body and spirit. The evidence presented in Chapter 8 provides valuable insight from which these recommendations emerge. It is recommended that occupational therapy students should learn to reflect on “how spirituality and spiritual care may influence health, diseases and disability of the patients, families and communities” (Mthembu, Wegner & Roman, 2016, p.1043). As a result, this recommendation promotes the pillar of *‘learning to live or live together’*.

Occupational therapy students and clinicians should learn to work within a multi-disciplinary team so that they will be able to refer patients to the relevant team members. As shown in Chapter 4, and supported by Hess and Ramugondo (2014), people are considered to be valuable resources with which to promote spirituality. Chapter 4 recommends referral of clients to pastoral care and ministers of faith. This highlights the importance of assets-based practice, which may use all resources available to promote integrative care for the benefit of the clients and healthcare professionals.

12.6.4 *Recommendations for occupational therapy education*

There is an urgent need to deliberate the integration of spirituality and spiritual care in occupational therapy education in South Africa and globally in order to improve practice. This need has been recognised in occupational therapy literature (Hoyland & Mayers, 2005; Hess & Ramugondo, 2014) which corroborates the findings of the current study (see Chapters 8 and 11) (Mthembu, Wegner & Roman, 2017a). The ability to understand the importance of spirituality and spiritual care relies heavily on

the capabilities of the occupational therapy educators, students and clinicians to enhance their knowledge and skills base. This needs a worldview shift within philosophies and lenses of occupational therapy education. It is therefore recommended that occupational therapy educators should identify teaching and learning strategies to facilitate the sustainable development of spirituality and spiritual care through the pillars of education.

From the evidence presented in Chapter 7, there is clearly a lack of knowledge in the area of spirituality and spiritual care among occupational therapy students. It is recommended that the methods of teaching spirituality, which emerge from the current study, should be considered and used with student-centred learning. Occupational therapy students should be exposed to literature on the following concepts: spirituality, spiritual care, spiritual coping, spiritual well-being, religion, spiritual distress, spiritual dimensions, spiritual needs and spiritual diversity. This could be done with the involvement of the educators to facilitate students' engagement in concept analysis by using concept maps (Mthembu et al., 2016; Bennet & Thompson, 2015). The educators should plan lessons, which would assist students to brainstorm the identified concepts. In the current study, a variety of definitions of spirituality are used to indicate that there are many definitions of spirituality. Accordingly, the definitions may be used initially to provide direction in occupational therapy education. It would be of value if educators could create a supportive environment whereby students would be able to express their views without being judged.

Occupational therapy education can be a significant pioneer for transformation if spirituality and spiritual care constructs are introduced earlier in occupational therapy undergraduate education across South African institutions of higher learning. Mthembu, Ahmed, Nkuna and Yaca (2015) make similar recommendation regarding spirituality being embedded in occupational therapy education. Based on the evidence in Chapter 10, it is recommended that educators should introduce the knowledge and skills regarding spirituality using transformational learning theories as one of the pedagogical approaches for education for sustainable development. The phases of transformational learning should be used to facilitate critical reflection and consciousness-raising among students.

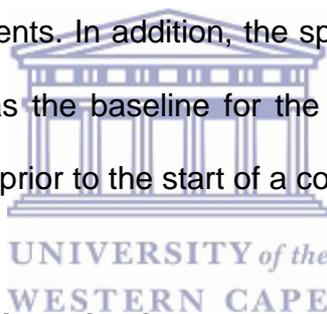


As shown in Chapter 4, the three collaborative learning strategies of group discussions, case studies and reflective sharing discussions, may be used as teaching and learning strategies for spirituality and spiritual care. These strategies should be used in occupational therapy education to enhance students' skills such as social interaction, human relationships, reflective thinking, critical thinking, communication, active listening and presentation.

It is recommended that Communities of Practice and Continuous Professional Development (Barry, Kuijer-Siebelink, Niewenhuis & Scherpbier-de Haan, 2017) should be geared to accommodate occupational therapists already in practice to be given opportunities to attend workshops and seminars on spirituality and spiritual care as part of continuous professional development. This would contribute to the existing body of knowledge in occupational therapy by updating occupational therapists with information about spirituality and occupation-based practice.

Occupational therapy educators could facilitate the seminars by incorporating literature searches to enhance their skills in evidence-based occupational therapy. The research outputs from the current project can be used as resources for occupational therapy clinicians (see Chapters 8 and 9).

In Chapter 7, it was revealed that occupational therapy students lack spiritual assessment skills and that educators may need to expose students to a variety of spiritual assessments which would form part of comprehensive history-taking. This could be part of interprofessional education so that occupational therapy students are exposed to different assessments for spirituality through engaging in learning with other health science students. In addition, the spirituality instruments presented in Chapter 6 could be used as the baseline for the understanding of spirituality in occupational therapy students prior to the start of a course.



12.6.5 *Recommendations for future research*

The recommendations for future research focus on interprofessional education, curriculum development and scholarship for the implementation of spirituality and spiritual care.

This research project has opened many avenues for integrating spirituality and spiritual care into interprofessional education. Prospective research should therefore concentrate on the investigation of health sciences students' perceptions and attitudes regarding spirituality and spiritual care. The work will contribute to the existing knowledge about spirituality and spiritual care by gaining understanding from allied professions including physiotherapy, social work, dietetics, natural medicine and sport recreational sciences, psychology and nursing.

Curriculum development for spirituality and spiritual care in occupational therapy education needs the involvement of educators and students. The findings of the current study indicate that occupational therapy educators and students are keen to see spirituality and spiritual care being integrated into the curriculum. The curriculum should be revised and reviewed to accommodate the five pillars of education for sustainable development. It is recommended that the five pillars should be used to embed the developed guidelines for integrating spirituality and spiritual care in order to enhance the knowledge and skills of the educators and students. The curriculum development process should incorporate Bloom's taxonomy in order to enhance the knowledge and experience of deeper cognitive and affective skills in occupational therapy students (Philips, 2016; Hagler & Morris, 2013). It is recommended that educators and students should perceive the curriculum development process as a journey which will increase the ability of students to grow in spiritual and emotional maturity as well as in academic excellence. Enquiry research should thus be conducted to evaluate the iterative cycles and the role of occupational therapy educators in curriculum development.

The scholarship for implementation of spirituality and spiritual care in occupational therapy education should consider the other two phases of Design-Based Research, which were not part of the current study. These phases are iterative cycles of testing and refinement of solutions in practice as well as reflection to produce design principles and enhance the implementation of solutions. It is recommended that further research incorporating the other two phases should be undertaken in other institutions of higher education with occupational therapy programmes. This would assist in disseminating the findings and gathering new data. What is needed at

present is a quasi-experimental or pre-post test study which would incorporate a cross-sectional study using the instruments in Chapters 5 and 6, followed by workshops conducted with students and staff using the guidelines. The conclusion of the workshops could a cross-sectional descriptive study which may be conducted to compare students' knowledge about spirituality and spiritual care in occupational therapy education. This research will add substantially to raising awareness about spirituality and spiritual care.

12.7 Conclusion

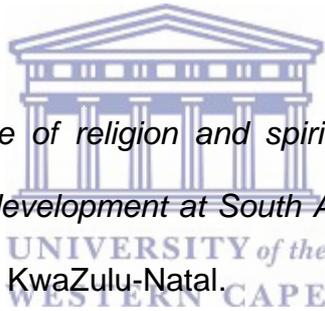
The purpose of this study was to design and develop guidelines to integrate spirituality and spiritual care into occupational therapy education. This was done using a sequential exploratory mixed method within a two-phase design-based research, using a pragmatic lens. The research project comprised eight studies including a systematic literature review, quantitative and qualitative studies, and a modified Delphi study. Overall, this study has developed guidelines to integrate spirituality and spiritual care into occupational therapy education. The study provided significant empirical evidence that occupational therapy educators and students should use the five pillars of education to integrate spirituality and spiritual care into occupational therapy education. Transformative learning has been found to be the most useful pedagogical approach that may be used to enhance teaching and learning practices of both spirituality and spiritual care. It was found that teaching and learning strategies, such as group discussion, literature search, presentation and reflective exercises have the potential to increase learning and awareness of spirituality and spiritual care. Increasing awareness of spirituality and spiritual care amongst occupational therapy educators and students may enable them to have a

better understanding of the spiritual needs of individuals, groups, communities and populations, which could help in promoting the health, well-being and quality of life of diverse clients. The present study was limited to two phases, which are identification of the problem and development of the guidelines. Further research should be informed by a similar design focusing on the implementation of the designed guidelines and reflections phases, which would be of value in assessing the feasibility of the guidelines.



12.8 References

- Baldacchino, D. (2015). Spiritual care education of health care professionals. *Religions*, 6, 594–613; doi:10.3390/rel6020594.
- Barry, M., Kuijer-Siebelink, W., Niewenhuis, L., & Scherpbier-de Haan, L. (2017). Communities of practice: A means to support occupational therapists' continuing professional development. A literature review. *Australian Occupational Therapy Journal*, 64(2), 185 – 193. doi: 10.1111/1440-1630.12334.
- Bennet, V., & Thompson, M.L. (2015). Teaching spirituality to student nurses. *Journal of Nursing Education and Practice*, 5(2), 26 – 33. doi: 10.5430/jnep.v5n2p26
- Bhagwan, R. (2002). *The role of religion and spirituality in social work practice: Guidelines for curricula development at South African Schools of Social Work*. PhD Thesis. University of KwaZulu-Natal.
- Bryant, W., Craik, C., & McKay, E. (2004). Living in a glasshouse: Exploring occupational alienation. *Canadian Journal of Occupational Therapy*, 71(5), 282 – 289.
- Chilemba, E.B. (2013). *Learning for practice: An analysis of the education process of graduate nurses in Malawi*. PhD Thesis, University of Witwatersrand, Johannesburg, South Africa.
- Constitution of the Republic of South Africa. (1996). *Chapter 2: Bill of Rights*. ss7-39.
- Cruz, J.P., Alshammari, F., Alotaibi, K.A., & Colet, P. (2017). Spirituality and spiritual care perspectives among baccalaureate nursing students in Saudi Arabia: A cross-sectional study. *Nurse Education Today*, 49, 156 – 162. <http://dx.doi.org/10.1016/j.nedt.2016.11.027>

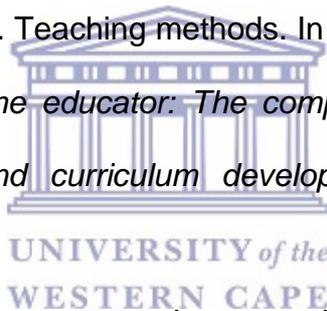


Delors, J. (2013). *The treasure with: Learning to know, learning to do, learning to live together and learning to be*. What is the value of that treasure 15 years after its publication? *International Review Education*, 59, 319 – 330. doi 10.1007/s11159-013-9350-8

Department of Public Service and Administration (DPSA). (1997). *White paper on transforming public service delivery: Batho Pele Principles* Pretoria: Government Printers South Africa.

Fond, M. (2016). On the origins and spread of Pan-Indian spirituality in Canada. *Studies in Religion/Sciences Religieuses*, 45(3), 309 – 334. Doi:10.1177/0008429816657741.

Hagler, D., & Morris, B. (2015). Teaching methods. In M.H. Oermann (Ed.), *Teaching in nursing and role of the educator: The complete guide to best practice in teaching, evaluation, and curriculum development* (pp.35-60). New York: Springer.



Hemphill, B. (2015). Spiritual assessment in occupational therapy. *Open Journal of Occupational Therapy*, 3(3), Article 9. <http://dx.doi.org/10.15453/2168-6408.1159>

Hess, K.Y., & Ramugondo, E. (2014). Clinical reasoning used by occupational therapists to determine the nature of spiritual occupations in relation to psychiatric pathology. *British Journal of Occupational Therapy*, 77(5), 234 – 242.

Holland, K. (2012). Professional confidence: A concept analysis. *Scandinavian Journal of Occupational Therapy*, 19(2), 214 – 224.

Hoyland, M., & Mayers, C. (2005). Is meeting spiritual need within the occupational therapy domain? *British Journal of Occupational Therapy*, 68(4), 177-180.

- Jones, J. (2016). *A Qualitative Study Exploring How Occupational Therapists Embed Spirituality into Their Practice*. Doctoral thesis, University of Huddersfield.
- McSherry, W. (2006). *Making sense of spirituality in nursing and health care practice: An interactive approach*. (2nd ed.). London: Jessica Kingsley Publications.
- Morris, D.N. (2007). *Personal spiritual well-being, perceptions of the use of spirituality and spiritual care in occupational therapy practice*. PhD Thesis, Touro University International.
- Mthembu, T.G., Ahmed, F., Nkuna, T. & Yaca, K. (2015). Occupational Therapy Students' Perceptions of Spirituality in their training. *Journal of Religion & Health*, 54(6), 2178 – 2197. DOI: 10.1007/s10943-014-9955-7
- Mthembu, T.G., Wegner, L. & Roman, N.V. (2016). Teaching spirituality and spiritual care in health sciences education. A systematic review. *African Journal of Physical Activity and Health Sciences*, 22(41), 1036 – 1057.
- Mthembu, T.G., Roman, N.V., & Wegner, L. (2016). A cross-sectional descriptive study of occupational therapy students' perceptions and attitudes towards spirituality and spiritual care in occupational therapy education. *Journal of Religion and Health*, 55(5), 1529 – 1549. doi:10.1007/s10943-015-0125-3.
- Mthembu, T.G., Wegner, L. & Roman, N.V. (2017a). Barriers to Integration of Spirituality and Spiritual Care in Occupational Therapy Education in a South African context. *Journal of Spirituality in Mental Health*, 19(1), 61 – 79. <http://dx.doi.org/10.1080/19349637.2016.1206843>
- Mthembu, T.G., Wegner, L. & Roman, N.V. (2017b). Exploring occupational therapy students' perceptions regarding spirituality in occupational therapy groups: A

qualitative study. *Occupational Therapy in Mental Health*,
<http://dx.doi.org/10.1080/0164212X.2016.1245595>

Mthembu, T.G., Wegner, L., & Roman, N.V. (2017c). Spirituality in the Occupational Therapy Community Fieldwork Process: A qualitative study in the South African context. *South African Journal of Occupational Therapy*, 47(1), 16 – 23.

Nan-Zhao, Z. (2005). *Four 'Pillars of Learning' for the Reorientation and Reorganisation of Curriculum: Reflections and Discussions*, International Bureau of Education UNESCO, Geneva.

Philips, J.M. (2016). Strategies to promote student engagement and active learning. In D.M. Billings, J.A. Halstead (Ed.) (5thed.). *Teaching in nursing: A guide for faculty* (pp.245-262). Missouri: Elsevier.

Plomp, T. (2013). Educational design research: An introduction. In T. Plomp and N. Nieveen (Eds.). *Educational design research. Part A: An introduction*. SLO. Netherlands Institute for curriculum development. Available on the 02 May 2017. 11:15 AM. <http://downloads.slo.nl/Documenten/educational-design-research-part-a.pdf>

Renigere, R. (2012). *Transformative Education in the nursing discipline*.
http://conference.pixelonline.net/edu_future2012/common/download/PPT_pdf/TL18.pdf

Scatolini, S.A., Van Maele, J., & Batholomé, M. (2010). Developing a curriculum for 'learning to live together': building peace in the minds of people. *European Perspective on Internalisation*, 133 – 158.

Scherer, Z.A.P., & Scherer, E.A. (2012). The identification of the pillars of education in the class comprehensiveness in healthcare. *Rev Esc Enferm USP*, 46(4), 976 – 984.

- Shrimal, P., & Sharma, M.P. (2012). UNESCO's Four pillars of education, implications for schools. *Educational Indian Journal: Quarterly Referred Journal of Dialogue of Education*, 1(3), 1 – 9.
- Tiew, L.H. (2011). *Nursing students' perceptions and attitudes about spirituality and spiritual care in practice*. PhD Thesis, National University of Singapore.
- Óladóttir, H. (n.d). UNESCO Education for Sustainable Development 2005 – 2014.
- United Nations Educational. Scientific and Cultural Organisation (UNESCO). (2017). *2030 Education: Education for Sustainable Development: Learning objectives*.
- Webster, R. S. (2003). *An Existential Framework of Spirituality for Education*, Unpublished PhD Thesis. Griffith University.



Appendices

Appendix 1: Ethics clearance letter



UNIVERSITY of the
WESTERN CAPE

OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

3 June 2014

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by Mr TG Mthembu (Social Work)

Research Project: The design and development of guidelines to integrate spirituality and spiritual care in occupational therapy education using design-based research.

Registration no: 14/4/18

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'P. Josias'.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

A decorative graphic in the bottom right corner consisting of a dark blue triangle pointing upwards and to the right, with a gold-colored border along its top and left edges.

A place of quality,
a place to grow, from hope
to action through knowledge

Appendix 2: Guidelines for the Doctoral thesis (PhD) by publications

UNIVERSITY OF THE WESTERN CAPE

Guidelines for the Doctoral thesis (PhD) by publications

INTRODUCTION AND RATIONALE

The doctoral thesis by publications was initially adopted by Scandinavian Universities and comprises a number of publications (published or accepted for publication). At the University of the Western Cape (UWC), doctoral and masters theses have usually been presented in the form of a monograph, but some Natural Science and Health Science disciplines have adopted the approach of presenting the doctoral thesis in the form of publications. Assessment rules for the doctoral thesis at UWC allow for the latter model to be applied. This document serves to define the framework for a doctoral thesis by publications.

The University General Rule A.5.5.5. states:

No thesis that has previously been submitted for a degree at another university may be accepted, but material taken by the candidate from his/her existing publications may be incorporated in the thesis and must be clearly indicated as such. If called upon, the candidate must submit together with his/her thesis, a copy of every thesis previously submitted by him/her for another degree, whether it was accepted or not (UWC, 2011:96).

It must be noted that this format is adopted in exceptional circumstances, defined by publications in leading national and international journals.

There are a number of advantages in adopting this approach to doctoral thesis production:

- It affords students and future academics opportunities to develop a research identity early on in their studies/careers.
- It contributes to the early dissemination of new knowledge produced and the impact of the research is more immediate.
- The publications become a barometer of progress towards the completion of the doctoral degree.
- External feedback as a result of the publications will be received at a much earlier stage from independent and objective reviewers, thereby strengthening the academic quality of the research in the thesis.

Note:

Since the doctoral thesis by publications is an alternate format for the presentation of doctoral research findings, from a quality assurance perspective it is restricted to research work already published or accepted for publication after blind peer review.

The traditional thesis format in which far greater detail is provided for the benefit of the examiners, must be used if any component of the doctoral thesis does not satisfy the above requirements.

PROCEDURES AND FORMAT FOR THE DOCTORAL THESIS BY PUBLICATIONS

The guidelines below are provided for the purpose of Quality Assurance and as information to doctoral students and their supervisors.

1. The procedures related to the doctoral thesis by publications are the same as those approved for the doctoral degree by the traditional thesis, contained in the University calendar (UWC, 2011) so as to ensure equivalence of standards.
2. The doctoral thesis by publications must demonstrate that the thesis constitutes an original and significant contribution to knowledge in the discipline concerned.
3. The doctoral thesis by publications should comprise articles published or accepted for publication in peer-reviewed journals, as well as peer-reviewed chapters in books. Note: peer-reviewed published articles should be in the majority. The number of articles presented in the thesis will depend on the contribution of the doctoral student to the article as well as the scope of the thesis. What is important is that the total contribution by the doctoral student to the body of new knowledge must be worthy of the award of a doctoral degree.
4. Publications prepared under supervision and subsequent to registration as a Doctoral student should be in the majority. In exceptional circumstances, this requirement may be waived.
5. The publications presented for the doctoral thesis by publications must not have been submitted for another research degree at any institution by the doctoral student.
6. The student should be the main contributing author in the majority of the publications. In the case of multi-authored papers, the doctoral student's contribution has to be indicated in the Appendix to the chapter containing the relevant publication.
7. Written consent must be obtained from the relevant journal(s) for the published/accepted articles to be included in the dissertation. UWC copyright rules will apply to the doctoral thesis by publications. (General Rule A. 6. 'Publication of Theses and Copyright'. UWC 2011: 97).
8. Doctoral students should be aware of the University's Intellectual Property guidelines and ensure good practice in the management thereof. These are outlined in the UWC Research Policy (UWC, 2009).
9. The Memorandum of understanding (MOU) between the student and his/her supervisor (Refer to Postgraduate Handbook for suggested MOU) should indicate the agreement in terms of the IP, copyright, number of published articles and confidentiality pertaining to possible industry-sponsored research projects, in accordance with the Act No. 51 of 2008: Intellectual Property Rights from Publicly Financed Research and Development Act, 2008.

10. The **format** of the doctoral thesis by publications should include:

a. Preliminary section:

The preliminary section includes a title page, abstract, keywords, acknowledgements, contents pages, a preface/declaration (Refer to the Postgraduate Handbook for examples of these documents and plagiarism declaration).

b. Introductory Chapter:

I. The introductory chapter should provide an overview of the identified research themes and set the stage for the integration of the published articles/accepted articles and chapters in books within the relevant contextual literature. It should highlight the importance of the studies undertaken (and reported) in the published articles/chapters in advancing the knowledge in the research field, i.e. provide the rationale and motivation for the study.

II. The conceptual/theoretical/research framework and methodology for the overall study must be provided in the introductory chapter, as well as the broad research objectives and hypotheses of the study.

III. The outline of the thesis must be provided in the introductory chapter, with a summary of the focus of each chapter. A contextualised narrative (in the introductory chapter) should link the chapters of the thesis. The interconnectedness of the publications in the chapters has to be emphasised under the umbrella of the overarching research theme.

IV. The presentation of the literature review is flexible. In some instances it would be appropriate to present all of the literature review in the introductory chapter. In other cases, e.g. for more expansive studies, it would be more suitable to present a broad literature review for the research theme in the introductory chapter. The background literature relevant to the specific study undertaken in each chapter is then presented at the beginning of the appropriate chapter.

c. Publications section:

The chapters in this section contain the published articles/chapters in books with all correspondence between the author and the journal related to the peer review process as well as written consent to publish (see item 7 above). Reviewers' comments on the articles, if permitted by the reviewer/editor/journal, should also be provided.

Copies of the actual articles published must be included in the relevant chapter. Each chapter must be self-contained; the published articles/chapters should be reproduced as they were originally published, but with a framing introduction and conclusion.

The doctoral students' contribution to each multi-authored publication must be clearly stated in the appendix section of the relevant publications chapter. All other supporting documents must also be included in the appendix.

d. Concluding chapter:

In this final chapter, after a brief recall to the studies undertaken in the thesis, the doctoral student is required to succinctly highlight the contributions to new knowledge made in the previous chapters on the independent peer-reviewed publications and discuss the implications of the findings. In addition, the limitations of the studies undertaken must be pointed out and recommendations for further research reflected upon.

THE ROLE OF THE SUPERVISOR

The role of the supervisor in guiding the doctoral thesis by publication includes:

1. Guiding the student in the selection of independent peer-reviewed publications to be presented as part of the thesis.
2. Guiding and advising the student in terms of the coherence of the body of work that will be submitted as the doctoral thesis and the supporting documents required.
3. Ensuring that the doctoral students' contribution to the body of new knowledge presented in the thesis by publications is appropriate for the awarding of the doctoral degree.

ASSESSMENT OF THE DOCTORAL THESIS BY PUBLICATIONS

The assessment of the doctoral thesis by publications is subject to the same rules and regulations for the doctoral degree as contained in the University Calendar (UWC, 2011). When a doctoral student is ready to submit the doctoral thesis, he/she has to submit a letter of intent after consulting with the supervisor. The due date for the intent letter is two months before the intended date for submission of the thesis for examination (General Rule A.5.5.2: UWC, 2011).

The examiners for the doctoral thesis are approved by the Senate Higher Degrees Committee when the intent letter is submitted. The assessment panel for the doctoral thesis comprises: three examiners, two of whom must be external examiners (General Rule A.5.5.3 [a] UWC, 2011). Examiners are asked to assess the doctoral theses on the basis of original contribution to new knowledge in the field, the quality of the research in the thesis, coherence of the argument, and the presentation of the thesis (style, typographical issues, etc.).

The Senate Higher Degrees Committee is delegated by Senate to make a final decision on the awarding of the doctoral degree after considering the examiners' reports, which are accompanied by a cover report from the supervisor summarising the recommendations of the examiners. (General Rule A.5.5.3 [b] UWC 2011).

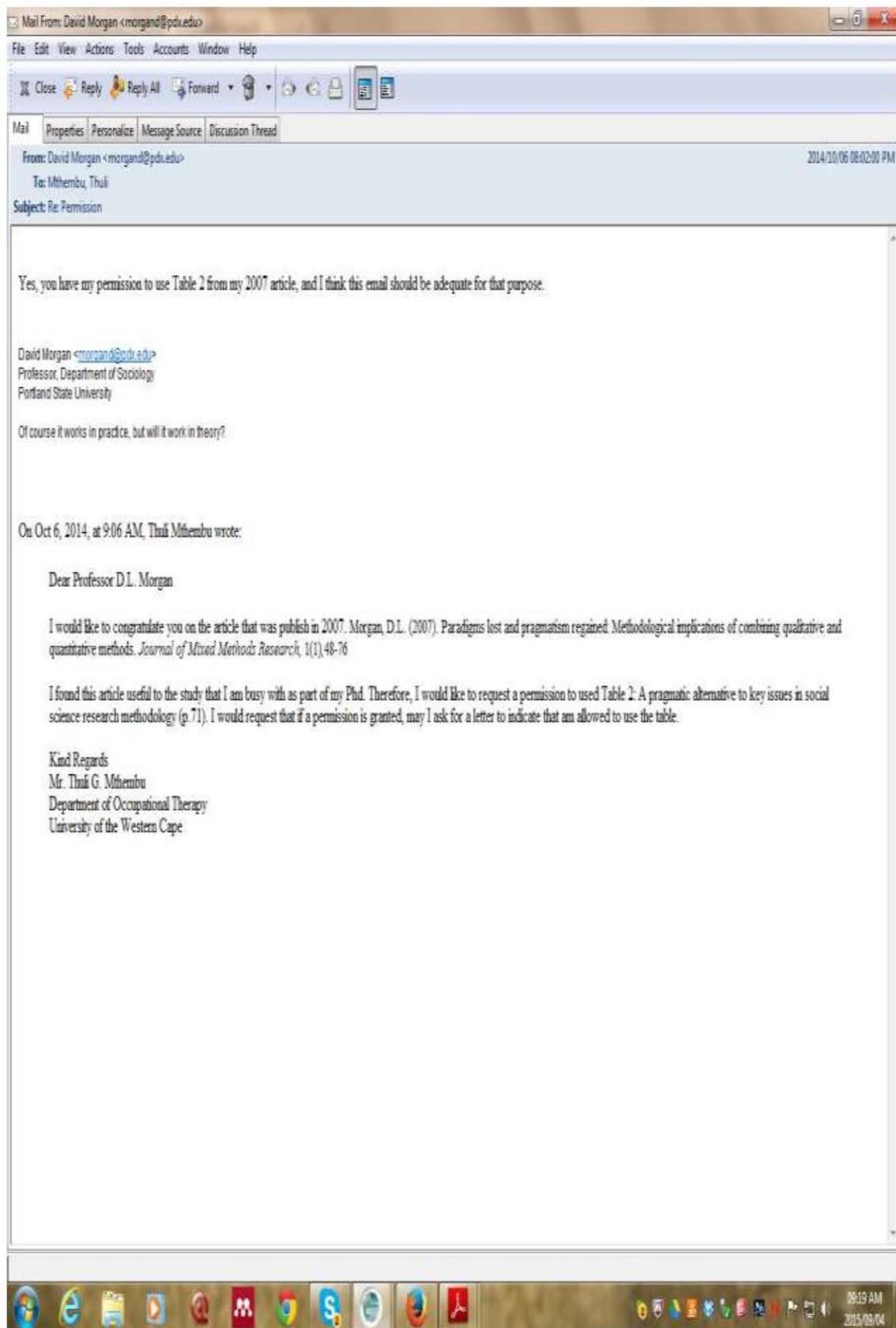
The Doctoral candidate is required to present an oral defense of the thesis after the examiners' reports have been received.

GUIDELINES FOR EXAMINERS

Examiners for the Doctoral thesis (PhD) by publications are required to:

1. Comment on the quality of the journals in which the articles are published, in particular their international standing in the discipline. For chapters in a book, comment on the standing of the publishing house and the academic nature of the book.
2. Comment on the thoroughness of the peer review process for each article/chapter in a book.
3. Assess whether the students' contribution to the body of new knowledge produced in the thesis justifies an award of the doctoral degree.
4. Assess whether the range of publications presented constitutes a broadly coherent intellectual project.

Appendix 3: Permission letter from Prof D. Morgan



Appendix 4: Permission letter from Prof L.H Tiew

2 March 2012

Dear Thuli Mthembu (Mr.)

Re: Spiritual Care Giving Scale (SCGS)

Thank you for the interest you have shown in my research and the Spirituality Care Giving Scale (SCGS). I hereby give you authorisation and permission to reproduce or use the scale in your research. There is no fee for using the scale or the questionnaire; however I would appreciate if you could forward me a copy of your research findings and report when completed.

I enclose a copy of the SSCGS. If you require any further information, please contact me. The scale was developed as part of descriptive study.

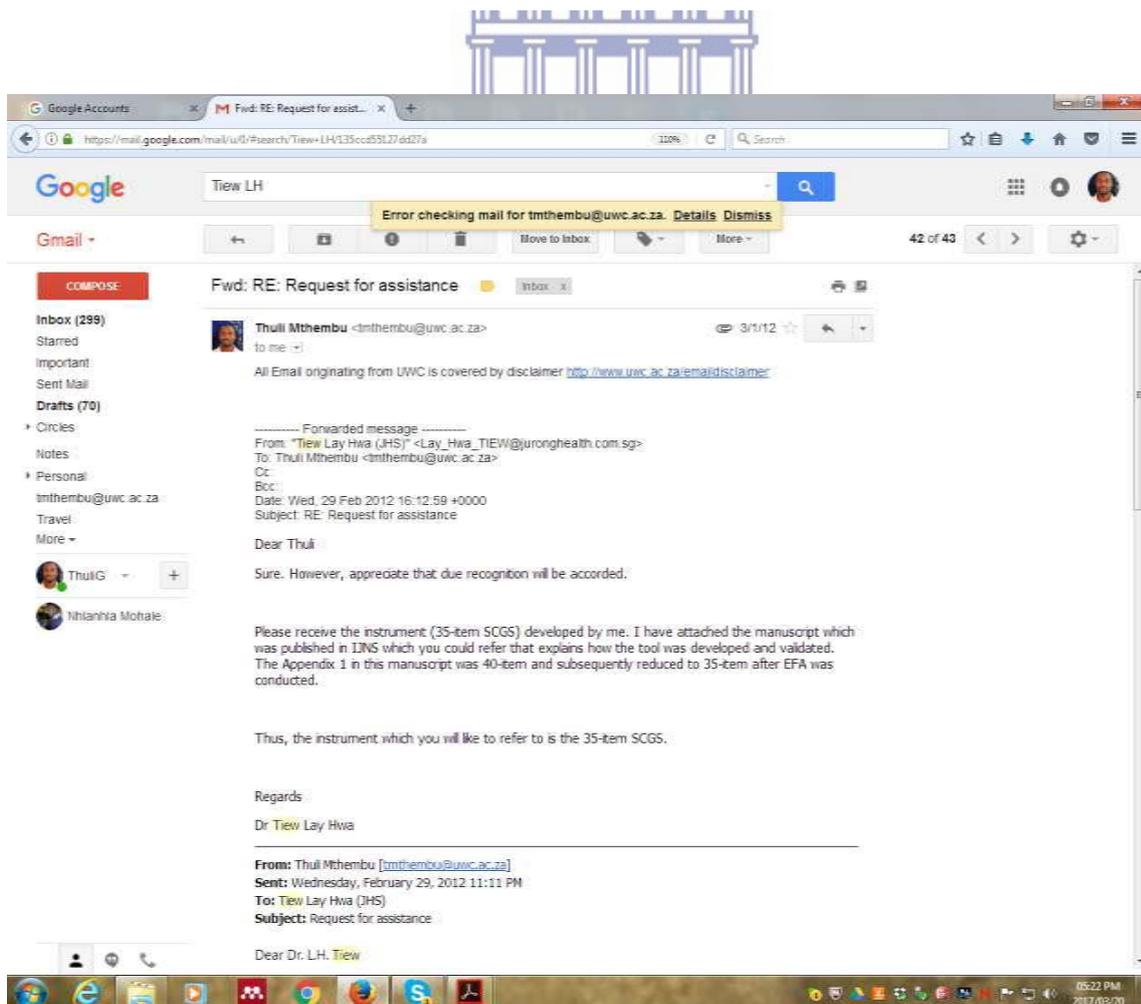
A summary of how the SCGS was constructed was published in the International Journal of Nursing Studies 2012:

Tiew, L.H., & Creedy, D. (2012) Development and preliminary validation of a composite spiritual care giving scale, International Journal of Nursing Studies.

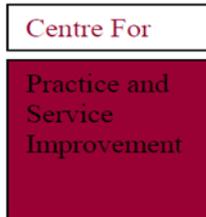
May I take this opportunity to wish you all the best with your studies. If I can be of any assistance in the future then do not hesitate to contact me again.

Sincerely yours

Dr Tiew Lay Hwa
Adj Asst Prof



Appendix 5: Permission letter from Prof W. McSherry



Centre for Practice and Service Improvement
Staffordshire University
Blackheath Lane
Stafford
ST18 0AD

Email: wilf.mcsherry@staffs.ac.uk
Direct line: 01785 353630
Fax: 01785 353731

06 February 2012

Dear Mr Thuli Mthembu,

Re: SSCRS Permission

Thank you for the interest you have shown in my research and the Spirituality and Spiritual Care Rating Scale (SSCRS). I hereby give you authorisation and permission to reproduce or use the scale in your research. There is no fee for using the scale or the questionnaire; however I would appreciate if you could forward me a copy of your research findings and report when completed.

I enclose a copy of the questionnaire in which the SSCRS can be found. If you require any further information, please contact me.

The scale was developed as part of descriptive study. If you want to obtain a copy of my original thesis - you should be able to receive through Inter Library Loan the title is - A Descriptive Survey of Nurses' perceptions of Spirituality and Spiritual Care Unpublished Master of Philosophy Thesis, The University of Hull, England.

A summary of how the SSCRS was constructed was published in the International Journal of Nursing Studies 2002:

McSherry W., Draper P, Kendrick D (2002) Construct Validity of a Rating Scale Designed to Assess Spirituality and Spiritual Care *International Journal of Nursing Studies* 39 (7) 723 - 734

May I take this opportunity to wish you all the best with your studies. If I can be of any assistance in the future then do not hesitate to contact me again.

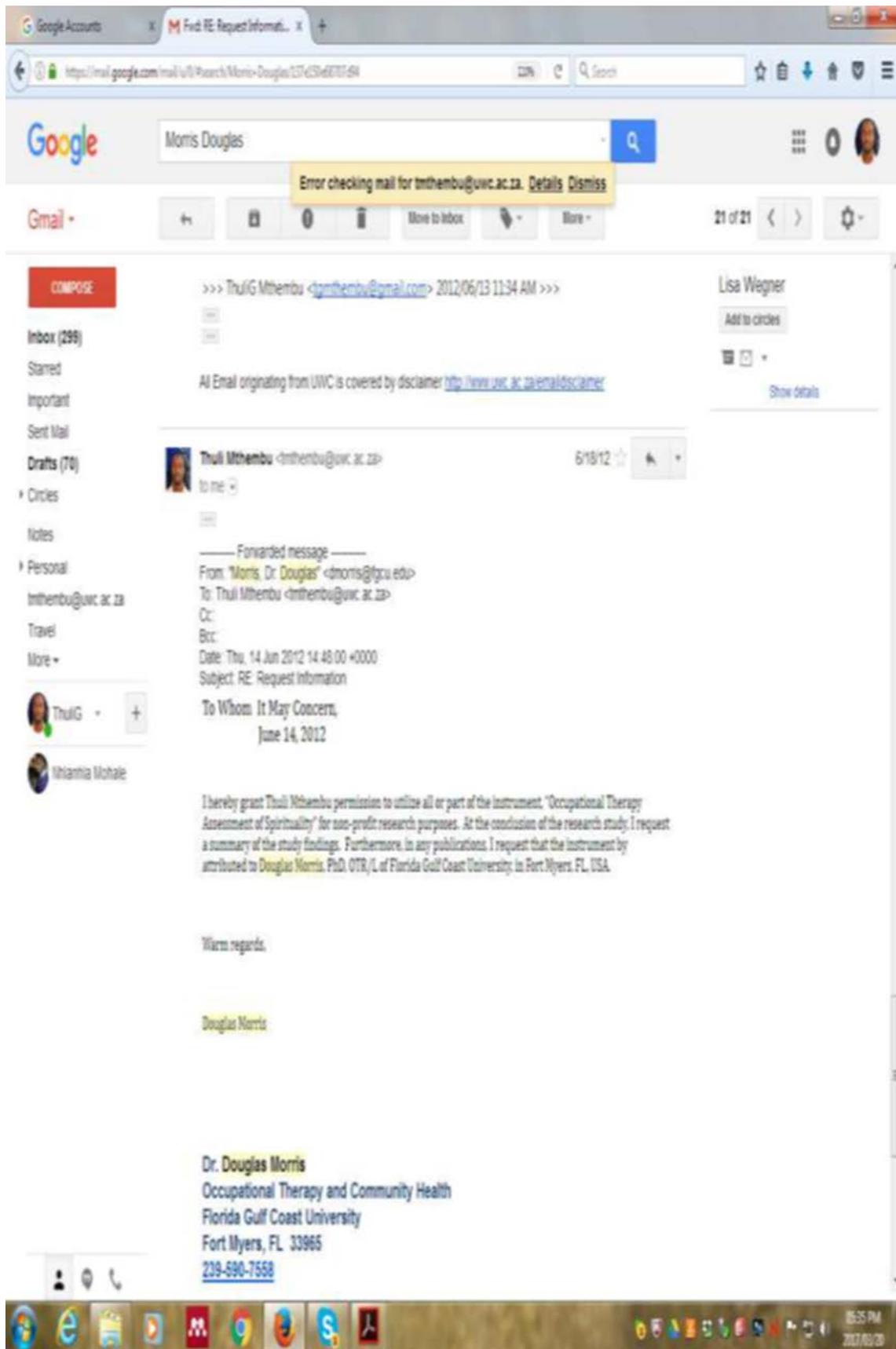
Yours sincerely,

Professor Wilfred McSherry

**Professor in Dignity of Care for Older People
Centre for Practice and Service Improvement**

■ **CREATE THE DIFFERENCE**

Appendix 6: Permission letter from Prof. D. Morris

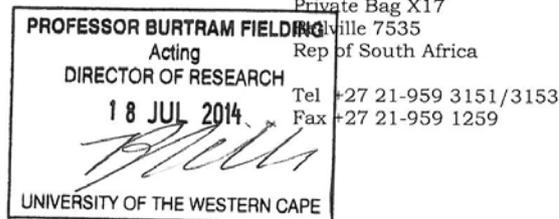


Appendix 7: Permission letter from Senate Research Committee

APPROVED ON BEHALF OF SENATE
RESEARCH COMMITTEE.



UNIVERSITY of the
WESTERN CAPE



DEPARTMENT OF OCCUPATIONAL THERAPY

14 July 2014

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN DEPARTMENT OF OCCUPATIONAL
THERAPY**

Dear Prof B. Fielding

My name is Thuli Godfrey Mthembu, and I am a Phd student at the University of the Western Cape in Bellville. I am writing to ask your permission to conduct research at Department of Occupational Therapy with students, educators, and clinicians supervising students in fieldwork. The research I wish to conduct for my Doctoral thesis involves "The design and development of guidelines to integrate spirituality and spiritual care in occupational therapy education". This study has been approved by the UWC Ethics Committee which has been given ethics clearance under reference (14/4/18) and, as part of approval process, I am required to obtain permission from site where I will recruit participants. This project will be conducted under the supervision of Prof Wegner and Prof Roman (UWC, South Africa).

The aim of the study is to design and develop guidelines to integrate spirituality and spiritual care in the context of occupational therapy education. The study will employ a mixed method approach of which Phase 1 will be a short six page survey, made up of about 86 questions that can be typical answered by participants within 20 – 45 minutes. Phase 2 will be exploratory, descriptive qualitative approach with occupational therapy students, educators and clinicians supervising students in fieldwork would participate in focus groups. The University of the Western Cape requires that the participants of this study be protected in terms of keeping their identity anonymous and information be kept confidentially.

Upon completion of the study, I undertake to provide the Department of Occupational Therapy with a bound copy of the full research report. If you require any further information, please do not hesitate to contact me on 0723101503, 021 9599340 and tmthembu@uwc.ac.za. Thank you for your time and consideration in this matter.

Yours sincerely,

Mr. T. G. Mthembu
University of the Western Cape

Appendix 8: Information sheet

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 9340/3151, Fax: 27 21-959 3515

e-mail: tmthembu@uwc.ac.za

INFORMATION SHEET

Project Title: The design and development of guidelines to integrate spirituality and spiritual care in occupational therapy education using design-based research

What is this study about?

This is a research project being conducted by Thuli Godfrey Mthembu at the University of the Western Cape. We are inviting you to voluntarily participate in this research project to provide us an understanding of Spirituality and spiritual care in occupational therapy education. The purpose of the study is to design and develop guidelines to integrate spirituality and spiritual care in the context of occupational therapy education

What will I be asked to do if I agree to participate?

You will be asked to complete a questionnaire. This questionnaire will ask you questions about perceptions and attitudes regarding spirituality and spiritual care. Completion of the questionnaire will be 60 minutes.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, the information you provide will be totally private; no names will be used so there is no way that you can be identified as a participant in this study. The information will be treated with anonymity and confidentiality. Your name will not be reflected on the

questionnaire. The information obtained from the survey will be collated with the information from other completed surveys. Therefore there will be no way to connect you to the survey questionnaire.

What are the risks of this research?

Any research has risks but in this research study we will try to minimise the risk of being harmed in any way. If there are any painful memories of experiences or experiences which may evolve during the research process, we will refer you for the necessary support. If at any time there is disclosure of any incidents of risks or harm in the family, we are legally compelled to report the information.

What are the benefits of this research?

The results of the study could have implications for (1) students, (2) educators, (3) clinicians. (1) Families, and (2) communities will benefit directly from this program as it assists them in being able to make better health decisions: Allowing families and communities to be viewed holistically. (1) The implication that spirituality and spiritual care practises could have a domino effect on the future quality of life, health and well-being. (3) Guidelines will be developed in order to integrate spirituality and spiritual care in occupational therapy services. (4) Practitioners will find this study useful since they would be able to know that the interventions they use for individuals, groups and communities are evidence based. Helping practitioners to make a stronger connection, with their patients in the context of family wellness. Healthy or health conscious families make for a better community as they are able to put their energies into community growth and development for the better.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part in the study. If you decide to participate in this research study, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

Every effort has been taken to protect you from any harm in this study. If however, you may feel affected you can be referred to your nearest community resource for assistance.

What if I have questions?

This research is being conducted by Thuli Godfrey Mthembu a student in the Social Work Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Thuli Godfrey Mthembu at: 0723101503 or his supervisors Prof Wegner on 021 9593153 or email:lwegner@uwc.ac.za and Prof Roman on 021-9592277 or email: nroman@uwc.ac.za.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Professor Jose Frantz – Dean of the Faculty of Community and Health Sciences

Tel No: 021 959 2631/2746

Email address: jfrantz@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.





UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 9340/3151, Fax: 27 21-959 3515
e-mail: tmthembu@uwc.ac.za

CONSENT FORM

Appendix 9: Consent Form

Title of Research Project: The design and development of guidelines to integrate spirituality and spiritual care in occupational therapy education using design-based research

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at this research project involves making audiotapes of you during interviews and focus groups. This will increase accuracy of information given by you

I agree to be audiotaped during my participation in this study.

I do not agree to be audiotaped during my participation in this study at any time and this will not negatively affect me in any way.

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Professor L. Wegner and Professor N Roman

University of the Western Cape

Private Bag X17, Belville 7535

Professor Wegner

Telephone: (021)959- 3153/3151

Email: lwegner@uwc.ac.za

Professor Roman

Telephone: (021)959- 2277/2970

Cell: 0828776691

Email: nroman@uwc.ac.za





UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 9340/3151, Fax: 27 21-959 3515
e-mail: tmthembu@uwc.ac.za

FOCUS GROUP CONFIDENTIALITY BINDING FORM

Appendix 10: Focus Group Confidentiality Binding Form

Title of Research Project: The design and development of guidelines to integrate spirituality and spiritual care in occupational therapy education using design-based research

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to be audio-taped during my participation in the study. I also agree not to disclose any information that was discussed during the group discussion.

Participant's name.....

Participant's signature.....

Witness's name.....

Witness's signature.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Professor L. Wegner and Professor N Roman

University of the Western Cape

Private Bag X17, Belville 7535

Professor Wegner

Telephone: (021)959- 3153/3151

Email: lwegner@uwc.ac.za

Professor Roman

Telephone: (021)959- 2277/2970

Cell: 0828776691

Email: nroman@uwc.ac.za

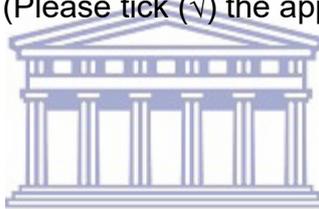


Appendix 11: Questionnaire used in Stage Two

Part 1: Participant demographic details

Please complete the information requested below:

1. What is your age? _____ (years)
2. What is your Gender? (Please tick (√) the appropriate box)
 Male
 Female
3. What is your Race? (Please tick (√) the appropriate box)
 African
 White
 Coloured
 Indian
4. What is your marital status? (Please tick (√) the appropriate box)
 Single
 Married
 Divorce
 Separated
5. Do you have a religion? (Please tick (√) the appropriate box)
 Yes _Please indicate type of religion
 No
6. Do you participate or attend any activities organized by your religious group?
If yes please indicate the frequency by ticking (√) the box which is the nearest to your answer.
 More than once a week
 Once a week
 Once fortnight
 Once a month
 Occasionally (e.g. once a year or during religious activities)
 Never
7. If No, are you involved in any non- religious activities e.g. meditation, scriptural study group, prayer etc? (Please tick (√) the appropriate box)
 Yes
 No
8. Do you consider yourself (Please tick (√) the appropriate box)



UNIVERSITY OF
CAPE

- Religious
- Spiritual

9. Level of Education (Please tick (√) the appropriate box)

- First year
- Second Year student
- Third Year student
- Fourth Year student

Part 2: Spiritual Care-giving Scale (SCGS) (Tiew, 2011)

For each item, please tick one answer which best reflects the extent to which you **AGREE** or **DISAGREE** with it.

SD (1): Strongly Disagree D (2): Disagree MD (3): Mildly Disagree
 MA (4): Mildly Agree A (5): Agree SA (6): Strongly Agree

	Items	SD	D	MD	MA	A	SA
1	Everyone has spirituality.						
2	Spirituality is an important aspect of human beings.						
3	Spirituality is part of a unifying force which enables individuals to be at peace.						
4	Spirituality is an expression of one's inner feelings that affect behaviour.						
5	Spirituality is part of our inner being.						
6	Spirituality is about finding meaning in the good and bad events of life.						
7	Spiritual well-being is important for one's emotional well-being.						
8	Spirituality drives individuals to search for answers about meaning and purpose in life.						
9	Without spirituality, a person is not considered whole.						
10	Spiritual needs are met by connecting oneself with other people, higher power or nature.						
11	Spiritual care is an integral component of holistic occupational therapy.						
12	Spiritual care is more than religious care.						
13	Occupational therapy, when performed well, is itself, spiritual care.						
14	Spiritual care is a process and not a one-time event or activity.						
15.	Spiritual care is respecting a patient's religious or personal beliefs.						

	Items	SD	D	MD	MA	A	SA
16	Sensitivity and intuition help the occupational therapist to provide spiritual care.						
17.	Being with a patient is a form of spiritual care.						
18.	Occupational therapists provide spiritual care by respecting the religious and cultural beliefs of patients.						
19.	Occupational therapists provide spiritual care by giving patients time to discuss and explore their fears, anxieties and troubles.						
20.	Spiritual care includes visits by the hospital Chaplain or the patient's own religious leader.						
21.	Spiritual care enables the patient to find meaning and purpose in their illness.						
22.	Spiritual care includes support to help patients observe their religious beliefs.						
23.	Spiritual care is best provided by professional, trained counsellors or spiritual / religious leaders.						
24.	I am comfortable providing spiritual care to patients.						
25.	I do not believe in spiritual care.						
26.	Occupational therapists provide spiritual care by respecting the dignity of patients.						
27.	Spiritual care should take into account of what patients think about spirituality.						
28.	Occupational therapists who are spiritual aware are more likely to provide spiritual care.						
29.	Spiritual care requires awareness of one's spirituality						
30.	Spiritual care is not the Occupational therapist's responsibility.						
31.	Spiritual care should be instilled throughout Occupational therapy education programme.						
32.	Spiritual care should be positively reinforced in Occupational therapy practice.						
33.	The ability to provide spiritual care develops through experience.						
34.	Patients must be aware of their own spirituality before an Occupational therapist can provide spiritual care.						
35.	Spiritual care is important because it gives patient hope.						
36.	Spirituality is influenced by individual's life experiences.						
37.	Spirituality helps when facing life's difficulties and						

	Items	SD	D	MD	MA	A	SA
	problems.						
38.	Spiritual care requires the occupational therapist to be empathetic towards the patient.						
39	A trusting Occupational therapist -patient relationship is needed to provide spiritual care.						
40	A team approach is important for spiritual care						

Part 3: Spirituality and Spiritual Care Rating Scale (McSherry et al., 2002)

Please tick the box best reflect the extent to which you AGREE and DISAGREE with each statement.

SA= Strongly Agree (5) A=Agree (4) UC= Uncertain (3)
D= Disagree (2) SD= Strong Disagree (1)

	Item	SA	A	UC	D	SD
1	I believe occupational therapist can provide spiritual care by arranging a visit by the hospital Chaplain or the patient's own religious leader if requested.					
2	I believe occupational therapist can provide spiritual care by showing kindness, concern and cheerfulness when giving care.					
3	I believe spirituality is concern with a need to forgive and a need to be forgiven.					
4	I believe spirituality involves only going to Church/Place of Worship.					
5	I believe spirituality is not concerned with a belief and faith in a God or Supreme being					
6	I believe spirituality is about finding meaning in the good and based on events of life.					
7	I believe occupational therapists can provide spiritual care by spending time with a patient giving support and reassurance especially in time of need.					
8	I believe occupational therapists can provide spiritual care by enabling a patient to find meaning and purpose in their illness.					
9	I believe spirituality is about having a sense of hope in life					
10	I believe spirituality is to do with the way one conducts one's life here and now.					
11	I believe spirituality is a unifying force which enables one to be at peace with oneself and the world.					
12	I believe spirituality does not include areas such as art, creativity and self-expression.					
13	I believe occupational therapists can provide spiritual care by listening to and allowing patients' time to discuss and explore their fears, anxieties and troubles.					

14	I believe occupational therapists can provide spiritual care by having respect of privacy, dignity and religious and cultural beliefs of patient.					
15	I believe spirituality involves personal friendship and relationships.					
16	I believe spirituality does not apply to Atheists or Agonists.					
17	I believe spirituality include people's morals.					

Part 4: Spirituality in Occupational Therapy (Morris et al., 2012)

SA= Strongly Agree A= Agree N= Neutral D= Disagree SD= Strongly Disagree

Please check the response that most accurately reflects your views regarding your occupational therapy (OT) education.					
Item	SA	A	N	D	SD
1. My formal education has adequately prepared me to address my clients' spiritual needs.					
2. My treatment sessions would be enhanced if I had more education about how to address my clients' spiritual needs.					
3. I would like to pursue further education about how to address my clients' spiritual needs.					
4. I make an effort to find more information on spirituality as it relates to OT practice					
5. I would benefit from attending an educational workshop about addressing and evaluating the spiritual needs of my clients					

Please check the response that most accurately reflects your views on the OT scope of practice					
Item	SA	A	N	D	SD
6. Spirituality should be addressed by occupational therapists.					
7. It is the client's responsibility to inform the occupational therapist of their spiritual needs					
8. My experience as an OT practitioner has prepared me to adequately address my client's spiritual needs.					
9. I feel comfortable addressing spirituality with my clients.					
10. It is my responsibility to address my client's spiritual needs					
11. I use spiritual assessments to evaluate my client's spiritual needs.					
12. I am aware of various assessments that address spiritual needs of my clients.					
13. I am confident addressing the spiritual needs of my clients when their beliefs are similar to my own.					
14. I believe that treating my client's spiritual need has a direct effect on my client's quality of life.					
15. I treat my client's spiritual needs					

Please check the response that most accurately reflects your views on spiritual importance.					
Item	SA	A	N	D	SD
16. Spirituality helps clients define their therapeutic goals.					
17. Spirituality helps clients define who they are					
18. Spirituality is an integral part of the human experience					

Please check the response that most accurately reflects your views on the Occupational Therapy Practice Framework 2nd Ed (OTPF).					
Item	SA	A	N	D	SD
19. I am familiar with the Occupational Therapy Practice Framework 2nd Ed.					
20 It is appropriate to include spirituality as a client factor in the Occupational Therapy Practice Framework 2nd Ed.					



Appendix 12: Letter for editing and language practitioner

ISOBEL BLAKE

BA (UNISA)

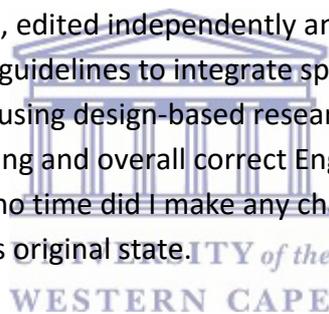
17 Second Avenue
Harfield Village
Claremont
Cape Town

Telephones: Home (021)674-0538
Cell: 082-551-8204

1 July 2017

TO WHOM IT MAY CONCERN

This is to state that I, Isobel Blake, edited independently and professionally a thesis entitled “The design and development of guidelines to integrate spirituality and spiritual care into Occupational Therapy education using design-based research.” My brief was to check the article for grammar, syntax, spelling and overall correct English of the standard required for submission to the university. At no time did I make any changes to the context or format of the article, which is still true to its original state.



ISOBEL BLAKE

BA (UNISA) English, Psychology