

# Perceptions of Spirituality Among Occupational Therapy Practitioners: An Exploratory Study of End-of-life Care

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## BACKGROUND & PURPOSE

Humans express the totality of their being as a union of mind-body-spirit, and occupational therapists (OTs) need to evaluate these three aspects to improve client occupational performance and quality of life. Most OTs do not address spiritual needs with clients<sup>1,2</sup>, as they do not feel they possess adequate skills for addressing spirituality due to a lack of formal education<sup>3,4</sup>. However, occupational therapy (OT) treatment has profound aspects of eliciting meaning and purpose in life<sup>5,6</sup>, which ties strongly to aspects of spirituality<sup>7</sup>. Additionally, individuals nearing death express a desire for occupational participation<sup>8</sup>, and spiritual, religious, or existential needs to be integrated into their plan of care<sup>9,10</sup>. However, a lack of research exists supporting meaningful occupations during end-of-life care<sup>11,12</sup> and how OTs address spirituality in practice<sup>13,14</sup>. The purpose of this capstone was to gain in-depth knowledge regarding how end-of-life OT practitioners address spirituality with clients in hospice and palliative care settings. The 14-week capstone experience was structured around researching how OT practitioners working in end-of-life perceive spirituality and address spirituality with clients. Additionally, the capstone experience included advocating for OT's role in end-of-life care and the importance of addressing spirituality in OT practice.

## THEORETICAL FOUNDATION

### Canadian Model of Occupational Performance and Engagement (CMOP-E)

This model identifies spirituality not as religion but refers to the essence of self where meaning and determinations are derived<sup>16</sup>. Occupational performance is conceptualized by identifying the core components of the person, occupation, and environment; occupational performance increases when there is a positive interaction between them, which creates a degree of satisfaction<sup>16</sup>. Spirituality as a client factor motivates the client to perform occupations<sup>17</sup>, and occupations act as the vehicle to express spirituality<sup>18</sup>. The environment provides the resources for spiritual expression (i.e., accessibility of objects or places, social contacts). The capstone experience utilized the understanding that spirituality is a client factor that shapes and expresses occupation and addressing spirituality through occupation will enhance overall patient well-being.

### Psychospiritual Integration Frame of Reference (PSI)

PSI frame of reference articulates the component of spirituality in the context of occupational therapy and occupational science. The framework conceptualizes the process of spirituality in the human occupational context and can be utilized to understand the process of spiritual development<sup>7</sup>. PSI was used in the capstone experience by understanding human spiritual development stages and understanding new ways to view contextual aspects of occupations related to spirituality fulfillment. The PSI breaks down six qualitatively distinct but interrelated dimensions of spirituality<sup>19</sup>. The six dimensions are: becoming, meaning, being, centeredness, connectedness, and transcendence; the process of spiritual development is characterized as flowing from one dimension into another in an ever-expanding vast continuum<sup>19</sup>.

## METHODS

The purpose of this 14-week capstone experience was met primarily by conducting exploratory and descriptive research regarding how OT practitioners address and perceive spirituality in palliative or hospice care, and secondly by advocating for the presence of OT in end-of-life care and the need to address spirituality in OT practice.

**Objective 1** – A problem statement and research question were created to help identify the study manuscript's focus and objective. The problem statement emphasized that a dearth of research exists regarding how end-of-life OT practitioners address spirituality in practice. It was hypothesized that OT practitioners' exposure to end-of-life care is related to their spirituality and spiritual care perceptions.

**Objective 2** – To develop background knowledge, five continuing education courses approved by the American Occupational Therapy Association (AOTA) were completed to establish background information. With the continuing education courses and extensive literature review, the introduction and literature review sections of the study manuscript were drafted. Additionally, an interprofessional end-of-life care survey was created to understand the various healthcare roles in hospice and palliative care and identify how OT contributes to the end-of-life care continuum. This survey was not included in the study manuscript but helped gain insight regarding other health care professionals view reading the role of OT if end-of-life care.

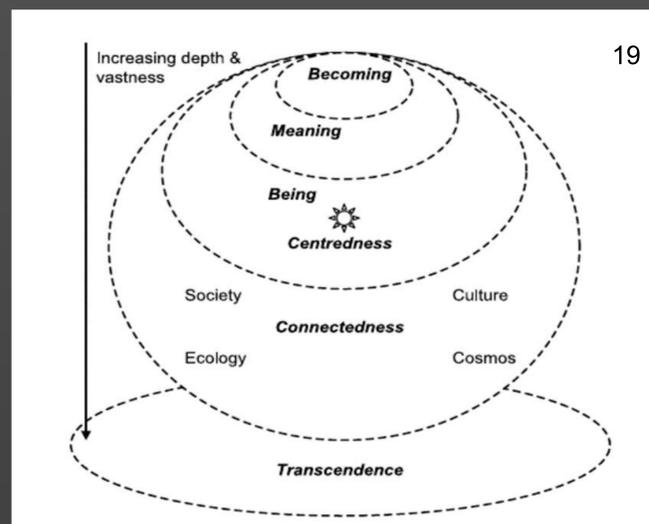
**Objective 3** – Consisted of developing a Survey Questionnaire, receiving Institutional Review Board (IRB) study approval, and disseminating the survey to participants. The survey asked demographic questions and consisted of two spiritual assessments, the Spirituality and Spiritual Care Rating Scale-Revised (SSCRS-Revised) and the Spirituality Attitude and Involvement List (SAIL). The assessments helped determine spirituality and spiritual care perspectives among the study participants. The last four questions asked participants if they have received formal spiritual care training, what assessments they utilized to evaluate spirituality, what interventions they incorporate into practice that promote spirituality, and if participating in meaningful occupations promote spirituality? A recruitment flyer and email were created to disseminate the survey to potential participants. After the survey, email, and flyer were finalized, the Institutional Review Board (IRB) application for the study was filled out and submitted for review and approval.

**Objective 4** – Consisted of developing the methods and results section. This study utilized a descriptive and exploratory design, and preliminary analysis of the data collected from the demographic questions and SSCRs-Revised was conducted using descriptive statistics. The statistical analysis helped determine any significant relationships between the spiritual assessment factor or subset scores and exposure to end-of-life care. The open-ended questions were recorded by viewing the participants' responses to utilized interventions that promote client spirituality and assessments to evaluate client spirituality in practice.

**Objective 5** – The discussion section of the study manuscript went over vital concepts and implications of research findings. This section highlighted the importance of future research, practice, and education. Noteworthy results gathered from the surveyed spiritual assessments and open-ended questions provide insight into OTs' role in addressing spirituality and end-of-life care. Related literature from previously conducted studies was utilized to compare findings from the capstone study.

**Objective-6** This objective consisted of presenting the research findings and advocating for OT's role in end-of-life care. This objective was met by developing a PowerPoint presentation and presenting the capstone project during a lunch and learn to 1st and 2nd year occupational therapy students (OTS). This objective helped to advocate for the OT profession in end-of-life care and the need for spiritual education among OTs. A survey was created to receive presenter feedback and to establish student perspectives regarding spirituality in OT.

**Objective-7** This objective consisted of preparing a dissemination-ready manuscript to submit in the Journal of Occupational Science. The future publication of the manuscript will help advocate for OT research, education, and practice in addressing spirituality in end-of-life care.



## RESULTS / CONCLUSIONS

There were 13 OTS who attended the zoom presentation and 100% either strongly agreed or somewhat agreed to feeling the presentation was beneficial for their professional development, to having a better understanding regarding the difference between religion and spirituality, and to feeling they have a better understanding regarding how to address client spirituality in practice. There was a total of 10 end-of-life OT practitioners who participated in the research study. Of the 10, eight of the practitioners were from various regions around the US and two were from Europe. The end-of-life care OT practitioner participants appeared to have a good understanding of spirituality and spiritual care based on the research survey results, but further research is needed regarding best practice guidelines for addressing spirituality in OT.

## IMPLICATIONS FOR OCCUPATIONAL THERAPY

The OT practitioners who participated in this study appear equipped to address spirituality with clients in end-of-life care settings. However, best practice in OT for spiritual care and addressing spirituality as a client factor is not clearly understood. Spiritual care interventions incorporate meaningful activities and client centeredness, which is inherent in OT treatment. However, future research is still needed to determine the efficacy of OT treatment in improving client spirituality and to establish spiritual care best practice guidelines. Many of the spiritual care interventions identified in the literature were based on internal contextual factors such as practitioner mindset, intention, and attitude towards the client. If spirituality should be addressed as a unique factor or embedded in all aspects of treatment, or perhaps a combination of both is yet to be determined.

Research regarding the efficacy of spirituality assessments and OT practitioners' perceptions of utilizing them in treatment should be conducted. There is also a need to adopt theoretical models that include spirituality in the context of OT. Similar research should be conducted regarding what theoretical models help OT practitioners address spirituality in practice.

Spirituality and spiritual care education should be explored more deeply in the OT education curriculum. Practitioners' understanding of spirituality and spiritual care appears to affect spiritual care competency and confidence. Improving practitioner confidence in this area of practice will improve client-centered holistic care and may enhance OT's presence in end-of-life care settings. Revisions to theory would include adding elements of the reality of suffering and how suffering can be viewed as a vehicle for spiritual awakening. Suffering is a reality of life and having a deeper understanding of the mechanisms of suffering could help practitioners grasp the negative aspects of terrible pain and hardship while at the same time viewing suffering as a vehicle to come to the spirit and accept this reality of life.

## REFERENCES

