

Addressing Spirituality in Occupational Therapy Education

Abstract

Spirituality, a recognized client factor in the Occupational Therapy Practice Framework (OTPF), remains underrepresented in occupational therapy education and practice despite its critical role in holistic care and patient recovery. This project addresses the educational barriers—namely, lack of confidence, self-awareness, and knowledge—that hinder occupational therapy practitioners and students from effectively evaluating and treating spiritual needs. Through a post-professional doctoral capstone project, a Spirituality Unit of Instruction was developed and implemented in an entry-level occupational therapy neuro-rehabilitation course at the Medical University of South Carolina. Grounded in adult learning theories and the Subject-Centered Integrative Learning Model (SCIL-OT), the unit included experiential activities, reflective exercises, and case-based learning. Quantitative and qualitative data revealed significant increases in students' perceived preparedness, confidence, and knowledge regarding spirituality in practice. Notably, confidence in evaluating spiritual needs rose from 13% to 92%, and awareness of personal biases increased from 30% to 92%. The project culminated in faculty-approved guidelines for integrating spirituality into occupational therapy curricula, offering a replicable model for enhancing holistic, client-centered care. This work contributes to the growing evidence base supporting spirituality in occupational therapy and proposes a scalable educational solution to bridge the gap between theory and practice.

Spirituality is listed with values, beliefs, body structures/functions as a client factor according to the Occupational Therapy Practice Framework and is “a deep experience of meaning brought about by engaging in occupations that involve the enacting of personal values and beliefs, reflection, and intention within a supportive contextual environment” (American Occupational Therapy Association (AOTA), 2020). The patient’s values, beliefs, and spirituality inspire the patient to engage in occupations; thusly, delivering meaning to life (AOTA, 2020). A spiritual need can be defined as something required by an individual to find purpose and meaning in life such as love, hope, and preeminence beyond self (Monod et al., 2011). A stroke survivor may have spiritual needs associated with role loss, occupational identity, purpose, coping strategies, and social/transcendent disconnection (Burroughs, 2020; Laures-Gore, et al., 2018; Meyerson and Zuckerman, 2019). The Spiritual Needs Model is based on five spiritual needs of hospitalized elderly patients including the need (1) for life balance, (2) for connection, (3) for values acknowledgement, (4) to maintain control, and (5) to maintain identity (Monod et al., 2012). The greater a spiritual need, the greater the level of spiritual distress or disturbance in spiritual well-being (Monod, Martin, Rochat, & Büla, 2012). Evaluating and meeting a patient’s spiritual needs is a key component of improved healthcare outcomes. Addressing spiritual needs/distress of patients can improve patient’s perceptions of quality of life, assist in the development of effective coping strategies, reduce rates of depression in elderly inpatients (Piederman, et al., 2011) and eliminate patient’s feelings of loneliness and anxiety (Hermann, 2006).

However, spirituality is likely not often included occupational therapy practice due in part to the lack of common spiritual language, reported unawareness of occupational therapy practitioner’s role, perceived lack of therapist’s spiritual conversation skills, and alleged inability

to receive payment for spiritual treatments (Egan and Swedersky, 2003). Occupational therapy practitioners and entry-level occupational therapy (ELOT) students report an educational barrier to the inclusion of spirituality in practice and that ELOT curriculum did not train them to evaluate and treat spiritual needs of patients (Thompson & MacNeil, 2006; MacGillivray et al., 2006; Morris et al., 2014; Mthembu et al., 2016). Unfortunately, despite high levels of evidence supporting spirituality for recovery, healthcare education is lacking (Morris et al., 2014) and there are no Accreditation Council for Occupational Therapy Education (ACOTE) standards specifically dedicated to spirituality (ACOTE, 2018). In many ELOT education programs, spiritual occupations are just implied within any discussion of intervention or strategy (Hooper et al., 2020). If full courses are devoted to the client factors of body function and body structures, then why does spirituality not receive the same level of importance in ELOT curricula? This article suggests a solution to this problem through inclusion of a Spirituality Unit of Instruction in any ELOT course.

Through a doctoral capstone project, a Spirituality Unit of Instruction was developed and implemented in an ELOT neurorehabilitation course at the Medical University of South Carolina (MUSC). The Spirituality Unit is directed by adult learning theories including Bandura's Social Cognitive Theory, Roger's Experiential Learning Theory, Mezirow's Transformative Learning, and Subject-Centered Integrative Learning Model (SCIL-OT) (Hooper et al., 2020). The SCIL-OT "offers a roadmap for curriculum and instructional design that seeks to place the concept of occupation at the center of all aspects of education" (Hooper et al., 2020). This model can be used to underscore the importance of spiritual occupations as interventions. Participation in activities/assignments in the Spirituality Unit, met in whole or in part the course learning objectives and ACOTE standards B.2.2, B.3.3, B.3.4, B.4.4, and B.7.3 (ACOTE, 2018).

Excitingly, when compared to perceived levels before engaging in the Spirituality Unit to after, MUSC ELOT students experienced an increase in perceived level of

- ELOT education **preparedness** to address spiritual needs from 11% to 72%.
- **confidence** in including spirituality in evaluating clients (from 13% to 92%), including spiritual occupations in treatment planning (from 9%-89%), and writing goals related to spirituality (from 2% to 42%)
- **knowledge** related to spiritual models (from 19% to 86%), occupational therapy practitioner’s role in addressing spiritual needs (from 6% to 91%), and spirituality’s role in a client’s progress (from 36% to 100%)
- **awareness** of personal biases related to spirituality 30% to 92%

The following learning objectives and activities were created to address the educational barriers of the addressing spirituality in occupational therapy practice and can be adapted to be included in any ELOT course with the above evidence of increased confidence, awareness, and knowledge.

Table 1: Unit of Instruction Learning Objectives

The successful student will be able to...
share definitions and photographs that represent spiritual terminology, underlining the importance of accessibility and inclusion.
compare and contrast the role of occupational therapy and chaplains in addressing spiritual distress and needs
conduct an informal spiritual assessment using strategies for handling sensitive conversations

critique a case to identify presence or absence of spiritual biases, evidence-based assessment and intervention of spiritual needs.

Learning objective one was created to facilitate a unified definition of spirituality for ELOT students serving as a potential solution to the barrier of a lack of consensus on spiritual terminology in the literature. See Figure 1 for a diagram of six definitions of spirituality used to illustrate this lack of common spiritual language.

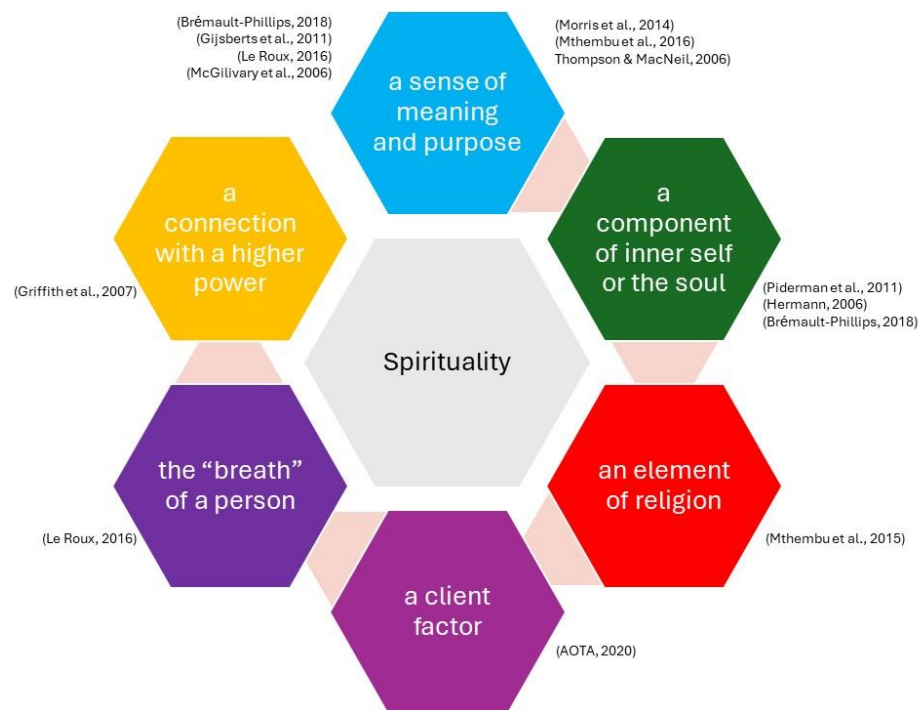


Figure 1: Diagram of Six Definitions of Spirituality

Learning objective two was created to facilitate students' knowledge regarding the differences in roles of practioners and chaplains for addressing spiritual distress in patients (Mundle, 2012). Learning objective three was created to facilitate the students confidence and awareness of skills needed to conduct difficult spiritual conversations during client evaluations to potentially address the education barrier of lack of ELOT preparation (Thompson & MacNeil, 2006; MacGillivray et al., 2006; Morris et al., 2014). Objective three's lecture content was developed from a combination

of motivational interviewing identifying spiritual needs, the author's clinical experience, and adapted tips from a video entitled "EntreLeadership Takeaways: How to Navigate Crucial Conversations with Joseph Grenny & Ken Coleman." The fourth learning objective was created so that students can demonstrate understanding related to the prior objectives. The case-studies were non-fiction; however, the problems were inspired by real patients in the author's clinical practice.

Spirituality Unit Learning Activities:

1. First, the instructor introduced herself in order to help students reduce anxieties and find commonalities between peers (Svinicki & McKeachie, 2014).
2. Next, the instructor explained importance of the content by relating it with current events to increase student excitement for learning (Svinicki & McKeachie, 2014).
3. Students used their favorite social media outlet for the first activity to identify photographs that portray spiritual terminology, demonstrating understanding of the concepts. Use of social media in the classroom can develop life-long learners even outside the classroom because of its intrinsic motivation and self-directed nature (Cao, Ajjan, and Hong, 2013) with engagement in photography as a spiritual occupation.
4. The students completed a Venn Diagram of the role occupational therapy practitioner and chaplains while watching a recorded interview of MUSC Chaplains and occupational therapy practitioners for their perspective on healthcare providers' role of addressing spiritual needs.
5. Students were provided with a brief break for regenerating attention and focus.

6. For the second self-reflection activity, students listened to spiritually biased statements keeping a record of statements they have experience with which was not discussed with peers. The goal of this activity was to facilitate reflection of students' currently held assumptions about the world and facilitate active reflection for transforming the mind (Christie et al., 2016).
7. Next, the instructor explained spiritual occupational therapy models while students completed "fill-in-the-blank" notes.
8. For the third activity, students engaged in role-playing by using an informal spiritual assessment supported by the spiritual occupational therapy model. Students evaluated peers to provide feedback using a checklist. Peer assessment allows students to develop the skills of self-assessment and improve performance (Svinicki & McKeachie, 2014).
9. The students were provided with another cognitive break.
10. After the instructor explained spiritual interventions and accessibility, the students searched Pinterest, a creative image driven social media platform, to identify potential spiritual occupations, again incorporating social media into the classroom for improved learning outcomes (Cao, Ajjan, and Hong, 2013).
11. Lastly, students answered the questions "what are the patient's spiritual needs?" and "what might the treatment look like?" using case studies to demonstrate understanding at the highest level of Bloom's Taxonomy and to facilitate problem solving, application of relevant course content, and inspection of other resources (Svinicki & McKeachie, 2014).

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